



LIMPOPO

PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

**HEALTH – VOTE 7
ANNUAL PERFORMANCE PLAN
2020/21 - 2022/23**

FINAL

Date of Tabling:

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Executive Authority Statement

Our commitment towards a better life for all the people of Limpopo continues. Consequently, I am pleased to present the Annual Performance Plan for the Department of Health for the Financial Year 2020-21. Through this Plan, the Department of Health gives a picture of what we seek to achieve in the year ahead.

The goals and targets in this Annual Performance Plan are premised on the body of our adopted Limpopo Development Plan, the National Development Plan and the Sustainable Development Goals.

The APP will be in tandem with our vision of a long and healthy life for the people of Limpopo. To a larger extent, it should breathe life to our mission of providing and promoting comprehensive, accessible and affordable quality health care services to improve the life expectancy of the people.

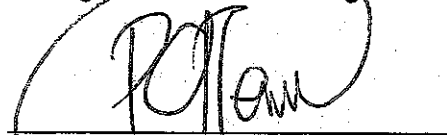
We aim to achieve this through implementation of sustainable, quality and accessible healthcare for all.

As a matter of fact, we have registered indelible milestones since we took over government in 1994 and we are encouraged by the progress we have made as this 6th administration. There is no doubt that significant work on building a responsible and responsive healthcare system in the Province has been made. Of course, we are the first to acknowledge that more still needs to be done.

We have increased the number of clinics that operate for 24 hours, we have built new and improved infrastructure at the center of our communities with access to quality medication. Our program to improve the quality of life for our communities is well and truly on track.

We are confident that, through this Annual Performance Plan, we will be able to realise our collective dream of a better life for all.

Let's grow South Africa together!



Dr Ramathuba P.C

Member of the Executive Authority

Accounting Officer Statement

This Annual Performance Plan (APP) 2020-2023 aims at operationalising the departmental Strategic Plan 2020-2025. In realising its primary aim of existence, the Departmental APP 2020-2023 is in essence a patient or community centric plan. In executing this plan, the department will be able to track the particular change it envisage to see happening among those in Limpopo. The plan is aligned to the Sustainable Development Goals, National Development Plan and the Limpopo Development Plan. In addition the plan was developed in line with the government priorities, which include:

- **Priority 1:** Building a capable, ethical and developmental state;
- **Priority 2:** Economic Transformation and job creation;
- **Priority 3: *Education, skills and health;***
- **Priority 4:** Consolidating the social image through reliable and quality basic services;
- **Priority 5:** Spatial integration, human settlements and local government;
- **Priority 6:** Social cohesion and safe communities; and
- **Priority 7:** A better Africa and World

Over the MTEF period, the plan outlines the output measures that will contribute towards realising the five year outcomes and long term impact results as expressed in the Strategic Plan 2020-2025. By virtue of this plan being patient or community inclined, the department has highlighted measures towards preventative, promotive healthcare as well as lowering mortality among neonates, children and adults. Importantly, through this plan, the department deems effective community engagements in their health matters as central to improving the health outcomes.

In contributing towards a seamless roll-out of the Universal Health Coverage (UHC) through the National Health Insurance (NHI), the department plans on improving compliance with quality standards, safety and security, refurbishment and maintenance of health facilities, managing medicine availability, and reducing medico-legal costs. Furthermore, the plan aims at contributing towards youth development through learnership and experiential programmes, addressing gender-based equity by employing more women in senior management positions and affording people living with disabilities equal chance to job opportunities.

In aligning, with the fourth industrial revolution (4IR), the department in this plan intends to embark in additional ways to automate health business processes and applying artificial intelligence (AI) to improve access to health care services and quality of care.

This APP provides a clear roadmap to ensuring that the people of Limpopo have access to improved quality health services. I am confident that in light of the challenges facing the

department, we will allocate the limited available resources more equitably, as well as utilise them more economically, efficiently and efficiently in order to achieve the health outcomes for the population.



Dr Mhlongo T.F

Head of Department

Official Sign-off

It is hereby certified that this Annual Performance Plan:

- Was developed by the management of the Limpopo Province Department of Health under the guidance of Dr Ramathuba P.C.
- Takes into account all the relevant policies, legislation and other mandates for which the Limpopo Province Department of Health is responsible for.
- Accurately reflects the Impact, Outcomes and Outputs which the Limpopo Province Department of Health will endeavor to achieve over the period 2020/21 – 2020/23.

Mr Mawasha Z

Signature: 


Manager Programme 1: Administration

Dr Dombo M

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Manager Programme 2: District Health Services

Mr Kguger P

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Manager Programme 3: Emergency Medical Services

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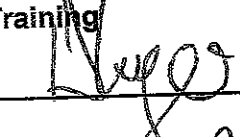
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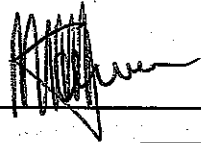
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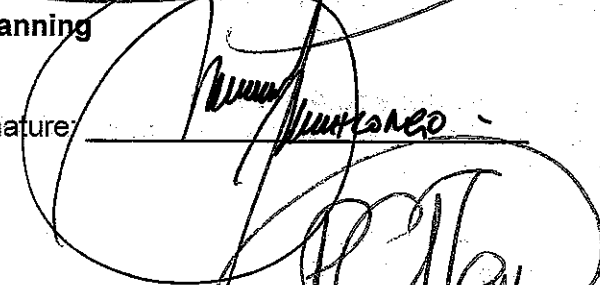
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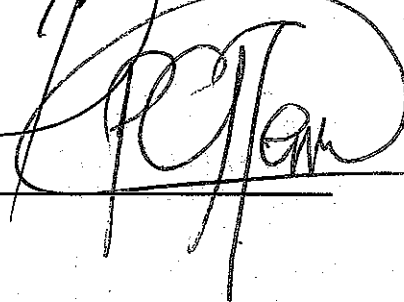
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Executive Authority

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Part A: Our Mandate

1. Constitutional Mandate

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

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

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

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

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

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

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

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

2. Legislative and Policy Mandates

2.1 Legislation falling under the Department of Health's Portfolio

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2 Other legislation applicable to the Department

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

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

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

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

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

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

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

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

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

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

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

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)

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

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

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

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

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

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

3.1 National Health Insurance Bill

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

ultimately to improve health outcomes particularly focusing on the poor, vulnerable and disadvantaged groups.

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

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

3.2 National Development Plan: Vision 2030

The National Development Plan (Chapter 10) has outlined 9 goals for the health system that it must reach by 2030 (see Figure 1). The **NDP goals are best described using conventional public health logic framework**. The **overarching goal** that measures impact is "Average male and female life expectancy at birth increases to at least 70 years". The **next 4 goals measure health outcomes**, requiring the health system to **reduce premature mortality and morbidity**. Last **4 goals are tracking the health system that essentially measure inputs and processes** to derive outcomes

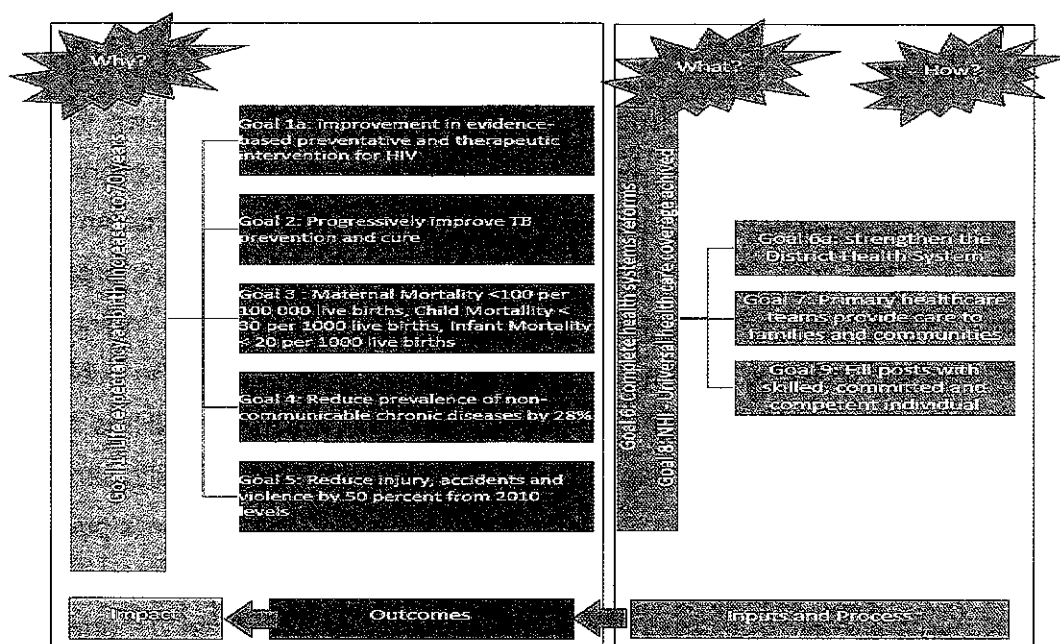


Figure 1. NDP Goals

3.3 Sustainable Development Goals

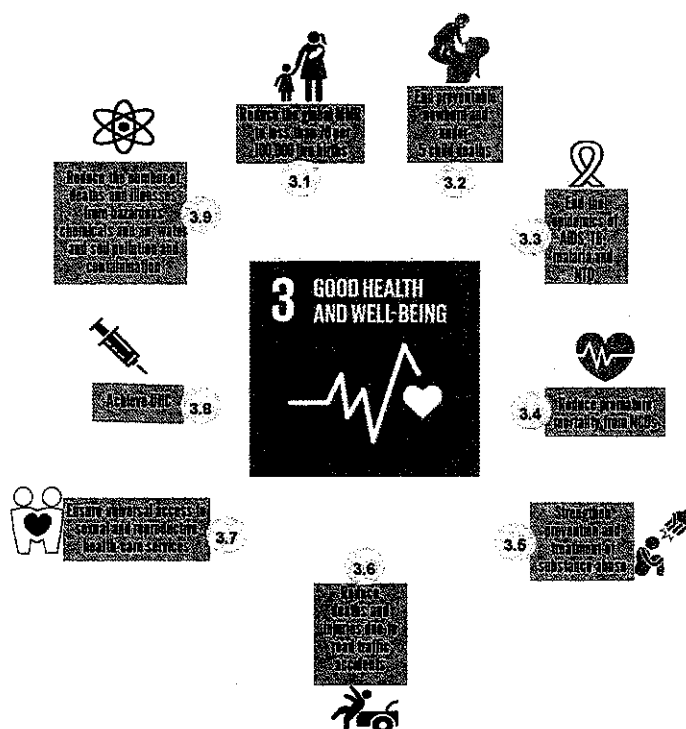


Figure 2. Sustainable Development Goals

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

- (1) 3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

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

countries, especially in least developed countries and small island developing States

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

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

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

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

Table 1. Health Sector Goals

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Summit Compact Pillars
Survive and Thrive	Life expectancy of South Africans improved to 70 years by 2030	Goal 1: Increase Life Expectancy improve Health and Prevent Disease	1. <i>Improve health outcomes by responding to the quadruple burden of disease of South Africa</i> 2. <i>Inter sectoral collaboration to address social determinants of health</i>	N/A
Transform	Universal Health Coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030	Goal 2: Achieve UHC by Implement NHI	3. <i>Progressively achieve Universal Health Coverage through NHI</i>	Pillar 4: Engage the private sector in improving the access, coverage and quality of health services; and Pillar 6: Improve the efficiency of public sector financial management systems and processes
		Goal 3: Quality Improvement in the Provision of care	4. <i>Improve quality and safety of care</i>	Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care.
			5. <i>Provide leadership and enhance governance in the health sector for improved quality of care</i>	Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Summit Compact Pillars
				health system performance at all levels
			6. <i>Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</i>	Pillar 8: Engage and empower the community to ensure adequate and appropriate community based care
			7. <i>Improve equity, training and enhance management of Human Resources for Health</i>	Pillar 1: Augment Human Resources for Health Operational Plan
			8. <i>Improving availability to medical products, and equipment</i>	Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery Pillar 6: Improve the efficiency of public sector financial management systems and processes
			9. <i>Robust and effective health information systems to automate business processes and improve evidence based decision making</i>	Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments
		Goal 4: Build Health Infrastructure for effective service delivery	10. <i>Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities</i>	Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities

4. Medico-Legal Challenge

Medico legal case reached a point of concern leading to the former Minister Dr Motsoaledi calling a medico legal summit on the 9 and 10 March 2015. The summit culminated in Paper 33 and declaration of medico legal. Patient safety, law reform and capping of claims were amongst the issues that were identified. Limpopo department of health is equally affected by cases of medico legal litigation. The contingency liability amount is growing on a daily bases as cases get registered. Cases of medico legal litigation are twofold. There is the medical part and the legal arm. Both arms need to be mitigated and managed. The medical arm entails of the issues of litigation to do with service delivery. Service provision encompasses among others of the place of service delivery; the personnel providing the service; the time it takes to provide the service and the overall outcome post service provision. The quality of health provided by the department has psychosocial impact on the community at large. It is thus of paramount importance that systems are put in

place to provide services in terms of National Patient Safety Policy and or National Core Standards. Litigation costs for the previous four financial years are depicted below:

Financial year	Amount paid
2015/2016	R6 883 452,99
2016/2017	R74 174 281,15
2017/2018	R8 229 135,00
2018/2019	R9 015 000,00

To this end the cases in the liability register are 1099 at an amount up to R 939 788 4068.00. In a short term, the department intends to use internal specialist to review cases; ensure that all litigation files have appropriate information; and triage litigation cases and manage them accordingly. In the medium term, there will be review of management of court cases while waiting for finalisation of the Liability Amendment Bill to come into effect.

Part B: Our Strategic Focus

5. Vision

A long and healthy life for people in Limpopo.

6. Mission

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

7. Values

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

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

8. Stakeholder analysis

Internal Stakeholders				
Stakeholder	Characteristics	Influence	Interest	Linkages with other stakeholders
Executive management	Key point of accountability on overall departmental performance	High	High	Strong linkages of accountability with both internal and external stakeholders
Programme managers	Highly knowledgeable on subject matter in line with areas of responsibility	High	High	Accountable to the executive management on performance matters
District offices	Key drivers of policy and strategy implementation	Low	High	Closely relates with the beneficiaries or service users
Internal control	Ensure compliance to	Low	High	A link between department and both internal and external auditors including other oversight bodies (i.e.

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

9. Situational Analysis

9.1 Overview of the Province

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

Limpopo ranks fifth in South Africa in both surface area and population, covering an area of 125 754km² and being home to a population of 5 951 999 (refer to Table 2). The capital is

Polokwane (previously Pietersburg). Other major cities and towns include Bela-Bela (Warmbad), Lephalale (Ellisras), Makhado (Louis Trichardt), Musina (Messina), Thabazimbi and Tzaneen (see the Limpopo map).

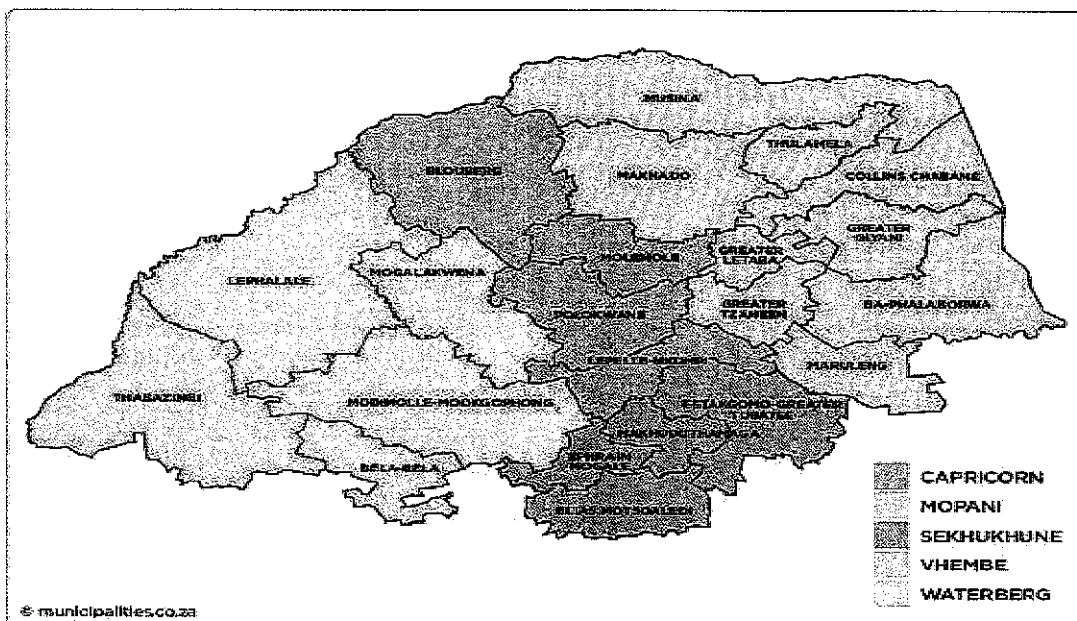
Mining is the primary driver of economic activity. Limpopo is rich in mineral deposits, including platinum-group metals, iron ore, chromium, high and middle-grade coking coal, diamonds, antimony, phosphate and copper, as well as mineral reserves such as gold, emeralds, scheelite, magnetite, vermiculite, silicon and mica. The province is a typical developing area, exporting primary products and importing manufactured goods and services.

The climatic conditions in the province allow for double harvesting seasons, which results in it being the largest producer of various crops in the agricultural market. Sunflowers, cotton, maize and peanuts are cultivated in the Bela-Bela–Modimolle area. Bananas, litchis, pineapples, mangoes and pawpaws, as well as a variety of nuts, are grown in the Tzaneen and Makhado areas. Extensive tea and coffee plantations create many employment opportunities in the Tzaneen area. The Bushveld is cattle country, where controlled hunting is often combined with ranching.

Limpopo is divided into five district municipalities, which are further subdivided into 22 local municipalities.

Table 2. Demographic data

Geographical area	125,754	Km2
Total population SA Mid-year estimates 2018	5,951,999	Number
Population density (SA Mid-year estimates 2018)	286	Per Km ²
Percentage of population with medical insurance (StatSA)	8.2%	%

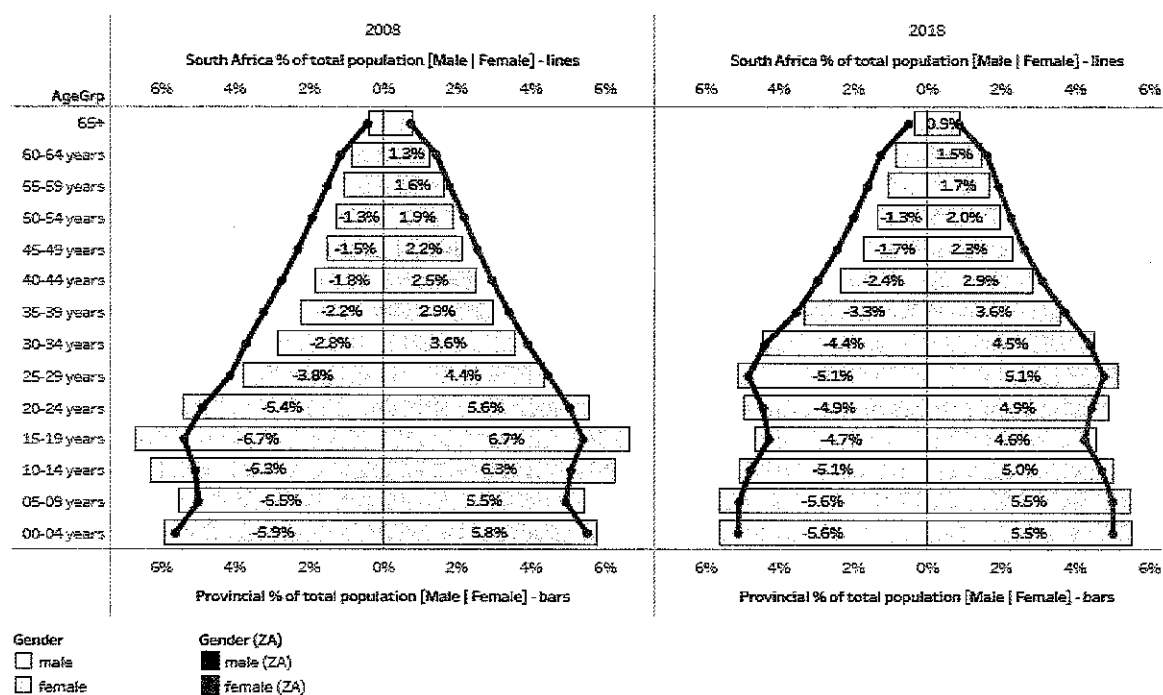


9.2 External Environmental Analysis

9.2.1 Demography

Provincial % population by age-gender group compared to South Africa

LP



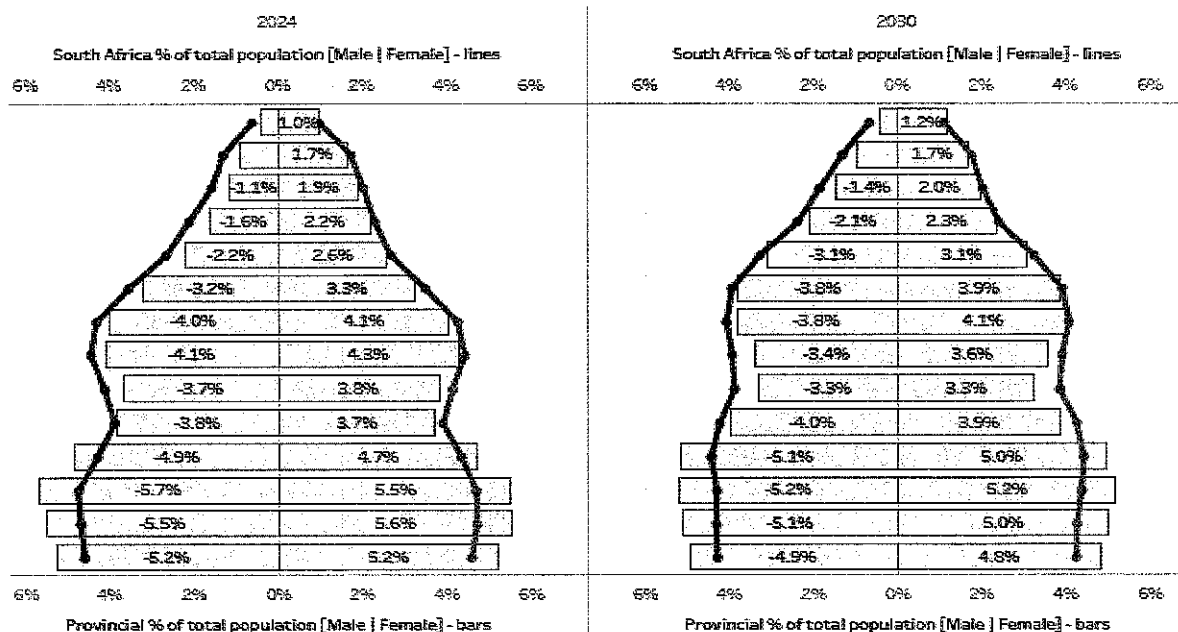


Figure 3. Population Pyramids 2008-2030

Despite a drop in the birth rate, Limpopo maintains a high birth rate than the country through to 2030 (see Figure 3). Comparatively, the age-sex distribution shows that the Limpopo population below 19 years remains higher than the country estimation. This makes Limpopo to be a youthful province.

In the medium to long term (cf 2024 and 2030 graphics in Figure 3), the provincial age-group between 15 and 35 years as compared to the country, is depicted to be narrowing to below the national estimation. With key focus on ages 15 – 24, there is a significant reduction from current to future trends which might be attributed to death as a result of road injuries and interpersonal violence for males and HIV(AIDS) and TB for females. The age-group 40 – 54 years graphics shows an increase in population growth. In the same period, the graphics depict an expanding ageing population in the 55 years and above.

Implications on health

1. A decreasing birth rate is supported by the high couple-year protection rate of 70.5%, which is above the country average (DHB 2017/18).
2. A trend between 20 to 39 years reveals the deaths of more males than females. The cause these deaths is mainly attributed to violence and injuries requiring intensified inter-sectoral collaboration.
3. The current interventions (e.g. high couple year protection rate) seem to result in negative population growth rate in the long term

The interventions put in place by the department are strengthening of inter-sectoral collaboration as well as health promotion, education, and prevention. Worth noting, in terms of provision of healthcare, the increased life expectancy comes with a burden on the already constrained healthcare system. For an example, living longer (or ageing population) often results in increased number of people with non-communicable diseases requiring healthcare services.

9.2.2 Social Determinants of Health for Province and Districts

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

Health is influenced by the environment in which people live and work as well as societal risk conditions such as polluted environments, inadequate housing, poor sanitation, unemployment, poverty, racial and gender discrimination, destruction and violence*

Table 3. Provincial and district social determinants of health

	Province		Districts		Sub-districts		Wards	
	2010	2015	2010	2015	2010	2015	2010	2015
Population aged 15 years and over	50,1%	58,4%	58,2%	59,1%	61,5%	58,7%	52,2%	
Population aged 65 years and over	1,4%	0,8%	0,7%	1,1%	0,6%	1,1%	0,6%	
Population aged 15-64 years	16,9%	18,3%	2,9%	1,6%	4,8%	2,4%	9,5%	
Population aged 65-74 years	5,1%	3,8%	1,7%	6,2%	5,0%	9,9%	1,0%	
Population aged 75 years and over	4,4%	5,2%	20,8%	16,4%	22,1%	16,3%	15,9%	
Population aged 15-64 years with HIV/AIDS	14,0%	13,8%	14,1%	23,3%	32,0%	16,4%	15,8%	
Population aged 15-64 years with TB	13,3%	5,5%	3,7%	4,1%	7,9%	4,0%	9,7%	
Population aged 15-64 years with Malaria								
Population aged 15-64 years with Diabetes	80,0%	82,8%	77,1%	87,5%	95,9%	86,7%	58,0%	
Population aged 15-64 years with Hypertension	78,0%	79,6%	72,7%	85,3%	91,8%	85,2%	53,5%	
Population aged 15-64 years with Asthma	10,0%	19,3%	18,5%	20,4%	19,8%	20,0%	16,8%	
Population aged 15-64 years with Cancer	14,8%	15,1%	17,3%	14,6%	13,8%	14,0%	16,3%	
Population aged 15-64 years with HIV/AIDS	3,1%	5,0%	6,4%	4,6%	3,5%	5,2%	5,1%	

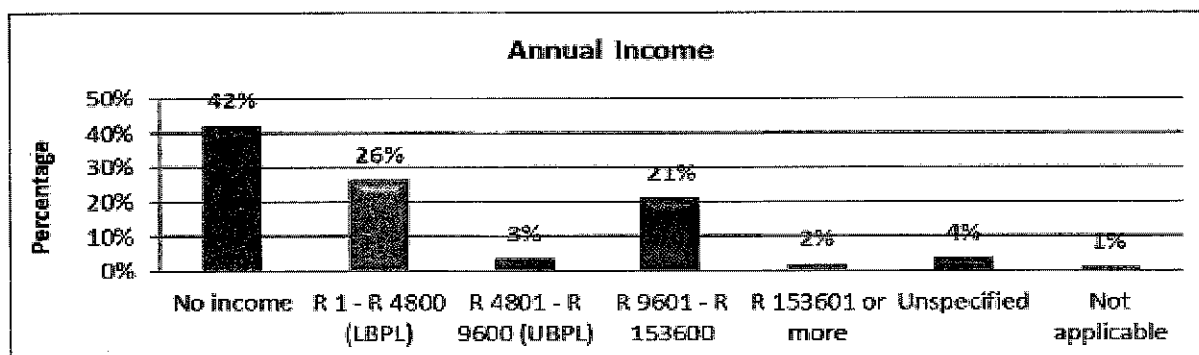


Figure 4. Limpopo annual income distribution

The province has shown an improvement in some of the social determinants of health in the period between 2011 and 2016 *inter alia* child headed household and household with no electricity for lighting has declined. However, performance of some of the social determinants of health has not improved including household with no flush toilet connected to sewerage, household with no access to waste removal, and number of persons with no schooling. For an example the four districts except Capricorn district have high household with no access to piped water (as demonstrated in Table 3), with Sekhukhune (32%) and Mopani (23.3%) respectively as the worst performing districts. As a result, diarrhoea case fatality rate under five in both Sekhukhune and Mopani is demonstrated to be higher than the national average.

Pertaining to annual income (as in Figure 4), 42% of the population does not have income, with 26% (>R4800) being below the lower bound poverty line (LBPL). The above, may be associated to factors including no schooling, matric and higher education performance (refer to Table 2 and StatSA, General Household Survey of 2016). The implications of provincial annual income disparities is an indication of the poverty levels experienced in Limpopo. The increased poverty levels attributes to performance of indicators such as incidences of severe acute malnutrition (SAM), diarrhoea, prevalence of HIV (AIDS). Furthermore, these multi-dimensional factors of poverty further constrain the resources of the department in delivering services.

Through the cluster approach, the province aims at addressing the social determinants of health. Among others, the department participates in the IDP review meetings as well as development and implementation of the district development model in all districts.

9.2.3 Epidemiology and Quadruple Burden of Disease

Epidemiologically South Africa is confronted with a quadruple BOD because of HIV and TB, high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma.

9.2.3.1 Leading causes of Death

Leading causes of death by age group (Broad cause & Single causes), 2013 - 2015: LP

Average number of deaths per year, % of total and [rank] per age group

AgeGroup (NDoH)	Broad cause					Single causes											
	Non-communicable	Comm/Mat/Per/Nutr	HIV/AIDS and TB	Injuries	HIV/AIDS	Lower respiratory infections	Tuberculosis	Cerebrovascular disease	Diarrhoeal diseases	Diabetes mellitus	Hypertensive heart disease	Road injuries	Meningitis/encephalitis	Accidental threats to breathing	Preterm birth complications	Protein-energy malnutrition	Birth asphyxia
<1 year	305 9.8% [2]	2 476 80.0% [1]	180 5.8% [3]	135 4.4% [4]		635 20.5% [1]			618 20.0% [2]						436 14.1% [3]	144 4.7% [5]	275 8.9% [4]
1-4	180 13.1% [2]	898 65.0% [1]	132 9.6% [4]	170 12.3% [3]	87 6.3% [4]	255 18.5% [2]			334 24.2% [1]				54 3.9% [5]			192 13.9% [3]	
5-14	178 21.5% [3]	297 35.9% [1]	156 18.9% [4]	197 23.8% [2]	85 10.3% [3]	100 12.1% [2]	71 8.6% [5]		103 12.5% [1]			79 9.6% [4]					
15-24	357 20.1% [4]	397 22.4% [3]	400 22.5% [2]	620 34.9% [1]	235 13.3% [2]	140 7.9% [5]	165 9.3% [3]					243 13.7% [1]		154 8.7% [4]			
25-49	3 122 22.8% [2]	3 061 22.3% [3]	5 737 41.9% [1]	1 781 13.0% [4]	3 512 25.6% [1]	1 364 10.0% [3]	2 225 16.2% [2]		907 6.6% [4]			854 6.2% [5]					
50+	16 610 65.1% [1]	5 125 20.1% [2]	2 803 11.0% [3]	967 3.8% [4]		2 525 9.9% [2]	1 503 5.8% [5]	3 529 13.8% [1]		2 377 9.3% [3]	2 092 8.2% [4]						

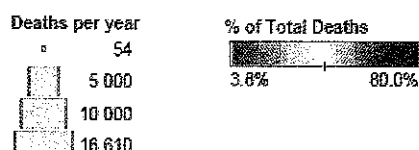


Figure 5. Leading causes of death

Narrative:

Figure 5 depicts that in the province, communicable diseases and preterm-related causes of death is a leading factor amongst the under five year olds, followed by non-communicable diseases. Even though communicable diseases remain a leading cause of death amongst the 5 – 14 year olds, deaths due to injuries is the number two cause of death in the same age-group. Amongst the 15 – 24 year olds, mortalities are mainly caused by violence and injury related factors followed by HIV/AIDS and TB. Noteworthy, the HIV/AIDS and TB followed by non-communicable diseases are amongst the top leading causes of death in the age group 25 – 49 years. Non-communicable as well as communicable diseases other than HIV/AIDS and TB are the leading causes of death among the population above 50 years. The department is implementing health system strengthening initiatives such as ward-based primary healthcare outreach teams (WBPHCOT) and recruitment of health professionals.

LP, Broad causes by sex and age group, 2013 - 2015

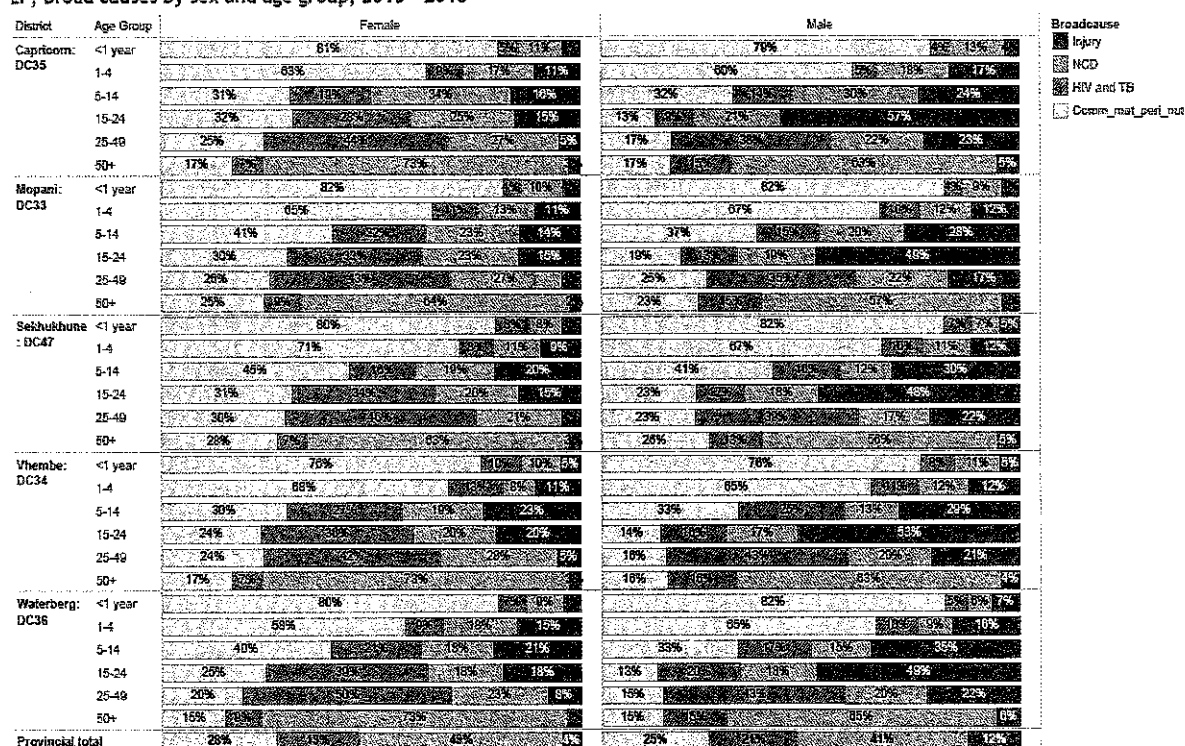


Figure 6. Causes of death by district. Source: Adapted from District Health Barometer 2017/18

Narrative:

Cutting across the five districts, amongst the population less than 5 years, maternal/communicable and preterm related conditions as well HIV/AIDS and TB are the leading causes of mortality for both males and females (as depicted in Figure 6). Between the ages 5 – 14 years, non-communicable diseases increase with Capricorn district mostly affected amongst both genders. However, it is noted that females in the age group 5 – 14 years across the five districts are mostly dying of non-communicable diseases as compared to their male counterparts. On the one hand, in the age group 15 – 24 years, in particular females, are mostly dying as a result of HIV/AIDS and TB related causes in all the five districts. On the other, males in the same age group in all the five districts are dying as a result of injuries and violence.

It is observed that among the age group 25 – 49 years, HIV/AIDS and TB in all the five districts is a leading cause of death affecting mostly females. Although the 50 years and above are mostly dying from NCDs, the trend of causes of death due to NCDs start rising from as early as the age of 1 year. In a nutshell, amongst the quadruple burden of diseases, NCDs were the leading causes of death in the five districts of Limpopo.

9.3 Internal Environmental Analysis

9.3.1 Service Delivery Platform/Public Health Facilities

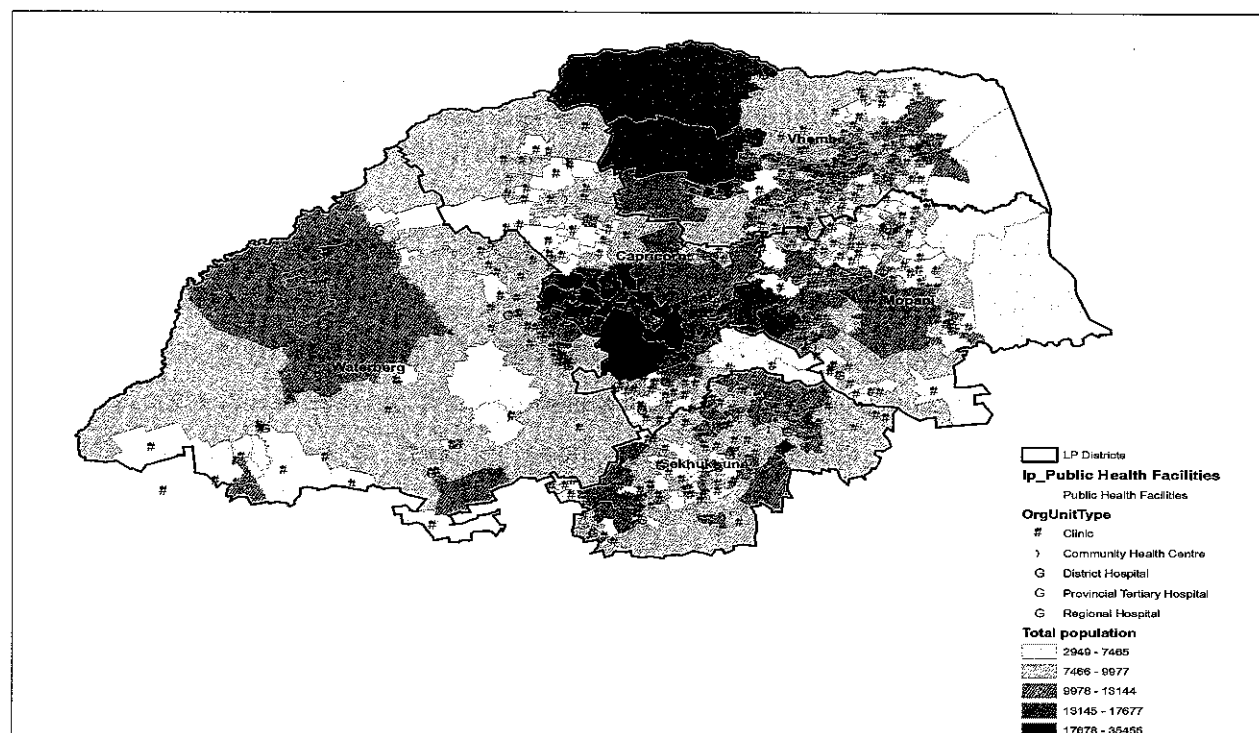


Table 4. District distribution of health facilities

	Ip Capricorn District Municipality	Ip Mopani District Municipality	Ip Sekhukhune District Municipality	Ip Vhembe District Municipality	Ip Waterberg District Municipality	Grand Total
Clinic	98	97	86	115	60	454
Community Health Centre	4	8	3	8	3	26
District Hospital	6	6	5	6	7	30
EMS Station	12	10	13	10	12	57
Provincial Tertiary Hospital	2	0	0	0	0	2
Regional Hospital	0	1	2	1	1	5
Specialised Hospital	1	1	0	1	1	4
Grand Total	123	123	109	141	84	578

Narrative:

Capricorn district is the only district in the province that hosts two tertiary hospitals and has no regional hospital. District hospitals within Capricorn district refer directly to the tertiary hospitals. The two tertiary hospitals further receive referrals from hospitals in the four other districts. Concomitantly, that leaves the tertiary hospitals overburdened which is evident in Capricorn being the highest in maternal mortality nationally. Central to the overburdening of tertiary hospitals is the regional and district hospitals not providing health services optimally

according to their service packages. The department is in the process of finalizing plans for development of a central hospital to stabilize the service platform.

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

9.3.2 Universal Health Coverage (Population and Service Coverage)

9.3.2.1 Community Health Workers Programme

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

Outreach Visits

Support visit types monitor the different types of basic health care provided to households as proportion of total number households visited by the WBPHCOT. Most of the household visits are for child health and adherence support.

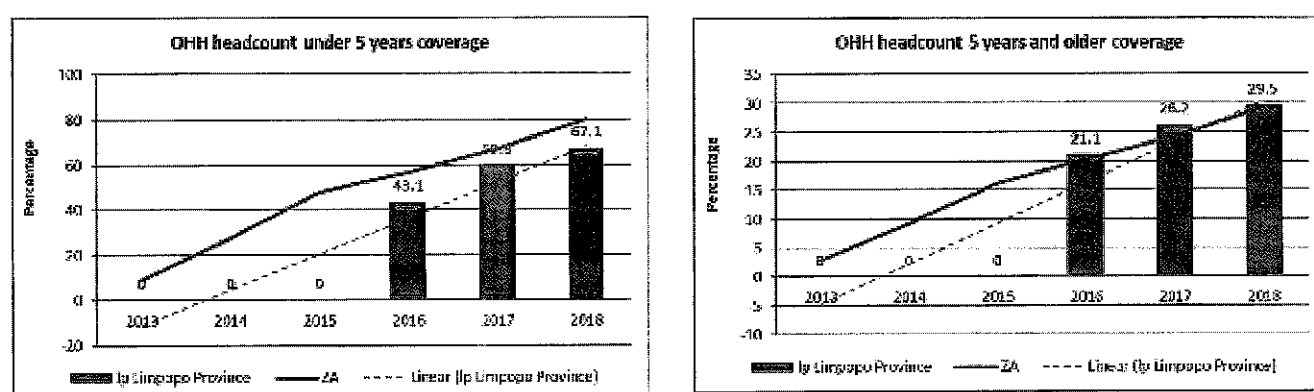


Figure 7. OHH headcount 5 years & 5 years and older coverage. Source: DHIS

Narrative:

Outreach household headcount coverage under five years shows a growing trend but still remain below the national average (as in Figure 7). The picture changes with the five years and older, where the coverage is growing in tandem with the national trend. Despite the under five year olds being below the national, the percentage coverage is higher compared to the coverage for the five years and above.

9.3.2.2 PHC Utilization Rate

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

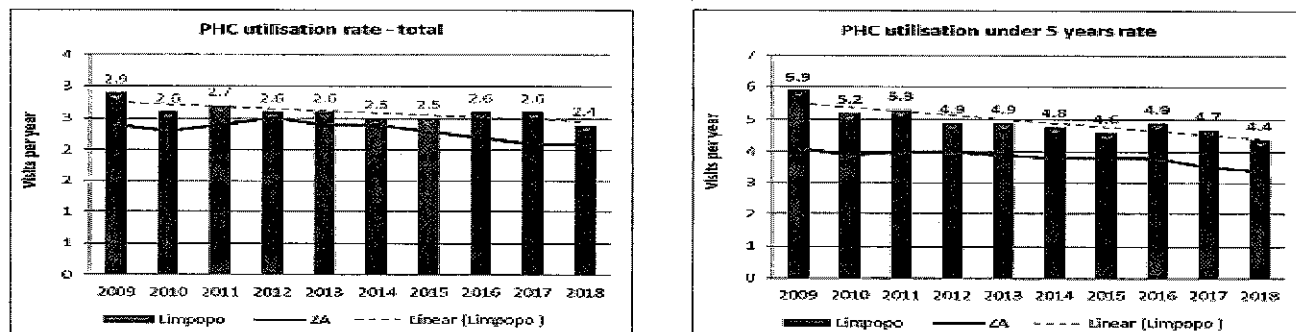


Figure 8 . PHC utilisation rate and utilisation under 5 years

Narrative:

According to Figure 8, the trend shows a decline in PHC utilisation rate (in terms of the total and under five years) even though the graph depicts a performance above the national average. It is worth to note that this performance is below the national target of 3.2. Even though the decline in utilisation is noted on both graphs, there is still a high rate of under five year olds using the PHC facilities.

9.3.2.3 PHC Expenditure

While PHC expenditure per capita can provide insight into equity in resource distribution and the prioritization of PHC across districts, looking at how much was spent per headcount/visit might be a better measure to evaluate efficiency.

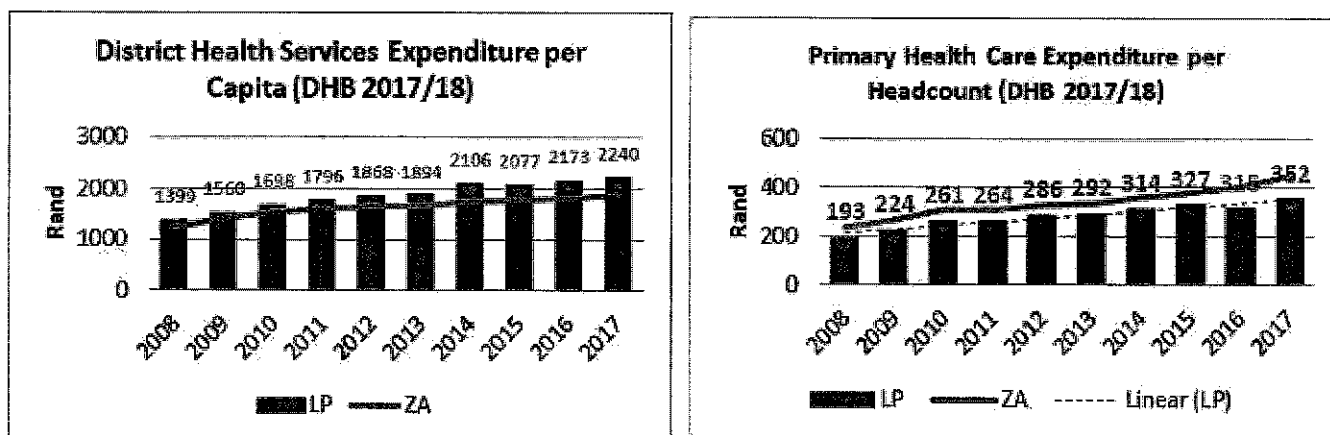


Figure 9. District and PHC Expenditure

The numerator PHC expenditure per headcount is the same as in the previous indicator (community health clinics, community health centres, community-based services, other

community services, HIV AIDS, nutrition and LG PHC expenditure) while the denominator is the number of primary health care headcounts.

Narrative:

In terms of Figure 9, the expenditure per capita in the District Health Services and expenditure per headcount in the PHC are both on an upward trend. The DHS expenditure was at par with the national average except from 2011 when it went above it, with the gap becoming more pronounced from 2014. But for PHC expenditure per headcount, the expenditure has been below the national average since 2008. The expenditure per headcount at PHC shows inequitable distribution of resources. Implying that resource allocation is more skewed to district hospitals than PHC facilities.

9.3.2.4 Hospital Care

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

A high OPD new client not referred rate value could indicate overburdened PHC facilities or a sub-optimal referral system. In light of the National Health Insurance Policy, a PHC level is the first point of contact with the health system and therefore key to ensure health system sustainability. If PHC works well and the referral system is seamless, it will result in fewer visits to specialists in referral hospitals and emergency rooms**

Table 5. Efficiency indicators by level of care

Ip Limpopo Province	OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Hospital Type									
District Hospital	75.3	72.4	73.6	4.3	4.3	4.3	69.6	72.7	73.1
Regional Hospital	60.4	72.1	62.7	4.9	4.4	4.4	72.3	74.9	71.9
Provincial Tertiary Hospital	12	14.7	13.9	7.3	7.6	7.5	75.5	79.9	82.3

Ip Limpopo Province		Inpatient crude death rate			Delivery by Caesarean section rate		
Hospital Type		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
District Hospital		5	4.6	4.6	22.4	22.3	22.1
Regional Hospital		5	4.8	4.9	24.2	23.5	24.5
Provincial Tertiary Hospital		6.1	6.3	6	35.4	33.3	35.7

Narrative:

The out-patient department (OPD) new client not referred rate in both district and regional hospitals is high (cf Table 5). In particular for district hospitals, the rate is on a rise and above the national average of 60.4% by 13.2%. The average length of stay and inpatient bed utilisation rate at the three levels of care are within normal ranges. The inpatient crude death rate and Caesarean section rate is within normal ranges across all the three levels.

Hospital Efficiency Indicators

Table 6. Efficiency indicators for regional and tertiary hospitals

		OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
Referral Hospitals		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Regional Hospital	Ip Letaba Hospital	46.7	52.1	53.5	4.9	4.5	4.7	65	82.3	71.2
	Ip Mokopane Hospital	81.1	81.6	86.2	5.3	6.3	5.6	62.2	77.1	73.3
	Ip Philadelphia Hospital	46.1	86.4	41.5	6.6	4.8	4.2	102	74.9	69.8
	Ip St Rita's Hospital	75	72.8	73.9	3.7	3.6	4.3	56.1	65.1	70
	Ip Tshilidzini Hospital	72.3	25.1	25.5	4.5	4	3.9	75.4	76	74.5
Provincial Tertiary Hospital	Ip Mankweng Hospital	0.05	0	0	6.5	6.6	6.5	78.4	80	82.7
	Ip Pietersburg Hospital	24.8	25	22.5	8.4	8.9	9.1	72.7	79.8	81.8

Source: DHIS

Narrative:

In terms of Table 6, among regional hospitals, Mokopane followed by St Ritas are the institutions with the highest OPD new client not referred. In terms of length of stay St Ritas is having a low ALOS. However, this ALOS could be attributed to the facility functioning at the level of a district hospital as supported by a low inpatient bed utilisation rate. The inpatient bed utilisation rate for provincial tertiary hospitals is within the normal range.

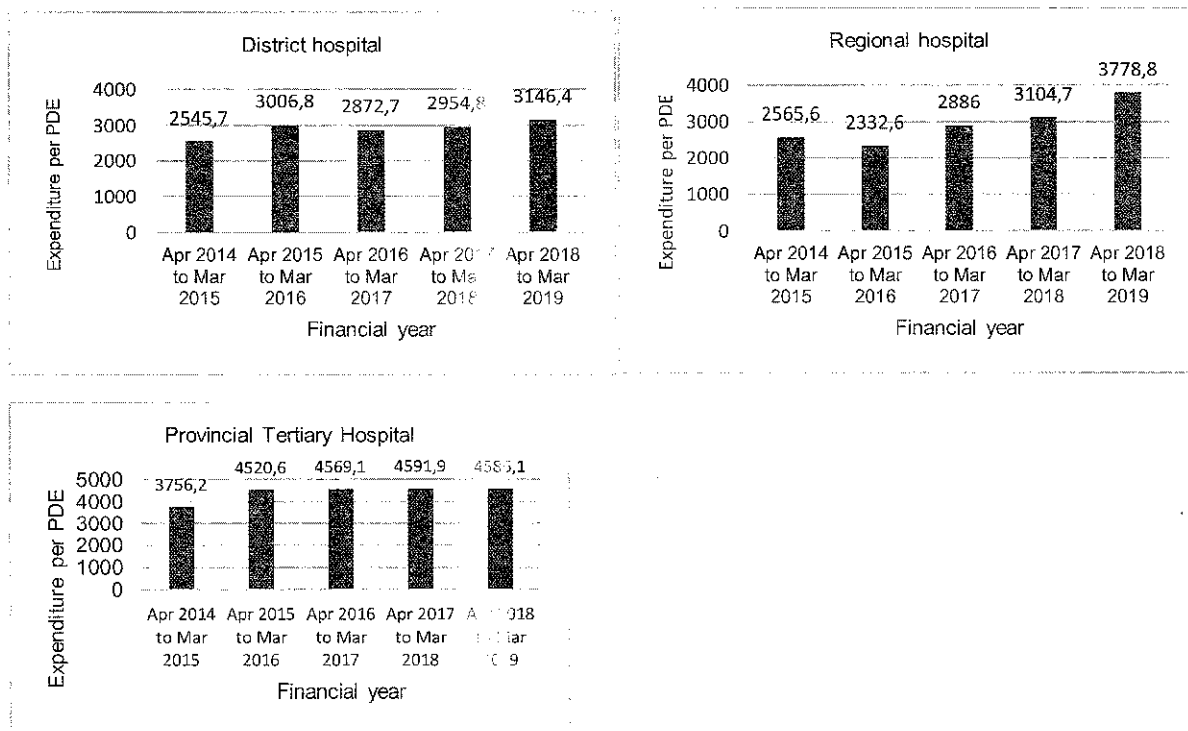


Figure 10. Expenditure per PDE per level of hospital

Narrative:

Figure 10 shows that the expenditure per PDE across the three levels of care is above the national average. This is due to financial inefficiencies.

Hospital Case Management Indicators

Table 7. Hospital case management indicators

		Inpatient crude death rate			Delivery by Caesarean section rate		
Referral Hospitals		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Regional Hospital	Ip Letaba Hospital	6.4	5.2	5.2	31.8	31.4	29
	Ip Mokopane Hospital	4.6	4.8	5.1	28.1	26.6	27.8
	Ip Philadelphia Hospital	4.7	5.3	5.3	21.4	18.6	20
	Ip St Rita's Hospital	4.2	3.9	4.8	16.6	18.4	21.9
	Ip Tshilidzini Hospital	5.2	4.8	4.4	25.8	24.1	25.4
Provincial Tertiary Hospital	Ip Mankweng Hospital	5.7	5.7	5.3	25.6	26.2	29.3
	Ip Pietersburg Hospital	6.7	7.1	7.1	61.5	51.3	50.3

Source: DHIS

Narrative:

In terms of the inpatient crude death rate and Caesarean section rate, both the regional and provincial tertiary levels of care show consistent performance throughout the years with the exception of Pietersburg hospital (as demonstrated in Table 7).

9.3.3 Maternal and Women's Health

Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility. The maternal mortality in facility ratio is a proxy indicator for the population based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys.

Women's Health Trends

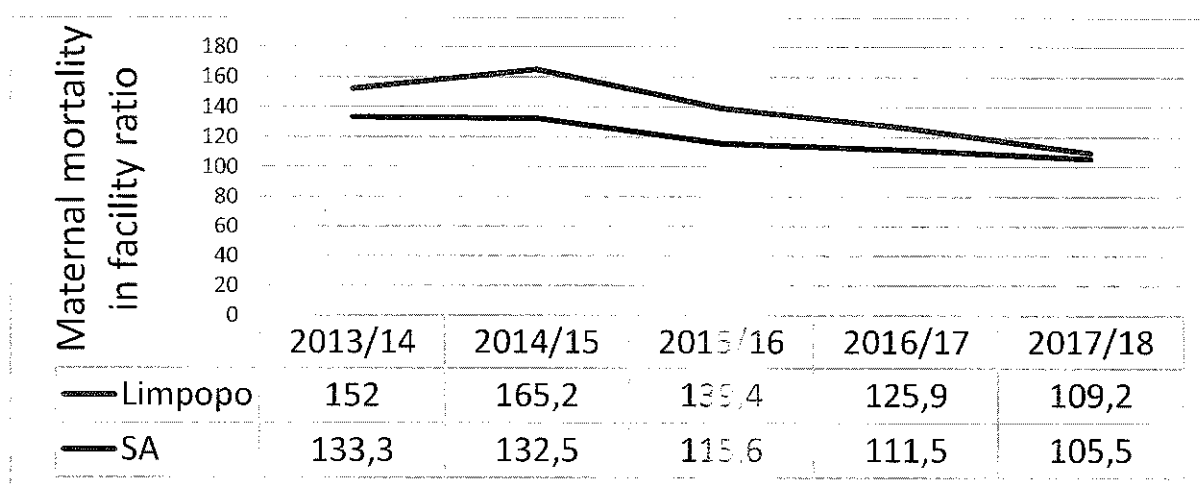


Figure 11. Maternal mortality 2013/14 – 2017/18

Narrative:

The maternal mortality in facility ratio has shown a significant decline from 152 in 2013/14 to 109 in 2017/18 (as in Figure 11). However, it remains higher than the national average (105.5). According to the Limpopo Saving Mothers 2017, the main causes of maternal mortality are obstetric haemorrhage, hypertensive disease in pregnancy and non-pregnancy related infections.

Maternal and Women's Health Trends

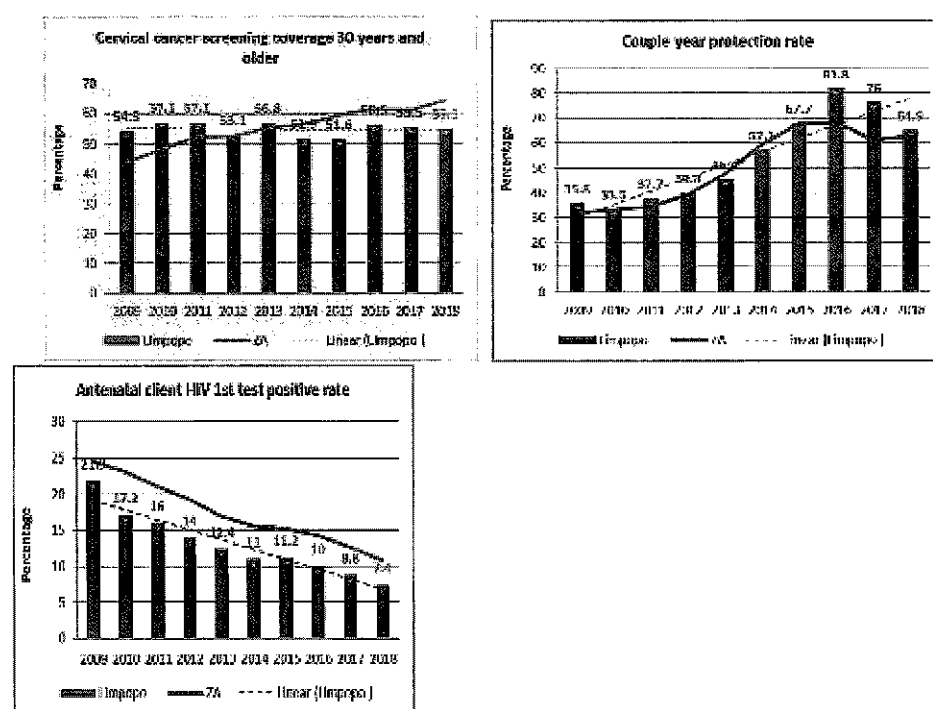


Figure 12. Women health trends

Narrative:

Cervical cancer screening (cf Figure 12)

From 2014, the province is performing below the national average.

Couple-year protection

An upward trend was realised peaking in 2016. The decline thereafter was attributed to a shortage of preferred contraceptives.

Antenatal client HIV 1st test positive rate

Expanded HIV Testing Services (HTS) has led to high testing rates in the community. Hence the ANC client HIV 1st test positive rate has been on a steady decline since 2009 because there is few new clients testing positive.

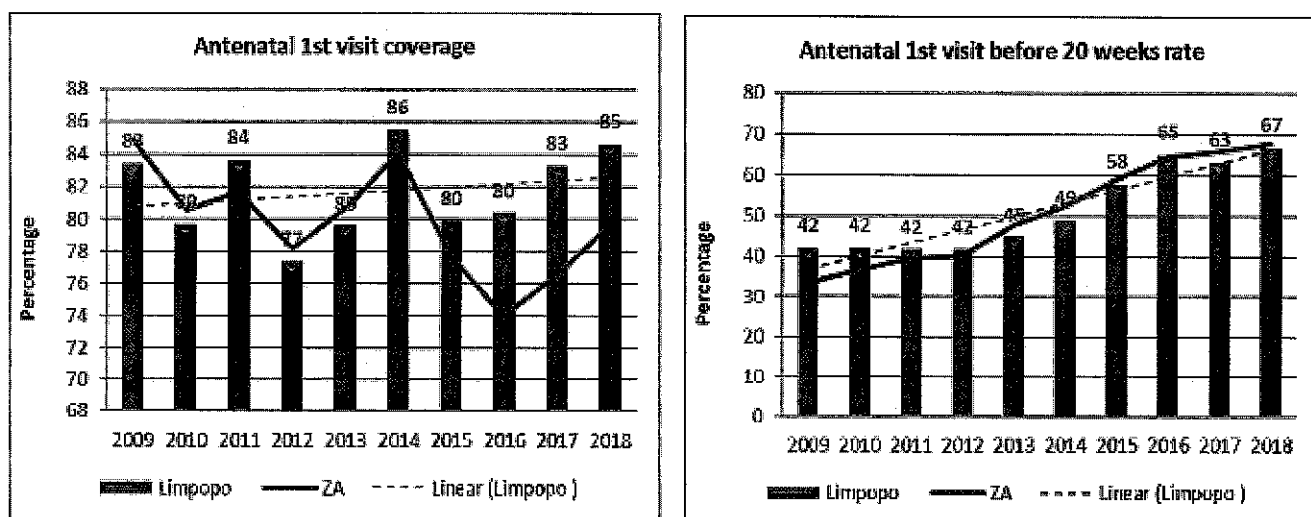


Figure 13. ANC 1st visit coverage and before 20 weeks. Source: District Health Barometer 2017/18

Narrative:

According to Figure 13, Antenatal 1st visit coverage has remained high over a period of time. While, Antenatal 1st visit before 20 weeks rate is depicted to be on a rise from 2009 to 2018. As demonstrated by Figure (Maternal mortality), it could be deduced that the rise in first visit before 20 weeks has resulted in reduced maternal mortality.

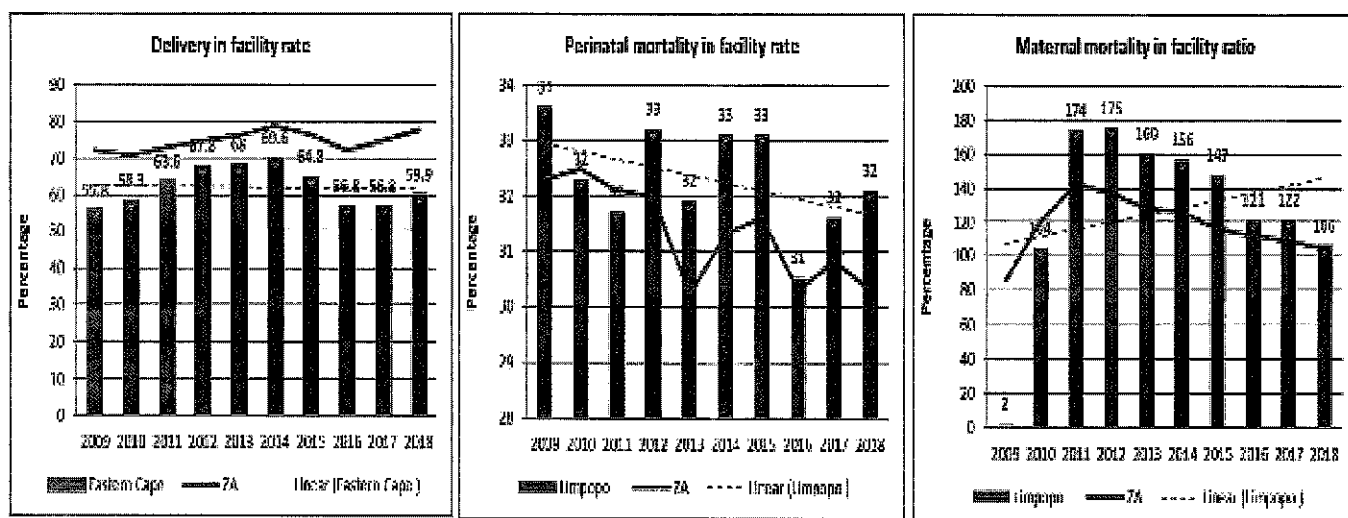


Figure 14. In facility delivery, perinatal and maternal mortality. Source: District Health Barometer 2017/18

Narrative:

Delivery in facility rate

Our delivery in facility is above the national average.

Perinatal mortality in facility rate

The perinatal mortality in facility rate has seen minor fluctuations over the years but remain above the national average.

Women and Maternal Health

			Country	Province	DC33	DC34	District	DC36	DC47
			ZA	LP	DC33	DC34	DC35	DC36	DC47
			South Africa	Limpopo	Mopani DM	Vhembe DM	Capricorn DM	Waterberg DM	Sekhukhune DM
Maternal mortality in facility ratio (per100K)	Impact	2018/19	105.9	111.6	107.4	81.5	196.7	97.1	66.8
Maternal death in facility (No)		2018/19	1 065	143	28	25	57	15	8
Live birth in facility (No)		2018/19	959 720	123 990	25 333	29 944	28 043	14 893	25 777
Delivery in 10 to 19 years in facility rate (%)	Outcome	2018/19	12.9	13.4	13.1	15.8	12.4	13.5	11.7
Delivery 10-19 years in facility (No)		2018/19	124 628	16 587	3 312	4 703	3 489	2 032	3 011
Delivery in facility - total (No)		2018/19	964 209	124 236	25 314	29 794	28 134	14 998	25 956
Antenatal client initiated on ART rate (%)	Outcome	2018/19	95.8	97.7	97.5	98.4	99.1	97.6	95.8
Antenatal client start on ART (No)		2018/19	109 900	10 557	2 254	1 965	2 188	1 991	2 119
Antenatal client known HIV positive but NOT on ART ..		2018/19	18 005	1 823	518	278	320	388	319
Mother postnatal visit within 6 days rate (%)	Output	2018/19	75.3	98.2	123.9	98.7	81.9	99.4	89.5
Mother postnatal visit within 6 days after delivery (..		2018/19	725 586	121 975	31 356	29 402	23 043	14 905	23 299
Antenatal 1st visit before 20 weeks rate (%)	Output	2018/19	68.1	67.2	71.5	69.7	62.2	67.6	65.1
Antenatal 1st visit before 20 weeks (No)		2018/19	729 259	84 930	18 541	20 819	17 039	11 240	17 211
Antenatal 1st visit - total (No)		2018/19	1 071 081	126 379	25 933	29 880	27 388	16 618	26 500
Couple year protection rate (%)	Output	2018/19	61	63.3	67.5	59.3	69.6	78	48.9
Contraceptive years dispensed (No)		2018/19	7 247 868	793 206	174 324	183 032	192 761	109 578	133 500
Cervical cancer screening coverage (%)	Output	2018/19	65.1	52.3	62.9	54.4	38.1	54	54.9
Cervical cancer screening 30 years and older (No)		2018/19	861 893	69 228	17 925	17 307	11 671	8 277	14 018

Other

Worst 10 DM

Figure 15. Women health indicators

Narrative:

According to Figure 15, maternal mortality in the Capricorn District is the highest among the other districts in Limpopo Province. That is mainly due to the two tertiary hospitals and the lack of a regional hospital in the Capricorn District. The two tertiary hospitals in Capricorn absorb maternal cases from all districts resulting in Capricorn accounting for the maternal mortalities. Capricorn District is the lowest among the other districts in the province in terms of antenatal first visit bookings and cervical cancer screening. This is attributed to the reluctance of women thirty years and older to be screened. Even though Limpopo is performing above national average on couple year protection, Sekhukhune is the lowest followed by Vhembe District. The performance in both districts is due to women being reluctant to usage of modern contraceptives as well as shortage of injectable and oral contraceptives.

9.3.4 Child Health

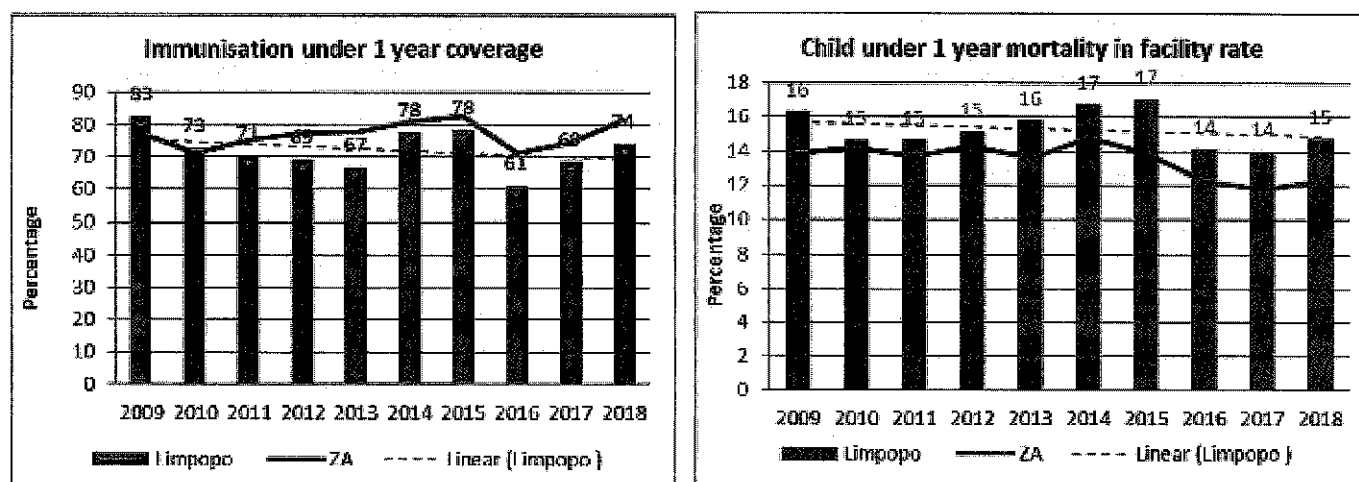


Figure 16. Under 1 year immunisation coverage and mortality in facility.

Narrative:

Immunisation under 1 year (se Figure 16)

The trend of immunisation coverage for under one year in Limpopo mirrors that of the national coverage. However the provincial performance is consistently below that of national.

Under 1 year mortality

The under 1 year mortality is consistently above average. For immunisation to have a significant impact (herd immunity) on mortality, the coverage should be sustained at 90% and above. Other significant contributions to mortality in under one year are prematurity, birth asphyxia and congenital abnormalities.

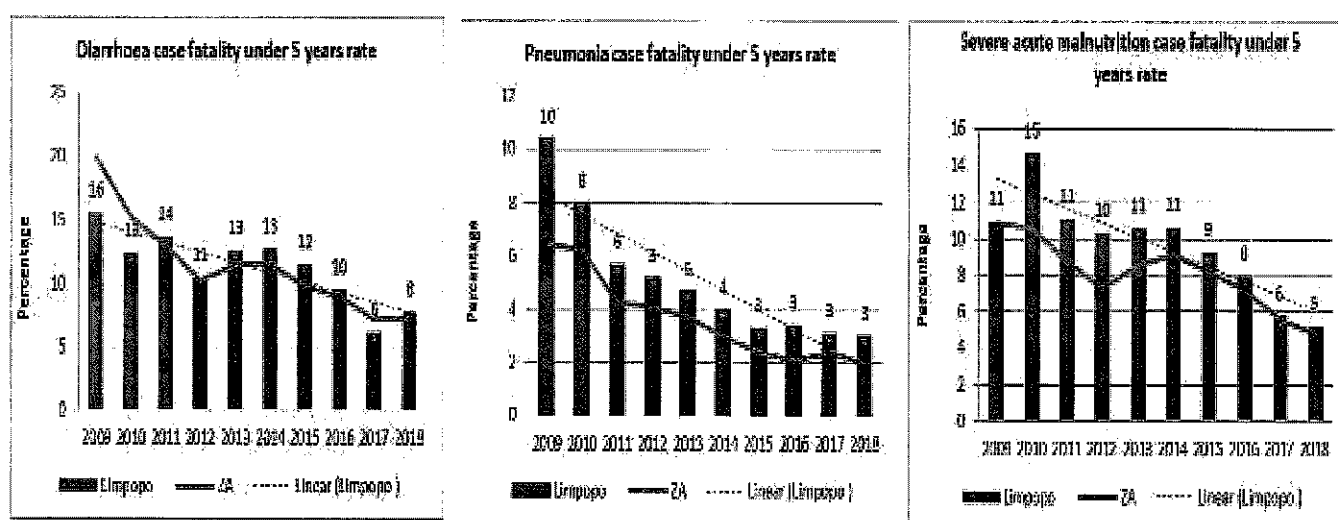


Figure 17. Under 5 years mortality

Narrative

Generally, there is a decline in case fatality rates for diarrhoea, pneumonia and severe acute malnutrition (SAM). However, the decline in pneumonia case fatality rate is persistently above the national average (as in Figure 17). This could be attributed to poor case management. In terms of SAM, the provincial poverty headcount could be a major contributor as it is the third highest in the country.

Child Health

			Country	Province	DC33	DC34	District	DC36	DC47
			ZA	LP	DC33	DC34	DC35	DC36	DC47
			South Africa	Limpopo	Mopani DM	Wentse DM	Capricorn DM	Waterberg DM	Sekhukhune DM
Death in facility under 1 year rate (%)	Impact	2018/19	7.5	9.9	12.5	9	9	9.1	10.1
Death in facility under 1 year (No)		2018/19	14 841	2 001	404	367	630	219	38
Death in facility under 5 years rate (%)	Impact	2018/19	4.9	5.9	6.9	4.4	6.9	5.2	6.1
Death in facility under 5 years (No)		2018/19	16 944	2 291	473	425	726	243	42
Diarrhoea case fatality under 5 years rate (%)	Impact	2018/19	1.9	2.2	3.6	0.91	2.8	0.74	3.1
Diarrhoea death under 5 years (No)		2018/19	679	111	42	17	22	4	2
Diarrhoea separation under 5 years (No)		2018/19	36 009	5 083	1 092	1 861	776	540	81
Early neonatal death in facility rate (per1K)	Impact	2018/19	9.8	11.7	12.4	8.7	15.1	11.3	11.1
Death in facility 0-7 days (No)		2018/19	9 431	1 450	313	260	423	169	28
Live birth in facility (No)		2018/19	959 720	123 990	25 333	29 944	28 043	14 893	25 77
Neonatal death in facility rate (per1K)	Impact	2018/19	12.1	13.2	13.4	10.1	17.2	12.6	12.1
Death in facility 8-28 days (No)		2018/19	2 212	192	27	43	58	18	4
Pneumonia case fatality under 5 years rate (%)	Impact	2018/19	1.9	3.3	3.1	2.3	3.4	3.3	2.1
Pneumonia death under 5 years (No)		2018/19	962	178	39	47	66	9	1
Pneumonia separation under 5 years (No)		2018/19	50 212	5 435	1 244	2 008	789	696	69
Severe acute malnutrition case fatality under 5 years rate (%)	Impact	2018/19	7.1	6.3	3.6	10.4	4.4	6.6	15.1
Severe acute malnutrition death under 5 years (No)		2018/19	806	125	30	32	17	19	2
Severe acute malnutrition inpatient under 5 years (No)		2018/19	11 280	1 987	825	307	397	289	17
Infant PCR test positive around 10 weeks rate (%)	Outcome	2018/19	0.74	0.73	0.85	0.72	0.72	0.66	0.1
Infant PCR test positive around 10 weeks (No)		2018/19	1 371	118	29	21	28	18	2
Infant PCR test around 10 weeks (No)		2018/19	185 312	16 113	2 428	2 905	3 902	2 722	3 15
Immunisation under 1 year coverage (%)	Output	2018/19	81.9	71	66.6	74.3	69.6	81.2	65
Immunised fully under 1 year new (No)		2018/19	944 650	91 033	18 454	24 424	18 996	11 123	18 04
Infant exclusively breastfed at DTap-IPV-Hib-HBV 3rd dose	Output	2018/19	49.5	42	35.4	39.1	50.3	49.5	43
Infant exclusively breastfed at DTap-IPV-Hib-HBV (Hexavalent)		2018/19	477 984	50 523	8 404	11 564	13 117	6 589	10 84
DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose (No)		2018/19	966 387	117 506	23 751	29 547	26 055	13 309	24 84
Measles 2nd dose coverage (%)	Output	2018/19	76.5	80.5	78.9	79.8	87.7	79.8	76
Measles 2nd dose (No)		2018/19	890 235	106 023	21 676	26 812	24 301	11 328	21 90
School Grade 1 screening coverage (%)	Output	2018/19	17.7	46.7	26.7	20.3	48.1	34.2	24
School Grade 1 - learners screened (No)		2018/19	381 110	65 239	13 150	18 016	12 836	10 179	11 05
School Grade 1 - learners total (No)		2018/19	1 166 792	139 580	28 413	31 752	31 502	15 877	32 03
School Grade 8 screening coverage (%)	Output	2018/19	13.1	66.2	16.4	15.2	30.3	11.6	9
School Grade 8 - learners screened (No)		2018/19	196 461	30 650	6 605	11 318	7 239	4 978	51
School Grade 8 - learners total (No)		2018/19	889 304	105 309	20 814	26 032	23 665	12 610	22 18
Vitamin A dose 12-59 months coverage (%)	Output	2018/19	56.6	42.2	45.2	44.1	41.5	46.8	35
HIV test around 18 months (No)		2018/19	238 392	19 551	4 158	3 340	6 779	2 436	2 63
Live birth to HIV positive woman (No)		2018/19	267 329	25 462	5 522	4 586	5 719	4 158	5 47

Figure 18. Child health indicators

Narrative

Immunisation of under 1 year old remains a challenge in the province with none of the districts performing at the acceptable 90% coverage standard (see Figure 18). The worst performing districts in the province are Mopani, Capricorn and Sekhukhune. Partially blame on the performance is attributed to inconsistent stock levels of vaccines as well as budgetary constraints. As a result, child health from birth gets compromised. Key to note is the high under five pneumonia fatality rate across all the five districts in the province. That makes the province to perform higher than the national average as a result of children being brought to facilities already having complications. Sekhukhune district is the mostly hit district in terms of severe acute malnutrition (SAM). That can be attributed to poverty levels in the Sekhukhune district.

9.3.5 HIV and AIDS Provincial Perspective

Narrative:

According to Figure 19, Limpopo is currently at 93-67-77 in terms of performance against 90-90-90 across its total population. Results for each of the sub-populations vary, with adult females at 94-71-80, adult males at 91-59-74, and children at 78-60-54. For adult males and females, focus must be placed not only on initiation onto ART, but also on ensuring that clients are retained in care. There is a growing number of adults who have been previously diagnosed, but are not on ART.

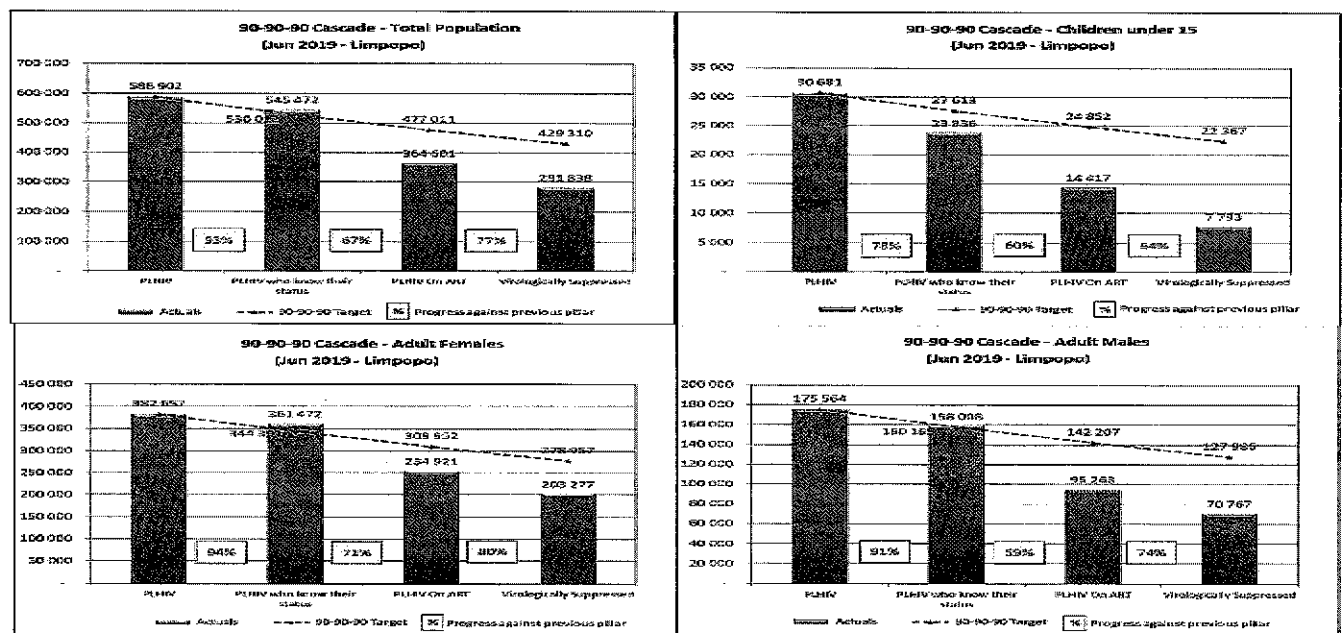


Figure 19. Provincial 90-90-90 cascades

This includes those who had started ART and defaulted, as well as those who were never initiated. The results do show, that for women who remain on ART, suppression rates are higher. There are gaps across the cascade for children under 15 years. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions. To achieve 90-90-90 targets, the province must increase the number of adult men on ART by 46944, the number of adult women on ART by 55031, and the number of children on ART, by 10435, by December 2020. Across the province, Mopani and Sekhukhune are the closest to attaining 90-90-90 based on preliminary data collected.

Capricorn

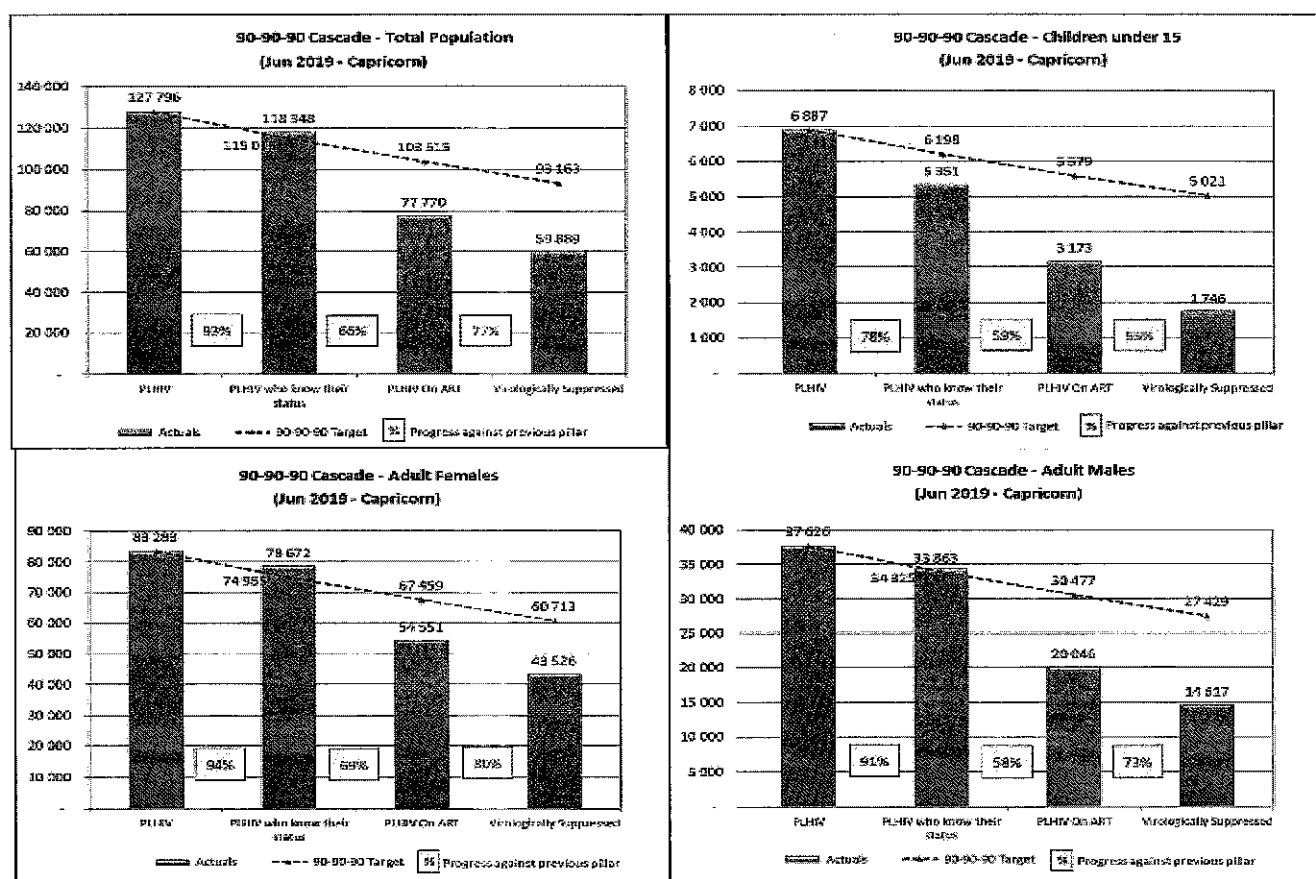


Figure 20. Capricorn 90-90-90 cascades

Narrative:

Capricorn is currently at 93-66-77 in terms of performance against 90-90-90 across its total population (see Figure 20). The District is ranked 4th out of the 5 districts in the province against 90-90-90. Results for each of the sub-populations vary, with adult females at 94-69-80, adult males at 91-58-73, and children at 78-59-55. For adult males and females, focus must be placed not only on initiation onto ART, but also on ensuring that clients are retained in care. There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated. The results do show, that for women who remain on ART, suppression rates are higher. There are gaps across the cascade for children under 15 years. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions. To achieve 90-90-90 targets, the district must increase the number of adult men on ART by 10431, the number of adult women on ART by 12909, and the number of children on ART, by 2406, by December 2020.

Mopani

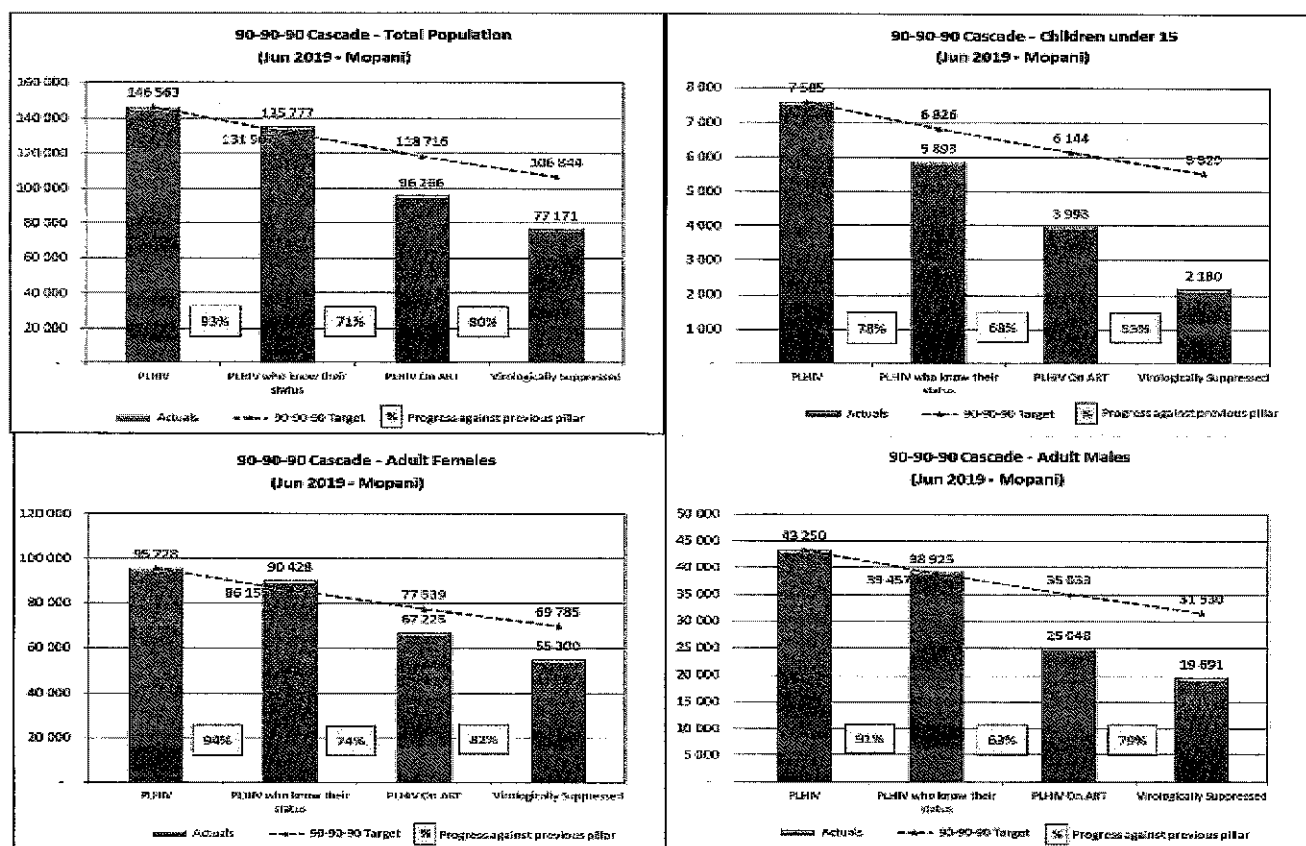


Figure 21. Mopani 90-90-90 cascades

Narrative:

In terms of Figure 21, Mopani is currently at 93-71-80 in terms of performance against 90-90-90 across its total population. The District is ranked 1st out of the 5 districts in the province against 90-90-90. Results for each of the sub-populations vary, with adult females at 94-74-82, adult males at 91-63-79, and children at 78-68-55. For adult males and females, focus must be placed not only on initiation onto ART, but also on ensuring that clients are retained in care. There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated. The results do show, that for women who remain on ART, suppression rates are higher. There are gaps across the cascade for children under 15 years. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions. To achieve 90-90-90 targets, the district must increase the number of adult men on ART by 9984, the number of adult women on ART by 10315, and the number of children on ART, by 2151, by December 2020.

Sekhukhune

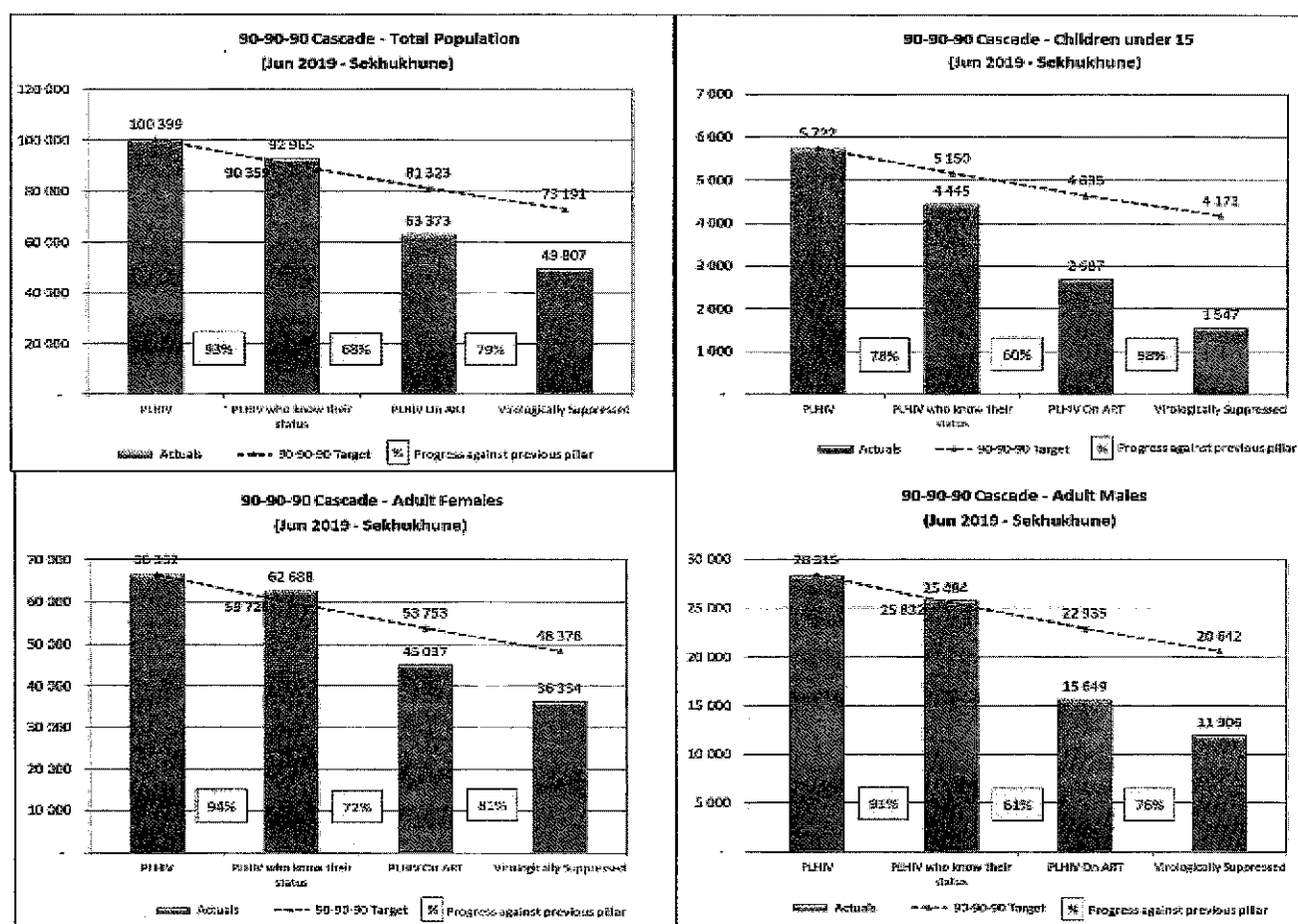


Figure 22. Sekhukhune 90-90-90 cascades

Narrative:

Sekhukhune is currently at 93-68-79 in terms of performance against 90-90-90 across its total population. The District is ranked 2nd out of the 5 districts in the province against 90-90-90. Results for each of the sub-populations vary, with adult females at 94-72-81, adult males at 91-61-76, and children at 78-60-58. For adult males and females, focus must be placed not only on initiation onto ART, but also on ensuring that clients are retained in care. There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated. The results do show, that for women who remain on ART, suppression rates are higher. There are gaps across the cascade for children under 15 years. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions. To achieve 90-90-90 targets, the district must increase the number of adult men on ART by 7286, the number of adult women on ART by 8717, and the number of children on ART, by 1948, by December 2020.

Vhembe

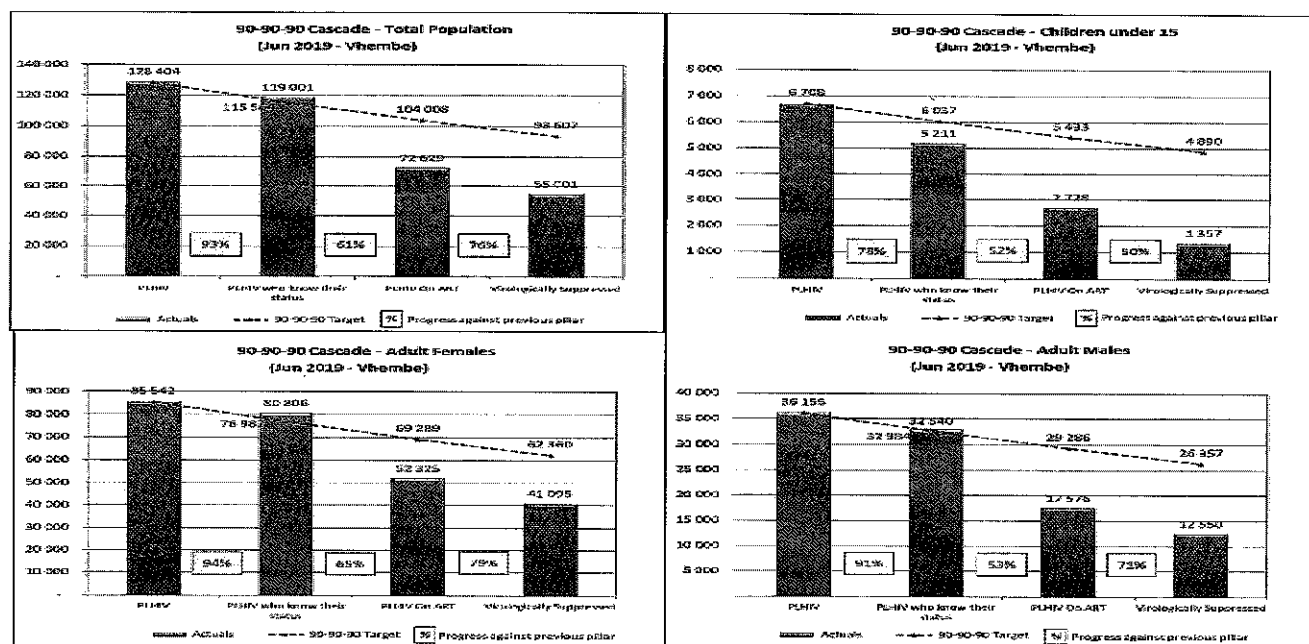


Figure 23. Vhembe 90-90-90 cascades

Narrative:

Vhembe is currently at 93-61-76 in terms of performance against 90-90-90 across its total population. The District is ranked 5th out of the 5 districts in the province against 90-90-90. Results for each of the sub-populations vary, with adult females at 94-65-79, adult males at 91-53-71, and children at 78-52-50. For adult males and females, focus must be placed not only on initiation onto ART, but also on ensuring that clients are retained in care. There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated. The results do show, that for women who remain on ART, suppression rates are higher. There are gaps across the cascade for children under 15 years. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions. To achieve 90-90-90 targets, the district must increase the number of adult men on ART by 11710, the number of adult women on ART by 16963, and the number of children on ART, by 2705, by December 2020.

Waterberg

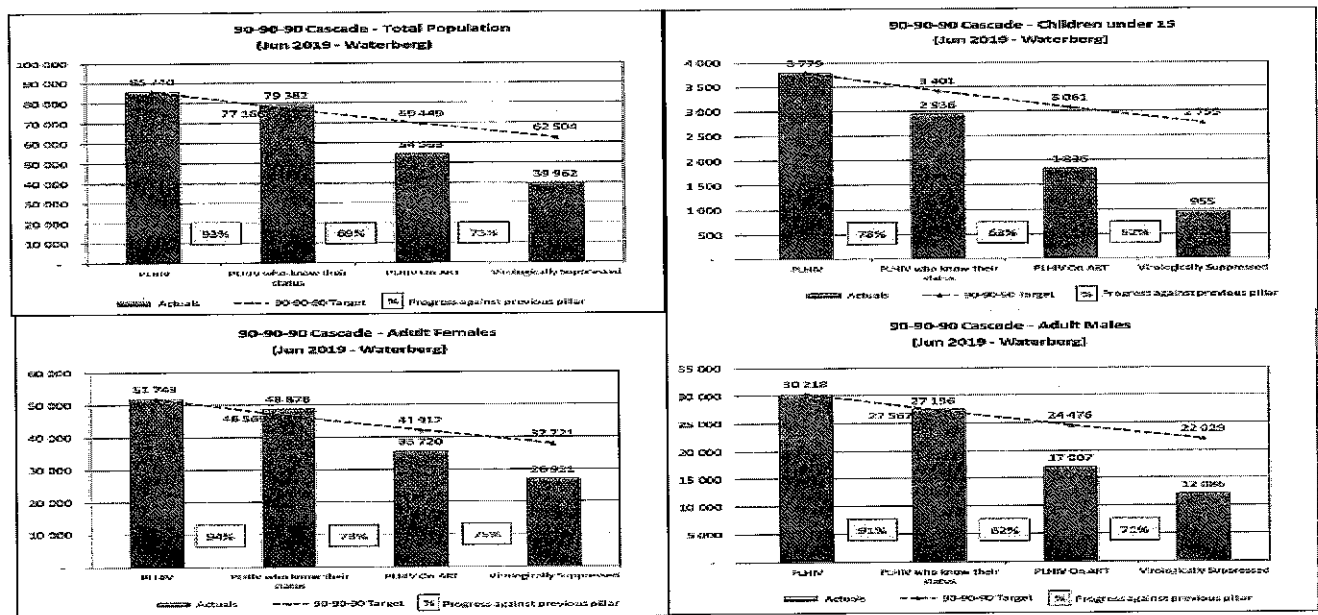


Figure 24. Waterberg 90-90-90 cascades

Narrative:

Waterberg is currently at 93-69-73 in terms of performance against 90-90-90 across its total population (refer to Figure 24). The District is ranked 3rd out of the 5 districts in the province against 90-90-90. Results for each of the sub-populations vary, with adult females at 94-73-75, adult males at 91-62-71, and children at 78-63-52. For adult males and females, focus must be placed not only on initiation onto ART, but also on ensuring that clients are retained in care. There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated. The results do show, that for women who remain on ART, suppression rates are higher. There are gaps across the cascade for children under 15 years. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions. To achieve 90-90-90 targets, the district must increase the number of adult men on ART by 7470, the number of adult women on ART by 6191, and the number of children on ART, by 1225, by December 2020.

9.3.6 Tuberculosis

TB Treatment Trends

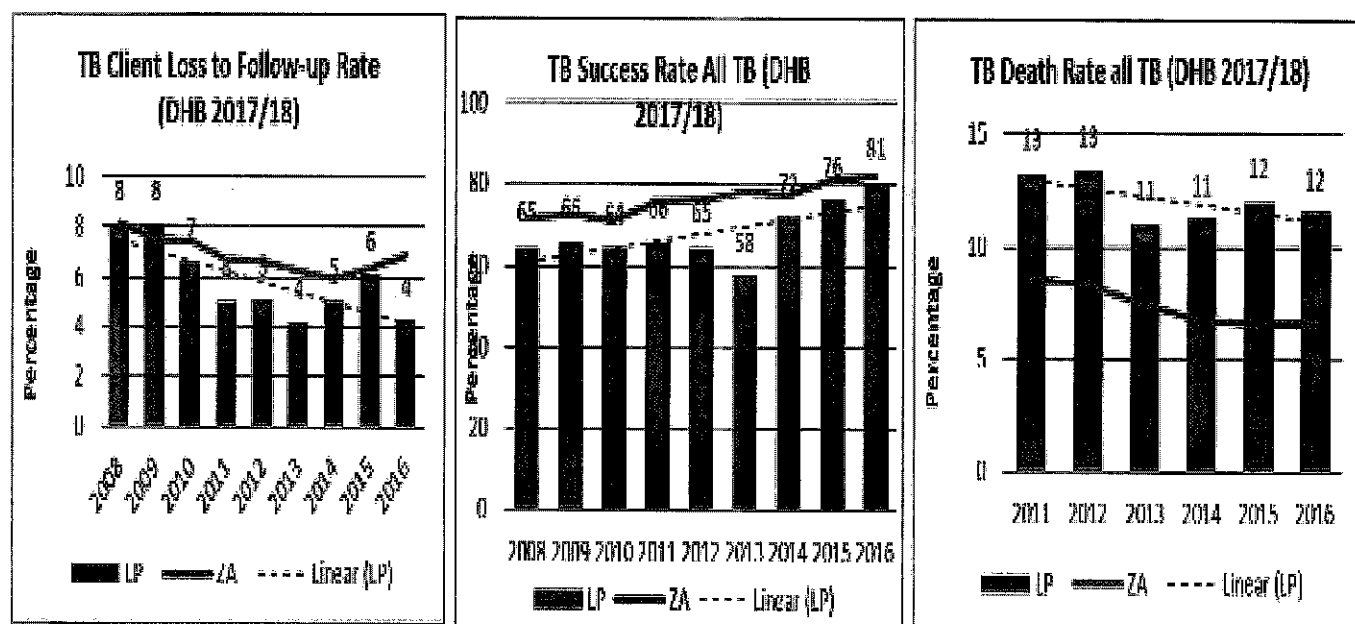


Figure 25. TB trends

Narrative

In terms of Figure 25, TB Client loss to follow-up rate is on a decline. While the TB success rate is continuously improving it is still below the national average. The province consistently performs below the national average in terms of TB death rate. The death rate can be attributed due to migration patterns, comorbidities and late presentation.

TB

				Country	Province	DC33	DC34	District	DC36	DC47
				ZA	LP	Mogale DM	Vereeniging DM	Capricorn DM	Wentworth DM	Sehlabeng DM
				South Africa	Limpopo					
TB DS death rate (%)	Impact	2017		6.5	9.3	10.1	5.7	9.6	11.2	10.4
DS TB patients who died (No)		2017		16 138	1 237	254	174	269	328	216
All DS TB patients in cohort (No)		2018		225 583	12 709	2 395	2 228	2 752	2 957	2 186
TB DS client lost to follow up rate (%)	Outcome	2017		6	5.7	8.3	5.1	5.2	5.4	7
DS TB patients who were lost to follow up (No)		2017		19 761	764	123	157	143	187	144
TB DS treatment success rate (%)	Outcome	2017		76.3	81.2	82.6	84	81.9	77.9	79.1
DS TB patients who completed treatment or were cured ..		2017		189 352	10 829	2 084	2 585	2 253	2 271	1 636
TB MDR client death rate (%)	long regimen Impact	2016		20.8	19	30	22.9	23.9	15.5	20
	short regimen Impact	2017		17.3	20.4	12.9	25	16.4	20.7	24.4
TB MDR client loss to follow up rate (%)	long regimen Outcome	2016		19.6	10.8	0	3.5	18.2	10.9	7.5
	short regimen Outcome	2017		14.6	7	6.5	8.9	8.2	6.7	4.4
TB MDR treatment success rate (%)	long regimen Outcome	2016		53.9	65.5	70	70.2	54.5	70	57.5
	short regimen Outcome	2017		49.6	42.4	64.5	28.6	36.1	46.7	40
TB XDR client death rate (%)	long regimen Impact	2016		21.3	0			0	0	0
	short regimen Impact	2017		20.7	50			0	66.7	0
TB XDR client loss to follow up rate (%)	long regimen Outcome	2016		11.3	0			0	0	0
	short regimen Outcome	2017		7.7	0			0	0	0
TB XDR treatment success rate (%)	long regimen Outcome	2016		58.1	0			0	0	0
	short regimen Outcome	2017		31.3	25			0	0	0
TB symptom 5 years and older screened in facility rate ..	Process ..	2018/19		83.7	81.6	94.4	83.5	99.4	96.6	88.5
Screen for TB symptoms 5 years and older (No)		2018/19		82 929 115	10 456 360	2 491 691	2 590 241	2 324 139	1 226 304	1 823 985
PHC headcount 5 years and older (No)		2018/19		99 082 287	11 409 321	2 629 724	3 100 694	2 349 187	1 269 852	2 059 864
TB symptom child under 5 years screened in facility rate ..	Process ..	2018/19		81.7	80.8	78.9	72.3	93	92.9	77.4
Screen for TB symptoms under 5 years (No)		2018/19		16 547 063	2 365 672	539 751	591 996	496 418	288 169	450 328
PHC headcount under 5 years (No)		2018/19		20 264 739	2 926 909	689 922	818 381	532 925	310 168	561 513
TB/HIV co-infected client on ART rate (ETR.Net) (%)	Outcome	2017		99.1	93.4	95.6	91.3	95.3	92.5	90.9
HIV-positive TB cases who are on ART (No)		2018		108 481	6 726	1 514	1 131	1 450	1 589	1 042
HIV-positive TB cases (No)		2018		125 222	7 630	1 634	1 281	1 646	1 898	1 229

Figure 26. TB indicators

Narrative

Whilst the province is performing higher than the national average on TB treatment success rate, Waterberg and Sekhukhune districts are pulling the performance down (see Figure 26). Due to the mining activities happening in the two districts, loss to follow-up remains is also higher than the other three districts. That impacts negatively on the attempts to reduction of the TB death rate which is still high in the province.

9.3.7 Overview of the 2019/20 budget and MTEF estimates

The Department has been allocated an amount of R20.8 billion in the 2019/20 financial year to deliver the healthcare services in Limpopo Province. The overall health budget increased from R19.5 billion in the 2018/19 financial year to R20.8 billion in 2019/20. This indicates an accumulative growth of 6.7% over the two years.

The budget is projected to grow from R23.2 billion in 2020/21 to R24.8 billion in the year ending 2022/23. This represents a cumulative growth of 6.9%. The funding however does not adequately address the health services requirements. This therefore impacts negatively on the achievements of the department to deliver its strategic goals and objectives.

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

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

9.3.7.1 Equitable share

The baseline for 2020/21 financial year shows a 6.9% growth as compared to the 2019/20 final Main Appropriation including additional allocation from the Provincial Revenue Fund.

9.3.7.2 Conditional grants

The total conditional grants allocation increased by 27.7% or R851.8 million in the 2020/21 financial year which is mainly on Comprehensive HIV & AIDS and introduction of the new components within the grant. This will assist addressing shortfall currently experienced within the Antiretroviral Treatment Programme combating of malaria disease and compliance to minimum wage to community health workers. The other contributing factor is the introduction of new Health Resource Capacitation grant. The rest of the conditional grants have grown by an average of 5.6% which is slightly above the CPIX of 5.4%.

9.3.7.3 Expenditure estimates

Table 8. Expenditure estimates

Programme R'000	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate			
	2016/17	2017/18	2018/19				2019/20			
1 Administration	291 847	291 045	302 048	322 315	329,570	331,194		319,871	348,743	365,483
2 District Health Services	11 012 374	12 006 670	12 913 208	13 612 791	13,854,154	14,410,482		14,471,352	15,330,878	16,185,158
3 Emergency Medical Services	688 643	731 566	768 106	768 788	781,888	811,511		845,967	865,679	907,230
4 Provincial Hospital Services	2 201 049	2 388 539	2 600 196	2 663 074	2,666,673	2,707,219		2,912,661	2,992,996	3,136,661
5 Central Hospital Services	1 654 115	1 726 726	1 798 983	1 970 134	1,985,355	1,995,776		2,171,015	2,471,609	2,572,088
6 Health Sciences and Training	621 609	560 470	547 546	635 660	528,501	508,016		596,295	691,492	716,771
7 Health Care Support Services	116 823	124 505	138 768	146 021	145,207	145,207		854,116	161,129	168,863
8 Health Facilities Management	629 251	555 678	649 355	656 200	619,156	619,156		1,053,776	754,798	789,904
Sub-total										
Direct charges against the National Revenue Fund	1 902	1 978	1 980	2 085	1,980	1,980		2,200	2,321	2,433

Total	17 217 613	18 387 177	19 720 190	20 777 068	20 912 484	21 530 541	23 227 253	23 619 645	24 844 591
Change to 2010/11 budget estimate									

Table 9. Summary of provincial expenditure estimates by economic classification

	Audited Outcomes				Main appropriation		Adjusted appropriation		Revised estimate		Medium-term estimate		
	2016/17	2017/18	2018/19		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2020/21	2021/22	2022/23
Current payments	16 004 000	17 238 738	18 696 249		20 003 824			20 301 076	20 888 769	22 059 369	22 059 369	22 756 078	23 786 163
Compensation of employees	12 218 485	12 978 967	14 199 044		15 808 869			15 619 172	15 861 684	16 193 488	16 193 488	17 168 497	17 983 096
Goods and services	3 785 515	4 259 771	4 497 205		4 194 955			4 681 904	5 227 085	5 865 881	5 865 881	5 587 581	5 793 067
Communication	74 168	62 882	77 438		69 924			64 792	70 655	85 546	85 546	78 432	82 195
Computer Services	125 887	114 807	102 572		30 513			74 313	125 884	173 748	173 748	133 966	160 396
Consultants Contractors and special services	980 526	823 627	854 910		935 058			1 151 006	1 248 659	1 237 727	1 237 727	1 156 599	1 218 181
Inventory	1 692 104	2 063 632	2 307 785		2 301 097			2 342 185	2 474 030	3 141 654	3 141 654	2 796 672	2 912 951
Operating leases	16 511	12 988	15 448		20 990			14 616	14 924	20 877	20 877	22 001	23 057
Travel and subsistence	88 859	73 335	62 667		48 111			55 417	60 223	42 813	42 813	64 078	55 491
Maintenance repair and running costs	179 037	183 882	189 152		133 202			118 549	161 982	143 473	143 473	146 256	153 276

Specify Other	628 423	924 818	887 233	656 080	861 026	1 070 728	1 020 043	1 189 577	1 187 520
Payment for financial assets	10 692	3 505	4 074	-	-	-	-	-	-
Transfers and subsidies to	781 045	687 918	594 275	376 108	268,105	268,105	169,245	219,606	224,802
Provinces and municipalities	23 589	25 023	16 088	991	1,544	1,697	1,692	1,101	1,153
Departmental agencies and accounts	74 830	26 773	7 046	15 847	77,241	77,241	16,719	17,639	18,486
Non-profit institutions	362 582	383 805	341 956	95 591	-	-	-	-	-
Households	320 044	252 317	229 205	263 679	189,320	189,167	150,834	200,866	205,163
Payments for capital assets	421 876	457 016	425 592	397 136	343,303	373,667	998,639	643,961	833,626
Buildings	262 357	250 755	294 487	138 084	166,741	197,105	587,908	229,849	273,174
other fixed structures									
Machinery and equipment	159 491	206 261	131 105	259 052	176,562	176,562	410,731	414,112	560,452
Software and other intangible assets	28	-	-	-	-	-	-	-	-
Total economic classification	17 217 613	18 387 177	19 720 190	20 777 068	20,912,484	21,530,541	23,227,253	23,619,645	24,844,591

Relating expenditure trends to specific goals

Table 10. Trends in provincial public health expenditure (R'000)

Expenditure	Audited/actual			Main Appropriation	MTEF projection		
	2016/17	2017/18	2018/19		2020/21	2021/22	2022/23
Current prices¹							
Total ²	17,218	18,387	19,720	20,777	23,227	23,620	24,844
Total per person	3.25	3.54	3.88	4.08	4.56	4.64	4.88
Total per uninsured person	3.07	3.27	3.51	3.70	4.14	4.21	4.42
Constant (2008/09) prices³							
Total ²	19,112	20,226	18,734	18,699	19,975	20,313	21,366
Total per person	3.5	3.7	3.5	3.5	3.7	3.8	4.0
Total per uninsured person	17,659	18,689	17,310	17,278	18,457	18,769	19,742
% Of Total spent personon:							
DHS	19.2%	22.8%	24.1%	24.6%	23.6%	24.4%	23.2%
PHS	5.1%	5.3%	5.4%	5.0%	4.7%	4.9%	4.6%
CHS	3.2%	3.8%	4.1%	4.4%	4.2%	4.3%	4.1%
All personnel	21.2%	23.4%	24.2%	24.4%	21.8%	21.5%	20.4%
Capital	4.0%	5.9%	5.0%	6.2%	5.5%	5.4%	5.2%
Health as a % of total public expenditure	40.5%	39.1%	38.3%	38.4%	41.1%	41.5%	42.7%

9.3.8 Human Resources for Health

9.3.8.1 Current deployment of staff

In terms of the current approved organizational structure, the Department has a total number of **63 460** posts including both core and support. Based on this structure, the total number of filled posts is **32 456**. The number of vacant posts is **31 886** which gives a vacancy rate of **49.56%**. In the terms of outcome 12, all government departments are expected to implement the Persal Clean-up project and one of the outputs of the project is to abolish all unfunded vacant posts from the Persal system. Post status after Persal Clean –up project is reflected as follows: Total number of approved posts: **36856**; filled posts: **32456** Vacant posts: **4400**; and vacancy rate is at **11, 94**.

9.3.8.2 Accuracy of staff establishment at all level against service requirements

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

9.3.8.3 Staff recruitment and retention systems and challenges

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

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

In response to these challenges, the Department had a Recruitment and Retention Strategy 2016/2019 which was partially implemented due to financial constraints. However, the Department has finalised conducting and analysing staff satisfaction survey which will culminate into reviewing of the current Recruitment and Retention Strategy for 2019/2022 based on the identified challenges.

Additionally, a succession plan framework has been developed with the aim of retaining required skills within the Department. The National Department of Health is in the process of developing the Human Resources strategy for Health which will address issues of attracting and retention of Human Resources for Health nationwide – the department await to benefit from this strategy. In the meanwhile, the Department is currently training Medical Officers (Registrars) towards in key specialty areas to close the shortage of the necessary skills required to improve health outcomes in the province.

9.3.8.4 Absenteeism

Absenteeism is analysed from the following types of leaves, vacation, sick leave, responsibility leave, and unauthorized leave and any other form of absenteeism. According to the absenteeism and staff turnover report of 2015/16 and also the recent report of 2018 there is high workload and in the Department which is influenced by the high vacancy rates of health workers and this contribute to burn out resulting in absenteeism and negative staff turnover. Absenteeism also contribute to increased overtime expenditure.

Absenteeism due to sick and disability leave impact negatively on health service delivery. The department is currently strengthening the application of employee health and wellness programme in order to create an enabling platform for employees to have their issues addressed professionally.

9.3.9 Financial management (AGSA 2018/19 key audit findings and strategies)

Item	Area of concern	Strategy to address the concerns
Regulatory Audit (asset management)	Fair valuation of assets not aligned to the Modified Cash Standard(MCS)	<ul style="list-style-type: none"> • Check all asset values in the historical asset register and reconcile with invoices/supporting documents. • Prepare a fair value price listing which will be updated by all institutions for consistence. • Reconciliation between BAS and asset register amounts to be enforced on a monthly basis. • Continuously scrutinise the asset register for out of range values.
Audit of predetermined Objective (AOPO)	Reconciliation between DHIS and registers materially misstated	Intensify awareness campaigns in all districts on the new reconciliation approach and all stakeholders will be reoriented on the DHMIS Policy and SOPs.
Audit of compliance with legislation	<ul style="list-style-type: none"> • Effective and appropriate steps not taken to prevent irregular expenditure amounting to R50 243 000, as disclosed in note 31 of the annual financial statements, as required by Section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1. • Fruitless and wasteful expenditures identified at the different institutions were not recorded in the fruitless and wasteful expenditure register resulting in an understatement of the current year fruitless and wasteful expenditure. 	<ul style="list-style-type: none"> • A compliance checklist will be developed. • Assign quality checklist compliance teams to ensure adherence with financial regulatory prescripts. • Strengthen discussion of findings and recommendation with end-users. • Assign a team to investigate all unwanted expenditures and then subject them to regularization.

Part C: Measuring Our Performance

Programme 1: Administration

1.1 Purpose

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

Table 11. Administration Outcome, outputs, Performance Indicators and targets

Outcome (as per SP 2020/21 2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				2021/22	2022/23	
								Q1	Q2	Q3	Q4			
1. Not applicable	Key positions filled by youth, women and people living with disabilities	1.1 Increased number of youth develop through experiential/learnership programmes	New indicator	New Indicator	New Indicator	New Indicator	750	-	-	-	750	750	750	
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	
		1.2 Percentage representation of women in SMS	New indicator	New Indicator	New indicator	New indicator	43%	-	-	-	43%	44%	45%	
2. Improve financial management	Improved audit opinion	Numerator:	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	
		2.1 Audit opinion from Auditor-General	Qualified audit opinion	Qualified audit opinion	Qualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	-	-	-	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	
	Improved compliance to payment of suppliers within 30 days	Denominator:	-	-	-	-	-	-	-	-	-	-	-	
		2.2 Percentage compliance to payment of suppliers within 30 days	61%	65%	64%	100%	100%	100%	100%	100%	100%	100%	100%	
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	

Outcome (as per SP: 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2016/17	2017/18	2018/19	2019/20		2020/21	2020/21 Quarterly Targets				2021/22	2022/23
									Q1	Q2	Q3	Q4		
Improved asset management		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-
		2.3 Number of institutions with Credible Asset Register	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-
Increased revenue collection		2.4 Revenue collected	R169.76m	R181m	R219.7m	R193.6m	R204.2m	R44.34m	R56.6m	R49.88m	R53.42m	R215m	R226m	
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium Term Period:

- The achievement of the outputs will contribute towards an improved health service delivery as well as job creation to alleviated poverty among youth, and women.
- The output indicators in programme 1 provides an appropriate measure for monitoring the creation of employment opportunities for youth, addressing gender equity in employment, as well as improving the departmental audit outcomes. In achieving the MTEF targets, the department has programmes for youth development through learnership/experiential. An audit action plan is developed each year to address the audit findings raised by AGSA.

1.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 12. Administration - Expenditure estimates

Sub-programme	Expenditure outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates			
	2016/17	2017/18	2018/19				2019/20	2020/21	2021/22	2022/23
R' thousand										
MEC's Office	1,902	1,978	1,978	2,085	1,980	1,980		2,200	2,321	2,433
Management	291,847	291,045	315,844	322,315	329,570	331,194		319,871	348,743	365,483
Corporate Services										
Property Management										
TOTAL	293,749	293,023	317,822	324,400	331,550	333,174		322,071	351,064	367,916

Table 13. Administration - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate			
	2016/17	2017/18	2018/19				2019/20	2020/21	2021/22	2022/23
Current payments	290,804	286,118	314,117	323,673	325,808	327,361		321,279	350,255	367,069
Compensation of employees	245,676	241,246	275,652	293,027	289,527	289,527		279,144	306,147	320,843
Goods and services	45,128	44,872	38,465	30,646	36,281	37,834		42,135	44,108	46,226
Communication	9,075	8,070	10,166	9,174	5,174	6,097		8,128	13,211	13,845
Computer Services	-	-	-	-	-	-		-	-	-
Consultants Contractors and special services	423	360	127	-	-	-		-	-	-
Inventory	2 038	2 755	1 628	2 587	2 162	1 718		4 729	2 879	3 017

Operating leases	4,416	3,234	3,431	4,754	754	1,677	5,014	5,290	5,544
Travel and subsistence	13,316	17 697	15 103	-	-	-	-	-	-
Maintenance repair and running costs	102	-	-	200	200	-	211	223	234
Specify other	15 758	16 138	17 696	13 931	27 991	28 242	24 053	22 505	23 586
Transfers and subsidies to	2,653	6,120	1,829	330	3,845	3,916	373	367	384
Provinces and municipalities	32	124	56	25	41	50	52	28	29
Departmental agencies and accounts	-								
Universities and technicians									
Households	2,529	6,065	1,788	304	3,804	3,866	321	339	355
Payments for capital assets	292	785	1,876	397	1,897	1,897	419	442	463
Buildings and other fixed structures									
Machinery and Equipment	292	785	1,876	397	1,897	1,897	419	442	463
Payment of Financial asset	1 558								
Total economic classification	293,749	293,023	317,822	324,400	331,550	333,174	322,071	351,064	367,916

1.3 Performance and Expenditure Trends

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

- Foster the improvement of financial management and control in the department as a whole e.g. policies and procedure manuals are developed implemented and monitored throughout the department.
- Improvement of the effectiveness and efficiency of the supply chain management
- Intensify the implementation and monitoring of the risk management strategy throughout the department.

The department has spent a total of R904.5 million from 2016/17 to 2018/19 while the 2019/20 budget amounts to R324.4 million. The proposed MTEF from 2020/21 to 2021/23 projected at R1 041 billion that will be used to maintain and improve the current services. The funding has therefore been aligned to the various key strategic focus of the programme.

1.4 Key Risks

Outcome	Key Risk	Risk Mitigation
Not applicable	Shortage of the required skills mix	<ul style="list-style-type: none"> • Reprioritisation of funds allocation • Review of the structure • Advertisement of posts and headhunting
Improve financial management	Ineffective procurement processes	<ul style="list-style-type: none"> • Implementation of procurement plan • Revisiting of the processing of procuring emergency goods and services
	Unwanted expenditures (Irregular and unauthorised expenditures)	<ul style="list-style-type: none"> • Request adequate funding • Conduct training on financial management • Apply corrective measures for non-compliance
	Inadequate asset management	<ul style="list-style-type: none"> • Take action for non-compliance • Monitoring the effective implementation of BAUD system • Provide awareness on assets management procedure manuals
	Abuse of overtime	<ul style="list-style-type: none"> • Enforce compliance to departmental policies • Improve supervisory mechanism • Apply corrective measures for non-

		compliance
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Programme 2: District Health Services

2.1 Purpose

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

2.2 Sub-programme: Primary Healthcare Services

2.2.1 Purpose

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

Table 14. PHC Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP) 2020/21 2024/25	Output	Output Indicator	Audited/Actual Performance				Estimated Performance 2019/20	MTEF Targets			
			2016/17	2017/18	2018/19	2020/21		2020/21 Quarterly Targets			
								Q1	Q2	Q3	Q4
1a. Quality of health services in public health facilities improved	Patient satisfaction improved	1.1 Patient experience of care satisfaction rate (PHC)	New Indicator	New Indicator	New Indicator	75%	New Indicator	-	75%	-	75%
		Numerator:	-	-	-	-	-	-	-	-	-
	Ideal clinic status obtained increased	Denominator:	-	-	-	-	-	-	-	-	-
		1.2 Ideal clinic status obtained rate	New Indicator	New Indicator	34.4%	45%	30%	45%	45%	45%	65%
		Numerator:	-	-	165	216	124	-	-	-	312
		Denominator:	-	-	480	480	413	-	-	-	480

Explanation of Planned Performance over the Medium Term Period:

- The outputs contribute towards improving the type of health care services offered to patients.

- b) The selected indicators helps monitor the quality of healthcare received by the patients.
- c) The department will strengthen its collaboration with SAPS and community stakeholders in order to reduce the security incidents in the PHC facilities.

2.3 Sub-programme: District Hospitals

2.3.1 Purpose

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

Table 15. District Hospitals Outcomes, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance 2019/20	MTEF Targets							
			2016/17	2017/18	2018/19	2020/21		2020/21 Quarterly Targets				2021/22	2022/23		
								Q1	Q2	Q3	Q4				
1a. Quality of health services in public health facilities improved 1b. Contingent liability of medico-legal cases reduced by 80%	Patient satisfaction improved	1.1 Patient experience of care satisfaction rate (District Hospital)	New indicator	New indicator	New indicator	80%	-	80%	-	-	80%	80%			
		Numerator:	-	-	-	-	-	-	-	-	-	-			
		Denominator:	-	-	-	-	-	-	-	-	-	-			
2. Management of patient safety incidents improved	Improved management of adverse events	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (District Hospitals)	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%			
		Numerator:	-	-	-	-	-	-	-	-	-	-			
		Denominator:	-	-	-	-	-	-	-	-	-	-			
		2.2 Patient safety incidents (PSI) case closure rate (District Hospitals)	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%			
		Numerator:	-	-	-	-	-	-	-	-	-	-			

Outcome (as per SP 2020/21 2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				2021/22	2022/23	
								Q1	Q2	Q3	Q4			
3. Maternal, Neonatal, Infant and Child Mortality reduced	Reduced maternal, and Child mortality in District Hospitals	Denominator:	-	-	-	-	-	-	-	-	-	-	-	-
		3.1 Maternal Mortality in facility ratio (District Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	220/100 000 live births	-	-	-	220/100 000 live births	215/100 000 live births	200/100 000 live births	
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	
		3.2 Child under 5 years diarrhoea case fatality rate (District Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	5.5%	5.5%	5.5%	5.5%	5.5%	5%	4.5%	
		Numerator:	-	-	-	-	196	-	-	-	-	178	161	
		Denominator:	-	-	-	-	3567	-	-	-	-	3567	3567	
		3.3 Child under 5 years pneumonia case fatality rate (District Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	3.1%	3.1%	3.1%	3.1%	3.1%	3%	2.9%	
		Numerator:	-	-	-	-	114	-	-	-	-	110	107	
		Denominator:	-	-	-	-	3678	-	-	-	-	3678	3678	
		3.4 Child under 5 years severe acute malnutrition case fatality rate (District Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	7.5%	7.5%	7.5%	7.5%	7.5%	7%	6.5%	
		Numerator:	-	-	-	-	126	-	-	-	-	117	109	
		Denominator:	-	-	-	-	1678	-	-	-	-	1678	1678	
		3.5 Death under 5 years against live birth rate (District Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	1.6 per 1000 live births	1.6 per 1000 live births	1.6 per 1000 live births	1.6 per 1000 live births	1.55 per 1000 live births	1.5 per 1000 live birth		

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets							
		2016/17	2017/18	2018/19	2019/20		2020/21	2020/21 Quarterly Targets				2021/22	2022/23	
								Q1	Q2	Q3	Q4			
	Numerator:	-	-	-	-	1257	-	-	-	-	-	1217	1178	
	Denominator:	-	-	-	-	78537	-	-	-	-	-	78537	78537	

Explanation of Planned Performance over the Medium Term Period:

- The outputs contributes towards improving the healthcare service offering at district hospitals.
- The selected indicators helps monitor quality of care offered to patients at level of a district hospital in order to reduce incidents of adverse events.
- The department will develop and implement the quality improvement plan to address matters of quality of care raised by patients and other stakeholders in each health facility.

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

2.4.1 Purpose:

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

Table 16. HAST Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets							
			2016/17	2017/18	2018/19	2019/20		2020/21	2020/21 Quarterly Targets				2021/22	2022/23	
									Q1	Q2	Q3	Q4			
1. Morbidity and Premature mortality due to Communicable diseases (HIV,	Increased access to ART	1.1 ART adult remain in care rate at 12 months	New indicator	New indicator	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	-	-	-	-	-	381629	-	-	-	-	388121	396088	
		Denominator:	-	-	-	-	-	424032	-	-	-	-	431245	440098	

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2017/18		2018/19		2019/20	2020/21	2020/21 Quarterly Targets				2021/22	2022/23
									Q1	Q2	Q3	Q4		
and TB) reduced		1.2 ART child remain in care rate at 12 months	New indicator	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	-	-	-	-	15901	-	-	-	-	16172	16503	
		Denominator:	-	-	-	-	17668	-	-	-	-	17969	18337	
		1.3 HIV positive 15-24 years (excl. ANC) rate	New indicator	New indicator	New indicator	New indicator	8%	8%	8%	8%	8%	7.8%	7.5%	
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	
	Improved ART outcomes	1.4 ART adult - viral load suppressed rate at 12 months	New indicator	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%	
		Numerator:	-	-	-	-	331629	-	-	-	-	388121	396088	
		Denominator:	-	-	-	-	424032	-	-	-	-	431245	440098	
		1.5 ART child - viral load suppressed rate at 12 months	New indicator	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%	
		Numerator:	-	-	-	-	15901	-	-	-	-	16172	16504	
		Denominator:	-	-	-	-	17668	-	-	-	-	17969	18337	
	Improved access to TB and TB XDR treatment and outcomes	1.6 All DS-TB client LTF rate	5.2%	4.2%	5.8%	5%	8%	8%	8%	8%	7.8%	7.5%		
		Numerator:	256	644	764	678	1094	-	-	-	-	1066	1018	
		Denominator:	4920	15262	13172	13560	13560	-	-	-	-	13560	13560	
		1.7 All DS-TB client treatment success rate	83.2%	80.9%	78.5%	80.5%	81%	81%	81%	81%	82%	83%		
		Numerator:	4092	12346	10340	10916	10991	-	-	-	-	11124	11255	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	

Outcome (as per SF 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				2021/22	2022/23	
								Q1	Q2	Q3	Q4			
		Denominator:	4920	15262	13172	13560	13560	-	-	-	-	13560	13560	65%
		1.8 TB Rifampicin resistant/MDR/ pre-XDR treatment success rate	New Indicator	New indicator	New indicator	New indicator	New indicator	63.2%	63.2%	63.2%	63.2%	64.1%		
		Numerator:	-	-	-	-	-	143	-	-	-	145	147	
		Denominator:	-	-	-	-	-	226	-	-	-	226	226	
		1.9 TB XDR treatment start rate	New indicator	New indicator	New indicator	New indicator	New indicator	100%	-	-	-	100%	100%	100%
		Numerator:	-	-	-	-	-	2	-	-	-	4	4	
		Denominator:	-	-	-	-	-	4	-	-	-	4	4	
		1.10 All DS-TB client death rate	7%	11.6%	10.1%	9.5%	9.5%	10%	-	-	-	9.8%	9.5%	9.5%
		Numerator:	345	1764	1332	1288	1288	1318	-	-	-	1292	1252	
		Denominator:	4920	15262	13172	13560	13560	13172	-	-	-	13172	13172	
		1.11 Number tested COVID-19 positive	New Indicator	New indicator	New indicator	New indicator	New indicator	295 000	73 750	73 750	73 750	295 000	295 000	
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	
		1.12 Hospital COVID-19 case fatality rate	New indicator	New indicator	New indicator	New indicator	New indicator	5%	5%	5%	5%	5%	5%	5%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	

Explanation of Planned Performance over the Medium Term Period:

- a) The output aims to achieve an empowered and healthy population by improving health outcomes of clients affected by HIV and TB.

- b) The output indicators track key performance in reducing morbidity and mortality as a result of TB and HIV. The assumption is that medicine availability will be sustained at required levels.
- c) In achieving the set performance, the department will among others intensify patients tracing through community health workers (CHW) and stakeholders as well as implementation of Finding Missing TB Patients strategy. The department will as well strengthen implementation of the Direct Observed Treatment (DOT) strategy for all TB patients. In addition, the department will ascertain the effective roll-out of U-LAM at Primary Healthcare facilities. Retention of patients on treatment will be closely observed in achieving the last two 90-90 of the 90-90-90 strategy.

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

2.5.1 Purpose

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

Table 17. MCWH&N Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2016/17	2017/18	2018/19	2019/20		2020/21	2020/21 Quarterly Targets				2021/22	2022/23
									Q1	Q2	Q3	Q4		
1. Maternal, Neonatal, and Child Mortality reduced	Improved family planning	1.1 Couple year protection rate	New Indicator	70.4%	63.5%	60%	61%	61%	61%	61%	62%	63%		
		Numerator:	-	1159244.9	1057579	988690	1074462	-	-	-	1031092	1047723		
	Denominator:	-	1647815.8	1663052	1647816	1663052	-	-	-	1663052	1663052			
	Teenage pregnancy reduced	1.2 Delivery 10 to 19 years in facility rate	New Indicator	13.5%	13.4%	13%	12.5%	12.5%	12.5%	12.5%	12%	11.5%		
Numerator:		-	16238	16587	15633	15530	-	-	-	14908	14288			
		Denominator:	-	120250	124236	120250	124236	-	-	-	124236	124236		

Outcome (as per SP 2020/21- 2024/25)	Output	Output indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
Number of clients attending antenatal care before 20 weeks increased	1.3 Antenatal 1st visit before 20 weeks rate		65.7%	63.2%	67.2%	67%	68%	68%	68%	68%	69%	70%	
		Numerator:	78972	77327	84930	81993	85998	-	-	-	87202	88466	
	Denominator:	129124	122378	126379	122378	126379	-	-	-	-	126379	126379	
		1.4 Mother postnatal visit within 6 days rate		70.9%	85.8%	98.2%	90%	95%	95%	95%	98%	98%	
	Numerator:	83366	103184	121975	108225	121762	-	-	-	121752	121752		
		Denominator:	117582	120250	124236	120250	124236	-	-	-	124236	124236	
	1.5 Neonatal death in facility rate		New indicator	12.4 per 1000 live births	13.2 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	11.5 per 1000 live births	11 per 1000 live births		
		Numerator:	-	1486	1642	-	-	-	-	-	-	-	
	Denominator:	-	119544	124236	-	-	-	-	-	-	-	-	
		1.6 Live birth under 2500g in facility rate		New indicator	New indicator	New indicator	12.8 per 1000 live births	12.8 per 1000 live births	12.8 per 1000 live births	12.7 per 1000 live births	12.6 per 1000 live births		
Improved maternal care	Numerator:	-	-	-	-	-	-	-	-	-	-		
		Denominator:	-	-	-	-	-	-	-	-	-		
	1.7 Infant 1st PCR test positive around 10 weeks rate		1.2%	0.83%	0.73%	<1%	0.6%	0.6%	0.6%	0.5%	0.4%		
		Numerator:	163	123	118	170	102	-	-	90	73		
Denominator:	13967	14768	16113	17420	17800	-	-	-	18000	18100			

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
							2020/21	2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
Coverage of children fully vaccinated increased	1.8 Immunisation under 1 year coverage		64.5%	70.6%	71%	80%	65%	75%	77%	80%	85%	85%	90%
		Numerator:	76429	89801	91038	103525	111266	-	-	-	-	-	-
		Denominator:	118414	127201	128188	29406	30901	-	-	-	-	-	-
		1.9 Measles 2nd dose coverage	94.5%	84.7%	80.5%	80%	85%	82%	83%	85%	85%	90%	90%
	Improved health at childhood through Vitamin A supply	Numerator:	115520	111711	106023	105880	111266	-	-	-	-	118035	-
		Denominator:	122302	131832	131640	132350	130901	-	-	-	-	131150	-
	1.10 Vitamin A 12-59 months coverage		54.6%	47.2%	42%	47%	48%	48%	48%	48%	48%	49%	50%
		Numerator:	544993	509819	451981	2537934	515381	-	-	-	-	526067	536803
		Denominator:	998564	5399859	1073605.6	5399859	1073605.6	-	-	-	-	1073605.6	1073605.6

Explanation of Planned Performance over the Medium Term Period:

- The health of mothers and children remain a priority for the health system and for sustainable development. The outputs strive to achieve the overall impact of an empowered and healthy population by strengthening efforts to reduce child mortality and maternal mortality.
- Prevention and promotion of women and children health through family planning, early ANC visits and children vaccination is essential in improving morbidity and reducing mortality among the target group. Measuring institutional mortalities will aid in the disaggregation of maternal and child mortalities to facilities in order to attach the accountability of mortalities to referring institutions rather than pointing accountability only to the Tertiary Hospitals.
- The departments intends achieving the targets through among others increasing access to reproductive health services especially to the youth through Youth Friendly Services (YFS) and SHE Conquers campaigns. In terms of neonates care, the department will implement

Maternal and Child Centre of Excellence (MCCE) to improve infrastructure for neonatal health services. In addition, the department will conduct awareness campaigns on the prevention of unplanned and unwanted pregnancies including the use of family planning methods. Furthermore, the department will increase awareness to communities on management of childhood illnesses through among others the ward-based outreach teams.

2.6 Sub-programme: Disease Prevention and Control

2.6.1 Purpose

To ensure prevention and control of non-communicable disease.

Table 18. DPC Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output	Output indicator	Audited/Actual performance				Estimated Performance	MTES Targets						
								2020/21 Quarterly Targets						
			2016/17	2017/18	2018/19	2019/20		Q1	Q2	Q3	Q4	2021/22	2022/23	
1. Morbidity and Premature mortality due to Communicable diseases (Malaria) reduced	Mortality due malaria reduced		0.94%	0.84%	0.51%	<1%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%	
		Numerator:	38	160	34	190	34	-	-	-	34	34		
		Denominator:	4055	18977	6665	18977	6665	-	-	-	6665	6665		

Explanation of Planned Performance over the Medium Term Period:

- There is an increasing incidence of non-communicable diseases including hypertension and Diabetes which contribute significantly to premature mortality among the community. Therefore, outputs contribute towards striving for a reduced prevalence of diabetes and malaria incidences among community in the province.
- The outputs were selected to monitor trends in key NCDs and treatment effectiveness.
- The department will continue with health education and promotion and advocacy for exercising among the community and staff members.

2.7 Reconciling Performance Targets with Expenditure Trends

Table 19. DHS – Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23
R' thousand									
District Management	731,647	617,072	613,588	612,292	621,472	582,447	523,120	548,661	574,997
Clinics	2,641,460	2,934,066	3,493,399	3,107,774	3,106,524	3,286,936	3,332,748	3,753,097	3,933,245
Community Health Centres	501,903	550,639	602,185	602,762	610,738	662,606	627,530	713,335	747,576
Community-based Services	148,158	221,219	223,515	248,377	166,054	205,736	625,557	239,628	251,131
Other Community Services	104,192	107,687	57,782	68,308	93,006	93,006	60,352	33,314	34,542
HIV and AIDS	1,170,300	1,354,055	1,602,363	1,947,302	1,973,510	2,008,929	2,402,449	2,455,343	2,584,750
Nutrition	6,577	6,863	6,677	6,417	3,446	3,777	25,900	57,822	60,597
District Hospitals	5,708,137	6,215,069	7,351,763	7,019,559	7,279,404	7,567,045	6,873,696	7,529,678	7,998,320
TOTAL	11,012,374	12,006,670	13,951,272	13,612,791	13,854,154	14,410,482	14,471,352	15,330,878	16,185,158

Table 20. DHS - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23
Current payments	10,440,742	11,425,000	13,469,036	13,389,156	13,648,661	14,200,992	14,137,730	15,125,449	15,970,171
Compensation of employees	7,879,798	8,401,232	9,613,634	10,526,719	10,417,098	10,463,668	10,497,397	11,246,009	11,788,757

Goods and services	2,560,944	3,023,768	3,855,402	2,862,437	3,231,563	3,737,324	3,640,333	3,879,440	4,181,414
Communication	45,925	37,543	41,312	42,848	40,809	44,572	56,057	44,670	46,813
Computer Services	124,874	114,807	143,438	30,513	74,013	125,194	173,748	133,966	160,396
Consultants Contractors and special services	451,342	509,765	527,799	483,005	747,727	483,005	712,264	657,094	717,254
Inventory	1,247,652	1,566,261	2,257,576	1,769,471	1,786,226	1,866,590	1,893,910	2,249,015	2,367,283
Operating leases	6,703	4,576	5,827	6,566	4,792	6,063	5,727	6,034	6,324
Travel and subsistence	62,263	44,951	40,874	32,570	32,672	35,251	23,933	48,978	39,812
Maintenance repair and running costs	135,117	145,338	160,384	92,587	83,194	115,077	80,799	91,045	95,416
Specify other	487,068	600,527	678,192	384,877	462,130	1,061,572	693,895	648,638	748,116
Financial transactions in assets and liabilities		10,692	10,692						
Transfers and subsidies to	510,523	487,798	432,009	159,120	124,066	126,490	69,252	72,710	76,105
Provinces and municipalities	23,328	24,892	15,888	565	908	952	825	629	659
Departmental agencies and accounts	74,830	26,773	15,112	15,847	77,241	77,241	16,719	17,639	18,486
Non-profit institutions	362,582	383,805	343,348	95,591	-	-	-	-	-
Households	49,783	52,328	57,661	47,117	45,917	48,297	51,708	54,442	56,960
Payments for capital assets	50,417	90,367	50,227	64,515	81,427	83,000	264,370	132,719	138,882

Buildings and other fixed structures	-	-	-	430	18,250	18,250	37,500	12,001	12,627
Software and other intangible assets									
Machinery and equipment	50,417	90,367	50,227	64,085	63,177	64,750	226,870	120,718	126,255
Total economic classification	11,012,374	12,003,165	13,951,272	13,612,791	13,854,154	14,410,482	14,471,352	15,330,878	16,185,157

2.8 Performance and Expenditure Trends

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

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

The department has spent a total of R36.9 billion from 2016/17 to 2018/19 while the 2019/20 budget amounts to R13.6 billion. The proposed MTEF from 2020/21 to 2022/23 projected at R45.9billion will be used to maintain and improve the current services.

2.9 Key Risks

Outcome	Key Risk	Risk Mitigation
Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance and leadership, staff attitudes, cleanliness)	Encourage proactive management than reactive management
Contingent liability of medico-legal cases reduced by 80%	Increased litigations due to medical negligence	<ul style="list-style-type: none"> • Mortality and morbidity reviews and training • Provisioning of training for clinical managers and medical doctors on ethics and general management • Reduction of medico-legal expenditure through alternate dispute resolution (ADR) • Reduction of medico-legal expenditure through defence • Make representation to the Ministerial Task Team (MTT) to reduce the quantum of cases lost
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Ineffective communicable diseases management	Intensify implementation of the universal test and treat intervention
	Diseases Outbreak (e.g. Malaria and Collera)	<ul style="list-style-type: none"> • Strengthen interdepartmental meetings with COGSTA, Water and

		<p>Sanitation and Department of Agriculture</p> <ul style="list-style-type: none">Provincial Public Health to participate in the development of early warning system for infectious diseases (IDEWS) with National Institute of Communicable disease Control (NICC)Intensify fumigation
Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	<ul style="list-style-type: none">Procure the necessary medical equipmentSkills capacity building among health professionalsAccelerate deliverance of the centre of excellence
Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Risky lifestyle among community members	<ul style="list-style-type: none">Conduct community awareness campaigns

Programme 3: Emergency Medical Services

3.1 Purpose

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

Table 21. EMS Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21 2024/25)	Output	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets							
			2016/17	2017/18		2018/19	2020/21	2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
1. Co- ordinating health services across the care continuum, re- orienting the health system towards primary health	Improved response times	1.1 EMS P1 urban response under 30 minutes rate	55.37%	23.2%	49.5%	60%	74%	74%	74%	74%	76%	78%	
		Numerator:	366	254	374	-	-	-	-	-	575	590	
		Denominator:	661	1097	756	-	-	-	-	-	756	756	
		1.2 EMS P1 rural response under 60 minutes rate	67.79%	34%	47.9%	60%	74%	74%	74%	74%	76%	78%	
		Numerator:	1450	2331	2012	-	-	-	-	-	3195	3279	
		Denominator:	2139	2331	4203	-	-	-	-	-	4203	4203	

Explanation of Planned Performance over the Medium Term Period:

- Improved response time and availability of EMS vehicles to attend to incidents are critical in driving access to the emergency medical services.
- Measuring response times in urban and rural areas contribute towards monitoring if the responding time is improving or not, while inter-facility transfers contribute in ensuring that there are readily available EMS vehicles to respond to calls.

- c) The department will implement a Computerised Assisted Call Tracking & Dispatch system to ensure that ambulances' response to the scene of call are improved. In improving personnel capacity, the department will continue to attract and recruitment of Advance Life Support Paramedics, to improve personnel availability to respond to priority (critical) calls.

3.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 22. EMS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23
R' thousand									
Emergency Transport	688,643	731,566	730,863	768,788	781,888	811,511	845,967	865,679	907,230
Planned Patient Transport									
TOTAL	688,643	731,566	730,863	768,788	781,888	811,511	845,967	865,679	907,230

Table 23. EMS - Summary of provincial expenditure by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23
Current payments	655,611	703,855	702,005	738,231	749,331	778,954	802,576	831,669	871,589
Compensation of employees	584,117	625,506	638,135	659,815	671,915	688,606	696,105	734,391	769,642
Goods and services	71,494	78,349	63,870	78,416	77,416	90,348	106,471	97,278	101,947
Communication	5,295	5,163	7,162	5,941	5,941	7,569	6,268	6,613	6,930
Consultants Contractors and special services	12 389	15,989	16 988	16,847	16,847	11 186	22 131	18,752	19,652
Inventory	2 742	8 127	5 252	3 238	3 238	3 238	3 474	3 666	3 842
Operating leases	128	-	-	168	168	-	177	187	196

Travel and subsistence	489	347	248	-	-	-	-	-	-
Maintenance repair and running costs	39,184	34,995	20,256	34,815	33,815	44,700	56,555	48,755	51,095
Specify other	23 656	13 729	13 984	17 407	17 407	23 655	17 866	19 305	20 232
Transfers and subsidies to	883	745	538	651	1,651	1,651	1,300	724	758
Provinces and municipalities	137	-	-	400	400	495	600	444	465
Departmental agencies and accounts									
Non-profit institutions									
Households	746	745	538	251	1,251	1,156	700	280	293
Payments for capital assets	32,149	26,966	28,320	29,906	30,906	30,906	42,091	33,286	34,883
Machinery and equipment	32,149	26,966	28,320	29,906	30,906	30,906	42,091	33,286	34,883
Total economic classification	688,643	731,566	730,863	768,788	781,888	811,511	845,967	865,679	907,230

3.3 Performance and Expenditure Trends

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

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

The department has spent a total of R2.1 billion in 2016/17 to 2018/19 while the 2019/20 budget amounts to R768.7 million. The MTEF from 2020/21 to 2022/23 is projected at R2.6 billion. This amount will be used to maintain and improve the current services.

3.4 Key Risks

Outcome	Key Risk	Risk Mitigation
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	Ineffective emergency medical service	<ul style="list-style-type: none">• Migration from Analogue to Digital system• Attract and retain appropriately qualified EMS staff• In-service training of EMS personnel

Programme 4: Provincial Hospitals Services

4.1 Purpose

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

4.2 Sub-programme: Regional Hospitals

4.2.1 Purpose

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

Table 24. Regional Hospitals Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets					
			2016/17	2017/18	2018/19	2020/21		2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
1a. Quality of health services in public health facilities improved 1b. Contingent liability of medico-legal cases reduced by 80%	Patient satisfaction improved in Regional Hospitals	1.1 Patient experience of care satisfaction rate (Regional Hospital)	New indicator	New indicator	New indicator	80%	New indicator	-	80%	-	-	80%	80%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents	Improved management of adverse events in Regional Hospitals	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Regional Hospitals)	New indicator	New indicator	New indicator	100%	New indicator	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets								
			2016/17		2017/18	2018/19		2019/20	2020/21	2020/21 Quarterly Targets				2021/22	2022/23	
										Q1	Q2	Q3	Q4			
improved		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		2.2 Patient safety incidents (PSI) case closure rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%	
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-	-	
		3.1 Maternal Mortality in facility ratio (Regional Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	111/100,000 live births	-	-	-	111/100 000 live births	110/100 000 live births	109/100 000 live births		
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-	-	
		3.2 Child under 5 years diarrhoea case fatality rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	
		Numerator:	-	-	-	-	-	15	-	-	-	-	15	15		
		Denominator:	-	-	-	-	-	1283	-	-	-	-	1283	1283		
		3.3 Child under 5 years pneumonia case fatality rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	
		Numerator:	-	-	-	-	-	30	-	-	-	-	29	29		
		Denominator:	-	-	-	-	-	1409	-	-	-	-	1409	1409		
		3.4 Child under 5 years severe acute malnutrition case fatality rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	11%	11%	11%	11%	11%	10%	9%		
		Numerator:	-	-	-	-	-	26	-	-	-	-	24	20		
		Denominator:	-	-	-	-	-	231	-	-	-	-	231	231		

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets									
			2016/17		2017/18			2018/19		2019/20	2020/21	2020/21 Quarterly Targets				2021/22	2022/23
												Q1	Q2	Q3	Q4		
		3.5 Death under 5 years against live birth rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	2.3 per 1000 live births	2.3 per 1000 live births	2.3 per 1000 live births	2.3 per 1000 live births	2.3 per 1000 live births	2.25 per 1000 live births	2.2 per 1000 live births			
		Numerator:	-	-	-	-	-	525	-	-	-	-	514	502			
		Denominator:	-	-	-	-	-	22830	-	-	-	-	22830	22830			

Explanation of Planned Performance over the Medium Term Period:

- The outputs contributes towards improving the healthcare service offering at regional hospitals.
- The selected indicators helps monitor quality of care offered to patients at level of a regional hospital in order to reduce incidents of adverse events. Measuring institutional mortalities will aid in the disaggregation of maternal and child mortalities to facilities in order to attach the accountability of mortalities to referring institutions rather than pointing accountability only to the Tertiary Hospitals.
- The department will develop and implement the quality improvement plan to address matters of quality of care raised by patients and other stakeholders in each health facility. In terms of reducing maternal, neonatal, infants and child under five mortalities, the department will continue creating awareness among communities on management of childhood illness and increase access to reproductive health services. Furthermore, the department will conduct awareness campaigns on the prevention of unplanned and unwanted pregnancies including the use of family planning methods. Among staff, the departments will continue implementing key interventions such as ESMOE and IMCI trainings.

4.3 Sub-programme: Specialised Hospitals

4.3.1 Purpose

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

Table 25. Specialised Hospitals Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				2021/22	2022/23	
								Q1	Q2	Q3	Q4			
1a. Quality of health services in public health facilities improved 1b. Contingent liability of medico-legal cases reduced by 80%	Patient satisfaction improved in Specialised Hospitals	1.1 Patient experience of care satisfaction rate (Specialised Hospital)	New indicator	New indicator	New indicator	New Indicator	80%	-	80%	-	-	-	80%	80%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents improved	Improved management adverse events in Specialised Hospitals	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Specialised Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-
		2.2 Patient safety incidents (PSI) case closure rate (Specialised Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium Term Period:

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

4.4 Reconciling Performance Targets with Expenditure Trends

Table 26. Provincial Hospitals - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23
R' thousand									
General (regional) hospitals	1,662,835	1,872,243	2,105,199	2,086,013	2,123,979	2,140,630	2,268,149	2,311,781	2,422,748
Psychiatric hospitals	538,214	516,296	567,791	577,061	542,694	566,589	604,552	638,384	669,026
TB Hospitals	-	-	-	37,087	-	-	39,960	42,831	44,887
TOTAL	2,201,049	2,388,539	2,672,990	2,700,161	2,666,673	2,707,219	2,912,661	2,992,996	3,136,661

Table 27. Provincial Hospitals - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23
Current payments	2,187,339	2,351,603	2,662,230	2,659,391	2,653,911	2,699,611	2,908,560	2,988,746	3,132,208
Compensation of employees	1,890,185	1,996,487	2,227,352	2,324,804	2,290,204	2,271,773	2,516,446	2,610,218	2,735,510
Goods and services	297,154	355,116	434,878	334,587	363,707	417,838	392,114	378,528	396,698
Communication	6,735	6,443	6,451	6,335	6,335	6,809	8,189	7,647	8,014
Consultants Contractors and special services	71 025	68 999	60 849	24 823	14 183	24 758	69 282	28 260	35 617
Inventory	154 106	206 498	267 732	228 139	255 203	287 848	223 427	232 669	221 838
Operating leases	1,140	592	640	1,280	718	883	1,380	1,462	1,532
Travel and subsistence	2,502	2,165	1,894	–	1,148	1,306	–	–	–
Maintenance repair and running costs	3,147	1,846	1,901	3,863	403	1,719	4,075	4,299	4,505
Specify other	58 499	68 567	95 411	70 147	85 717	94 515	85 761	104 191	125 192
Transfers and subsidies to	10,007	11,390	6,251	702	5,337	10,183	806	782	819
Provinces and municipalities	–	43	50	–	35	55	65	–	–
Households	10,007	11,347	6,201	702	5,302	10,128	741	782	819
Payments for capital assets	3,703	25,546	4,509	2,991	7,425	7,425	3,295	3,468	3,634
Buildings and other fixed structures									
Machinery and equipment	3,675	25,546	4,509	2,981	7,425	7,425	3,295	3,468	3,634
Software and other intangible assets	28	–	–	–	–	–	–	–	–

Total economic classification	2,201,049	2,388,539	2,572,990	2,663,074	2,666,673	2,707,219	2,912,661	2,992,996	3,136,661
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4.5 Performance and Expenditure Trends

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

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

The department has spent a total of R7.3 billion in 2016/17 to 2018/19 while the 2019/20 budget amounts to R2.7 billion. The MTEF from 2020/21 to 2022/23 is projected at R9.0 billion. This amount will be used to maintain and marginally improve other services.

4.6 Key Risks

Outcome	Key Risk	Risk Mitigation
Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance and leadership, staff attitudes, cleanliness)	Encourage proactive management than reactive management
Contingent liability of medico-legal cases reduced by 80%	Increased litigations due to medical negligence	<ul style="list-style-type: none"> • Mortality and morbidity reviews and training • Provisioning of training for clinical managers and medical doctors on ethics and general management • Reduction of medico-legal

		<p>expenditure through alternate dispute resolution (ADR)</p> <ul style="list-style-type: none"> • Reduction of medico-legal expenditure through defence • Make representation to the Ministerial Task Team (MTT) to reduce the quantum of cases lost
Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	<ul style="list-style-type: none"> • Procure the necessary medical equipment • Skills capacity building among health professionals • Accelerate deliverance of the centre of excellence

Programme 5: Central & Tertiary Hospitals Services

5.1 Purpose

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

Table 28. Tertiary Hospital Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets							
			2016/17	2017/18	2018/19	2019/20		2020/21	2020/21 Quarterly Targets				2021/22	2022/23	
									Q1	Q2	Q3	Q4			
1a. Quality of health services in public health facilities improved 1b. Contingent liability of medico-legal cases reduced by 80%	Patient satisfaction improved in Tertiary Hospitals	1.1 Patient experience of care satisfaction rate (Tertiary Hospital)	New indicator	New indicator	New indicator	New indicator	80%	-	80%	-	-	80%	80%		
		Numerator:	-	-	-	-	-	-	-	-	-	-	-		
		Denominator:	-	-	-	-	-	-	-	-	-	-	-		
2. Management of patient safety incidents improved	Improved management adverse events in Tertiary Hospitals	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%		
		Numerator:	-	-	-	-	-	-	-	-	-	-	-		
		Denominator:	-	-	-	-	-	-	-	-	-	-	-		
		2.2 Patient safety incidents (PSI) case closure rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%		
		Numerator:	-	-	-	-	-	-	-	-	-	-	-		
		Denominator:	-	-	-	-	-	-	-	-	-	-	-		

Outcome (as per SP, 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				2021/22	2022/23	
								Q1	Q2	Q3	Q4			
3. Maternal, Neonatal, Infant and Child Mortality reduced	Reduced maternal, and Child mortality in Tertiary Hospitals	3.1 Maternal Mortality in facility ratio (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	455/100 000 live births	-	-	-	455/100 000 live births	450/100 000 live births	445/100 000 live births	
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	
		3.2 Child under 5 years diarrhoea case fatality rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	5.4%	5.4%	5.4%	5.4%	5.3%	5.2%		
		Numerator:	-	-	-	-	12.8	-	-	-	12.6	12.3		
		Denominator:	-	-	-	-	238	-	-	-	238	238		
		3.3 Child under 5 years pneumonia case fatality rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	10%	10%	10%	10%	9%	8%		
		Numerator:	-	-	-	-	35	-	-	-	31	28		
		Denominator:	-	-	-	-	348	-	-	-	348	348		
		3.4 Child under 5 years severe acute malnutrition case fatality rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	7%	7%	7%	7%	6%	5%		
Numerator:	-	-	-	-	6	-	-	-	5	4				
Denominator:	-	-	-	-	78	-	-	-	78	78				
		3.5 Death under 5 years against live birth rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	New Indicator	4.6 per 1000 live births	4.6 per 1000 live births	4.6 per 1000 live births	4.6 per 1000 live births	4.55 per 1000 live births	4.5 per 1000 live births		
Numerator:	-	-	-	-	432	-	-	-	-	427	423			

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2016/17		2017/18			2018/19		2020/21	2020/21 Quarterly Targets			
											Q1	Q2	Q3	Q4
			2016/17	2017/18	2018/19	2019/20	2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23	
		Denominator.	-	-	-	-	9394	-	-	-	-	9394	9394	

Explanation of Planned Performance over the Medium Term Period: (Narrative required by DPME guidelines)

- The outputs contributes towards improving the healthcare service offering at tertiary hospitals.
- The selected indicators helps monitor quality of care offered to patients at level of a tertiary hospital in order to reduce incidents of adverse events. A measure of maternal mortalities attached to tertiary hospitals will aid in referral hospitals accounting for their own maternal mortalities which have been referred to the tertiary hospitals.
- The department will develop and implement the quality improvement plan to address matters of quality of care raised by patients and other stakeholders in each health facility. In terms of reducing maternal, neonatal, infants and child under five mortalities, the department will continue creating awareness among communities on management of childhood illness and increase access to reproductive health services. Furthermore, the department will conduct awareness campaigns on the prevention of unplanned and unwanted pregnancies including the use of family planning methods. Among staff, the departments will continue implementing key interventions such as ESMOE and IMCI trainings.

5.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 29. C&THS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23
TERTIARY HOSPITAL	1,654,115	1,726,726	1,882,757	1,970,134	1,985,355	1,995,776	2,171,015	2,471,609	2,572,088

Machinery and equipment	54,288	43,897	37,623	16,299	28,728	28,007	57,636	206,950	235,468
Total economic classification	1,654,115	1,726,726	1,882,757	1,970,134	1,985,355	1,995,776	2,171,015	2,471,609	2,572,088

5.3 Performance and Expenditure Trends

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

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

The department has spent a total of R5.2 billion from 2016/17 to 2018/19 while the 2019/20 budget amounts to R1.9 billion. The MTEF from 2020/21 to 2022/23 is projected at R7.2 billion which will be used to maintain and improve the current service.

5.4 Key Risks

Outcome	Key Risk	Risk Mitigation
Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance and leadership, staff attitudes, cleanliness)	Encourage proactive management than reactive management
Contingent liability of medico-legal cases reduced by 80%	Increased litigations due to medical negligence	<ul style="list-style-type: none"> • Mortality and morbidity reviews and training • Provisioning of training for clinical

Maternal, Neonatal, and Child Mortality reduced		<p>managers and medical doctors on ethics and general management</p> <ul style="list-style-type: none"> • Reduction of medico-legal expenditure through alternate dispute resolution (ADR) • Reduction of medico-legal expenditure through defence • Make representation to the Ministerial Task Team (MTT) to reduce the quantum of cases lost
	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	<ul style="list-style-type: none"> • Procure the necessary medical equipment • Skills capacity building among health professionals • Accelerate deliverance of the centre of excellence

Programme 6: Health Sciences Training

6.1 Purpose

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

Table 31. HST Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	2020/21	MTTF Targets			
			2016/17	2017/18	2018/19	2019/20			2020/21 Quarterly Targets			
									Q1	Q2	Q3	Q4
1. Not applicable	Number of paramedics increased	Number of learners studying for bachelor of health science in emergency care	New indicator	New indicator	5	5	5	5	5	-	-	5
		Numerator:	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium Term Period:

- Skills development among health personnel in different specialities affords for an improved access to service delivery.
- Indicators on the training of additional health personnel in key specialities contributes towards realisation of improved health outcomes.
- The department will continue with an agreement between it and HW -Seta to offer students to study for a bachelor at universities as well as sustaining the Limpopo College of Emergency Care accreditation for offering of intermediate life support training.

6.2 Reconciling Performance Targets with Expenditure Trends

Table 32. HST - Expenditure estimates

Sub-programme	Audited outcome	Main	Adjusted	Revised	Medium term expenditure estimates
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Maintenance repair and running costs	1,131	834	370	924	124	486	975	1,029	1,078
Specify other	8 974	12 597	11 373	14 378	12 968	12 398	14 842	15 871	16 633
Transfers and subsidies to	252,815	176,440	183,770	214,330	126,971	120,811	94,925	143,887	145,545
Provinces and municipalities	-				110	110	100	-	-
Non-profit institutions									
Households	252,815	176,440	183,770	214,330	126,861	120,701	94,825	143,887	145,545
Payments for capital assets	5,560	13,327	9,473	1,189	374	374	1,255	1,324	1,388
Buildings and other fixed structures									
Machinery and equipment	5,560	13,327	9,473	1,189	374	374	1,255	1,324	1,388
Total economic classification	621,609	560,470	597,325	635,660	528,501	508,016	596,295	691,492	716,771

6.3 Performance and Expenditure Trends

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

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

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

The department has spent a total of R1.7 billion in 2016/17 to 2018/19 while the 2019/20 budget amounts to R635.6 million. The proposed MTEF from 2020/21 to 2022/23 is projected at R2.0 billion which will be used to maintain and improve the current services.

6.4 Key Risks

Outcome	Key Risk	Risk Mitigation
Not applicable	Limited capacity in training and development	Enter into a memorandum of understanding with local institutions of higher learning for enhancement of staff development

Programme 7: Healthcare Support Services

7.1 Purpose

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

Table 34. HCS Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21 - 2024/25)	Output	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2017/18		2018/19			2020/21	2020/21 Quarterly Targets				2021/22	2022/23
			2016/17	2017/18	2018/19	Q1			Q2	Q3	Q4			
1. Co- ordinating health services across the care continuum, re- orienting the health system towards primary health	Improved availability of essential medicines	1.1 Depot	66.64%	70.73%	61.74%	70%	73%	73%	73%	73%	75%	77%		
		Numerator:	-	232	202.5	230	-	-	-	-	246	253		
		Denominator:	-	328	328	328	-	-	-	-	328	328		
		1.2 Hospitals	89.01%	90.84%	81.53%	90%	90%	90%	90%	90%	90%	90%		
		Numerator:	-	268	240.5	266	-	-	-	-	266	266		
		Denominator:	-	295	295	295	-	-	-	-	295	295		
	1.3 PHC		88.57%	87.2%	72.65%	90%	90%	90%	90%	90%	90%	90%		
		Numerator:	-	148	123.5	153	-	-	-	-	153	153		
		Denominator:	-	170	170	170	-	-	-	-	170	170		

Explanation of Planned Performance over the Medium Term Period:

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

7.2 Reconciling Performance Targets with Expenditure Trends

Table 35. HCS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates			
	2016/17	2017/18	2018/19				2019/20	2020/21	2021/22	2022/23
R' thousand										
Forensic services	36,596	37,656	42,297	41,374	41,374	41,759	43,650	46,051	48,262	
Orthotic and prosthetic services	5,235	7,150	8,467	7,950	7,950	6,939	8,388	8,849	9,273	
Medicines trading account	74,992	79,699	90,757	96,697	95,883	96,509	802,078	106,229	111,328	
TOTAL	116,823	124,505	141,521	146,021	145,207	145,207	854,116	161,129	168,863	

Table 36. HSC - Summary of provincial expenditure estimates by economic classification

	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates			
	2016/17	2017/18	2018/19				2019/20	2020/21	2021/22	2022/23
Current payments	115,942	123,706	139,752	143,715	142,691	143,794	142,691	852,856	159,800	167,470
Compensation of employees	79,463	86,228	96,258	98,662	98,662	98,662	98,662	104,089	109,814	115,085
Goods and services	36,479	37,478	43,494	45,053	44,029	45,132	44,029	748,767	49,986	52,385
Communication	675	595	652	723	523	476	523	763	805	843
Computer Services	-	-	-	-	300	690	300	-	-	-
Consultants Contractors and special services	20 138	20 817	22 084	27 050	25 908	27 256	25 908	28 388	29 950	31 387
Inventory	9 398	10 513	15 496	11 225	10 986	10 802	10 986	713 228	12 492	13 093
Operating leases	704	910	657	790	802	422	802	833	879	921
Travel and subsistence	392	323	374	147	351	404	351	156	165	173

Maintenance repair and running costs	0	0	-	-	-	-	-	-	-
Specify other	5 172	4 320	4 231	5 118	5 159	5 082	5 399	5 695	5 968
Financial transactions in assets and liabilities	0								
Transfers and subsidies to	71	199	119	251	461	210	265	279	293
Provinces and municipalities	-	-	-						
Households	71	199	119	251	461	210	265	279	293
Payments for capital assets	810	600	1,650	2,055	2,055	1,203	995	1,050	1,100
Machinery and equipment	810	600	1,650	2,055	2,055	1,203	995	1,050	1,100
Total economic classification	116,823	124,505	141,521	146,021	145,207	145,207	854,116	161,129	168,863

7.3 Performance and Expenditure Trends

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

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

The department has spent a total of R382.8 million from 2016/17 to 2018/19 while the 2019/20 budget amounts to R146 million. The MTEF from 2020/21 to 2022/23 is projected at R1.2 billion which will be used to maintain and improve the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources regular monitoring of the programme performance and stakeholders' participation.

7.4 Key Risks

Outcome	Key Risk	Risk Mitigation
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	Poor connectivity in leveraging of full functionality of the stock monitoring system	Collaborate with SITA to ensure seamless connectivity in all health facilities to enhance functionality of the stock monitoring system

Programme 8: Health Facilities Management

8.1 Purpose

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

Table 37. HFM Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEET targets						
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
1. Infrastructure maintained and back log reduced	Health infrastructure fit for purpose increased	Percentage of Health facilities refurbished rebuild	New Indicator	New indicator	New indicator	100%		1.5%	1.5%	3%	4%	16%	16%
		Numerator:	-	-	-	62		-	-	-	100	100	
		Denominator:	-	-	-	614		-	-	-	614	614	

Explanation of Planned Performance over the Medium Term Period:

- An improved status of health infrastructure contributes to achieving both the ideal clinic and hospital status by facilities while demonstrating readiness for the roll-out of UHC.
- An increased percentage of refurbished and maintained health facilities is key in realising improvement in the status of health facilities in light that the province is still operating in former missionary hospitals.
- The department have a budget commitment to ensure roll-out of maintenance of health facilities. The department will ensure that the reporting system on breakdowns in facilities is functioning effectively in order to ensure minimal service disruptions as well as prompt repairs in the facilities in case of any unplanned maintenance. In being proactive in maintenance, the department shall ensure that all facilities develop, implement and adhere to their maintenance plans.

8.2 Reconciling Performance Targets with Expenditure Trends

Table 38. HFM - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23
R' thousand					2019/20				
Community Health facilities	466,282	495,888	699,616	489,358	501,958	501,958	775,607	567,838	593,971
District Hospital Services	116,407	24,287	50,728	107,289	62,795	62,795	174,901	122,786	128,679
Provincial Hospitals Services	28,388	12,458	21,009	36,585	28,435	28,435	72,412	38,610	40,463
Tertiary Hospitals Services	17,931	22,888	25,421	21,845	23,845	23,845	29,671	24,314	25,481
Other Facilities	243	157	1,010	1,123	2,123	2,123	1,185	1,250	1,310
Total	629,251	555,678	797,784	656,200	619,156	619,156	1,053,776	754,798	789,904

Table 39. HFM - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23
Current payments	354,590	300,150	501,442	376,406	428,665	398,301	425,198	590,495	477,335
Compensation of employees	9,258	9,836	11,246	13,658	8,809	8,809	15,000	16,000	17,000
Goods and services	345,332	290,314	490,196	362,748	419,856	389,492	410,198	574,495	460,335
Communication	15								
Computer	0								
Consultants Contractors and	334 579	121 201	370 789	250 589	216 445	206 932	266 817	300 103	298 818

The department has spent a total of R1.8 billion from 2015/16 to 2017/18 while the 2018/19 budget amounts to 729.2 million. The MTEF from 2019/20 to 2021/22 is projected at R2.6billion. This amount will be used to maintain and improve the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources regular monitoring of the programme performance and stakeholder participation.

8.4 Key Risks

Outcome	Key Risk	Risk Mitigation
Infrastructure maintained and back log reduced	Unsafe and dilapidated infrastructure	Building of new infrastructure

Public Entities (*The department does not have public entities*)

Name of Public Entity	Mandate	Outcomes	Current Annual Budget (R thousand)

Infrastructure Projects

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
1	Grace Mugodeni EMS Station : Health technology, furniture, fittings	Programme 8	Facilitate development and approval of specification . Procurement Continues for items not purchased during 17/18. Ensure items are appropriately installed, commissioned and that staff are trained.	Health Technology - New Assets	26/05/2005	30/03/2021	200000	200000
2	Mookgopong CHC: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Package 4: LDPWR/DBSA to Compile design reports, specifications & BoQ. LDOH to Employ panel of contractor to replace genset and perform pertinent civil and electrical engineering works. Procure equipment, commission and Exit	Additions	14/02/2019	31/03/2023	200000	200000
3	Nkomo Clinic: Replacement of existing clinic on the same site Health technology	Programme 8	Procure equipment, commission and Exit	Health Technology - New Assets	07/06/2007	30/03/2021	700000	500000
4	Old Nkhenani EMS Station : Health technology, furniture, fittings	Programme 8	Procure equipment, commission and Exit	Health Technology - New Assets	26/05/2005	30/03/2021	300000	300000
5	Philadelphia Hospital - Enabling Works Program: Completion of OPD, etc health technology	Programme 8	Procure equipment, commission and Exit	Health Technology - New Assets	19/01/2005	29/04/2020	300000	300000
6	Alldays clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Standby generator for 24 hours PHC services: Procurement process; delivery, installation, testing and commissioning.	Upgrading	10/07/2018	31/03/2022	757000	650000
7	Blouberg CHC: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Package 5: Determination of capacity per facility, Scope of work; technical documentation, procurement process; purchase, install, test and commission; Five (5) year service and maintenance plan.	Replaced Asset	04/07/2016	30/12/2022	1000000	600000
8	Bosele EMS Station: Upgrade EMS station	Programme 8	"Finalise design on the new site in Mositerloos-Hogotlou, tender documents, bid advertisement, evaluation and award"	Replaced Asset	26/05/2006	22/10/2020	20000000	4000000
9	Bydrikt Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
10	Chueene Clinic: Envirolooo and related services	Programme 8	Inception report for the programme signed by HOD, Issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
11	Development Bank of Southern Africa (DBSA) Programme Management Services	Programme 8	Payment of Programme Management Fees as per approved SDA	Maintenance - Programme Services	01/10/2014	31/03/2027	35000000	500000
12	Dilokong Hospital: New Hospital Laundry	Programme 8	Develop designs, Technical documentation	Additions	30/06/2014	30/04/2023	24000000	500000
13	Dilokong Hospital: Repairs and alterations to MCE&neonatal facilities (Phase A)	Programme 8	Prepare scope of work, implement repairs & maintenance including Refurbish lodger area to 7 NNU beds; Find space for mother lodgers.	Rehabilitation	03/05/2017	05/05/2022	1000000	50000
14	Dithabaneng Clinic: Envirolooo and related services	Programme 8	Inception report for the programme signed by HOD, Issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
15	Donald Frazer Hospital: Upgrade Hospital Laundry equipment	Programme 8	Repair laundry equipment	Maintenance - Programme Services	01/04/2019	29/09/2021	566585	566585
16	Dr CN Phatudi Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Package 6: Determination of capacity per facility; Scope of work; technical documentation; procurement process; purchase, install, test and commission; Five (5) year service and maintenance plan.	Replaced Asset	04/07/2016	30/12/2022	1140000	1140000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
17	Dr. MMM Nursing School: Business Case & Health Brief	Programme 8	1. Package 1: Compile Health brief inclusive of decommissioning plan of Dr MMM Nursing School and approval thereof. Domains: Patient Rights, Public Health and Operational Management. 2. Review Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management Facility and infrastructure. 3. Obtain approvals thereof.	Project Support	17/11/2016	30/06/2020	6000000	100000
18	Duiwelskloof CHC: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
19	Dwaalboom Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
20	Dzumeri CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Standby generator for 24 hours PHC services: Procurement process; delivery, installation, testing and commissioning.	Upgrading	10/07/2018	31/03/2022	757000	650000
21	Elim Hospital : Repairs and alterations to MCC&neonatal facilities (Phase A)	Programme 8	Prepare scope of work, implement repairs & maintenance including Refurbish lodger area to 7 NNU beds; Find space for mother lodgers.	Rehabilitation	03/05/2017	05/05/2022	4680000	5000
22	Ellisras Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	PACKAGE 5 Remedial measures required to issue Electrical Certificate(s) of Compliance	Maintenance - Scheduled	30/06/2014	31/03/2022	1200000	1200000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
23	Ellisras Hospital: Upgrade Hospital Laundry	Programme 8	Construction. Practical, Works and Final Completion. Final Account, Final Fee and Project Close Out Report	Upgrading	10/01/2018	31/07/2020	22657500	2455346
24	Ellisras Hospital: Upgrade Hospital Laundry equipment	Programme 8	delivery, installation, test and commission laundry equipment. Train the end users. Service and Maintenance Plan for 3 years	Maintenance - Programme Services	01/04/2019	29/09/2021	2716813	2716813
25	Evuxakeni Hospital: Business Case & Health Brief	Programme 8	1. Package 1: Review Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Review Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof. Include Laundry Hub & Linen Bank.	Project Support	17/11/2016	20/04/2023	200000	100000
26	Evuxakeni Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Package 5: Determination of capacity per facility, Scope of work; technical documentation; procurement process; purchase, install, test and commission; Five (5) year service and maintenance plan.	Replaced Asset	04/07/2016	30/12/2022	1000000	350000
27	Evuxakeni Hospital: Central Mini-Hub Laundry	Programme 8	Finalise and approve design documents, Technical documentation, bid advertisement, evaluation and award.	New Assets	24/08/2016	30/04/2025	44000000	500000
28	F.H Odendaal Hospital: Business Case & Health Brief	Programme 8	1. Compile Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Compile Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and Infrastructure 3. Obtain approvals thereof.	Project Support	28/06/2019	30/04/2030	80000000	50000
29	FH Odendaal MDR-XDR Hospital: Upgrade Hospital Laundry equipment	Programme 8	Delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	Maintenance - Programme Services	01/04/2019	29/09/2021	4439132	4439132
30	FH Odendaal MDR-XDR Hospital: Upgrade Hospital laundry furniture & equipment- movable assets	Programme 8	Laundry furniture & equipment- movable assets	Health Technology - Scheduled Maintenance	01/04/2019	31/03/2021	200000	200000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
31	George Masebe Hospital - Enabling Works Program: Maternity, etc health technology	Programme 8	Procure outstanding HT items based on the post-occupation audit	Health Technology - New Assets	19/01/2005	30/08/2020	500000	500000
32	Giyani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000
33	Giyani Nursing College Campus: Business Case & Health Brief	Programme 8	1. Compile Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Compile Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof.	Project Support	17/11/2016	30/06/2020	2000000	100000
34	Grace Mugodeni Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Pr	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	100000
35	Groblerdsdal Hospital: Upgrade Hospital Laundry equipment	Programme 8	Delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	New Assets	01/04/2019	29/09/2021	1174485	1174485
36	Groblerdsdal Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project: Additional space	Upgrading	06/01/2020	30/11/2026	30000000	500000
37	HC Boshoff CHC: Enrolment and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
38	Hlogolou Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
39	Homulani Clinic: Replacement of existing clinic on the same site Health Technology	Programme 8	Facilitate the establishment of HT District equipment committee and the appointment of multi-sites equipment coordinator. Conduct an HT audit in the current facility. Procurement, commissioning and plans compiled. Commence with the procurement of items	Health Technology - New Assets	07/06/2007	30/03/2021	500000	500000
40	Jakkalskull clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Progr	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000
41	Jane Furse Hospital: Staff Accommodation - 10 Single rooms block	Programme 8	Defects and Final Account	Additions	02/02/2010	26/03/2014	5029000	201138
42	Jane Furse Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project: Neonatal unit extension	Upgrading	01/02/2019	30/11/2026	30000000	500000
43	Jane Furse hospital: Upgrade storm water system to prevent flooding	Programme 8	Inception report signed by HOD, issue Strategic Brief to the Implementing Agent, appoint PSPs	Rehabilitation	01/04/2019	31/03/2022	50000	50000
44	Kgapane Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	PACKAGE 5 Remedial measures required to issue Electrical Certificate(s) of Compliance	Maintenance - Scheduled	24/11/2016	31/03/2022	7554000	2400000
45	Kgapane Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project: Need a larger unit	Additions	01/02/2019	30/11/2026	30000000	500000
46	Kwarrielaage clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Pro	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
47	Laastehoop Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
48	Lebowakgomo EMS station: Upgrade EMS station	Programme 8	Health brief for the renovations. Finalise design, technical documentation, bid advertisement, evaluation and award.	Upgrading	01/10/2016	31/08/2022	22000000	4000000
49	Lebowakgomo Hospital: Upgrade neonatal facilities (P Hospital: Upgrade neonatal facilities (Phase B))	Programme 8	Prepare Strategic Brief for the project: Needs additional room	Upgrading	01/02/2019	30/11/2026	30000000	500000
50	Lekhureng Clinic: Addition of Five (5) Bedroom Nurses' Accommodation Block plus renovation of existi	Programme 8	Complete Health Brief. Appoint PSP's. Design, technical documentation, advertise for Contractor.	Additions	01/04/2019	22/07/2020	10000000	50000
51	Letaba Hospital A5: 72 hours Water Standby Storage, etc health technology, furniture and equipment	Programme 8	Health Technology, Medical Devices, Furniture and Fittings	Health Technology - New Assets	19/01/2005	21/07/2021	1000000	1000000
52	Letaba Hospital A5: 72h Water Storage, Civil & Mech, rehabilitate Workshop, theatre, etc	Programme 8	Construction	Upgrading	14/02/2017	31/08/2020	90280000	21000000
53	Letaba Hospital A6: Build replacement Female Medical Ward, upgrade waste store, etc	Programme 8	Finalise design and tender documents, bid advertisement, evaluation, award, site handover, construction start	Additions	01/04/2016	08/01/2022	73653311.87	21000000
54	Letaba Hospital - A7: Alterations and additions to the existing buildings to enlarge the casualty com	Programme 8	Prepare scope of work, planning, procure contractor	Additions	31/01/2021	29/03/2024	50000000	0
55	Letaba Hospital B4 : Upgrading of Existing Administration and Psychiatric Ward Health Technology	Programme 8	Procure equipment, commission and Exit	Health Technology - Replaced Assets	19/01/2005	29/06/2020	11674000	500000
56	Letaba Hospital B5B Upgrade Central Mini-Hub Laundry	Programme 8	Site handover, construction. Construction. Practical and works completion	Upgrading	04/04/2016	28/02/2021	44000000	5000000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
57	Letaba Hospital: Repairs and alterations to MCCE&neonatal facilities (Phase A)	Programme 8	Letaba Hospital: Repairs and alterations to MCCE&neonatal facilities (Phase A)	Maintenance - Comprehensive	06/11/2017	05/05/2022	4160000	50000
58	Letaba Hospital: Repairs to buildings under the terminated contract A2	Programme 8	Prepare scope of work, implement repairs & maintenance including gynaecology ward, ward 1, OPC, nursing school, nursing accommodation, etc	Maintenance - Routine/Preventative	14/02/2019	31/03/2023	1000000	0
59	Letaba Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Maintenance - Routine/Preventative	14/02/2019	31/03/2021	15568000	100000
60	Letaba Hospital: Upgrade Hospital Laundry equipment	Programme 8	Procurement ,delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	Replaced Asset	01/04/2019	30/09/2021	15468000	5000000
61	Levubu clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000
62	Lonsdale clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000
63	Louis Trichardt Hospital: Repairs and alterations to MCCE&neonatal facilities (Phase A)	Programme 8	Louis Trichardt Hospital: Repairs and alterations to MCCE&neonatal facilities (Phase A)	Maintenance - Comprehensive	03/05/2017	05/05/2022	2600000	50000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
64	Louis Trichardt Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project: Additional space	Additions	01/02/2019	03/11/2026	30000000	500000
65	Lulekani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000
66	Mafefe clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000
138	Makeepsvlei Clinic: Replacement of existing clinic on the same site	Programme 8	Renovation of Old Clinic and Existing Staff House, Construction of New Clinic, 10 Bedroom Staff House, 7 Seats Enviroloo Toilet Block, Guard House and Medical Waste, Palisade Fence at Makeepsvlei Clinic, Sekhukhune District.	New Facility	25/07/2016	30/09/2020	25041626.2	1000000
67	Makeepsvlei Clinic: Replacement of existing clinic on the same site Health Technology	Programme 8	Procure equipment, commission and Exit	Health Technology - Replaced Assets	07/06/2007	30/03/2021	1000000	500000
68	Malamulele Hospital: Upgrade Hospital Laundry equipment	Programme 8	Procurement, delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	Replaced Asset	01/04/2019	30/09/2021	15000000	117485
69	Malamulele Hospital: Renovate Hospital Laundry	Programme 8	Repair hospital laundry including the electrical installation	Upgrading	30/06/2014	29/06/2021	46000000	1030000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
70	Malemati Clinic: Business Case & Health Brief	Programme 8	1. Compile Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Compile Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof.	Project Support	01/02/2017	31/03/2021	21000000	137000
147	Mamushi Clinic: Replacement of existing clinic on the same site	Programme 8	Construction of Mamushi Clinic in Capricorn District	Replaced Facility	15/07/2016	15/12/2020	25207450.06	1000000
71	Mamushi Clinic: Replacement of existing clinic on the same site Health Technology	Programme 8	Procure equipment, commission and Exit	Health Technology - Replaced Assets	07/06/2007	30/03/2021	1000000	500000
72	Mankweng Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Maintenance - Routine/Preventative	28/02/2019	30/09/2021	2600000	1000000
73	Mankweng Hospital: Upgrade Hospital Laundry equipment	Programme 8	Procurement, delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	Upgrading	01/04/2019	31/08/2021	28390729	28390729
74	Maphuta Matlajie Hospital: Completion of linen store, ring roads, flooring, paving & storm water Health T	Programme 8	Q3: Establish an HT project team for planning, procurement, commissioning and decommissioning. Compile an Integrated planning, procurement and commissioning management proposal: IT backbone; ICT; Medical devices; Furniture and fittings; Maintenance of equipment	Health Technology - Replaced Assets	19/01/2005	30/12/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
75	Maphutha Matlatjhe Hospital: conversion of old technical services into TB unit; conversion of old clinic	Programme 8	Master plan, brief, concept design, design and tender documents, bid advertisement, evaluation, award	Upgrading	01/04/2019	30/04/2022	90000000	0
76	Maphutha Matlatjhe Hospital: Health Technology for Maternity, Neonatal & Theatre	Programme 8	Q3: Establish an HT project team for planning, procurement, commissioning and decommissioning. Compile an integrated planning, procurement and commissioning management proposal: IT backbone; ICT; Medical devices; Furniture and fittings; Maintenance of equipment	Health Technology - New Assets	01/04/2018	30/12/2020	200000	100000
77	Maphutha Matlatjhe Hospital: New laundry, Psychiatric ward, Technical Serv/Workshop & associated works	Programme 8	Master plan, brief, concept design, design and tender documents, bid advertisement, award	Additions	01/04/2019	30/04/2020	60000000	0
78	Maphutha Matlatjhe Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project: Build a neonatal unit	Additions	01/02/2019	04/11/2026	30000000	100000
79	Maphutha Matlatjhe Hospital: Maintenance of Health Technology for the Revitalization Site	Programme 8	Planned Preventive Maintenance and Service Plan of High Tech Medical devices.	Health Technology - Day to Day Maintenance	19/01/2005	30/03/2021	21000000	0
80	Maphutha Matlatjhe Hospital: OPD, Casualty, X-Ray, Pharmacy, Health Support and Helipad	Programme 8	Site handover, Construction starts	Replaced Asset	13/02/2017	05/05/2020	353883626.5	20800000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
81	Maphutha Matatje Hospital: OPD, Casualty, X-Ray, Pharmacy, Health Support and Helpad-OD	Programme 8	Organisational development (OD & QI) activities to address: 1 patient's rights; 2 patient safety, clinical governance and clinical care; 3 clinical support services; 4 health promotion and disease prevention; 5 leadership and governance; 6 operational management; 7 facility and infrastructure	Project Support	01/04/2019	28/02/2023	400000	20000
82	Marble Hall Clinic: Business Case & Health Brief	Programme 8	1. Compile Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Compile Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof.	Project Support	28/06/2019	09/09/2024	21000000	50000
83	Mashashane Clinic: Envirolooo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
84	Mashite Clinic: Envirolooo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
85	Matlala EIMS Station: Business Case & Health Brief	Programme 8	1. Compile Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Compile Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof. Procure outstanding HT items based on the post-occupation audit	Project Support	28/06/2019	30/09/2020	10000000	50000
86	Matlala Hospital - Enabling Works Program: Upgrade Health Support, OPD, X-Ray, Casualty-Health Tech	Programme 8	Package 5: Determination of capacity per facility, Scope of work; technical documentation; procurement process; purchase, install, test and commission; Five (5) year service and maintenance plan.	Health Technology - New Assets	19/01/2005	30/03/2021	500000	500000
87	Messina Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	1. Package 1: Review Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Review Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof. Include Malaria Facility	Replaced Asset	04/07/2016	30/12/2022	1000000	600000
88	Messina Hospital: Package 1: view & Update approved Business Case & Health Brief (confirm bed number)	Programme 8	Secure the site, land survey, EIA, Municipal permissions, Geotech, traffic survey, bulk services survey, design and tender documentation	Project Support	17/11/2016	31/03/2022	800000000	100000
89	Messina Hospital: Replacement of existing hospital on a new Site including EIMS, malaria centre, moth	Programme 8		Replaced Asset	01/04/2019	31/03/2030	448537000	1000000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
90	Messina Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Maintenance - Routine/Preventative	14/02/2019	30/09/2021	480000	100000
91	Messina Hospital: Upgrade Hospital laundry furniture & equipment-moveable assets	Programme 8	Furniture & equipment	Health Technology - New Assets	08/02/2019	30/11/2020	300000	300000
92	Mmotoaneng Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
93	Modimolle EMS Station: New EMS Station	Programme 8	Finalise design and tender documents, bid advertisement, evaluation, award, site handover, construction start	Replaced Asset	26/05/2005	22/11/2021	21800000	1415000
94	Modimolle EMS: new EMS station Health Technology	Programme 8	Procurement of equipment, commission and Exit	Health Technology - New Assets	31/03/2020	31/03/2021	10000	0
95	Moeding Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
96	Mokamole Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
97	Mokopane Hospital: Build a 36 bed Neonatal Unit to upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project: Build a 36 bed Neonatal Unit	Additions	01/02/2019	09/11/2026	30000000	500000
98	Mokopane Hospital: Renovate and re-organise MCCE complex and related areas.	Programme 8	Mokopane Hospital: Renovate and re-organise MCCE complex and related areas.	Rehabilitation	06/11/2017	05/11/2023	3120000	100000
98	Mokopane Hospital: Repairs & maintenance to MCCE facilities	Programme 8	Prepare scope of work, implement repairs & maintenance including Refurbish lodger area to 7 NNU beds; Find space for mother lodgers.	Rehabilitation	04/12/2017	04/11/2022	1000000	50000
99	Mokopane Hospital: Upgrade Hospital Laundry equipment	Programme 8	Repair laundry equipment	Maintenance - Programme Services	01/04/2019	30/11/2021	1200000	958158
100	Mokopane Hospital: Upgrade Hospital laundry furniture & equipment- movable assets	Programme 8	Furniture & equipment	Health Technology - New Assets	08/02/2019	30/11/2020	200000	200000
101	Moputu/Spitzkop Clinic: Enviroloo and related services	Programme 8	"Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover"	Upgrading	03/06/2019	30/06/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
102	Morotse Thamagane Clinic: Envirolooo and related services	Programme 8	Inception report for the programme signed by HOD, Issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
103	Moutse East Clinic: Business Case & Health Brief	Programme 8	1. Compile Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Compile Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof.	Project Support	28/06/2019	22/07/2020	6000000	50000
104	Moutse West Clinic: Envirolooo and related services	Programme 8	Inception report for the programme signed by HOD, Issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
105	Mpheni clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
106	Mphedu clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	LDOH to prepare schedule of rates and obtain quotes from panel of contractors. Issue order, installation, commissioning, training, maintenance.	Upgrading	30/06/2018	30/03/2022	757000	650000
107	Nchabeleng CHC: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
108	Ngoabe Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
109	Nkhensane hospital: Repairs and alterations to MCCE&neonatal facilities (Phase A)	Programme 8	Prepare scope of work, implement repairs & maintenance including medical air to 8 beds ; Refurbish the 2nd paediatric ward into 28 bed neonatal unit; Install a breast milk bank.	Rehabilitation	03/05/2017	05/05/2022	1000000	50000
110	Nkwankowa CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	1600000	1600000
111	Phagameng Clinic: Replacement of the existing clinic on a new site	Programme 8	Finalise design and tender documents, bid advertisement, evaluation, award, site handover, construction start	Replaced Asset	07/06/2007	22/06/2022	30000000	1415000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
112	Philadelphia Hospital: Build a 32-bed paediatric ward (MCCE Phase B)	Programme 8	Prepare Strategic Brief for the project: Build a 32-bed paediatric ward	Additions	01/02/2019	04/11/2026	30000000	500000
113	Philadelphia Hospital: Renovate and re-organise MCCE complex and related areas.	Programme 8	Philadelphia Hospital: Renovate and re-organise MCCE complex and related areas.	Rehabilitation	06/11/2017	05/11/2023	5000000	50000
114	Philadelphia Hospital: Renovate and re-organise MCCE complex and related areas. - health technology,	Programme 8	Health Technology for MCCE and related facilities	Health Technology - New Assets	06/11/2017	05/11/2023	500000	500000
115	Philadelphia Hospital: Repairs & maintenance to MCCE facilities	Programme 8	Prepare scope of work, implement repairs & maintenance including medical air to 8 beds ; Refurbish the 2nd paediatric ward into 28 bed neonatal unit; Install a breast milk bank.	Rehabilitation	06/11/2017	04/11/2022	1000000	50000
116	Philadelphia Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	Remedial measures required to issue Electrical Certificate(s) of Compliance	Upgrading	28/03/2019	31/03/2022	8000000	1200000
117	Philadelphia Hospital: Upgrade Hospital Laundry equipment	Programme 8	Procurement ,delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	Upgrading	01/04/2019	30/09/2021	24700000	24700000
118	Philadelphia Hospital: Upgrade Hospital laundry furniture & equipment-moveable assets	Programme 8	Procure equipment and furniture, commission and Exit	Health Technology - Replaced Assets	01/04/2019	30/09/2021	100000	100000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
119	Phuti Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
120	Pienaarsriver: New clinic: Health Technology	Programme 8	Procure equipment, commission and Exit	Health Technology - New Assets	07/06/2007	30/03/2021	500000	500000
121	Pietersburg hospital : Upgrade MOTHER AND CHILD CENTERS OF EXCELLENCE (MCCE) facilities (Phase B)	Programme 8	Pietersburg hospital : Upgrade MOTHER AND CHILD CENTERS OF EXCELLENCE (MCCE) facilities (Phase B)	Additions	06/11/2017	05/05/2024	30000000	500000
122	Pietersburg hospital: Rehabilitate cardio theatre	Programme 8	Inception report signed by HOD, issue Strategic Brief to the Implementing Agent, appoint PSP's	Rehabilitation	01/04/2019	31/03/2024	2000000	2000000
123	Pietersburg Hospital: Renovate and re-organise MCCE complex and related areas.	Programme 8	Pietersburg Hospital: Renovate and re-organise MCCE complex and related areas.	Rehabilitation	06/11/2017	05/11/2023	5000000	250000
124	Pietersburg Hospital: Renovate and re-organise MCCE complex and related areas. - health technology,	Programme 8	Health Technology for MCCE and related facilities	Health Technology - New Assets	06/11/2017	05/11/2023	500000	500000
125	Pietersburg hospital: Reorganise as a regional hospital	Programme 8	Inception document signed by HOD, issue Strategic Brief to PIA, appoint PSP's. Note NDOH is mapping existing services & LDOH has provided bed allocations for the Pietersburg hospital tertiary®ional beds.	Rehabilitation	01/04/2019	31/03/2030	60000000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
126	Pietersburg Hospital: Repairs & maintenance to MCCE facilities	Programme 8	Prepare scope of work, implement repairs & maintenance including medical air to 8 beds ; Refurbish the 2nd paediatric ward into 28 bed neonatal unit; Install a breast milk bank.	Rehabilitation	04/12/2017	04/11/2022	1000000	950000
127	Pietersburg Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	Remedial measures required to issue Electrical Certificate(s) of Compliance	Upgrading	01/04/2019	31/03/2022	1000000	1200000
128	Pietersburg Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Upgrading	14/02/2019	30/09/2021	14160000	100000
129	Pietersburg Hospital: Upgrade Hospital Laundry equipment	Programme 8	Procurement, delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	Upgrading	01/04/2019	30/09/2021	40800000	0
130	Pietersburg Hospital: Upgrade Hospital laundry furniture & equipment- moveable assets	Programme 8	Furniture & equipment	Health Technology - Replaced Assets	08/02/2019	31/03/2022	800000	500000
131	Prakiseer Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
132	Provincial Office-IDMS Capacitation Fund: Machinery and Equipment	Programme 8	Laptops and laptop bags, mouse, desk top computers, printers, computer programs linked to infrastructure planning, implementation and monitoring, cameras.	Programme Support	02/04/2018	29/03/2019	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
133	Provincial Offices: Repair, Service and Maintenance	Programme 8	Repairs and maintenance of general interior building works, lifts, roofing, painting, chairs in the auditorium.	Maintenance - Routine/Preventative	14/05/2018	25/03/2021	6234000	4800000
134	Rammupudu Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
135	Roedtan clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000
136	Schilkmanskloof Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
137	Schoongezicht Clinic: Replacing existing clinic on a new site Health Technology	Programme 8	Procure equipment, commission and Exit	Health Technology - Replaced Assets	07/06/2007	30/03/2021	1000000	500000
138	Schoonoord Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
139	Seakamela Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
140	Sekororo Hospital: Business Case & Health Brief	Programme 8	1. Compile Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Compile Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management 3. Obtain approvals thereof.	Project Support	28/06/2019	30/04/2021	62945000	100000
141	Sekuruwe: Replacement of the existing clinic on the same site Health Technology	Programme 8	Facilitate the establishment of HT District equipment committee and the appointment of multi-sites equipment coordinator. Conduct an HT audit in the current facility. Procurement, commissioning and plans compiled. Commence with the procurement of items	Health Technology - New Assets	07/06/2007	30/03/2021	1000000	200000
142	Selepe Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
143	Sello Moloto clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Pro	Programme 8	LDOH to prepare schedule of rates and obtain quotes from panel of contractors. Issue order, installation, commissioning, training, maintenance.	Upgrading	10/07/2018	31/03/2022	757000	650000
144	Selbane Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, Issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
145	Seshego Hospital: Repairs and alterations to MCEE&neonatal facilities (Phase A)	Programme 8	Prepare scope of work, implement repairs & maintenance including Refurbish Paediatric Ward 3 cubicles to create 14 neonatal beds (6HC, 6IC, and 4 KMC); Install medical air in HC & IC cubicles	Maintenance - Comprehensive	03/05/2017	05/05/2022	1000000	50000
146	Seshego Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project: New neonatal unit built next to maternity	Upgrading	02/11/2020	03/11/2023	30000000	300000
147	Seshego zone 4 clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Pr	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
148	Settlers Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
149	Shiluvani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations, (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	960000	960000
150	Shotong CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations, (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	750000
151	Slypsteen clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Program	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations, (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000
152	Slypsteen Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
153	Sovenga Nursing College Campus : Business Case & Health Brief	Programme 8	1. Compile Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Compile Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof.	Project Support	17/11/2016	01/12/2023	4000000	100000
154	St Ritas hospital: Renovate and re-organise MCCE complex and related areas.	Programme 8	St Ritas hospital: Renovate and re-organise MCCE complex and related areas.	Rehabilitation	06/11/2017	05/11/2023	5000000	50000
155	St Ritas hospital: Renovate and re-organise MCCE complex and related areas. - health technology, fur	Programme 8	Health Technology for MCCE and related facilities	Health Technology - New Assets	01/04/2018	05/11/2023	500000	500000
156	St Rita's Hospital: Repairs & maintenance to MCCE facilities	Programme 8	Prepare scope of work, implement repairs & maintenance	Rehabilitation	04/12/2017	04/11/2022	1000000	50000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
1573 03	St Rita's Hospital: Upgrade Central Mini-Hub Laundry	Programme 8	Appoint building contractor, site handover, construction. Deliver and install new machines, repair existing machines, attend to laundry dependent infrastructure services (water quality, electrical capacity, steam and condensate, water supply and waste management), attend to renovations needed in the building including infection control, test and commission laundry. Purchase laundry trolleys, bags and appropriate detergents to kick start the laundry. Five years' service and maintenance plan for the new laundry equipment.	Upgrading	04/04/2016	31/03/2022	19095000	6000000
158	St Rita's Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	Remedial measures required to issue Electrical Certificate(s) of Compliance	Upgrading	01/04/2019	31/03/2022	3500000	1200000
159	St Rita's Hospital: Upgrade Hospital Laundry equipment	Programme 8	Procurement, delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	Upgrading	01/04/2019	30/09/2025	0	0
160	St Rita's Hospital: Upgrade Hospital laundry furniture & equipment- movable assets	Programme 8	Furniture & equipment	Health Technology - New Assets	03/09/2018	31/03/2025	200000	200000
161	St Rita's Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project: Needs a 16-bed level 2 NNU extension	Additions	01/02/2019	31/03/2021	30000000	500000
162	St Rita's Hospital: Replace Stand By Generator	Programme 8	Replace Stand By Generator	Upgrading	30/06/2014	29/09/2021	900000	0

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
163	Sterkspruit: Replacement of the existing clinic on the same site	Programme 8	Demolition of Old Clinic; Renovation of Existing Staff House; Construction of New Clinic; Five Bedroom Staff House; Seven Seats Enviroloo Toilet Block; Guard House; Medical Waste and Pallsade Fence at Sterkspruit Clinic	Replaced Facility	26/07/2016	30/09/2020	21987550.2	1000000
164	Sterkspruit: Replacement of the existing clinic on the same site - Health Technology	Programme 8	Facilitate the establishment of HT District equipment committee and the appointment of multi-sites equipment coordinator. Conduct an HT audit in the current facility. Procurement, commissioning and plans compiled. Commence with the procurement of items	Health Technology - Replaced Assets	07/06/2007	30/03/2021	1000000	500000
165	Straighthardt clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Pro	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	31/03/2022	757000	650000
166	Straighthardt Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
167	Thabamooopo Hospital: Central Mini-Hub Laundry and Linen Bank.	Programme 8	Develop designs, Technical documentation	Upgrading	04/04/2016	18/02/2020	44000000	500000
168	Thabamooopo Hospital: Health Support Facility 2nd Contractor	Programme 8	Technical documentation, bid advertisement, evaluation and award, Site handover, Construction start	Upgrading	19/01/2005	22/12/2022	20625000	4000000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
169	Thabazimbi Hospital: Forensic Mortuary - Health Technology	Programme 8	In line with design develop contractor list, preliminary IT backbone list, preliminary ICT list, preliminary medical devices audit report, preliminary furniture and fittings list. In line with construction delivery plan develop preliminary commissioning/ decommissioning plan.	Health Technology - Scheduled Maintenance	19/01/2005	29/06/2020	1000000	200000
170	Thabazimbi Hospital: Purchase remaining staff accommodation units/flats in the building block nearby	Programme 8	Negotiate with the property owners of the remaining units, offer to purchase, register property.	New Assets	01/10/2019	31/05/2022	6044000	0
171	Thondo Tshivhase clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation, procurement process, construction	Upgrading	10/07/2018	31/03/2022	757000	650000
172	Tshakuma Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
173	Tshikundamalena Clinic: Domestic Furniture and Equipment Health Technology	Programme 8	Purchase, deliver, install, test and commission health technology, domestic furniture and equipment.	Health Technology - Scheduled Maintenance	07/06/2007	31/03/2021	700000	200000
174	Tshilidzini Hospital: Renovate and re-organise MCCE complex and related areas.	Programme 8	Tshilidzini Hospital: Renovate and re-organise MCCE complex and related areas.	Rehabilitation	07/11/2016	05/11/2023	21840000	5000
175	Tshilidzini Hospital: Renovate and re-organise MCCE complex and related areas. - health technology,	Programme 8	Health Technology for MCCE and related facilities	Health Technology - New Assets	06/11/2017	05/11/2023	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
176	Tshilidzini Hospital: Repairs and maintenance to the MCCE complex and related areas.	Programme 8	Prepare scope of work, implement repairs & maintenance	Rehabilitation	04/12/2017	04/11/2022	2500000	0
177	Tshilidzini Hospital: Upgrade Central Mini-Hub Laundry	Programme 8	Appoint building contractor, site handover, construction. Deliver and install new machines, repair existing machines, attend to laundry dependent infrastructure services (water quality, electrical capacity, steam and condensate, water supply and waste management), attend to renovations needed in the building including infection control, test and commission laundry. Purchase laundry trolleys, bags and appropriate detergents to kick start the laundry. Five years' service and maintenance plan for the new laundry equipment.	Upgrading	04/04/2016	30/06/2020	23643668	5000000
178	Tshilidzini Hospital: Upgrade Hospital Laundry equipment	Programme 8	Procurement, delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	Replaced Asset	01/04/2019	30/09/2021	10200000	8260342
179	Tshilidzini Hospital: Upgrade Hospital laundry furniture & equipment-moveable assets	Programme 8	Furniture & equipment	Health Technology - New Assets	11/12/2018	31/03/2021	300000	100000
180	Tshiombi Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
181	Tshipise Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
182	Vaalkop Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
183	Vaalwater EMS Station: Business Case & Health Brief	Programme 8	1. Compile Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Compile Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof.	Project Support	17/11/2016	30/06/2020	9000000	100000
184	Van Velden Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Package 5: Determination of capacity per facility, Scope of work; technical documentation; procurement process; purchase, install, test and commission; Five (5) year service and maintenance plan.	Replaced Asset	04/07/2016	30/12/2022	1000000	600000
185	Various facilities: Condition assessments of existing standby generators and related infrastructure	Programme 8	Various facilities: Condition assessments of existing standby generators and related infrastructure	Rehabilitation	19/06/2017	31/03/2025	13450000	0

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
186	Various facilities: Disabled access	Programme 8	Various facilities: Disabled access: Facility assessment to ensure: Door handles are at the height of a wheelchair in toilet with access for persons in wheelchairs, Elbow taps in toilet with access for persons in wheelchairs, Handrails installed in at least one toilet with access for persons in wheelchairs, Ramp at one main entrance has handrails unless the entrance to the facility is a flat surface, Ramp available at least one main entrance to allow access for persons in wheelchairs unless the entrance to the facility is a flat surface, Terrain must be compacted and smooth from gate to main entrance,	Additions	28/05/2018	30/06/2028	200000000	0
187	Various facilities: Upgrade / Replace theatre chiller equipment	Programme 8	Inception document signed by HOD, SIPDM gate 4 approval for the programme, Implement projects per priority list attached in the Annexure	Replaced Asset	13/06/2018	30/06/2020	200000000	500000
188	Various Facilities: Alternative back up power supply & Related Infrastructure for Ideal Clinic Pr	Programme 8	Purchase, install, test and commission in the clinics listed as per the Annexure. Maintenance and service plan for 5 years.	Replaced Asset	04/04/2016	31/03/2027	1000000	1000000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
189	Various Facilities: Breakdown Repairs of Water Services Installations	Programme 8	<p>Water Services installations = Water supply, waste water disposal and sanitation installations at health facilities.</p> <p>Repair of breakdowns logged by health facilities at LDOH call centre on a daily basis.</p> <p>Three categories of repairs (including associated civil, mechanical & electrical works & equipment):</p> <ul style="list-style-type: none"> - SAN: Sanitation & waste water installations (septic tanks; Enviroloos; Lilliput systems; sewers; oxidation dams etc.) - PWT: Potable Water Treatment Installations (RO plant; water softeners etc) - WS: Water Supply (Borehole equipment, pipe work; water tanks & stands) 	Maintenance - Emergency	31/03/1999	30/04/2023	77500000	12000000
190	Various facilities: Decommissioning and replacing coal boiler systems with electric systems	Programme 8	Inception document signed by HOD, SIPDM gate 4 approval for the programme, Implement projects per priority list attached in the Annexure	Upgrading	01/04/2019	31/03/2025	2000000	2000000
191	Various facilities: Health facility planning services-strategic briefs (health&clinical),concept,imple	Programme 8	Develop provincial master plan, hospital master plans, clinical assessments, strategic briefs and facilitate approval. Develop specifications, advertise and appoint service providers.	Upgrading	01/04/2019	31/03/2023	30000000	2000000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
192	Various facilities: Maintenance Programme 8 : Breakdown Maintenance at health institutions	Programme 8	Various facilities: Emergency Maintenance at health institutions	Maintenance - Emergency	01/04/2019	31/03/2021	12000000	12000000
193	Various facilities: Maintenance Programme 8: Routine & Scheduled Maintenance for health Inst - ES	Programme 8	Various facilities: Maintenance Programme 8: Routine & Scheduled Maintenance for health inst - ES	Maintenance - Routine/Preventative	01/04/2017	31/03/2029	179849000	179849000
194	Various Facilities: Maintenance programme capacity building	Programme 8	Prepare specifications, advertise, recruit, provide housing, transport, tools etc (funded by HFRG)	Programme Support	01/04/2018	31/03/2022	3000000	1000000
195	Various Facilities: Maintenance reporting and documentation system	Programme 8	Maintenance reporting and documentation system	Maintenance - Programme Services	10/07/2018	30/06/2020	77500000	1500000
196	Various facilities: Project Management Services	Programme 8	Develop specifications and SDA for project management services and or alternative implementing agent; advertise and appoint service providers.	Upgrading	01/04/2019	31/03/2023	15000000	2000000
197	Various facilities: Provision of Health Technology for EMS Stations	Programme 8	Compile list of medical equipment; procure, deliver, register asset, test and commission	Health Technology - Replaced Assets	01/04/2019	01/04/2025	600000	600000
198	Various facilities: Provision of Health Technology for Hospitals	Programme 8	Various facilities: Compile list of medical equipment; procure, deliver register asset, test and commission.	Health Technology - Replaced Assets	01/04/2019	01/04/2025	30000000	7000000
199	Various facilities: Rehabilitation of malaria facilities	Programme 8	Inception report signed by HOD, SJPDG gate 4 approval for the programme. Implement projects per priority list attached in the Annexure	Rehabilitation	01/04/2019	31/03/2025	2000000	2000000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
200	Various Facilities: Relocatable units 12 Facilities	Programme 8	Specifications and Design approval for records storage; and other use. Advertisement, evaluation and award. Purchase and Installation of relocatable units inclusive of external works and services	New Assets	23/05/2016	30/03/2021	2945222.52	100000
201	Various facilities: Security upgrades at various facilities	Programme 8	Implement projects per priority list attached in the Annexure	Upgrading	01/04/2019	31/03/2022	11000000	11000000
202	Various Facilities: Technical condition and functional assessments	Programme 8	Prepare specifications, procurement of service provider, condition assessments, reporting	Upgrading	16/10/2007	30/12/2020	30000000	0
203	Various facilities: Term contracts for maintenance & repairs of mechanical, electrical, civil, structural works	Programme 8	Various facilities: Procure term contractors for maintenance & repairs of mechanical, electrical, civil/structural works	Maintenance - Routine/Preventative	13/02/2019	31/03/2024	900000	100000
204	Warmbad Hospital: Business Case & Health Brief	Programme 8	Package 1: Review Business Case. Domains: Patient Rights, Public Health and Operational Management. 2. Review Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof.	Project Support	17/11/2016	30/04/2021	850000	100000
205	Warmbad Hospital: Purchase of residential accommodation	Programme 8	Health Brief, Obtain Provincial Treasury; Valuations, Procurement Process; Purchase Agreement Approved.	Upgrading	01/04/2019	31/05/2027	6000000	0

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
206	Wayeni clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Determine of capacity for clinic standby generator (24 h clinics) or solar installations (small 8h clinics). Compile specifications, technical documentation; procurement process; construction	Upgrading	10/07/2018	30/03/2022	757000	650000
207	Wf Knobel Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	Remedial measures required to issue Electrical Certificate(s) of Compliance	Upgrading	07/08/2017	31/03/2022	3500000	1200000
208	Wiffontein Clinic: Enviroloo and related services	Programme 8	Inception report for the programme signed by HOD, issue Strategic Brief to the Implementing Agent for the programme, procure PSP's, concept report, design report, tender documents, procure contractor, site handover	Upgrading	03/06/2019	30/06/2020	500000	500000
209	Witpoort Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Package 5: Determination of capacity per facility, Scope of work; technical documentation; procurement process; purchase, install, test and commission; Five (5) year service and maintenance plan.	Replaced Asset	04/07/2016	30/12/2022	600000	600000
210	Witpoort Hospital: Repairs and alterations to MCC&E&neonatal facilities (Phase A)	Programme 8	Witpoort Hospital: Repairs and alterations to MCC&E&neonatal facilities (Phase A)	Maintenance - Comprehensive	03/05/2017	05/05/2022	1040000	50000
211	Witpoort Hospital: Upgrade Hospital Laundry equipment	Programme 8	Delivery, installation, test and commission laundry. Train the end users. Service and Maintenance Plan for 3 years.	Additions	30/04/2017	30/06/2020	8694000	2402700
212	Witpoort Hospital: Upgrade Hospital laundry furniture & equipment-moveable assets	Programme 8	Procurement of equipment, commission and Exit	Health Technology - New Assets	01/04/2018	30/04/2020	200000	100000

No	Project Name	Programme	Project description	Outputs	Project Start Date	Project completion date	Total Project Cost as captured on project page	Current year expenditure
213	Witpoort Hospital: Upgrade Hospital Laundry water softener	Programme 8	Replace water softener	Replaced Asset	14/02/2019	30/11/2021	3360000	0
214	Witpoort Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project: Additional space	Upgrading	11/12/2018	10/05/2022	30000000	500000

Public Private Partnerships

PPP	Purpose	Outputs	Current value of agreement	End date of agreement
Renal Dialysis	To provide renal dialysis services to public patients	Renal Services	R 6million	09 November 2019
Clinix Phalaborwa Private Hospital	The Private Party to finance, design, upgrade and refurbishment of the Phalaborwa Hospital and the operation and maintenance of the Phalaborwa Hospital as a private hospital facility	Refurbished hospital	R 105 000 per month	05 December 2025

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

Programme 1: Administration

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1. Increased number of youth developed through experiential/learnership programmes	Number of youth afforded development opportunities through experiential or learnership programmes	Staff establishment	Numerical	Youth development programme statistics	Availability of experiential and learnership programmes	Targeting youth	All districts	Non-cumulative	Annual	Increased opportunities for youth development	HRD
2. Increased representation of women in senior leadership positions (SMS)	Women appointed in senior management positions as compared to men	Employment equity report	Numerical	Personal report	Organisational structure is under review	Targeting women	All districts	Non-cumulative	Annual	Achieve gender equity	HRP
3. Audit opinion from Auditor-General	Audit opinion for Provincial Departments of Health for financial performance	Documented Evidence: Annual Report Auditor General's Report	N/A Categorical	Documented Evidence: Annual Report Auditor General's Report	Department is implementing an audit action plan to improve the audit outcomes	Not applicable	Provincial office	Not applicable	Annual	Unqualified opinion	Chief Financial Officers of Provincial Departments of Health
4. Percentage compliance to payment of suppliers within 30 days	Invoice paid within 30days	BAS	Numerator: No of valid invoices paid within 30days Denominator: Total number of valid invoices received by 100%	Schedule for payments showing the total invoices paid within 30 days and after 30 days on monthly basis Asset registers	Financial systems are in place	All SMEs and suppliers	All districts	Non-cumulative	Quarterly	100% payment of suppliers within 30 days	Expenditure Management
5. Number of institutions with Credible Asset Register	Number of institutions with credible asset registers	Excel asset register	Numerator: Number of institutions with credible asset	Asset registers	All assets are recorded and verified periodically	N/A	All districts	Non-cumulative	Quarterly	Credible asset registers in all institutions	Supply Chain Management

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
6. Revenue Collected	Amount of revenue collected for the year	BAS	Amount collected against the set target register	BAS report	Staff to manage revenue collection in facilities Implemented electronic data interchange for claiming from healthcare funders	N/A	All districts	Non-cumulative	Quarterly	High	Financial budgeting and revenue

Programme 2: District Health Services

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
PHC											
1. Patient experience of care satisfaction rate (PHC)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	Numerator: Patient experience of care survey satisfied responses Denominator: Patient experience of care survey total responses	Patient survey tools	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	All users of health care services	All districts	Cumulative (year-to-date)	Annual	High	Quality assurance (M&E)
2. Ideal clinic status obtained rate	Fixed PHC health facilities that obtained Ideal Clinic status (bronze, silver, gold) as a	Ideal health facility software	Numerator: Fixed PHC health facilities have obtained Ideal Clinic status Denominator:	Ideal clinic checklists	Teams (PPTICRM) and district coordinators for ICRM are available	N/A	All districts	Cumulative (year-to-date)	Annual	High	District Quality Assurance Manager Clinic Operational Manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	proportion of fixed PHC clinics and CHCs/CDCs		Total number of clinics + Total number of CHCs/CDCs		conduct assessments and monitor implementation of quality improvement plans National support						
District Hospitals											
1. Patient experience of care satisfaction rate (District Hospitals)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	Numerator: Patient experience of care survey satisfied responses Denominator: Patient experience of care survey total responses	Patient survey	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Quality assurance (M&E)
2. Severity assessment code (SAC) 1 incident reported within 24 hours rate (District Hospitals)	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of severity assessment code (SAC) 1 incident reported	Patient safety incident software	Numerator: Severity assessment code (SAC) 1 incident reported within 24 hours Denominator: Severity assessment code (SAC) 1 incident reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Quality Assurance Forensic Unit, Legal Unit
3. Patient safety incidents (PSI) case closure rate (District Hospitals)	Patient safety incident (PSI) case closed in the reporting month as a proportion of patient safety incident (PSI) cases reported in	Patient safety incident software	Numerator: Patient Safety Incident (PSI) case closed Denominator: Patient Safety Incident (PSI) case reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct	N/A	All districts	Cumulative (year-to-date)	Quarterly	Increased percentage of reporting	Forensic Unit, Legal Unit

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	the reporting month				patient surveys						
4. Maternal Mortality in facility ratio (District Hospitals)	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	Maternity register, delivery register	Numerator: Maternal death in facility Denominator: Live birth known to facility	Maternity register, delivery register	ESMOE training as a key to reduction of maternal mortalities is being conducted. Strengthened HIV/AIDS management	Females	All districts	Cumulative (year-to-date)	Annual	Lower	MNCWH programme
5. Child under 5 years diarrhoea case fatality rate (District hospitals)	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Ward register	Numerator: Diarrhoea death under 5 years Denominator: Diarrhoea separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MNCWH Programme manager
6. Child under 5 years pneumonia case fatality rate (District hospitals)	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Ward register	Numerator: Pneumonia death under 5 years Denominator: Pneumonia separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MNCWH Programme manager
7. Child under 5 years severe acute malnutrition case fatality	Severe acute malnutrition death in children under	Ward register	Numerator: Severe acute malnutrition (SAM)	Ward register	Implementing integrated management	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate	MNCWH Programme manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
rate (District hospitals)	5 years as a proportion of SAM inpatients under 5 years		death in facility under 5 years Denominator: SUM((Severe Acute Malnutrition separation under 5 years		of childhood illness					is desired	
8. Death under 5 years against live birth rate (District hospitals)	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight report	Numerator: Death in facility under five years total Denominator: Live birth in facility	Midnight report	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MCWHN Programme manager
HAST											
1. ART adult remain in care rate at 12 months	ART adult remain in care – total as a proportion of ART adult start minus cumulative transfer out	ART paper register, TIER.Net, DHIS	Numerator: ART adult in remain in care – total Denominator: ART adult start minus cumulative transfer out	ART paper register, TIER.Net, DHIS	All systems for monitoring HIV/TB epidemic are in place and functional	All adults	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
2. ART child remain care rate at 12 months	ART child remain in care – total as a proportion of ART child start minus cumulative transfer out	ART paper register, TIER.Net, DHIS	Numerator: ART child in remain in care – total Denominator: ART child start minus cumulative transfer out	ART paper register, TIER.Net, DHIS	All systems for monitoring HIV/TB epidemic are in place and functional	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
3. HIV positive 15-24 years (excl. ANC) rate	Adolescent and youth 15 to 24 years who tested positive as a proportion of those were tested for HIV in this age group	HTS register (HIV testing services), TIER.Net, DHIS	Numerator: HIV positive 15-24 years (excl. ANC) Denominator: HIV test 15-24 years (excl. ANC)	HTS register (HIV testing services), TIER.Net, DHIS	All systems for monitoring HIV/TB epidemic are in place and functional	Youth	All districts	Cumulative (year-to-date)	Quarterly	Low	HIV/AIDS Programme Manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
4. Adult - viral load suppressed rate at 12 months	ART adult viral load under 400 as a proportion of ART adult viral load done	DHIS	Numerator: ART adult viral load under 400 Denominator: ART adult viral load done	DHIS report	All systems for monitoring HIV/TB epidemic are in place and functional	Adults	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment are having their viral load suppressed	HIV/AIDS Programme Manager
5. Child - viral load suppressed rate at 12 months	ART child viral load under 400 as a proportion of ART child viral load done	DHIS	Numerator: ART child viral load under 400 Denominator: ART child viral load done	DHIS report	All systems for monitoring HIV/TB epidemic are in place and functional	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment are having their viral load suppressed	HIV/AIDS Programme Manager
6. All DS-TB client LTF rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).	DHIS	Numerator: SUM [TB client lost to follow up] Denominator: SUM [All TB client start on treatment]	DHIS report	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	TB Programme Manager
7. All DS-TB client treatment success rate	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of ALL	DHIS	Numerator: SUM (TB client successfully completed treatment) Denominator: SUM (All TB client start on treatment)	DHIS report	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage suggests better treatment success rate.	TB Programme Manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)										
8. TB Rifampicin Resistant/MDR/pre-XDR treatment success rate	TB Rifampicin Resistant/MDR/pre-XDR client successfully completing treatment as a proportion of TB Rifampicin Resistant confirmed clients started on treatment	DR-TB clinical stationery, EDR Web	Numerator: TB Rifampicin Resistant/MDR/pre-XDR client successfully complete treatment Denominator: TB Rifampicin Resistant/MDR/pre-XDR confirmed client start on treatment	DR-TB clinical stationery, EDR Web	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	High percentage suggest that better management of MDR (Rifampicin resistant TB)	TB Programme Manager
9. TB XDR treatment start rate	TB XDR confirmed clients started on treatment as a proportion of TB XDR confirmed clients	NICD	Numerator: TB XDR client confirmed start on treatment Denominator: TB XDR confirmed	NICD	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Annual	High	TB Programme Manager
10. All DS-TB client death rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently died as a proportion of all	TB register, ETR.Net	Numerator: All DS-TB client dead Denominator: All DS-TB patients in treatment	TB register, ETR.Net	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Annual	Low	TB Programme Manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	those in the treatment cohort		outcome cohort								
11. Number tested COVID-19 positive	Total number of COVID-19 positive reported	NICD line list	Sum of COVID-19 tested positive	Provincial COVID-19 line list	All systems for monitoring COVID-19 are in place	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Low	Health Special Programmes
12. Hospital COVID-19 case fatality rate	The percentage of admitted COVID-19 positive cases that were reported as deaths in public and private health facilities	Facility reports	Numerator: Total number of inpatient COVID-19 deaths Denominator: Total number of inpatient COVID-19 positive cases	COVID-19 death database	All systems for monitoring COVID-19 are in place	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Low	Health Special Programmes
MCWH&N											
1. Couple year protection rate	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) +)	PHC Comprehensive Tick Register, DHIS, Denominator: StatsSA	Numerator Couple year protection Denominator: Population 15-49 years female	PHC Comprehensive Tick Register, DHIS, Denominator: StatsSA	Availability of all methods of contraception	Targeting youth and women of child bearing age	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicates higher usage of contraceptive methods.	MCWH&N Programme

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	(Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).										
2.Delivery 10 to 19 years in facility rate	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities	Health Facility Register, DHIS, Delivery register	Numerator: Delivery 10–19 years in facility Denominator: Delivery in facility total	Health Facility Register, DHIS, Delivery register	Family planning services are being offered	Females 10 -19 years	All districts	Cumulative (year-to-date)	Quarterly	Lower percentage indicates better family planning	HIV and Adolescent Health
3.Antenatal 1st visit before 20 weeks rate	Women who have a first visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	PHC Comprehensive Tick Register, DHIS	Numerator: Antenatal 1st visit before 20 weeks Denominator: Antenatal 1st visit before 20 weeks	PHC Comprehensive Tick Register, DHIS	Basic antenatal care plus implemented in all primary healthcare facilities	Targeting women of child bearing age	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicates better uptake of ANC services	MNCWH programme manager
4. Neonatal death in facility rate	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility	Delivery register, Midnight report	Numerator: Neonatal deaths (0-28 days) in facility Denominator: Live birth in facility	Delivery register, Midnight report		Children	All districts	Cumulative (year-to-date)	Quarterly	Lower	MNCWH programme manager
5.Live birth under 2500g in facility rate	Infants born alive weighing less than 2500g as proportion of total infants born alive in health facilities (Low birth weight)	Delivery register, Midnight register	Numerator: Live birth under 2500g in facility Denominator: Live birth in facility	Delivery register, Midnight register	Implementing basic antenatal care	Targeting pregnant women	All districts	Cumulative (year-to-date)	Quarterly	Lower live birth under 2500g in facility is desired	MNCWH programme manager
6.Mother postnatal visit within 6 days rate	Mothers who received postnatal	PHC Comprehensive	Numerator: Mother postnatal	PHC Comprehensive	Postnatal care	Targeting women	All districts	Cumulative	Quarterly	Higher percentage	MNCWH programme

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	care within 6 days after delivery as proportion	enclave Tick Register	visit within 6 days after delivery Denominator: Delivery in facility total	Tick Register	Implemented at all levels of care			(year-to-date)		indicates better uptake of postnatal services	manager
7. Neonatal death in facility rate	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility	Delivery register, Midnight report	Numerator: Neonatal death (0-28 days) Denominator: Live birth in facility	Delivery register, Midnight report	Implementing Limpopo Initiative for Newborn Care	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower neonatal mortality rate is desired	MNCWH Programme manager
8. Infant 1st PCR test positive around 10 weeks rate	Infants PCR tested around 10 weeks as a proportion of HIV exposed infants excluding those that tested positive at birth	PHC Comprehensive Tick Register	Numerator: Infant PCR test positive around 10 weeks Denominator: Infant PCR test around 10 weeks	PHC Comprehensive Tick Register	Universal test and treat strategy is being implemented in the department	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower percentage indicate fewer HIV transmissions from mother to child	PMTCT Programme
9. Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.	Numerator: PHC Comprehensive Tick Register or: PHC Comprehensive Tick Register Denominator: StatsSA	Numerator: Immunised fully under 1 year new Denominator: Population under 1 year	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Availability of vaccines	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicate better immunisation coverage	EPI Programme manager
10. Measles 2nd dose coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.	PHC Comprehensive Tick Register Denominator: StatsSA	Numerator: SUM([Measles 2nd dose]) Denominator: Population under 1 year	PHC Comprehensive Tick Register Denominator: StatsSA	Availability of vaccines	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher coverage rate indicate greater protection against measles	EPI
11. Vitamin A 12-59 months coverage	Children 12-59 months who received Vitamin	PHC Comprehensive	Numerator: Vitamin A dose 12-59 months	PHC Comprehensive Tick Register	Availability of Vitamin A	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher proportion of children 12-	MNCWH Programme Manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
Disease Prevention and Control											
1. Malaria case fatality rate	Malaria deaths in hospitals as a proportion of confirmed malaria cases for those admitted for malaria	Tick Register	Denominator: Target population 12-59 months * 2	Malaria Information System	Strengthened indoor residual spraying and surveillance	Not applicable	All districts	Non-cumulative	Quarterly	29 months who received VIT A will increase health	Communicable Diseases Programme Manager

Programme 3: Emergency Medical Services

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1. EMS P1 urban response under 30 minutes rate	Emergency P1 responses in urban locations with response times under 30 minutes as a proportion of EMS P1 urban calls. Response time is calculated from the time the call is received to the time that the first dispatched medical resource arrives on scene	DHIS, institutional registers OR DHIS, patient and vehicle report.	Numerator: EMS P1 urban response under 30 minutes Denominator: EMS P1 urban responses	DHIS, institutional EMS registers Patient and vehicle report.	Availability of operational ambulances and paramedics	Not applicable	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicate better response times in the urban areas	EMS Manager
2. EMS P1 rural response under 60 minutes rate	Emergency P1 responses in rural locations with response times	DHIS, institutional registers	Numerator: EMS P1 rural response under 60 minutes Denominator: EMS	DHIS, institutional EMS registers Patient and	Availability of operational ambulances and	Not applicable	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicate better	EMS Manager

	under 60 minutes as a proportion of EMS P1 rural call	Patient and vehicle report.	P1 rural responses	vehicle report.	paramedics				response times in the rural areas	
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Programme 4: Regional and Specialised Hospital

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1. Patient experience of care satisfaction rate (Regional & Specialised Hospitals)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	Numerator: Patient experience of care survey satisfied responses Denominator: Patient experience of care survey total responses	Patient survey	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Quality assurance (M&E)
2. Severity assessment code (SAC) 1 incident reported within 24 hours rate (Regional & Specialised Hospitals)	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of severity assessment code (SAC) 1 incident reported	Patient safety incident software	Numerator: Severity assessment code (SAC) 1 incident reported within 24 hours Denominator: Severity assessment code (SAC) 1 incident reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Quality Assurance Forensic Unit, Legal Unit
3. Patient safety incidents (PSI) case closure rate (Regional & Specialised Hospitals)	Patient safety incident (PSI) case closed in the reporting month as a proportion of patient safety incident (PSI) cases reported in the reporting month	Patient safety incident software	Numerator: Patient Safety Incident (PSI) case closed Denominator: Patient Safety Incident (PSI) case reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Increased percentage of reporting	Forensic Unit, Legal Unit
4. Maternal Mortality in	Maternal death is	Maternity	Numerator:	Maternity	ESMOE	Females	All districts	Cumulative	Annual	Lower	MNCWH

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
facility ratio (Regional Hospitals)	death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	register, delivery register	Maternal death in facility Denominator: Live birth known to facility	register, delivery register	training as a key to reduction of maternal mortalities is being conducted. Strengthened HIV/AIDS management			(year-to-date)			programme
5.Child under 5 years diarrhoea case fatality rate (Regional hospitals)	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Ward register	Numerator: Diarrhoea death under 5 years Denominator: Diarrhoea separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MNCWH Programme manager
6.Child under 5 years pneumonia case fatality rate (Regional hospitals)	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Ward register	Numerator: Pneumonia death under 5 years Denominator: Pneumonia separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MNCWH Programme manager
7.Child under 5 years severe acute malnutrition case fatality rate (Regional hospitals)	Severe acute malnutrition death in children under 5 years as a proportion of SAM inpatients under 5	Ward register	Numerator: Severe acute malnutrition death in facility under 5 years Denominator:	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MNCWH Programme manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	years		SUM((Severe Acute Malnutrition separation under 5 years								
8. Death under 5 years against live birth rate (Regional hospitals)	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight report	Numerator: Death in facility under five years total Denominator: Live birth in facility	Midnight report	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MCWHN Programme manager

Programme 5: Tertiary Hospitals

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1. Patient experience of care satisfaction rate (Tertiary Hospitals)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	Numerator: Patient experience of care survey satisfied responses Denominator: Patient experience of care survey total responses	Patient survey	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Quality assurance (M&E)
2. Severity assessment code (SAC) 1 incident reported within 24 hours rate (Tertiary Hospitals)	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of severity assessment code (SAC) 1 incident reported	Patient safety incident software	Numerator: Severity assessment code (SAC) 1 incident reported within 24 hours Denominator: Severity assessment code (SAC) 1 incident reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Quality Assurance Forensic Unit, Legal Unit
3. Patient safety Incidents (PSI) case	Patient safety incident (PSI)	Patient safety	Numerator: Patient Safety	Patient safety incident	Institutions have	N/A	All districts	Cumulative	Quarterly	Increased percentage of	Forensic Unit, Legal Unit

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
closure rate (Tertiary Hospitals)	case closed in the reporting month as a proportion of patient safety Incident (PSI) cases reported in the reporting month	incident software	Incident (PSI) case closed Denominator: Patient Safety Incident (PSI) case reported	software	appointed or delegated quality assurance officials to conduct patient surveys			(year-to-date)		reporting	
4. Maternal Mortality in facility ratio (Tertiary Hospitals)	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	Maternity register, delivery register	Numerator: Maternal death in facility Denominator: Live birth known to facility	Maternity register, delivery register	ESMOE training as a key to reduction of maternal mortalities is being conducted. Strengthened HIV/AIDS management	Females	All districts	Cumulative (year-to-date)	Annual	Lower	MNCWH programme
5. Child under 5 years diarrhoea case fatality rate (Tertiary hospitals)	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Ward register	Numerator: Diarrhoea death under 5 years Denominator: Diarrhoea separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MNCWH Programme manager
6. Child under 5 years pneumonia case fatality rate (Tertiary hospitals)	Pneumonia deaths in children under 5 years as a proportion of pneumonia	Ward register	Numerator: Pneumonia death under 5 years Denominator: Pneumonia	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MNCWH Programme manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	separations under 5 years in health facilities		separation under 5 years								
7. Child under 5 years severe acute malnutrition case fatality rate (Tertiary hospitals)	Severe acute malnutrition death in children under 5 years as a proportion of SAM inpatients under 5 years	Ward register	Numerator: Severe acute malnutrition (SAM) death in facility under 5 years Denominator: SUM (Severe Acute Malnutrition) separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MNCWH Programme manager
8. Death under 5 years against live birth rate (Tertiary hospitals)	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight report	Numerator: Death in facility under five years total Denominator: Live birth in facility	Midnight report	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MCWHN Programme manager

Programme 6: Health Sciences Training

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1. Number of learners studying for bachelor of health science in emergency care	Number of new learners enrolled for bachelor of health science in emergency care	College records (universities)/HRD	Numerical (Number of students enrolled)	Learnership agreements, Proof of registrations with the institution of higher learning	HWSETA funds the programme	N/A	N/A	Non-cumulative	Annual	Increased qualified EMS personnel in improving patient management at the scene	Principal emergency college/ HRD

Programme 7: Health Care Support

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1. Availability of essential medicines (Depot, Hospitals, PHC)	This is the percentage of essential medicines and surgical sundries monitored at the depot, hospitals and clinics	Quarterly reports	Numerator: Totals number of medicines available at depot, Hospitals and clinics. Denominator: Total number of medicines to be monitored. Total for Depot= 328 Hospitals= 295 Clinics= 170	Stock reports	The department has competent pharmaceutical personnel to manage medicine stock levels and rotation	Not applicable	All districts	Cumulative (year-to-date)	Quarterly	High percentage indicates the availability of ordered medicines and sundries from the suppliers	Director: Pharmaceutical Services

Programme 8: Health Facilities Management

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1. Percentage of Health facilities with major refurbishment or rebuild	Number of existing health facilities where capital, have been completed (excluding new and replacement facilities). Rebuild is considered where refurbishment cost is >70% of estimated replacement value scheduled maintenance or professional day-to-day maintenance projects (The	Project management information systems (PMIS)	Numerator: Total number of health facilities with completed refurbishment or rebuild Denominator: Total number of health facilities on the 10 year infrastructure plan that needed major refurbishment or replacement	The department has support from department of public works and DBSA to address infrastructure needs. The department has infrastructure personnel to manage the infrastructure planning.	Availability of a project plan	Norms are utilised to facilitate decision making with respect to spatial location of health facilities	Annual progress against the five year target	Cumulative (year-to-date)	Higher	Infrastructure Chief Directorate	25. Percentage of Health facilities with major refurbishment or rebuild

[illegible]

Annexure A: Amendments to Strategic Plan

No amendments have been done.

Annexure B: Conditional Grants

Name of Grant	Purpose	Outputs	Current Annual Budget (R thousand)	Period of Grant
National tertiary Services Grant (NTSG)	<p>To enable provinces to plan, modernise, rationalise and transform tertiary services</p> <p>Increase accessibility to tertiary services</p>	<ul style="list-style-type: none"> • % institutions with 75% equipment in line with T1 tertiary service package • Proportion of tertiary level service provided (yes list) • Number of follow up outpatient attendances for tertiary level care 	<p>445 200</p> <p>(22 260 allocated for COVID-19)</p>	Annual
Health Professional Training and development grant (HPTD)	To support provinces to fund service cost associated with clinical training and supervision of health sciences trainees on the public service platform	<ul style="list-style-type: none"> • Number of specialists • Number of registrars • Number of medical officers • Number of clinical associates • Number of postgraduate • Number of clinical supervisor/trainers per category • Number of grant administration staff 	157 264	Annual

HIV/AIDS Grant	To enable the health sector to develop and implement an effective response to HIV & AIDS, STIs and TB.	<ul style="list-style-type: none"> • No of male and female condoms distributed • No of HTA intervention sites • No of Peer educators receiving stipends • Male Urethritis Syndrome treated - new episode • No of Individuals who received an HIV service or referral at High Transmission Area sites • No of active Lay counselors on stipend • No of clients tested (including antenatal) • No of health facilities offering MMC • No of MMC performed • No of sexual assault cases offered ARV prophylaxis • No of antenatal clients initiated on ART • No of babies PCR tested at 10 weeks • No of new patients 	1 555 254	Annual
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		<p>started on treatment</p> <ul style="list-style-type: none"> No of patients on ART remaining in care No of HIV positive clients screened for TB No of HIV positive clients started on IPT No of Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases No of Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases No of Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases 		
Community Outreach Service Grant		<ul style="list-style-type: none"> Number of community Health Workers receiving stipend Number of TB defaulters traced Number of HIV defaulters traced Number of under-five headcount Number of above five headcount Number of OTLs trained 	337 473	Annual

		<ul style="list-style-type: none"> • Number of CHWs trained 		
TB Grant		<ul style="list-style-type: none"> • TB symptoms clients screened in facility rate • TB client start on treatment rate • TB client treatment success rate • TB Rifampicin Resistant Confirmed treatment start rate • TB MDR treatment success rate • DR TB patients that received Bedquiline 	47 314	
COVID-19 Component Grant	To enable the health sector to develop and implement an effective response to COVID-19	<ul style="list-style-type: none"> • Number of medical masks N95 (units) procured • Number of surgical masks units procured • Number of goggles/face-shield/visors (units) procured • Number of sanitizer (litres) procured • Number of new ventilators procured and installed • Number of new low care beds purchased and equipped 	361 434	Annual

		<p>for isolation</p> <ul style="list-style-type: none"> • Number of new standard care hospital beds purchased and equipped • Number of new critical care beds purchased and equipped • Number of linen procured according to categories • Number of field (semi-permanent) hospitals erected • Number of healthcare workers funded through the grant broken down by category (including from the Cuban medical brigade) • Number of COVID-19 tests concluded 		
National Disaster Relief Grant	To provide for the release of funds for disaster response	<ul style="list-style-type: none"> • Provision of goods and services 	42 449	Six months

Annexure C: Consolidated Indicators (N/A)

Institution	Output Indicator	Annual Target	Data Source

Annexure D: District Development Model

Capricorn District						
#	Project / Programme Name	Municipality / Region	District	Latitude	Longitude	2021/22
1	Mopudu/Spitzkop Clinic: Enviroloo and related services	Polokwane	Capricorn			1 500
2	Bylndrift Clinic: Enviroloo and related services	Lepelle Nkumpi	Capricorn	-24,545833	29,503694	1 500
3	Nthabiseng Clinic: New clinic	Molemole	Capricorn	-23,484590	29,912800	-
4	Phuti Clinic: Enviroloo and related services	Polokwane	Capricorn	-23,955861	29,706944	1 500
5	Chuene Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Polokwane	Capricorn	-24.208611	29.494444	200
6	Slypsteen Clinic: Enviroloo and related services	Lepelle Nkumpi	Capricorn	-24,452000	29,403306	1 500
7	Seshego Hospital: Upgrade neonatal facilities (Phase B)	Polokwane	Capricorn	-23,846167	29,391278	8 000
8	Chuene Clinic: Enviroloo and related services	Polokwane	Capricorn	-24,1914167	29,4859722	1 500
9	Mashashane Clinic: Enviroloo and related services	Aganang	Capricorn	-23.930000	29.133056	1 500
10	Lebowakgomo Hospital: Upgrade NeoNatal facilities. MCCE Phase B	Lepelle Nkumpi	Capricorn	-24.295500	29.528500	10 000
11	Seshego Hospital: Upgrade of the existing Hospital Mortuary & Health Support	Polokwane	Capricorn	-23,856667	29,395833	8 000
12	Matlala EMS Station:		Capricorn			500
13	Pietersburg Hospital: Upgrade Central Mini-Hub Laundry	Polokwane	Capricorn	-23,858330	29,465278	6 000
14	Dithabaneng Clinic: Enviroloo and related services	Lepelle Nkumpi	Capricorn	-24,370444	29,577722	1 500
15	Pietersburg Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Polokwane	Capricorn	-23,88984	29,46128	500
16	Pietersburg hospital : Upgrade MCCE facilities. Phase B	Polokwane	Capricorn	29,46128	-23,88984	1 000
17	Pietersburg Hospital: Upgrade Hospital Laundry equipment	Polokwane	Capricorn	-23,88984	29,46128	12 000
18	Ramokgopa Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Program	Molemole	Capricorn	-23,466528	29,815917	200
19	Ratshaatshaa Health Center: Staff Accommodation; 2x 10 single rooms blocks	Blouberg	Capricorn			1 000
20	Schoonoord Clinic: Enviroloo and related services	Makhuduthamang	Capricorn	-24,754833	30.002667	1 500
21	Seakamela Clinic: Enviroloo and related services	Blouberg	Capricorn	-23,140861	29,101500	1 500
22	Sovenga Nursing College Campus : Student Nurses residential accommodation	Polokwane	Capricorn	-23,87548	29,72543	4 000

23	Mahale Clinic	Polokwane	Capricorn	30,96836	-23,69461	2 000
24	Moletjie Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programm	Polokwane	Capricorn	-23,737472	29,302472	200
25	Thabamooopo Hospital: New Health Care Support Facility	Lepele-Nkumpi	Capricorn			6 000
26	Thabamooopo Hosp: Complete Service Platform					1 000
27	Thabamooopo Hospital: Central Mini-Hub Laundry and Linen Bank.					2 000
28	Pietersburg Hospital: Mass water storage tanks	Polokwane	Capricorn	-23,858330	29,465278	38 000
29	Moletlane Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Progra	Lepelle Nkumpi	Capricorn	-24,363056	29,335694	200
30	Matoks Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Molemole	Capricorn	-23,477850	29,713850	200
Waterberg District						
#	Project / Programme Name	Municipality / Region	District	Latitude	Longitude	2021/22
31	F.H Odendaal Hospital: Health Support, Maternity Complex, Re-organization of Casualty/OPD	Molemole	Waterberg	-24,708167	28,394167	2 000
32	Lekhureng Clinic: Addition of Five (5) Bedroom Nurses' Accommodation Block plus renovation of existi	Mogalakwena	Waterberg	-23,573611	28,919167	1 000
33	Phagameng Clinic: Replacement of the existing clinic on a new site	Waterberg	Molemole	-24,694000	28,442833	8 000
34	FH Odendaal Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Molemole	Waterberg	-24,708167	28,394167	300
35	Roedtan Clinic: Clinic Upgrade	Mookgopong	Waterberg	-24,596417	29,078639	8 000
36	Settlers Clinic: Enviroloo and related services	Bela Bela	Waterberg	-24,960472	28,539194	1 500
37	Mokopane Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Mogalakwena	Waterberg	-24,152083	28,986111	500
38	Mookgophong EMS Station	Mookgopong	Waterberg	-24,519194	28,722000	6 000
39	Thabazimbi Hospital: New Hospital Laundry	Thabazimbi (LIM361)	Waterberg	-24,59871	27,4069	15 000
40	Vaalkop Clinic: Enviroloo and related services	Mogalakwena	Waterberg	-24,005056	28,932528	1 500
41	Witpoort Hospital: Upgrade NeoNatal facilities. MCCE Phase B	Lephalale	Waterberg	-23,334167	28,011000	6 000
42	Mokopane Hospital: Laundry Machines	Mogalakwena	Waterberg	-24,152083	28,986111	4 000
43	Dwaalboom Clinic: Enviroloo and related services	Thabazimbi	Waterberg	-24,720000	26,805361	1 500
Mopani District						
#	Project / Programme Name	Municipality / Region	District	Latitude	Longitude	2020/21

44	Dr C N Phatudi Hospital: 2nd Contractor Enabling Works Program: OPD, X-ray and Pharmacy	Greater Tzaneen	Mopani	-24,02655	30,28098	1 600,00
45	Duiwelskloof CHC: Envirolloo and related services	Greater Letaba	Mopani	-23,697460	30,141200	900,00
46	Shotong CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Greater Letaba	Mopani	-23,630833	30,298528	300,00
47	Evuxakeni Hospital: Central Mini-Hub Laundry	Greater Geyani	Mopani	-23,32223	30,72358	1 200,00
48	Nkhensane hospital: Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Greater Geyani	Mopani	-23,312333	30,692167	500,00
49	Sekororo clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programm	Maroleng	Mopani	-24,251500	30,447667	500,00
50	Dr CN Phatudi Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Greater Tzaneen	Mopani			500,00
51	Giyani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Greater Giyani	Mopani	-23,312611	30,723278	1 000,00
52	Homulani Clinic: Replacement of existing clinic on the same site	Ba Phalaborwa	Mopani	-23,875056	31,060167	2 000,00
53	Julesburg CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Greater Tzaneen	Mopani	-24,069083	30,328722	500,00
54	Letaba Hospital A1 - Construction of Recreation and Residential Facilities (B/06018)	Greater Letaba	Mopani	-23,874167	30,269333	1 000,00
55	Letaba Hospital A4: Maternity Ward: A4 Walkways, Victim Empowerment Centre	Greater Letaba	Mopani	-23,874167	30,269333	1 000,00
56	Letaba Hospital A5: 72h Water Storage, Civil & Mech, rehabilitate Workshop, theatre, etc	Greater Letaba	Mopani	-23,874167	30,269333	50,00
57	Letaba Hospital A6: Build replacement Female Medical Ward, upgrade waste store, etc	Greater Letaba	Mopani	-23,874167	30,269333	200,00
58	Letaba Hospital- A7: Alterations and additions to the existing buildings to enlarge the casualty com	Greater Letaba	Mopani	-23,874167	30,269333	200,00
59	Letaba Hospital C1: Medical and Admissions Records' Facility and equipment	Greater Letaba	Mopani	-23,874167	30,269333	1 000,00

60	Letaba Hospital: Staff Accommodation -10 single rooms' block	Greater Letaba	Mopani	-23,874167	30,269333	1 200,00
61	Letaba Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Greater Letaba	Mopani	-23,874167	30,269333	300,00
62	Malamulele Hospital: Staff Accommodation - 10 single rooms' block: 2nd Contractor	Thulamela	Mopani	-22,996583	30,696850	2 000,00
63	Malamulele Hospital: Upgrade Laundry Building	Thulamela	Mopani	-22,996583	30,696850	500,00
64	Malamulele Hospital: Laundry Machines	Thulamela	Mopani	-22,996583	30,696850	202,18
65	Maphutha Malatjie Hospital: Health Tech-Completion linen store, ring roads, flooring, paving & storm water	Ba Phalaborwa	Mopani	-23,925333	31,037167	500,00
66	Shotong Clinic: Replacement of existing on a new site	Greater Letaba	Mopani	-23,630833	30,298528	300,00
67	Maphutha Malatjie Hospital-Contract A2: Renovations & Alterations to gen. wards, pediatric ward, mat	Ba Phalaborwa	Mopani	-23,925333	31,037167	500,00
68	Nkawkowa CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Greater Tzaneen	Mopani	-23,886667	30,293194	636,00
69	Sekororo Hospital: Maternity Complex; Medical Gas Plant Room	Maroleng	Mopani	-24,251500	30,447667	400,00
70	Duiwelskloof CHC: Provision of Mobile Standby Generators & Related Infrastructure Units	Greater Letaba	Mopani	-23,696944	30,141500	200,00
71	Ga Kgapane Hospital: Staff Accommodation - 10 single rooms' block	Greater Letaba	Mopani	-23,647778	30,218611	1 500,00
72	Tzaneen Malaria Control Institute: Upgrade offices and Insectorium	Greater Tzaneen	Mopani	-23,829861	30,158306	200,00
73	Maphutha Malatjie Hospital: OPD, Casualty, X-Ray, Pharmacy, Health Support and Helipad	Ba Phalaborwa	Mopani	-23,925333	31,037167	20 888,18
74	Evuxakeni Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Greater Giyani	Mopani	-23,32223	30,72358	500,00

Sekhukhune District						
#	Project / Programme Name	Municipality / Region	District	Latitude	Longitude	2021/22
75	Bosele EMS Station: Upgrade EMS station	Makhuduthamang	Sekhukhune	-25,008917	29,740722	4 000
76	Jane Furse Hospital: Upgrade neonatal facilities (Phase B)	Fetakgomo	Sekhukhune	-24,743480	29,864884	500
77	Jane Furse hospital: Upgrade storm water system to prevent flooding	Fetakgomo	Sekhukhune	-24,743480	29,864884	1 000
78	Dilokong Hospital: Construction of a New Sub-acute ward A & B -	Greater Tubatse	Sekhukhune	-24,614000	30,170500	-

	Phase 4					
79	Dilokong Hospital: New Hospital Laundry	Greater Tubatse	Sekhukhune	-24,614000	30,170500	5 000
80	Dilokong Hospital: Repairs and Maintenance: Nursing Student Accommodation	Greater Tubatse	Sekhukhune	-24,614000	30,170500	300
81	Philadelphia Hospital: Build a 32-bed paediatric ward. MCCE Phase B	Elias Motswaledi	Sekhukhune			1 000
82	Selepe Clinic: Enviroloo and related services	Fetakgomo	Sekhukhune	-24,354444	29,932583	1 500
83	Marble Hall Clinic: Upgrade	Ephraim Mogale	Sekhukhune	-24,951222	29,410306	4 000
84	Dilokong Hospital: Repairs & Maintenance to MCCE and Neonatal facilities (Phase A)	Greater Tubatse	Sekhukhune	-24,614000	30,170500	600
85	Moutse West Clinic: Enviroloo and related services	Ephraim Mogale	Sekhukhune			1 500
86	Grobblersdal Hospital: Upgrade neonatal facilities (Phase B)	Elias Motswaledi	Sekhukhune	-25,17626	29,40387	200
87	HC Boshoff CHC: Enviroloo and related services	Greater Tubatse	Sekhukhune	-24,59593	30,0814	1 500
88	Hlogotlou Clinic: Enviroloo and related services	Elias Motsoaledi (LIM472)	Sekhukhune	-25,02967	29,733	1 500
89	Laastehoop Clinic: Enviroloo and related services	Greater Tubatse	Sekhukhune	-23,98467	29,64542	1 500
90	Malemati Clinic	Ephraim Mogale	Sekhukhune	-22,99699	29,639	2 000
91	Mashite Clinic: Enviroloo and related services	Ephraim Mogale	Sekhukhune	-24,31167	29,69467	1 500
92	Mokamole Clinic: Enviroloo and related services	Ephraim Mogale	Sekhukhune	-23,96275	28,61325	1 500
93	Nchabeleng CHC: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Elias Motsoaledi	Sekhukhune	-24,44005	29,80071	5 000
94	Mmotoaneng Clinic: Enviroloo and related services	Ephraim Mogale	Sekhukhune	-24,92231	29,62081	1 500
95	Elandskraal Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Progr	Mookgopong	Sekhukhune	-24,714167	29,411500	200
96	Praktiseer Clinic: Enviroloo and related services	Greater Tubatse	Sekhukhune	-24,577667	30,314333	1 500
97	Ngoabe Clinic: Enviroloo and related services	Makhuduthamaga	Sekhukhune	-24,87647	29,97694	1 500
98	Rammupudu Clinic: Enviroloo and related services	Elias Motswaledi	Sekhukhune	-25,051000	29,507333	1 500
99	Philadelphia Hospital: Renovate and re-organise MCCE complex and related areas, Phase A	Elias Motswaledi	Sekhukhune			2 000
100	Philadelphia Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Elias Motswaledi	Sekhukhune			500
101	Sekhukhune Nursing College Campus: Repairs and Maintenance Nursing Student Accommodation	Elias Motswaledi	Sekhukhune			300

102	St Rita's Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Makhuduthamaga	Sekhukhune	-24,843167	29,806500	2 000
103	St Rita's Hospital: Upgrade Hospital Laundry equipment	Makhuduthamaga	Sekhukhune	-24,843167	29,806500	10 000
104	Makeepsvele Clinic: Replacement of existing clinic on the same site	Ephraim Mogale	Sekhukhune	-24,930370	29,045810	100
105	Mamokgasefoka New Clinic	Thulamela	Sekhukhune			1 500
106	Moeding Clinic: Enviroloo and related services	Ephraim Mogale	Sekhukhune	-24.953500	29.457500	1 500
107	St Rita's Hospital: Upgrade NeoNatal Facilities. MCCE Phase B	Makhuduthamaga	Sekhukhune	-24,843167	29,806500	500
108	St. Rita's Hospital: Replace Stand By Generator	Makhuduthamaga	Sekhukhune	-24,843167	29,806500	300
109	St Ritas hospital: Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Makhuduthamaga	Sekhukhune	-24,843167	29,806500	5 000
110	St Rita's Hospital: Upgrade Central Mini-Hub Laundry	Makhuduthamaga	Sekhukhune	-24,843167	29,806500	8 000
111	Straighthardt Clinic: Enviroloo and related services	Makhuduthamaga	Sekhukhune	-22,756361	30,259833	1 500
112	Witfontein Clinic: Enviroloo and related services	Ephraim Mogale	Sekhukhune	-25,024250	29,035960	1 500

Vhembe District

#	Project / Programme Name	Municipality / Region	District	Longitude	Latitude	2021/22
113	Elim Hospital : Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Makhado	Vhembe	-23,154183	30,054517	1 000
114	Louis Trichardt Hospital: Upgrade neonatal facilities (Phase B)	Makhado	Vhembe	-23,037444	29,907333	5 000
115	Tshilidzini Hospital: Laundry Machines	Thulamela	Vhembe	-22,970000	30,460000	8 300
116	Tshilidzini Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Thulamela	Vhembe	-22,970000	30,460000	1 000
117	Tshiombo Clinic: Enviroloo and related services	Thulamela	Vhembe	-22.805000	30.501111	1 500
118	Messina Hospital: Replacement of existing hospital on a new Site including EMS, malaria centre, moth	Musina	Vhembe	30,04285	-22,34169	7 000
119	Tshipise Clinic: Enviroloo and related services	Mutale	Vhembe	-22,530528	30,676472	1 500

