health

MPUMALANGA PROVINCE

REPUBLIC OF SOUTH AFRICA

ANNUAL PERFORMANCE PLAN 2020-2021

Final Draft
15 May 2020

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Foreword by the MEC for Health

The Department is committed to insure that people of Mpumalanga get the best and high level quality care, as mandated by The Constitution of the Republic of South Africa, 1996, that places obligations on the state to progressively realise socio-economic rights, including access to (affordable and quality) health care. This mandate is further expanded in the New MTSF 2019-2024 priority 3 Education, Skills and Health

As the country enters into the sixth administration of government mandated by the South African community, the department is dedicated to improve efficiency and effectiveness by strengthening collaborations with communities, private sector and other health care service providers to maximise resources and increase coverage for the benefit of communities to access quality health care. These developments lay a foundation for all stakeholders to work together towards achievement of departmental vision "A healthy long living Society".

It is important for the department to reflect on the milestones and challenges as a means to direct resources in a manner that is consistent with departmental priorities for better health services.

One of the biggest challenges that the Department is grabbling with is the high number of people who still do not test for HIV and AIDS. In order to address this, the number of male and female condoms being distributed has been increased. Health awareness campaigns and in particular on HIV, AIDS, TB Voluntary Male Medical Circumcision and other diseases of life style have been intensified. Going forward in the new financial year; the Department will together with the Mpumalanga Provincial Aids Council and other key stakeholders, intensify health awareness campaigns. This will be achieved through the implementation of the HIV and AIDS turnaround strategy that the Department is working on.

One of the key targets of the Department is to ensure that maternal, infant and child mortality is reduced. The situation has tremendously improved on maternal mortality rate, whereas child mortality is of great concern.

In the new financial year, the Department will continue will priorities on Perinatal mortality to reduces under 5 mortalities as half of these fatalities contribute to under 5ys mortalities.

Statement by the Head of Department (HoD)

The reduction of the **maternal and child mortality** rate is a priority, efforts to reduce the rates must focus on ensuring that every mother, woman and child receives a comprehensive package of care at the level of entry into the health system. The department should strengthen Baby Friendly Hospital Initiative and strive to increase the number of hospitals that achieves this status.

In the previous financial year of 2019/20; in August, the department established the first **Oncology unit** in the province since the dawn of democracy at Rob Ferreira tertiary hospital. This marked the beginning of the end of suffering for our people as they will no longer have to travel to Gauteng to access oncology services. Currently the hospital offers chemotherapy services and the plan to provide radiation therapy is underway. The construction of the new Witbank tertiary hospital will include a fully-fledged Oncology unit.

The department is working towards an **unqualified audit report**, as it only had one qualification on contingent liability, to this end the department developed an action plan to close all the gaps identified by AGSA and also deal with the rising litigation costs.

The department experienced a number of security incidences in the facilities across the province where staff members were at risk of being physically harmed by community members. The safety of the staff is a priority hence a focused approach to deal with this issue comprehensively with the support of other relevant sector departments.

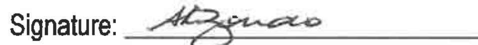
I am aware of the conditions that our staff work under, due to shortage of resources and increased workload. The commitment and sacrifices of the staff **is appreciated** and as a department we should work together to take this department to new heights of quality service delivery.

The department undertakes to implement these plans and hereby commits to ensure that no effort is spared in the quest to achieve the targets.

Official Sign Off

It is hereby certified that this **Annual Performance Plan** signed on the 18 March 2020:

- Was developed by the management of the [Name of Province] Department of Health under the guidance of [Name of the Executive Authority]
- Takes into account all the relevant policies, legislation and other mandates for which the [Name of Province is responsible
- Accurately reflects the Impact, Outcomes and Outputs which the [Name of Province] Department of Health will endeavor to achieve over the period [years covered by the plan].

[Ms TR Zondo] Signature: 

Manager Programme 1: Administration

[Ms SE Motau] Signature:

Manager Programme 2: District Health Services

[Mr NW Sithole] Signature:

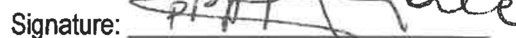
Manager Programme 3: Emergency Medical Services

[Ms M Mohale] Signature:

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

[Mr B Magagula] Signature:

Manager Programme 6: Health Sciences and Training

[Mr EL Mokwane] Signature: 

Manager Programme 8: Infrastructure

[Mr PP Mamogale] Signature:

Deputy Director General: Finance

[Ms MN Shabangu] Signature:

[Head Official responsible for Planning]

[Dr S Mohangi] Signature:

Accounting Officer

Approved by:

[Hon. SJ Manzini] Signature:

Executive Authority

PART A: OUR MANDATE

1. Constitutional Mandate

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

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

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

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

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

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

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

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

2. Legislative and Policy Mandates (National Health Act, and Other Legislation)

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

National Health Act, 2003 (Act No. 61 of 2003)
Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objectives of the National Health Act (NHA) are to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2. Other legislation applicable to the Department

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.1. National Health Insurance Bill

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

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

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

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

3.2. National Development Plan: Vision 2030

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

Figure 1: NDP Logical frame work

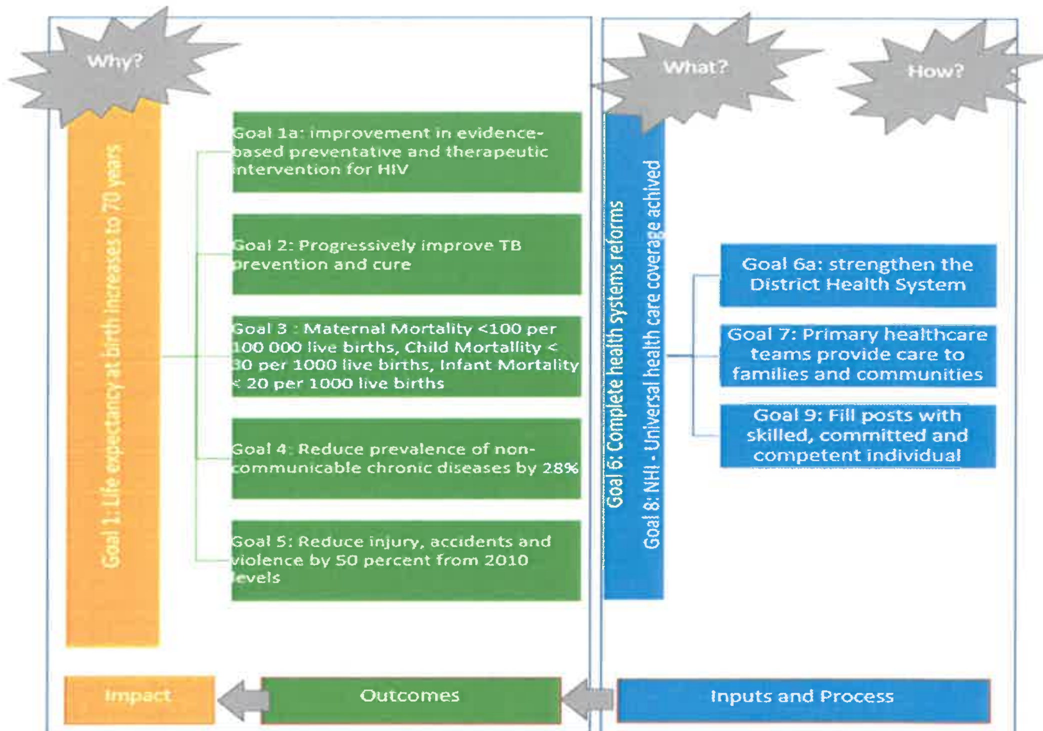
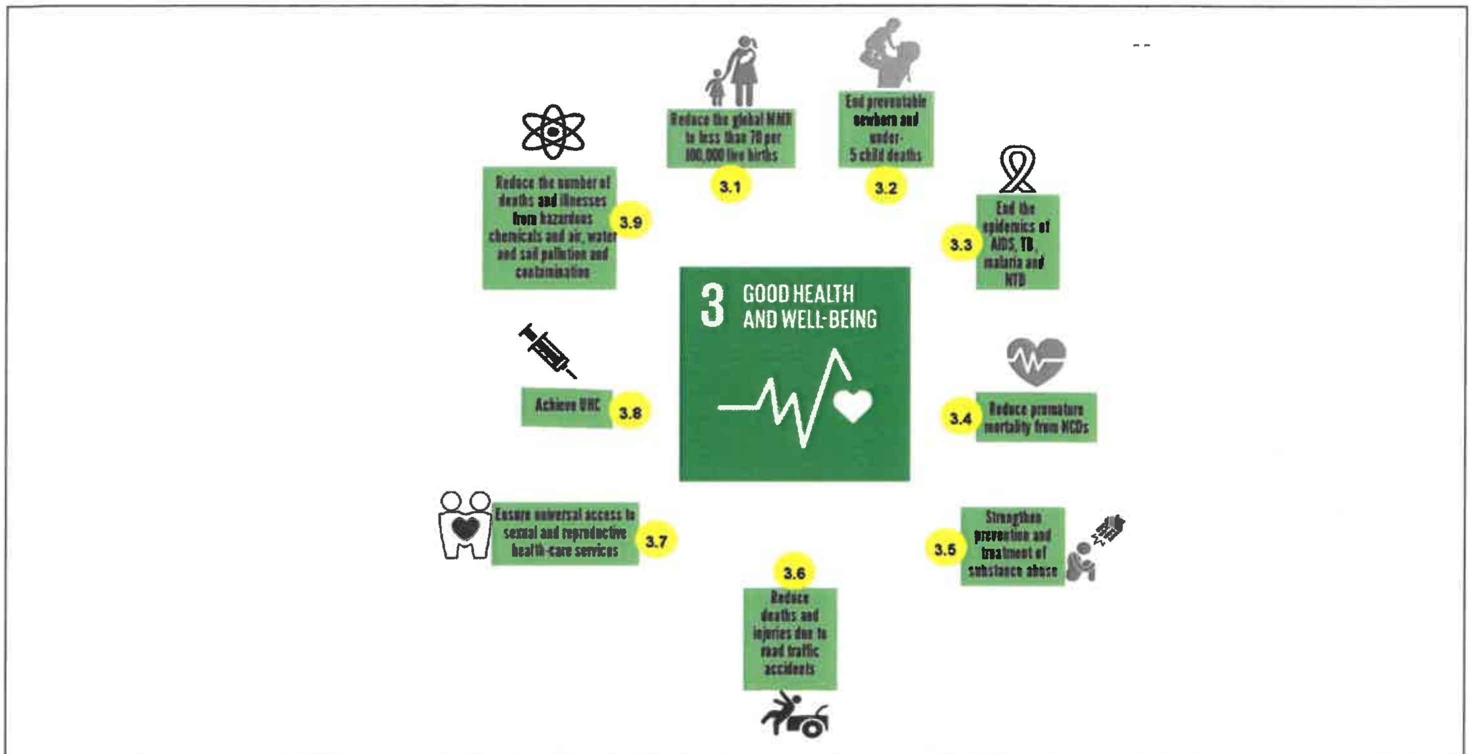


Figure 2: Sustainable Development Goals



Source Sustainable Development Goals

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

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

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

(2) 3.2 - By 2030, end **preventable deaths of new borns and children under 5 years of age**, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

(3) 3.3 - By 2030, **end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases** and combat hepatitis, water-borne diseases and other communicable diseases

(4) 3.4 - By 2030, **reduce by one third premature mortality from non-communicable diseases** through prevention and treatment and promote mental health and well-being

(5) 3.5 - Strengthen the **prevention and treatment of substance abuse,** including narcotic drug abuse and harmful use of alcohol

(6) 3.6 - By 2020, **halve the number of global deaths and injuries from road traffic accidents**

(7) 3.7 - By 2030, **ensure universal access to sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

(8) 3.8 - Achieve **universal health coverage, including financial risk protection**, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

(9) 3.9 - By **2030, substantially reduce the number of deaths and illnesses from hazardous chemicals** and air, water and soil pollution and contamination

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

(11) 3.b - **Support the research and development of vaccines and medicines** for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and

vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

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

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

3.3. 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 (thrive), in line with the United Nation's three broad objectives of the Sustainable Development Goals (SDGs) for health.

Over the next 5 years, the Provincial Department of Health's response is structured into 2 impacts, 4 goals and 10 Health Sector Strategy. These goals and strategic objectives are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below.

Table 1: Sector MTSF 2019-2024 impacts

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

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

4. Relevant Court Rulings

Table 2. : Litigation pending cases that may impact on resources of Department in the coming financial year 2020/2021

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

PART B: OUR STRATEGIC FOCUS

5. Vision

"A healthy long living Society"

6. Mission

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

7. Values

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

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

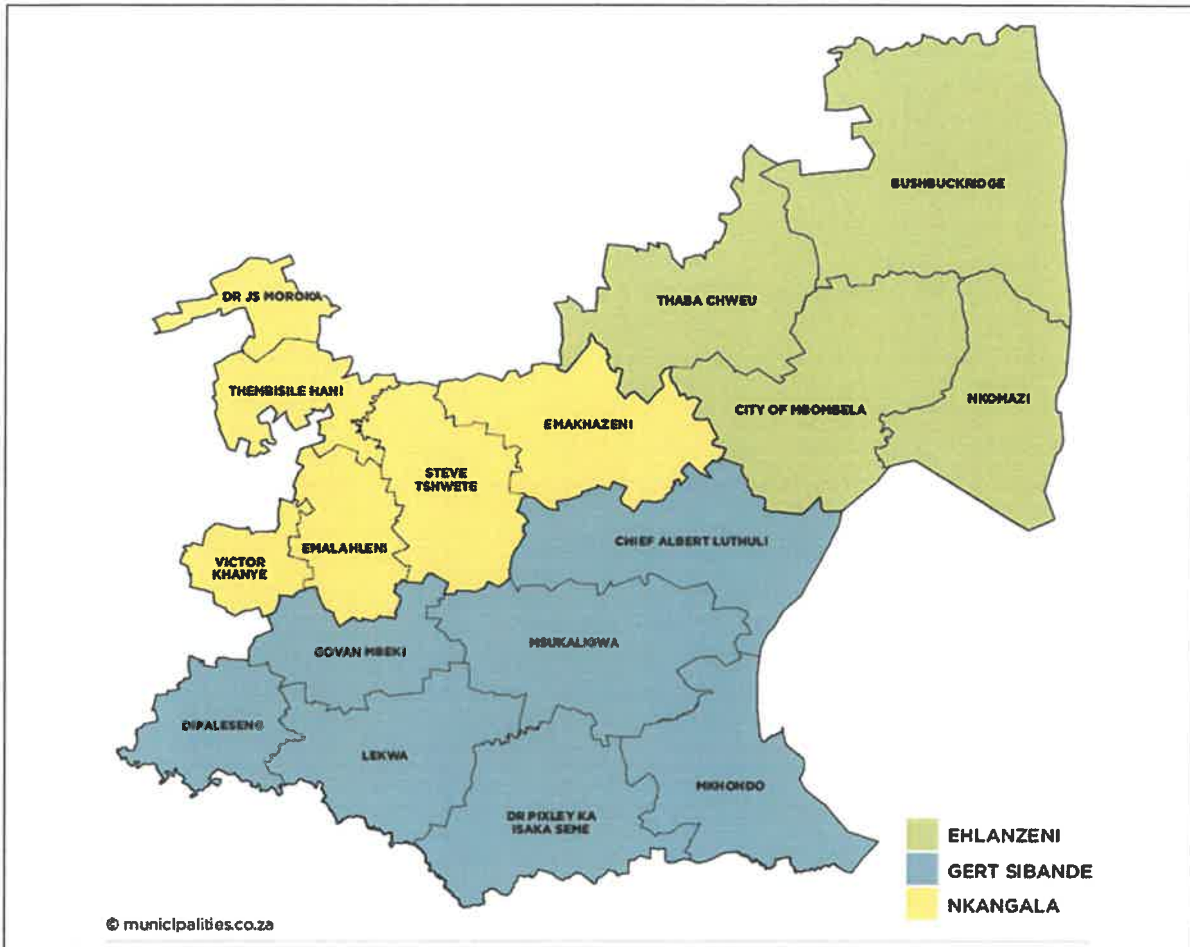
8. Situational Analysis

8.1. Overview of Province

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

Table 3: Demographic data and attached map of mpumalanga

Demographic Data	MP	Unit of Measure
Geographical area	76 495	Km2
Total population SA Mid-year estimates 2018	4 447 743	Number
Population density (SA Mid-year estimates 2018)	190	Per Km^2
Percentage of population with medical insurance (DHB 2016/17)	40,2	%



8.2. Strategic Approach

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

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

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

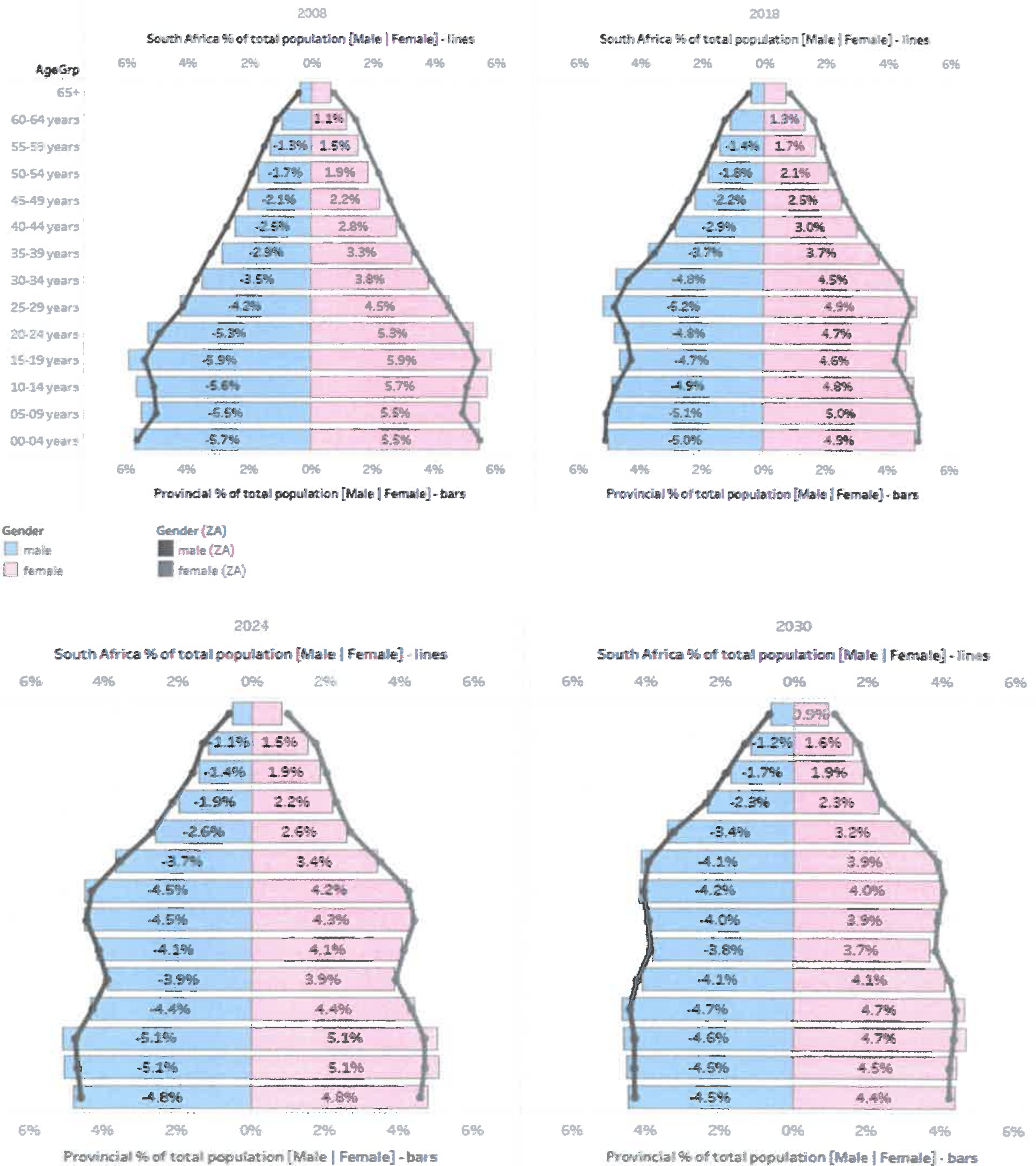
A combination of PESTEL and SWOT analysis techniques was utilized to scan the environment there by identifying areas of focus to strengthen evidence based planning

8.3. External Environmental Analysis

Figure 3: Mpumalanga Demographic data (population by ages-gender

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

MP



As per the table 8.2.1, there is a fair balance of population for both male and female from the age of 0-4 years to 40-44 years. From age of 45-49 upwards there is slight decrease of male population as compared to female. This decrease also explains life expectancy variance between males and female as reflected on table 8.2.2 estimated at 60.6 males and 66.1 females in

2016-2021. It also worth noting that mortality affect more males than females. This status quo may also contribute to an increase in household headed by female as reflected on table 8.2.3 from 39.9 in 2011 to 50.7 in 2016.

8.3.1. Social Determinants of Health for Province and Districts

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

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

Political factors

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

The political head of health continues to provide leadership through community engagement to ensure that communities are well-informed with health care programs, progress and departmental challenges in the institution. The programs for stakeholder engagement includes amongst others is **open day activities in all hospitals** where communities are informed of services rendered in the institution, community complaints are addressed and future plans are discussed.

The community protest in relation to service delivery is a concern where workers are blocked from rendering services and some health facilities services are disrupted and forced to close during working hours. However, there is effective communication channels such as top management **whatsapp group** established by Head health, where managers provide instant information to executive management and strategies are communicated to ensure that communities are provided a service despite this challenging environment.

The change in leadership continues to be a challenge as it is in all other public institution because continuity is mostly affected and critical programs are dropped in favour of new programs which require time and money to understand and implement.

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

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

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

Economic Factors

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

- Emalahleni – mining, steel manufacturing, industry, agriculture;
- Middelburg – stainless steel production, agriculture;
- Secunda – power generation, coal processing;
- Mashishing – agriculture, fish farming, mining, tourism;

- Malelane – tourism, sugar production, agriculture; and
- Barberton – mining town, correctional services, farming centre.

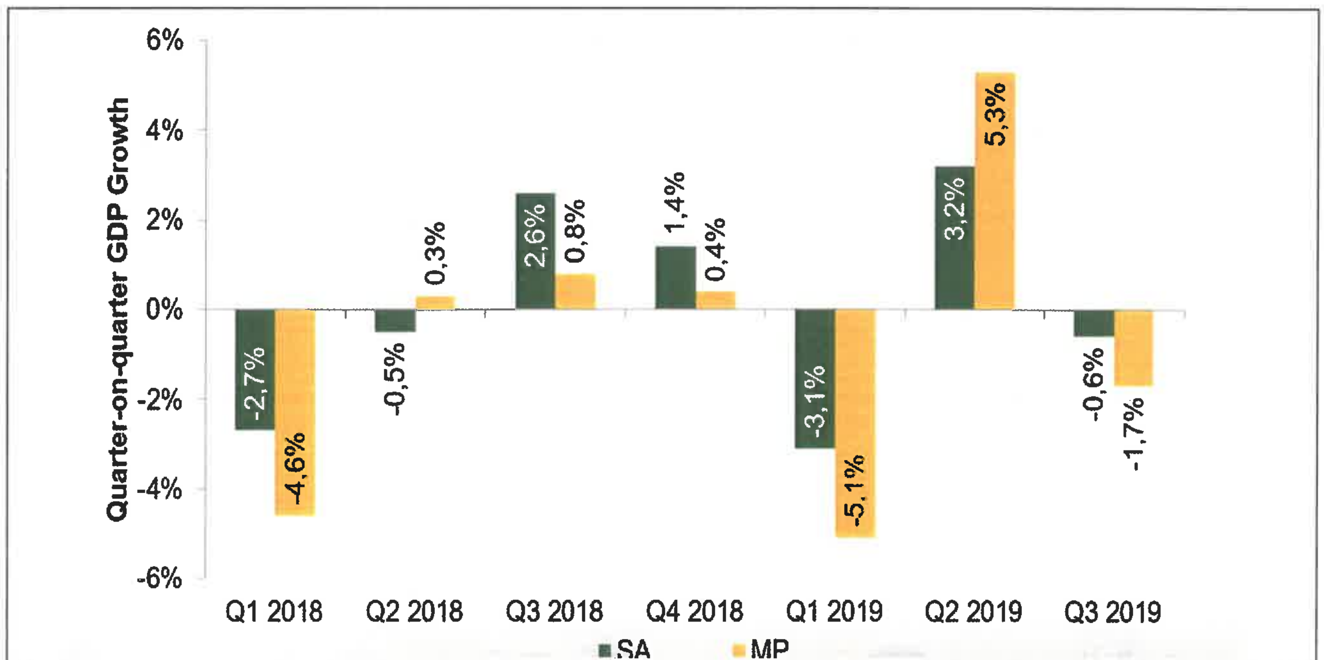
Table 4: SA growth per industry in 2nd quarter 2018 to 3rd quarter 2019

Economic industry	Growth % quarter-on-quarter (seasonally adjusted and annualised)					
	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Agriculture	-42.3%	13.7%	7.9%	-16.8%	-4.2%	-3.6%
Mining	8.1%	-8.9%	-3.8%	-10.8%	17.4%	-6.1%
Manufacturing	1.4%	7.5%	4.5%	-8.8%	2.1%	-3.9%
Utilities (electricity/gas/water)	0.7%	0.8%	0.2%	-7.4%	3.2%	-4.9%
Construction	1.5%	-1.7%	-0.7%	-2.0%	-1.4%	-2.7%
Trade	-1.2%	3.4%	-0.7%	-3.6%	3.4%	2.6%
Transport and communication	-3.8%	6.8%	7.7%	-4.4%	-0.3%	-5.4%
Finance	1.7%	2.1%	2.7%	1.1%	4.1%	1.6%
General government services	0.2%	1.9%	-0.6%	2.4%	3.2%	2.4%
Personal services	0.8%	0.6%	1.7%	1.1%	0.8%	0.4%
Total	-0.5%	2.6%	1.4%	-3.1%	3.2%	-0.6%

Source: SERO report 2018/19

The table above indicate strains in the economic growth of the province in Agriculture, Mining, Manufacturing, Utilities, Construction and Transport & communication which will affect employment of communities and bring deterioration in their living condition. This will impact on status of health many people. It must also be noted that only General Government Services and Personal services seem to be consistently growing making communities to be more reliant on government services for a living. Mpumalanga is not exception to this situation as reflected in Paragraph below.

Figure 4: SA and Mpumalanga comparison in 1st quarter 2018 to 3rd Quarter 2019



Source: SERO report 2018/19

Social Factors

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

Table 5: Comparative provincial ranking income below poverty line

INDICATOR	Vision 2030 target	Baseline - 2014	2018	Trend 2014-2018	Comparative provincial ranking (1=best & 9=worst
Number of grant recipients	-	1.32 million	1.49 million	↑	6
Percentage of people in poverty (LBPL)	Reduce the % of households with income below poverty income to 5%	41.9%	46.4%	↑	6
Share of income earned by poorest 40% of households	The % of income earned by poorest 40% should rise to 10%	7.8%	7.8%	→	3
Gini-coefficient	-	0.61	0.60	↓	2
Human Development Index (HDI)	-	0.59	0.61	↑	6

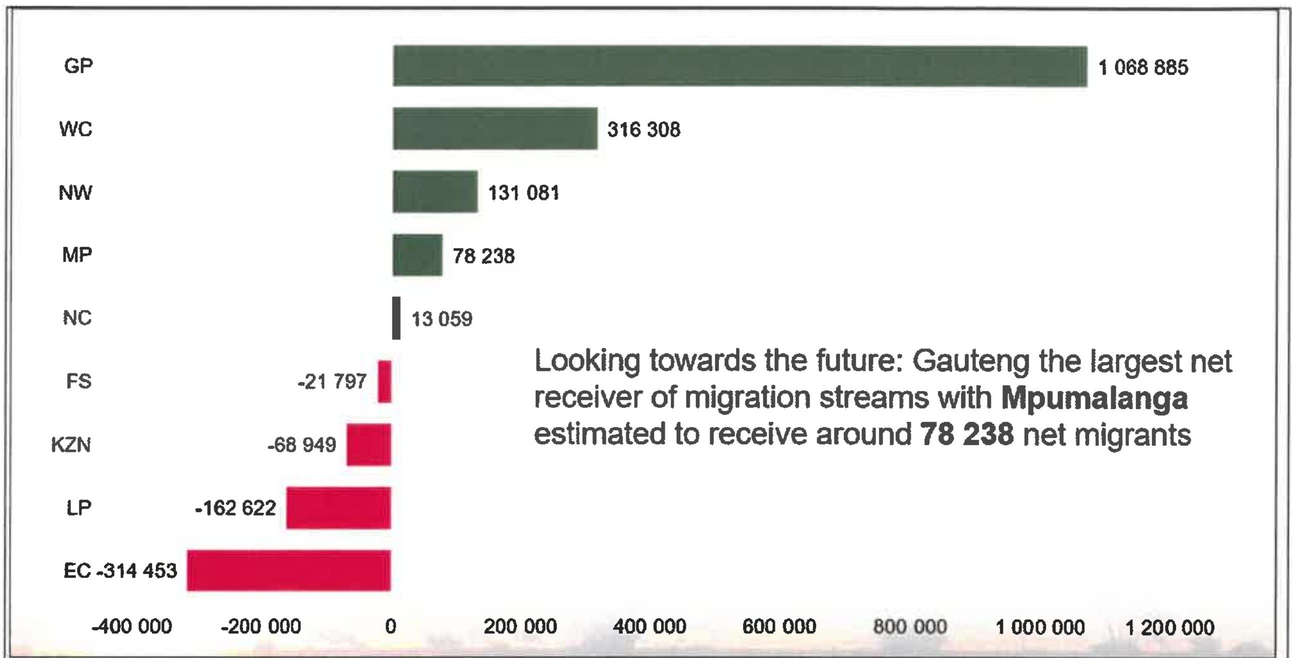
Source: SERO report 2018/19

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

Alcohol and substance abuse continues to be a challenge in the country which also affect the provinces. There is a rise of statistic this effect as reflected in on table 5: leading cause of death where population 05-49 years die due to hypertension, low respiratory infection and TB. This means that more resources need to be allocated to educate, screen and put patients on treatment.

Mpumalanga do serve people and communities from across the provincial boundaries of the province, where the nearest facilities are within province. A more complicated phenomenon is where the province is providing health services to neighbouring countries on the borders of Swaziland and Mozambique. Although these exact numbers are not known, these instances place an additional burden on the staff and the facilities Cross boarder migration. Taking all aspects into consideration, it would difficult to adopt or implement standards and norms blindly as it will be unreasonable to apply these standards without considering additional information and facts, in order to provide a sustainable as well as an affordable health service to the community. Net migration in the country indicate that there is immigration in Mpumalanga, Gauteng, Northwest and Western Cape whereas Free State, KZN, Limpopo and Eastern Cape are experiencing emigration as per table below. This indicate that South African Population may not be enough for planning and equitable resource allocation.

Figure 5: Net migration per province from 2016-2021



Source: Sero Report 2018/19

The injuries and deaths due to Motor vehicle accidents is a major concern across the country especially during festive season which is characterized by increased traffic volumes, offenses such as drinking and driving. during festive season of 1 December 2018 to 8 January 2019 South Africa recorded 1612 deaths on roads and Mpumalanga contributing by 124. It is recorded that 58% of those accidents involved alcohol country wide.

Technological factors

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

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

With the advent of 4th Industrial Revolution (4IR) which focus on artificial intelligence and robotic systems, it is highly important for the province to invest in this technology to augment departmental work force where skilled human resources are lacking or insufficient.

Environmental Factors

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

Ehlanzeni district is sharing a boarder with Mozambique and Swaziland which are malaria endemic countries. The district also shares the boarder with Limpopo province which is also a malaria endemic province. The department signed a memorandum of understanding with Mozambique, Swaziland and Limpopo province for collaboration in the management of malaria and other health related issues.

Legal Factors

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

Section 27 of the Constitution of South Africa act no 108 of 1996 states that; every person has the right "to have access to health care services, including reproductive health care". No person "may be refused emergency treatment". To effect this constitutional obligation, the department has established a complaints management system and MECs hotline "0800 111 151" to monitor the provision of accessible quality health care.

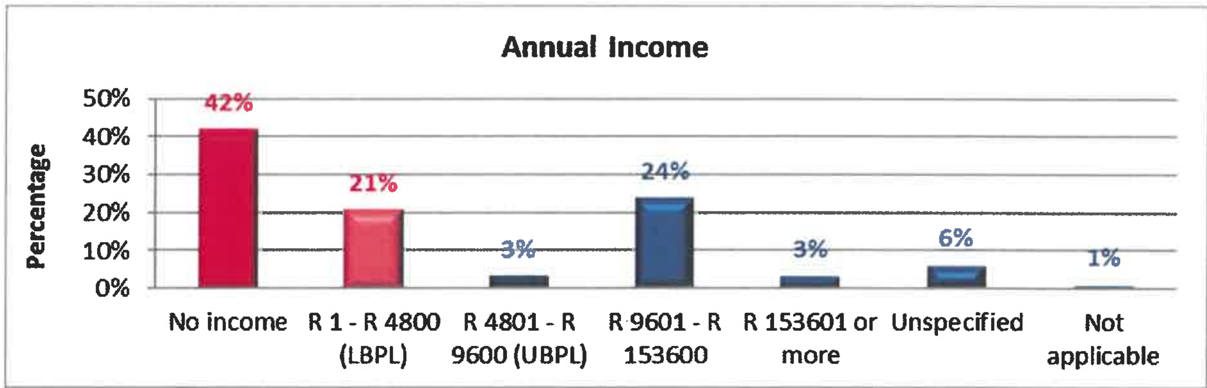
Table 6: Social determinants of health summary per district

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

Source: Census 2016

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

Figure 6: Annual Income



Source: Census 2016

The above table reflect that 73% of people in Mpumalanga cannot afford medical aid. This includes 42% of those who do not have an income and 12% who earn from 1-4800 rand. This means that they rely on public health care service.

8.3.2. Epidemiology and Quadruple Burden of Disease

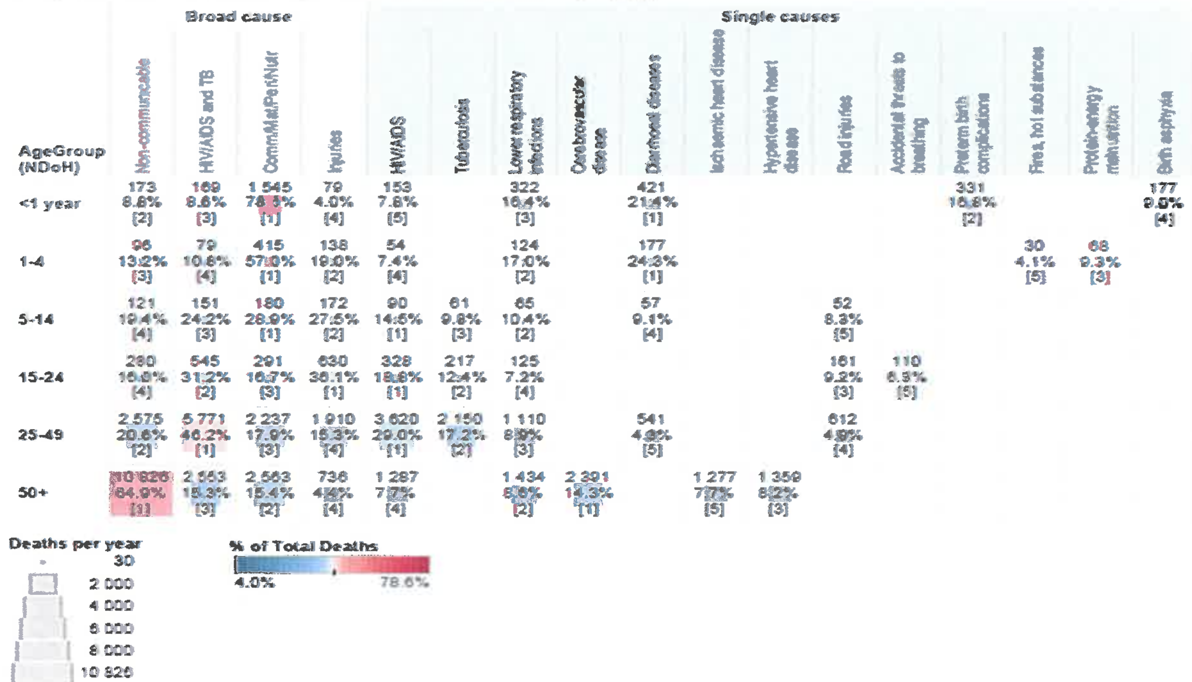
Epidemiologically, South Africa is confronted with a quadruple Burden of Diseases due to HIV & AIDS and TB pandemic, high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma.

Years of Life Lost

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

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

Table 7: Leading causes of Death



Leading causes of death by age group (Broad cause & Single causes), 2013 - 2015: MP
Average number of deaths per year, % of total and [rank] per age group

Broad cause

AgeGroup (NDoH)	Non-communicable	HIV/AIDS and TB	CommMatPeriNutr	Injuries
<1 year	173 8.8% [2]	169 8.6% [3]	1 545 78.6% [1]	79 4.0% [4]
1-4	96 13.2% [3]	79 10.8% [4]	415 57.0% [1]	138 19.0% [2]
5-14	121 19.4% [4]	151 24.2% [3]	180 28.9% [1]	172 27.5% [2]
15-24	280 16.0% [4]	545 31.2% [2]	291 16.7% [3]	630 36.1% [1]
25-49	2 575 20.6% [2]	5 771 46.2% [1]	2 237 17.9% [3]	1 910 15.3% [4]
50+	10 826 64.9% [1]	2 553 15.3% [3]	2 563 15.4% [2]	736 4.4% [4]

Single causes

AgeGroup (NDoH)	HIV/AIDS	Tuberculosis	Lower respiratory infections	Cerebrovascular disease	Diarrhoeal diseases	Ischaemic heart disease	Hypertensive heart disease	Road injuries	Accidental threats to breathing	Preterm birth complications	Fires, hot substances	Protein-energy malnutrition	Birth asphyxia
<1 year	153 7.8% [5]		322 16.4% [3]		421 21.4% [1]					331 16.8% [2]			177 9.0% [4]
1-4	54 7.4% [4]		124 17.0% [2]		177 24.3% [1]						30 4.1% [5]	68 9.3% [3]	
5-14	90 14.6% [1]	61 9.8% [3]	65 10.4% [2]		57 9.1% [4]			52 8.3% [5]					
15-24	328 18.8% [1]	217 12.4% [2]	125 7.2% [4]					161 9.2% [3]	110 6.3% [5]				
25-49	3 620 29.0% [1]	2 150 17.2% [2]	1 110 8.9% [3]		541 4.3% [5]			612 4.9% [4]					
50+	1 287 7.7% [4]		1 434 8.6% [2]	2 391 14.3% [1]		1 277 7.7% [5]	1 359 8.2% [3]						

Deaths per year: 30; 2 000; 4 000; 6 000; 8 000; 10 826
% of Total Deaths: 4.0% – 78.6%

Source: District Health Barometer 2017/18

Figure 7: Broad cause of death by sex and age group

Source District Health Barometer 2017/18

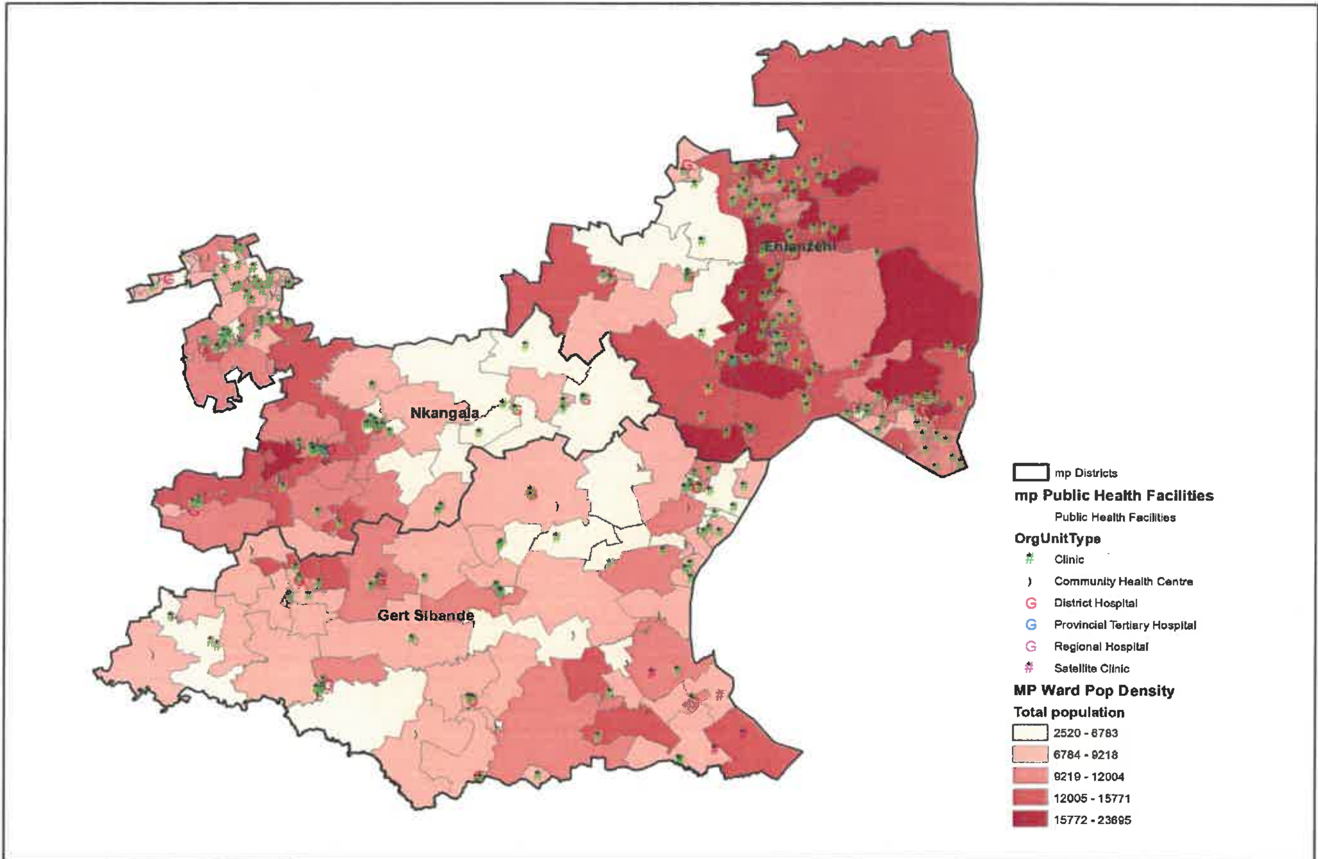
The above graph shows Non-communicable diseases as one the leading cause of death includes amongst others **cardio vascular diseases, chronic respiratory diseases, cancer and diabetes.** Key risk factors contributing to NCD are unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. Nkangala district is the most affected in this regard when compared to the other two districts.

The department will continue to invest in healthy lifestyle and health promotion programmes. The department will continue to monitor the incidence of diabetes and hypertension to determine the impact of these interventions.

HIV and AIDS mainly affects the 15-49 years' age group as compared to other age groups. The department has implemented a combination of HIV prevention methods and bio-medical interventions to prevent new HIV infections and to reduce HIV related morbidity and mortality. However, the uptake of both HIV testing and antiretroviral treatment (ART) initiation remains low among males and the youth, whilst HIV incidents among females (15-24 years) remain higher compared to the males of the same age group. Furthermore, viral load suppression is higher among females compared to males. In response to these realities, the Department, through the Phuthuma Project, is targeting men through index testing and targeted testing for HIV testing and ART initiation. Community HIV testing and HIV Self screening is implemented in men dominated and youth dominated communities and institutions. This will reduce the HIV mortality which is high among these age groups 15-24 years and 24-64 years.

8.4. Internal Environmental Analysis

Figure 8: Service Delivery Platform/Public Health Facilities map



Source: DHB 2017/18

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

Table 8: Number of facilities per district

Facility type	Ehlanzeni	Gert Sibande	Nkangala	Total
Clinic	108	54	69	231
CHC	15	22	22	59
Satellite clinic	2	5	-	7
Mobile clinic	39 (953 points) 24 non-functional cars)	31 (924 points) 2 non-functional cars	22 (320 points) 9 non-functional cars	92 (2190 points)
District hospital	8	8	7	23
Regional hospital	2	1	-	3
Tertiary hospital	1	-	1	2
Specialized TB hospital	2	2	1	5
EMS station	14	13	13	40

In line with the accessibility standards for Integrated Health Facility Planning Framework, 90% of the population should have access to a Primary Health Care facility within 5km radius (5km for clinics and 15km for CHC's). The IHPF further indicates

that there should be a clinic for an average minimum population of 8000 to 10,000, and a Community Health Centre for a minimum population of 50 000 to 60 000. Approximately 142 of clinics in the province are situated within the range of 10,000 – 15,000 catchment population. This further suggests that there are still communities that are underserved in the area of Primary Health Care. However, mobile services are used to increase access to primary health care services.

Ehlanzeni district

Ehlanzeni district has an estimated total population of 1 743 182 with five sub-districts. It is the largest of the three district that constitute Mpumalanga province. The service delivery platform includes, 01 (one) tertiary hospital, 2 (two) regional hospitals, 2 (two) TB Specialized hospitals, 08 (eight) district hospitals, 15 (fifteen) CHCs, 108 (one hundred and eight) clinics and 39 (thirty- nine) mobile clinics with 953 (nine hundred and fifty- three) points.

Gert Sibande district

Gert Sibande district has an estimated total population of 1 210 593 with 07 (seven) sub-districts. It is the smallest of the three district that constitute Mpumalanga province. The service delivery platform includes 01 (one) regional hospitals, 2 (two) TB Specialized hospitals, 08 (eight) district hospitals, 22 (twenty- two) CHCs, 54 (fifty- four) clinics and 20 (twenty) mobile clinics with 911 (nine hundred and eleven) points

Nkangala district

Nkangala district has an estimated total population of 1 210 593 with 06 (six) sub-districts. The service delivery platform includes 01 (one) Tertiary hospital, 01 (one) TB Specialized hospitals, 07 (seven) district hospitals, 22 (twenty- two) CHCs, 69 (sixty- nine) clinics and 22 (twenty- two) mobile clinics with 320 (three hundred and twenty) points

8.4.1. Universal Health Coverage (Population and Service Coverage)

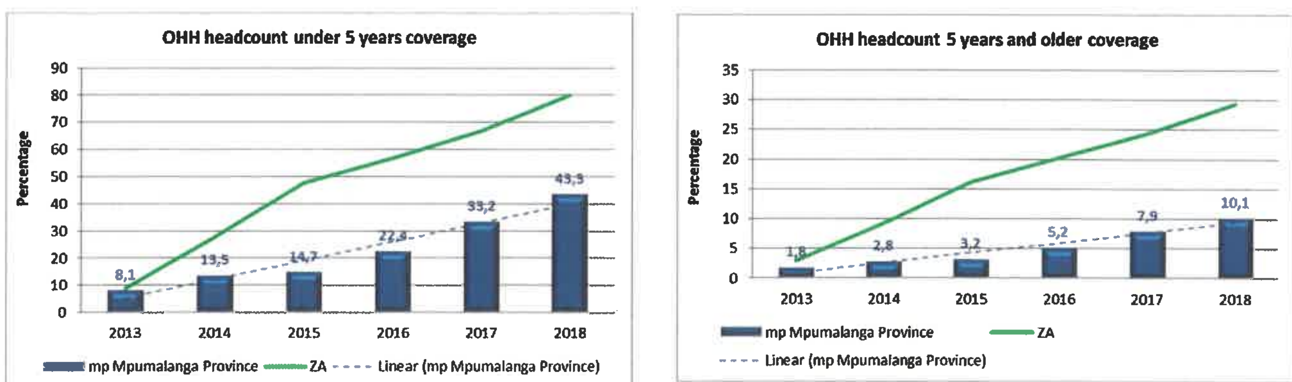
Community Health Workers Programme

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

Outreach Visits

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 9: OHH Headcount coverage



Source: DHIS

The above table reflects an upward trajectory of the outreach households' headcount coverage in the province.

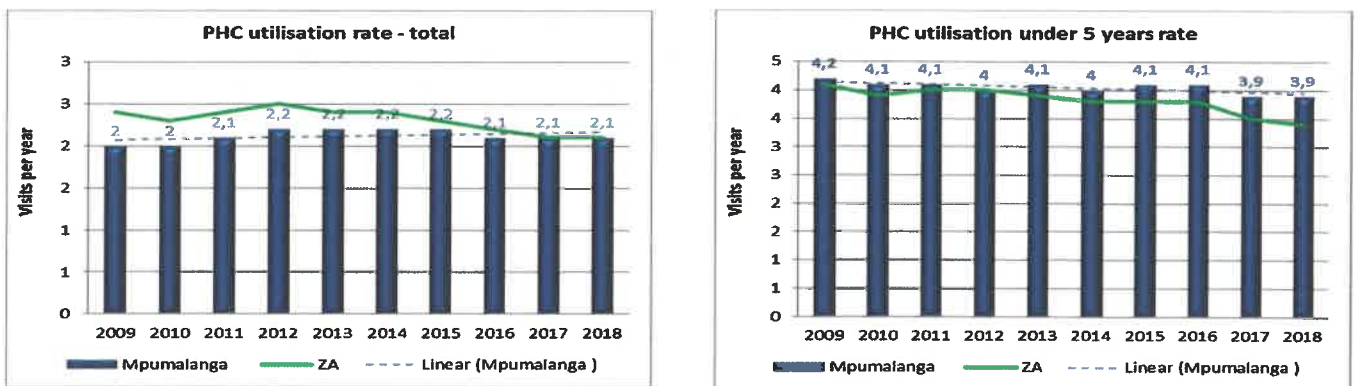
(a) The Department established 235 out of 560 Ward-based PHC Outreach teams which are meant to service 402 wards in the province.

(b) The Department plans to absorb all 6119 community health workers (CHWs) that currently are currently under the funded non-profits organizations (NPOs).

PHC Utilization Rate

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

Figure 10: PHC Utilisation



Source: DHIS

The above graphs reflect the underutilization of PHC facilities in the province when compared to the national norm of 3.5 visits per adult patient per annum and 5 visits for under 5 per annum across all the years.

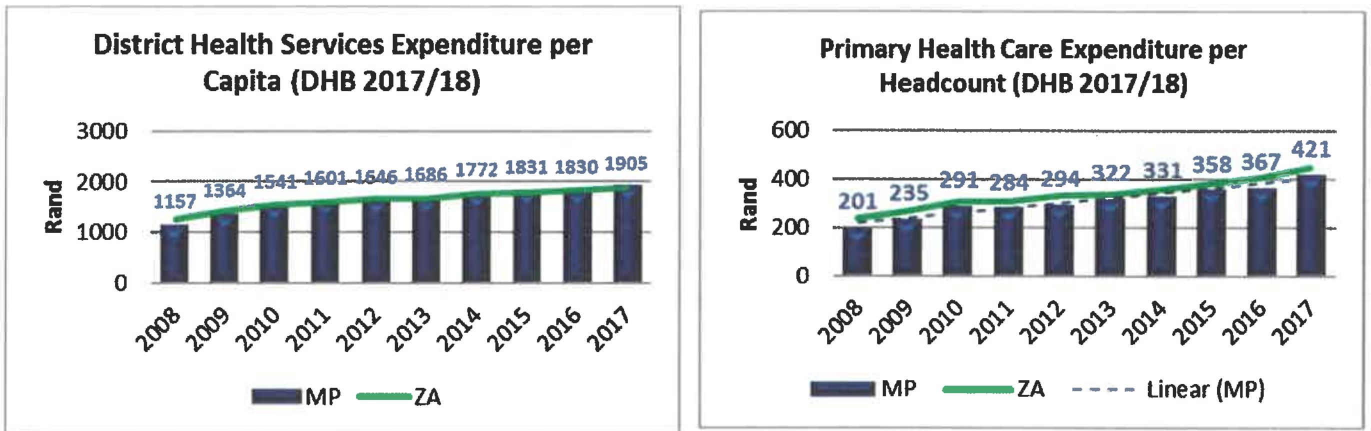
This may be attributed to the number of interventions that are being implemented at both PHC facilities, households and community levels. These interventions include ward-based PHC outreach teams, central chronic medicine distribution and dispensing (CCMDD) and school services which aim to increase access to PHC services, decongestion of PHC facilities and reduction of waiting time.

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

PHC Expenditure per Headcount

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 11: PHC Expenditure per Headcount



Source: DHB 2017/18

The numerator PHC expenditure per headcount is the same as in the previous indicator (community health clinics, community health centers, community-based services, other community services, HIV AIDS, nutrition and LG PHC expenditure) while the denominator is the number of primary health care headcounts.

The above graph shows district health services expenditure per capita and PHC expenditure per head count. The equitable distribution of resources in the province is in line with the national average.

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 9: Hospital Efficiency Indicators

mp Mpumalanga Province	OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
Hospital Type	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
District Hospital	64,1	67,5	65,3	4,8	4,2	4,4	75,3	69,5	69,9
Regional Hospital	60,4	49,8	47,1	4,4	4	4,5	81,2	77,9	67,4
Provincial Tertiary Hospital	32,2	30,4	28,6	7,1	6,1	6,8	85,8	79,8	81,4

mp Mpumalanga 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	5,2	4,7	4,7	20,5	21,2	21,1
Regional Hospital	4,8	4,7	4,9	26,5	26,6	26,8
Provincial Tertiary Hospital	5,8	6,2	6,5	31,9	33,7	34,3

Source: DHIS

The outpatient department (OPD) new clients not referred rate in all hospitals is a concern as it shows that there is high number of patients who bypass primary health care facilities to be attended in hospitals for cases that predominantly require primary health care services.

The bed utilization rate and average length of stay (ALOS) in tertiary hospitals is high due to the fact that they are referral hospitals mostly dealing with complicated cases requiring specialized care which will require patients to stay for longer periods. There is a need to implement gate keeping strategies to ensure that patients receive medical care at service points dedicated for such services. The crude death rate in the districts and regional hospitals has shown a decline.

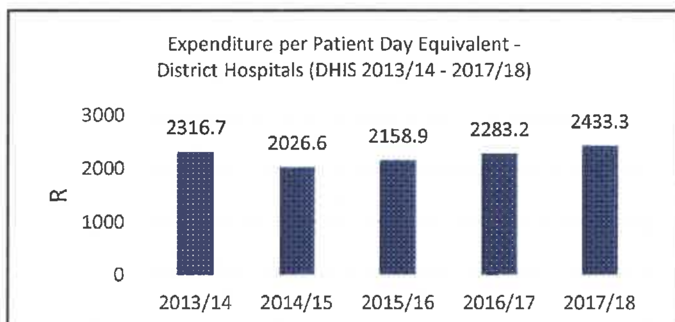
Table 10: Hospital Efficiency Indicators

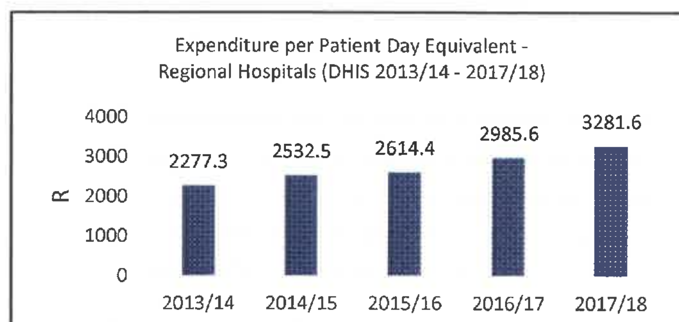
Referral Hospitals		OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Regional Hospital	mp Ermelo Hospital	55,6	24,3	46	3,1	2,1	2,9	68,3	63,4	61,5
	mp Mapulaneng Hospital	83,5	78,4	71,9	4,6	5,3	4,7	86,2	79,5	61
	mp Themba Hospital	45,3	38	23,8	5,4	5	6	85,1	84,9	75,5
Provincial Tertiary Hospital	mp Rob Ferreira Hospital	14,5	19,8	17,5	7,7	7	8,4	82,4	78,5	89,8
	mp Witbank Hospital	57,9	44,4	43	6,6	5,3	5,4	89,7	81,2	72,6

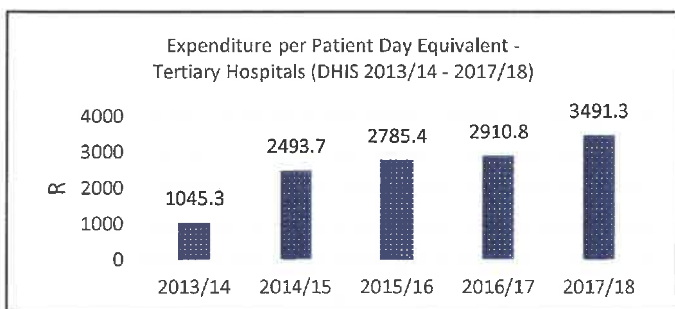
Source: DHIS 2016-2019

The above table shows that all regional hospital bed Utilisation are declining. Ermelo hospital is the only regional hospital in Gert Sibande and is under-utilized as reflected on the bed utilization rate from 2016/17 to 2018/19 FY. It is also noted that in Gert Sibande there is no tertiary hospital hence many cases are referred to Witbank tertiary hospital in Nkangala district. The province will be required to capacitate Ermelo regional hospital and implement strategies to ensure that most of the cases that may require specialists' services are dealt with in Ermelo to minimize referral to the already overburdened Witbank tertiary hospital. It is also evident that Rob Ferreira tertiary hospital also has high Inpatient bed utilization rate meaning that all regional hospitals in the province need to be capacitated.

Figure 12: Hospital Expenditure per Patient Day Equivalent







Source: DHIS 2013-2018

Mpumalanga province is performing well on expenditure per patient day equivalent across all hospitals. This is attributed to gate keeping strategies that are being implemented to monitor utilization of resources against hospital activities.

Table 11: 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	mp Ermelo Hospital	3,6	3	3,9	28,7	30	27,9
	mp Mapulaneng Hospital	5,1	6,5	5,7	20,1	16,9	14,9
	mp Themba Hospital	5,5	5,2	5,3	30	32,6	36,6
Provincial Tertiary Hospital	mp Rob Ferreira Hospital	6	6,1	6,5	28,4	26,5	29
	mp Witbank Hospital	5,6	6,3	6,6	35,4	40,5	40

Source: DHIS

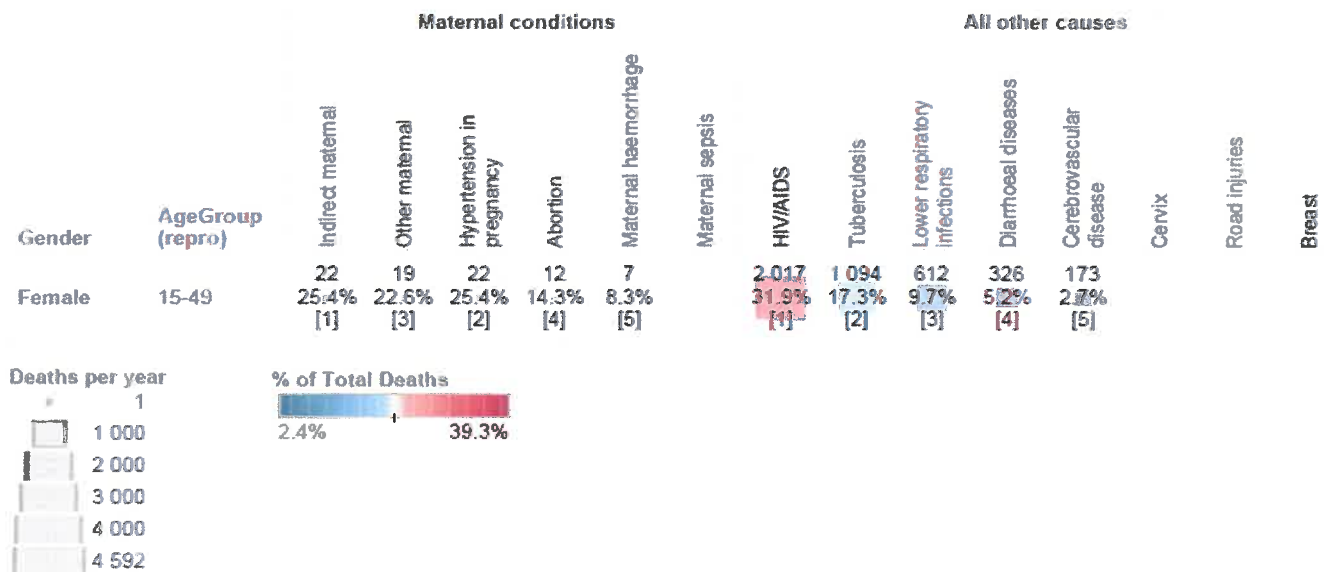
According to Stats SA Midyear estimate 2002- 2019 the inpatient crude death rate has declined from 12.6 to 9.1 deaths per 1000 population. In all hospitals listed above, the crude death rate is low compared to the national average which is at 9.1.

The table above indicates that Themba hospital has a high caesarean section rate. This hospital has high deliveries when compared to other regional hospitals and is also referral hospital for Tonga and Shongwe hospital which also have high deliveries.

Maternal and Women's Health

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

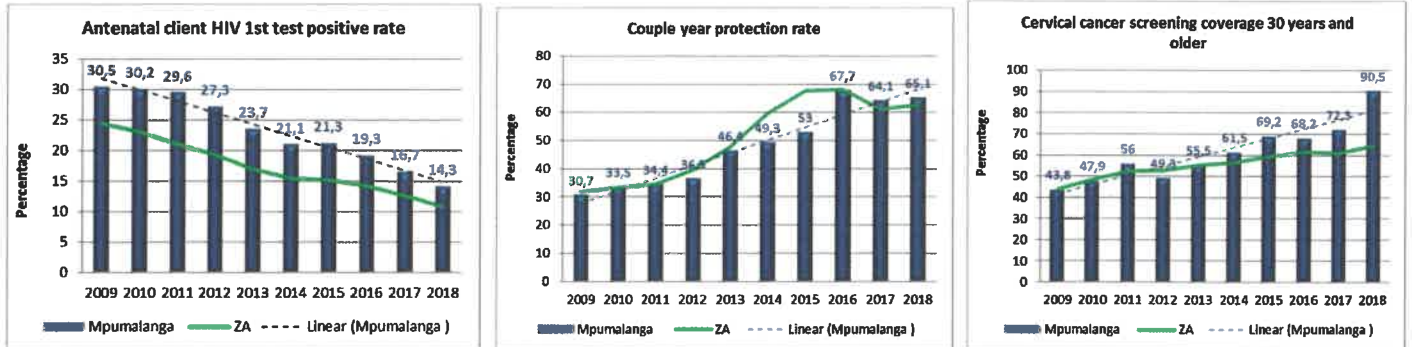
Figure 13: Maternal Mortality death rate



Source: DHB 2018/19

HIV/AIDS is predominantly a major cause of maternal mortality at 31.9% followed by indirect maternal conditions and hypertension at 25.4% each.

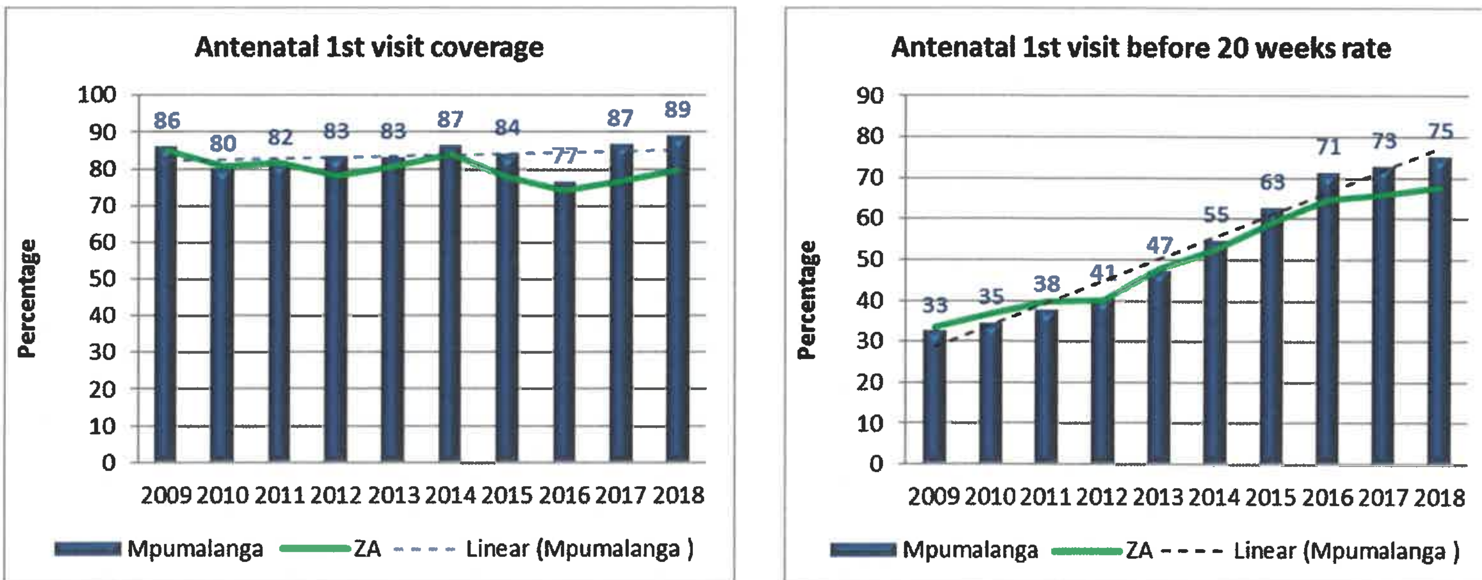
Figure 14: Maternal and Women's Health Trends



Source: District Health Barometer 2017/18

The Antenatal clients HIV 1st test positive rate, couple year protection and cervical cancer screening are proxy indicators effective for womens health and maternal outcomes. There is significant improvement in antental testing and uptake in ART services in the province and improvement in family planning (couple year protection) which significantly impacted on Maternal mortality ratio at 92 per 100 000 live births which is below the National Target of 115 per 100 000 live births. Improvement in the antenatal 1st visit coverage is essential to ensure adequate basic antenatal care which is critical for safe maternal delivery.

Figure 15: Antenatal visit coverage

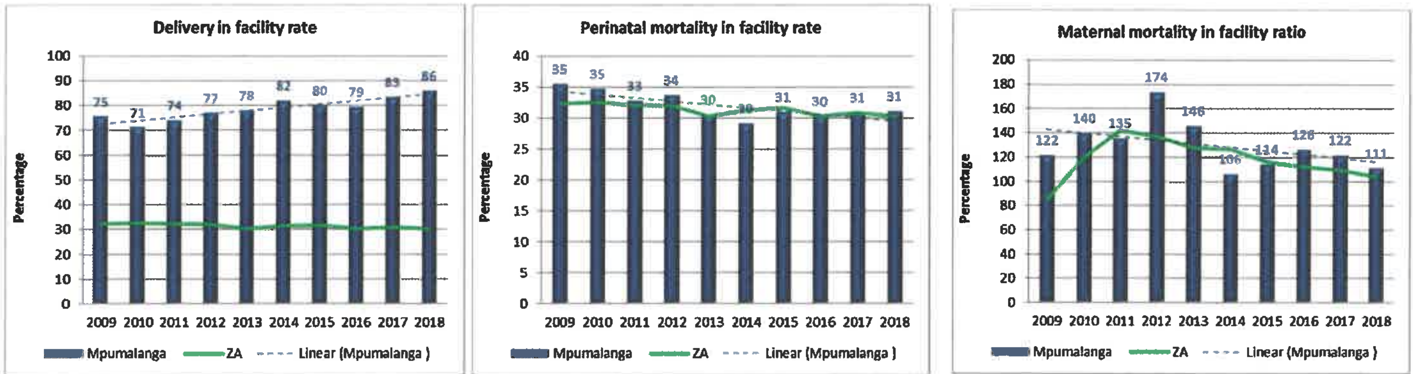


Source: District Health Barometer 2017/18

There is a significant drop on antenatal client HIV 1st test positive rate at 14.3% in 2018 against 30% in 2009, ANC 1st visit before 20 weeks at 75.6% in 2018 against 33% in 2009, couple year protection from 30.7% in 2009 to 65.1% in 2018 and cervical cancer screening from 43.8% in 2009 to 90.5% in 2018. This has contributed greatly towards the reduction of maternal mortality in the province as reflected on the above table. The maternal mortality ratio at 92.4/ 100 000 in 2018/19 live births against the national performance at 106.9/ 100 000 live births.

The gradual improvement in Antenatal 1st visit before 20 weeks rate also allows early identification of the HIV positive mothers, early enrollment into Antiretroviral treatment which results in effective maternal viral suppression; minimizing the risk of mother to child transmission and ultimately leading to a reduction in infant and maternal morbidity and mortality.

Figure 16: Maternal health indicators



Source: District Health Barometer 2017/18

The province experienced an increase on delivery in health facilities from 75% in 2009 to 86% in 2018 which significantly contributed to reduction in perinatal mortality in facility rate from 35% in 2009 to 31% in 2018 and reduction in maternal mortality. The high maternal mortality in 2012 at 174 per 100 000 live births let to intensive intervention that resulted in a significant decline in maternal mortality, improving to 111 per 100 000 live birth in 2018.

Table 12: Women and Maternal heath

Women and Maternal Health

				Country	Province	District		
				ZA	MP	DC30	DC31	DC32
				South Africa	Mpumalanga	G Sibande DM	Nkangala DM	Ehlanzeni DM
Maternal mortality in facility ratio (per100K)	DE Ind	Impact	2018/19	105.9	92.4	95.8	109.3	82.4
Maternal death in facility (No)	DE		2018/19	1 065	78	20	23	35
Live birth in facility (No)	DE		2018/19	959 720	80 483	19 689	20 060	40 734
Delivery in 10 to 19 years in facility rate (%)	Ind	Outcome	2018/19	12.9	14.8	15.9	10.9	16.2
Delivery 10-19 years in facility (No)	DE		2018/19	124 628	11 819	3 163	2 207	6 449
Delivery in facility - total (No)	DE		2018/19	964 209	80 024	19 866	20 304	39 854
Antenatal client initiated on ART rate (%)	Ind	Outcome	2018/19	95.8	99	99.2	98.7	99.1
Antenatal client start on ART (No)	DE		2018/19	109 900	11 717	3 092	2 779	5 846
Antenatal client known HIV positive but NOT on ART ..	DE		2018/19	18 005	1 064	337	267	460
Mother postnatal visit within 6 days rate (%)	Ind	Output	2018/19	75.3	67.7	63.9	75.5	65.6
Mother postnatal visit within 6 days after delivery (..	DE		2018/19	725 586	54 183	12 688	15 336	26 159
Antenatal 1st visit before 20 weeks rate (%)	Ind	Output	2018/19	68.1	75.6	68.4	71.1	82.3
Antenatal 1st visit before 20 weeks (No)	DE		2018/19	729 259	66 866	14 772	18 595	33 499
Antenatal 1st visit - total (No)	DE		2018/19	1 071 081	88 486	21 605	26 162	40 719
Couple year protection rate (%)	Ind	Output	2018/19	61	64.3	61.3	50.8	77.8
Contraceptive years dispensed (No)	DE		2018/19	7 247 868	579 306	150 043	159 560	269 703
Cervical cancer screening coverage (%)	Ind	Output	2018/19	65.1	89.9	111.6	77.8	87.9
Cervical cancer screening 30 years and older (No)	DE		2018/19	861 893	88 226	29 005	26 901	32 320

Other
Best 10 DM
Worst 10 DM

Source: DHIS

The provincial maternal mortality ratio was further reduced to 92.4/ 100 000 live births in 2018/19 FY against the national performance of 106.9/ 100 000 live births. Nkangala district is the highest at 109.3/100 000 live births. This is due to the fact that Witbank hospital is providing tertiary services for both Nkangala and Gert Sibande districts. The province will be required to capacitate Ermelo regional hospital and implement strategies to ensure that most of the cases that may require specialists' services are dealt with in Ermelo to minimize referral to the already overburdened Witbank tertiary hospital. It is also evident that Rob Ferreira tertiary hospital also has high Inpatient bed utilization rate meaning that all regional hospitals in the province need to be capacitated.

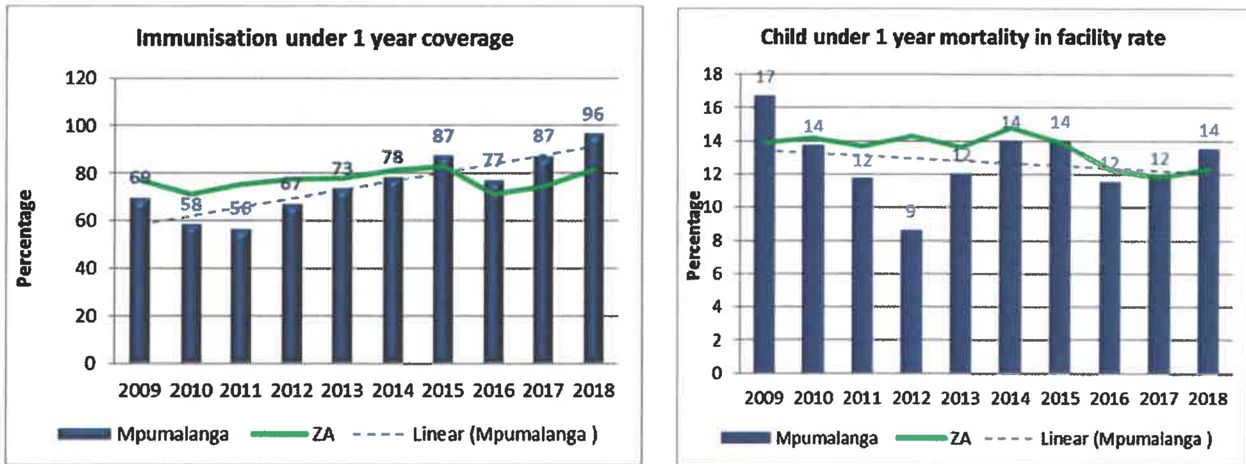
There is a significant achievement of ART initiation for antenatal clients which has improved from 95.8% to 99% in 2018/19. ANC first visit before 20 weeks has improved from 68.1% to 75.6% in 2018/19 compared to the national performance which is at 68.1% in 2018/19 with Ehlanzeni being the highest at 82.3%, Nkangala 71.1% and Gert Sibande at 68.4% in 2018/19. The province will continue to monitor the implementation of routine pregnancy screening of child bearing potential women and same day booking of all those who are found to be pregnant. Of note is that there is a consistent upward improvement trend in all districts. This has contributed greatly towards the reduction of the maternal mortality ratio of the province as reflected on the table above.

The provincial couple year protection rate in 2018/19 was at 64.3% with Nkangala recording the lowest percentage of 50.8%. The province experienced inconsistent supply of contraceptives and condoms from national. To mitigate against contraceptive stock-outs, the province has embarked on re-orientation of health professionals on expansion of contraceptive method mix.

The department will continue to encourage early booking, HIV testing, initiation of ANC clients and early diagnosis and prompt treatment of pre-existing conditions. Furthermore, auditing of maternity case records, functional patient safety incidence committees, ESMOE fire drills and BANC plus trainings are also crucial to further reduce maternity mortality.

8.4.2. Child Health

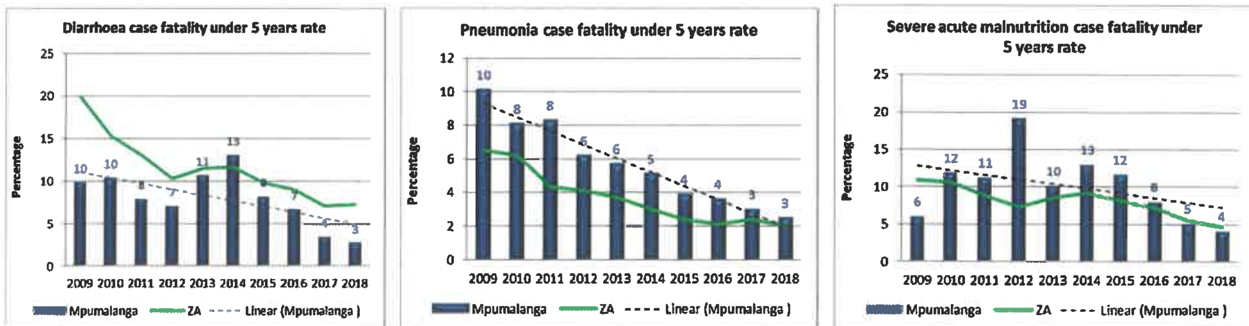
Figure 17: Women and Maternal heath



Soure: DHB 2017/2018

The province is performing well on Immunization under 1year coverage at 96% in 2018 from 69% in 2009. An improvement has been noted in the child under 1year mortality rate from 17% in 2009 to 14% in 2018.

Figure 18: Case fatality under 5 years



Source: DHB 2017/2018

Across all case fatalities of children under 1 year there is a decline of diarrhoea case fatality rate from 10% in 2009 to 3% in 2018, Pneumonia case fatality rate from 10% in 2009 to 3% in 2018 and Severe malnutrition case fatality rate from 6% in 2009 to 4% in 2018. However, there was a pick of 19% in 2012 where there was severe acute malnutrition case fatality under 5 years rate which let to intensive intervention in collaboration with other stakeholders.

Table 13: Child Health

Child Health

			Country	Province	District		
			ZA	MP	DC30	DC31	DC32
			South Africa	Mpumalanga	G Sibande DM	Nkangala DM	Ehlanzeni DM
Death in facility under 1 year rate (%)	Impact	2018/19	7.5	10.6	7.6	8	16.1
Death in facility under 1 year (No)		2018/19	14 841	1 174	322	238	614
Death in facility under 5 years rate (%)	Impact	2018/19	4.8	7.4	5.6	5.9	9.8
Death in facility under 5 years (No)		2018/19	16 844	1 322	347	257	718
Diarrhoea case fatality under 5 years rate (%)	Impact	2018/19	1.9	2.3	1.8	3.4	2.4
Diarrhoea death under 5 years (No)		2018/19	679	57	18	11	28
Diarrhoea separation under 5 years (No)		2018/19	36 009	2 519	1 015	324	1 180
Early neonatal death in facility rate (per1K)	Impact	2018/19	9.8	10.2	12	7.3	10.7
Death in facility 0-7 days (No)		2018/19	9 431	817	236	147	434
Live birth in facility (No)		2018/19	959 720	80 483	19 689	20 060	40 734
Neonatal death in facility rate (per1K)	Impact	2018/19	12.1	11.5	13.6	8.9	11.9
Death in facility 8-28 days (No)		2018/19	2 212	111	31	31	49
Pneumonia case fatality under 5 years rate (%)	Impact	2018/19	1.9	2.7	1.4	3.2	3.3
Pneumonia death under 5 years (No)		2018/19	962	77	13	9	55
Pneumonia separation under 5 years (No)		2018/19	50 212	2 876	915	279	1 682
Severe acute malnutrition case fatality under 5 years rate..	Impact	2018/19	7.1	9.1	5.2	8.6	10.5
Severe acute malnutrition death under 5 years (No)		2018/19	806	68	7	14	47
Severe acute malnutrition inpatient under 5 years (No)		2018/19	11 280	744	134	163	447
Infant PCR test positive around 10 weeks rate (%)	Outcome	2018/19	0.74	0.89	0.61	0.93	1
Infant PCR test positive around 10 weeks (No)		2018/19	1 371	178	32	43	103
Infant PCR test around 10 weeks (No)		2018/19	185 318	19 890	5 247	4 607	10 036
Immunisation under 1 year coverage (%)	Output	2018/19	81.9	96.8	93.4	85.9	107.3
Immunised fully under 1 year new (No)		2018/19	944 650	84 697	20 217	22 404	42 076
Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose..	Output	2018/19	49.5	52.2	58.1	53.6	48.9
Infant exclusively breastfed at DTaP-IPV-Hib-HBV (Hexaval..		2018/19	477 984	42 175	10 329	12 187	19 659
DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose (No)		2018/19	966 387	80 768	17 778	22 747	40 243
Measles 2nd dose coverage (%)	Output	2018/19	76.5	85.9	84.4	78.1	92.2
Measles 2nd dose (No)		2018/19	890 235	75 626	18 687	20 989	35 950
School Grade 1 screening coverage (%)	Output	2018/19	17.7	39.6	27.5	35.6	50.1
School Grade 1 - learners screened (No)		2018/19	381 110	35 040	12 074	15 590	7 376
School Grade 1 - learners total (No)		2018/19	1 166 792	88 562	23 791	25 105	39 666
School Grade 8 screening coverage (%)	Output	2018/19	13.1	0.71	20.8	18.4	52.4
School Grade 8 - learners screened (No)		2018/19	196 461	18 097	7 019	6 639	4 439
School Grade 8 - learners Total (No)		2018/19	889 304	66 038	17 542	19 177	29 319
Vitamin A dose 12-59 months coverage (%)	Output	2018/19	56.6	66	59.4	60.2	73.7
HIV test around 18 months (No)		2018/19	238 392	39 635	9 596	9 005	21 034
Live birth to HIV positive woman (No)		2018/19	267 329	26 544	7 501	5 612	13 431

Performance

Other

Best 10 DM

Worst 10 DM

Source: DHIS

The department has conducted a baseline assessment to identify key areas that require robust intervention to improve performance on the child health programme. It was identified that an average of 25% professional nurses were trained on Integrated Management of Childhood Illness (IMCI) case management. This low percentage has contributed to underperformance of the province due to capacity challenges. The department has already established a training plan to train

at least 80% of professional nurses by 2025 who will contribute towards capping poor performance. In addition, the department is planning to conduct training for WBOTs on household community components (HHCC) on IMCI to further improve capacity.

Pneumonia case fatality under five years' rate for the province was at 2.7% 2018/19 compared to the national performance which was at 1.9% 2018/19 with Ehlanzeni recording 3.3% followed by Nkangala at 3.2% and lowest in Gert Sibande at 1.4% in 2018/29. The province will continue to immunize children under 1year and train health professionals on IMCI.

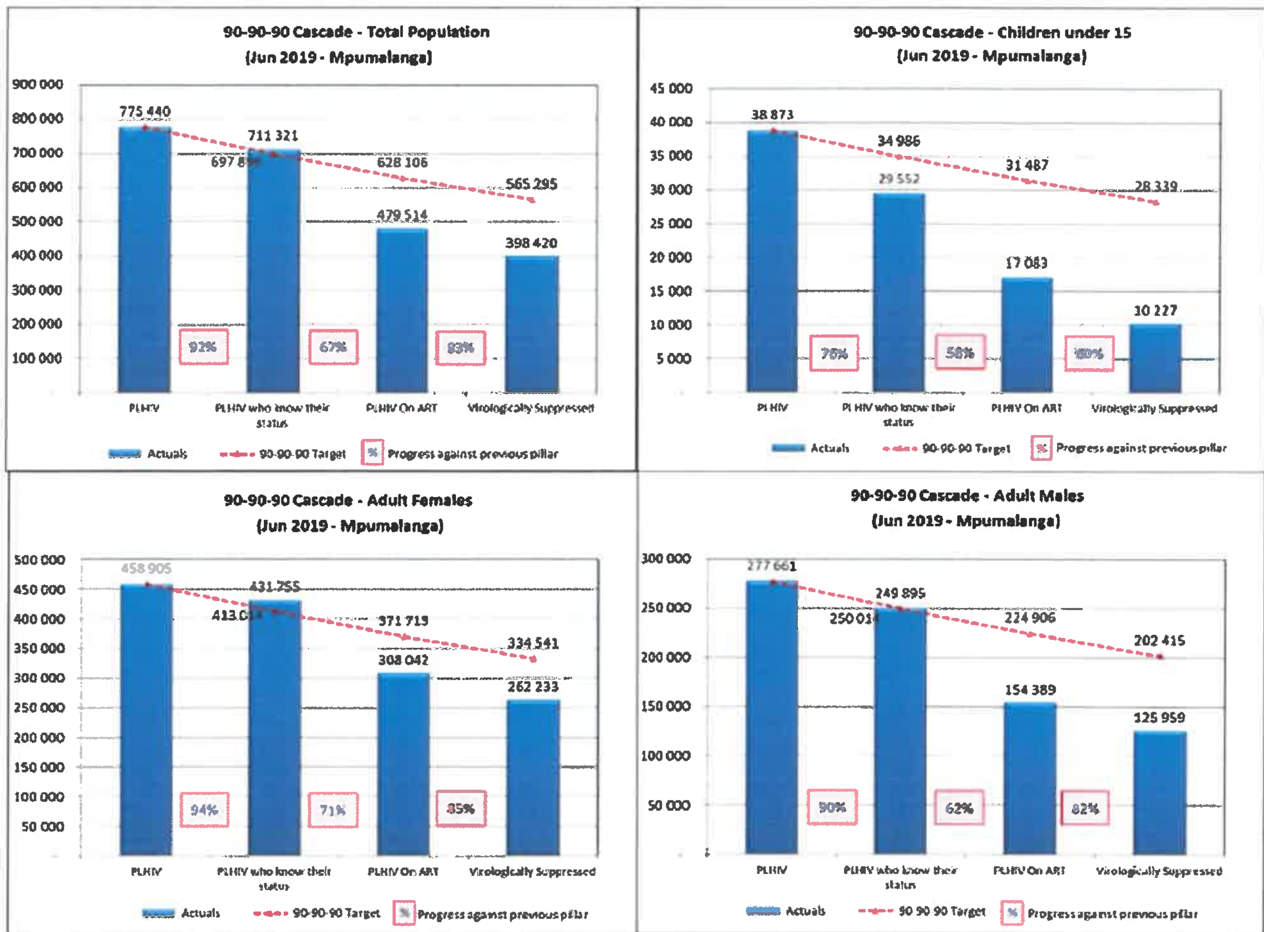
Severe acute malnutrition in patient under five- year performance for the province was at 9.1% compared to the national performance which was at 7.1% 2018/19, with Ehlanzeni recording 10.5%, Nkangala at 8.6% and Gert Sibande at 5.2%. The contributory factors include poverty, high burden of disease, child headed households and growing inequalities as depicted on Figure 5: Comparative provincial ranking income below poverty line.

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

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

8.4.3. HIV and AIDS

Figure 19: Province 90 90 90 cascade



Source: DHB 2017/2018

Mpumalanga province is currently at 92-67-83 in terms of performance against 90-90-90 target across the total population. The results for each of the sub-populations vary, with adult females at 94-71-85, adult males at 90-62-82, and children at 76-58-60. 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.

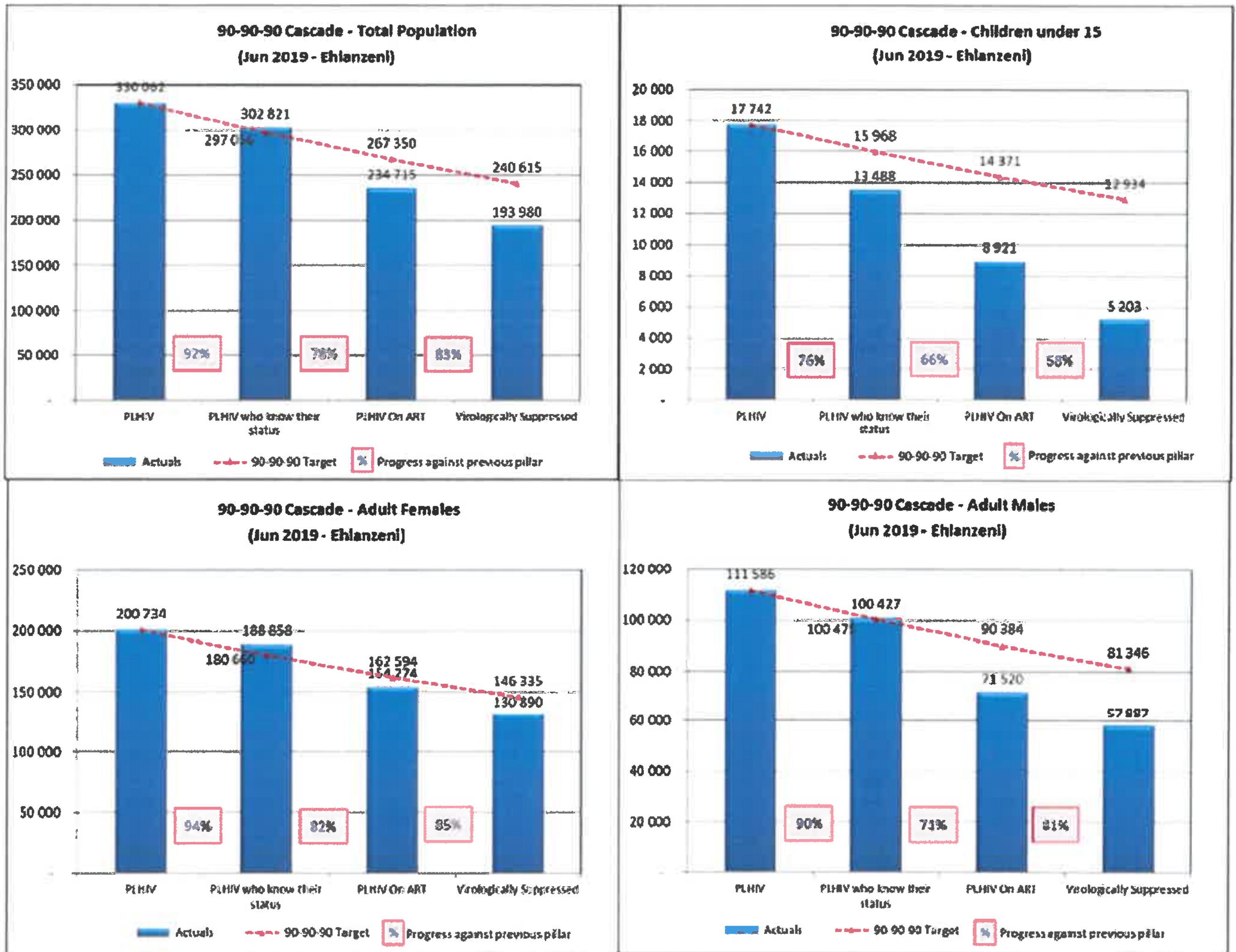
There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated.

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 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 70517, the number of adult women on ART by 63671, and the number of children on ART, by 14404, by December 2020.

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

Figure 20: Ehlanzeni 90 90 90 cascade



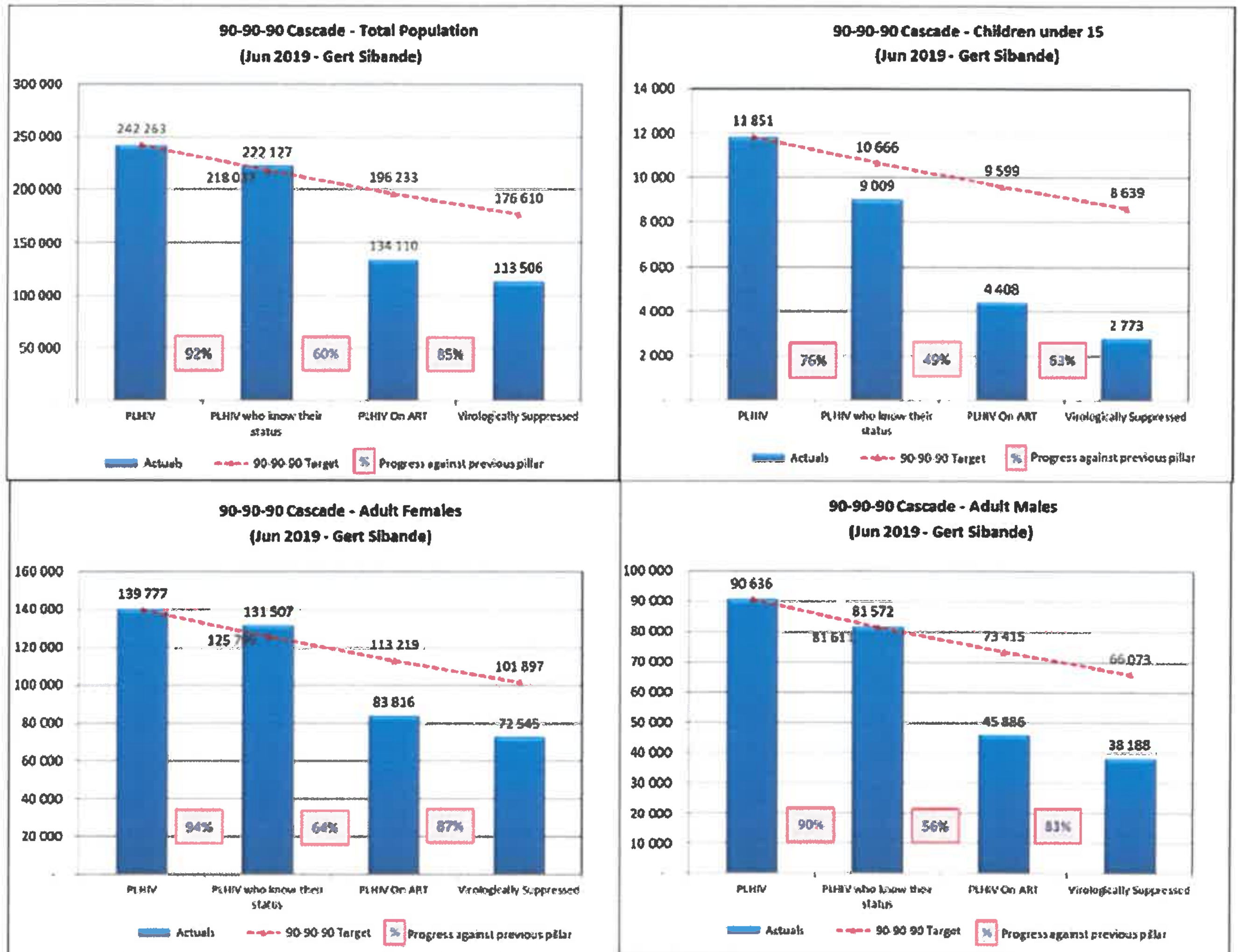
Source: DHB 2017/2018

Ehlanzeni is currently at 92-78-83 in terms of performance against 90-90-90 across its total population. The District is ranked 1st out of the 3 districts in the province against 90-90-90. Results for each of the sub-populations vary, with adult females at 94-82-85, adult males at 90-71-81, and children at 76-66-58. 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 18864, the number of adult women on ART by 8321, and the number of children on ART, by 5450, by December 2020.

Figure 21: Gert Sibande 90 90 90 cascade



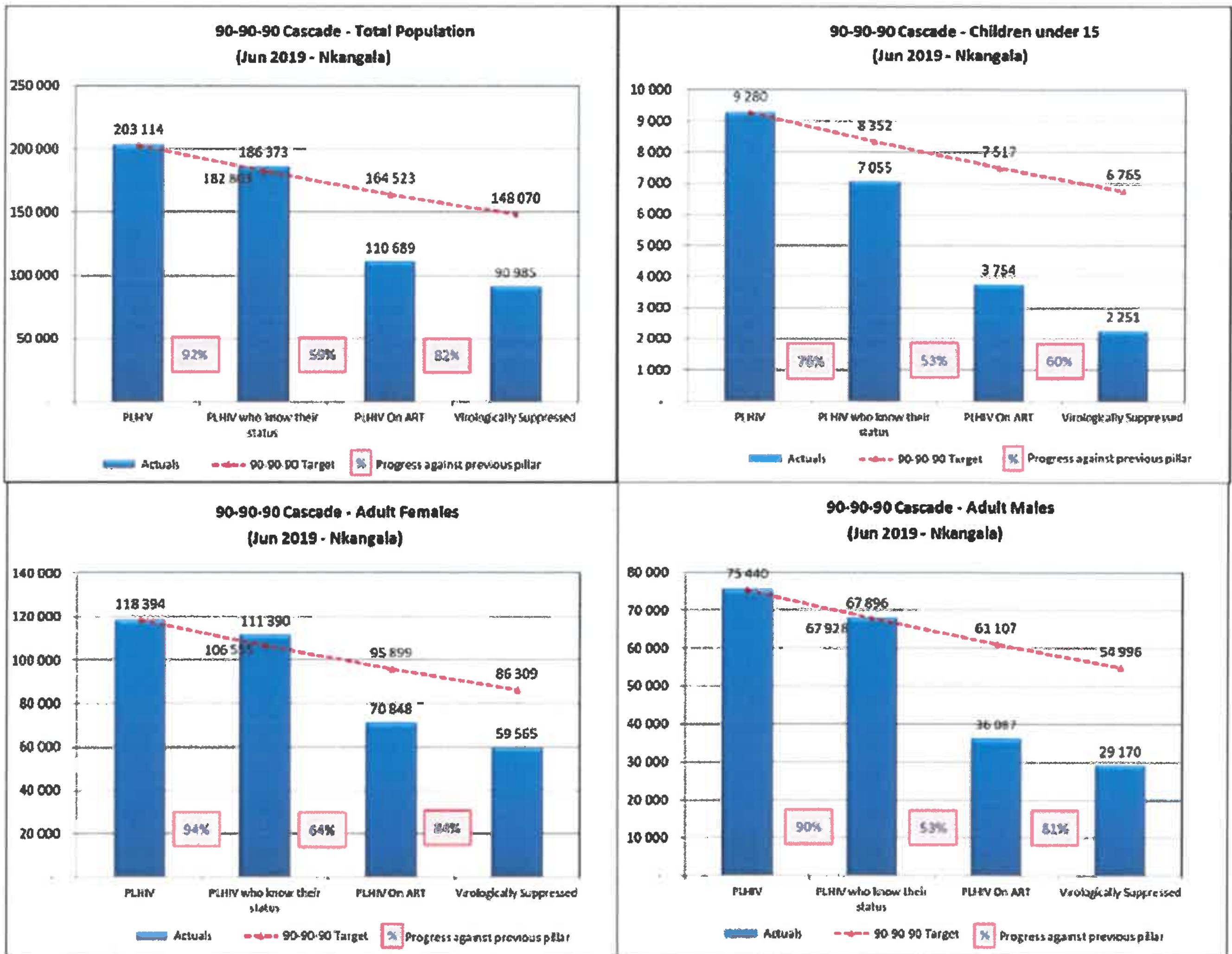
Source: DHB 2017/2018

Gert Sibande is currently at 92-60-85 in terms of performance against 90-90-90 across its total population. The District is ranked 2nd out of the 3 districts in the province against 90-90-90. Results for each of the sub-populations vary, with adult females at 94-64-87, adult males at 90-56-83, and children at 76-49-63.

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 27528, the number of adult women on ART by 29404, and the number of children on ART, by 5191, by December 2020.

Figure 22: Nkangala 90 90 90 cascade



Source: DHB 2017/2018

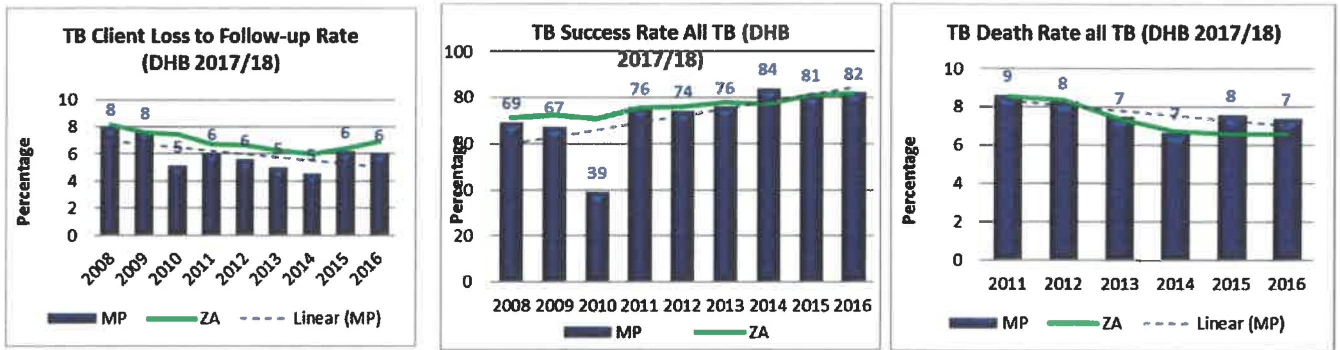
Nkangala is currently at 92-59-82 in terms of performance against 90-90-90 across its total population. The District is ranked 3rd out of the 3 districts in the province against 90-90-90. Results for each of the sub-populations vary, with adult females at 94-64-84, adult males at 90-53-81, and children at 76-53-60. 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 25019, the number of adult women on ART by 25051, and the number of children on ART, by 3763, by December 2020. There is urgent need of recruitment of HAS and CCMT coordinators and allocation of dedicated transport.

Overall performance in all distrcits indicates that the second 90 and children is a challenge . Ehlanzeni is at 78% performing better than the other two districts.Gert Sibande and Nkangala way below recording 60% and 59% respectively. Develop and monitor the implementation of the algorithm for universal HTS for all under 15years. Monitor the implementation of the adherence to guidelines and implementation of clinical stationary.

TB

Figure 23: Treatment Trends TB Indicators



Source: DHB 2017/2018

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

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

Table 14: TB indicators 2016-2018

TB

Indicator	Regimen	Type		Year	Country ZA South Africa	Province MP Mpumalanga	District DC30 G Sibande DM	District DC31 Nkangala DM	District DC32 Ehlanzeni DM
TB DS death rate (%)		Impact	Ind	2017	6.5	7.3	7.5	7.3	7.2
DS TB patients who died (No)			DE	2017	16 133	1 106	244	238	624
All DS TB patients in cohort (No)			DE	2018	225 553	11 800	2 631	3 098	6 071
TB DS client lost to follow up rate (%)		Outcome	Ind	2017	8	7.4	8.6	9.6	6.2
DS TB patients who were lost to follow up (No)			DE	2017	19 761	1 129	279	312	538
TB DS treatment success rate (%)		Outcome	Ind	2017	76.3	80.3	78.8	78.2	81.7
DS TB patients who completed treatment or were cured ..			DE	2017	188 352	12 217	2 570	2 542	7 105
TB MDR client death rate (%)	long regimen	Impact	Ind	2016	20.8	23.1	26.5	18.9	24.6
	short regimen	Impact	Ind	2017	17.3	20.4	17.9	18.9	22.5
TB MDR client loss to follow up rate (%)	long regimen	Outcome	Ind	2016	19.6	13.3	10.6	17.2	11.7
	short regimen	Outcome	Ind	2017	14.6	11.2	10.7	16.3	8.6
TB MDR treatment success rate (%)	long regimen	Outcome	Ind	2016	53.9	55	46.9	60.2	55.2
	short regimen	Outcome	Ind	2017	49.6	56.5	52	51.1	61.7
TB XDR client death rate (%)	long regimen	Impact	Ind	2016	21.3	4.8		4.8	
	short regimen	Impact	Ind	2017	20.7	11.8		6.3	100
TB XDR client loss to follow up rate (%)	long regimen	Outcome	Ind	2016	11.3	14.3		14.3	
	short regimen	Outcome	Ind	2017	7.7	17.6		18.8	0
TB XDR treatment success rate (%)	long regimen	Outcome	Ind	2016	58.1	81		81	
	short regimen	Outcome	Ind	2017	31.3	17.6		18.8	0
TB symptom 5 years and older screened in facility rate (..		Process ..	Ind	2018/19	83.7	80.9	77.9	71.9	86.8
Screen for TB symptoms 5 years and older (No)			DE	2018/19	82 929 115	6 081 014	1 371 577	1 362 005	3 347 432
PHC headcount 5 years and older (No)			DE	2018/19	99 082 287	7 512 561	1 761 441	1 893 703	3 857 417
TB symptom child under 5 years screened in facility rate ..		Process ..	Ind	2018/19	81.7	83.4	79.1	74.2	89.6
Screen for TB symptoms under 5 years (No)			DE	2018/19	16 547 063	1 452 345	299 265	323 703	829 377
PHC headcount under 5 years (No)			DE	2018/19	20 264 739	1 740 800	378 384	436 431	925 985
TB/HIV co-infected client on ART rate (ETR.Net) (%)		Outcome	Ind	2017	89.1	97.3	95.8	94.4	99.5
HIV-positive TB cases who are on ART (No)			DE	2018	108 481	7 655	1 863	1 847	3 945
HIV-positive TB cases (No)			DE	2018	125 222	8 266	1 991	2 029	4 246

Other

Best 10 DM

Source DHIS

TB death rate was at 7.3% compared to the national target of 6.8% in the province, with Gert Sibande recording the highest TB death rate of 7.5% in 2017. Coinfection and inadequate implementation of TPT prophylaxis are the leading causes of death amongst TB patients. The Department is planning to establish advanced clinical care and pharmacovigilance clusters.

Lost to follow was at 7.4% compared to national target of 8% with which Nkangala district recorded 9.6% and Gert Sibande at 8.6% in 2017. The Department is planning to improve adherence counseling on admission and management of early missed appointments.

TB success rate was at 80.3% compared to national target of 76.3% in 2017.

TB screening was at 80.9% compared to the national target of 83.7% with Nkangala recorded the lowest performance at 71.9% and Gert Sibande at 77.9% in 2017. The plan is to implement the finding missing TB patient strategy.

TB MDR short term success rate was at 56.5% compared to the national target of 49.6% with Ehlanzeni being the highest at 61.7%, Gert Sibande 56% and Nkangala 51.1% in 2017. TB MDR long term success rate is at 55% compared to the national target of 53.9% with Nkangala being the highest at 60.2%, Gert Sibande 55.2% and Ehlanzeni 46.9% in 2017. Decentralization of DR care to district hospitals is already implemented and yielding better results.

8.4.4. *Covid-19 Outbreak and Readiness.*

The whole world has been shaken by the outbreak of Coronavirus-19 abbreviated as COVID- 19, which is a new strain of coronavirus that has not been previously identified in humans. The virus was first isolated in the 1960s ,circulating among animals (zoonotic). In 2003, a new coronavirus emerged leading to the SARS (severe acute respiratory syndrome) outbreak. In 2012, the Middle East respiratory syndrome (MERS) was found to be caused by a coronavirus associated with transmission from camels. 31 December 2019, the World Health Organization (WHO) China country office reported a cluster of pneumonia cases in Wuhan, Hubei Province of China. 7 January 2020, causative pathogen identified as a novel (new virus) coronavirus (COVID-2019)

Following this development and the impact of the disease globally, Corona virus was declared as National disaster in South Africa and all government institutions and private sector were required to develop and implement strategies to fight this pandemic. Furthermore, the National Government, implemented amongst others national lockdown, closure of schools, social distancing, closure of economic sector, imposed a travel ban on foreign nationals from high-risk countries and South African citizens returning from high-risk countries will be subjected to testing and self-isolation or quarantine on return to South Africa. This was done to reduce the impact and flatten the curve of Corona virus pandemic.

After the WHO declared the outbreak as a Public Health Emergency of International Concern on 30 January 2020 the following structures were activated to respond to the outbreak:

- The Provincial Outbreak Response Team
- The Provincial Joint Operations and Provincial Command Council
- The District and Local Joint Operations Command Councils
- The Department COVID Committee is chaired by the Hon MEC
- The Provincial Incident Committee, chaired by the HOD, was established with subcommittees that had to come up with specific plans to contribute to the containment of the spread of the disease in the province, similar committees were established at a district levels
- All these committees meet daily to review the progress made in the implementation of strategies and interventions

The department has developed a Response strategy that covers the following key Areas:

- Preparedness and response
- Surveillance & epidemiology
- Infection Prevention & Control
- Case Management
- Ports of Entry
- Emergency Medical Services
- Community Strategy
- Stakeholder Engagement
- Monitoring & Evaluation

8.4.5. Stakeholder Analysis

Table 15: Stakeholder Analysis

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

8.4.6. MTEF Budgets

Table 10.8: Summary of payments and estimates: Administration

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
1. Office of the MEC	7 752	7 140	7 899	9 980	15 906	15 066	17 435	18 468	19 349
2. Management	274 249	334 973	281 464	312 296	400 236	401 923	349 929	375 622	395 847
Total payments and estimat	**282 001**	**342 113**	**289 363**	**322 276**	**416 142**	**416 989**	**367 364**	**394 090**	**415 196**

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
Current payments	**232 997**	**265 063**	**247 249**	**282 742**	**352 382**	**352 500**	**337 456**	**362 577**	**382 379**
Compensation of employees	124 420	135 808	133 309	142 449	151 649	149 546	164 906	177 578	188 672
Salaries and wages	109 191	119 424	115 370	123 860	132 186	129 499	142 623	153 864	163 465
Social contributions	15 229	16 384	17 939	18 589	19 463	20 047	22 283	23 714	25 207
Goods and services	108 476	129 216	113 829	140 293	200 733	202 929	172 552	184 999	193 707
Administrative fees	1 024	875	803	655	906	906	1 144	1 199	1 256
Advertising	4 483	3 826	2 156	4 463	5 271	7 847	9 012	9 109	9 546
Minor Assets	700	84	104	37	3	35	–	–	–
Audit cost: External	14 819	18 820	18 859	18 146	18 146	18 146	20 021	20 982	21 969
Catering: Departmental a	784	399	625	642	913	1 054	830	870	911
Communication (G&S)	5 285	4 991	5 715	5 500	6 105	6 105	3 068	3 212	3 363
Computer services	15 732	30 940	24 005	53 918	65 885	54 307	71 504	74 216	77 719
Consultants: Business an	11 219	5 337	4 413	6 003	7 823	7 823	4 892	5 127	5 368
Laboratory services	10	2	–	–	–	–	–	–	–
Legal costs	16 576	28 640	32 907	21 252	62 906	72 768	33 804	40 667	42 567
Contractors	75	43	2	–	1	5	–	–	–
Agency and support / out	895	1 876	156	1 988	200	1 128	528	554	580
Fleet services (incl. gove	3 999	9 884	2 731	1 570	1 570	1 570	4 288	4 494	4 705
Inventory: Clothing mater	–	49	–	–	–	–	–	–	–
Inventory: Food and food	–	–	33	50	67	67	75	79	83
Inventory: Medical suppli	6	–	–	6	–	–	–	–	–
Inventory: Other supplies	–	59	–	–	–	–	–	–	–
Consumable supplies	2 526	693	203	981	1 563	1 563	1 069	1 121	1 173
Cons: Stationery,printing	3 530	2 219	2 982	3 560	4 687	4 687	3 031	3 176	3 326
Operating leases	6 220	3 498	2 427	4 184	4 172	4 172	975	1 020	1 068
Property payments	5 449	4 517	4 060	4 606	5 006	5 006	2 129	2 232	2 336
Travel and subsistence	13 351	11 189	10 122	11 696	13 641	13 616	14 736	15 425	16 150
Training and development	322	239	236	–	146	420	–	–	–
Operating payments	968	826	774	336	496	496	704	738	773
Venues and facilities	503	210	332	700	686	292	176	778	814
Rental and hiring	–	–	184	–	540	916	566	–	–
Interest and rent on land	101	39	111	–	–	25	–	–	–
Interest (Incl. interest on fi	101	39	111	–	–	25	–	–	–
Transfers and subsidies	**35 152**	**69 025**	**38 977**	**25 422**	**50 648**	**50 648**	**27 906**	**29 417**	**30 620**
Provinces and municipalities	552	519	1 292	859	859	859	1 000	1 048	1 098
Provinces	551	519	1 291	859	859	859	1 000	1 048	1 098
Provincial agencies and	551	519	1 291	859	859	859	1 000	1 048	1 098
Municipalities	1	–	1	–	–	–	–	–	–
Municipal bank account	1	–	1	–	–	–	–	–	–
Households	34 600	68 506	37 685	24 563	49 789	49 789	26 906	28 369	29 522
Social benefits	345	724	1 423	154	380	380	–	171	–
Other transfers to househo	34 255	67 782	36 262	24 409	49 409	49 409	26 906	28 198	29 522
Payments for capital assets	**3 827**	**8 025**	**3 137**	**14 112**	**13 112**	**13 841**	**2 000**	**2 096**	**2 197**
Machinery and equipment	3 827	8 025	3 137	14 112	13 112	13 841	2 000	2 096	2 197
Transport equipment	–	363	1 384	3 000	3 000	1 937	–	–	–
Other machinery and equi	3 827	7 662	1 753	11 112	10 112	11 904	2 000	2 096	2 197
Payments for financial asse	**10 025**	–	–	–	–	–	–	–	–
Total economic classificatio	**282 001**	**342 113**	**289 363**	**322 276**	**416 142**	**416 989**	**367 364**	**394 090**	**415 196**

Human Resources for Health

Table 16: Human Resource Tables

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

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

8.4.7. *Audit outlook (Regulatory audit assessment)*

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

PART C: MEASURING OUR PERFORMANCE

PROGRAMME AND SUB-PROGRAMME PLANS

BUDGET PROGRAMME 1: ADMINISTRATION

PROGRAMME PURPOSE

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

9. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION (PER BUDGET PROGRAMME)

9.1. Annual targets for administration

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
								2020/21 Quarterly Targets					
			2016/17	2017/18	2018/19	2019/20	2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
Unqualified audit opinion achieved	Improve audit outcomes	Audit opinion of Provincial DoH	Qualified opinion	Qualified opinion	Qualified Contingency Liability	Unqualified	Unqualified	-	-	-	Unqualified	Unqualified	Unqualified

Explanation of Planned Performance over the Medium Term Period:

The audited outcomes on AGSA audit has not improved from 2016/17 financial year and the department has always been receiving qualified audit outcomes. The has targeted unqualified audit outcomes from 2020/2021 FY and over the mid term period by 2022/2023 as a contribution to 'Universal Health Coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030 '

9.2. Budget allocations

TABLE ADMIN1: EXPENDITURE ESTIMATES: ADMINISTRTION

Table 10.8: Summary of payments and estimates: Administration

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Consultants: Business ar	11 219	5 337	4 413	6 003	7 823	7 823	4 892	5 127	5 368
Laboratory services	10	2	–	–	–	–	–	–	–
Legal costs	16 576	28 640	32 907	21 252	62 906	72 768	33 804	40 667	42 567
Contractors	75	43	2	–	1	5	–	–	–
Agency and support / out	895	1 876	156	1 988	200	1 128	528	554	580
Fleet services (incl. gove	3 999	9 884	2 731	1 570	1 570	1 570	4 288	4 494	4 705
Inventory: Clothing mater	–	49	–	–	–	–	–	–	–
Inventory: Food and food	–	–	33	50	67	67	75	79	83
Inventory: Medical suppli	6	–	–	6	–	–	–	–	–
Inventory: Other supplies	–	59	–	–	–	–	–	–	–
Consumable supplies	2 526	693	203	981	1 563	1 563	1 069	1 121	1 173
Cons: Stationery,printing	3 530	2 219	2 982	3 560	4 687	4 687	3 031	3 176	3 326
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Venues and facilities	503	210	332	700	686	292	176	778	814
Rental and hiring	–	–	184	–	540	916	566	–	–
Interest and rent on land	101	39	111	–	–	25	–	–	–
Interest (Incl. interest on fi	101	39	111	–	–	25	–	–	–
Transfers and subsidies	35 152	69 025	38 977	25 422	50 648	50 648	27 906	29 417	30 620
Provinces and municipalities	552	519	1 292	859	859	859	1 000	1 048	1 098
Provinces	551	519	1 291	859	859	859	1 000	1 048	1 098
Provincial agencies and	551	519	1 291	859	859	859	1 000	1 048	1 098
Municipalities	1	–	1	–	–	–	–	–	–
Municipal bank account	1	–	1	–	–	–	–	–	–
Households	34 600	68 506	37 685	24 563	49 789	49 789	26 906	28 369	29 522
Social benefits	345	724	1 423	154	380	380	–	171	–
Other transfers to househo	34 255	67 782	36 262	24 409	49 409	49 409	26 906	28 198	29 522
Payments for capital assets	3 827	8 025	3 137	14 112	13 112	13 841	2 000	2 096	2 197
Machinery and equipment	3 827	8 025	3 137	14 112	13 112	13 841	2 000	2 096	2 197
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Other machinery and equi	3 827	7 662	1 753	11 112	10 112	11 904	2 000	2 096	2 197
Payments for financial asse	10 025	–	–	–	–	–	–	–	–
Total economic classificatio	282 001	342 113	289 363	322 276	416 142	416 989	367 364	394 090	415 196

Explanation of Planned Performance over the Medium Term Period:

The increase above the CPI in the programme in 2020/21 is due to the funding of the initiative to strengthen health system amounting to R 1.9 million, funding of the communication strategy amounting to R 7 million. A budget of R 10 million to fund the monitoring and evaluation system as well as increase the budget for computer services to address the pressure in data lines for ICT.

9.2.1. Key Risks

Outcome	Risk	Mitigating factors
1. Unqualified audit opinion achieved	Qualified audit opinion	Implement provincial audit action plan
	Collapse of Health System due to impact of corona virus	Implementation of COVID-19 provincial strategy

BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES

PROGRAMME PURPOSE

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

9.3. Annual Targets: District Health Services-DHS

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
Quality of health services in public health facilities improved	Increase number of facilities that reached Ideal clinic status	Ideal clinic status obtained rate	Not in plan	Not in plan	40.4%	66.5%	55.6%	-	-	-	55.6%	60%	70%
		Numerator:	Not in plan	Not in plan	133	191	162	-	-	-	162	174	203
		Denominator:	Not in plan	Not in plan	288	287	290	-	-	-	290	290	290
	Increase number of patients satisfied with health care service in public institutions	Patient Experience of Care satisfaction rate (PHC)			80%	85%	85%	-	-	-	85%	85%	85%
		Numerator:			30 800	Not in plan	327 71	-	-	-	327 71	34 410	36 130
		Denominator:			38 500	Not in plan	38 555	-	-	-	38 555	40 482	42 506
Management of patient safety incidents improved	Early reporting of severity incidents	Severity assessment code (SAC) 1 incidents reported within 24 hrs. rate	Not in plan	Not in plan	Not in plan	Not in plan	66%	-	-	-	66%	67%	68%
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	502	-	-	-	502	509	513
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	761	-	-	-	761	760	755
		Patient safety Incidents (PSI) case disclosure rate	Not in plan	Not in plan	Not in plan	Not in plan	89%	-	-	-	89%	95%	100%
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	678	-	-	-	678	722	755
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	761	-	-	-	761	760	755
Leadership and governance in the health sector enhanced to improve quality of	Establish clinic committees	Percentage of PHC facilities with functional Clinic Committees	Not in plan	Not in plan	Not in plan	Not in plan	100%	100%	100%	100%	100%	100%	100%
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	288	288	288	288	288	288	288

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
								2020/21 Quarterly Targets					
			2016/17	2017/18	2018/19	2019/20	2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
care		**Denominator:**	Not in plan	Not in plan	Not in plan	Not in plan	288	288	288	288	288	288	288
Contingent liability of medico-legal cases reduced by 80%	Decrease contingent liability of medico-legal cases	Contingent liability of medico-legal cases	Not in plan	Not in plan	Not in plan	R10 295 793 298.84	R8.4 billion	-	-	-	R8.4 billion	R6.8 billion	R5.2 billion

Explanation of Planned Performance over the Medium Term Period:

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

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

The following are planned interventions to deliver all the outputs:

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

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

9.4. Annual Targets: District Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
Leadership and governance in the health sector enhanced to improve quality of care	Increase number of patients satisfied with health care service in public institutions	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	Not in plan	Not in plan	Not in plan	85%	-	-	-	85%	85%	85%
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	23 000	-	-	-	23 000	24 990	26 240
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	28 000	-	-	-	28 000	29 400	30 870
			Not in plan	Not in plan	Not in plan	Not in plan	678	-	-	-	678	722	755
			Not in plan	Not in plan	Not in plan	Not in plan	761	-	-	-	761	760	755

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

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

District hospitals ensure continuity of care from clinics and community health centres. There is a need for services to be managed in a sustainable and efficient manner for communities to have accessible and quality health services.

The following are planned interventions to deliver all the outputs:

Implementation of the ideal health facility framework to improve quality and access to districts hospitals.

Monitoring the Patient Safety Index (PSI) will make it possible for the Department to promptly address identified gaps for increased positive client experience of care

9.5. Annual Targets : HIV &AIDS, STI AND TB Control (HAST)

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	ART Initiation to 90% of those who tested positive	ART client remain on ART end of month - total	377 310	411 908	464 569	521 028	690 889	626 570	650 017	670 462	690 889	719 942	748 582
		ART Death Rate	New indicator	New indicator	New indicator	New indicator	<1%	<1%	<1%	<1%	<1%	<1%	<1%
		Numerator:	New indicator	New indicator	New indicator	New indicator	5500	4949	5135	5296	5500	5200	5000
		Denominator:	New indicator	New indicator	New indicator	New indicator	690 889	626 570	650 017	670 462	690 889	719 942	748 582
		HIV positive 15-24 years (excl. ANC) rate	New indicator	New indicator	New indicator	New indicator	Not in plan	<5%	<5%	<5%	<5%	<5%	<5%
		ART adult remain in care rate	New indicator	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%
		Numerator:	New indicator	New indicator	New indicator	New indicator	581 121	531 821	548 255	564 688	581 122	606 657	630 191
		Denominator:	New indicator	New indicator	New indicator	New indicator	645 691	590 912	609 172	627 431	645 691	672 952	700 212
		ART child remain in care rate	New indicator	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%
		Numerator:	New indicator	New indicator	New indicator	New indicator	40 678	34 792	36 760	38 727	40 678	42 291	43 533
		Denominator:	New indicator	New indicator	New indicator	New indicator	45 198	38 658	40 845	43 031	45 198	46 990	48 370

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
	Viral load suppressed to 90% of Clients on ART	Adult - viral load suppressed rate	Not in Plan	Not in Plan	82.9%	90%	90%	90%	90%	90%	90%	95%	95%
		Numerator:	Not in Plan	Not in Plan	55 661	71 100	112 197	28 049	28 049	28 049	28 049	24 317	18 726
		Denominator:	Not in Plan	Not in Plan	63 978	79 000	142663	35 666	35 666	35 666	35 666	23 805	18 332
		Child - viral load suppressed rate	Not in Plan	Not in Plan	88%	90%	90%	90%	90%	90%	90%	95%	95%
		Numerator:	Not in Plan	Not in Plan	349 474	33 607	40 678	34 792	36 760	38 728	40 678	1 702	1 311
		Denominator:	Not in Plan	Not in Plan	397 306	37 341	45 198	38 658	40 845	43 031	45 198	1 792	1 380
	Reduce loss to follow up cases	All DS-TB client LTF rate	5.6%	5.2%	6.6%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
		Numerator:	318	237	247	665	672	168	168	168	168	681	690
		Denominator:	5 837	4 587	3 720	13 305	14 000	3 500	3 500	3 500	3 500	14 500	15 000
	Improve TB treatment success	All DS-TB Client Treatment Success Rate	87.6%	87.1%	84.9%	88%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	5103	3993	3158	11 708	12 600	3 150	3 150	3 150	3 150	13 195	13 800
		Denominator:	5837	4587	3720	13 305	14 000	3 500	3 500	3 500	3 500	14 500	15 000
	Improve TB Rifampicin Resistant treatment success	TB Rifampicin Resistant treatment success rate	Not in plan	Not in plan	Not in plan	55.2%	62%	62%	62%	62%	62%	63%	64%
		Numerator:	Not in plan	Not in plan	Not in plan	561	630	157	157	158	158	653	676
		Denominator:	Not in plan	Not in plan	Not in plan	1 016	1 016	254	254	254	254	1 036	1 057
	Improve XDR treatment initiation	TB XDR treatment start rate	Not in plan	Not in plan	Not in plan	Not in plan	90%	90%	90%	90%	90%	90%	90%
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	27	6	6	7	7	28	29
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	30	7	7	8	8	31	32
	Reduced TB Death rate	All DS-TB client death rate	Not in plan	Not in plan	Not in plan	Not in plan	<5%	<5%	<5%	<5%	<5%	<5%	<5%

Outcome (as per SP 2020/21-2024/25)	Outputs	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:	Not in plan	Not in plan	Not in plan	Not in plan	752	188	188	187	187	742	730
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	15340	3835	3835	3835	3835	15330	15321

Explanation of Planned Performance over the Medium Term Period:

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

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

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

9.6. Annual Targets: MOTHER, CHILD, WOMEN'S Health and Nutrition

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
								2020/21 Quarterly Targets					
			2016/17	2017/18	2018/19	2019/20	2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
Maternal, Neonatal, Infant and Child Mortality reduced	Increase couple year protection	Couple year protection rate	70.9%	61.9%	64 %	65%	65%	65%	65%	65%	65%	65%	67%
		Numerator:	867 453	768 178	672 674	776787	788 904	169 917	169 917	169917	169917	801211	838746
		Denominator:	1222911	1241864	1257152	1195057	1213699	303424	303424	303424	303424	1232632	1251861
	Reduce teenage pregnancy	Delivery 10 to 19 years in facility rate	Not in plan	12.5%	14,8%	11%	<11%	<11%	<11%	<11%	<11%	<11%	<11%
		Numerator:	Not in plan	10 015	1819	8012	11466	2866	2866	2866	2866	10907	10695
		Denominator:	72 839	77 395	80 024	72839	73975	18493	18493	18493	18493	75223	76396
	Early initiation of antenatal care services to clients	Antenatal 1st visit before 20 weeks rate	65.9%	73.8%	76%	75%	76%	76%	76%	76%	76%	77%	77%
		Numerator:	54 900	65 589	66 866	57389	67249	16812	16812	16812	16812	68298	69393
		Denominator:	76 518	88 895	88486	76518	88486	22121	22121	22121	22121	89866	91267
	Reduce number of maternal death in facility	Institutional Maternal Mortality Ratio	91.4/ 100 000	89.7/ 100 000	79.1/ 100 000	Not applicable	75.5/ 100 000	75/ 100 000	75/ 100 000	75/ 100 000	75/ 100 000	70/ 100 000	67/ 100 000
		Numerator:	41	42	39	Not applicable	36	9	9	9	9	34	33
		Denominator:	44 600	44 724	47 427	Not in plan	48 100	12 025	12 025	12 025	12 025	48 324	48 543
	Reduce low birth weight	Live birth under 2500g in facility rate	Not in plan	Not in plan	Not in plan	Not in plan	12/1000	12/1000	12/1000	12/1000	12/1000	11.5/1000	11/1000
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	870	217	218	217	218	883	897
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	72102	1802	1802	1802	1802	73226	74368

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
Maternal, Neonatal, Infant and Child Mortality reduced	Increase number of postnatal visits	Mother postnatal visit within 6 days rate	60%	63.4%	67.7%	65.5	66%	66%	66%	66%	66%	67%	68%
		Numerator:	43 862	49 068	54 183	47710	48850	12190	12190	12190	12190	51195	51900
		Denominator:	72 739	77 395	80 024	72839	73975	18448	18448	18448	18448	75129	76301
	Decrease number of neonatal death <28 days	Institutional Neonatal (<28 days) Mortality Rate	10.9/1000	11.5/1000	11.5/1000	10/1000	9.5/1000	9.5/1000	9.5/1000	9.5/1000	9.5/1000	9/1000	8.5/1000
		Numerator:	776	891	928	639	684	171	172	171	172	695	706
		Denominator:	70 995	77 369	80 483	70992	72102	18025	18025	18025	18025	73226	74368
	Reduce number of under 1 death cases in facility	Infant PCR test positive around 10 weeks rate	1.7%	1.1%	0.9%	1.3%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
		Numerator:	190	195	178	260	176	44	44	44	44	176	176
		Denominator:	11 213	18 502	19 890	20 000	20 010	5002	5003	5003	5002	20 010	20 010
	Increase number of children fully immunized	Immunisation under 1 year coverage.	75.6%	89.7%	97.1%	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	64 746	77 515	84697	72930	74101	18525	18525	18525	18525	75223	75328
		Denominator:	85 698	86 420	87 194	81034	82298	2057	2057	2057	2057	83581	84884
	Prevent measles outbreak	Measles 2nd dose coverage	82%	89%	85.9%	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	72 514	78 292	75 626	75535	76713	76713	76713	76713	76713	779094	79124
		Denominator:	85 698	86 420	87 194	83928	85237	21309	21309	21309	21309	86566	87916
	Reduce all death under 5yrs in facility	Death under 5 years against live birth rate	New indicator	New indicator	New indicator	New indicator	15 Per 1000 live birth	15 Per 1000 live birth	15 Per 1000 live birth	15 Per 1000 live birth	15 Per 1000 live birth	14.5 Per 1000 live birth	13 Per 1000 live birth
		Numerator:	New indicator	New indicator	New indicator	New indicator	670	167	168	167	168	665	650

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
		Denominator:	New indicator	New indicator	New indicator	New indicator	44 600	11 150	11 150	11 150	11 150	46 000	48 150
Maternal, Neonatal, Infant and Child Mortality reduced		Child under 5 years diarrhoea case fatality rate	1.6%	1.8%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
		Numerator:	32	24	39	77	62	16	15	16	15	60	61
		Denominator:	2053	1304	1899	3075	3122	781	781	781	781	3171	3220
		Child under 5 years pneumonia case fatality rate	3.4%	3%	2.9%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
		Numerator:	87	48	76	128	92	23	23	23	23	76	96
		Denominator:	2529	1589	1934	3662	3719	930	930	930	930	3777	3836
		Child under 5 years severe acute malnutrition case fatality rate	8.7%	10.8%	11.5%	<9%	<9%	<9%	<9%	<9%	<9%	<9%	<9%
		Numerator:	57	44	56	89	90	22	22	22	22	89	89
		Denominator:	658	407	488	986	1001	250	250	250	250	1016	1031
	Improve vitamin A dose 12-59 months coverage.	Vitamin A dose 12-59 months coverage	53.7%	58.5%	66%	60%	68%	68%	68%	68%	68%	69%	69%
		Numerator:	386 570	417 808	468 593	212404	236593	59148	59148	59148	59148	243817	247620
		Denominator:	359198*2	357 650*2	355 275*2	342587	347931	86983	86983	86983	86983	353358	358870

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

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2016/17	2017/18	2018/19	2019/20	2020/21	2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Reduce malaria death cases	Malaria inpatient case fatality rate	0.5	1.02%	0.60%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
		Numerator:	**21**	**96**	**29**	**15**	**11**	**2**	**2**	**3**	**4**	**8**	**5**
		Denominator:	**3285**	**9371**	**4835**	**3385**	**2369**	**592**	**592**	**592**	**593**	**1659**	**1162**
Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Increase screening of children for overweight in school	School learner overweight rate	Not in plan	Not in plan	Not in plan	Not in plan	12%	12%	12%	12%	12%	11.5%	11%
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	5 914	1 344	1 344	1 344	1 344	6 222	4 928
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	49 280	11 200	11 200	11 200	11 200	54108	44 800
	Increase number of client on hypertension treatment	Hypertension client treatment new 18 - 44 years	Not in plan	Not in plan	Not in plan	Not in plan	128 033	32 008	32 008	32 008	32 008	142 116	157 748
		Hypertension client treatment new 45 years and older	Not in plan	Not in plan	Not in plan	Not in plan	1 035 907	258 976	258 976	258 976	258 976	1 ,087, 702	1,142,08 7
	Increase number of client on diabetes treatment	Diabetes client treatment new 18 - 44 years	Not in plan	Not in plan	Not in plan	Not in plan	122 815	30 703	30 703	30 703	30 703	136 324	151 319
		Diabetes client treatment new 45 years and older	Not in plan	Not in plan	Not in plan	Not in Plan	993 686	248 421	248 421	248 421	248 421	1,102,99 1	1,224 320

Explanation of Planned Performance over the Medium Term Period:

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

The program is planning to increase the number of clients on Diabetic and hypertension treatment which is new indicator for this financial year which will assist the province on quantifying the burden that the province is having of Diabetic and Hypertension diseases. The program is still committed to the plan of eliminating malaria by 2023 in the province and reduce the Malaria Case Fatality rate to be below 0.5% through the Implementation of MOSWASA memorandum of understanding with the tripartite countries, Mozambique, Kingdom of Eswatini and the province.

9.7.1. Budget Allocations

TABLE DHS1: EXPENDITURE ESTIMATES DISTRICT HEALTH SERVICES

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
1. District Management	341 758	331 895	380 496	431 666	425 320	413 489	438 874	464 671	491 153
2. Community Health Clinics	1 202 502	1 302 677	1 443 409	1 544 366	1 611 319	1 611 337	1 791 450	1 944 565	2 039 254
3. Community Health Centres	833 433	895 515	952 990	983 592	1 093 267	1 091 956	1 173 193	1 266 251	1 327 959
4. Community-based Services	91 150	136 745	18 317	21 738	21 648	21 648	19 593	313	328
5. Other Community Services	–	–	–	–	–	–	–	–	–
6. HIV/Aids	1 120 040	1 420 824	1 888 810	2 132 510	2 020 620	2 001 492	2 339 562	2 643 389	2 781 917
7. Nutrition	13 199	16 838	10 012	16 712	13 058	13 026	11 635	12 218	12 818
8. Coroner Services	–	–	–	–	–	–	–	–	–
9. District Hospitals	2 922 762	3 077 510	3 337 645	3 664 873	3 552 459	3 594 736	3 688 464	3 919 540	4 103 755
Total payments and estimat	**6 524 844**	**7 182 004**	**8 031 679**	**8 795 457**	**8 737 691**	**8 747 684**	**9 462 771**	**10 250 947**	**10 757 184**

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
Current payments	**6 321 584**	**6 955 798**	**7 679 413**	**8 482 703**	**8 425 168**	**8 361 655**	**9 343 859**	**10 139 224**	**10 632 209**
Compensation of employees	4 293 015	4 616 513	5 011 573	5 526 431	5 507 267	5 512 792	6 205 124	6 581 471	6 882 137
Salaries and wages	3 753 979	4 031 856	4 367 394	4 846 537	4 827 536	4 807 056	5 322 296	5 668 387	5 929 556
Social contributions	539 036	584 657	644 179	679 894	679 731	705 736	882 828	913 084	952 581
Goods and services	2 028 435	2 339 010	2 667 633	2 956 272	2 917 901	2 848 690	3 138 735	3 557 753	3 750 072
Administrative fees	137 126	185 969	178 169	178 096	247 860	247 863	198 768	210 163	217 856
Advertising	1 594	1 205	3 620	6 070	5 965	5 965	10 636	13 166	12 593
Minor Assets	5 786	3 430	1 975	13 643	4 936	4 981	15 279	15 399	21 423
Catering: Departmental a	1 717	2 268	2 615	8 640	3 412	3 420	8 405	9 370	9 472
Communication (G&S)	27 466	22 568	24 560	24 684	24 047	24 499	28 287	30 004	31 139
Computer services	8	6 973	377	892	1 666	1 094	10 781	11 467	12 005
Consultants: Business ar	1 774	–	–	–	–	–	–	–	–
Laboratory services	304 018	334 797	398 242	548 285	510 927	441 891	501 666	641 814	691 577
Legal costs	–	–	2 724	–	–	–	–	–	–
Contractors	16 688	13 508	4 553	45 237	36 019	36 018	44 726	48 357	48 503
Agency and support / out	46 501	30 916	58 558	42 136	51 519	51 520	45 965	48 171	50 435
Fleet services (incl. gove	48 376	43 466	53 683	31 555	35 892	36 413	39 359	46 230	49 602
Inventory: Clothing mater	–	559	–	–	–	–	–	–	–
Inventory: Farming suppli	–	3 977	–	11 646	–	–	–	–	–
Inventory: Food and food	52 742	51 963	46 519	59 432	50 121	50 121	49 134	51 492	53 913
Inventory: Chemicals,fue	19 759	495	–	121	121	–	–	–	–
Inventory: Materials and	199	–	–	750	750	750	–	–	–
Inventory: Medical suppli	200 348	191 454	221 275	228 037	262 925	260 065	270 794	311 060	330 947
Inventory: Medicine	969 297	1 278 336	1 487 923	1 534 128	1 437 603	1 440 463	1 630 679	1 821 145	1 919 772
Inventory: Other supplies	–	4 811	–	4 531	–	–	–	–	–
Consumable supplies	48 677	35 769	45 414	36 899	56 665	59 814	75 531	84 910	83 884
Cons: Stationery,printing	11 325	8 748	10 323	12 480	27 980	24 370	41 467	40 744	41 075
Operating leases	18 734	17 273	20 008	16 950	16 786	16 786	12 879	13 688	14 192
Property payments	85 464	76 057	82 342	114 199	103 914	103 915	110 973	113 310	120 614
Transport provided: Depa	137	159	184	223	354	355	365	382	400
Travel and subsistence	25 637	19 662	21 795	23 972	35 440	34 938	36 732	39 799	33 792
Training and development	458	697	490	1 135	497	497	2 463	2 775	2 787
Operating payments	2 564	2 955	1 367	12 531	1 878	2 326	2 396	2 787	2 828
Venues and facilities	1 251	915	138	–	224	224	1 210	1 268	1 263
Rental and hiring	789	60	779	–	400	402	240	252	–
Interest and rent on land	134	275	207	–	–	173	–	–	–
Interest (Incl. interest on fi	134	275	207	–	–	173	–	–	–
Transfers and subsidies	**198 577**	**219 509**	**333 295**	**271 810**	**273 470**	**346 977**	**82 897**	**86 564**	**90 249**
Departmental agencies and	113	105	156	146	146	115	165	173	181
Departmental agencies (n	113	105	156	146	146	115	165	173	181
Non-profit institutions	182 733	194 987	308 946	264 641	264 641	333 679	71 351	74 464	77 579
Households	15 731	24 417	24 193	7 023	8 683	13 183	11 381	11 927	12 489
Social benefits	15 731	24 417	24 193	7 023	8 683	13 183	11 381	11 927	12 489
Payments for capital assets	**4 683**	**6 697**	**18 971**	**40 944**	**39 053**	**39 052**	**36 015**	**25 159**	**34 726**
Machinery and equipment	4 683	6 697	18 971	40 944	39 053	39 052	36 015	25 159	34 726
Transport equipment	1 829	3 031	8 942	10 094	9 928	10 118	10 942	4 586	9 880
Other machinery and equi	2 854	3 666	10 029	30 850	29 125	28 934	25 073	20 573	24 846
Payments for financial asse	–	–	–	–	–	–	–	–	–
Total economic classificatic	**6 524 844**	**7 182 004**	**8 031 679**	**8 795 457**	**8 737 691**	**8 747 684**	**9 462 771**	**10 250 947**	**10 757 184**

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

The significant allocation supports the policy of provision access to quality health care. The budget increase in 2020/21 FY is due to the provision made to procure patient files for Clinics and hospitals, appointment of patient administration staff in the effort to increase revenue generation, as well as procurement of furniture for the primary health care facilities to address the waiting areas sitting challenges amounting to R12 million. The increase is also due to the introduction of the National Health Insurance (HB Contracting) as a direct grant.

A budget amounting to R10 million was allocated for the improvement of the IDEAL status for all Primary Health Facilities. An amount of R28.7 million was set aside to reduce the malaria fatality rate from the Comprehensive HIV/AIDS conditional grant. An amount of R11.6 million is budgeted to reduce severe malnutrition case fatality rate from 11.5% to 9%. A budget of R1.150 billion is set aside to prevent the increase of HIV infection implementing the 909-90-90- strategy.

9.7.2. Key Risks

Outcome	Risk	Mitigating factors
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Shortage of medication including immunizations and medical supplies	Monitor availability of medication and medical supplies and address identified gaps.
	Shortage of staff resulting in inaccessible and poor quality of care	Prioritize filling of vacant funded and critical posts
	Organogram not responding to service delivery needs	Review and align organogram to be responsive to service delivery needs
	Inadequate medical equipment and instruments resulting in poor quality of care	Prioritize procurement of essential medical equipment and instrument
	Inadequate cleaning material resulting in an increased infection rate	Prioritize procurement of non - negotiables including cleaning material
Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	• Uninformed communities regarding available services • Poor health seeking behavior • Increased complaints • Negative patient experience of care • Increased mortality due to corona virus outbreak	• Establish and train clinic committees and hospital board as for all health facilities. • Community awareness campaigns • Monitor functionality of governance structures. • Monitor patient experience of care. • Intensify screen of health worker, patients in health facilities and conduct case finding in communities
	• Inadequately trained clinicians • Increase in preventable deaths	Prioritize training of clinicians Prioritize the appointment of skilled clinicians Conduct clinical audits

	• Poor recording keeping leading to increased litigations • Poor health seeking behavior among communities • Shortages of both human, equipment and material resources • Shortage of neonatal beds • High teenage pregnancy	Monitor ESMOE fire drills in facilities • Conduct community engagements • Monitor the availability of essential equipment's and medicines including contraceptives • Prioritize neonatal units in district hospital (infrastructure especial high volume delivery) • Strengthen provision of neonatal high care units and ICU in regional and tertiary hospitals • Strengthen SRH services within school through appointment of ISHP teams • Monitor the availability of youth friendly contraceptives methods
Maternal, Neonatal, Infant and Child Mortality reduced	Failure to report adverse events by health facilities and implementing partners resulting in increased risk for litigations.	Monitor implementation of patient safety incident Policy and SOP in relation to reporting.
	Inadequate human resources (Quality Assurance Coordinators) at facility level	Prioritize appointment of QA Coordinators in the 2020/21-2022/23 MTSF
	Patients' failure to adhere to Medical Male Circumcision post-operative care instructions resulting in infection and wound dehiscence.	Conduct community engagement and education.
	Non- compliance to Voluntary Medical Male Circumcision guidelines on data recording and reporting resulting in double reporting and capturing of unverifiable data.	Monitor compliance to guidelines.
	Non- compliance to HIV Testing Quality Controls resulting in potential risk of unreliable HIV test results.	Monitor Rapid Testing Continuous Quality Improvement (RTCQI) Organize and expose HIV testers to

		proficiency testing.

BUDGET PROGRAMME 3: ERMEGENCY MEDICAL SERVICES

PROGRAMME PURPOSE

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

The Emergency Medical Services is to provide:

- Emergency response (including the stabilization of patients) and transport to all patients involved in trauma, medical/maternal and other emergencies through the utilization of specialized vehicles, equipment and skilled Emergency Care practitioners.
- Pre-hospital emergency medical care within the national norms of responding to life threatening incidents (Priority 1 calls) within 15 minutes in urban and 40 minutes in rural areas.
- Medical inter-facility transfers to accommodate downward and upward referrals in the healthcare system,
- Medical Rescue in local municipalities that lacks the resources (equipment and human capital) and
- Non - Emergency and Planned Patient Transport
- Mass casualty incident management. Conduct surveillance and facilitate action in response to Early Warning Systems for the Department and activate effective response protocols in line with the provisions of the Disaster Management Act, Act No. 57 of 2002.to all inhabitants of Mpumalanga Province and visitors

SOPA PRIORITIES 2020/21

- Procurement of 67 Ambulances
- Procurement of life saving equipment

9.8. Annual Targets for Emergency Medical Services (EMS)

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	EMS P1 Urban response time improved	EMS P1 urban response under 30 minutes	72.3%	71%	63.3%	73%	65%	65%	65%	65%	65%	65%	65%
		Numerator	1408	1493	1621	1859	1929	482	482	482	482	2056	2146
		Denominator	1945	2101	2558	2546	2641	660	660	660	660	2741	2859
	EMS P1 Rural response time improved	EMS P1 rural response under 60 minutes	69.5%	68%	63.4%	69%	69%	69%	69%	69%	69%	70%	70%
		Numerator	6690	6620	6690	7346	7452	1863	1863	1863	1863	7662	7892
		Denominator	9624	9724	10544	10636	10789	2697	2697	2697	2697	10936	11268

Explanation of Planned Performance over the Medium Term Period

Pre – hospital Emergency Medical care

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

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

Maternal and neonatal Mortality prevention

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

Patient Transport Services

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

Disaster Risk Management

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

Emergency Management Centres

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

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

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

9.8.1. Budget Allocations

TABLE EMS5: EXPENDITURE ESTIMATE: EMERGENCY MEDICAL SERVICES

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
1. Emergency transport	321 913	357 188	357 395	413 036	414 314	405 394	450 108	494 623	584 354
2. Planned Patient Transport	6 276	14 331	6 017	22 281	22 281	22 281	33 664	35 132	36 796
Total payments and estimat	**328 189**	**371 519**	**363 412**	**435 317**	**436 595**	**427 675**	**483 772**	**529 755**	**621 150**

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
Current payments	**318 671**	**350 037**	**351 809**	**385 640**	**382 961**	**374 041**	**390 738**	**431 162**	**495 750**
Compensation of employees	267 257	291 567	291 774	314 052	312 052	303 132	320 640	351 872	405 669
Salaries and wages	228 697	248 952	243 946	266 067	264 067	252 162	263 277	290 826	335 252
Social contributions	38 560	42 615	47 828	47 985	47 985	50 970	57 363	61 046	70 416
Goods and services	51 407	58 470	60 035	71 588	70 909	70 909	70 098	79 290	90 081
Administrative fees	20	7	6	18	15	15	25	26	31
Minor Assets	–	–	–	–	97	97	–	–	–
Catering: Departmental a	97	24	–	–	9	9	10	10	11
Communication (G&S)	1 952	1 496	1 308	1 629	1 327	1 327	1 733	1 816	2 095
Contractors	–	–	–	–	222	222	239	250	289
Fleet services (incl. gove	32 687	36 498	39 764	49 285	49 285	49 285	46 672	54 654	62 162
Inventory: Clothing mater	–	1 026	–	–	–	–	–	–	–
Inventory: Chemicals,fue	50	1	–	–	–	–	–	–	–
Inventory: Medical suppli	200	95	94	118	747	747	709	830	957
Consumable supplies	956	209	31	1 206	1 569	1 581	2 500	2 620	2 743
Cons: Stationery,printing	557	1 304	697	1 062	984	984	1 031	1 081	1 247
Operating leases	14 345	13 311	17 672	17 706	15 991	15 991	16 525	17 318	19 756
Property payments	193	4 269	241	400	290	290	289	303	349
Transport provided: Depa	–	–	–	9	9	9	–	–	–
Travel and subsistence	350	209	222	135	155	155	201	211	244
Training and development	–	–	–	–	149	149	164	171	197
Operating payments	–	21	–	20	60	48	–	–	–
Interest and rent on land	7	–	–	–	–	–	–	–	–
Interest (Incl. interest on fi	7	–	–	–	–	–	–	–	–
Transfers and subsidies	**129**	**483**	**1 165**	**–**	**807**	**807**	**1 390**	**1 457**	**1 526**
Provinces and municipalities	–	–	1 034	–	500	500	1 000	1 048	1 098
Provinces	–	–	1 034	–	500	500	1 000	1 048	1 098
Provincial Revenue Fu	–	–	1 034	–	–	–	1 000	1 048	1 098
Provincial agencies anc	–	–	–	–	500	500	–	–	–
Households	129	483	131	–	307	307	390	409	428
Social benefits	129	483	131	–	307	307	390	409	428
Payments for capital assets	**9 389**	**20 999**	**10 438**	**49 677**	**52 827**	**52 827**	**91 644**	**97 136**	**123 874**
Machinery and equipment	9 389	20 999	10 438	49 677	52 827	52 827	91 644	97 136	123 874
Transport equipment	2 994	20 905	10 028	49 046	48 056	48 056	72 644	78 660	110 996
Other machinery and equi	6 395	94	410	631	4 771	4 771	19 000	18 476	12 878
Payments for financial asse	–	–	–	–	–	–	–	–	–
Total economic classificatic	**328 189**	**371 519**	**363 412**	**435 317**	**436 595**	**427 675**	**483 772**	**529 755**	**621 150**

Programme 3: Expenditure estimates narrative

Emergency Services provides for all emergency medical services including ambulance service, communication and air ambulance services. The increase in the 2020/21 FY relates to the continuous integration of PPT into EMS, procurement of the CAD (Computer Aided Dispatch) system and increased budget for Ambulances. The Department has piloted Planned Patient Transport in Gert Sibande District and provision is made to implement on Nkangala and Ehlanzeni Districts. The CAD system shall assist the Department with monitoring of our ambulances and as results reduce the fleet account. A budget amounting to R54.6 million is set aside for the procurement of additional ambulances in order to reduce dissatisfaction by the Mpumalanga community. The Department will continue to invest in the fleet infrastructure of the programme in the MTEF period.

9.8.2. Key Risks

Outcome	Risk	Mitigating factors
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	EMS failure to take control of PPTS (Planned Patient Transport Services)	a. Integration of PPTS into EMS Implement Operational PPTS plan
	Ineffective Emergency Communication Center (ECC)	a. Appointment of shift leaders. Upgrading of the communication center system
	Inadequate/ inappropriate emergency vehicles Inadequate/ inappropriately qualified personnel	a. Procure some additional EMS vehicles b. Appropriate skilled ALS practitioners c. Appointment of Emergency Care Technicians and ALS Practitioners

BUDGET PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

PROGRAMME PURPOSE

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

9.9. Annual Targets Regional Health Services

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce maternal deaths in facility	Institutional Maternal Morality Ratio	191/ 100 000	179/ 100 000	149/ 100 000	Not in plan	103/ 100 000	73/ 100 000	142/100 000	81/ 100 000	103/ 100 000	97/ 100 000	91/ 100 000
		Numerator:	21	21	17	Not in plan	17	3	6	10	17	16	15
		Denominator:	10 974	11 686	11 393	Not in plan	16 400	4100	8200	12 300	16 400	16 400	16 450
	Reduce all death under 5yrs in facility	Death under 5 years against live birth rate	New indicator	New indicator	New indicator	New indicator	15 Per 1000 live birth	15 Per 1000 live birth	15 Per 1000 live birth	15 Per 1000 live birth	15 Per 1000 live birth	14.5 Per 1000 live birth	13 Per 1000 live birth
		Numerator:	New indicator	New indicator	New indicator	New indicator	170	42	42	43	43	164	159
		Denominator:	New indicator	New indicator	New indicator	New indicator	11 000	275	275	275	275	11 300	11 800
		Child under 5 years diarrhoea case fatality rate	1.6%	2.4%	2.1%	Not in plan	<2%	<2%	<2%	<2%	<2%	<2%	<2%
		Numerator:	9	7	8	Not in plan	6	2	1	2	1	6	5
		Denominator:	560	291	385	Not in plan	390	100	95	100	95	390	390
		Child under 5 years pneumonia case fatality rate	3.4%	1.9%	1.9	Not in plan	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
		Numerator:	22	9	9	Not in plan	8	2	2	2	2	7	6
		Denominator:	655	472	478	Not in plan	490	120	120	120	130	480	480
		Child under 5 years severe acute malnutrition case fatality rate	12.2%	6.7%	4.1%	Not in plan	<6.5%	<6.5%	<6.5%	<6.5%	<6.5%	<6%	<5%
		Numerator:	22	7	4	Not in plan	5	2	1	1	1	4	4
		Denominator:	180	104	97	Not in plan	100	25	25	25	25	90	90

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
								2020/21 Quarterly Targets					
			2016/17	2017/18	2018/19	2019/20	2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
Quality of health services in public health facilities improved	Patient experience of care improved	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	Not in plan	Not in plan	Not in plan	85%	-	-	85%	-	85%	85%
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	603	-	-	603	-	638	646
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	710	-	-	710	-	750	760

9.10. Annual Targets Specialised Hospital Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
								2020/21 Quarterly Targets					
			2016/17	2017/18	2018/19	2019/20	2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
Quality of health services in public health facilities improved	Patient experience of care increased	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	Not in plan	Not in plan	Not in plan	85%	-	-	85%	-	85%	85%
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	127	-	-	127	-	638	646
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	150	-	-	150	-	1	150

Explanation of Planned Performance over the Medium Term Period:

Institutional Maternal Morality Ratio is currently at 234/100 000 live births. The Department plans to reduce maternal mortality at Tertiary hospitals from 234/100 000 to 210/100 000 in 2022/2023 through procurement of equipment and appointment of skilled Healthcare professionals for the maternity units. The department's intervention in reducing the under 5 year's deaths in facility rate is to ensure adequate staffing for the pediatric units for Tertiary hospitals. Tertiary Hospitals are preparing for the Ideal Hospital assessment processes as preparation towards NHI. Patient's experience of care will be improved in Tertiary hospitals through implementation of customer care strategies including waiting time management

9.10.1. Budget Allocations

TABLE PHS5: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19	2019/20			2020/21	2021/22	2022/23
1. General (Regional) Hospital:	1 005 225	1 084 521	1 142 554	1 295 723	1 222 422	1 245 471	1 311 914	1 409 126	1 475 359
2. Tuberculosis Hospitals	181 906	176 879	182 362	199 068	175 734	171 891	176 114	197 548	207 031
3. Psychiatric/ Mental Hospital:	34 349	41 341	43 857	46 521	46 521	46 521	47 386	49 661	51 995
4. Sub-acute, Step down and (	–	–	–	–	–	–	–	–	–
5. Dental Training Hospitals	–	–	–	–	–	–	–	–	–
6. Other Specialised Hospitals	–	–	–	–	–	–	–	–	–
Total payments and estimat	**1 221 480**	**1 302 741**	**1 368 773**	**1 541 312**	**1 444 677**	**1 463 883**	**1 535 414**	**1 656 335**	**1 734 385**

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19	2019/20			2020/21	2021/22	2022/23
Current payments	**1 214 547**	**1 295 426**	**1 362 563**	**1 536 581**	**1 438 623**	**1 457 253**	**1 529 171**	**1 649 792**	**1 727 531**
Compensation of employees	924 303	1 003 800	1 035 490	1 127 441	1 120 152	1 138 782	1 219 642	1 306 413	1 367 986
Salaries and wages	822 764	893 302	916 819	1 000 239	993 600	1 009 252	1 076 062	1 154 151	1 208 542
Social contributions	101 539	110 498	118 671	127 202	126 552	129 530	143 580	152 262	159 444
Goods and services	290 234	291 623	327 032	409 140	318 471	318 469	309 529	343 379	359 545
Administrative fees	11 282	14 093	9 686	9 818	8 415	8 415	9 030	9 463	9 909
Minor Assets	789	29	57	391	114	143	–	–	–
Catering: Departmental a	6	7	9	–	75	80	101	105	110
Communication (G&S)	3 592	3 255	2 874	3 999	2 621	2 816	3 144	3 295	3 451
Computer services	507	39	–	–	10	–	–	–	–
Consultants: Business an	–	–	–	1 500	1 432	4 227	1 572	1 647	1 724
Laboratory services	28 227	31 003	39 463	75 222	42 924	42 924	39 974	46 809	49 012
Contractors	35 093	41 557	44 059	46 950	46 731	46 756	47 537	49 819	52 161
Agency and support / out	8 024	6 348	17 634	11 970	12 026	12 045	19 241	20 165	21 113
Fleet services (incl. gove	9 604	8 665	8 296	9 285	8 002	8 002	7 434	8 705	9 116
Inventory: Clothing mater	–	8	–	–	–	–	–	–	–
Inventory: Farming suppli	–	71	–	–	–	–	–	–	–
Inventory: Food and food	19 012	21 467	18 890	23 421	23 873	22 714	24 624	25 806	27 027
Inventory: Chemicals,fue	4 985	3 844	–	11	–	–	–	–	–
Inventory: Medical suppli	63 277	59 110	80 429	124 682	91 846	91 846	79 959	93 631	98 033
Inventory: Medicine	61 868	62 391	66 478	58 132	32 238	32 238	27 073	31 702	33 194
Inventory: Other supplies	–	2 033	–	2 103	–	–	–	–	–
Consumable supplies	11 315	6 947	7 740	9 593	9 921	8 937	10 363	10 860	11 373
Cons: Stationery,printing	2 305	2 007	1 238	2 233	2 362	2 362	2 792	2 926	3 064
Operating leases	4 103	5 305	4 982	1 939	1 819	1 421	1 044	1 094	1 145
Property payments	21 453	18 840	20 437	23 125	28 953	28 953	30 195	31 644	33 136
Transport provided: Depa	44	56	69	83	159	123	252	264	277
Travel and subsistence	2 676	2 172	2 516	2 079	2 629	2 195	2 276	2 386	2 498
Training and development	1 773	2 286	2 074	2 515	2 232	2 203	2 679	2 807	2 939
Operating payments	299	90	101	89	89	69	239	251	263
Interest and rent on land	10	3	41	–	–	2	–	–	–
Interest (incl. interest on fi	10	3	41	–	–	2	–	–	–
Transfers and subsidies	**4 433**	**6 327**	**6 200**	**1 098**	**3 137**	**3 713**	**3 243**	**3 399**	**3 559**
Departmental agencies and a	48	25	20	113	105	37	74	78	82
Departmental agencies (n	48	25	20	113	105	37	74	78	82
Households	4 385	6 302	6 180	985	3 032	3 676	3 169	3 321	3 477
Social benefits	4 385	6 302	6 180	985	3 032	3 676	3 169	3 321	3 477
Payments for capital assets	**2 500**	**988**	**10**	**3 633**	**2 917**	**2 917**	**3 000**	**3 144**	**3 295**
Machinery and equipment	2 500	988	10	3 633	2 917	2 917	3 000	3 144	3 295
Transport equipment	–	–	–	–	335	335	–	–	–
Other machinery and equi	2 500	988	10	3 633	2 582	2 582	3 000	3 144	3 295
Payments for financial asse	–	–	–	–	–	–	–	–	–
Total economic classificatic	**1 221 480**	**1 302 741**	**1 368 773**	**1 541 312**	**1 444 677**	**1 463 883**	**1 535 414**	**1 656 335**	**1 734 385**

Programme 4: Expenditure estimates narrative

The growth in Programme 4 in 2020/21 relates to the increased budget for households due to exit of old staff from the system and an additional budget of R10 million on compensation of employees to appoint heads of clinical units. The is a reduction on goods and services throughout the 2020/21 MTEF on TB hospitals due to the introduction of the new drug which is funded in the HIV grant and decentralization of patient treatment last financial year. The programme has no capital budget throughout the MTEF. A budget

9.10.2. Key Risks

Outcome	Risk	Mitigating factors
Maternal, Neonatal, Infant and Child Mortality reduced	• Inadequately trained clinicians • Increase in preventable deaths • Shortages of both human, equipment and material resources	• Prioritize training of clinicians • Conduct clinical governance meetings • Prioritize the appointment of skilled Health care professionals • Procure and maintain equipment and consumables
	• Shortage of neonatal beds • Inadequately trained clinicians • Increase in preventable deaths	• Strengthen provision of neonatal high care units and ICU in regional and tertiary hospitals • Prioritize training of clinicians • Monitor ESMOE fire drills in facilities
Quality of health services in public health facilities improved	Patients safety incidences	a. Fill the critical vacant positions b. Develop implement and monitor clinical protocols and procedures c. Procure the needed medical equipment and consumables d. Conduct clinical audits and peer reviews per discipline
	Incomplete access of level 2 services	a. Headhunt and appoint specialist b. Conduct quarterly referral meetings with feeder facilities
	Poor patient care and long patient waiting times	a. Train staff in customer care b. Re-launch Batho Pele Principles c. Conduct quarterly referral meetings with feeder hospitals d. Strengthen outreach programmes to regional and district hospitals

BUDGET PROGRAMME 5: PROVINCIAL HOSPITAL SERVICES

PROGRAMME PURPOSE

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

9.11. Annual Targets Provincial Tertiary Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
								2020/21 Quarterly Targets					
			2016/17	2017/18	2018/19	2019/20	2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce maternal deaths in facility	Institutional Maternal Morality Ratio	311/100 000	330/100 000	234/100 000	Not in plan	157/100 000	126/100 000	126/100 000	140/100 000	157/100 000	145/100 000	134/10 0 000
		Numerator:	28	31	22	Not in plan	15	3	6	10	15	14	13
		Denominator:	8 983	9 376	9 379	Not in plan	9500	2375	4750	7125	9500	9600	9700
	Reduce all death under 5yrs in facility	Death under 5 years against live birth rate	New indicator	New indicator	New indicator	New indicator	29 Per 1000 live birth	29 Per 1000 live birth	29 Per 1000 live birth	29 Per 1000 live birth	29 Per 1000 live birth	28 Per 1000 live birth	27 Per 1000 live birth
		Numerator:	New indicator	New indicator	New indicator	New indicator	290	72	72	73	73	280	273
		Denominator:	New indicator	New indicator	New indicator	New indicator	10 000	2 500	2 500	2 500	2 500	10 000	10 000
		Child under 5 years diarrhoea case fatality rate	1.1%	1.9%	4.9%	Not in plan	<3.4%	<3.4%	<3.4%	<3.4%	<3.4%	<3%	<2.6%
		Numerator:	5	4	10	Not in plan	8	2	2	2	2	7	6
		Denominator:	462	208	206	Not in plan	230	57	57	57	58	230	230
		Child under 5 years pneumonia case fatality rate	2.9%	1.1%	4.7%	Not in plan	<.4%	<4%	<4%	<4%	<4%	<3.2%	<2.9%
		Numerator:	14	2	12	Not in plan	10	3	2	3	2	8	7
		Denominator:	483	179	254	Not in plan	250	75	50	75	50	245	240

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
		Child under 5 years severe acute malnutrition case fatality rate	2.7%	2.2%	5%	Not in plan	<4%	<4%	<4%	<4%	<4%	<4%	<4%
		Numerator:	4	2	8	Not in plan	7	1	2	2	2	6	6
		Denominator:	148	92	159	Not in plan	150	30	40	40	40	150	150
Quality of health services in public health facilities improved	Patient experience of care increased	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	Not in plan	Not in plan	Not in plan	85%	-	-	85%	-	85%	85%
		Numerator:	Not in plan	Not in plan	Not in plan	Not in plan	626	-	-	626	-	638	646
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	737	-	-	737	-	750	760

Explanation of Planned Performance over the Medium Term Period

Institutional Maternal Morality Ratio is currently at 149/100 000 live births. The Department plans to reduce maternal mortality at Regional hospitals from 149/100 000 to 119/100 000 in 2022/2023 through procurement of equipment and appointment of skilled Healthcare professionals for the maternity units. The department's intervention in reducing the under 5 year's deaths in facility rate is to ensure adequate staffing for the pediatric units for regional hospitals. Both the regional and specialized TB hospitals are preparing for the Ideal Hospital assessment processes as preparation towards NHI. Patient's experience of care will be improved in both Regional and specialized TB hospitals through implementation of customer care strategies including waiting time management.

9.11.1. Budget Allocations

TABLE THS5: EXPENDITURE ESTIMATES: TERTIARY HOSPITALS

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
1. Central Hospital Services	–	–	–	–	–	–	–	–	–
2. Provincial Tertiary Hospital	1 026 751	1 154 506	1 222 888	1 327 268	1 303 516	1 320 848	1 324 132	1 518 977	1 590 369
Total payments and estimat	**1 026 751**	**1 154 506**	**1 222 888**	**1 327 268**	**1 303 516**	**1 320 848**	**1 324 132**	**1 518 977**	**1 590 369**

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
Current payments	**1 009 360**	**1 128 763**	**1 189 766**	**1 276 306**	**1 263 687**	**1 280 593**	**1 293 996**	**1 487 205**	**1 557 102**
Compensation of employees	713 991	803 214	819 077	896 488	899 431	916 337	971 117	1 028 810	1 077 164
Salaries and wages	637 784	719 081	729 473	800 620	802 723	818 453	862 832	914 723	957 715
Social contributions	76 207	84 133	89 604	95 868	96 708	97 884	108 285	114 087	119 449
Goods and services	295 365	325 549	370 561	379 818	364 256	364 253	322 879	458 395	479 938
Administrative fees	10 446	14 248	11 622	9 045	10 665	10 665	12 451	13 046	13 659
Minor Assets	925	67	130	138	181	181	–	–	–
Catering: Departmental a	10	10	6	–	5	7	–	–	–
Communication (G&S)	4 241	3 145	3 014	3 651	3 362	3 360	3 546	3 717	3 892
Computer services	22	1	–	26	–	–	–	–	–
Laboratory services	41 468	45 583	57 400	64 176	53 654	53 654	47 107	55 218	57 813
Contractors	19 417	33 725	40 008	23 665	39 206	39 206	52 166	47 319	49 543
Agency and support / out	15 892	13 234	18 103	18 217	26 167	26 167	11 620	12 178	12 750
Fleet services (incl. gove	3 619	3 263	3 303	4 410	3 823	3 823	3 587	4 201	4 398
Inventory: Clothing mater	–	3	–	–	–	–	–	–	–
Inventory: Food and food	14 322	13 790	13 717	13 885	12 869	12 869	15 129	15 855	16 600
Inventory: Chemicals,fue	6 158	71	–	111	–	–	–	–	–
Inventory: Medical suppli	91 105	96 357	121 001	131 920	116 115	116 115	90 010	102 292	107 100
Inventory: Medicine	46 584	58 901	61 730	63 626	47 549	47 549	38 151	149 954	157 002
Inventory: Other supplies	–	2 450	–	2 365	–	–	–	–	–
Consumable supplies	5 852	4 687	4 897	4 477	7 146	7 137	7 316	7 668	8 028
Cons: Stationery,printing	1 378	1 347	1 401	1 218	1 218	1 227	3 257	3 414	3 574
Operating leases	566	1 035	742	1 304	908	908	729	764	800
Property payments	32 393	32 643	32 813	36 823	40 635	40 635	36 980	41 898	43 867
Transport provided: Depa	–	–	46	–	100	100	113	119	125
Travel and subsistence	615	914	531	691	583	580	667	699	732
Training and development	219	3	–	–	–	–	–	–	–
Operating payments	133	72	97	70	70	70	50	53	55
Interest and rent on land	4	–	128	–	–	3	–	–	–
Interest (Incl. interest on fi	4	–	128	–	–	3	–	–	–
Transfers and subsidies	**2 389**	**2 438**	**2 484**	**934**	**1 000**	**1 426**	**1 157**	**1 213**	**1 269**
Departmental agencies and a	16	10	8	50	50	9	50	53	55
Departmental agencies (nc	16	10	8	50	50	9	50	53	55
Households	2 373	2 428	2 476	884	950	1 417	1 107	1 160	1 214
Social benefits	2 373	2 368	2 416	884	884	1 357	1 107	1 160	1 214
Other transfers to househo	–	60	60	–	66	60	–	–	–
Payments for capital assets	**15 002**	**23 305**	**30 638**	**50 028**	**38 829**	**38 829**	**28 979**	**30 559**	**31 998**
Machinery and equipment	15 002	23 305	30 638	50 028	38 829	38 829	28 979	30 559	31 998
Other machinery and equi	15 002	23 305	30 638	50 028	38 829	38 829	28 979	30 559	31 998
Payments for financial asse	–	–	–	–	–	–	–	–	–
Total economic classificatic	**1 026 751**	**1 154 506**	**1 222 888**	**1 327 268**	**1 303 516**	**1 320 848**	**1 324 132**	**1 518 977**	**1 590 369**

Programme 5: Expenditure estimates narrative

Central Hospital Services provides tertiary health services and includes the National Tertiary Services Grant provided to scale up tertiary services in the two tertiary facilities. The Programme is underfunded in the National Tertiary Services Grant of which the Department only receives 1 per cent of the provincial allocation. The Growth in 2020/21 is due to the increased budget to fund Dialysis, a budget of 17 million to establish nephrology, cardiology and radiology services, as well as the increased budget for households for the old employees with high-capped leave exiting the system. The reduction in Machinery and equipment in 2020/21 is due to fact that there is no provision from equitable share. An amount of R6 million has been set aside to install meters at Rob Ferreira hospital nurses residence, this initiative will increase the Departments revenue collection and reduce water and electricity costs.

The Department is receiving indirect grant for the oncology services. In addition, the Department plans to build partnerships with the private sector on the certain services needed by patients.

9.11.2. Key Risks

Outcome	Risk	Mitigating factors
Maternal, Neonatal, Infant and Child Mortality reduced	Incomplete package of T1 services	a. Increase number of registrars b. Strengthen relationship with academic institutions c. Increase the number of specialists
Quality of health services in public health facilities improved	Patients safety incidences	e. Fill the critical vacant positions f. Develop implement and monitor clinical protocols and procedures g. Procure the needed medical equipment and consumables Conduct clinical audits and peer reviews per discipline
	Poor patient care and long patient waiting times	a. Train staff in customer care b. Re-launch Batho Pele Principles c. Conduct quarterly referral meetings with feeder hospitals d. Strengthen outreach programmes to regional and district hospitals

BUDGET PROGRAMME 6: HEALTH SCIENCE AND TRAINING (HST0

PROGRAMME PURPOSE

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

9.12. Annual Targets For Health Science And Training (HST)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2016/17	2017/18	2018/19	2019/20	2020/21	2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
Quality of health services in public health facilities improved	Increase capacity in health facilities	Number of Healthcare workers trained on critical clinical skills	Not in plan	Not in plan	5830	5000	5000	700	1500	2000	800	5000	5000
		Bursaries awarded to first year nursing students	Not in plan	Not in plan	90	80	70 –Dip in nursing 60 Adv Dip in Midwifery	0	0	0	70 –Dip in nursing 60 Adv Dip in Midwifery	120 Diploma 60 Adv Dip in Midwifery 20 Bachelor in Nursing	205 Diploma 60 Adv Dip in Midwifery 30 Bachelor in Nursing 60 Certificate in nursing
		District training and development plan for frontline service delivery points developed	Not in plan	Not in plan	Not in plan	Not in plan	100	0	50	50	0	100	100

Explanation of Planned Performance over the Medium Term Period:

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

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

9.12.1. Budget Allocations

TABLE HST4: EXPENDITURE ESTIMATES: HEALTH SCINECE AND TRAINING

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
1. Nurse Training Colleges	181 769	169 789	151 241	217 978	194 745	159 878	163 098	194 676	220 759
2. EMS Training Colleges	4 634	4 578	4 287	4 912	3 707	3 707	1 776	1 885	1 975
3. Bursaries	70 575	73 111	60 397	77 905	57 528	57 623	62 190	65 782	69 537
4. Primary Health Care Trainin	4 627	4 776	5 376	5 807	8 593	4 729	5 674	6 021	6 309
5. Training Other	111 296	115 543	144 537	145 751	160 625	159 476	248 119	256 567	251 529
Total payments and estimat	**372 901**	**367 797**	**365 838**	**452 353**	**425 198**	**385 413**	**480 857**	**524 931**	**550 109**

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
Current payments	**307 244**	**289 852**	**288 557**	**372 158**	**335 558**	**297 704**	**407 836**	**448 049**	**468 951**
Compensation of employees	253 997	241 162	234 047	304 937	274 296	236 442	339 904	376 845	395 269
Salaries and wages	229 182	217 950	212 967	269 926	247 729	216 438	309 924	340 532	347 945
Social contributions	24 815	23 212	21 080	35 011	26 567	20 004	29 980	36 313	47 324
Goods and services	53 146	48 690	54 510	67 221	61 262	61 262	67 932	71 204	73 682
Administrative fees	281	822	113	937	370	364	824	869	911
Minor Assets	–	–	586	209	645	645	–	–	162
Bursaries: Employees	604	1 057	–	–	–	1 561	–	–	–
Catering: Departmental a	268	–	91	–	162	161	38	40	41
Communication (G&S)	213	217	230	274	240	240	227	242	252
Computer services	–	201	133	–	–	–	–	–	–
Consultants: Business an	315	–	–	267	–	60	289	303	317
Contractors	–	–	32	–	–	–	–	–	–
Agency and support / out	23 529	17 495	19 337	24 887	20 027	18 466	10 153	10 731	10 324
Fleet services (incl. gove	1 047	1 273	1 219	1 166	1 166	1 166	1 647	1 727	1 808
Inventory: Clothing mater	–	5	–	–	–	–	–	–	–
Inventory: Food and food	–	–	–	–	–	–	15 644	16 394	17 165
Inventory: Chemicals,fue	–	11	–	–	–	–	–	–	–
Inventory: Learner and te	–	–	–	16	16	16	–	–	–
Inventory: Medical suppli	–	470	134	10	67	67	–	–	–
Inventory: Medicine	–	–	–	–	–	–	44	46	48
Inventory: Other supplies	–	21	–	36	–	–	–	–	–
Consumable supplies	2 047	1 809	2 829	2 780	2 551	2 718	2 328	2 453	2 570
Cons: Stationery,printing	244	354	815	1 050	2 006	2 233	2 574	2 614	2 736
Operating leases	144	102	191	160	160	160	189	198	207
Property payments	441	388	274	490	3 217	3 217	314	329	345
Travel and subsistence	21 383	22 427	26 759	32 675	27 972	27 525	31 158	32 614	33 950
Training and development	2 300	1 973	1 475	2 116	1 806	1 806	1 479	1 572	1 645
Operating payments	246	65	213	105	798	798	961	1 006	1 132
Venues and facilities	34	–	79	–	59	59	63	66	69
Rental and hiring	50	–	–	43	–	–	–	–	–
Interest and rent on land	101	–	–	–	–	–	–	–	–
Interest (Incl. interest on fi	101	–	–	–	–	–	–	–	–
Transfers and subsidies	**65 621**	**70 288**	**67 649**	**76 605**	**84 884**	**82 953**	**71 857**	**75 882**	**80 110**
Departmental agencies and a	–	6 785	14 001	14 743	32 743	30 782	23 530	24 659	25 818
Departmental agencies (no	–	6 785	14 001	14 743	32 743	30 782	23 530	24 659	25 818
Households	65 621	63 503	53 648	61 862	52 141	52 171	48 327	51 223	54 292
Social benefits	65 621	63 503	791	25	304	334	327	343	359
Other transfers to househo	–	–	52 857	61 837	51 837	51 837	48 000	50 880	53 933
Payments for capital assets	**36**	**7 657**	**9 632**	**3 590**	**4 756**	**4 756**	**1 164**	**1 000**	**1 048**
Machinery and equipment	36	7 657	9 632	3 590	4 756	4 756	1 164	1 000	1 048
Transport equipment	–	–	1 010	–	–	–	–	–	–
Other machinery and equi	36	7 657	8 622	3 590	4 756	4 756	1 164	1 000	1 048
Payments for financial asse	–	–	–	–	–	–	–	–	–
Total economic classificatio	**372 901**	**367 797**	**365 838**	**452 353**	**425 198**	**385 413**	**480 857**	**524 931**	**550 109**

Programme 6: Expenditure estimates narrative

The sub-programme: *Nursing Training College* provides for the development of professional nurses in the nursing college. The increase in the 2020/21 financial year is due to the introduction of the Statutory Human Resource, which is a component of the Training and Development Grant previously known as HPTD (Health Professions Training and Development Grant), increase in the budget for HWSETA to cover the shortfall the Department always had. The Nursing College budget is reduced due to the insourcing of the Kitchen, which resulted in a saving.

A provision of R48 million is made for funding of the CUBA program students. The Programme will continue to implement the new curriculum and a special project was initiated to ensure that the college is fully accredited as a partial accreditation was obtain in the 2019/20 financial year.

9.12.2. Key Risks

Outcome	Risk	Mitigating factors
Quality of health services in public health facilities improved	Insufficient budget allocation for training implementation	Availability of RTC budget
	Inadequately trained personnel resulting in increased litigations.	Prioritize training to identified personnel
	Inability to prepare for accreditation	Assistance provided by NDoH
	Insufficient preparation for accreditation	Collaboration with other facilities
	Insufficient budget allocation for training implementation	Compliance to skills development levy's act.

BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

PROGRAMME PURPOSE

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

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

There are four directorates within programme 7 namely:

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

9.13. Annual Targets Health Care Support Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
								2020/21 Quarterly Targets					
			2016/17	2017/18	2018/19	2019/20	2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
Quality of health services in public health facilities improved	Increase number of hospitals compliant to radiation control prescripts	Number of hospitals compliant to radiation control prescripts in facilities	Not in plan	Not in plan	90%	97%	100%	100%	100%	100%	100%	100%	100%
		Numerator	Not in plan	Not in plan	27	29	29	8	8	8	5	29	29
		Denominator	Not in plan	Not in plan	30	30	29	8	8	8	5	29	29
	Maintain EML stock levels	Percentage Availability of Essential Medicine List (EML) at the Depot	Not in plan	Not in plan	Not in plan	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator	Not in plan	Not in plan	Not in plan	254	254	254	254	254	254	254	254
		Denominator				287	287	287	287	287	287	287	287
	Increase CCMDD registration of patients	Number of clients registered on Central Chronic Medicine Dispensing and Distribution (CCMDD) programme.	Not in plan	Not in plan	261 551	244 000	128861 (390 412)	15926+32 6705 (342631)	15926 (358557)	15926 (374483)	15929 (390409)	+6000 (450409)	+6000 (510400)
	Increase number of orthotic and prosthetic devices issued	Number of Orthotic and Prosthetic devices issued	Not in plan	Not in plan	4754	4250	4500	1125	1125	1125	1125	4750	5000
	Maintain number of functional blood transfusion committees	Number of hospitals audited for functionality of blood transfusion committees	Not in plan	Not in plan	28	28	28	28	28	28	28	28	28
	Maintain number of sites rendering Forensic Pathology Services	Number of sites rendering Forensic Pathology Services	Not in plan	Not in plan	21	21	21	21	21	21	21	21	21

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
	Increase number of hospitals providing laundry services	Number of hospitals providing laundry services	Not in plan	Not in plan	23/33	21/23	23/23	23	23	23	23	23	23

Explanation of Planned Performance over the Medium Term Period:

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

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

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

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

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

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

9.13.1. Budget Allocations

TABLE HCS3: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23
1. Laundries	26 725	25 113	30 878	35 710	42 203	41 806	38 976	42 093	44 097
2. Engineering	27 171	63 159	18 477	45 065	38 458	37 825	59 551	51 108	53 551
3. Forensic Services	69 995	71 996	86 450	94 014	94 232	92 542	102 389	109 135	114 360
4. Orthotic and Prosthetic Serv	3 994	4 042	4 191	4 763	6 763	5 786	7 018	7 390	7 740
5. Medicine Trading Account	12 808	12 711	17 932	15 299	94 641	94 673	106 768	112 144	117 431
Total payments and estimat	**140 693**	**177 021**	**157 928**	**194 851**	**276 297**	**272 632**	**314 702**	**321 870**	**337 179**

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2016/17	2017/18	2018/19	2019/20	Jan-00	Jan-00	2020/21	2021/22	2022/23
Current payments	**131 779**	**149 180**	**155 390**	**162 277**	**249 573**	**246 655**	**270 635**	**289 512**	**303 267**
Compensation of employees	98 241	109 032	118 871	127 094	128 694	125 776	132 713	145 111	152 076
Salaries and wages	85 690	95 207	103 377	112 037	113 429	109 484	114 882	125 964	132 010
Social contributions	12 551	13 825	15 494	15 057	15 265	16 292	17 831	19 147	20 066
Goods and services	33 538	40 148	36 519	35 183	120 879	120 879	137 922	144 401	151 191
Administrative fees	134	118	103	142	8 328	8 283	8 824	9 248	9 683
Minor Assets	225	69	–	–	–	–	–	–	–
Catering: Departmental a	18	–	–	–	–	–	138	145	152
Communication (G&S)	1 487	1 253	1 083	1 307	1 014	1 014	918	962	1 007
Consultants: Business an	2 020	257	–	–	–	–	–	–	–
Contractors	5 557	9 422	1 887	6 264	6 064	6 073	6 356	6 662	6 976
Agency and support / out	500	–	148	43	543	543	578	606	635
Fleet services (incl. gove	4 977	4 817	5 695	4 890	5 557	5 557	6 553	6 866	7 189
Inventory: Chemicals,fue	–	203	–	–	–	–	–	–	–
Inventory: Medical suppli	5 829	11 151	10 838	6 871	23 741	23 676	27 888	29 154	30 527
Inventory: Medicine	–	–	–	–	50 968	50 968	61 305	64 249	67 268
Inventory: Other supplies	–	2 764	–	2 897	2 050	2 050	–	–	–
Consumable supplies	8 212	5 666	10 252	8 178	16 140	16 203	17 984	18 847	19 733
Cons: Stationery,printing	628	117	73	640	161	159	145	153	159
Operating leases	574	530	2 101	855	2 070	1 911	1 930	2 022	2 118
Property payments	442	621	1 258	801	1 412	1 412	873	915	958
Transport provided: Depa	35	65	100	39	89	115	176	185	193
Travel and subsistence	2 738	2 829	2 858	2 227	2 705	2 842	4 241	4 374	4 579
Operating payments	79	101	7	29	37	38	13	13	14
Venues and facilities	83	165	116	–	–	35	–	–	–
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**123**	**91**	**115**	**269**	**67**	**48**	**67**	**70**	**74**
Households	123	91	115	269	67	48	67	70	74
Social benefits	123	91	115	269	67	48	67	70	74
Payments for capital assets	**8 791**	**27 750**	**2 423**	**32 305**	**26 657**	**25 929**	**44 000**	**32 288**	**33 838**
Machinery and equipment	8 791	27 750	2 423	32 305	26 657	25 929	44 000	32 288	33 838
Transport equipment	–	–	–	5 164	5 051	5 051	–	–	–
Other machinery and equi	8 791	27 750	2 423	27 141	21 606	20 878	44 000	32 288	33 838
Payments for financial asse	–	–	–	–	–	–	–	–	–
Total economic classificatic	**140 693**	**177 021**	**157 928**	**194 851**	**276 297**	**272 632**	**314 702**	**321 870**	**337 179**

Programme 7: Expenditure estimates narrative

The Laundry Services sub-programme provides laundry services to Middelburg, Bethal, Tintswalo, Mmmamethlake, Themba, Mapulaneng, and Barberton hospital. The growth in 2020/21 above the CPI is due to the established Mini laundry points in Evander, Witbank, and KwaMhlanga in order to provide an efficient service.

The Engineering Sub-programme provides maintenance services for medical and allied equipment as well as procurement thereof. An amount of 35 million has been budgeted for procurement of Medical equipment for the Department as procurement for medical equipment is centralized in this sub-programme. A budget of R 5 million has been made for maintenance and programme 8 has budgeted for medical and allied maintenance.

9.13.2. Key Risks

Outcome	Risk	Mitigating factors
Quality of health services in public health facilities improved	Suspension of X-ray services by Radiation Control (sealing of X-ray units due to noncompliance).	a. Fast track the filling of critical vacant posts. b. Develop, implement, and monitor maintenance plans for X-ray equipment for all facilities. c. Conduct Quality Assurance audits for compliance. d. Replacement of obsolete X-ray equipment.
	Insufficient supply of Essential Medicines due to inadequate warehouse management system.	a. Procure warehouse stock management system. b. Fast track the filling of critical vacant posts.
	Delayed production and issuing of MOP devices	a. Develop maintenance plan of MOP equipment and sign Service Level Agreement with service provider. b. Procurement of machinery and adequate consumables.
	Irrational use of blood and blood products.	a. Appointment of Senior Clinicians and training of health care professionals.
	Closure of FPS facilities by Department of Labour due to noncompliance to relevant legal prescripts.	a. Facilitate routine maintenance of FPS facilities and equipment b. Facilitate filling in of critical vacant funded pots c. Conduct academic training sessions for Medical Officers d. Facilitate Employee Wellness programme for employees

BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

PROGRAMME PURPOSE

The purpose of the programme is to build, upgrade, renovate, rehabilitate and maintain health facilities.

SOPA PRIORITIES 2020/21

- Upgrading of Bethal district hospital and the upgrading of Mmmetlhake district hospital is continuing..
- Kanyamazane CHC have already started
- The construction of Mapulaneng regional hospital have already started
- Installation of turnstiles at Witbank, Middleburg and Mapulaneng Hospitals.
- Department is a process of appointing service providers for the digitalisation of security systems such as installation of CCTV cameras and panic buttons in health facilities.
- laying the foundation for the introduction of the National Health Insurance.

9.14. Annual Targets for Health Facility Management

Outcome (as per SP 2020/21-2024/25)	Outputs	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		
Implement the costed infrastructure plan to improve efficiency and effectiveness of health services delivery	Improve access to health care	Percentage of Health facilities refurbished or rebuild	New Indicator	New Indicator	New Indicator	New Indicator	1.8%	-	-	-	1.8%	1,5%	1.8%
		Numerator	New Indicator	New Indicator	New Indicator	New Indicator	6	-	-	-	6	5	6
		Denominator	New Indicator	New Indicator	New Indicator	New Indicator	322	-	-	-	322	322	322

Explanation of Planned Performance over the Medium Term Period:

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

9.14.1. Budget Allocations

TABLE HFM4: EXPENDITURE ESTIMATES: HEALTH FACILITY MANAGEMENT

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

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2016/17**	**2017/18**	**2018/19**		**2019/20**		**2020/21**	**2021/22**	**2022/23**
1. Community Health Facilities	389 276	925 027	887 194	973 060	895 878	900 870	1 175 260	1 034 838	1 074 076
2. Emergency Medical Rescu	–	–	–	–	–	–	–	–	–
3. District Hospital Services	99 060	57 751	106 098	77 971	77 971	57 197	–	–	–
4. Provincial Hospital Services	194 685	202 534	262 770	266 944	266 944	287 718	423 922	393 783	416 374
5. Central Hospital Services	–	–	–	–	–	–	–	–	–
6. Other Facilities	–	–	–	–	–	–	–	–	–
Total payments and estimat	**683 021**	**1 185 312**	**1 256 062**	**1 317 975**	**1 240 793**	**1 245 785**	**1 599 182**	**1 428 621**	**1 490 450**

0	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2016/17**	**2017/18**	**2018/19**		**2019/20**		**2020/21**	**2021/22**	**2022/23**
Current payments	**217 690**	**223 277**	**302 584**	**331 171**	**406 566**	**406 309**	**403 797**	**457 638**	**490 152**
Compensation of employees	11 454	16 009	18 812	28 359	27 040	26 783	35 712	38 585	40 707
Salaries and wages	10 118	14 168	16 722	22 143	21 022	23 982	26 406	30 121	31 787
Social contributions	1 336	1 841	2 090	6 216	6 018	2 801	9 306	8 464	8 920
Goods and services	204 287	207 268	283 772	302 812	379 526	379 526	368 085	419 053	449 445
Administrative fees	21	7	64	221	172	156	120	125	131
Minor Assets	1 037	1 260	1 318	12 000	1 103	1 204	8 000	7 849	8 226
Catering: Departmental a	3	–	45	–	30	30	20	–	–
Communication (G&S)	89	123	130	458	458	458	288	282	296
Computer services	–	495	–	–	–	–	–	–	–
Contractors	6 948	15 512	11 471	50 000	23 779	23 779	68 800	66 523	68 782
Agency and support / out	22 241	4 062	–	4 586	258	191	277	290	304
Inventory: Chemicals,fue	–	2 396	–	–	–	–	–	–	–
Inventory: Medical suppli	31	4 489	936	–	737	813	–	–	–
Consumable supplies	37 422	36 737	47 295	58 560	62 910	62 910	64 000	68 389	71 603
Cons: Stationery,printing	27	161	342	2 570	2 570	2 540	510	535	561
Operating leases	1 030	3 472	2 567	11 813	12 938	12 938	15 781	17 359	19 095
Property payments	134 539	137 424	217 163	156 392	269 750	269 750	205 848	253 340	275 877
Travel and subsistence	863	1 001	2 000	2 350	3 759	3 664	2 956	3 111	3 260
Training and development	18	112	438	3 856	356	356	1 185	1 250	1 310
Operating payments	18	17	3	6	706	737	300	–	–
Interest and rent on land	1 949	–	–	–	–	–	–	–	–
Interest (Incl. interest on fi	1 949	–	–	–	–	–	–	–	–
Transfers and subsidies	**63**	**100**	**15**	**–**	**350**	**350**	**–**	**–**	**–**
Households	63	100	15	–	350	350	–	–	–
Social benefits	63	100	15	–	350	350	–	–	–
Payments for capital assets	**465 268**	**961 935**	**953 463**	**986 804**	**833 877**	**839 126**	**1 195 385**	**970 983**	**1 000 298**
Buildings and other fixed str	437 594	936 812	896 065	952 804	742 383	747 632	1 057 185	887 565	924 797
Buildings	437 594	936 812	896 065	952 804	742 383	747 632	1 057 185	887 565	924 797
Machinery and equipment	27 674	25 123	57 398	34 000	91 494	91 494	138 200	83 418	75 501
Transport equipment	–	–	–	3 000	3 000	3 000	–	–	–
Other machinery and equi	27 674	25 123	57 398	31 000	88 494	88 494	138 200	83 418	75 501
Payments for financial asse	–	–	–	–	–	–	–	–	–
Total economic classificatic	**683 021**	**1 185 312**	**1 256 062**	**1 317 975**	**1 240 793**	**1 245 785**	**1 599 182**	**1 428 621**	**1 490 450**

Programme 8: Expenditure estimates narrative

The key cost drivers for this programme are coal, diesel, infrastructure lease, maintenance of facilities and medical equipment, and Building and other fixed structures. The programme has an immense pressure on the building and other fixed structure, to complete capital projects. The pressure is due to late appointment of contractors and slow movement on site. The pressure for the 2020/21 financial year amounts to R 1.3 million for the capital Projects.

The Department has planned to improve safety and security in all healthcare facilities. That entails installation of security systems (Turnstiles, fencing, security gates, and metal detectors), installation of digital security solutions (CCTV cameras and panic buttons) and the appointment of security officers and security risk managers in the districts and hospitals. The budget is R 10 million, R35 million and R4.8 million respectively for the above listed activities

9.14.2. Key Risks

Outcome	Risk	Mitigating factors
1 Health facilities refurbished and adequately maintained to ensure effective service delivery	Inadequate access to health facilities impacting on health outcomes Unsafe health facilities to patients and employees	Conduct assessment of health facilities and prioritization Develop and implement maintenance plan Establish maintenance Hubs.

10. INFRASTRUCTURE PROJECTS

This section of the APP must reconcile the Budget and MTEF with the infrastructure and other capital projects set out in the 5-year Strategic Plan.

No.	Project Name	Programme	Project Description	Outputs	Project Start Date	Project Completion Date	Total Estimated cost	Current year Expenditure
1.	Kamdladla Clinic - Construction of New clinic and Refurbishment of Existing Facilities	Programme: 8 Health Facility Management	Construction of New Clinic, Guardhouse and refurbishment of existing facilities	Progress 53%	9/13/2019	10/5/2020	8557887	1795577.24
2.	KaNyamazane Community Health Centre (Construction of new Community Health Centre and accommodation	Programme: 8 Health Facility Management	Construction of new Community Health Centre and accommodation units including associated external works	Contractor has been appointed busy with the contractor documentation.	4/4/2016	2/25/2021	29661017	1798128.48
3.	Themba Hospital: Construction of a New Maternity Ward	Programme: 8 Health Facility Management	Construction of a New Maternity Ward and Helipad	Planning phase, the final approval stage of the design	4/4/2016	10/29/2021	214486000	19380378.21
4.	Oakley Clinic: Construction of Clinic, 2 x 2 staff accomodation units, guard house, fence, water	Programme: 8 Health Facility Management	Construction of Clinic, 2 x 2 staff accomodation units, guard house, fence, water, electricity, installation of medical equipment and external works.	Progress 98%, finishing snag list	10/23/2017	6/30/2020	60730828.47	8643671.65
5.	Rob Ferreira hospital: Upgrading of Allied building to an Oncology Ward	Programme: 8 Health Facility Management	Upgrading of Allied building to an Oncology Ward	Progress is 15%	9/30/2019	12/11/2020	21287932	1394034.90

No.	Project Name	Programme	Project Description	Outputs	Project Start Date	Project Completion Date	Total Estimated cost	Current year Expenditure
6.	Mapulaneng Hospital: Construction of building works (Phase 3A)	Programme: 8 Health Facility Management	Construction of New Mapulaneng Hospaitl Phase 3A, Main works (OPD,others) in Bushbuckridge Local Municipality In the Mpumalanga Province.	Site handover is scheduled for the 23rd March 2020.	9/12/2017	3/1/2022	2700000000	13641756.18
7.	Mapulaneng Hospital: Construction of building works (Phase 3B)	Programme: 8 Health Facility Management	Construction of New Mapulaneng Hospaitl Phase 3B, Main works (Wards, Others) in Bushbuckridge Local Municipality In the Mpumalanga Province.	Site handover is scheduled for the 23rd March 2020.	9/12/2017	2/27/2025	-	13641756.18

8.	Mapulaneng Hospital: Construction of building works (Phase 3C)	Programme: 8 Health Facility Management	Construction of New Mapulaneng Hospaitl Phase 3C, Main works (Residences, Others) in Bushbuckridge Local Municipality In the Mpumalanga Province.	Site handover is scheduled for the 23rd March 2020.	9/12/2017	2/27/2025	641245329.3	13641756.18
9.	Matibidi Hospital: Repairs, rehabilitation and refurbishment Project to the casualty and other build	Programme: 8 Health Facility Management	Repairs, rehabilitation and refurbishment Project to the casualty and other building facilities (2019/20)	Progress is 100% complete	6/7/2019	2/7/2020	1207949.6	1207949.60
10.	Rob Ferreira Hospital: (Phase 2A) Renovations and alterations to the existing nurses accommodation	Programme: 8 Health Facility Management	Renovations and alterations to the existing nurses accommodation building (Phase 2A) Repairs and upgrades to electrical and mechanical fire installations, & related building works. Provision & installation of scaffolding and mobile cranes	Progress is 4%	11/27/2019	12/31/2020	661000	
11.	Rob Ferreira Hospital: (Phase 2B)Renovations and Alterations to the Existing Nurses Accommodation Bu	Programme: 8 Health Facility Management	Alterations to building work-wet works, duct covers and structural steel and paintwork, and plumbing and drainage of the existing Nusrses Accommodation Phase 2B	Progress is 3%	11/27/2019	12/31/2020	-	3698308.69

12.	Rob Ferreira Hospital: (Phase 2C)Renovations and Alterations to the Existing Nurses Accommodation Bu	Programme: 8 Health Facility Management	Repairs, Renovation and Rehabilitation of all carpentry and oinery, Ceilings, Ironmongery, Metalwork, aluminium doors, windows and shop front, tiling and Paintwork of the Existing Nurses Accommodation-Phase 2C	Progress is 11%	11/27/2019	12/31/2020	20056462.1	
13.	Balfour CHC, Staff Accommodation, Mothers Lodge, EMS, Mortuary(Payments for Professional fees)	Programme: 8 Health Facility Management	Construction of mini hospital and accommodation units-Replacement of the exiting clinic with a new Community Health Center (Payments for Professional fees)	Progress is 1%, busy with earthworks.	2/2/2015	5/9/2022	52 157 000	9949872.25
14.	Bethal Hospital: Major Upgrade of hospital, including rehabilitation of existing facilities and stet	Programme: 8 Health Facility Management	Upgrading and alteration to include Task 1: Demolition of ward 3,5,6, pharmacy, filling station, residence on adjoining site, garden buildings, medical class, including site works etc. New 2 x hostels, doctor's accomodation, alteration to laundry. Task 2: Demolition of nursing training centre, mortuary, stores, EMS, nurses home, Doctor's flats and accomodation, pre-school, lecture room, mobile school, asset store and wellness clinic. Construction of new wards,	Progress is 90%.	10/10/2016	9/10/2019	629 901 000	28021517.99

			kitchen, mortuary, gas bank, laboratory, high care, theatre, casualty, x-ray, dental, OPD, waste collection, guardhouses and site related works. Task 3: Demolition of ward 1, threatre, kitchen, human resources, admin, ward 2, x-ray, construction of new admin, stores, allied health and site related works.					
15.	ETHANDAKUKHANYA CLINIC: Payments for Professionals	Programme: 8 Health Facility Management	(Payments for Professionals)	The progress is 15%	9/18/2019	8/31/2020	163889206.48	1635626.21
16.	Maintenance Big 5: Ermelo	Programme: 8 Health Facility Management	BUILDING MAINTENANCE		4/1/2016	3/31/2020	6 867 000	
17.	Maintenance Big 5: Mapulaneng	Programme: 8 Health Facility Management	BUILDING MAINTENANCE		4/3/2017	3/31/2020	6867000	
18.	Maintenance Big 5: Themba	Programme: 8 Health Facility Management	BUILDING MAINTENANCE		4/5/2019	3/31/2020	6867000	

19	Maintenance Big 5: Rob Ferreira	Programme: 8 Health Facility Management	BUILDING MAINTENANCE		4/5/2019	3/31/2020	7523000	
20.	Nhlazatshe 6: Professional fees for Construction of new Community Health Centre	Programme: 8 Health Facility Management	Professional fees for Construction of new Community Health Centre (Payments for Professionals)	Progress is 100% complete	2/2/2015	12/4/2020	2 000 000	1766798.53
21.	Vukuzakhe: (Payments for Professionals)	Programme: 8 Health Facility Management	(Payments for Professionals)	Progress is 100% complete	2/2/2015	12/4/2020	8926717.67	1725458.19
22.	Construction of new Pankop Clinic and 2 x 2 accommodation units at Pankop in Masobye Village	Programme: 8 Health Facility Management	Pankop Clinic (Construction of new Clinic and 2 x 2 accommodation units including associated external works)	Progress is 58%	10/13/2017	12/7/2020	67 853 000	1857480.80
23.	KwaMhlanga Hospital: Masterplanning, Re-location of Psychiatric [Mental] Ward, Maternity Ward and Su	Programme: 8 Health Facility Management	Masterplanning, Re-location of Psychiatric [Mental] Ward, Maternity Ward and Sub-Soil water investigation	Mental unit designs are finalised to be approved by NDoH	9/1/2017	4/26/2021	75 591 000	3223877.39
24.	Middelburg: Design and Construction of the New Middelburg District Hospital and Associated	Programme: 8 Health Facility Management	Design and Construction of the New Middelburg District Hospital and Associated Infrastructure The scope of works includes:	The progress is at 48%.	12/31/2019	12/31/2019	1 037 400 000	224592362.15

	Infrastructure		1) Construction of Block A (Physiotherapy, Speech & Audiology, Occupational Therapy, Dental, Family Medicine, Social Work & Psychiatry, Psychology, Diet & Nutrition, OHS, MMC Services, Reproductive Health and a Eye Clinic) 2) Construction of Block B (Ablutions & Waiting Area, Cafe, IPP Admin, Radiology, Ablution Core & Waiting Area, and Admin 3) Construction of Block C (Pharmacy, Bulk Water Store, and Plantrooms) 4) Construction of Blocks D & E (Male & Female Surgical Wards) 5) Construction of Blocks F & G (Male & Female Medical Wards) 6) Construction of Blocks H & J (CCSD & Theatre) 7) Construction of Blocks K (High Care and Gynecology) 8) Construction of Block L (Casualty and Forensic) 9) Construction of Block M (Maternity) 10) Construction of Block N (EMS, NHLS, and the Blood Bank) 11) Construction of Block P (Laundry) 12) Construction of Block K					

			(Mortuary, Staff areas, Waste areas, and Plantrooms) 13) Construction of a Gateway Clinic 14) Construction of Staff Residences 15) Construction of Recreational Facilities 16) Construction of a Canteen 17) Training of Local Laborers					
25.	Msukaligwa CHC: Payments for Professionals	Programme: 8 Health Facility Management	Payments for Professionals	The Practical completion is done.	6/10/2016	3/19/2021	-	1881477.80
26.	Witbank EMS : Repairs and Refurbishment of WITBANK PHASE 2 (EPWP)	Programme: 8 Health Facility Management	Repair & General Renovations installation of rain water good & drainage work, introduction of disable facilities, Construction of court yard & paving work at EMS building within Witbank Hospital Phase 2 Co-funded HFRG and EPWP Grant		4/15/2019	10/24/2019	5 063 000	
27.	Witbank Hospital: Construction of new Laundry building and Renovation of Mental ward	Programme: 8 Health Facility Management	Construction of new Laundry building	Progress is 50%	10/31/2019	12/1/2022	23 130 000	

11. PUBLIC-PRIVATE PARTNERSHIPS (PPPS)

"A description of Public Private Partnerships an institution has entered into for the purpose of delivering outcomes according to its mandate must be included in Part B of the Annual Performance Plan, where applicable."

Name of PPP	Purpose	Outputs	Current Value of Agreement	End Date of Agreement
1. Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

12. CONDITIONAL GRANTS

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

Name of Grant	Purpose	Outputs	Current Annual Budget (R thousand)	Period of Grant
National Health Facility Revitalization Grant	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, inter alia, health technology, organisational systems (OD) and quality assurance (QA).	Number of health facilities planned, Number of Health facilities designed, Number of Health facilities constructed Number of Health facilities equipped Number of Health facilities operationalized	**R344 715**	**12 MONTHS**

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

No	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Reporting Cycle	Desired performance	Indicator Responsibility
				Numerator	Denominator						
OUTCOME INDICATORS (STRATEGIC PLANNING INDICATORS											
1	Institutional Maternal Mortality Ratio	Death occurring during pregnancy, childbirth or the within 6 weeks after maternal 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) against 100 000 live births in facility	Maternity Register; DHIS	Maternal death in facility	Live births known to facility (Live birth in facility + Born alive before arrival at facility)	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Annual progress against the five year target	Lower	MCWH&N Programme
2	Institutional Neonatal (<28 days) Mortality Rate	Percentage Infants who delivered as live birth and died within 0-28 days during their stay in the facility	Delivery register, Midnight report	Neonatal deaths (under 28 days) in facility (Death in facility 0-6 days] + [Death in facility 7-28 days)	Live birth in facility	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Annual progress against the five year target	Lower	MCWH&N Programme
3	Death under 5 years against live birth rate	Percentage of Children under 5 years who died during their stay in the facility	Delivery/Maternity register/Midnight Report	Death in facility under 5 years total	Live birth in facility	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Annual progress against the five year target	Lower	MCWH&N Programme

No	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Reporting Cycle	Desired performance	Indicator Responsibility
4	HIV positive 15-24 years (excl ANC) rate	Percentage of persons within the age of 15 to 24 years who tested HIV and confirmed as positive	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net,DHIS	HIV positive 15-24 years (excl ANC)	HIV test 15-24 years (excl ANC)	Accuracy dependant on Individuals self-reporting HIV-positive status and/or individuals with detectable ART metabolites among all PLHIV (antibody test)	Youth	All Districts	Annual progress against the five year target	Lower	HIV/AIDS Programme Manager
5	ART Death Rate	Percentage of clients who were on ART treatment who died during the reporting period excluding those who were transferred out of facility.	ART Register; TIER.Net; DHIS	ART cumulative death - total	ART start minus cumulative excluding transfer out	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Annual progress against the five year target	Lower	HIV/AIDS Programme Manager
6	ART client remain on ART end of month - total	Total number of clients who are receive Anti Retroviral Treatment including Any client on treatment in the reporting month, Any client without an outcome reported in the reporting month either identified as newly starts (naive)/ Experienced (Exp)/ Transfer in from other institutions and restart treatment excluding those who died, lost to follow up or Transfer out	ART Register; TIER.Net; DHIS	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month - Any client without an outcome reported in the reporting month Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus	None	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Annual progress against the five year target	Higher	HIV/AIDS Programme Manager

No	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Reporting Cycle	Desired performance	Indicator Responsibility
				[Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)] Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]							
7	All DS-TB Client Death Rate	TB clients who already enrolled/ started drug-susceptible tuberculosis (DS-TB) treatment who died	DS -TB Clinical stationery; TIER.Net	All DS- TB client died	All DS- TB patients in treatment outcome cohort	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Annual progress against the five year target	Lower	TB Programme Manager
8	Malaria inpatient case fatality rate	Percentage of patients who were confirmed as malaria infected and died of malaria as an outcome.	Malaria Information System	Malaria deaths reported	Malaria new case reported	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Annual progress against the five year target	Lower	Environmental Health- Malaria Program
11	Patient Experience of Care satisfaction rate (Hospitals)	Proportion of clients who participated in the patient experience of care survey of health facility and responded to a questionnaire as satisfied based on the responses provided on the questionnaire.	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Annual progress against the five year target	Higher	Quality Assurance

No	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Reporting Cycle	Desired performance	Indicator Responsibility
12	Ideal clinic status obtained rate	Fixed PHC health facilities that was assessed according to ideal clinic manual which obtained Ideal Clinic status which is either bronze, silver, gold conducted by Perfect Permanent Ideal Clinic Realization Maintenance Team (PPICRM)	Ideal Health Facility software	Fixed PHC health facilities have obtained Ideal Clinic status	Fixed PHC clinics or fixed and CHCs	Accuracy dependent of reporting of data into the system	Not Applicable	All Districts	Annual progress against the five year target	Higher	Quality Assurance
13	Contingent liability of medico-legal cases	Total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March 2019	Medico-legal case management system	Total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March 2019	Not Applicable	Accuracy dependent of reporting of data into the system	Not Applicable	All Districts	Annual progress against the five year target	Lower	Legal services
14	Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case were reported in the health facility which were investigated, resolved and closed	Patient Safety Incident Software	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Accuracy dependent on reporting of data at facility level	Not Applicable	All Districts	Annual progress against the five year target	Higher	Quality Assurance
15	Percentage of PHC facilities with functional Clinic committees	Percentage of clinics committees established which conducting regular meetings and have regular minutes of meetings.	Attendance Registers of meetings of Clinic committees	Number of functional clinic committees	Number of PHC Facilities	Attendance Registers are accurately kept	Not Applicable	All Districts	Annual progress against the five year target	Higher	Quality Assurance

No	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Reporting Cycle	Desired performance	Indicator Responsibility
16	EMS P1 urban response time	Percentage of Emergency medical logged call for life threatening emergency (EMS P1) urban with response time to measure time taken from the time call is logged to the time a patient is attended by EMS professional at the scene	EMS System	EMS P1 urban response under 30 minutes	EMS P1 urban response	Functional call logging system	Not Applicable	All Districts	Annual progress against the five year target	Higher	Emergency Medical Services
	EMS P1 rural response time	Percentage of Emergency medical logged call for life threatening emergency (EMS P1) rural with response time to measure time taken from the time call is logged to the time a patient is attended by EMS professional at the scene	EMS System	EMS P1 rural response under 60 minutes	EMS P1 rural response	Functional call logging system	Not Applicable	All Districts	Annual progress against the five year target	Higher	Emergency Medical Services
17	Audit opinion of Provincial DoH	Auditor General audit outcome/opinion released to the department after assessment or regulatory audit conducted.	Audit report	Audit outcome report	Not applicable	Completed audit assessment by AGSA	Not applicable	Provincial	Annual	Unqualified opinion	Finance

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
				Numerator	Denominator							
OUTPUT INDICATORS (ANNUAL PERFORMANCE PLAN INDICATORS)												

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
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) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).	PHC Comprehensive Tick Register, DHIS Denominator: StatsSA	Couple year protection	Population 15-49 years female	PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher
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	Delivery 10-19 years in facility (Delivery 10-14 years in facility] + [Delivery 15-19 years in facility)	Delivery in facility - total	Health Facility Register, Delivery/Maternity register, DHIS	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	Lower
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	Antenatal 1st visit before 20 weeks	Antenatal 1st visit - total (Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks)	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	Higher
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 report	Live birth under 2500g in facility	Live birth in facility	Delivery register, Midnight report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
6	Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	HC Comprehensive Tick Register P	Mother postnatal visit within 6 days after delivery	Delivery in facility total	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	Higher
8	Infant 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	Infant PCR test positive around 10 weeks	Infant PCR test around 10 weeks	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower
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 Denominator: StatsSA	Immunised fully under 1 year	Population under 1 year	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher
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	Measles 2nd dose	Population aged 1 year	PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher
11	Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
12	Child under 5 years pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower
13	Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of SAM inpatients under 5 years	Ward register	Severe acute malnutrition (SAM) death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower
16	Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	PHC Comprehensive Tick Register	Vitamin A dose 12-59 months	Target population 12-59 months * 2	PHC Comprehensive Tick Register	PHC register is not designed to collect longitudinal record of patients. The assumption is that the calculation proportion of children would have received two doses based on this calculation	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher
18	ART adult remain in care rate	ART adult remain in care - total as a proportion of ART adult start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	ART adult remain in care - total	ART adult start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
19	ART child remain in care rate	ART child remain in care - total as a proportion of ART child start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	ART child remain in care - total	ART child start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Children and adolescent	All Districts	Cumulative (year-to-date)	Quarterly	Higher
20	ART Adult viral load suppressed rate	ART adult viral load under 400 as a proportion of ART adult viral load done	ART paper Register; TIER.Net; DHIS	ART adult viral load under 400	ART adult viral load done	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher
21	ART child viral load suppressed rate	ART child viral load under 400 as a proportion of ART child viral load done	ART paper Register; TIER.Net; DHIS	ART child viral load under 400	ART child viral load done	ARTpaper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Children and adolescent	All Districts	Cumulative (year-to-date)	Quarterly	Higher
22	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).	DS-TB Clinical Stationery; TIER.Net	All DS-TB client loss to follow-up	All DS-TB patients in treatment outcome cohort	DS-TB Clinical Stationery;TIER .Net	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower
23	All DS-TB Client Treatment Success Rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently successfully completed treatment as a proportion of all those in the treatment outcome cohort	DS-TB Clinical Stationery; TIER.Net	All DS-TB client successfully completed treatment	All DS- TB patients in treatment outcome cohort	DS-TB Clinical Stationery;TIER .Net	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
24	TB Rifampicin Resistant/MDR/ pre-XDR treatment success rate	TB Rifampicin Resistant/MDR/pre-XDR clients successfully completing treatment as a proportion of TB Rifampicin Resistant/MDR/pre-XDR clients started on treatment	DR-TB Clinical stationery; EDR Web	TB Rifampicin Resistant /MDR/pre-XDR client successfully complete treatment	TB Rifampicin Resistant/MDR/pre-XDR start on treatment	DR-TB Clinical stationery EDR Web	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher
25	TB XDR treatment start rate	TB XDR confirmed clients started on treatment as a proportion of TB XDR confirmed clients	NICD	TB XDR client confirmed start on treatment	TB XDR confirmed client	NICD	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher
29	School learner overweight rate*	Proportion of learners screened by a nurse in line with the ISHP service package diagnosed as overweight (above +2SD)	DHIS	School learner overweight	School learners screened - sum	School Register		children	All Districts	Cumulative (year-to-date)	Quarterly	Lower
30	Hypertension client treatment new 18 - 44 years*	Total number of new hypertension clients 18 - 44 years put on treatment	DHIS	Hypertension client treatment new 18 - 44 years	None	Patient file	Accuracy dependent on quality of data submitted by health facilities		All Districts	Cumulative (year-to-date)		Lower

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
31	Hypertension client treatment new 45 years and older*	Total number of new hypertension clients 45 years and older put on treatment	DHIS	Hypertension client treatment new 45 years and older	None	Patient Files	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)		
32	Diabetes client treatment new 18 - 44 years*	Newly diagnosed clients 18 - 44 years with a fasting blood glucose of > 7mmol/L or random blood glucose >11.1mol/L.	DHIS	Diabetes client treatment new 18 - 44 years	None	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities		All Districts	Cumulative (year-to-date)		
33	Diabetes client treatment new 45 years and older*	Newly diagnosed clients 45 years and older with a fasting blood glucose of > 7mmol/L or random blood glucose >11.1mol/L.	DHIS	Diabetes client treatment new 45 years and older	None	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher
35	Patient Experience of Care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
39	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Software	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower
	Percentage of Health facilities refurbished or rebuild	Percentage of hospital in the departmental Infrastructure project plans which were scheduled for maintenance refurbished or rebuild on capital budget	Project Management Information System	Number of Health facilities refurbished or rebuild	Total number of facilities	Completion certificate	Capital budget available	Not applicable	All districts	None cummulative	Annual	Higher

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
				Numerator	Denominator							
OUTPUT INDICATORS (ANNUAL PERFORMANCE PLAN INDICATORS ADDITIONAL FROM PROVINCIAL DEPARTMENT)												
1	Number of Healthcare workers trained on critical clinical skills	Number of health care professional who are trained on critical skills as detailed in the Workplace skills Plan	Training Database	Number of Healthcare workers trained on critical clinical skills	Not applicable	Health care workers database	Available budget for training	Not Applicable	All districts	Cummulative year end	Annual	Higher

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
2	Bursaries awarded to first year nursing students	Number of basic nursing students enrolled in nursing colleges and universities and offered bursaries by the provincial department of health	Bursary database	Number of Bursaries awarded to first year nursing students	Not applicable	Bursary contracts	Applications from qualifying nursing students will be available	Not applicable	All districts	Cummulative year end	Annual	Higher
3	District training and development plan for frontline service delivery points developed	Number of district which has developed a training and development plan for support programmes that monitor quality of service delivery to users of health care services.	Training and develop ment plan	District training and development plan for frontline service delivery points developed	Not applicable	Training and development plan	Stationery	Not applicable	All districts	None cumulative	Annual	higher
4	Number of hospitals compliant to radiation control prescripts in facilities	Number of facilities with X-ray equipment that comply with Radiation Control guidelines setup by South African Radiation Control Council to regulate use of medical equipment and ensure ethical considerations	Radiology audit reports	Number of hospitals compliant to radiation control prescripts in facilities	Not applicable	Physical verification	Assessment tools available	Not applicable	All districts	None cumulative	Quarterly	Higher
5	Percentage Availability of Essential Medicine List (EML) at the Depot	Percentage of the available items on the Essential Medicine List at depot for supply to the facilities.	PDS system	Number of available Essential Medicine on stock	Total number of Medicine prescribed as Essential as per Essential Medicine LIst	Issue Report	Availability of medicine in markets	Not applicable	All facilities	None cumulative	Quarterly	Higher
6	Number of clients registered on Central Chronic Medicine	Number of chronic patients who are enrolled to receive their medicine through Central Chronic Medicine Dispensing	SYNCH Electronic systems/ Register	Number of clients registered on Central Chronic Medicine	Not applicable	Patient folder	Patients who require service will be available	Not applicable	All districts	Cumulative year to date	Annual	higher

No	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 (Cumulative(year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance
	Dispensing and Distribution (CCMDD) programme.	and Distribution (CCMDD) at preferred pick up points.		Dispensing and Distribution (CCMDD) programme.								
7	Number of Orthotic and Prosthetic devices issued	Count of Medical orthotic and prosthetic devices given to people with disabilities	Orthotic and Prosthetic Register	Number of Orthotic and Prosthetic devices issued	Not applicable	Patient files	Patient who the service will be available	People living with disability	Rob Ferreira, Mapulaneng and Ermelo hospitals centres	Cumulative year end	Quarterly	higher
8	Number of hospitals audited for functionality of blood transfusion committees	Number of hospitals assessed or audited for functionality by means of checking whether there is a committee that meet on quarterly basis to monitor the use of blood services	Compliance check list	Number of hospitals audited for functionality of blood transfusion committees	Not applicable	Minutes of committee meetings	Appointed committee members from hospitals	Not applicable	All hospitals	None cumulative	Quarterly	Higher
9	Number of sites rendering Forensic Pathology Services	Number of facilities that collect, preserve and conduct autopsies on human remains	Monthly reports from sites	Number of sites rendering Forensic Pathology Services	Not applicable	Physical observation	Availability of personnel, vehicles facilities equipped with forensic pathology equipment	Not applicable	Districts	None cumulative	Annual	higher
10	Number of hospitals providing laundry services	Count of all hospitals where washing of clothing and linen from hospital wards are cleaned and dispatch to relevant wards for use		Number of hospitals providing laundry services		Physical verification	Availability of linen	Not applicable	Hospitals	None cumulative	Quarterly	Higher

ANNEXURE A: DISTRICT DEVELOPMENT MODEL

Area of Intervention (Example)	Five-years planned period					
	Project Description	Budget Allocation	District Municipality	Location: GPS Coordinates	Project Leader	Social Partner
New Construction	Kamdladla Clinic - Construction of New clinic and Refurbishment of Existing Facilities	7,094,000	Kamdladla		Mzamo Gonya	None
New Construction	KaNyamazane Community Health Centre (Construction of new Community Health Centre and accommodation u	39,702,000	Kanyamazane		Kazumba Kumizuku	None
New Construction	Themba Hospital: Construction of a New Maternity Ward	8,000,000	Kabokweni		Lourens Coetzer	None
New Construction	Oakley Clinic: Construction of Clinic, 2 x 2 staff accomodation units, guard house, fence, water	5,406,000	Bushbuckridge (Oakley)		Basil Sande	None
Upgrading	Rob Ferreira hospital: Upgrading of Allied building to an Oncology Ward	15,000,000	Mbombela		Mzamo Gonya	None
New Construction	Mapulaneng Hospital: Construction of building works (Phase 3A)	56,336,000	Mapulaneng		Kazumba Kumisuku	None
New Construction	Mapulaneng Hospital: Construction of building works (Phase 3B)	14,035,000	Mapulaneng		Kazumba Kumisuku	None
New Construction	Mapulaneng Hospital: Construction of building works (Phase 3C)	19,960,000	Mapulaneng		Kazumba Kumisuku	None
New Construction	Rob Ferreira Hospital: (Phase 2A) Renovations and alterations to the existing nurses accommodation	7,274,560	Mbombela		Basil Sande	None
Upgrading	Rob Ferreira Hospital: (Phase 2B)Renovations and Alterations to the Existing Nurses Accommodation Bu	6,065,000	Mbombela		Basil sande	
Upgrading	Rob Ferreira Hospital: (Phase 2C)Renovations and Alterations to the Existing Nurses Accommodation Bu	6,170,000	Mbombela		Basil Sande	

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

Sex	Age	2020	2021	2022	2023	2024
Male	0-4	237347	238464	239852	239492	237935
Male	5-9	233506	233034	233548	234857	236661
Male	10-14	231066	234480	235253	235424	234978
Male	15-19	196866	202255	207899	214430	220225
Male	20-24	196183	192424	191605	191345	191842
Male	25-29	222628	220650	217102	213035	210491
Male	30-34	235988	236624	237017	236287	234083
Male	35-39	199845	209902	218233	224974	231310
Male	40-44	142325	151466	161208	172381	183607
Male	45-49	109793	114063	118052	122473	127635
Male	50-54	82001	84676	88272	92257	96297
Male	55-59	68154	69589	70634	71399	72363
Male	60-64	51906	53053	54458	56133	57782
Male	65-69	39581	40644	41386	41980	42571
Male	70-74	24732	26085	27552	28967	30232
Male	75-79	14536	14903	15191	15670	16418
Male	80+	14624	15009	15351	15722	16155
Female	0-4	233007	234005	235202	234823	233236
Female	5-9	229921	229728	230570	231989	233967
Female	10-14	229180	232527	232778	232582	231922
Female	15-19	195977	200985	206410	213073	218901
Female	20-24	192145	189355	187815	186666	186796
Female	25-29	204164	201764	200052	197567	195658
Female	30-34	210962	212261	212794	212378	210991
Female	35-39	179385	186871	193530	199995	206044
Female	40-44	142523	147285	153185	160107	167562
Female	45-49	125551	128543	130926	132192	133643

Sex	Age	2020	2021	2022	2023	2024
Female	50-54	106058	107743	109808	112844	115967
Female	55-59	90586	93487	95466	96987	98346
Female	60-64	69407	71280	74189	77347	80600
Female	65-69	56318	58217	59563	60710	61592
Female	70-74	38079	40173	42533	44967	47378
Female	75-79	24989	25721	26341	27203	28483
Female	80+	33642	34522	35023	35744	36685
Total		**4662974**	**4731787**	**4798800**	**4864002**	**4928356**