Health
Department of Health
NORTHERN CAPE

ANNUAL PERFORMANCE PLAN 2024/25-2026/27

Table of Contents

PART C: MEASURING OUR PERFORMANCE 60

I. FOREWORD BY THE EXECUTIVE COUNCIL

It is my pleasure to present the annual performance plan of the northern cape department of health for 2024/2025 financial year to the provincial legislature, statutory bodies and communities across the length and breadth of our province.

The year 2024 marks 30 years of our democratic dispensation. Over the last three decades, government has been on a journey, striving together to achieve a new society – a national democratic society. Most importantly, it has transformed the lives of millions of our people and creating equal opportunities that never existed before 1994.

For the public health sector, the end of the 6th administration term of office signals positive and significant strides made towards achieving a modern health system delivering quality care to a growing province.

In-spite of our teething challenges, we are pleased to report that the Northern Cape Department of Health received concurrence from the Minister of Public Service and Administration on the Proposed Organisational Structure of which was officially signed-off into effect in February 2024. This will enable us to better plan and acquire appropriate skills to fill all vacant and funded posts to execute our mandate of providing quality health care to our people.

Throughout stakeholder engagements, there has been a constant call to end unabated acting appointments that extended over a year or so. In response to that clarion call, management overhaul is also necessary towards improving efficiencies and enhancing departmental performance.

In terms of our resource envelope, the reality is that our Department is faced with a serious challenge of accruals which overcrowd the budget of the Department causing cash flow shortages. A number of additional interventions have been developed in an effort to address this challenge. This includes, working closely with Treasury to strengthen the finance unit to enable it to develop credible budgets, and monitor the implementation thereof to avoid any possible fruitless, wasteful and unauthorised expenditure in the Department. We recognise the challenges that this task entails, particularly at a time when our country is still recovering from an unprecedented economic slowdown that has also affected us, as a province.

As a province, we have entered into a new five-year strategic plan period of the National Strategic Plan on HIV, TB and STI (2023 – 2028). Our focus in the NSP is directly on Goal 2, which adopts a people-and communities-centred approach to prevention, treatment and care programmes for HIV, TB and STIs. The participatory and inclusive priority actions consider the people and communities as equal partners in the fight against TB, HIV and STIs. It is therefore important for us to urgently Intensify advocacy, communication, social mobilisation and engage stakeholders across key sectors to raise public awareness and explore more ways in which strategies can be strengthened for the success of the plan.

Aside from managing these illnesses, we must equally strive harder to intensify community-based health screening to promote healthy lifestyle as part of government efforts to respond to what the Statistics South Africa described as a looming health crisis which requires an urgent attention to invest for the healthier future in order to improve the country`s life expectancy. Lifestyle diseases are crippling our communities, yet many of us continue to eat unhealthy food, consume too much alcohol and indulge in substance abuse, smoke tobacco as well as refusal to participate in regular exercise. If only we could change these simple things amongst ourselves, we would have played a significant role in reducing the burden of Non-Communicable Diseases (NCDs), which remains a major threat to global public health.

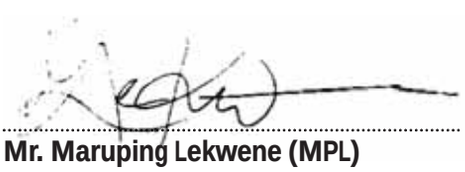
Although the province has been performing well within the set target of neonatal mortality, data shows that there has been a steady increase in neonatal in facility mortality ratio in the province for the past five financial years (2018/19 – 2022/23) at 11.7 death per 1000 live births and 14.2 deaths per 1000 live births respectively, which is 2.5% increase.

These interventions have seen the life expectancy in the province improving steadily. According to Census 2022, life expectancy for both males and females, is continuing to experience a steady increase from 51.1 years in 2001/2006 to 58,2% in 2021/2026 in males, whereas for females, it improved from 55.6 years to 64.4 years over the same period.

One of the other main health challenges, not only in our province, but country-wide, is the high rate of teenage pregnancy. For the past five financial years, the province has not been doing well and none of the set targets were achieved. In turning around this situation for the better, more concerted efforts and collaboration with sister departments such as education and social development is important to drastically reduce the high levels of teenage pregnancy in the province.

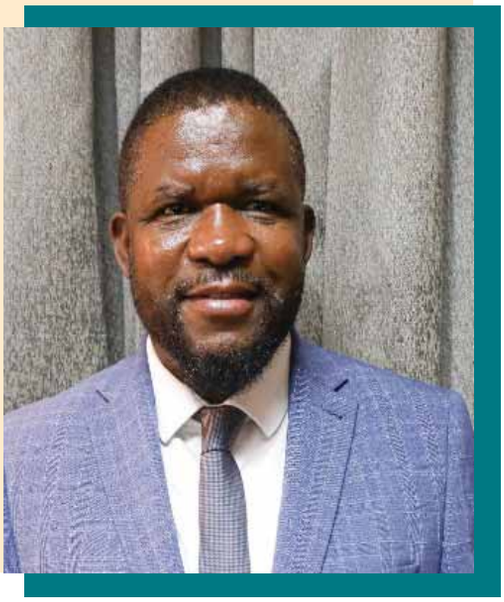
When it comes to infrastructure and maintenance of health facilities, we are about to officially open new health facilities. This is another step towards a cost effective and sustainable integration of health services in our province. Few of the facilities to have reached the practical completion includes; Boegoeberg and Bankhara-Bodulong clinics, which have all basic health equipment that befits the status of an ideal clinic. Some of our faculties are undertaking some major clinic upgrades and refurbishments. The aim is to ensure that all clinics reach the 100% Ideal clinic status by the end of this month.

The Department has made us proud in all other facets of healthcare provision, and hence we have no doubt that we will ensure effective and efficient health service delivery in our quest for the advancement of Universal Health Coverage.



Mr. Maruping Lekwene (MPL)
Northern Cape MEC for Health
Date:

II. STATEMENT BY THE HEAD OF DEPARTMENT (HOD)



This APP is unique in that it culminates in the end of the term of the current government and will coincide with the beginning of the 7th administration. It thus provides the department with an opportunity to consolidate the gains made in respect of the current strategic plan and programme of action of government. The APP for 2024/25 lays the basis for the consolidation of the work of the 6th administration and connects us to the impending 7th administration.

We have accomplished several monumental milestones in the short to medium term, most notable in the past financial is the concurrence of the organizational structure from MPSA and approval by the Member of the Executive Council, Honourable Maruping Lekwene. The Department did not have an approved organizational structure for some time, hence it is important to accelerate the implementation; taking along all stakeholders including labour. This puts the department at the cusp of filling some of the critical vacancies that exist particularly in the administration. Most notable, that this opportunity creates is the strengthening of the District Health Management Offices (DHMO's) that should enable us to gradual devolve authority to lower levels of service delivery. This will be an important exercise in respect of our preparations for the implementation of the National Health Insurance. This will result in unimaginable.

The 7th administration will also culminate towards the final year of the implementation of the Sustainable Development Goals (SDG's). This APP also becomes important as part of the building blocks; especially SDG 2 which is 'a call to action to end poverty and inequality, to protect the planet, and ensure that all peoples enjoy health, justice and prosperity.' We have noted the improvements in maternal health, successes in the fight against HIV and AIDS when looked at from a trend perspective. This applies equally to realizing the goal of 'a long and healthy life for all South Africans,' as set out in the National Development Plan (NDP).

In 2023/24 we had a budget of R578 466 for HIV services, which was from the conditional grant. With a total budget of R612 731 total conditional grant for both HIV and TB. This investment has been pivotal in our fight against HIV in the past ten or so years. It is encouraging to realise the increased HIV testing since 2021/22 financial year as that implies that those who test positive can be initiated on ART sooner. Community awareness campaigns on healthy lifestyles as well as condom distribution will contribute in minimizing the infection rates. On the other hand, the new drug regimens are stabilizing TB treatment success rate meaning that more TB patients are adhering with greater potential for treatment success.

Strides are being made in the routine immunisation of under five-year-old children and that is evident in the declaration of World Health Organisation of South Africa amongst countries who are polio free.

The area of concern is the increase of neonatal deaths as well as increase of 10 – 19 year olds who fall pregnant. These two areas need serious intervention as teenage girls are supposed to be in schools as most drop out after pregnancy. Teenage pregnancy has been a major Achilles heel of the health system in the Northern Cape, the root of the challenge lies in the socio economic reality, in spite of the Herculean efforts that government has made and successes achieved.

Strides have been made in infrastructure projects for an example Bankhara-Bodulong, Boegoeberg, Glenred, Heuningvlei clinics as well as Henrietta Stockdale Nursing College phase 1 are completed.

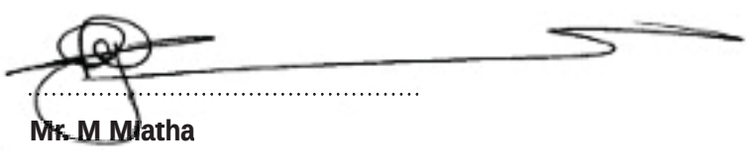
Amongst others Schmitsdrift, Kimberley Mortuary projects will soon commence to improve quality of care at facilities. We are looking at accelerating the realization of a district hospital in the Sol Plaatje municipality and thereby increase access to primary health care (PHC). The process of planning for mental health wards in districts

is also advance, with clinical briefs done with the assistance of the National Department of Health. This is critical to realize the decentralized mental health care.

In the 2024/25 financial year we will have increased focus on the maintenance of our facilities, including striving for compliance with the ideal status. This is essential for the implementation of NHI. It is anticipated that the President of the Republic, His Excellency Cyril Ramaphosa will soon assent to the NHI Bill, thereby laying the basis for the progressive implementation of the NHI. We have to accelerate all efforts associated with the successful implementation of the NHI because our country is now firmly on an irreversible path in this regard.

As part of preparing for NHI there will be a conscious effort to strengthen quality health care, our quality assurance divisions are important in this regard, including clinical governance. We will look at strengthening this area of work in 2024/25. We will also prepare and work towards the bill for licensing private facilities and theatre's, currently we have fifteen licensed private health facilities in the Northern Cape. The process of both application and licensing for private health facilities has not been without challenges; the intended Bill is intended to deal with such. Importantly, it will ensure that we have equitable distribution of health services for the entire population as we prepare for the implementation of NHI. Currently the distribution of licensed health facilities is concentrated inequitably in other districts, while there are those without a single licensed health facility.

Let us all pull together as a team to improve the quality of life of our communities as they mostly solely depend on governments health services at various localities. This is important too for our social sector partners because to a great degree, health outcomes are determined by the social determinants of health, the socio economic factors that are often beyond the performance scope of the department. Let us diligently serve our communities with dignity and respect they deserve, as we strive to realize both the SDG's and the goals of the NDP.



.....

Mr. M Miatha
Head of Department (Acting)

III. OFFICIAL SIGN-OFF OF THE ANNUAL PERFORMANCE PLAN

- It is hereby certified that this Annual Performance Plan:
- Was developed by the management of the Northern Cape Provincial Department of Health under the guidance of Mr Maruping Lekwene.
- Takes into account all the relevant policies, legislation and other mandates for which the Northern Cape Provincial Department of Health is responsible.
- Accurately reflects the Outcomes and Outputs which the Northern Cape Provincial Department of Health will endeavour to achieve over the period **April 2024 to March 2025**.

Name: Alicia Slao Manager Programme 1: Administration	Signature:
Name: Z. C. Kili Manager Programme 2: Health Programmes	Signature:
Name: M. Mtuzelo Manager Programme 3: Emergency Medical Services	Signature:
Name: Dr K A Kantani Manager Programme 4: General (Regional) Hospitals	Signature:
Name: Dr. E. Olivier Manager Programme 5: Tertiary Hospital	Signature:
Name: Ms O. Lesejane Manager Programme 6: Health Sciences and Training	Signature:

Name: M. Mthethwa Manager Programme 7: Health Support Services	Signature:
Name: P. Rikhotso Manager Programme 8: Health Facilities Management	Signature:
Name: G.N. Tshabalala Acting Chief Financial Officer	Signature:
Name: M.L. Mohlomi Head Official responsible for Planning	Signature:
Name: M. Mlotha Accounting Officer	Signature:
Name: M. Motsoaledi Executive Authority	Signature:

Health
Department of Health
NORTHERN CAPE

A

OUR MANDATE

PART A: OUR MANDATE

1. CONSTITUTIONAL MANDATE

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

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

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

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

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

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

(1) Everyone has the right to have access to:

(a) Health care services, including reproductive health care;

(b) Sufficient food and water; and

(c) Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and

(3) No one may be refused emergency medical treatment.

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

2. LEGISLATIVE AND POLICY MANDATES

2.1 LEGISLATION FALLING UNDER THE DEPARTMENT OF HEALTH'S PORTFOLIO

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2 OTHER LEGISLATION APPLICABLE TO THE DEPARTMENT

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

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

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

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

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

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

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

Skills Development Act, 1998 (Act No 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

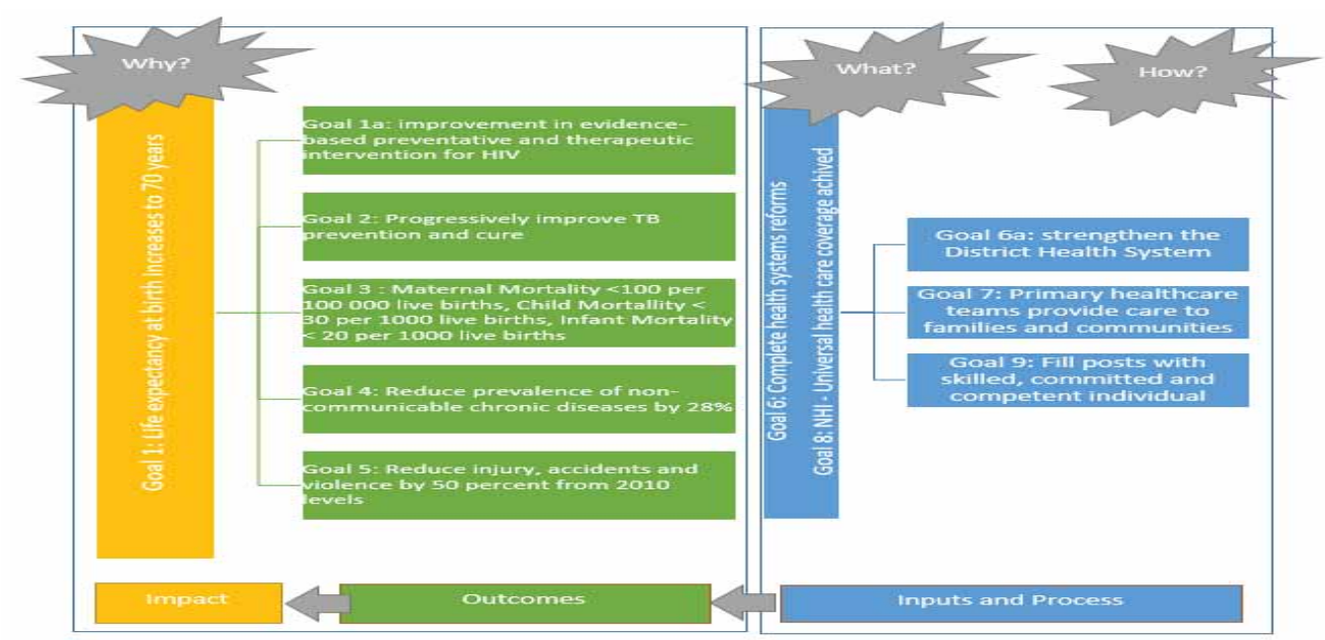
South Africa is at the brink of effecting significant and much needed changes to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all, entrenching equity, social solidarity, and efficiency and effectiveness in the health system in order 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.

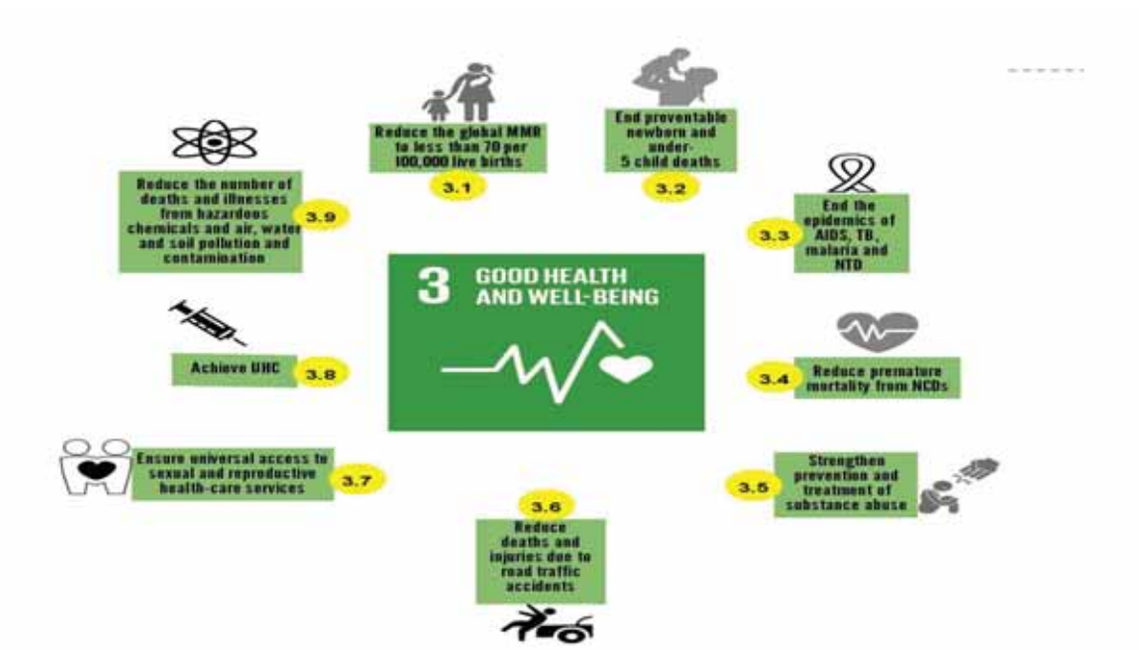
An external evaluation of the first phase of National Health Insurance was published in July 2019. Phase 2 of the NHI Programme commenced during 2017, with official gazetting of the National Health Insurance as the Policy of South Africa. The National Department of Health drafted and published the National 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.

3.3 SUSTAINABLE DEVELOPMENT GOALS



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

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

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

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

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

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

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

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

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

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

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

(11) 3.b - **Support the research and development of vaccines and medicines** for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

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

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

3.4 MEDIUM TERM STRATEGIC FRAMEWORK 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 impact statements and outcomes. These impact statements and outcomes are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below.

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Summit Compact Pillars
Survive and Thrive	**Impact 1:** **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*

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Summit Compact Pillars
Transform	**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**	**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*
			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

NO	PLAINTIFF	AMOUNT CLAIMED	DATE OF TRIAL	NARRATIVE	STATUS	AMOUNT SETTLED
1.	S. Louw	R 34 385 930.00	04-05 December 2023	Plaintiff's application for leave to appeal the dismissal of reconsideration of costs, S 18 Application were granted, as was the Defendant's application for leave to cross appeal the cost order of the S18 application. Dates for the appeal itself to be set	Active	R 19 117 017.42
2.	D.C Arends obo N.M Arends	R 63 214 060,00	30 January 2024	Parties agreed to argue leave to appeal the interest judgment later, dates to be determined. Reconsideration of costs were argued, judgment reserved.	Settled	R 20 450 000,00
3.	L.H Gebreyesus	R 19 817 477.20	05 February 2024	Quantum settled	Settled	R 19 390 280.46
	TOTAL	**R 117 417 467.20**				**R 58 957 297.88**

Health
Department of Health
NORTHERN CAPE

B

OUR STRATEGIC FOCUS

PART B: OUR STRATEGIC FOCUS

5. VISION

A modern health system delivering quality care to a growing province.

6. MISSION

The Department aims to provide better health care, better access and better value to the people of the Northern Cape, through community wide, modern efficient and individually focused initiatives to maximize wellness and prevent illness.

Better health	***Better care***	***Better value***
• Delivering better health for our people through community-wide and individually focused initiatives • These aim to maximize health and wellness and prevent illness	• Delivering better care through quick access to modern services • Care will be delivered in the most appropriate setting and in clean and infection-free facilities by well-trained, motivated & professional staff	• Delivering better value through efficient allocation and use of resources

7. VALUES

- Professionalism
- Teamwork
- Integrity
- Excellence

8. SITUATIONAL ANALYSIS

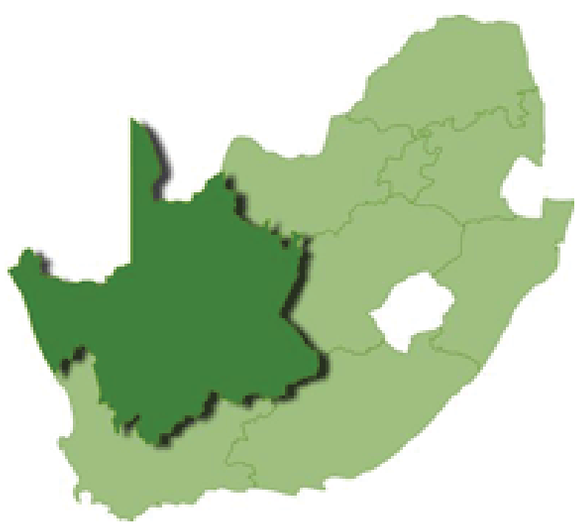
8.1 OVERVIEW OF THE PROVINCE

The Northern Cape is the largest province in South Africa, but has the least number of inhabitants. With only 1.31million people, it remains as the province with the smallest share of the South African population – 2,2%. According to the Census that was published in 2023, the 1.31million people consists of 661 075 females and 647 658 males. Additionally, the province shares borders with four other provinces, namely Western Cape, Eastern Cape, Free State and North West; as well as borders with the states of Namibia and Botswana, respectively.

According to the latest statistics reported by StatsSA, about 54.6% of the Northern Cape population speaks Afrikaans, followed by 35.7% Setswana speaking, 4.5% isiXhosa speaking, 2.4% English speaking and only 1.2% Sesotho speaking while the 1.6% is made up of other languages including Khoi and Sign language. (StatsSA Census; 2023).

Demographic Data	
Geographical area	372,889 Km2
Total population Northern Cape: Census 2022	1,355,629
Population density (SA Mid-year estimates 2022)	3.1/Km2

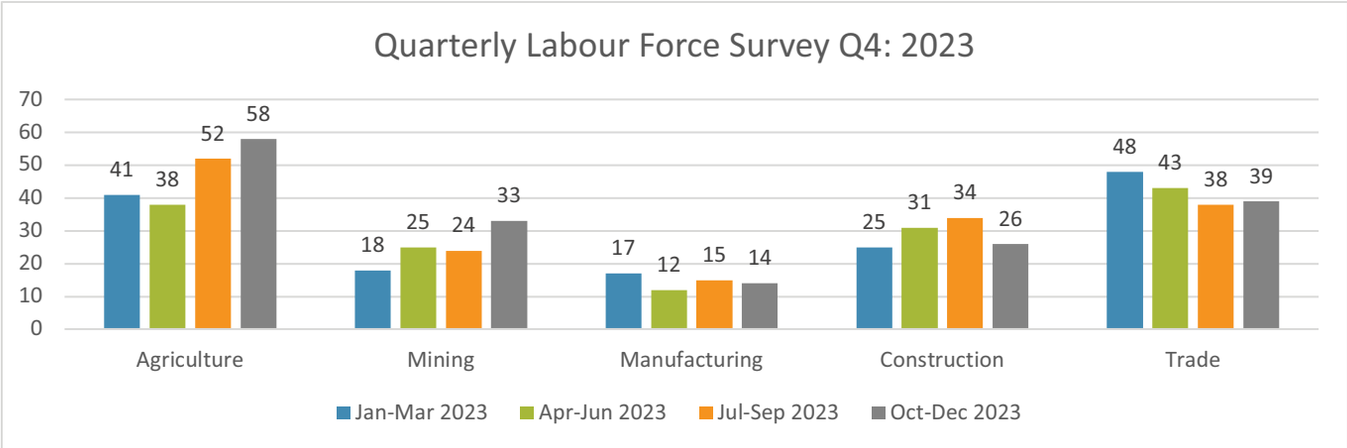
Source: Census 2022, 2023



Economy

In 2023, the Northern Cape's forecasted GDP will be at an estimated R68 billion (constant 2010 prices) or 2.1% of the GDP of South Africa. The ranking in terms of size of the NC Province will remain the same between 2018 and 2023, with a contribution of 2.1% to the GDP of the country in 2023 compared to the 2.2% in 2018. With a 0.09% average annual GDP growth rate between 2018 and 2023, the province is ranked the lowest compared to the other regional economies. (source, *IHS Markit Regional eXplorer statistical review)*

Provincial employment by industry



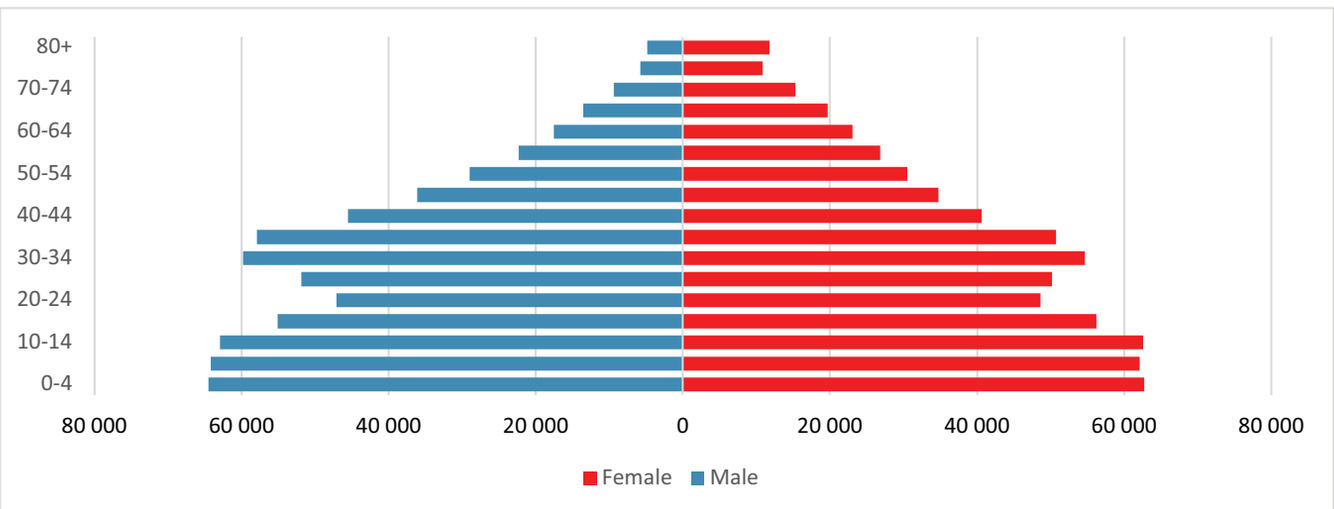
Source: Quarterly Labour Force Survey (QLFS), 4th Quarter 2023 (Statistics SA)

The construction sector has for the past few quarters seen a significant increase, the 3rd quarter of 2023 being the highest when looking at trends over the past year.

8.2 EXTERNAL ENVIRONMENT ANALYSIS

8.2.1. Demography

Figure 1: Total population by age group and sex (Northern Cape)



Source: Census 2022 (Statistics SA)

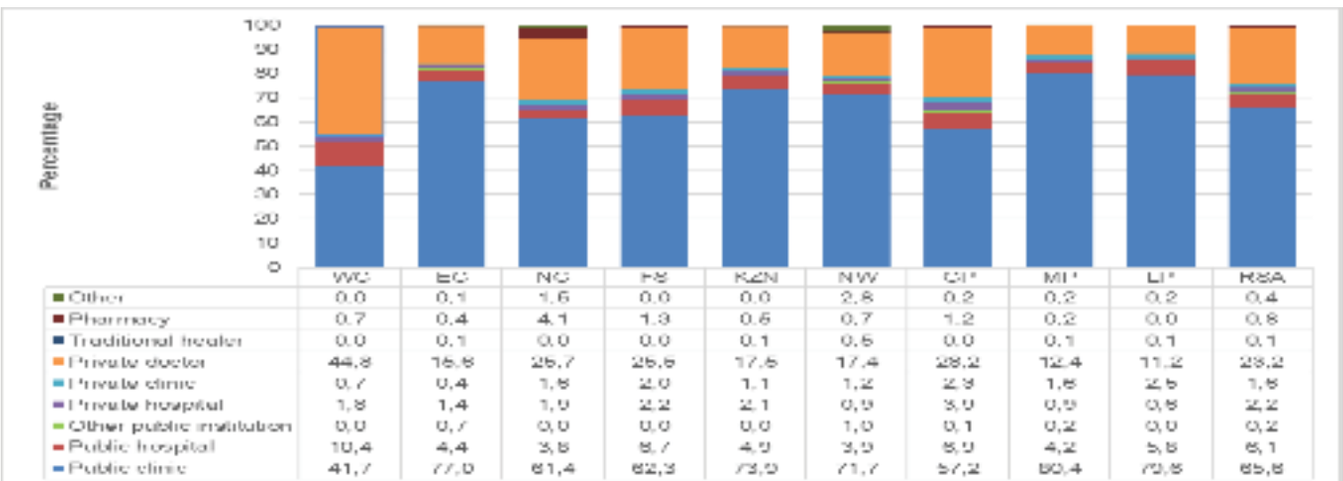
Figure 1 above shows the overall population of the Northern Cape Province for the period of 2022. In comparison to 2022 (1 308 734) the population has increased by **46 895** to **1 355 629** as recorded in the Census conducted in 2022, concluded in 2023. The age cohort under 15 years of age constitutes 28.96% of the overall population of the province and proportion of elderly aged 60+ years 10.21%. Given the fact that the under 15 years' age cohort forms the bigger part of the population, the department continues with activation of youth zones in all of the clinics in the province. Soul City and Love life continue to play an integral part in these initiatives.

8.2.2. Social Determinants of Health for Province and Districts

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

Health is influenced by the environment in which people live and work as well as societal risk conditions such as polluted environments, inadequate housing, poor sanitation, unemployment, poverty, racial and gender discrimination, destruction and violence. Therefore, the province should dedicate its fiscal to the Districts as reflected in the approach of NHI.

Figure 2: Percentage distribution of the type of health-care facility consulted first by households when members fall ill or get injured by province, 2021



	WC	EC	NC	FS	KZN	NW	GP*	MP*	LP*	RSA
Other	0.0	0.1	1.6	0.0	0.0	2.8	0.2	0.2	0.2	0.4
Pharmacy	0.7	0.4	4.1	1.3	0.6	0.7	1.2	0.2	0.0	0.8
Traditional healer	0.0	0.1	0.0	0.0	0.1	0.6	0.0	0.1	0.1	0.1
Private doctor	44.8	16.8	25.7	25.6	17.6	17.4	28.2	12.4	11.2	23.2
Private clinic	0.7	0.4	1.8	2.0	1.1	1.2	2.9	1.8	2.5	1.8
Private hospital	1.8	1.4	1.0	2.2	2.1	0.9	3.0	0.9	0.8	2.2
Other public institution	0.0	0.7	0.0	0.0	0.0	1.0	0.1	0.2	0.0	0.2
Public hospital	10.4	4.4	3.8	8.7	4.9	3.9	8.0	4.2	5.8	6.1
Public clinic	41.7	77.9	61.4	62.3	73.9	71.7	57.2	80.4	79.5	65.8

Source: General Households Survey, 2021

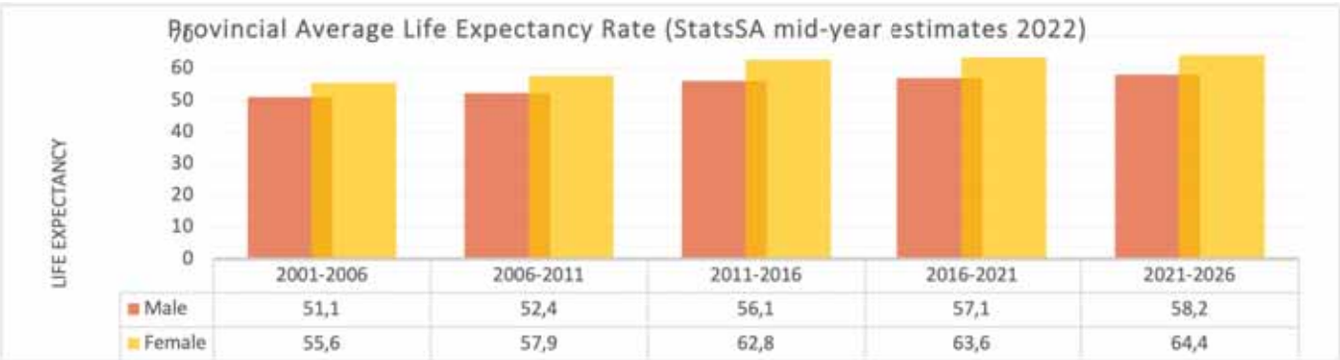
The type of healthcare facility consulted by household members are influenced by factors such as the number and distribution of health facilities in communities, households' proximity to facilities, as well as personal preferences based on factors such as affordability and the perceived quality of services. Figure 2 above presents the type of healthcare facility that households generally visit first when household members fall ill or have accidents. In the Northern Cape 65,2% of households said that they would first go to public clinics, hospitals or other public institution. This clearly shows the importance of ensuring that the quality of care being offered to the households/ communities is of good quality. As a department we are monitoring the patient experience of care satisfaction in order to continuously improve the level and quality of care being offered by our respective public health care facilities.

Source: General Households Survey, 2021

In the Northern Cape 19.6% of households have access to medical aid schemes, meaning the remaining 84,4% rely mainly on public health care facilities for health care services. Thus the initiation by the department to continuously monitor the patient satisfaction rate and management of patient safety incident is very pertinent.

8.2.3 Life Expectancy

Figure 4: Provincial average life expectancy at birth (2001-2021)



Source: Mid-year Population Estimates, 2022 (Statistics SA)

Life expectancy at birth reflects the overall mortality of the population. According to the mid-year population estimates 2022, for the 2016-2021 period, males were at age 57.1 and females at age 63.6 respectively thus indicating an increase in life expectancy in the Northern Cape. The same increase is noted for the period 2021-2026 and it shows the departmental progress towards achieving the 5-year Strategic Plan 2020-2025 impact of improving the life expectancy of the Northern Cape to 66.6 years by 2024, and 70 years by 2030.

8. 2.4. Epidemiology and Burden of Disease

The World Health Organization (WHO) has issued an alarm on the rising non-communicable disease in many regions globally. In the past three decades, South Africa experienced the following four "colliding epidemics":

I. Tuberculosis and TB.
II. Non-communicable diseases (chronic illnesses and mental health).
III. Maternal, neonatal and child mortality, and
IV. Injury and violence.

These has defined the health profile of many community members in the country, and have had a substantial impact of the well-being. There are underlying factors that recognizes provincial health inequalities which further the dynamics between different populations in the country.

Years Lived with Disability due to Diseases

In a study conducted by Achoki T, *et* al (2022), showed that the number of years lived with disability (between 1990 and 2019) jumped by nearly two-fold as a result of demographic change and rapid increases in non-communicable diseases. Between 2007 and 2019, all provinces experienced a significant increase in years lived with disability (YLDs) from NCDs (e.g. diabetes, chronic kidney disease), with exception of the North West. The Northern Cape Province recorded the largest increase in YLDs as a result of NCDs, at 3.8% year-on-year and in all provinces, mental health disorders contributed to the highest total number of YLDs across all nine provinces. In terms of injuries, both Limpopo and Northern Cape accounted the highest at 4.6%, with Mpumalanga and Kwa-Zulu Natal recording the lowest.

Chronic Diseases in the Northern Cape (Source: DHIS)

Based on the data extracted from the District Health Information System (DHIS), there were close to 20 000 newly diagnosed cases of diabetes between 2020 and 2022, among people aged 18 years and above. JT Gaetsewe accounted for 56% of the reported cases in the Province while Frances Baard, accounted for a total of 1 811, which represent 9,1% (lowest in the Province despite the highest pop). The low recorded new diabetes cases in the Frances Baard could be attributed to under-reporting not necessarily the true picture. Pixley ka Seme recorded the decrease in terms of recorded diabetes cases (per 100 000 population) in 2022, which is the largest in the Province while JT Gaetsewe and ZF Mgcawu showed a notable increase.

Table: Newly diagnosed diabetes among 18 years and older, 2020 – 2022, NC

Newly Diagnoses Diabetes, 18 years and above in Public Health Facilities (Source: DHIS)						
District	2020		2021		2022	
	New (Raw)	Per 1 000 Population	New (Raw)	Per 1 000 Population	New (Raw)	Per 1 000 Population
Frances Baard DM	287	1,0	604	2,2	920	3,4
JT Gaetsewe	2 562	14,9	3 905	22,7	4 739	27,5
Namakwa	1 186	14,7	482	6,0	480	5,9
Pixley ka Seme	729	5,4	1 611	11,9	572	4,2
ZF Mgcawu	657	3,4	277	1,4	939	4,8
NC	**5 421**	**6,3**	**6 879**	**8,0**	**7 650**	**8,9**

Source: District Health Information System (DHIS), NCDoH

In terms of hypertension, a total of 31 905 people newly diagnosed with hypertension in public health facilities across the Province, from 2020 – 2022. The spread of hypertension across the province ranges from 27,9% to 12,2% during the same period. Three district recorded the highest percentage of hypertension, namely Pixley ka Seme (at 27,9%), JT Gaetsewe (at 21,8%) and Frances Baard (at 21,3%). JT Gaetsewe recorded the largest increase in 2022, in terms of absolute numbers and per capita, with 23 people newly diagnosed with hypertension per 100 000 populations.

Figure: Proportions of hypertension per district amon 18 years and older, 2020 – 2022, NC

Newly Diagnoses Hypertension, 18 years and above in Public Health Facilities (Source: DHIS)						
District	2020		2021		2022	
	New (Raw)	Per 1 000 Population	New (Raw)	Per 1 000 Population	New (Raw)	Per 1 000 Population
Frances Baard DM	1 264	4,6	2 527	9,2	2 999	10,9
JT Gaetsewe	1 905	11,1	1 038	6,0	4 011	23,3
Namakwa	2 165	26,8	940	11,6	785	9,7
Pixley ka Seme	2 573	19,0	4 196	31,0	2 136	15,8
ZF Mgcawu	2 128	10,9	1 469	7,5	1 769	9,0
NC	**10 035**	**11,7**	**10 170**	**11,8**	**11 700**	**13,6**

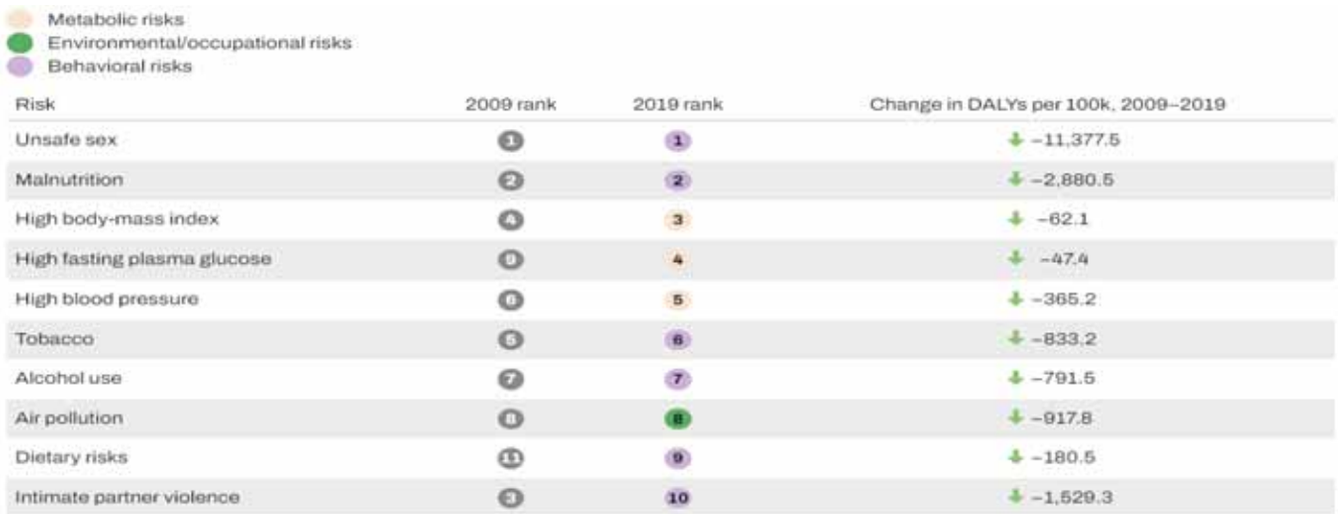
Source: District Health Information System (DHIS), NCDoH

Risk Factors Associated with Mortality & Disability

The most important risk factors which drives the most deaths and disability combined are categorized into three groups: (a) metabolic risks; (b) environmental/occupational risks; and (c) behavioural risks. Comparing 2009 and

2019, unsafe sex and malnutrition remains the most important risk factors associated with mortality and disability (Figure 5).

Figure 5: Risk factors driving most number of deaths and disability combined



Risk	2009 rank	2019 rank	Change in DALYs per 100k, 2009–2019
Unsafe sex	1	1	−11,377.5
Malnutrition	2	2	−2,880.5
High body-mass index	4	3	−62.1
High fasting plasma glucose	9	4	−47.4
High blood pressure	6	5	−365.2
Tobacco	5	6	−833.2
Alcohol use	7	7	−791.5
Air pollution	8	8	−917.8
Dietary risks	11	9	−180.5
Intimate partner violence	3	10	−1,529.3

Source: Institute for Health Metrics and Evaluation (IHME)

Leading causes of deaths by geographical area (District Municipality)

In the Province Tuberculosis and HIV remains the leading underlying cause of deaths as reported in the last report by Statistics South Africa. Compared to the previous report (2013), it should be noted that the number of deaths recorded from these diseases had declined notably, with TB recording the highest decrease of 23.3% and HIV decreasing by 13.9%. Non-communicable diseases as been shown to be on a rise in an alarming rate, are affecting the well-being of the people of the Northern Cape, where in the same period, hypertensive diseases and cerebrovascular diseases increasing by 30.6% and 5%, respectively.

However, there are variations between districts which emphasizes the uniqueness that exists in each districts and coupled by other socio-economic factors such as employment, access to basic services, culture, lifestyle, etc. Below is a Table illustrating the top five (5) leading underlying cause of deaths per district municipality. Namakwa is mainly burdened by non-communicable diseases while the pattern in ZF Mgcawu and Pixley ka Seme are very similar except certain disorders of immune system recorded in ZF Mgcawu.

Table: Top 5 underlying causes of deaths per district, Northern Cape

Rank	Causes of Death				
	Frances Baard	JT Gaetsewe	Namakwa	Pixley ka Seme	ZF Mgcawu
1.	Human immunodeficiency virus (HIV)	Other forms of heart diseases	Chronic lower respiratory diseases	Tuberculosis	Tuberculosis
2.	Tuberculosis	Influenza & pneumonia	Ischaemic heart diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases
3.	Hypertensive diseases	Tuberculosis	Diabetes	Human immunodeficiency virus (HIV)	Human immunodeficiency virus (HIV)
4.	Cardiovascular diseases	Human immunodeficiency virus (HIV)	Hypertensive diseases	Cardiovascular diseases	Certain disorders of immune system
5.	Diabetes	Other viral diseases	Cardiovascular diseases	Hypertensive diseases	Hypertensive diseases

Source: Mortality & Causes of death in South Africa, 2018; Statistics South Africa

8.3 INTERNAL ENVIRONMENT ANALYSIS

8.3.1. Service Delivery Platform/Public Health Facilities

Organisation Unit	Clinic	Community Health Centre	Mobile Service	Satellite Clinic	Health Post	District Hospital	Regional Hospital	Provincial Tertiary Hospital	EMS Station	EHS LG Service	EHS Port Health Service	EHS Prov Service
Frances Baard District Municipality	27	4	4	5		2		1	7	3		4
John Taolo Gaetsewe District Municipality	38	5	3	1		2			8	3		3
Namakwa District Municipality	22	10	1	8	15	2			17	6	1	6
Pixley ka Seme District Municipality	28	8	1	4		3			19	8		8
Zwelentlanga Fatman Mgcawu District Municipality	15	6	22	17		2	1		9	5	1	5

Source: WebDHIS

8.3.2. Universal Health Coverage (Population and Service Coverage)

Key Interventions for National Health Insurance, The Department to Reposition for NHI by 2025

- The District Health Services Strategy was reviewed and finalized in 2023. **The Seven Goals below have been identified to give effect to this strategy:**
  1. Strengthen Leadership Development and Governance
  2. Optimize Comprehensive Health Service delivery to improve health outcomes.
  3. Improve Quality of Health services.
  4. Strengthen community involvement and social accountability:
  5. Strengthen Inter-sectoral collaboration.
  6. Strengthen the sub-district for UHC and the NHI
  7. Strengthen System Capacity (systems, policies, processes, tools, and resources)
- This project is running parallel with related nationally driven strategies such as the review and finalization of the 5 year District Health Service (DHS)Strategy, Health Digital platform strengthening interventions.
- Other interventions to support roll-out and implementation are Health Practitioners' Contracting through the Conditional Grant, IHFRM and Quality Learning Centres (QLCs).
- These projects are designed to prepare the facilities for accreditation by Office of Health Standard (OHS) and increase legibility probability for funding
- Phokwane is the selected sub-district for i-CUP to NHI realization, whilst other districts are not precluded from commencing with the implementation roll-out

Strategies to Enhance NHI Implementation

- CCMDD
- HPRS
- ISHP
- WBPHCOT
- Health Professionals
- ICRM

CCMDD

It is an initiative which seeks to improve Public Health Care service delivery, through centralised dispensing and distribution of medicines. The aim of this strategy is to decant stable patient from our health care facilities.

Benefits:

- Shorter patient waiting times
- Convenient Pick up Points for patients (closer to home/work place)
- Nurses have more time for critical patients and improve quality of patients
- Reduced congestion at clinics
- Reduced risk of cross infections
- Work load relief for clinic staff
- Allows patients to take control/ownership of their health

HPRS

National Patient Registry is a foundational building block for successful NHI, Health Patient Registration System (HPRS) developed by NDOH together with CSIR

- The HPRS creates and allocates a Unique Health Patient Identification Number (from cradle to grave)
- The HPRS is owned by the National Department of Health:
  - In the **current phase**, each patient's demographic data is linked to this Unique Health Patients Identification number and stored on the system.
  - The **next phases** of this programme will focus on linking the patients' Health Records to the number.
  - Additional Benefits of the HPRS include:
    - Generate a *Patient File Number*
    - *Tracking of Patients* from one facility to another
    - *Lab Track functionality*
    - Appointment System
- The province introduced the Bomakamo Digitalisation Project to address on the eHealth strategy, to enhance service delivery and to improve the patient experience of care in our health care facilities. Six (6) facilities were identified to pilot this project: Galeshewe Day Hospital, Ritchie Clinic, Ma-Doyle clinic, Florianville clinic, RMSH, and City clinic. This initiative's aim was to assist with the formation of a possible CUP structure and learn lessons from the Ecosystem of the HPRS.

The Bokamoso project seeks to address the following:

1. Electronic Patient record (with a unique identifier)

   a) Digital Electronic patient file,

   b) Data management (full implementation of HPRS, e-tick register-for the Rationalization of Registers)

2. E-dispensing
3. E prescription
4. NHLS (interoperability of lab specimen system with HPRS) for proper gatekeeping
5. Appointment system

   - National Department of Health is planning to implement ABIS (Automated Biometric Identification System) in the Province, the plan is to implement comprehensive modules of the HPRS

ISHP

The Departments of Basic Education and Health jointly implemented the ISHP that extends, over time, the coverage of school health services to all leaners in primary and secondary schools

Its strategic objectives are to:

- increase knowledge and awareness of health-promoting behaviours
- develop systems for the mainstreaming of care and support for teaching and learning
- increase sexual and reproductive health knowledge, skills and decision-making among learners, educators and school support staff
- facilitate early identification and treatment of health barriers to learning
- increase knowledge and awareness of health
- promoting behaviours.

Plans:

- To make provision to scale up and strengthen ISHP
- Improve Inter-sectoral collaboration

WBPHCOT

This is the bedrock of District Health Service. The WBPHCOT policy framework promotes the following values and principles:

- Community participation and empowerment o community members are considered as their own 'agents of change' and not as passive recipients of government services o communities gain the understanding and authority required to ensure that appropriate action is taken in addressing the issues that affect their health and well-being
- Community passed PHC service are more cost effective than the curative healthcare service
- It assists to decant the clinic to enhance quality of service at the facility and improve patient experience of care
- CHWs appointed in the province: 1750

Plans:

- Training and reorientation of CHWs – commences in January 2024
- Dimagi project: Digital platform for community health workers to enhance performance management
- Procurement of uniform and tools of trade to professionalize and assimilate the cadre to the service platform
- Finalization of reviewing the WBPHCOT policy at National level

Health professional Contracting: The aim of contracting professionals is to expand Primary Health Care coverage in the districts and improve on service delivery

Health Professionals contracted:

District	Category
JT Gaetsewe	Medical Officers x1 Paediatrician x1
Pixley ka Seme	Medical Officers x9 Radiographer x1
Namakwa	Medical Officers x2 Professional Nurse x1 Clinical Nurse Practitionerx1

Ideal Clinic Realization and Maintenance: The purpose of a health facility is to promote health and to prevent illness and further complications through early detection, treatment and appropriate referral. To achieve this, a clinic should function optimally thus requiring a combination of elements to be present in order to render it an "Ideal Clinic".

- An Ideal Clinic is a clinic with good infrastructure1, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies, that uses applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organizations to address the social determinants of health. Primary Health Care (PHC) facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal Clinic".

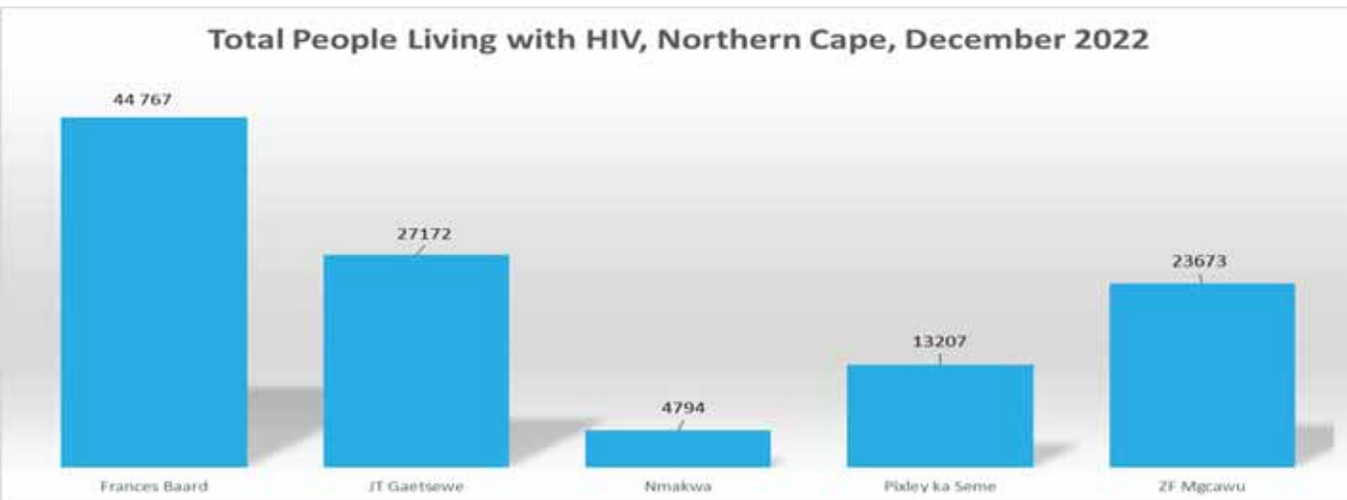
District	# of Facilities	# Facilities that conducted SD	# Facilities with IC status	% of Facilities with IC status	# of Facilities with Silver Status	# of Facilities with Gold Status	# of Facilities with Platinum Status
Northern Cape Province	**161**	**159**	**72**	**45%**	**7**	**14**	**51**
Frances Baard District Municipality	28	28	1	4%	1	0	0
John Taolo Gaetsewe District Municipality	44	43	24	55%	4	6	14
Namakwa District Municipality	32	31	8	25%	0	2	6
Pixley ka Seme District Municipality	36	36	28	78%	2	5	21
Zwelentlanga Fatman Mgcawu District Municipality	21	21	11	52%	0	1	10
Average / Total	**161**	**159**	**72**	**45%**	**7**	**14**	**51**

The Provincial Ideal Clinic Status is 45%, of which Pixley ka Seme did exceptionally well (78%). The ideal clinic category is as follows: Platinum: 51 facilities, Gold:14 & Silver:7

8.3.3 HIV & AIDS

The total number of people estimated to be living with HIV & AIDS in the Northern Cape was estimated to be standing at 113 613 (source: Thembisa ver 4.5), with 39.4% of provincial total located in the Frances Baard district while the Namakwa has the least of people living with HIV. The district breakdowns are show in the graph below.

Figure 6: Total living with HIV in the Northern Cape, as on December 2022



HIV Testing Services (HTS)

The HIV prevention programme managed to test 282 648 people for HIV against the annual target of 285 755, which is 99% achievement rate. This achievement was largely due to: support from the Non-Governmental Organizations (NGOs), build-up campaigns towards Sexual Reproductive Health week and TB World Day. Additionally, despite some reports of stock outs late in Quarter 3 and early in Q4 due to inadequate stock from service provider, however, there was a better management of available HIV rapid test kits with rotation to ensure that no clients were turned away from facilities.

Condom Distribution & Promotion

The province and districts did not achieve the set targets in the 2022/23 financial year and in the current financial year, the Province is likely to achieve 90% of annual target. In the previous year, delays in finalizing the new RT tender for condom procurement had a negative impact on distribution which resulted in shortages across the country.

Transport continues to be a challenge in all the Districts which had a negative impact on the condom distribution. To mitigate the shortages of transport at district level, the programme procured vehicles that include bakkies to ease distribution from PDS to facilities and other key strategic points. The condom truck has been out for repairs which further compounded the challenge of transport. Other commodities include: lubricants and pallets to improve proper storage of condoms. The Red Cross NGO was funded to further strengthen the distribution of condoms in the ZF Mgcawu and Pixley Ka Seme districts. Distribution of condoms in the Namakwa area remains a serious challenge.

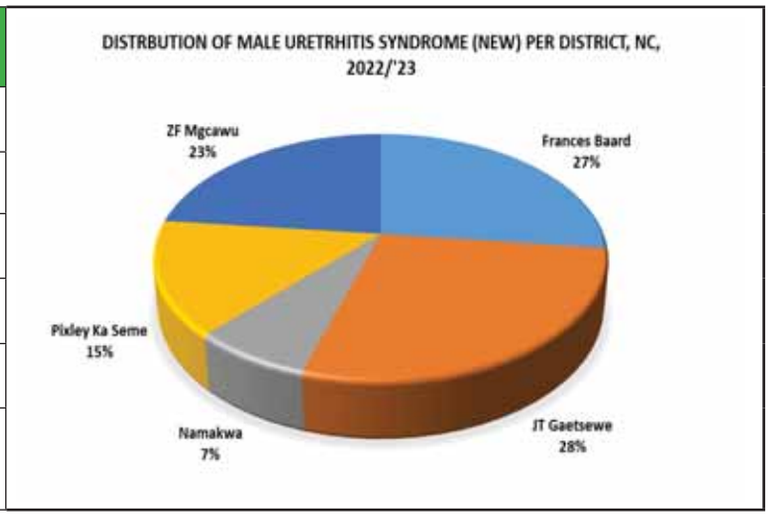
Sexually Transmitted Infections (STIs)

The province has recorded a high figure of the new Male Urethritis Syndrome (MUS) episodes against the annual target of five thousand one hundred and eleven (5 111). This increase is mainly attributed to intensive case finding, awareness campaigns such as the build-up community based activities towards Sexual Reproductive Health week and World TB Day, which included STI screening.

This also involved promotion of condom use for protective sex through demonstrations and distribution that took place during these events to prevent new STI infections. The low condom distribution is also an additional factor to the recorded increase in new MUS episodes. At district level, JT Gaetsewe recorded the highest number of new STI episodes followed by Frances Bard, ZF Mgcawu, Pixley Ka Seme and Namakwa with the lowest cases.

Table 5.5: STI New Episodes per District, NC 2022/23

District Municipality	No. (MUS – New)
Frances Baard	2 032
JT Gaetsewe	2 115
Namakwa	548
Pixley Ka Seme	1 123
ZF Mgcawu	1 779
Province Total	**7 597**



Source: District Health Information System (DHIS), April 2023

The National Department of Health introduced the new rapid Syphilis test kits: Single test kit for syphilis screening only and dual for both syphilis and HIV screening. This dual test kits have the potential to improve the HIV and STI screening as well as reduction of laboratory costs. Training these new test kits was conducted throughout the Province with sixty-two (62) participants recorded to have attended.

Pre-Exposure Prophylaxis Programme (PrEP)

The uptake of PrEP increased substantially in the 2022/'23 financial year, with four hundred and fifty-three (453) newly initiated clients, as compared to the ninety-three (93) in the previous financial year. This improvement can be attributed to the appointment of twenty-five (25) LGBTIQ Peer Educators in high volume facilities across all five districts. Consequently, the total remaining in PreP also increased to four hundred and nineteen (419) from fifty-two (52) in the previous financial year. Despite this number being lower than the target (5 111 remaining on PreP) this is a noticeable improvement which should be noted as it forms a basis for further strengthening of the programme. However, Namakwa's uptake remained low between these periods.

PrEP Uptake and Total Remaining per district, NC, 2022/23 FY

District Municipality	PrEP uptake	Remaining on PrEP
Frances Baard	323	299
JT Gaetsewe	75	61
Namakwa	10	6
Pixley Ka Seme	74	69
ZF Mgcawu	28	24
Province	**509**	**434**

Source: District Health Information System (DHIS), NCDoH, May 2023

The Province appointed supporting NGOs to provide PrEP in the Namakwa and Frances Baard districts, to support underperforming facilities. In the 9-month period (April – December 2023) of the 2023/24 financial year, the programme shows consistent improvement despite some districts not meeting their targets with Pixley ka Seme already on course to be the only district in the Province to achieve its annual target on PreP initiated. The AIDS Foundation of South Africa (AFSA) has appointed Life-Line NC for the Sex worker programme which will assist with capacity building and in turn improve PrEP uptake. The programme conducted supervisory facility visits which highlighted poor implementation and data capturing as key challenges at facility level.

Medical Male Circumcision (MMC)

In 2022/23 period, the Programme performed seven thousand, one hundred and twenty-nine (7 547) MMC's against the annual target of twenty thousand, five hundred and ninety (20 590). This translated into an achievement rate of 37%, way below the desired level. Compared with the previous financial year (2021/'22), the performance has dropped significantly, where just above ten thousand (10 000) MMC were performed.

JT Gaetsewe was the only district to surpass the 85% mark of its annual MMC target while there other four (4) districts recorded a performance rate below 50%, the worst performance was in Namakwa (1% achieved). The overall under performance can be mainly attributed to the lack of institutionalization of MMCs services, low demand creation in the Pixley ka Seme, ZF Mgcawu and Namakwa during the non-peak seasons, and lack of contracted external medical practitioners in the Namakwa district. Additionally, some reasons include inadequate capacity by the external service provider (J Galt Express) due to delays in payments and incorrect reports or invoices. In August 2023, the contract between department and J-Galt came to an end, and National Treasury and National Department of Health has contracted two service providers (Innovo and Lister Health) to provide MMC services in all five districts. This intervention will improve MMC coverage, particularly in the Namakwa district where J-Galt had been struggling to make inroads.

Antiretroviral Treatment, Care and Support

By December 2023, the programme reached a milestone where it surpassed the 70 000 mark in terms of total clients remaining in antiretroviral treatment. This was largely due to the following reasons:

- In recognizing the need for a centralized, more robust structure to manage and drive interventions in the HIV/AIDS programme and scaling up on implementation for improved outcomes, the National Department of Health and Aurum Institute Quality Improvement Team conducted a 2-day training on Operation Phuthuma Nerve Centre Handbook which was attended by Frances Baard, JT Gaetsewe and ZF Mgcawu Districts. The nerve centre model will be implemented in the new financial year.
- Key towards improving viral load suppression for children is the strategy of optimising treatment for children under 15 on anti-retroviral treatment, i.e. introduction of Abacavir/lamivudine fixed dose combination and lopinavir/ritonavir oral pellets to simplify prescribing by the health care worker and dosing by the caregiver which were added on the provincial formulary for children.
- The province rolled-out the updated ART guidelines, which include paediatric dolutegravir (pDTG) after approval by the South African Health Products Regulatory Authority (SAHPRA), with estimates of pDTG subsequently submitted to pharmaceuticals by the programme for procurement.
- Regular audits conducted on unsuppressed children to identify root cause and implement remedial action, i.e. recalling for adherence counselling, weighing and dosage adjustment.
- Appointment of CCMT coordinator for the ZF Mgcawu District.
- To address systematic challenge related to clinical management of children on ART which has a negative impact on viral load suppression, the programme procured weight and height measurement equipment for all the districts. The programme also in an endeavour to simplify dosing for children introduced the lopinavir/ritonavir pellets including the fixed dose combination of Abacavir and lamivudine.
- Attended and contributed towards the South African National Aids Council (SANAC) U=U (Undetectable = Untransmittable) HIV treatment literacy framework development and capacitated peer educators on U=U HIV treatment literacy.
- All five Districts capacitated on the welcome back campaign, a strategy to recall patients who have been lost-to-follow-up during the COVID pandemic.

Tenofovir Lamivudine Dolutegravir (TLD) Transitioning

Since the implementation of TLD in 2019, the province has had a slow transitioning from Efavirenz to Dolutegravir based regimen. In an endeavour to scale-up on TLD transitioning post the TLD rapid assessment which was conducted by the national Department of Health in Sol Plaatje Sub-district (Frances Baard), the programme developed facility TLD targets and supported the facilities were the rapid assessment was conducted to develop TLD quality improvement plans. This intervention contributed to improved performance on TLD uptake, with the annual 2022/'23 target (47 790 patients on TLD) being exceeded, the actual achievement of forty-eight thousand, one hundred and thirty-two (48 132) was recorded.

The JT Gaetsewe is the leading district with a cumulative total of fifteen thousand, three hundred and thirty-eight (15 338) patients on TLD, which accounted for 31.9% of the Provincial TLD enrolment total. Frances Baard followed with thirteen thousand, two hundred and seventy-one (13 271), Pixley Ka Seme with eight thousand, seven hundred and thirty-eight (8 738), ZF Mgcawu with seven thousand, eight hundred and fifty-one (7 851) and Namakwa with two thousand, nine hundred and thirty-four (2 934). Despite a notable improvement in the JT Gaetsewe, it must be noted that the Namakwa district was the first in the Province to achieve 80% of ART patients to be on TLD, which is above the national proposed target of 70/30 split. The only district which did not manage to achieve the target for cumulative number of patients on TLD was the Frances Baard. This can be attributed to ART data backlogs and with the two high volume facilities not yet being signed-off on Tier.Net Phase 6 (i.e. electronic live capturing).

Differentiated Model of Care (DMOC)

Using the Central Chronic Medicine Dispensing & Distribution (CCMDD) Mechanism as an alternative to facilitate access to medication, a target was set for the number of active patients on anti-retroviral programme to be enrolled onto the CCMDD. The table below represents the performance on decanting of active ART patients to the differentiated models of care. It must be noted that the data projected below is from the Pharmacy Direct, which reflect the number of active patients enrolled on CCMDD external pick up points and facility pick-up points, while data on the adherence clubs was extracted from Tier.Net.

The total number of active patients on ART decanted to DMOC is far below the target, with ten thousand, three hundred and eighty-seven (10 387) versus an annual target of thirty-eight thousand, two hundred and seventy-nine (38 279), translating into an achievement rate of 27.1%. In Quarter 4, the total number of active patients decanted to DMOC decreased by 5.6% (n = 621) compared to Quarter 3. The drop in Quarterly 4 is largely attributed to capturing and there's ongoing technical support by districts to ensure accurate reporting.

Table: Differentiated Models of Care Progress

Output Performance Indicator	Annual Target	Actual	Variance	Achievement Rate
Number of patients at Facility Pick-up-Points (Fac-PuP)	7 656	6 670	-986	87%
Number of patients at External Pick-up Points (Ex-PuP)	26 795	3 519	-23 276	13%
Patients on Adherence Club (AD)	3 827	198	-3 629	5%
Total number of Active Patients on ART decanted to DMOC	38 279	10 387	-27 892	27%

Source: CCMDD Pharmacy Direct Report

HIV 95-95-95 HIV Treatment Cascades - Progress

As of June 2023, South Africa is at 95-78-92 in terms of performance against the 95-95-95 targets across its total population using data available in the Public & Private sector. Data available from the private sector suggest that a total of 380,851 clients receive ART through private medical aid schemes in South Africa. For Adult Females and Adult Males, this number is 235,266 and 141,724 respectively.

Source: DHIS

95-95-95 HIV Cascade per District

District	95-95-95		
	1st 95 Source: Thembisa 4.6	2nd 95 Source: DHIS & CMS	3rd 95 Source: DHIS - VLS rate 12 mth cohort
Frances Baard	93%	80%	93%
Namakwa	93%	74%	90%
Pixley ka Seme	94%	77%	84%
John Taolo Gaetsewe	92%	70%	92%
Zwelentlanga Fatman Mgcawu	92%	73%	85%

As of June 2023, Northern Cape is at 93-74-90 in terms of performance against the 95-95-95 targets across its total population using data available in the Public & Private sector. Data available from the private sector suggest that a total of 4,764 clients receive ART through private medical aid schemes in Northern Cape. For Adult Females and Adult Males, this number is 2,853 and 1,865, respectively.

Results for each of the sub-populations vary. With Adult Females being at 94-75-90, Adult Males at 92-67-90, and Children (<15) at 77-146-65. There are gaps across the cascade for Adults & Children. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions in this sub-population.

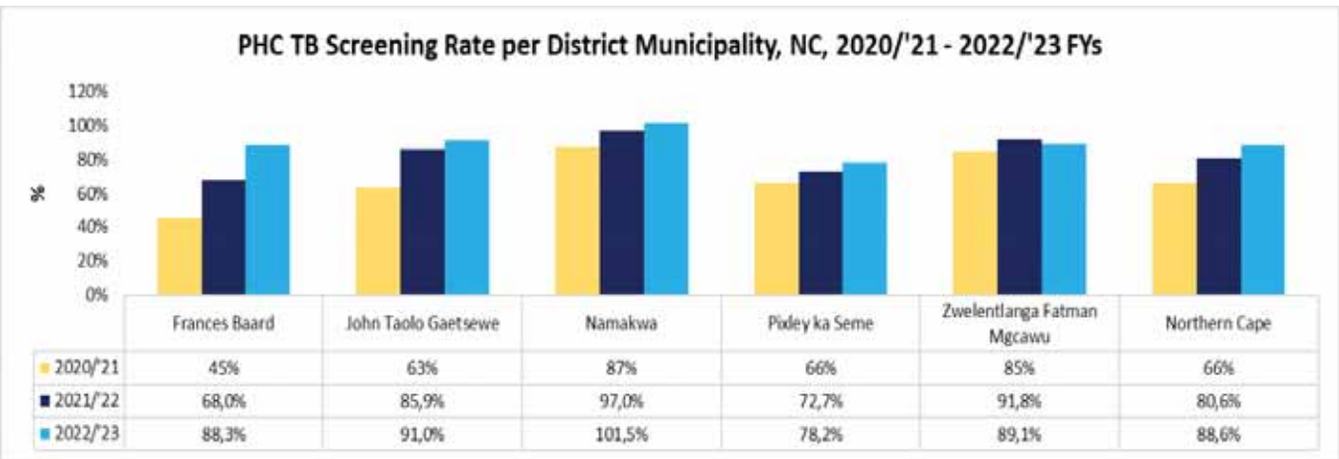
To achieve 95-95-95 targets, Northern Cape must increase the number of clients on ART with 22,901. For Adult Females, the required increase is 13,291, whereas an increase of 10,349 ART Adult Males are required.

8.3.4 TB CONTROL

The Province experienced a significant increase in TB screening year on year moving from 66% in 2020/'21, 80.6% in 2021/'22 and 88.6% in 2022/'23 financial year, albeit below the target of 90%. Compared to the previous financial year (2021/'22), 2 248 327 people who attended the PHC facilities were screened for TB (all ages) which represents an increase of 19.6% year-on-year. This performance illustrates the output of resetting health systems as an intervention for the healthcare services to be brought back after the negative impact of the Covid-19 pandemic.

The Province initiative of undertaking the community-based 25 000 (25K) TB Screening Campaign which was launched by the Deputy President during the commemoration of the 2022 World TB Day, held in the Province has propelled all districts to scale-up active finding approaches which involved door-to-door, community dialogues, etc. Furthermore, improved TB screening was a result of the sharp increase recorded in the Frances Baard District (from 60.5% to 84.4%) and the JT Gaetsewe District (from 79.6% to 92.2%). Namakwa is the only district with sustained good performance, achieving 100% successively.

Figure: TB Screening per District Municipality, NC, 2020/21 – 2022/23

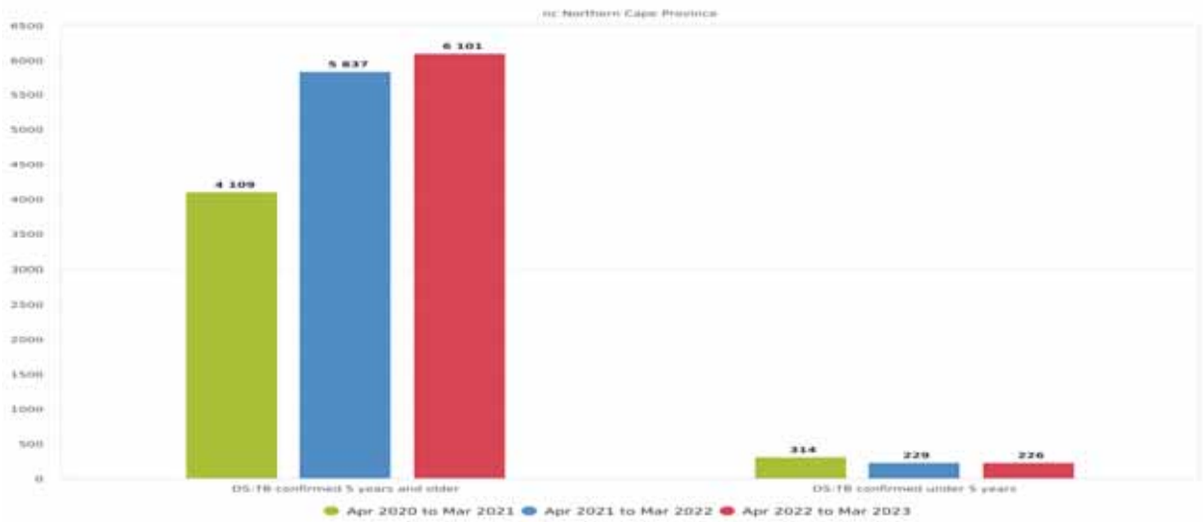


	Frances Baard	John Taolo Gaetsewe	Namakwa	Pixley ka Seme	Zwelentlanga Fatman Mgcawu	Northern Cape
2020/'21	45%	63%	87%	66%	85%	66%
2021/'22	68,0%	85,9%	97,0%	72,7%	91,8%	80,6%
2022/'23	88,3%	91,0%	101,5%	78,2%	89,1%	88,6%

Source: WebDHIS, NCDoH, May 2023

Improved TB screening had a positive outcome on case finding, where the total number of people (all ages) has been increasing in the past years: from 4 423 (2020/21), 6 066 (2021/22) and 6 327 in 2022/23. Compared to 2020/21, the number of people diagnosed with drug-susceptible TB increased by 43%. Analysis by age groups shows that among children (below 5 years) those diagnosed with TB has been dropping slightly year-on-year between 2020/'21 and 2022/23.

Figure: DS-TB Confirmed Cases, NC, 2020/21 – 2022/23



Source: WebDHIS, NCDoH

At district level, there are clear variations, where in terms of the absolute numbers, ZF Mgcawu accounts for the highest (1 832) newly confirmed DS-TB in the 2022/23 period, and the other districts as follows: Frances Baard (1 628), Pixley ka Seme (1 356), John Taolo Gaetsewe (842) and lastly, Namakwa with 613. Comparing 2020/21 and 2022/23, the district that recorded the highest increase in TB infections was Pixley ka Seme (114% increase) followed by JT Gaetsewe (81.5% increase) while the lowest percentage increase was in the Frances Baard district (See Table below).

Table: DS-TB Confirmed Cases per District Municipality, NC, 2020/'21 – 2022/'23

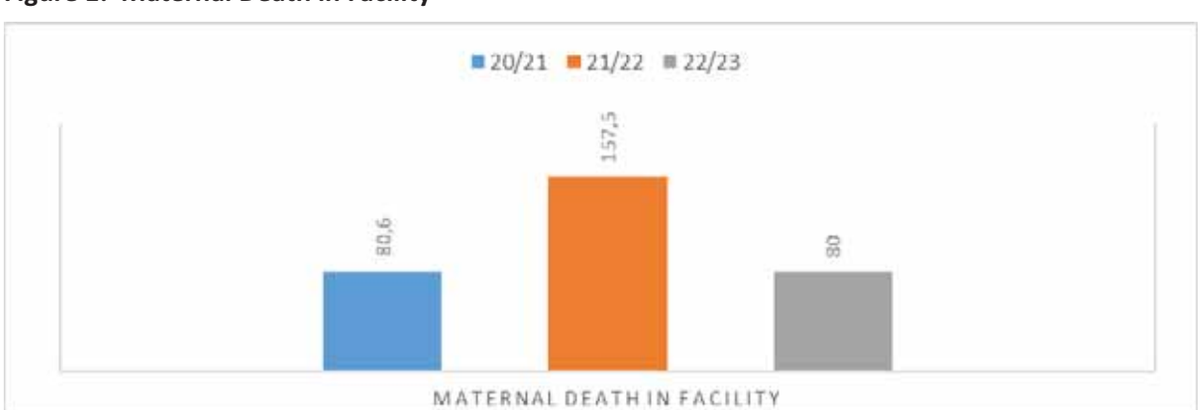
District	Apr 2020 to Mar 2021	Apr 2021 to Mar 2022	Apr 2022 to Mar 2023	2022/'23 vs 2020/'21 % Change
Frances Baard	1556	1697	1628	4.6%
John Taolo Gaetsewe	464	1243	842	81.5%
Namakwa	490	564	613	25.1%
Pixley ka Seme	659	1106	1412	114.3%
ZF Mgcawu	1254	1456	1832	46.1%

Source: WebDHIS, NCDoH

8.3.5 Maternal, Child, Youth, Women's Health & Nutrition

In-Facility Maternal Mortality Ratio (iMMR)

Figure 1: Maternal Death in Facility



Source: WebDHIS

The trend for the in-facility Maternal Mortality Ratio (iMMR) has decreased as seen with the performance during the FY 2022/23 80/100 000 live births as compared to FY 2021/22 157.5/100 000 live births which reversed the trend with deaths due to Covid-19 related complications. The aim is towards achieving the NDP target of MMR under 70/100 000 live births by 2030.

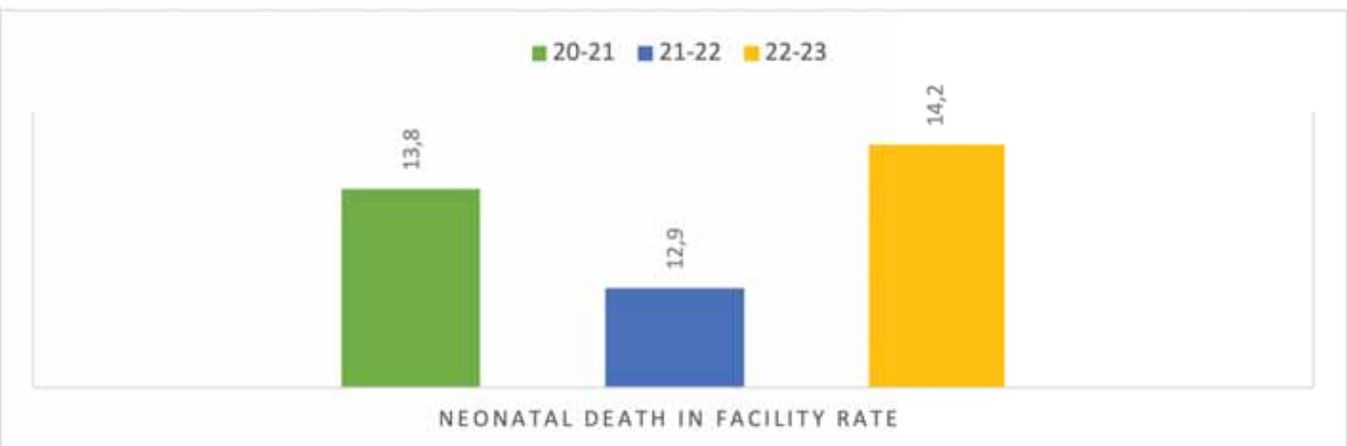
Maternal deaths occur at all levels of care, however the higher levels of care (Regional and Tertiary hospitals) might have high numbers of deaths due to referrals of complications.

Plans for the reduction of maternal morbidity and mortality are continually adjusted in response to the causes of avoidable maternal deaths. Therefore, the priority interventions to be implemented are:

- Re-configuration of the referral system
- Road shows of maternal death assessors meetings to all districts
- Skills development of clinicians including Emergency Medical Services
- Support facilities and District Perinatal Morbidity and Mortality review meetings
- Establishment of High Risk clinics
- Access and appropriate contraceptive services integrated into all levels of health care
- Adherence to the minimum standards on the safe caesarean delivery. The safety of caesarean delivery is being enhanced whereby district doctors undergo a 6 months in-reach training on anaesthesia at Tertiary hospital provided by anaesthetic department.

8.3.6 Neonatal Death in Facility

Figure 2. Neonatal deaths in facility rate



Source: WebDHIS

An increase is noted in Neonatal Death in Facility Rate FY 2022/23 (14.2/1000 live births) against the set target of 14/1000 as compared to the FY2021/2022 (12.9/1000 live births) and FY 2020/21 (13.8/1000 live births) respectively. This increase in neonatal deaths has occurred despite the minimal change in the low birth weight rate.

There is opportunity to improve the survival and health of new-borns and end preventable stillbirths by ensuring the following:

- Reaching high coverage of quality antenatal care through the implementation of Basic Antenatal Care Plus and intrapartum management
- Knowledgeable and skilled health care providers
- Appropriately resourced health care facilities including equipment and human resources

- Kangaroo Mother Care (KMC)
- Promoting exclusive breastfeeding
- Breast Milk Banks
- Adherence to infection prevention and control
- Maternal contraception
- Public health awareness and education on the dangers of using tobacco products, over the counter drugs, alcohol during pregnancy and fetal kicks monitoring
- Support facilities and District Perinatal Morbidity and Mortality review meetings

VERTICAL TRANSMISSION & PREVENTION

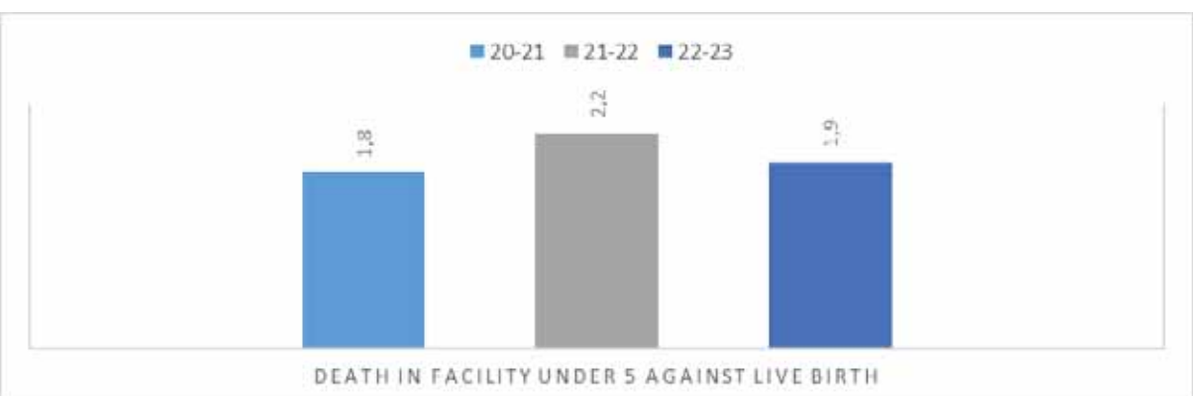
Infant PCR test positive around 10 week's performance is less than 1% in FY 2022/23 (0.82%). An increase is noted during the FY 2021/22 (1.1%) and FY 2020/21 (0.9%). There are challenges with HIV positive pregnant women not adhering to treatment, monitoring of viral loads, mixed feeding, lost to follow up, etc. Efforts will be directed towards emphasis on maternal contraception, early booking and initiation of HIV positive pregnant women on treatment, PrEp as an HIV prevention strategy for HIV negative pregnant & breastfeeding women and adherence on treatment and viral load monitoring remain the cornerstone towards HIV free generation.

Sexual Reproductive Health

The couple year protection rate trends declines over the past 3 years from 50.6% in 2020/21 to 39.3% in 2022/23. The reasons include the intermittent stock-outs of contraceptive methods (Long Acting Reversible Contraceptives) and condoms related to national stock outs. It is clear that the dual protection strategy needs to be further emphasized so that sexually active young women and adults are protected against unwanted pregnancies and sexually transmitted diseases. The priority interventions that will be strengthened include public health education and awareness, post-delivery Intra-Uterine Device insertion, upscale the number sites for Choice on Termination of Pregnancy, skills development and knowledgeable clinicians, availability of equipment, etc.

Child Health

Figure 3: Death in facility under 5 against live birth



Source: WebDHIS

Death in facility under 5 years' rate increased from 1.9% in FY 2020/21 to 2.2% in FY 2022/23, however within the set target of 4.3% the three main conditions for under 5 deaths remain, Diarrhoea, Pneumonia and Severe Acute Malnutrition (SAM).

Deaths under 5 are highest in the Frances Baard and Zwelentlanga Fatman Mgcawu districts due to the outlying rural drainage areas into the Tertiary and Regional hospitals. Both districts have a higher proportion of neonatal deaths making up the total under 5 deaths in facility. This could be due to the fact that both hospitals are serving all district hospitals in the province, therefore neonates are transferred for the continuum of care and eventually demise at Tertiary and Regional Hospitals.

Child under 5 years Case Diarrhoea and Pneumonia have been achieved for the past three financial years, except for the Child under 5 years Severe Acute Malnutrition Case Fatality Rate, which increased during the FY 2022/23 (8.5%) from FY 2021/22 (5.9%) and FY 2020/21 (5%) respectively. However, children present late at health facilities resulting in a poorer prognosis and ultimately death. Late presentation and comorbid conditions such as neurological disorders, chronic conditions, missed opportunities related to TB/HIV have been reported as some of the contributing factors to Severe Acute Malnutrition (SAM) deaths.

The First Thousand Days is an apex and remain the priority to be implemented to address the well-being of our mothers, neonates and children under 5 years of age.

Expanded Programme On Immunizations

The priority is to vaccinate as many children under 5 years as possible to mitigate the outbreaks of Vaccine Preventable Diseases, avoid deaths and improve herd immunity of the community. The province made strides by implementing Public Private Partnerships (PPP's) initiative to increase access. The involvement of the PPP made a positive impact in achieving the two indicators, viz. Fully Immunized Under 1 year and Measles 2nd dose coverage.

The country is moving towards Development of Immunization Agenda (IA2030), supported by the World Health Organization. The agenda seems to address key challenges in immunizations over the next decade and emphasises the need for all people to benefit from recommended immunizations throughout the life course.

Delivery 10 – 19 Years

Figure 4: Delivery 10-19 years (a comparison between 2019/20, 2020/21 and 2021/22

Source: WebDHIS

Delivery 10 –19 years' trend is declining slightly. The actual statistics on teenage pregnancy is not known, as some of the teenagers do not routinely attend antenatal care services and others resorting for termination of pregnancy. The Department of Health uses the DHIS information on women aged 10 to 19 years who delivered babies within health facilities as a proxy indicator. Collaboration is in existence, with Department of Education (DoE) and Department of Social Development (DSD) with support from OTP to implement and strengthen the roll-out of the Teenage Pregnancy Reduction and Prevention Plan. Additionally, implementation of youth zones to increase access to health facilities.

Table 1: Maternal and Women's Health

Indicator	Type of Indicator	Period	NC	Frances Baard	JTG	Namakwa	Pixley Ka Seme	ZFM
Maternal mortality in facility ratio (per 100k)	Impact	FY22/23	80 /100000	105 /100000	69 /100000	0	33.7 /100000	99.2 /100000
Maternal death in facility (Number)		FY22/23	20	10	4	0	1	5
Live birth in facility (Number)		FY22/23	24990	9525	5796	1661	2967	5041
Delivery in 10 to 19 years in facility rate	Outcome	FY22/23	17%	15.5%	19.4%	16.4%	20.5%	15.5%
Delivery in 10 to 19 years in facility (Number)		FY22/23	3755	1266	961	250	545	733
Delivery in facility- total (Number)		FY22/23	22047	8175	4949	1526	2663	4794
Mother postnatal visit within 6 days rate	Output	FY22/23	64.4%	`47.7%	96.4%	54%	74.1%	54%
Mother postnatal visit within 6 days after delivery		FY22/23	14202	4064	4770	824	1989	2555
Delivery in facility – total		FY22/23	22047	8175	4949	1526	2663	4794
Antenatal 1st visit before 20 weeks rate	Output	FY22/23	58.5	51.8%	56.7%	72.3%	68.5%	62.1%
Antenatal 1st visit before 20 weeks (Number)		FY22/23	15 500	5071	3456	1135	2351	3457
Antenatal 1st visit- total		FY22/23	26506	9795	6093	1570	3432	5616
Couple year protection rate	Output	FY22/23	38.3%	43.7%	25.1%	33.3%	46.6%	40.5%

Table 2: Child Health

Indicator	Type of Indicator	Period	Northern Cape	Frances Baard	John Taolo Gaetsewe	Namakwa	Pixley Ka Seme	Zwelentlanga Fatman Mgcawu
Death in facility under 5 against live birth	Impact	FY22/23	2.2%	3%	1.8%	1.1%	1.8%	1.6%
Death in facility under 5 years (Number)		FY22/23	492	266	87	17	47	75
Live birth in facility (Number)		FY22/23	22487	8861	4943	1510	2620	4553
Diarrhoea case fatality under 5 years rate	Impact	FY22/23	1.5%	1.6%	4.2%	0	1.4	0.8
Diarrhoea case fatality under 5 years (Number)		FY22/23	17	7	4	0	3	3
Diarrhoea separation under 5 years (Number)		FY22/23	1161	424	95	51	213	377
Pneumonia case fatality under 5 years rate	Impact	FY22/23	2.4%	3.6%	6.5%	0.8%	1.0%	1.5%
Pneumonia case fatality under 5 years (Number)		FY22/23	26	8	9	1	2	6
Pneumonia separation under 5 years (Number)		FY22/23	1083	223	139	126	205	390
Severe acute malnutrition case fatality under 5 years rate	Impact	FY22/23	8.5	14.6%	8.3%	0%	7%	5.4%
Severe acute malnutrition case fatality under 5 years (Number)		FY22/23	52	25	9	0	8	10
Severe acute malnutrition inpatient under 5 years (Number)		FY22/23	609	171	109	29	114	186
Neonatal death in facility rate (per 1K)	Impact	FY22/23	14.2 /1000	18.3 /1000	12.3 /1000	7.9 /1000	9.9 /1000	13.0 /1000
Death in facility 7-28days (Number)		FY22/23	319	162	61	11	26	59
Live birth in facility:		FY22/23	22487	8861	4943	1510	2620	4553
Infant PCR test positive around 10 weeks rate	Outcome	FY22/23	0.8%	0.2%	1.5%	1.1%	1.2%	0.8%
Infant PCR test positive around 10 weeks (Number)		FY22/23	19	2	9	1	4	3
Infant PCR test around 10 weeks (Number)		FY22/23	2031	682	641	58	318	332

Indicator	Type of Indicator	Period	Northern Cape	Frances Baard	John Taolo Gaetsewe	Namakwa	Pixley Ka Seme	Zwelentlanga Fatman Mgcawu
HIV test Pos around 18 months	New indicator							
Immunisation under 1 year coverage	Output	FY22/23	75.9%	75.8%	86.0%	69.7%	67.2%	73.4%
Immunisation fully under 1 year new (Number)		FY22/23	19182	6096	5234	1285	2844	3723
Measles 2nd dose coverage		FY22/23	73.6%	74.2%	78.8%	69.4%	75.3%	67%
Measles 2nd dose (Number)		FY22/23	18863	6028	4805	1301	3222	3507

Table 3: Collaboration with other government and non-government stakeholders

Sub Programme	Type of collaboration	Name of stakeholder
MCYWH&N	The Department of Education, Health and Social Development are key role players in the implementation of Integrated School Health Programme (ISHP), early intervention to address health and psychosocial barriers, learning is critical to enhance to children's development and educational gains The partners (NGO's) are aiming to support the department with the implementation of the ISHP comprehensive package.	• Department of Education • Department of Social Development • Innovo NGO at FB, PKS and JTG • Tshela Bophelo Solution Wellness JTG • Pathways to change (FB) • Grass roots (FB)
	Expanded Programme on immunization Establishment of Public Private Partnerships to increase access to vaccination services for children as well as reaching more children as possible and increase the herd immunity of the community at large.	**Frances Baard**:1x Doctor, 3x Nurse Practitioners, 2x Private Pharmacies **JTG:** 1x Private Pharmacy, 6x Nurse Practitioners: 1x Private game reserve **ZFM**: 1x Private Doctor **PKS:** 1x Private Pharmacy **Namakwa**: 1x Private Pharmacy
	Provision of adolescent and youth comprehensive package of services. Stakeholders' involvement in the promotion of health among youth and emphasizes the commitments of the Department of Health (DoH).	NGO's (Partners) Department of Education Department of Social Development
		Health promotion through radio slots (Side by Side with Radio XK)

9. MTEF BUDGETS

9.1 OVERVIEW OF 2024/25 BUDGET AND MTEF ESTIMATES

MTEF BASELINE PRELIMINARY FOR 2024/25-2026/27

- Financial Year 2023/2024 – R 6 108 843 000
- Financial Year 2024/2025 – R 6 292 654 000
- Financial Year 2025/2026 – R 6 577 910 000

Key Assumptions

The following broad key assumptions were made while preparing the budget of the Department of Health for the 2023 MTEF:

- The assumption for the general CPI used for the current budget is based on the inflationary projections estimated at 5.1 per cent for 2023/24, 4.6 per cent for 2024/25 and 4.6 per cent for 2025/26.
- Shortfall on Improvement in Condition of Service carry through will be dealt with during the adjustments.
- An additional amount of R200.691 million in the 2023/24 financial year and aggregate to R626.459 million over the 2023 MTEF. The funds cater for the compensation of employees' baseline adjustment – R97 million, revenue enhancement initiatives – R12 million, NHLS baseline adjustment – R18 million, ART, TB and medicine baseline adjustment – R65 million as well as fuel, oil gas baseline adjustment R8.691 million
- Recruitment and retention of certain expertise to assist the department to deliver critical services.
- The goods & services allocations were reduced by R19.224 million in 2023/24 financial year, this is for the settlement of rates and taxes.
- The baseline allocations of conditional grants were reduced by R90.189 million for 2023/24.
- A further once off allocation amounting R5.098 million as Social Sector Expanded Public Works Programme Incentive grant in order to sustain community healthcare workers' services.

Aligning departmental budgets to achieve government's prescribed outcomes

In line with the National Development Plan (NDP) 2030 and the Medium Term Strategic Framework (MTSF) 2019-2024, the department will flag key achievements. Furthermore, to support the realisation of the MTSF health plan each action plan will be estimated on annual basis using evidence-based Annual Performance Planning and priority areas resources allocation methods.

Improve health outcomes by responding to the quadruple burden of disease of South Africa

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 impact statements and outcomes. These impact statements and outcomes are well aligned to the Pillars of the Presidential Health Summit compact.

Inter-sectoral collaboration to address social determinants of health

The World Health Organization (WHO) identifies Adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 – 19. This is a very critical stage in the development of a young person's life, as it is characterized profound physical, biological, social and emotional changes. It is a time in which identity formation begins, as individual's transition from childhood to adulthood, from dependence to independence. New attitudes, feelings, and risk taking behavior defines an individual's experience during adolescence, and potentially shapes a person's behavior.

Northern Cape showed the highest number of teenage pregnancy (19.3%) of all the provinces between April 2020 and March 2021 (2020/21 FY) 4.4 million children in South Africa are living with HIV (only those that have tested) majority coming from Black, Coloured and Indian communities. The Collaboration between the Social Cluster Departments like Department of Education, Social Development, Safety, Agriculture and other relevant sectors has since made the Department to perform at 17% in 2022/23 and 16,7% in 2023/24 third quarter respectively. There were interventions that were implemented amongst others:
Adolescent and Youth Friendly Services (AYFS) which is a standards driven approach to improve quality of care for adolescents and youth and Integrated School Health Programme, which focused on addressing both the immediate health problems of learners, including barriers to teaching and learning as well as implementing interventions that can promote their health and well-being during childhood and beyond.

Progressively achieve Universal Health coverage through implementation of National Health Insurance (NHI)

The District Health Services Strategy was reviewed and finalized in 2023 and seven goals have been identified below to give effect to this strategy**.**

i. Strengthen Leadership Development and Governance
ii. Optimize Comprehensive Health Service delivery to improve health outcomes.
iii. Improve Quality of Health services.
iv. Strengthen community involvement and social accountability:
v. Strengthen Inter-sectoral collaboration.
vi. Strengthen the sub-district for UHC and the NHI
vii. Strengthen System Capacity (systems, policies, processes, tools, and resources)

Improve quality and safety of care

The Department implemented CCMDD successful which is an initiative that seeks to improve Public Health Care service delivery, through centralised dispensing and distribution of medicines. The aim of this strategy is to decant stable patient from our health care facilities. The benefits of this initiative over a period of time has been to ensure that in improving quality of health care the department:

- Shortens patient waiting times
- Ensures convenient Pick up Points for patients (closer to home/work place)
- Nurses have more time for critical patients and improve quality of patients
- Reduces congestion at clinics
- Reduces risk of cross infections
- Relief work load for clinic staff
- Allows patients to take control/ownership of their health

The other intervention is the HPRS which is a foundational building block for successful NHI, Health Patient Registration System (HPRS) is developed by NDOH together with CSIR with the intention to:

- Create and allocates a Unique Health Patient Identification Number (from cradle to grave)
- In the **current phase**, each patient's demographic data is linked to this Unique Health Patients Identification number and stored on the system.
- The **next phases** of this programme will focus on linking the patients' Health Records to the number.
- Additional Benefits of the HPRS include:
  - Generate a *Patient File Number*
  - *Tracking of Patients* from one facility to another
  - *Lab Track functionality*
  - Appointment System

Improve and sustain the Ideal health facility status throughout the province

Ideal Clinic Realization and Maintenance:

The purpose of a health facility is to promote health and to prevent illness and further complications through early detection, treatment and appropriate referral. To achieve this, a clinic should function optimally thus requiring a combination of elements to be present in order to render it an "Ideal Clinic".

An Ideal Clinic is a clinic with good infrastructure1, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies, that uses applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community.

The Department of Health should cooperate with other government departments as well as with the private sector and non-governmental organizations to address the social determinants of health. Primary Health Care (PHC) facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal Clinic".

Provide leadership and enhance governance in the health sector for improved quality of care

Governance structures

Governance structures in line with national health policy and are intended to:

- Provide oversight on provision of quality healthcare services.
- Provide expression to the principle of community participation at a local and district level.
- Act as a link between communities and health services
- Provide a platform for the health needs and aspirations of the communities represented at local, districts, provincial and national levels.
- Ensure community participation that is nationally recognised for its potential in realising good health outcomes
- De-escalating potential community conflict

The Department through the Office of the MEC for Health has appointed Governance structures in all facilities which are Clinic Committees, hospital boards, mental health review board and the nursing college council. The department should ensure that all these boards are fully functional and accounts to the plight of communities

District Health Services

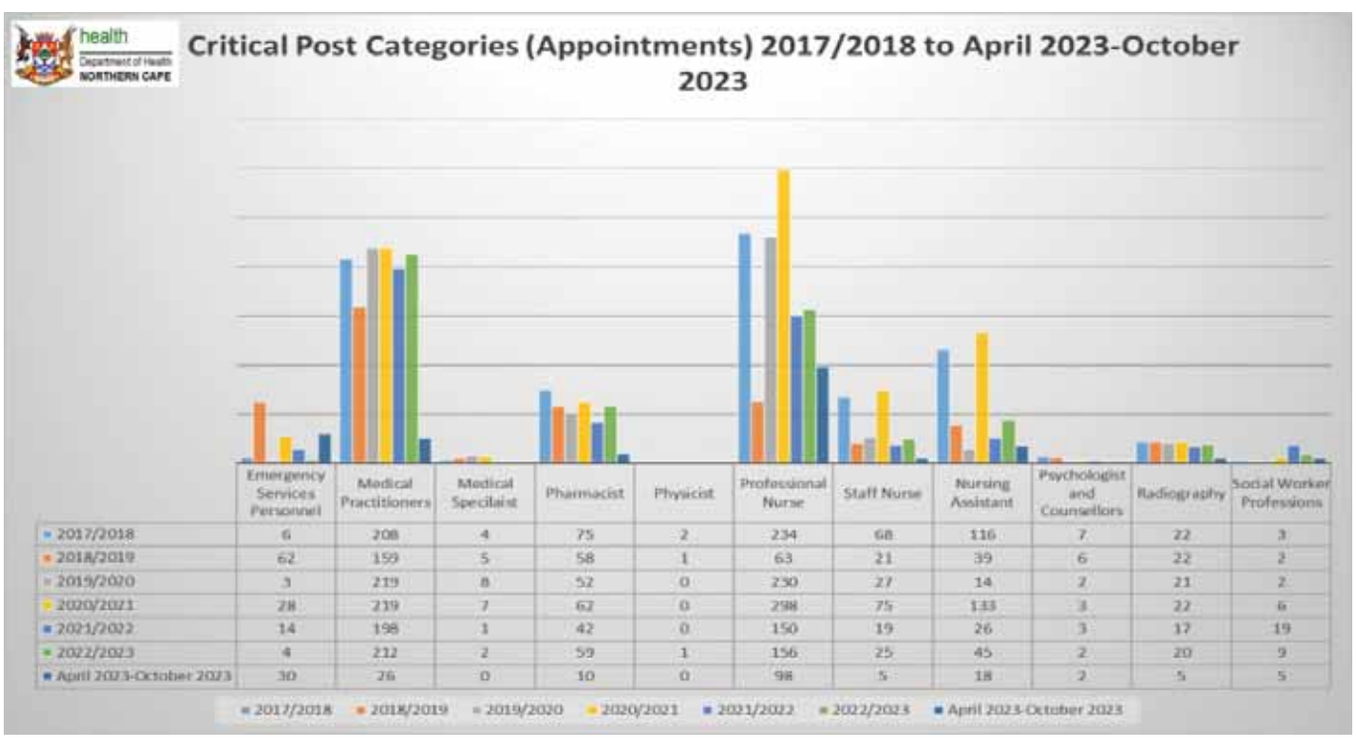
Resetting of the service delivery platform and reviewing the DHS strategy to strengthen service and enhance responsiveness to serice demands. Reconfiguration and reorganization of the operational capcity of the service platform to enhance effectiness and efficiencies of healthcare service delivery through:

- Expansion of operational hours.
- Operationalisation of theatres.
- 24-hour Operationalization of CHC.
- Classification of facilities.
- Access to underserviced and underserviced areas.

Improve equity, training and enhance management of Human Resources for Health

Without adequate and skilled health care workers, and their right skills mix, as well as their distribution in the right place, it is difficult to provide efficient, effective, good quality and equitable health care services for all South Africans. Most of the public health facilities in the province experience shortage of human resources for health, compared to their catchment population size and the burden of diseases within those communities.

Currently, the total number of fixed staff establishment is standing at 6 709. This was a 2.3% decrease from 2018, which was at 6866 total work-force (Clinical and support services). The department invested a lot in filling scarce skills of which is a problem country wide, competing with the private sector that utilises our employees through a moon-lighting system.



	Emergency Services Personnel	Medical Practitioners	Medical Specialist	Pharmacist	Physicist	Professional Nurse	Staff Nurse	Nursing Assistant	Psychologist and Counsellors	Radiography	Social Worker Professions
2017/2018	6	208	4	75	2	234	68	116	7	22	3
2018/2019	62	159	5	58	1	63	21	39	6	22	2
2019/2020	3	219	8	52	0	230	27	14	2	21	2
2020/2021	28	239	7	62	0	298	75	133	3	22	6
2021/2022	14	198	1	42	0	150	19	26	3	17	19
2022/2023	4	212	2	59	1	156	25	45	2	20	9
April 2023-October 2023	30	26	0	10	0	98	5	18	2	5	5

Improve community engagement and re-orient the system towards Primary Health Care through community-based health programmes to promote health

HIV Testing Services (HTS)

The HIV prevention programme managed to test two hundred and eighty-two thousand, six hundred and forty-eight (282 648) people for HIV against the quarterly target of two hundred and eighty-five thousand, seven hundred and fifty-five (285 755), which is a 99% achievement rate. This achievement was largely due to the following:

- Support from the Non-Governmental Organizations (NGOs).
- Build-up campaigns towards Sexual Reproductive Health week.
- TB World Day commemoration.

Additionally, despite some reports of stock outs late in the third quarter and early in the fourth quarter, due to inadequate stock from the service provider, there was better management of available HIV rapid test kits with rotation to ensure that no clients were turned away from facilities. In an attempt to mitigate the shortfall, the NDOH was engaged to assist and they tried to source test kits from the Gauteng Province, which could not materialise due to different ordering systems between Gauteng and Northern Cape. During the last quarter of the financial year orders on condoms were processed and the relevant service provider was able to deliver the HIV test kits.

9.2 CONDOM DISTRIBUTION AND PROMOTION

Condoms are effective at preventing Sexually Transmission Infections (including HIV) and unintended pregnancies, provided they are used consistently and that they are stored and transported correctly. The province and districts did not achieve the set targets in the 2022/2023 financial year. There is low male condom stock on hand while female condom is out of stock in four of the five Districts, which is due to the new RT tender that has affected service providers as they are waiting for shipment. This has attributed to non-achievement of the set target.

The National Department of Health conducted an assessment of the Provincial Distribution Sites (PDSs) across the province from the 16th to 20th May 2022. The purpose of the visit was to assess the conditions in which condoms are stored, stock on hand through bin cards, financial accountability through checking proof of delivery in the form of invoices, challenges and remedial actions. The findings were that most PDSs are non-existing or not in a good condition as condoms are in some instances not stored properly. The National Department of Health committed to support the Province with donation of stock while orders are placed.

Transport is also a challenge in all the Districts which has a negative impact on the condom distribution. Three single cab bakkies have been procured to assist with distribution. Lubricants and pallets will be procured for proper storage of condoms. Three SUVs have been procured and dispatched to the identified Districts to mitigate the shortage of transport for condom distribution. One NGO has been funded to further strengthen the distribution of condoms in the ZF Mgcawu and Pixley Ka Seme Districts.

Robust and efficient health management information systems to automate business processes and improve evidence based decision making

Voice Over IP (VOIP) Telephone System

The telephone system in the Department at all Hospitals and District Offices are currently finalized. This new system will assist in reducing costs and serve as a control measure in possible unofficial usage, however, there is a need to develop a system to control it, i.e. a Policy on official telephone usage.

Computer Aided Dispatch System(EMS)

The implementation of the Computer Aided Dispatch System includes the Call Centre Functionality, Ambulance Tracking and Monitoring. The Botshelo Application was launched and the system is currently functioning well

e-Submission

The implementation of the e-Submission system for an automated submission process is still gaining momentum as additional programmes are gradually being included. The following has been completed to date:

- Users created on the system for Districts and Hospitals
- Training completed for all users in the Districts
- Technicians trained in the Districts for support
- Final signatures to be uploaded on the system from Districts

Connectivity

Very small aperture terminal (VSAT) equipment is being delivered to the fourteen facilities identified within the JTG District. The following has been done to date:

- Fixed point to point connectivity completed in JTG District
- 14 VSAT Installations to be completed in JTG
- Facilities in Francis Baard and Pixley Ka Seme are currently being visited to resolve any issues encountered with the routers
- Pixley Ka Seme SA-Connect sites were identified with SITA and are being tested for functionality
- Provincial Office Networks Unit and District Technicians are currently attending to connectivity issues

Disaster Recovery and Business Continuity

The proposal for the Development of Disaster Recovery and Business Continuity Plan has been approved and SITA has been appointed as the Service Provider. This will enable the Department to be compliant with the Disaster Recovery Plan and Business Continuity Plan Policies.

Effective and efficient delivery of Infrastructure and provision of technical support services to the Department.

Infrastructure Planning

The contractor for the of the new Francis Baard forensic Mortuary have been appointed and they are busy with site establishment. The phase 2 of the new Nursing College (Main campus) are out on tender. This project is implemented by Department of Roads and Public Works. Clinical Brief for Schmitsdrift clinic are completed and detailed designs has been signed off by the Department.

Planning for the upgrading of Tshwaragano walkways, maternity and maternity theatre is in the planning stage. Project has been spit in to 2 phases. Walkways and Gateway clinic (Phase 1) Maternity phase 2. Kuruman Hospital Forensic Mortuary works completion are expected during the 4th quarter of the financial year.

The planning for mental health wards at Tshwaragano, Postmasburg, De Aar, Dr Harry Surtie, Springbok and Abraham Esau hospitals are ongoing. Awaiting approval of project brief for maternity. DRPW at procurement stage for gateway clinic Tshwaragano and Postmasburg hospitals are in the design phase. The department awaits the finalization for the designs for the Lerato Park clinic. This projects are being implemented by the Department of Roads and Public Works.

Planned maintenance for water reticulation and HVAC systems at RMSH have been appointed. DOH requested to participate on the appointed service providers at The Department of Roads and Public Works for further planned maintenance. The process is still not finalized and this effects the much needed planned maintenance at facilities.

The process for the procurement of health technology for newly build infrastructure remains a challenge and this delays the fully operationalization of facilities.

Instructure Delivery

Bankhara Bodulong Clinic: The project started in September 2017 estimated for completion in 12 months. It is currently behind schedule. The original contract was terminated and a new contractor appointed. The contractor did not return to site in January 2020 until May 2021 citing perpetual delays in the processing of payments. The Services of the contractor have subsequently been terminated and a new contractor was appointed by the Department of Roads and Public works. Department awaiting construction to resume.

Boegoeberg Clinic: The project has reached practical completion and was handed to the Department of Health by the implementing agent. The procurement of Health Technology is still outstanding.

Glenred Clinic: A contractor was appointed in March 2018 prior to the approval of the final designs by the Department of Health. Construction Contractor to return to site during 4th quarter.

Heuningvlei Clinic: The project started in 2015. The project were 60 months behind schedule. First contract was terminated due to slow delivery by the contractor with contributions from delayed payments. The project has reached practical completion in November 2022. Contractor currently busy with snags that were identified as outstanding work in order to reach Works completion. Procurement for Health Technology are also busy being finalized.

Nursing College Student Accommodation: The sectional practical completion was reached on 2 of the accommodation blocks. The remaining blocks will reach practical completion by the 4th quarter of 2023/2024 financial year.

9.3 OUTLOOK FOR THE COMING FINANCIAL YEAR (2024/25)

The department has planned to perform the following activities:

- Construction of a new Radiotherapy unit at Robert Mangaliso Sobukwe Hospital;
- to strengthen physical rehabilitation services for patients with birth defects or as the result of trauma;
- introduce electronic systems into the Emergency Medical Service control rooms;
- recruiting an additional ten medical officers for Namakwa and John Taolo Gaetsewe Districts PHC services as part of NHI roll out; and
- implementation of the Contracting Units for primary health care.

Reprioritisation

There was no reprioritization of the budget effected, however the programmes have been encouraged to reprioritize their budget considering the budget cuts in anticipation of freezing of public wage bill and government's fiscal consolidation strategy.

Procurement

The department has developed the procurement plan with specific focus on procuring emergency vehicles, medical equipment as well as major maintenance services for various health facilities.

We will be completing the procurement of vehicles which are suitable to the conditions of our province and to improve the safe transportation of our patients.

Other large procurements are the clinical equipment for our Health facilities. The Linear Accelerator for our Oncology Services are central in our strategy to improve our Oncology Services.

9.4 PROGRAMME SUMMARY

Summary of payments and estimates by programme.

Table 2.3 : Summary of payments and estimates by programme: Health

R thousand	Outcome 2020/21	2021/22	2022/23	Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates 2024/25	2025/26	2026/27	% change from 2023/24
1. Administration	229 118	260 115	280 058	252 237	264 045	319 004	264 977	276 808	288 854	(16.9)
2. District Health Services	2 541 888	2 828 005	2 784 553	2 798 871	2 899 433	3 123 562	2 941 329	3 036 932	3 175 558	(5.8)
3. Emergency Medical Services	405 481	407 434	419 545	425 984	468 379	474 130	448 052	468 090	488 459	(5.5)
4. Provincial Hospital Services	481 050	470 233	453 601	495 453	520 663	557 944	522 479	545 807	569 552	(6.4)
5. Central Hospital Services	1 116 510	1 211 672	1 259 103	1 307 486	1 297 582	1 326 302	1 290 986	1 315 239	1 374 830	(2.7)
6. Health Sciences And Training	140 695	150 532	172 024	181 602	333 588	333 588	345 377	352 610	368 396	3.5
7. Health Care Support Services	236 809	175 488	133 467	137 031	144 284	144 284	143 938	150 366	156 907	(0.2)
8. Health Facilities Management	386 071	379 913	407 209	510 179	481 844	481 844	484 995	500 653	523 647	0.7
Total payments and estimates	5 537 622	5 883 392	5 909 560	6 108 843	6 409 818	6 760 658	6 442 133	6 646 505	6 946 203	(4.7)

Expenditure trends for the period 2020/21 – 2026/27 showed a growth, where the average nominal growth in this period was 3.8 per cent. The total budget allocation of R6.442 billion for 2024/25 financial year show an increase of R333 million or 5.5 percent compared to 2023/24 financial year. The allocations further increases to R6.646 billion in 2025/26 and R6.946 billion in 2026/27 at an average of 4.4 percent over the MTEF.

The department is allocated additional earmarked funds amounting of R283 million in the 2024/25 financial year and it aggregates to R883 million over the 2024 MTEF. These funds make provision for the compensation of employees' baseline for the improvement on conditions of service, the fiscal consolidation reduction cushion and the discretionary funds.

A total of R469 million over the 2024 MTEF is reduced as part of the fiscal consolidation.

The key objectives of the department to be achieved include among others: the acceleration of ideal clinic initiative; re-engineering of primary health care; rolling out of the CCMDD in all districts, National Health Insurance (NHI), emergency medical services, medical equipment, the prevention and successful management of HIV/AIDS and TB; maintenance of infrastructure and rendering of tertiary health services.

Summary of economic classification

Table 2.4 : Summary of provincial payments and estimates by economic classification: Health

R thousand	Outcome 2020/21	2021/22	2022/23	Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates 2024/25	2025/26	2026/27	% change from 2023/24
Current payments	5 228 786	5 599 527	5 495 584	5 777 783	6 017 948	6 242 256	6 074 207	6 286 727	6 571 629	(2.7)
Compensation of employees	3 199 504	3 352 535	3 410 157	3 570 745	3 793 383	3 806 239	3 740 702	3 888 352	4 059 012	(1.7)
Goods and services	2 024 159	2 230 244	2 069 653	2 207 038	2 224 565	2 417 298	2 333 505	2 398 374	2 512 617	(3.5)
Interest and rent on land	5 123	16 748	15 774	–	–	18 719	–	–	–	(100.0)
Transfers and subsidies to:	76 993	49 072	72 898	44 240	46 240	103 164	46 851	48 478	50 577	(54.6)
Provinces and municipalities	578	9 004	641	14 045	14 045	14 198	14 880	15 553	16 219	4.8
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	33	38	–	–	15	–	–	–	(100.0)
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	76 415	40 035	72 219	30 195	32 195	88 951	31 971	32 925	34 358	(64.1)
Payments for capital assets	231 843	234 793	341 078	286 820	345 630	415 238	321 075	311 301	323 997	(22.7)
Buildings and other fixed structures	113 328	169 934	242 660	128 209	128 209	257 681	132 210	138 133	143 659	(48.7)
Machinery and equipment	118 095	64 859	84 100	158 611	217 421	157 557	188 865	173 168	180 338	19.9
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	420	–	14 318	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	5 537 622	5 883 392	5 909 560	6 108 843	6 409 818	6 760 658	6 442 133	6 646 505	6 946 203	(4.7)

For the period 2020/21 to 2026/27 the average annual nominal growth of compensation of employees grew by 4.3 per cent while goods and services by 4 per cent.

Compensation of employees grows to R3.740 billion in the 2024/25 financial year from R3.570 billion in the 2023/24 financial year, this is a 4.8 per cent increase. This growth is stable and consistent at 4.4 per cent over the 2024 MTEF. The allocation for salaries and related costs of employees in the department accounts for 58 per cent of the total allocation of the department in the 2024/25 financial year.

The allocation for goods and services increases to R2.333 billion in the 2024/25 financial year, which is 5.7 per cent increase from R2.207 billion in the 2023/24 financial year.

Transfers and subsidies budget grows by 5.9 per cent to R46.851 million in 2024/25 financial year compared to R44.240 million in 2023/24 and continues to grow on average by 4.6 per cent over the MTEF. The significant increase is due to the discretionary funds allocation.

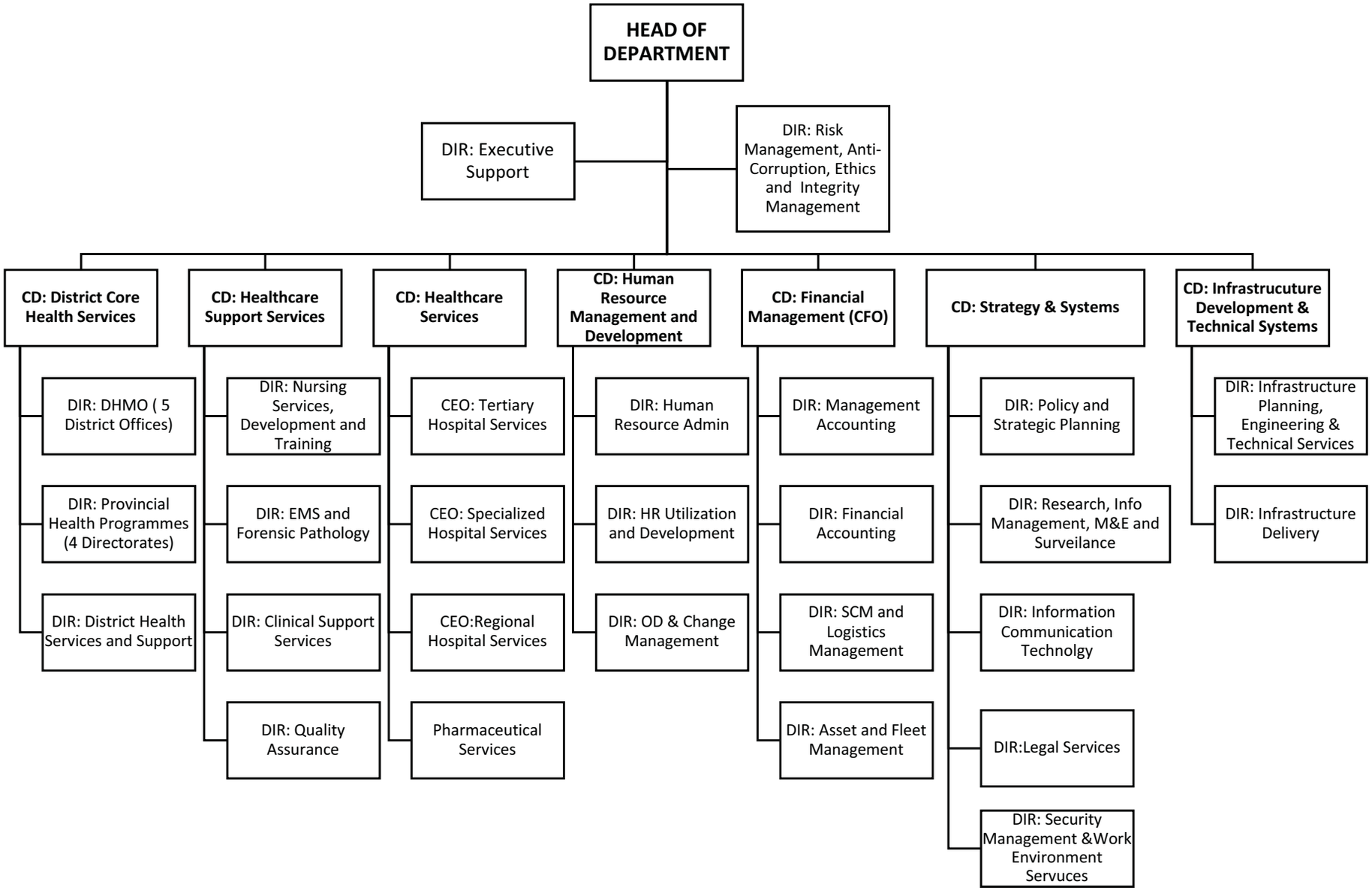
Payments for capital assets grows by 11.9 per cent to R321.075 million in 2024/25 compared to R286.820 million in the 2023/24 financial year.

Table 4: Public Health Personnel in 2024/25 – Health

Categories	Number employed	% of total employed	Vacant Posts
Medical Officers	474	13.55%	67
Medical Specialist	38	1.10%	25
Dentists	20	0.57%	6
Dental Specialists	1	0.03%	1
Professional Nurses	1517	43.38%	350
Enrolled Nurses	213	6.09%	68
Pharmacists	148	4.23%	16
Physiotherapists	60	1.72%	8
Occupational Therapists	46	1.32%	20
Radiographers	83	2.37%	20
Emergency Medical Staff	705	20.16%	115
Dieticians and Nutritionists	62	1.77%	12
Allied Health Workers	130	3.72%	107
Total Health Workers	**3497**	**100%**	**815**

Source: Persal and Vulindlela- January 2024

10. INTERNAL ENVIRONMENT ANALYSIS: DRAFT ORGANISATIONAL STRUCTURE



PROGRESS REPORT AND UPDATE ON THE APPROVED ORGANISATIONAL STRUCTURE FOR THE NORTHERN DEPARTMENT OF HEALTH

The Northern Cape Department of Health received concurrence from the MPSA on the Proposed Organisational Structure which was officially signed off by the Accounting Officer. The next phase is the implementation thereof, of which a plan has been developed that will guide the overall implementation of the approved organizational structure.

The underlying philosophy and principles that inform design of the departmental structure was aligned with the values and principles enshrined in chapter 10 of the constitution, which is fairness, equitable service delivery, efficient and effective use of resources, transparency and accountability.

The strategic departure is purely based on the set strategic goals. This organizational structure will enhance efficiency, clarify roles and responsibilities which will lead to an improve organizational culture. The fragmentation and duplication are addressed through a more structured reporting line, were the span of control was prioritized to ensure that management takes place in a more accessible manner.

The paragraph on leadership gap that has been raised previously in the management report will slowly creep out as the structure clarifies reporting lines which establishes communication flow for improved decision making. The implementation of the organizational structure will be done in through phases which will lead into the new financial year. All stakeholders, including Organized Labour will form part of the implementation.

11. BIBLIOGRAPHY

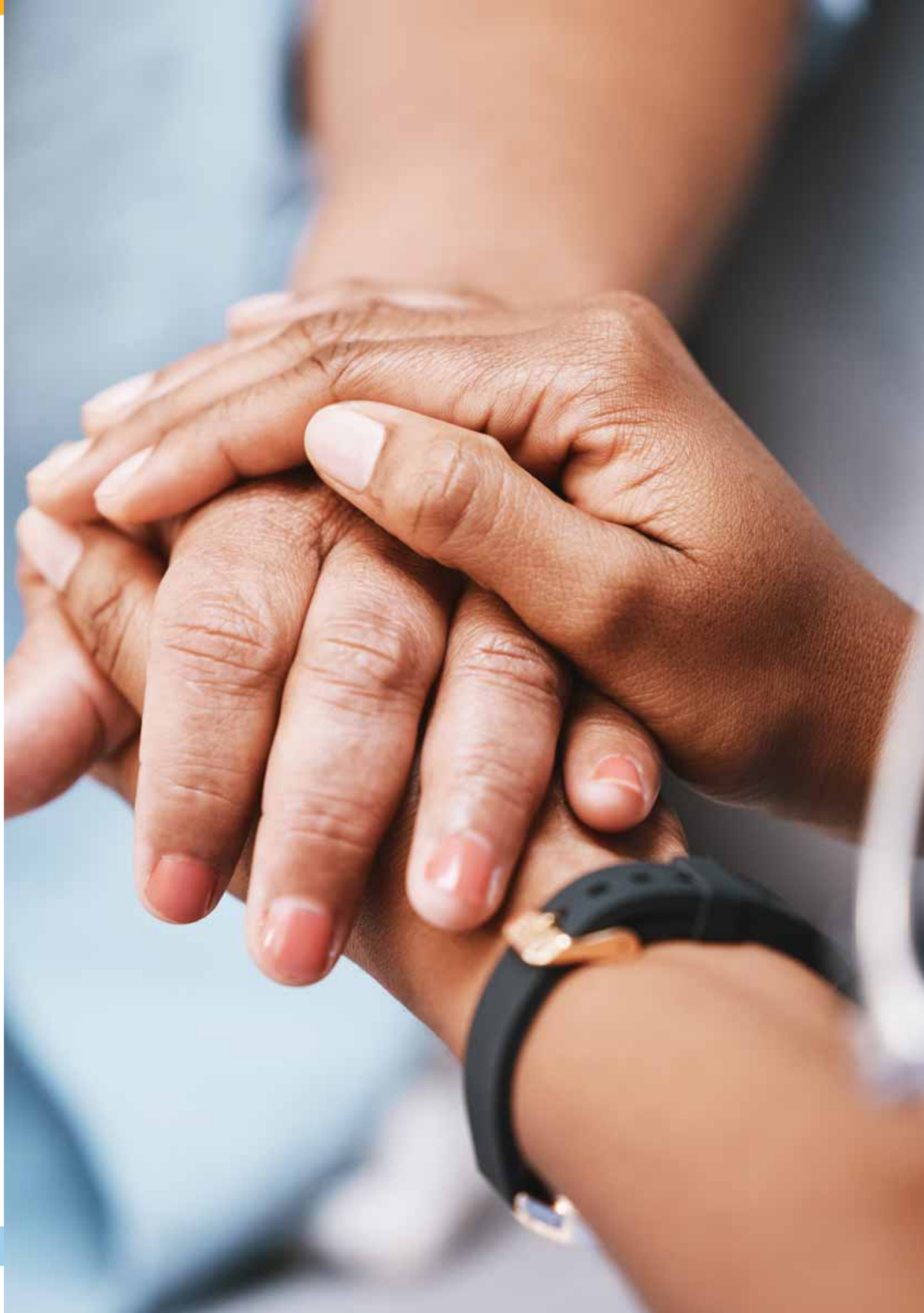
1. Northern Cape Department of Health, (2021) The Electronic Tuberculosis Register.
2. Northern Cape Department of Health, (2022) Tier.net.
3. Northern Cape Department of Health, (2022) WebDHIS.
4. Northern Cape Department of Health, (2022) Communicable Disease Control unit line lists.
5. Northern Cape Department of Health, (2023) PERSAL.
6. Northern Cape Department of Health, (2023) Vulindlela.
7. Northern Cape Department of Health, (2023) Annual Performance Report 2022/23.
8. Statistics South Africa, (2024) Quarterly Labour Force Survey- Quarter 4.
9. Statistics South Africa, (2018) General Household Survey.
10. Statistics South Africa, (2018) Mortality and causes of death in South Africa. Findings from death notifications.
11. Statistics South Africa, (2023) Census 2022: Statistical Release.
12. Northern Cape Provincial Treasury, (2021) The Northern Cape Socio-Economic Review and Outlook 2021.
13. Northern Cape Department of Health, 2024/25 Vote 10.

12. ACKNOWLEDGMENT

The Northern Cape Annual Performance Plan (APP) is a collective effort. This plan could not have been formulated without the substantial contribution of numerous individuals, budget programme managers and sub-programme managers who have been instrumental in the completion of the APP 2024/25.

These individuals are:

1. Office of the MEC under the guidance of Mr Maruping Lekwene
2. Office of the HOD under the guidance of Mr Mxolisi Mlatha
3. Mr Mock Mocumi (Acting Director: Policy and Planning)
4. Ms Masego Manyetsa (Strategic Planning)
5. Ms Lorato Mooketsi (Strategic Planning)



Health
Department of Health
NORTHERN CAPE

C

MEASURING OUR PERFORMANCE

PART C: MEASURING OUR PERFORMANCE

13. PROGRAMME 1: ADMINISTRATION

PROGRAMME PURPOSE AND STRUCTURE

- *Conduct the strategic management, technical support to core programmes and the overall administration of the Department of Health, in Northern Cape Province.*
- *Render advisory, secretarial and office support services to the political office bearers.*

Sub-Programme 1.2: Management

- *Conduct the strategic management and the overall administration of the Department of Health in the Northern Cape Province.*

The performance of all support services (Labour Relations and Communications) not specifically included in the Annual Performance Plan will be in the Operational Plans and monitored quarterly to ensure effective performance and outcomes-based monitoring and reporting.

13.1 SUB-PROGRAMME: INFORMATION, COMMUNICATION AND TECHNOLOGY

PURPOSE:

- *Provide connectivity and upgrade physical network infrastructure in all facilities.*

Table Admin 2: Outcomes, Outputs, Output Indicators and Targets for Information Communication and Technology

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Robust and effective health information systems to automate business process and improve evidence based decision-making	PHC Facilities with network access	**Percentage of PHC facilities with network access**	69% (110/ 59)	77% (123/159)	85.5% (136/159)	85% (135/159)	95% (151/159)		90% (143/159)	95% (151/159)	95% (151/159)	98% (155/159)	99% (157/159)
		Numerator: Total number of PHC facilities with minimum 2 Mbps connectivity											
		Denominator: Total number of PHC facilities											

13.2 SUB-PROGRAMME: HUMAN RESOURCES MANAGEMENT

PURPOSE:

- *Review and align the Provincial Human Resources Plan with the service delivery platform.*
- *Develop an efficient and effective system to improve Performance Management.*

Table Admin 3: Outcomes, Outputs, Output Indicators and Targets for Human Resource Management

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Staff equitably distributed and have right skills and attitudes	Human Resources Plan developed	**Human Resources Plan developed**	Not Approved Human Resources Plan	No Human Resources Plan developed	No Human Resources Plan developed	Human Resources Plan developed	Reviewed Human Resources Plan	Reviewed Human Resources Plan				Reviewed Human Resources Plan	Reviewed Human Resources Plan
		Numerator: Human Resources Plan developed											
		Denominator: N/A											
	Performance Agreements signed by SMS officials	**Percentage of Performance Agreements signed by SMS officials**	52% (13/25)	75% (18/24)	76%	100% (25/25)	100%	100%				100%	100%
		Numerator: Total number of Performance Agreements (PAs) signed by SMS officials											
		Denominator: Total number of SMS officials qualifying to sign PAs											

13.3 SUB-PROGRAMME: FINANCIAL MANAGEMENT

PURPOSE:

- *Attain an unqualified audit report through developing financial control systems.*

Table Admin 4: Outcomes, Outputs, Output Indicators and Targets for Financial Management

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Improve financial management	Audit outcome for regulatory audit expressed by AGSA for 2023/24 financial year	**Audit opinion of Provincial DOH**	Qualified Audit Report	Qualified Audit Report	Qualified Audit Report	Unqualified Audit Report	Unqualified Audit Report				Unqualified Audit Report	Unqualified Audit Report	Unqualified Audit Report
		Numerator: Audit outcome for regulatory audit expressed by AGSA for 2023/24 financial year											
		Denominator: N/A											

13.4 EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM TERM PERIOD

Notable progress has been registered towards the finalisation of the department's organizational structure, through consultation with Office of the Premier and Department of Public Service and Administration. This will enable the Department to address the vacancy rate of 10 per cent. The Department is participating in the District Development Model to ensure collaboration with Local Government and robust implementation of services at the Districts.

13.5 PROGRAMME RESOURCE CONSIDERATIONS

Summary of payments and estimates by sub-programme: Administration

Table 2.10.1 : Summary of payments and estimates by sub-programme: Programme 1: Administration

R thousand	Outcome 2020/21	2021/22	2022/23	Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates 2024/25	2025/26	2026/27	% change from 2023/24
1. Office Of The Mec	20 209	18 053	14 678	16 038	18 295	18 096	16 907	17 663	18 434	(6.6)
2. Management	208 909	242 062	265 380	236 199	245 750	300 908	248 070	259 145	270 420	(17.6)
Total payments and estimates	229 118	260 115	280 058	252 237	264 045	319 004	264 977	276 808	288 854	(16.9)

The budget of the programme grows by 5.1 per cent to R264.977 million in 2024/25 financial year from R252.237 million in the 2023/24 financial year. The budget of the programme will further grow to R288.854 million in the 2026/27 financial year, showing an average growth of 4.6 per cent over the MTEF.

Summary of payments and estimates by economic classification: Administration

Table 2.12.1 : Summary of payments and estimates by economic classification: Programme 1: Administration

R thousand	Outcome 2020/21	2021/22	2022/23	Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates 2024/25	2025/26	2026/27	% change from 2023/24
Current payments	214 279	229 611	272 802	247 441	257 249	310 914	260 003	272 100	283 940	(16.4)
Compensation of employees	151 984	146 815	140 591	167 075	176 883	177 829	174 379	182 118	190 033	(1.9)
Goods and services	62 036	82 411	131 625	80 366	80 366	131 379	85 624	89 982	93 907	(34.8)
Interest and rent on land	259	385	586	–	–	1 706	–	–	–	(100.0)
Transfers and subsidies to:	9 877	20 459	1 816	2 145	4 145	2 008	2 154	1 761	1 838	7.3
Provinces and municipalities	217	151	444	–	–	152	–	–	–	(100.0)
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	9 660	20 308	1 372	2 145	4 145	1 856	2 154	1 761	1 838	16.1
Payments for capital assets	4 962	10 045	5 440	2 651	2 651	6 082	2 820	2 947	3 076	(53.6)
Buildings and other fixed structures	–	–	407	–	–	–	–	–	–	
Machinery and equipment	4 712	10 045	5 033	2 651	2 651	6 082	2 820	2 947	3 076	(53.6)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	250	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	229 118	260 115	280 058	252 237	264 045	319 004	264 977	276 808	288 854	(16.9)

Compensation of employees grows with 4.4 per cent from R161.075 million in 2023/24 to R174.379 million in 2024/25.

The goods and services allocation grows by 6.4 per cent to R85.624 million in the 2024/25 financial year compared to R80.366 million in 2023/24 and further grows by 5.3 per cent on average over the MTEF.

Transfers and subsidies budget grows to R2.154 million in 2024/25 financial year compared to R2.145 million in 2023/24.

Payments for capital assets grows by 6.4 per cent to R2.820 million in 2024/25 compared to R2.651 million in the 2023/24 financial year. This makes provision for the correct classification of finance leases and office capital procurement.

13.6 KEY RISKS AND MITIGATION

OUTCOME	RISK	MITIGATING FACTOR
Robust and effective health information systems to automate business process and improve evidence based decision-making	Inability to render efficient and effective ICT services throughout the province	• Incorporate transfer of skills in SLA with service providers
Staff equitably distributed and have right skills and attitudes	Non-alignment between departmental establishment & organogram	• Implementation of departmental organogram
Improve financial management	Non-compliance with SCM prescripts and procedure	• Develop a project plan for implementation of Logis system. • Filling of vacant funded post

14. PROGRAMME 2: DISTRICT HEALTH SERVICES

PROGRAMME PURPOSE AND STRUCTURE

Comprehensive, integrated and sustainable health care services (preventive, promotive, curative and rehabilitative) based on the re-engineered Primary Health Care (PHC) approach through the District Health System (DHS).

The performance of all support services not specifically identified as a priority in the Annual Performance Plan will be included in Operational Plans and monitored quarterly to ensure effective performance and outcomes-based monitoring and reporting.

SERVICE DELIVERY PLATFORM FOR DHS

Table DHS 1: District Health Service Facilities by Health District in 2024/25

Health district	Facility type	No.[5]	Population	PHC Headcount Or Inpatient Separations[3]	Per capita utilisation[3]
Frances Baard	Non fixed clinics[1]	10 (5 mobiles+5 satellite)	424 540	24733	0,1
	Fixed Clinics operated by Provincial Government[2]	29		552534	1,3
	Total fixed Clinics	33		552534	1,3
	CHCs	4		91103	0,2
	Sub-total: Clinics + CHCs	33		643637	1,6
	District hospitals[4]	2		49791	0,1
Pixley-Ka-Seme	Non fixed clinics[1]	5 (1 mobile + 4 satellites)	211 608	6341	0,0
	Fixed Clinics operated by Provincial Government[2]	36		403994	1,9
	Total fixed Clinics	28		403994	1,9
	CHCs	8		62202	0,2
	Sub-total: Clinics + CHCs	36		466196	0,3
	District hospitals[4]	3		44079	0,2
Zwelentlanga Fatman Mgcawu	Non fixed clinics[1]	28 (13 mobiles + 15 satellites)	290 296	117524	0,4
	Fixed Clinics operated by Provincial Government[2]	21		262626	0,9
	Total fixed Clinics	15		262626	0,9
	CHCs	6		73479	0,3
	Sub-total: Clinics + CHCs	21		336105	0,2
	District hospitals[4]	2		57187	0,2

Health district	Facility type	No.[5]	Population	PHC Headcount Or Inpatient Separations[3]	Per capita utilisation[3]
John Taolo Gaetsewe	Non fixed clinics[1]	5 (5 mobiles)	283 464	7423	0,0
	Fixed Clinics operated by Provincial Government[2]	41		356299	1,3
	Total fixed Clinics	37		356299	1,3
	CHCs	5		88368	0,1
	Sub-total: Clinics + CHCs	42		444667	1,6
	District hospitals[4]	2		61992	0,2
Namakwa	Non fixed clinics[1]	25 (2 mobiles, 15 health posts and 8 satellites)	114 362	12098	0,1
	Fixed Clinics operated by Provincial Government[2]	36		177241	1.6
	Total fixed Clinics	23		177241	1.6
	CHCs	10		90363	0,8
	Sub-total: Clinics + CHCs	36		267604	2,3
	District hospitals[4]	2		55541	0,5

*** DHS has added the Emergency headcount + OPD + Inpatients separations for district hospitals for column 5, these are PHC cases seen after hours at our district hospitals (Source: DHIS Population estimate)**

14.1 SUB-PROGRAMME: DISTRICT HEALTH SERVICES

PURPOSE:

- *Ensure well-functioning health facilities through the implementation of the DHMO structure.*
- *Improve coordination and integration of health services by implementing effective Quality Improvement Plans (QIPs).*
- *Ensure that our Quality Learning Centres are at 100% duplication.*
- *Improve and sustain the Ideal Health Facility status throughout the province.*
- *Improve patient perception of care / reduce complaints within the province.*
- *Improve the management of patient safety incidents within the province.*
- *Reposition districts for the NHI by implementing strategies (CCMDD, ICUP, HPRS, WBPHCOT, ISHP, Health Professional Contracting, etc.)*
- *Ensure that the province is strengthening the PHC re-engineering.*
- *Increase the number of Contracting Units for Primary Health Care (ICUP) for the realization of the NHI and strengthening the Sub-District Model.*
- *Establish well-functioning Governance structures in all districts.*
- *Improve inter-sectoral collaboration, including environmental health, to address global warming.*

Table DHS 2: Outcomes, Outputs, Output Indicators and Targets for District Health services

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Health facilities ready for NHI accreditation	Fixed PHC health facilities that have obtained Ideal Clinic Status (Unsatisfactory, Satisfactory, Good, Excellent)	**Ideal Clinic Status obtained rate**	13%	22%	16%	-	57% (92/161)				57% (92/161)	64%	70%
		Numerator: Fixed PHC health facilities that have obtained Ideal Clinic Status											
		Denominator: Total number of fixed Health facilities											
Patient Experience of Care in public health facilities improved	Patient Experience of Care survey satisfied responses	**Patient Experience of Care satisfaction rate**	84.5%	80.8%	79%	80%	80%				80%	80%	80%
		Numerator: Patient Experience of Care survey satisfied responses											
		Denominator: Patient Experience of Care survey total responses											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Management of patient safety incidents improved to reduce new medico-legal cases	Severity Assessment Code (SAC) 1 incident reported within 24 hours	**Severity Assessment Code (SAC) 1 incident reported within 24 hours rate**	98%	25%	68%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Severity Assessment Code (SAC) 1 incident reported within 24 hours											
		Denominator: Severity Assessment Code (SAC) 1 incident reported											
	Patient Safety Incident (PSI) case closed	**Patient Safety Incident (PSI) case closure rate**		90%	95%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Patient Safety Incident (PSI) case closed											
		Denominator: Patient Safety Incident (PSI) case reported											

Table DHS 3: Outcomes, Outputs, Output Indicators and Targets for District Hospitals

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Health facilities ready for NHI accreditation	Hospitals that have obtained Ideal Hospital Status (Unsatisfactory, Satisfactory, Good, Excellent)	**Ideal Hospital Status obtained rate**	-	-	-	-	27% (3/11)				27% (3/11)	45%	55%
		Numerator: Hospitals that obtained Ideal Hospital Status											
		Denominator: Total number of hospitals											
Patient Experience of Care in public health facilities improved	Patient Experience of Care survey satisfied responses	**Patient Experience of Care satisfaction rate**	0%	66.2%	72%	80%	80%				80%	80%	80%
		Numerator: Patient Experience of Care survey satisfied responses											
		Denominator: Patient Experience of Care survey total responses											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Management of patient safety incidents improved to reduce new medico-legal cases	Severity Assessment Code (SAC) 1 incident reported within 24 hours	**Severity Assessment Code (SAC) 1 incident reported within 24 hours rate**	35%	70%	59%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Severity Assessment Code (SAC) 1 incident reported within 24 hours											
		Denominator: Severity Assessment Code (SAC) 1 incident reported											
	Patient Safety Incident (PSI) case closed	**Patient Safety Incident (PSI) case closure rate**		100%	84%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Patient Safety Incident (PSI) case closed											
		Denominator: Patient Safety Incident (PSI) case reported											
Maternal, neonatal, infant and child mortality reduced	Death in facility under 5 year	**Death in facility under 5 years**					≤150	≤49	≤44	≤32	≤25	≤130	≤110
		Numerator: Number of deaths in facility under 5 years											
		Denominator: N/A											

14.2 SUB-PROGRAMME: HIV & AIDS, STI

PURPOSE:

- *Accelerate prevention in order to reduce new HIV and TB infections, as well as other sexually transmitted infections (STIs), through combination preventative methods.*
- *Reduce illness and death by providing treatment, care and adherence support for all infected people in line with the 95-95-95 Strategy:*
  - *95% of all people living with HIV will know their HIV status;*
  - *95% of all people with an HIV diagnosis will receive sustained antiretroviral therapy; and*
  - *95% of all people receiving antiretroviral therapy will achieve viral suppression.*
  - *95% of all people who need TB treatment are diagnosed and receive appropriate therapy as required; and*
  - *Treatment success is achieved for least 90% of all people diagnosed with TB.*

- *Reach vulnerable and key populations with comprehensive, customized and targeted interventions.*
- *Address social and structural drivers of HIV and TB infection and STIs (multi-sectoral approach).*

Table DHS 4: Situation Analysis Indicators for HIV & AIDS, STI (2022/23)

Programme Performance Indicators	Indicator Type	Province wide value 2022/23	Frances Baard District 2022/23	John Taolo Gaetsewe District 2022/23	Namakwa District 2022/23	Pixley-Ka-Seme District 2022/23	Zwelentlanga Fatman Mgcawu District 2022/23
ART client remain on ART end of month -total	No.	68 863	25 181	19 350	2 787	10 525	11 020
HIV test done - total	No.	282 648	88 732	73 075	22 017	42 779	56 045
Male condom distributed	No.	5 194 000	1 806 000	365 400	266 600	1 194 000	1 602 000
Medical male circumcision - Total	No.	7 547	2 477	3 799	29	735	507

Table DHS 5: Outcomes, Outputs, Output Indicators and Targets for HIV & AIDS, STI

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
AIDS related deaths reduced by implementing the 95-95-95 strategy (Outcome as per reviewed Strategic Plan 2020-2025)	HIV positive 15-24 years (excl. ANC)	**HIV positive 15-24 years (excl. ANC) rate**	3.1%	2.4%	1.9%	≤3%	≤2.5%	≤2.5%	≤2.5%	≤2.5%	≤2.5%	≤2%	≤2%
		Numerator: HIV positive 15-24 years (excl. ANC)											
		Denominator: HIV test 15-24 years (excl. ANC)											
	ART adult remain in care - total	**ART adult remain in care rate (12 months)** [NIDS 2020 only calculate rate at 6 and 12 months not as cumulative]		48.5	50%	95%	95%	95%	95%	95%	95%	95%	95%
		Numerator: ART adult remain in care – 12 months											
		Denominator: ART adult start minus cumulative transfer out											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	ART child remain in care - total	**ART child remain in care rate (12 months)** [NIDS 2020 only calculate rate at 6 and 12 months not as cumulative]		55.9	58%	95%	95%	95%	95%	95%	95%	95%	95%
		Numerator: ART child remain in care - total											
		Denominator: ART child start minus cumulative transfer out											
	ART adult viral load – below 50	**ART adult viral load suppressed rate-below 50 (12 months)**	90%	90	89%	95%	95%	95%	95%	95%	95%	95%	95%
		Numerator: ART adult viral load under 50 (at 12 months)											
		Denominator: ART adult viral load done (at 12 months)											
	ART child viral load – below 50	**ART child viral load suppressed rate-below 50 (12 months)**	84%	81	45%	95%	95%	95%	95%	95%	95%	95%	95%
		Numerator: ART child viral load under 50 (at 12 months)											
		Denominator: ART child viral load done (at 12 months)											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
90-90-90 targets for HIV/ AIDS achieved by 2020 and 95-95-95 targets by 2024/25	HIV test done	**HIV test done - total**	202 905	233 728	282 648	226 755	226 755	58 956	65 759	45 351	56 689	226 755	226 755
		Numerator: HIV test done total											
		Denominator: N/A											
	Male condoms distributed	**Male condoms distributed**	10 825 929	9 482 000	5 194 000	15 209 105	15 209 104	3 954 367	4 410 640	3 041 821	3 802 276	15 209 105	15 209 105
		Numerator: Male condoms distributed											
		Denominator: N/A											
	Medical male circumcision	**Medical male circumcision – total**	967	10 017	7 547	20 590	20 591	8 579	5 148	3 432	3 432	20 590	20 590
		Numerator: Medical male circumcision 10-14 years + Medical male Circumcision 15 years and older											
		Denominator: N/A											

14.3 SUB-PROGRAMME: TB CONTROL

Table DHS 6: Situation Analysis Indicators for TB Control

Programme Performance Indicators	Province wide value 2022/23	Frances Baard District 2022/23	John Taolo Gaetsewe District 2022/23	Namakwa District 2022/23	Pixley-Ka-Seme District 2022/23	Zwelentlanga Fatman Mgcawu District 2022/23
TB/HIV co-infected client on ART rate	88,8%	83,0%	87,0%	90,3%	92,0%	94,0%
DS-TB treatment start 5 years and older rate	97,3%	100.9%	108%	95,2%	96,8%	90,3%

Table DHS 7: Outcomes, Outputs, Output Indicators and Targets for TB

Outcome	Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
TB Mortality reduced by 75%	All DS-TB client lost to follow up (LTF)	**All DS-TB client LTF rate**	7.4%	24%	24.6%	≤9%	9%	9%	9%	9%	9%	8.5%	8%
		Numerator: All DS-TB client LTF											
		Denominator: All DS-TB Treatment start											
	All DS-TB client successfully completed treatment	**All DS-TB client treatment success rate**	73%	64%	66%	80%	80%	80%	80%	80%	80%	85%	90%
		Numerator: All DS-TB client successfully completed treatment											
		Denominator: All DS-TB treatment start											
	TB Rifampicin Resistant/ Multidrug Resistant - treatment success	**TB Rifampicin Resistant/ Multidrug Resistant - treatment success rate**	65%	65%	62%	60%	65%	60%	62%	64%	65%	65%	70%
		Numerator: TB Rifampicin Resistant/ Multidrug Resistant successfully completed treatment											
		Denominator: TB Rifampicin Resistant/ Multidrug Resistant client started on treatment											
	TB Rifampicin Resistant/ Multidrug Resistant - lost to follow-up	**TB Rifampicin Resistant/ Multidrug Resistant - lost to follow up rate**				≤15%	15%	18%	17%	16%	15%	14%	12%
		Numerator: TB Rifampicin Resistant/ Multidrug Resistant client lost to follow-up											
		Denominator: TB Rifampicin Resistant/ Multidrug Resistant client started on treatment											

Outcome	Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	TB Pre-XDR treatment success	**TB Pre-XDR treatment success rate**				50%	55%	55%	55%	55%	55%	60%	65%
		Numerator: TB Pre-XDR clients who successfully completed treatment											
		Denominator: TB Pre-XDR clients started on treatment											
	TB Pre-XDR lost to follow up	**TB Pre-XDR lost to follow up rate**				≤20%	19%	19%	19%	19%	19%	18%	18%
		Numerator: TB Pre-XDR clients who are lost to follow up											
		Denominator: TB Pre-XDR clients started on treatment											

14.4 SUB PROGRAMME: MOTHER, CHILD, YOUTH, WOMEN'S HEALTH AND NUTRITION

PURPOSE:

- *Reduce maternal, neonatal and child under 5 morbidity and mortality.*
- *Increase life expectancy, prevent diseases and improve maternal and child health outcomes.*
- *Ensure universal access to sexual and reproductive health care services and integration of reproductive health into other programmes.*
- *Promote the health and well-being of young people and reduce teenage pregnancy among 10 - 19 years.*
- *Render nutrition services and interventions to address malnutrition and improve quality of food services.*

Table DHS 8: Situation Analysis Indicators for MCYWH & NUTRITION

Programme Performance Indicators	Indicator Type	Province wide value 2022/23	Frances Baard District 2022/23	Pixley-Ka-Seme District 2022/23	John Taolo Gaetsewe District 2022/23	Namakwa District 2022/23	Zwelentlanga Fatman Mgcawu District 2022/23
Couple year protection rate	%	38.3%	43.7%	46.6%	25.1%	33.3%	40.5%
Delivery in 10 to 19 years in facility rate	%	17%	15.5%	20.5%	19.4%	16.4%	15.5%
Antenatal 1st visit before 20 weeks' rate	%	58.5%	51.8%	68.5%	56.7%	72.3%	62.1%
Neonatal death in facility rate	Ratio (Per 1000 live births)	14.2 /1000	18.3 /1000	9.9 /1000	12.3 /1000	7.3 /1000	13 /1000
Maternal Mortality in facility ratio	Ratio (Per 100 000 live births)	80 /100000	105 /100000	33.7 /100000	69 /100000	0 /100000	99.2 /100000
Death under 5-years against live birth rate	%	2.2%	3%	1.8%	1.8%	1.1%	1.6%
Live birth under 2500g in facility rate	%	19.1%	19.6%	24.1%	12.9%	21.7%	21.3%
Mother postnatal visit within 6 days' rate	%	64.4%	49.7%	74.7%	96.4%	54%	54%
Infant PCR test positive around 10 weeks' rate	%	0.82%	0.22%	1.2%	1.5%	1.1%	0.83%
Immunization under 1-year coverage	%	75.9%	75.8%	67.2%	86%	69.7%	73.4%
Measles 2nd dose coverage	%	73.6%	74.2%	75.3%	78.8%	69.4%	67%
Child under 5 years diarrhoea case fatality rate	Rate	1.5%	1.6%	1.4%	4.2%	0	0.8%
Child under 5 years pneumonia case fatality under 5 years rate	Rate	2.4%	3.6%	0.98%	6.5%	0.79%	1.5%
Child under 5 years severe acute malnutrition case fatality	Rate	8.5%	14.6%	7%	8.3%	0	5.4%
Vitamin A 12 – 59 months' coverage	%	54%	46.1%	67.2%	57.5%	49.8%	53.2%

Table DHS 9: Outcomes, Outputs, Output Indicators and Targets for MCYWH & Nutrition

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Maternal, neonatal, infant and child mortality reduced	Couple Year Protection	**IUCD Uptake**					180	45	45	45	45	200	250
		Numerator: Number IUCD Inserted											
		Denominator: N/A											
	Delivery 10-14 years in facility	**Delivery 10-14 years in facility**					100	25	25	25	25	22	20
		Numerator: Number delivery 10-14 years in facility											
		Denominator: N/A											
	Antenatal 1st visit before 20 weeks	**Antenatal 1st visit before 20 weeks rate**	58.6%	56.8%	58.5%	60%	60%	60%	60%	60%	60%	60%	60%
		Numerator: Antenatal 1st visit before 20 weeks											
		Denominator: Antenatal 1st visit - total											
	Still birth in facility	**Still birth in facility rate (per 1000 births)**					21%	21%	21%	21%	21%	21%	21%
		Numerator: Still births in facility											
		Denominator: Total births in facility											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Neonatal deaths in facility rate	**Neonatal deaths in facility rate**	13.8 /1000 Live births	12.5 /1000 live births	14.2 /1000 live births	14 /1000	14 /1000	14 /1000	14 /1000	14 /1000	14 /1000	14 /1000	14 /1000
		Numerator: Neonatal deaths (under 28 days) in facility											
		Denominator: Live birth in facility											
	Maternal death in facility	**Maternal mortality in facility (ratio – per 100 000 live births)**	88.7 /100 000 live births	157.5 /100 000 live births	80 /100 000 live births	110 /100 000 live births	110 /100 000 live births				110 /100 000 live births	110 /100 000 live births	110 /100 000 live births
		Numerator: Maternal death in facility (in DHS and Referral Hospitals)											
		Denominator: Live births known to facility (in DHS and Referral Hospitals)											
	Death in facility under 5 years	**Death under 5-years against live birth rate**	1.9%	1.8%	2.2%	4.3%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%
		Numerator: Death in facility under 5 years total (in DHS and Referral Hospitals)											
		Denominator: Live births in facility (in DHS and Referral Hospitals)											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Live birth under 2500g in facility	**Live birth under 2500g in facility rate**	16.7%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%
		Numerator: Live births under 2500g in facility											
		Denominator: Live births in facility											
	Mother postnatal visit within 6 days	**Mother postnatal visit within 6 days rate**	66.8%	61.8%	64.4%	64%	64%	64%	64%	64%	64%	64%	64%
		Numerator: Mother postnatal visit within 6 days after delivery											
		Denominator: Delivery in facility total											
	Infant PCR test positive under 5 years	**Infant PCR test positive around 6 months rate**				≤1%	≤1%	≤1%	≤1%	≤1%	≤1%	≤1%	≤1%
		Numerator: Infant PCR test positive around 6 months											
		Denominator: Infant PCR test around 6 months											
	Immunized fully under 1 year	**Immunisation under 1 year coverage**	79.9%	72.2%	75.9%	70%	70%	70%	70%	70%	70%	70%	70%
		Numerator: Immunised fully under 1 year new											
		Denominator: Population under 1 year											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Measles 2nd dose	**Measles 2nd dose 1 year coverage**	83.5%	71.6%	73.6%	70%	70%	70%	70%	70%	70%	70%	70%
		Numerator: Measles 2nd dose											
		Denominator: Population under 1 year											
	Diarrhoea death under 5 years	**Child under 5 years diarrhoea case fatality rate**	2.3%	2.1	1.5	≤2.9%	≤2.9%	≤2.9%	≤2.9%	≤2.9%	≤2.9%	≤2.9%	≤2.9%
		Numerator: Diarrhoea death under 5 years											
		Denominator: Diarrhoea separation under 5 years											
	Pneumonia death under 5 years	**Child under 5 years pneumonia case fatality rate**	2.1%	3	2.4%	≤2.7%	≤2.7%	≤2.7%	≤2.7%	≤2.7%	≤2.7%	≤2.7%	≤2.7%
		Numerator: Pneumonia death under 5 years											
		Denominator: Pneumonia separation under 5 years											
	Severe Acute Malnutrition (SAM) death under 5 years	**Child under 5 years Severe Acute Malnutrition case fatality rate**	5%	5.9	8.5%	≤6%	≤6%	≤6%	≤6%	≤6%	≤6%	≤6%	≤6%
		Numerator: Severe Acute Malnutrition (SAM) death under 5 years											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator: Severe Acute Malnutrition (SAM) inpatient separation under 5 years											
Improved access to cervical cancer services	Cervical Cancer screening	**Cervical Cancer screening coverage**					30%	30%	30%	30%	30%	30%	30%
		Numerator: Cervical cancer screening done											
		Denominator: [(80% women aged 30-50yrs/10)+(20% women aged 20 years and above /3)]											
AIDS related deaths reduced by implementing the 95-95-95 strategy (Outcome as per reviewed Strategic Plan 2020-2025)	HIV positive around 18 months	**HIV test positive around 18 months rate**				≤1%	≤1%	≤1%	≤1%	≤1%	≤1%	≤1%	≤1%
		Numerator: HIV test around 18 months											
		Denominator: HIV test done around 18 months											

14.5 SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

PURPOSE:

Communicable Disease and Control (CDC)

- *Establish a Public Health Emergency Operations center in the province to be responsive for future outbreaks.*
- *Improve the public and private Health Sector's awareness and understanding the emerging and re-emerging infectious diseases (CDC).*

Non-Communicable Disease (NCD)

- *Prevent, promote healthy lifestyles and reduce the burden of diseases due to non-communicable diseases.*
- *Prioritise prevention and control of NCDs+.*
- *Promote and enable health and wellness across the life course.*
- *Ensure people living with NCDs+ (PLWNCDs+) receive integrated, people-centered health services to prevent and control NCDs+.*
- *Promote and support a provincial capacity for high-quality research and development for the prevention and control of NCDs+.*
- *Monitor strategic trends and determinants of NCDs+ to evaluate progress in their prevention and control.*

Environmental Healthcare Services

- *Ensure effective environmental health care services in the province.*
- *Strengthen programme-based monitoring of environmental health services.*

Eye Care

- *Establish eye care health units in three constituents in the province (Dr. Harry Surtie, Robert Mangaliso Sobukwe and Kuruman Hospitals).*

Mental Health

- *Establish incremental district mental health teams in each district.*
- *Establish twenty-eight (28) mental health bed units in general hospitals.*
- *Beef up the provincial mental health directorate.*

Table DHS 17: Situation Analysis Indicators for Disease Prevention and Control

Programme Performance Indicators	Indicator Type	Province wide value 2022/23	Frances Baard District 2022/23	Pixley-Ka-S3me District 2022/23	John Taolo Gaetsewe District 2022/23	Namakwa District 2022/23	Zwelentlanga Fatman Mgcawu District 2022/23
Malaria case fatality rate	%	0%	0%	0%	0%3	0%	0%
Hypertension client treatment new 18-44 years	No.	1556	425	235	231	182	483
Hypertension client treatment new 45 years and older	No.	1595	616	186	238	136	419
Diabetes client treatment new 18-44 years	No.	555	88	86	254	40	87
Diabetes client treatment new 45 years and older	No.	442	116	42	57	46	181

Table DHS 10: Outcomes, Outputs, Output Indicators and Targets for Disease Prevention and Control

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Hypertension and diabetes prevalence managed	Positive Hypertension clients 18-44 years	**Positivity rate for Hypertension 18-44 years**				2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	25%
		Numerator: Number of clients 18-44 years screened for Hypertension and requiring/referred for treatment for Hypertension											
		Denominator: Total number of clients 18-44 years screened for Hypertension											
	Positive Diabetes clients 18-44 years	**Positivity rate for Diabetes 18-44 years**				2%	2%	2%	2%	2%	2%	2%	2%
		Numerator: Number of clients 18-44 years screened for Diabetes and requiring/ referred for treatment for Diabetes											
		Denominator: Total number of clients 18-44 years screened for Diabetes											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Improve access to Mental Health services	PHC Mental Disorders treated	**PHC Mental Disorders treatment rate new**					2%	2%	2%	2%	2%	2.5%	3%
		Numerator: PHC client treated for Mental Disorders - new											
		Denominator: PHC headcount - total											

14.6 SUB-PROGRAMME: HEALTH PROMOTION

PURPOSE:

- *Improve Health outcomes in managing both Communicable and non-communicable disease in the province.*
- *Promote healthy lifestyles.*
- *Sustain health and wellness.*
- *Coordinate Advocacy, Communication and Social Mobilization (ACSM) activities.*
- *Distribute IEC materials.*
- *Participate in communication networks.*

Table DHS 11: Outcomes, Outputs, Output Indicators and Targets for Health Promotion

Outcome	Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Health and wellbeing of individuals improved	ACSM activities conducted	**Number of ACSM activities conducted**		2 474	1 999	1200	1200	300	300	300	300	1200	1200
		Numerator: Number of ASCM activities conducted											
		Denominator: N/A											
	People reached through ACSM activities	**Number of people reached through ACSM activities**		6 185 880	2 810 125	2 500 000	2 500 000	625 000	625 000	625 000	625 000	2 500 000	2 500 000
		Numerator: Number of people reached through ACSM activities											
		Denominator: N/A											

14.7 EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

Our commitment to the people of the Northern Cape is to improve their lives, by ensuring a health system that works for everyone and produces positive health outcomes. The HIV and AIDS, as well as TB in the province, is exacerbated by poor treatment adherence, missing doctors' appointments, lost to follow-up, knowledge gap and few patients preference to be sick than cured and to a greater extend COVID-19 interruptions. We have to intensify our efforts to scale up condom distribution and intensify our health education as well as behaviour modifications among sexually active population. Its will be crucial to strengthen District AIDS Councils to coordinate the implementation of multi-sectoral HIV/AIDS response.

14.8 PROGRAMME RESOURCE CONSIDERATIONS

Summary of payments and estimates by sub-programme: Health Programmes

Table 2.10.2 : Summary of payments and estimates by sub-programme: Programme 2: District Health Services

R thousand	Outcome 2020/21	Outcome 2021/22	Outcome 2022/23	Main appropriation 2023/24	Adjusted appropriation 2023/24	Revised estimate 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	Medium-term estimates 2026/27	% change from 2023/24
1. District Management	263 108	357 180	348 563	184 419	197 302	255 756	193 226	201 835	210 610	(24.4)
2. Community Health Clinics	533 072	573 101	525 833	588 075	652 231	646 046	639 038	666 771	694 992	(1.1)
3. Community Health Centres	395 972	435 510	397 205	372 033	398 434	448 892	392 090	409 582	427 394	(12.7)
4. Community Based Services	–	–	–	–	–	–	–	–	–	
5. Other Community Services	39 954	53 572	37 653	91 070	196 530	199 587	210 627	220 116	230 151	5.5
6. Hiv/Aids	588 753	669 234	772 865	754 646	666 548	745 752	677 844	672 934	703 773	(9.1)
7. Nutrition	3 994	3 483	4 504	6 440	6 604	6 984	6 805	7 100	7 409	(2.6)
8. Coroner Services	–	–	–	–	–	–	–	–	–	
9. District Hospitals	717 035	735 925	697 930	802 188	781 784	820 545	821 699	858 594	901 229	0.1
Total payments and estimates	2 541 888	2 828 005	2 784 553	2 798 871	2 899 433	3 123 562	2 941 329	3 036 932	3 175 558	(5.8)

The budget of the programme increases by 51 per cent to R2.941 billion in the 2024/25 financial year compared to R2.799 billion in 2023/24 financial year. The budget of the programme further grows to R3.175 billion in the 2026/27 financial year, showing an average growth of 4.3 per cent over the MTEF.

There are three conditional grants within this programme with a total amount of R781.672 million, which is the District Health Programme grant R745.243 million, National Health Insurance grant R24.264 million (HP Contracting R20.672 million and Mental Health Services R 3.592 million) and the Social Sector: EPWP grant with R9.5 million. The National Health Insurance Grant component of Oncology was moved from District Health services to Provincial Tertiary Hospital Services.

Summary of payments and estimates by economic classification: Health Programmes

Table 2.12.2 : Summary of payments and estimates by economic classification: Programme 2: District Health Services

R thousand	Outcome 2020/21	Outcome 2021/22	Outcome 2022/23	Main appropriation 2023/24	Adjusted appropriation 2023/24	Revised estimate 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	Medium-term estimates 2026/27	% change from 2023/24
Current payments	2 518 002	2 801 140	2 714 303	2 754 013	2 854 575	3 067 836	2 894 695	2 988 192	3 124 719	(5.6)
Compensation of employees	1 565 454	1 667 182	1 718 835	1 748 169	1 802 848	1 838 600	1 802 662	1 881 713	1 962 056	(2.0)
Goods and services	949 303	1 130 358	985 669	1 005 844	1 051 727	1 213 563	1 092 033	1 106 479	1 162 663	(10.0)
Interest and rent on land	3 245	3 600	9 799	–	–	15 673	–	–	–	(100.0)
Transfers and subsidies to:	9 361	10 051	34 132	20 463	20 463	29 747	21 708	22 690	23 667	(27.0)
Provinces and municipalities	187	254	169	13 493	13 493	13 494	14 293	14 939	15 578	5.9
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	33	38	–	–	15	–	–	–	(100.0)
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	9 174	9 764	33 925	6 970	6 970	16 238	7 415	7 751	8 089	(54.3)
Payments for capital assets	14 525	16 814	36 118	24 395	24 395	25 979	24 926	26 050	27 172	(4.1)
Buildings and other fixed structures	411	1 349	1 029	–	–	68	–	–	–	(100.0)
Machinery and equipment	14 114	15 465	20 771	24 395	24 395	25 911	24 926	26 050	27 172	(3.8)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	14 318	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	2 541 888	2 828 005	2 784 553	2 798 871	2 899 433	3 123 562	2 941 329	3 036 932	3 175 558	(5.8)

Compensation of employees grows with 3.1 per cent from R1.748 billion in 2023/24 to R1.803 billion in 2024/25. The budget of compensation of employees further grows to R1.962 billion in the 2026/27 financial year, showing an average growth of 3.9 per cent over the MTEF.

The goods and services allocation increased by 8.6 per cent to R1.092 billion in the 2024/25 financial year compared to R1.006 billion in 2023/24 and further grows by 4.6 on average over the MTEF.

Transfers and subsidies budget grows by 6.1 per cent to R21.708 million in 2024/25 financial year compared to 20.463 million in 2023/24 and continues to grow on average by 5 per cent over the MTEF.

Payments for capital assets grows by 2.2 per cent to R24.926 million in 2024/25 compared to R24.395 million in the 2023/24 financial year and further grows by 3.7 per cent over the MTEF.

14.9 KEY RISKS AND MITIGATION

OUTCOME	RISK	MITIGATING FACTOR
Patient experience of care in public health facilities improved	• Unreliable & inaccurate performance information for decision making	• Consequence management for non-compliance with the DHMIS Policy
Health facilities ready for NHI accreditation		
Management of patient safety incidents improved to reduce new medico-legal cases		
AIDS related deaths by implementing the 95-95-95 strategy	• Increase in HIV incidences • Increase on lost to follow up among PLHIV enrolled into ART	• Strengthen combination preventative approach • Intensify quarterly support visits by province
90-90-90 targets for HIV/AIDS achieved by 2020 and 95-95-95 targets by 2024/25		
TB Mortality reduced by 75%		
Maternal, neonatal, infant and child Mortality reduced	• Increase in Neonatal child and maternal morbidity & mortality • Risk of vaccine preventable disease outbreaks e.g. polio, measles, pneumonia, etc.	• Strengthen implementation of policies and the Road to Health Booklet • Involvement of Ward Based Outreach Team(WBOT) on social mobilisation and tracing of patients
Stunting among Children reduced		
Hypertension and diabetes prevalence managed		
Health and wellbeing of individuals improved	Inadequate capacity	Expansion of the Primary Health Care System by strengthening the WBPHCOT's

15. PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

PROGRAMME PURPOSE AND STRUCTURE

Render Emergency Medical Services through the implementation of ambulance services, special operations, communications, planned patient transport, as well providing disaster management services in the province.

PURPOSE:

- *Improve on response times.*
- *Gradually increase employment of staff to realise the two persons' crew.*
- *Increase the number of operational ambulances to ensure full coverage of EMS service.*

Table EMS 1: Situational Analysis Indicators for EMS

Programme Performance Indicators	Indicator Type	Province wide value 2022/23
EMS P1 urban response under 15 minutes' rate	%	76%
EMS P1 rural response under 40 minutes' rate	%	70%

Table EMS 2: Outcomes, Outputs, Output Indicators and Targets for Emergency Medical Services

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	EMS P1 urban response under 30 minutes	**EMS P1 urban response under 30 minutes rate**	79%	80%	76%	50%	60%	60%	60%	60%	60%	60%	60%
		Numerator: EMS P1 urban response under 30 minutes											
		Denominator: EMS P1 urban responses											
	EMS P1 rural response under 60 minutes	**EMS P1 rural response under 60 minutes rate**	80%	80%	70%	50%	60%	60%	60%	60%	60%	60%	60%
		Numerator: EMS P1 rural response under 60 minutes											
		Denominator: EMS P1 rural responses											

15.1 EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

Emergency Medical Service plays an integral part in primary health care approach to planned, urgent and emergency care. A critical success factor in facilitating this process of transformation is strengthening partnership with communities and key health stakeholders throughout the province. As we do so, we will ensure considerable investment in staffing levels, infrastructure, control rooms, upgrading information and communications technology and procure new and better specified emergency medical fleet - among other things.

15.2 PROGRAMME RESOURCE CONSIDERATIONS

Summary of payments and estimates by sub-programme: Emergency Medical Services

Table 2.10.3 : Summary of payments and estimates by sub-programme: Programme 3: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2023/24
R thousand	2020/21	2021/22	2022/23		2023/24		2024/25	2025/26	2026/27	
1. Emergency Transport	405 091	401 684	419 545	422 197	464 592	470 343	444 023	463 879	484 063	(5.6)
2. Planned Patient Transport	390	5 750	–	3 787	3 787	3 787	4 029	4 211	4 396	6.4
Total payments and estimates	405 481	407 434	419 545	425 984	468 379	474 130	448 052	468 090	488 459	(5.5)

The budget for this programme shows an increase of 5.2 per cent or R448.052 million when compared to the 2023/24 budget of R425.984 million. The estimates of 2025/26 and 2026/27 shows an increase of 4.5 and 4.4 per cent respectively.

The budget of the programme will cover among others the rendering of emergency medical services in urban and rural areas within the province with an average growth of 4.7 per cent over the MTEF.

Summary of payments and estimates by economic classification: Emergency Medical Services

Table 2.12.3 : Summary of payments and estimates by economic classification: Programme 3: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2023/24
R thousand	2020/21	2021/22	2022/23		2023/24		2024/25	2025/26	2026/27	
Current payments	372 343	392 352	401 247	395 541	426 610	421 405	415 666	434 239	453 132	(1.4)
Compensation of employees	244 808	253 225	251 398	256 968	288 037	288 037	268 247	280 156	292 327	(6.9)
Goods and services	127 181	132 037	146 700	138 573	138 573	133 158	147 419	154 083	160 805	10.7
Interest and rent on land	354	7 090	3 149	–	–	210	–	–	–	(100.0)
Transfers and subsidies to:	306	831	318	552	552	1 824	587	614	641	(67.8)
Provinces and municipalities	–	208	28	552	552	552	587	614	641	6.3
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	306	623	290	–	–	1 272	–	–	–	(100.0)
Payments for capital assets	32 832	14 251	17 980	29 891	41 217	50 901	31 799	33 237	34 686	(37.5)
Buildings and other fixed structures	–	415	–	–	–	–	–	–	–	
Machinery and equipment	32 832	13 836	17 980	29 891	41 217	50 901	31 799	33 237	34 686	(37.5)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	405 481	407 434	419 545	425 984	468 379	474 130	448 052	468 090	488 459	(5.5)

The baseline for compensation of employee's budget has increased by 4.4 per cent from the 2023/24 budget of R256.968 million. The funding estimates for 2025/26 and 2026/27 shows an increase of 4.4 per cent and 4.3 per cent respectively.

The budget for goods and services shows a growth of 6.4 per cent or R147.419 million from 2023/24 budget of R138.573 million. The estimates of 2025/26 and 2026/27 shows an increase of 4.5 per cent and 4.4 per cent respectively.

The budget for payment for capital assets shows a growth of 6.4 per cent or R31.799 million in the 2024/25 financial year. The estimates of 2024/25 and 2025/26 shows an increase of 4.5 per cent and 4.4 per cent respectively.

15.3 KEY RISKS AND MITIGATION

OUTCOME	RISK	MITIGATING FACTOR
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	• Transgression of EMS norms & standards • Poor quality assurance • Misuse & abuse of ambulances & other non-emergency vehicles (e.g. used as taxi, fuel theft & tyres)	• Appoint more staff to fully comply with two crew legislation • Strengthen the monitoring and regular inspections of facilities & ambulances by EMS inspectors • Implementation of disciplinary measures

16. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

PROGRAMME PURPOSE AND STRUCTURE

Render hospital services at a general and specialist level and provide a platform for the training of health workers and research.

16.1 SUB-PROGRAMME: REGIONAL HOSPITAL (DR HARRY SURTIE HOSPITAL)

PURPOSE:

- *Improve accountability to regional hospital services by addressing resource challenges.*
- *Improve clinical governance in the hospital to safeguard high standards of care.*

Table RH 1: Outcomes, Outputs, Output Indicators and Targets for Regional Hospital

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Patient Experience of Care in public health facilities improved	Patient Experience of Care survey satisfied responses	**Patient Experience of Care satisfaction rate**		92.4%	67%	80%	80%				80%	80%	80%
		Numerator: Patient Experience of Care survey satisfied responses											
		Denominator: Patient Experience of Care survey total responses											
Management of patient safety incidents improved to reduce new medico-legal cases	Severity Assessment Code (SAC) 1 incident reported within 24 hours	**Severity Assessment Code (SAC) 1 incident reported within 24 hours rate**		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Severity Assessment Code (SAC) 1 incident reported within 24 hours											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator: Severity Assessment Code (SAC) 1 incident reported											
	Patient Safety Incident (PSI) case closed	**Patient Safety Incident (PSI) case closure rate**		100%	93%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Patient Safety Incident (PSI) case closed											
		Denominator: Patient Safety Incident (PSI) case reported											
Maternal, neonatal, infant and child mortality reduced	Maternal death in facility	**Maternal deaths in facility**					**≤4**				**≤4**	**≤2**	**≤2**
		Numerator: Number of maternal deaths in facility											
		Denominator: N/A											
	Death in facility under 5 years	**Death in facility under 5 years**					**≤20**	**≤5**	**≤5**	**≤5**	≤5	**≤20**	**≤20**
		Numerator: Death in facility under 5 years total											
		Denominator: N/A											
	Diarrhoea death under 5 years	**Diarrhoea deaths under 5 years**		0.3	0.39	5.1	**≤4**	**≤2**	**≤3**	**≤4**	**≤4**	**≤3**	**≤3**
		Numerator: Number of diarrhoea deaths in facility											
		Denominator: N/A											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Pneumonia death under 5 years	**Pneumonia deaths under 5 years**		0	1.10	0.3	**≤6**	**≤1**	**≤3**	**≤5**	**≤6**	**≤5**	**≤5**
		Numerator: Number of pneumonia deaths in facility											
		Denominator: N/A											
	Severe Acute Malnutrition (SAM) death under 5 years	**Severe Acute Malnutrition death under 5 years**		0.5	9	2.1	**≤5**	**≤2**	**≤3**	**≤4**	**≤5**	**≤5**	**≤5**
		Numerator: Severe acute malnutrition (SAM) deaths in facility											
		Denominator: N/A											
Improved access to cervical cancer services	Cervical cancer screening	**Cervical cancer screening**					5	1	2	4	5	6	6
		Numerator: Number of Cervical cancer screening done											
		Denominator: N/A											

16.2 SUB-PROGRAMME: SPECIALISED HOSPITAL - NORTHERN CAPE MENTAL HEALTH HOSPITAL (NCMHH)

PRIORITIES:

- *Improve specialised hospital services by gradually increasing employment of staff.*
- *Improve accessibility to mental health service in the specialised hospital.*

Table SH 1: Outcomes, Outputs, Output Indicators and Targets for Northern Cape Mental Health Hospital

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Patient Experience of Care in Public Health Facilities improved	Patient Experience of Care survey satisfied responses	**Patient Experience of Care Satisfaction rate**		20%	63.8%	80%	80%				80%	80%	80%
		Numerator: Patient Experience of Care survey satisfied responses											
		Denominator: Patient Experience of Care survey total responses											
Management of patient safety incidents improved to reduce new medico-legal cases	Severity Assessment Code (SAC) 1 incident reported within 24 hours	**Severity Assessment Code (SAC) 1 incident reported within 24 hours rate**	40%	75%	0%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Severity Assessment Code (SAC) 1 incident reported within 24 hours											
		Denominator: Severity Assessment Code (SAC) 1 incident reported											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Patient Safety Incident (PSI) case closed	**Patient Safety Incident (PSI) case closure rate**		75%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Patient Safety Incident (PSI) case closed											
		Denominator: Patient Safety Incident (PSI) case reported											

16.3 EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

Our immediate focus as a department is to strengthen all primary healthcare facilities and community health care centres in the province, to alleviate pressure in our regional hospitals and Robert Mangaliso Sobukwe Tertiary Hospital. This will be achieved through additional appointments of clinical personnel, nurses and doctors in particular and non-clinical (cleaners, grounds man and porters), as part of strengthening the delivery of health care services to communities.

16.4 PROGRAMME RESOURCE CONSIDERATIONS

Summary of payments and estimates by sub-programme: Provincial Hospitals (Regional and Specialized)

Table 2.10.4 : Summary of payments and estimates by sub-programme: Programme 4: Provincial Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2023/24
R thousand	2020/21	2021/22	2022/23		2023/24		2024/25	2025/26	2026/27	
1. General (Regional) Hospitals	343 684	328 044	312 087	352 271	366 851	397 407	370 910	387 474	404 330	(6.7)
2. Tuberculosis Hospitals	17 856	18 935	20 299	36 330	38 700	41 390	39 484	41 254	43 053	(4.6)
3. Psychiatric/Mental Hospitals	119 510	123 254	121 215	106 852	115 112	119 147	112 085	117 079	122 169	(5.9)
Total payments and estimates	481 050	470 233	453 601	495 453	520 663	557 944	522 479	545 807	569 552	(6.4)

The budget of this programme shows an increase of 5.5 per cent or R522.479 million from the 2023/24 budget of R495.453 million. This programme has an average growth of 4.8 per cent over the MTEF.

Summary of payments and estimates by economic classification: Provincial Hospitals (Regional and Specialized)

Table 2.12.4 : Summary of payments and estimates by economic classification: Programme 4: Provincial Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2023/24
R thousand	2020/21	2021/22	2022/23		2023/24		2024/25	2025/26	2026/27	
Current payments	474 558	461 103	451 644	493 658	518 868	551 149	520 569	543 811	567 467	(5.5)
Compensation of employees	305 970	332 797	331 954	338 965	364 175	376 377	353 782	369 487	385 538	(6.0)
Goods and services	168 451	122 641	117 471	154 693	154 693	174 200	166 787	174 324	181 929	(4.3)
Interest and rent on land	137	5 665	2 219	–	–	572	–	–	–	(100.0)
Transfers and subsidies to:	310	9 010	496	1 546	1 546	6 546	1 645	1 719	1 794	(74.9)
Provinces and municipalities	–	8 391	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	310	619	496	1 546	1 546	6 546	1 645	1 719	1 794	(74.9)
Payments for capital assets	6 182	120	1 461	249	249	249	265	277	291	6.4
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	6 182	120	1 461	249	249	249	265	277	291	6.4
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	481 050	470 233	453 601	495 453	520 663	557 944	522 479	545 807	569 552	(6.4)

The baseline for compensation of employee's budget increases by 4.4 per cent or R353.782 million from the 2023/24 budget of R338.965 million. The funding estimates for 2024/25 and 2025/26 shows an increase of 4.4 per cent and 4.3 per cent respectively.

The budget for goods and services shows a growth of 7.8 per cent or R166.787 million from 2023/24 budget of R154.693 million.

Payments for capital assets grows a growth of 6.4 per cent to R0.265 million in 2024/25 compared to R0.249 million in the 2023/24 financial year.

16.5 KEY RISKS AND MITIGATION

OUTCOME	RISK	MITIGATING FACTOR
To render comprehensive mental health & DR- TB services	• compromised quality on rendering child & adolescent(CAMHS)mental health care in hospital services	• Solicit funding for operationalization of CAMHS ward; • Business plan forwarded for approval by EXCO Management & Provincial Treasury;
	• Increased Forensic Output of 30 days Observandi's & short forensic services	• Solicit funding for full operationalsation of Forensic observations & State patient wards; • Business plan forwarded for approval by EXCO Management & Provincial Treasury; • Re-enforcement of security systems & personnel
	Inefficiencies to render quality, effective & economic corporate services.	• Escalate approved hospital business plan to EXCO Management to solicit funding from Provincial Treasury

17. PROGRAMME 5: CENTRAL HOSPITAL SERVICES

PROGRAMME PURPOSE AND STRUCTURE

Deliver tertiary services which are accessible, appropriate, effective and provide a platform for training health professionals.

17.1 SUB-PROGRAMME: PROVINCIAL TERTIARY HOSPITAL SERVICES

PURPOSE:

- *Improve efficiencies and quality of care at Provincial Tertiary Hospital services.*
- *Ensure compliance with the national core standards for effective health service delivery.*
- *Implement effective referral systems by ensuring a close relationship between all levels of the health systems.*

Table THS 1: Outcomes, Outputs, Output Indicators and Targets for Robert Mangaliso Sobukwe Hospital

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Patient Experience of Care in public health facilities improved (Outcome as per reviewed Strategic Plan 2020-2025)	Patient Experience of Care survey satisfied responses	**Patient Experience of Care satisfaction rate**	80%	69%	73%	80%	80%				80%	80%	80%
		Numerator: Patient Experience of Care survey satisfied responses											
		Denominator: Patient Experience of Care survey total responses											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Management of patient safety incidents improved to reduce new medico-legal cases (Outcome as per reviewed Strategic Plan 2020-2025)	Severity Assessment Code (SAC) 1 incident reported within 24 hours rate	**Severity Assessment Code (SAC) 1 incident reported within 24 hours rate**	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Severity Assessment Code (SAC) 1 incident reported within 24 hours											
		Denominator: Severity Assessment Code (SAC) 1 incident reported											
	Patient Safety Incident (PSI) case closed	**Patient Safety Incident (PSI) case closure rate**			100%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator: Patient Safety Incident (PSI) case closed											
		Denominator: Patient Safety Incident (PSI) case reported											
Maternal, neonatal, infant and child mortality reduced (Outcome as per reviewed Strategic Plan 2020-2025)	Maternal death in facility	**Maternal death in facility**			9	≤14	≤17				≤17	≤15	≤14
		Numerator: Maternal deaths in facility											
		Denominator: N/A											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Death in facility under 5 years total	**Death in facility under 5 years**			78	≤135	≤185	47	49	43	46	≤180	≤175
		Numerator: Number of deaths in facility under 5 years total											
		Denominator: N/A											
	Diarrhoea death under 5 years	**Diarrhoea deaths under 5 years**		3.1	1.8	3.8	14	4	8	12	14	13	12
		Numerator: Diarrhoea death under 5 years in facility total											
		Denominator: N/A											
	Pneumonia death under 5 years	**Pneumonia deaths under 5 years**		3.4	4.2	3.4	11	3	6	9	11	11	10
		Numerator: Pneumonia death under 5 years in facility											
		Denominator: N/A											
	Severe Acute Malnutrition (SAM) death under 5 years	**Severe Acute Malnutrition (SAM) deaths under 5 years**		31.3	19.8	8.5	15	5	10	12	15	13	12
		Numerator: Severe Acute Malnutrition (SAM) death under 5 years in facility total											
		Denominator: N/A											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Improved access to cervical cancer services	Cervical cancer screening	**Cervical cancer screening**					30	5	15	25	30	35	40
		Numerator: Number of Cervical cancer screenings done											
		Denominator: N/A											

17.2 EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

Our immediate focus as a department is to strengthen all primary healthcare facilities and community health care centres in the province, to alleviate pressure in our regional hospitals and Robert Mangaliso Sobukwe Tertiary Hospital. This will be achieved through additional appointments of clinical personnel, nurses and doctors in particular and non-clinical (cleaners, groundsman and porters), as part of strengthening the delivery of health care services to communities.

17.3 PROGRAMME RESOURCE CONSIDERATIONS

Summary of payments and estimates by sub-programme: Central Hospital Services (Tertiary Hospital)

Table 2.10.5 : Summary of payments and estimates by sub-programme: Programme 5: Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2023/24
R thousand	2020/21	2021/22	2022/23		2023/24		2024/25	2025/26	2026/27	
1. Provincial Tertiary Hospital Services	1 116 510	1 211 672	1 259 103	1 307 486	1 297 582	1 326 302	1 290 986	1 315 239	1 374 830	(2.7)
Total payments and estimates	1 116 510	1 211 672	1 259 103	1 307 486	1 297 582	1 326 302	1 290 986	1 315 239	1 374 830	(2.7)

The budget of the programme decrease by 1.3 per cent to R1.290 billion in the 2024/25 financial year compared to R1.307 billion in 2023/24 financial year. The decrease is due to the movement of Statutory Human Resources Comp grant from Central Hospital Services to Health Sciences and Training.

The National Health Insurance Grant: Oncology component with a total of R44 million has been moved to Provincial Tertiary Hospital Services from District Health services. The Human Resource grant with a total of R152.820 million has been moved from Provincial Tertiary Hospital Services to Health Science and Training.

National Tertiary Services Grant and Oncology conditional grant amounts to R488.803 million (NTSG R444 million and Oncology R44 million).

The budget of the programme further grows to R1.374 billion in the 2026/27 financial year, showing an average growth of 1.7 per cent over the MTEF, mainly due to the decrease in funding of the Oncology component within the National Tertiary Services Grant and Oncology conditional grant.

Summary of payments and estimates by economic classification: Central Hospital Services (Tertiary Hospital)

Table 2.12.5 : Summary of payments and estimates by economic classification: Programme 5: Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2023/24
R thousand	2020/21	2021/22	2022/23		2023/24		2024/25	2025/26	2026/27	
Current payments	1 091 604	1 184 024	1 178 552	1 289 761	1 233 680	1 219 563	1 249 754	1 296 343	1 355 172	2.5
Compensation of employees	781 055	795 215	748 782	877 062	858 235	821 377	837 800	865 781	905 972	2.0
Goods and services	310 549	388 808	429 758	412 699	375 445	397 642	411 954	430 562	449 200	3.6
Interest and rent on land	–	1	12	–	–	544	–	–	–	(100.0)
Transfers and subsidies to:	2 620	6 364	35 665	1 887	1 580	44 417	1 673	1 748	1 822	(96.2)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	2 620	6 364	35 665	1 887	1 580	44 417	1 673	1 748	1 822	(96.2)
Payments for capital assets	22 286	21 284	44 886	15 838	62 322	62 322	39 559	17 148	17 836	(36.5)
Buildings and other fixed structures	–	–	9 057	–	–	–	–	–	–	
Machinery and equipment	22 116	21 284	35 829	15 838	62 322	62 322	39 559	17 148	17 836	(36.5)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	170	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	1 116 510	1 211 672	1 259 103	1 307 486	1 297 582	1 326 302	1 290 986	1 315 239	1 374 830	(2.7)

Compensation of employees shows decrease of 4.5 per cent or R837.800 million from the 2023/24 budget of R877.062 million, this is mainly due to the movement of Statutory Human Resources Comp grant to Health Sciences and Training. The compensation of employees' budget further grows to R865.781 million in the 2025/26 and R905.972 million in the 2026/27 financial year.

The budget for goods and services shows a decrease of 0.2 per cent from 2023/24 budget of R412.699 million. The estimates of 2024/25 and 2025/26 shows an increase of 4.5 and 4.3 per cent for the outer years respectively with a budget of R430.562 and R449.200 million.

The payment for capital assets show an average growth of 4 per cent over the MTEF with an increase budget of R39 million in the 2024/25 financial year when compared to the 2023/24 budget of R15 million. The increase is mainly due to the Oncology component within the NTSG and Oncology grant.

17.4 KEY RISKS AND MITIGATION

OUTCOME	RISK	MITIGATING FACTOR
Improving access to tertiary services	• Possible loss of Tertiary and academic status	• Establishment of RWOPs committee with proper management of RWOPs by HOUs & clinical managers; • Fully implement RWOPs Policy; • Active case management of patients with daily monitoring of patient care
	• Capacity constraints at management level	• Submission to HoD for finalisation of acting posts

18. PROGRAMME 6: HEALTH SCIENCES AND TRAINING

PROGRAMME PURPOSE AND STRUCTURE

Develop a dedicated ethical educated workforce to acquire knowledge and principles in the provision of nursing, emergency medical care and other health professions, empowering them to translate their knowledge, skills and attitude to complement a comprehensive health care service in the Province.

PURPOSE

- *Develop staff continuously through Continuous Professional Development (CPD) points and Work Skills Programme (WSP).*
- *Develop Academic and Support Staff.*
- *Invest in human capital in order to enhance healthcare service delivery through the allocation of bursaries.*
- *Identify and address scarce and critical skills in the public health sector through research and development.*
- *Train and develop Emergency Medical Service personnel from the Northern Cape Province.*

Table HST 1: Outcomes, Outputs, Output Indicators and Targets for Health Sciences and Training

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service	Basic Nursing students completing training	**Total number of Basic Nursing students completing training**	52	35	33	81	54			54		60	30
		Numerator: Total number of Basic Nurse students completing training											
		Denominator: N/A											
	Bursary holders permanently appointed	**Proportion of bursary holders permanently appointed**	88% (49/56)	82%	85%	90%	90%				90%	90%	90%
		Numerator: Total number of bursary holders permanently appointed											
		Denominator: Total number of graduated bursary holders											

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Graduates who obtained Higher Certificate in Emergency Care	**Percentage of graduates who obtained Higher Certificate in Emergency Care**				70%	60%			60%		60%	60%
		Numerator: Total number of students who obtained a Higher Certificate in Emergency Care in an academic year											
		Denominator: Total number of students enrolled on the Higher Certificate in Emergency Care program in an academic year.											

18.1 EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

High youth unemployment, coupled with growing poverty and inequality, is a critical challenge. Young people also have limited access to means of capital that can help them find a way out of poverty and enable them to become agents of change. Performance within the public service is uneven, with capacity challenges in local, provincial and national government. This is the result of multiple challenges, including tensions in the political-administrative interface, instability in administrative leadership, skills deficits, the erosion of accountability and authority, poor organizational design and low staff morale.

18.2 PROGRAMME RESOURCE CONSIDERATIONS

Summary of payments and estimates by sub-programme: Health Services Training

Table 2.10.6 : Summary of payments and estimates by sub-programme: Programme 6: Health Sciences and Training

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
1. Nurse Training College	97 166	94 167	118 945	82 106	83 011	82 543	86 011	89 865	93 878
2. Ems Training College	1 092	795	292	5 842	5 842	5 842	6 105	6 378	6 664
3. Bursaries	43 170	31 349	29 984	47 870	47 870	47 870	50 024	52 270	54 612
4. Primary Health Care Training	33	–	–	2 061	2 061	2 061	2 154	2 251	2 352
5. Training Other	13 069	14 384	1 311	35 945	35 945	35 945	37 308	38 985	40 730
Total payments and estimates	154 530	140 695	150 532	173 824	174 729	174 261	181 602	189 749	198 236

The budget for this programme shows growth of 4.5 per cent against the 2022/23 budget of R173.824 million in 2023/24. The estimates of 2024/25 and 2025/26 shows an increase of 4.5 per cent respectively.

Summary of payments and estimates by economic classification: Health Services Training

Table 2.12.6 : Summary of payments and estimates by economic classification: Programme 6: Health Sciences and Training

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2023/24
R thousand	2020/21	2021/22	2022/23		2023/24		2024/25	2025/26	2026/27	
Current payments	110 008	148 934	170 019	161 652	312 331	312 331	322 833	329 048	343 811	3.4
Compensation of employees	61 304	68 500	126 235	56 276	169 301	170 115	172 196	171 614	179 594	1.2
Goods and services	48 704	80 433	43 775	105 376	143 030	142 202	150 637	157 434	164 217	5.9
Interest and rent on land	–	1	9	–	–	14	–	–	–	(100.0)
Transfers and subsidies to:	30 687	1 598	194	17 647	17 954	17 954	19 084	19 946	20 815	6.3
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	30 687	1 598	194	17 647	17 954	17 954	19 084	19 946	20 815	6.3
Payments for capital assets	–	–	1 811	2 303	3 303	3 303	3 460	3 616	3 770	4.8
Buildings and other fixed structures	–	–	1 732	–	–	–	–	–	–	
Machinery and equipment	–	–	79	2 303	3 303	3 303	3 460	3 616	3 770	4.8
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	140 695	150 532	172 024	181 602	333 588	333 588	345 377	352 610	368 396	3.5

Compensation of employees grows with 206 per cent from R56.276 million in 2023/24 to R172.196 million in 2024/25. The budget of compensation of employees further grows to R179.594 million in the outer financial year, showing an average growth of 47.2 per cent over the MTEF.

The goods and services allocation increases by 141 per cent to R150.637 million in the 2024/25 financial year and further grows by 15.9 per cent on average over the MTEF.

Transfers and subsidies budget grows by 8.1 per cent to R19.084 million in 2024/25 financial year compared to R17.647 million in 2023/24 and continues to grow on average by 5.7 per cent over the MTEF.

Payments for capital assets grows by 50.2 per cent to R3.460 million in 2024/25 compared to R2.303 million in the 2023/24 financial year. This makes provision for finance leases and capital procurement.

18.3 KEY RISKS AND MITIGATION

OUTCOME	RISK	MITIGATING FACTOR
Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service	• The risk of not producing expected number of nurses	• Improved coordination between training, HRD, RTC (clinical & non-clinical) and clinical integration

19. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

PROGRAMME PURPOSE AND STRUCTURE

Render health care support services to meet the objectives of the Department.

19.1 SUB-PROGRAMME: FORENSIC MEDICAL SERVICES

PURPOSE:

- *Reduce the turn-around time on the completion of autopsies.*
- *Improve the turnaround time on the submission of autopsy reports to stakeholders (SAPS).*

Table HCSS 1: Outcomes, Outputs, Output Indicators and Targets for Forensic Medical Services

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
								2024/25 Quarterly Targets					
			2020/21	2021/22	2022/23	2023/24	2024/25	Q1	Q2	Q3	Q4	2025/26	2026/27
Render health care support service through specialized forensic medical and medico-legal services	Autopsies completed and reported to SAPS	**Percentage of autopsies completed within 4 working days**	91%	87%	89%	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator: Total number of post-mortems conducted within four days											
		Denominator: Total number of post-mortems done											
		Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	80%	77%	83%	80%	80%	80%	80%	80%	80%	80%	80%

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Numerator: Total number of post-mortem reports submitted within 10 days											
		Denominator: Total number of post-mortems done											

19.2 SUB-PROGRAMME: PHARMACEUTICALS

PURPOSE:

- *Improve the availability and accessibility of medicine.*
- *Improve the quality of service, including clinical governance and patient safety.*

Table HCSS 2: Outcomes, Outputs, Output Indicators and Targets for Pharmaceuticals

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Improve availability and access of medicine (Outcome as per reviewed Strategic Plan 2020-2025)	Availability of medicine in all health establishments	**Percentage availability of medicine in all health establishments**	87.8%	86.4%	84.6 %	86%	90%	90%	90%	90%	90%	90%	90%
		Numerator: Total number of active line items with stock available which appear on the customized formulary of the health establishment.											
		Denominator: Total number of active line items stocked by the health establishment which appear on the customized formulary of the health establishment.											

19.3 SUB-PROGRAMME: ORTHOTIC & PROSTHETIC

PURPOSE:

- *Ensure all patients that are in need of orthosis and prosthesis are provided with such service.*
- *Assess, prescribe, design, fit, monitor, provide therapy and educate regarding the use and care of an appropriate orthosis/prosthesis.*

Table HCSS 3: Outcomes, Output Indicators and Targets for Orthotic & Prosthetic

Outcome	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Re-integration of orthotic and prosthetic patients into society	Patients assessed and issued with assistive devices	**Percentage of patients issued with assistive devices**		40%	60%	60%	80%	80%	80%	80%	80%	8005	80%
		Numerator: Total number of patients issued with assistive devices											
		Denominator: Total number of patients assessed for orthosis and prosthesis eligibility											

19.4 EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

On the vaccines side, the situation looks very promising from all three factors which will determine success, namely; supply stability, sustained capacity to deliver the service and good uptake by the public. COVID-19 vaccines are effective and provide protection against COVID-19 infection. Similarly, prevention of other communicable diseases requires vaccination against these diseases.

19.5 PROGRAMME RESOURCE CONSIDERATIONS

Summary of payments and estimates by sub-programme: Health Support Services

Table 2.10.7 : Summary of payments and estimates by sub-programme: Programme 7: Health Care Support Services

R thousand	Outcome 2020/21	Outcome 2021/22	Outcome 2022/23	Main appropriation 2023/24	Adjusted appropriation 2023/24	Revised estimate 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	Medium-term estimates 2026/27	% change from 2023/24
1. Laundry Services	20 789	19 141	23 391	8 548	9 487	9 487	8 937	9 334	9 740	(5.8)
2. Engineering	15 768	9 623	9 265	20 732	21 765	21 765	21 782	22 754	23 744	0.1
3. Forensic Services	45 125	35 598	36 464	49 446	52 051	52 051	51 897	54 213	56 570	(0.3)
4. Orthotic And Prostetic Services	4 818	3 248	3 843	13 512	13 888	13 888	14 291	14 933	15 585	2.9
5. Medicine Trading Account	150 309	107 878	60 504	44 793	47 093	47 093	47 031	49 132	51 268	(0.1)
Total payments and estimates	236 809	175 488	133 467	137 031	144 284	144 284	143 938	150 366	156 907	(0.2)

The budget for Health Care Support Services programme increases by 5 per cent to R143.938 million in the 2024/25 financial year compared to the 2023/24 budget of R137.031 million. The estimates of 2025/26 and 2026/27 are expected to increase by 4.5 per cent and 4.4 per cent respectively.

Summary of payments and estimates by economic classification: Health Support Services

Table 2.12.7 : Summary of payments and estimates by economic classification: Programme 7: Health Care Support Services

R thousand	Outcome 2020/21	Outcome 2021/22	Outcome 2022/23	Main appropriation 2023/24	Adjusted appropriation 2023/24	Revised estimate 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	Medium-term estimates 2026/27	% change from 2023/24
Current payments	202 411	171 532	130 643	132 319	139 572	138 954	138 925	145 126	151 439	(0.0)
Compensation of employees	77 755	76 464	80 125	91 568	98 821	98 821	95 573	99 814	104 151	(3.3)
Goods and services	124 641	95 062	50 518	40 751	40 751	40 133	43 352	45 312	47 288	8.0
Interest and rent on land	15	6	–	–	–	–	–	–	–	
Transfers and subsidies to:	510	670	277	–	–	668	–	–	–	(100.0)
Provinces and municipalities	174	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	336	670	277	–	–	668	–	–	–	(100.0)
Payments for capital assets	33 888	3 286	2 547	4 712	4 712	4 662	5 013	5 240	5 468	7.5
Buildings and other fixed structures	515	73	151	–	–	37	–	–	–	(100.0)
Machinery and equipment	33 373	3 213	2 396	4 712	4 712	4 625	5 013	5 240	5 468	8.4
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	236 809	175 488	133 467	137 031	144 284	144 284	143 938	150 366	156 907	(0.2)

Compensation of employees grows with 4.4 per cent from R91.568 million in 2023/24 to R95.57 million in 2024/25. The budget of compensation of employees further grows to R101.817 million in the 2026/27 financial year, showing an average growth of 4.4 per cent over the MTEF.

The goods and services allocation increases by 6.4 per cent to R43.352 million in the 2024/25 financial year compared to R40.751 million in 2023/24 and further grows by 5.1 per cent on average over the MTEF

Payments for capital assets grows by 6.4 per cent to R5.013 million in 2024/25 compared to R4.712 million in the 2023/24 financial year. This makes provision for finance leases and capital procurement.

The goods and services allocation increases by 141 per cent to R150.637 million in the 2024/25 financial year and further grows by 15.9 per cent on average over the MTEF.

Transfers and subsidies budget grows by 8.1 per cent to R19.084 million in 2024/25 financial year compared to R17.647 million in 2023/24 and continues to grow on average by 5.7 per cent over the MTEF.

Payments for capital assets grows by 50.2 per cent to R3.460 million in 2024/25 compared to R2.303 million in the 2023/24 financial year. This makes provision for finance leases and capital procurement.

19.6 KEY RISKS AND MITIGATION

OUTCOME	RISK	MITIGATING FACTOR
Render health care support service through specialized forensic medical and medico-legal services	Delays in turnaround time for post-mortems & reporting	• Enter into an agreement with districts for the utilization of full-time doctors to share the service;
Improve availability and access of medicine	Inefficient stock management at facility level	• Strengthen implementation of stock management system at facilities • Continuously strengthen Support visits by pharmacy personnel to facilities
Re-integration of orthotic and prosthetic patients into society	Failure to provide patients with assistive devices	• Budgeting for O&P devices • Appointment of Orthotist and Prosthetist professionals

20. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

PROGRAMME PURPOSE

- *Effective and efficient delivery of infrastructure and provision of technical support services to the Department.*

Table HFM 1: Outcomes, Outputs, Output Indicators and Targets for Health Facilities Management

Outcome	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
								2024/25 Quarterly Targets				
			2020/21	2021/22	2022/23	2023/24	2024/25	Q1	Q2	Q3	Q4	2025/26	2026/27
Financing and Delivery of infrastructure projects improved	Health facilities with completed capital infrastructure projects	**Percentage of health facilities with completed capital infrastructure project**			75% (3/4)	100%	100% (6/6)				100%	100%	100%
		Numerator: Total number of health facilities with completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) issued			**4** 1.Nursing College; 2.Tshwaragano Hospital; 3.Deer Aar hospital and 4.Dr Harry Surtie Hospital	**3** 1.Nursing College Accommodation 2.Nursing College Main Campus 3.Tshwaragano Hospital Maternity	**6** 1.Nursing College Main Campus 2.Tshwaragano Hospital Maternity 3.Schmitsdrift Clinic 4.Nursing College Main Campus 5.Tshwaragano Hospital Maternity 6.Schmitsdrift Clinic				100%	100%	100%
		Denominator: Total number of health facilities planned to have completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) planned to be issued			**4** 1.Nursing College 2.Tshwaragano Hospital 3.Deer Aar hospital 4.Dr Harry Surtie Hospital	**3** Nursing College Accommodation Nursing College Main Campus Tshwaragano Hospital Maternity	1.Nursing College Main Campus 2.Tshwaragano Hospital Maternity 3.Schmitsdrift Clinic 4.Nursing College Main Campus 5.Tshwaragano Hospital Maternity 6.Schmitsdrift Clinic				100%	100%	100%

20.1 EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The Department is currently rendering professional and technical services, within the department in respect of buildings, construction of new facilities, upgrades, refurbishment and maintenance.

20.2 PROGRAMME RESOURCE CONSIDERATIONS

Summary of payments and estimates by sub-programme: Health Facilities Management

Table 2.10.8 : Summary of payments and estimates by sub-programme: Programme 8: Health Facilities Management

R thousand	Outcome 2020/21	2021/22	2022/23	Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates 2024/25	2025/26	2026/27	% change from 2023/24
1. District Hospital Services	133 317	70 678	290 457	465 311	436 555	282 676	437 961	451 514	472 298	54.9
2. Provincial Hospital Services	252 754	309 235	116 752	44 868	45 289	199 168	47 034	49 139	51 349	(76.4)
Total payments and estimates	386 071	379 913	407 209	510 179	481 844	481 844	484 995	500 653	523 647	0.7

The Health Facilities Management programme is mainly funded by Health Facility Revitalisation Grant. The estimates of this programme show a decrease of 4.3 per cent from R510.179 million in 2023/24 to R484.995 million in 2024/25. The programme's budget is estimated to grow by 0.9 per cent over the MTEF.

Summary of payments and estimates by economic classification: Health Facilities Management

Table 2.12.8 : Summary of payments and estimates by economic classification: Programme 8: Health Facilities Management

R thousand	Outcome 2020/21	2021/22	2022/23	Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates 2024/25	2025/26	2026/27	% change from 2023/24
Current payments	245 581	210 831	176 374	303 398	275 063	220 104	271 762	277 868	291 949	23.5
Compensation of employees	11 174	12 337	12 237	34 662	35 083	35 083	36 063	37 669	39 341	2.8
Goods and services	233 294	198 494	164 137	268 736	239 980	185 021	235 699	240 198	252 608	27.4
Interest and rent on land	1 113	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	23 322	89	–	–	–	–	–	–	–	
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	23 322	89	–	–	–	–	–	–	–	
Payments for capital assets	117 168	168 993	230 835	206 781	206 781	261 740	213 233	222 786	231 698	(18.5)
Buildings and other fixed structures	112 402	168 097	230 284	128 209	128 209	257 576	132 210	138 133	143 659	(48.7)
Machinery and equipment	4 766	896	551	78 572	78 572	4 164	81 023	84 653	88 039	1845.8
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	386 071	379 913	407 209	510 179	481 844	481 844	484 995	500 653	523 647	0.7

Compensation of employees grows with 4 per cent from R34.662 million in 2023/24 to R36.063 million in 2024/25. The budget of compensation of employees further grows to R39.341 million in the 2026/27 financial year, showing an average growth of 4.3 per cent over the MTEF.

The goods and services allocation decreases by 12.3 per cent to R235.699 million in the 2024/25 financial year compared to R268.736 million in 2023/24. This is mainly due to the reduction in the Health Facility Revitalisation Grant.

Payments for capital assets grows by 3.1 per cent to R213.233 million in 2024/25 compared to R206.781 million in the 2023/24 financial year. This makes provision for infrastructure projects and health technology capital procurement.

20.3 KEY RISKS AND MITIGATION

OUTCOME	RISK	MITIGATING FACTOR
Financing and Delivery of infrastructure projects improved	• Loss of funding due to non-compliance with DORA (division of Revenue Act) Health facilities Revitalisation Grant	• Ensure compliance to table B5 commitments

20.4 PUBLIC ENTITIES

The Department does not have any public entities

Name of public entity	Mandate	Outcomes
N/A	N/A	N/A

20.5 INFRASTRUCTURE PROJECTS

Project Name	Delivery Mechanism	Project Details / Scope	Milestone Reached (IRM)	Nature of Investment	Nature of Investment Sub-status	Budget allocated for the 2024/2025 year
New Kimberley Mental Health Hospital	Individual Project	New Mental Health Hospital	Final Account	Maintenance and Repairs	Replaced Asset	R1 000 000
Construction of Heuningsvlei Clinic	Individual Project	Construction of Heuningsvlei Clinic	Final Account	New or Replaced Infrastructure	New Facility	R1 000 000
New Port Nolloth CHC	Individual Project	New Port Nolloth CHC	Final Account	New or Replaced Infrastructure	Replaced Asset	R1 000 000
Construction of New Bankhara Clinic	Individual Project	Construction of New Bankhara Clinic	Final Account			R1 000 000
Construction of New Boegoeberg Clinic	Individual Project	Construction of New Boegoeberg Clinic	Final Account	New or Replaced Infrastructure	Replaced Asset	R1 000 000
New Standby Generators	Packaged Program	Installation of new Standby Generators at various facilities in province	Planning	Upgrading and Additions	Additions	R10 000 000
Nursing College Student Accommodation - Phase 1	Individual Project	Construction of Nursing College Phase 1 Student Accommodation	Construction 76 - 100%	New or Replaced Infrastructure	Replaced Asset	R5 632 000
Nursing and EMS College Phase 2 Main Campus	Individual Project	Construction of a new Nursing and EMS college Phase 2	Planning	New or Replaced Infrastructure	New Facility	R47 327 000
Upgrading of RMSH Kitchen	Individual Project	Upgrading of Kitchen at RMSH	Construction Started	Rehabilitation, Renovations & Refurbishment	Refurbishments	R5 000 000
Upgrading of Kuruman EMS	Individual Project	Upgrading of EMS station at Kuruman	Planning	Rehabilitation, Renovations & Refurbishment	Refurbishments	R2 000 000

Project Name	Delivery Mechanism	Project Details / Scope	Milestone Reached (IRM)	Nature of Investment	Nature of Investment Sub-status	Budget allocated for the 2024/2025 year
Upgrading of Local Area Network and Connectivity at facilities	Packaged Program	Upgrading of Local Area Network and Connectivity at facilities	Planning	Upgrading and Additions	New Assets	R5 000 000
Upgrading of Medical Gas Plants Phase 2	Packaged Program	Assessment and upgrading of Medical Gas systems	Planning	Upgrading and Additions	Upgrading	R5 000 000
Upgrading of Pharmacies	Packaged Program	Upgrading of pharmacies in the district	Planning	Upgrading and Additions	Upgrading	R1 000 000
Upgrading of Tshwaragano Maternity Ward	Individual Project	Upgrading of Tshwaragano Maternity Ward	Planning	Rehabilitation, Renovations & Refurbishment	Refurbishments	R25 000 000
Upgrading of Water Reticulation at RMSH	Individual Project	Upgrading of Water reticulation at RMSH	Planning	Rehabilitation, Renovations & Refurbishment	Refurbishments	R5 000 000
Construction of Frances Baard Forensic Mortuary	Individual Project	Construction of Frances Baard Forensic Mortuary - Turnkey Project	Construction Started	New or Replaced Infrastructure	New Facility	R67 000 000
Upgrading of Dr Arther Letele Medical Depot	Individual Project	Upgrading of medical depot	Construction Started	Upgrading and Additions	Upgrading	R38 000 000
Refurbishment of Laundry Facilities	Packaged Program	Refurbishment of Laundry Facilities	Planning	Upgrading and Additions	New Assets	R5 000 000
Grant Management 1	Individual Project	Operational Staff expenditure and budgeting	Closed Out	Non-Infrastructure	Programme Support	R19 000 000
Refurbishment of Psychiatric Wards (72 hours) in all Districts	Packaged Program	Refurbishments of Psychiatric Wards (72hrs) in all Districts	Planning	Upgrading and Additions	New Assets	R2 000 000
Upgrading of Mortuaries in districts	Packaged Program	Upgrading of Mortuaries in Districts	Planning	Maintenance and Repairs	Maintenance - Routine/Preventative	R2 000 000
Refurbishment of Steinkopf Clinic	Individual Project	Refurbishment of Steinkopf Clinic	Planning	Rehabilitation, Renovations & Refurbishment	Refurbishments	R3 000 000
Constuction of Schmidtsdrift Clinic	Individual Project	Complete Construction of Schmidtsdrift Clinic	Planning	Upgrading and Additions	Upgrading	R15 000 000
Upgrading of Glenred Clinic	Individual Project	Upgrading of the Glenred Clinic	Planning	Upgrading and Additions	Upgrading	R10 500 000
Upgrading of Griekwastad CHC	Individual Project	Upgrading of Griekwastad CHC	Planning	Upgrading and Additions	Upgrading	R8 000 000

Project Name	Delivery Mechanism	Project Details / Scope	Milestone Reached (IRM)	Nature of Investment	Nature of Investment Sub-status	Budget allocated for the 2024/2025 year
Upgrading of Keimoes Hospital	Individual Project	Upgrading of Keimoes Hospital	Planning	Upgrading and Additions	Upgrading	R9 000 000
Upgrade of Hester Malan Hospital	Individual Project	Upgrading of Hester Malan Hospital	Planning	Upgrading and Additions	Upgrading	R7 000 000
Upgrade of Logobate CHC	Individual Project	Upgrading of Logobate CHC	Planning	Upgrading and Additions	Upgrading	R1 000 000
Upgrading of RMSH Laundry	Individual Project	Upgrading of RMSH Laundry	Design	Upgrading and Additions	Upgrading	R10 000 000
Upgrade of Galeshewe Day Hopsital	Individual Project	Upgrading of Galeshewe Day Hospital	Planning	Upgrading and Additions	Upgrading	R20 000 000
Construction of Kuruman Hospital Forensic Mortuary (completion) HT	Individual Project	Construction of Kuruman Hospital Forensic Mortuary (completion) HT	HT Commissioning	Non-Infrastructure	Health Technology - New Assets	R1 500 000
Glenred Clinic Health Technology	Individual Project	Glenred Clinic Health Technology to be procured by the DoH	HT Planning	Non-Infrastructure	Health Technology - New Assets	R0
Bankhara Bodulong Health Technology	Individual Project	Bankara Bodulong Clinic Procurement of health technology	HT Procurement	Non-Infrastructure	Health Technology - New Assets	R1 000 000
Boegoeberg clinic Health Technology	Individual Project	Boegoeberg Clinc: Procurement of Health Technology equipment	HT Procurement	Non-Infrastructure	Health Technology - New Assets	R1 000 000
Heuningsvlei Clinic Health Technology	Individual Project	Procurement of Health Technology for Heuningsvlei Clinic	HT Procurement	Non-Infrastructure	Health Technology - New Assets	R1 000 000
Namakwa Forensic Mortuary Health Technology	Individual Project	Procurement of Health Technology, ICT equipment for new forensic mortuary	HT Commissioning	Non-Infrastructure	Health Technology - New Assets	R1 000 000
Nursing college accommodation, procurement of Health Technology	Individual Project	Procurement of Health Technology for new Nursing College Student Accommodation, Phase 1	HT Planning	Non-Infrastructure	Health Technology - New Assets	R6 000 000

Project Name	Delivery Mechanism	Project Details / Scope	Milestone Reached (IRM)	Nature of Investment	Nature of Investment Sub-status	Budget allocated for the 2024/2025 year
Procurement of Health Technology: New Mental Health Hospital	Individual Project	Procurement of Health Technology: New Mental Health Hospital	HT Commissioning	Non-Infrastructure	Health Technology - New Assets	R1 000 000
Refurbishment of Olifantshoek CHC Health Technology	Individual Project	Procurement of HT at Olifantshoek CHC.	HT Commissioning	Non-Infrastructure	Health Technology - New Assets	R2 000 000
New Springbok hospital pharmacy Health Technology	Individual Project	Procurement of Health Technology equipment for new pharmacy at Springbok Hospital	HT Procurement	Non-Infrastructure	Health Technology - New Assets	R1 000 000
Upgrade of Tshwaragano Satellite Nursing College Student Accommodation HT	Individual Project	Procurement of furniture for Tshwaragano Satellite Nursing College.	HT Procurement	Non-Infrastructure	Health Technology - New Assets	R1 000 000
Procurement of Health Technology	Individual Project	Procurement of Health Technology: Richmond CHC	HT Procurement	Non-Infrastructure	Health Technology - Replacement	R1 500 000
Procurement of Health Technology	Individual Project	Procurement of Health Technology for Victoria West CHC	HT Procurement	Non-Infrastructure	Health Technology - Replacement	R1 500 000
Replacement of X-Ray Units	Individual Project	Procurement of Health Technology: Richmond CHC	HT Procurement	Non-Infrastructure	Health Technology - New Assets	R3 500 000
Equipment Replacement for Various Facilities	Individual Project	District Hospitals	HT Replacement	Non-Infrastructure	Health Technology - New Assets	R5 000 000
Replacement of X-Ray Units	Individual Project	Procurement of Health Technology for Victoria West CHC	HT Procurement	Non-Infrastructure	Health Technology - New Assets	R3 500 000
Maintenance of HVAC in All Districts	Packaged Program	Maintenance of HVAC at facilities	Planning	Maintenance and Repairs	Maintenance - Comprehensive	R8 000 000
Maintenance of Lifts	Packaged Program	Maintenance of Lifts	Planning	Maintenance and Repairs	Maintenance - Comprehensive	R2 000 000
Maintenance of Medical Gas installations Phase 1 & 2	Packaged Program	Maintenance of Medical Gas in the District	Planning	Maintenance and Repairs	Maintenance - Routine/Preventative	R5 000 000

Project Name	Delivery Mechanism	Project Details / Scope	Milestone Reached (IRM)	Nature of Investment	Nature of Investment Sub-status	Budget allocated for the 2024/2025 year
Maintenance of New Mental Health Hospital	Individual Project	Maintenance of New Mental Health Hospital	Planning	Maintenance and Repairs	Maintenance - Routine/Preventative	R4 000 000
Maintenance of Port Nolloth CHC	Individual Project	Maintenance of Port Nolloth CHC	Planning	Maintenance and Repairs	Maintenance - Scheduled	R2 000 000
Maintenance of Springbok Hospital (Dr Isaak Van Niekerk)	Individual Project	Maintenance of Dr Isak van Niekerk Hospital (Springbok)	Planning	Maintenance and Repairs	Maintenance - Routine/Preventative	R2 000 000
Maintenance of Standby Generators 2024-25	Packaged Program	Maintenance of Standby Generators 2022-23	Planning	Maintenance and Repairs	Maintenance - Routine/Preventative	R10 000 000
Maintenance of De Aar Hospital	Individual Project	Maintenance of De Aar Hospital Ongoing	Planning	Maintenance and Repairs	Maintenance - Scheduled	R5 000 000
Maintenance of Upington Hospital	Individual Project	Maintenance of Dr Harry Surtie Hospital ongoing	Planning	Maintenance and Repairs	Maintenance - Scheduled	R5 000 000
Maintenance of RMSH Lifts	Individual Project	Replacement of New RMSH Lifts	Planning	Maintenance and Repairs	Replaced Asset	R2 000 000
Maintenance Fire-Fighting equipment	Individual Project	Appointing services provider to service all firefighting equipment in the the province at all the health care facilities.	Planning	Maintenance and Repairs	Maintenance - Scheduled	R5 000 000
New Construction of Lerato Park Clinic	Individual Project	Construction of Lerato Park Clinic	Planning	New or Replaced Infrastructure	New Facility	R2 000 000
New Construction of New Pampierstad CHC	Individual Project	Construction of New Pampierstad CHC	Planning	New or Replaced Infrastructure	New Assets	R3 000 000
New Construction of Ganspan PHC	Individual Project	Refurbishment of Ganspan PHC	Planning	Rehabilitation, Renovations & Refurbishment	New Assets	R1 000 000
New Construction of Lambrechtsdrift PHC	Individual Project	Construction of Lambrechtsdrift PHC	Planning	New or Replacement Infrastructure	New Assets	R1 000 000
New Construction of Ritchie PHC	Individual Project	Construction of Ritchie PHC	Planning	New or Replacement Infrastructure	New Assets	R1 000 000
New Construction of Stillwater and Holpan Satellite	Individual Project	Construction of Stillwater and Holpan Satellite Clinic	Planning	New or Replacement Infrastructure	New Assets	R1 000 000
New Construction of Roodepan CHC	Individual Project	Construction of Roodepan CHC	Planning	New or Replacement Infrastructure	New Assets	R3 000 000

Project Name	Delivery Mechanism	Project Details / Scope	Milestone Reached (IRM)	Nature of Investment	Nature of Investment Sub-status	Budget allocated for the 2024/2025 year
Replacement of RMSH Boilers	Individual Project	Replacement of Boileres	Planning	New or Replacement Infrastructure	New Assets	R1 000 000
Kimberly Hospital	Individual Project	KLM HVAC Installation	Planning	Non-Infrastructure	New Assets	R6 000 000
Allied Worker's Equipment	Individual Project	Mental Hospital	Planning	Non-Infrastructure	New Assets	R1 000 000
Upgrade & Replacement RMSH Transformers and Capacitators	Individual Project	Replacement of RSMH Transformers, Capacitators	Construction Started	Non-Infrastructure	New Assets	R9 002 000

TABLE B5 2024/25

Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipment, COE)	Type of infrastructure (Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc.)	Project duration		Funding Source	Budget programme name	Delivery Mechanism (Individual project or Packaged Program)	Total Previous Financial year (MTEF 2024/25)	MTEF Forward estimates	
					Date: Start	Date: Finish					MTEF 2025/26	MTEF 2026/27
New and Replacement												
Construction of New Mental Health (Final Account)	Construction	Frances Baard	Buildings & Other fixed structures	Specialized Hospital	Dec-11	Jun-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
Construction of Bankhara Clinic (Final Account)	Construction	JTG	Buildings & Other fixed structures	Clinic	Sep-17	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
Construction of Boegoeberg Clinic (Final Account)	Construction	ZF Mgcawu	Buildings & Other fixed structures	Clinic	Sep-17	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
New Mental Health Hospital HT	Construction	Frances Baard	Machinery & Equipment	Specialised Hospital	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
Construction of Heuningsvlei Clinic (Final Account)	Construction	JTG	Buildings & Other fixed structures	Clinic	Apr-18	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
Construction of Heuningvlei Clinic HT	Construction	JTG	Machinery & Equipment	Clinic	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
Construction of New Port Nolloth CHC (Final Account)	Construction	Namakwa	Buildings & Other fixed structures	CHC	Jan-13	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
New Springbok Hospital Pharmacy HT & ICT	Construction	Namakwa	Machinery & Equipment	Pharmacy	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
New Construction of Lerato Park Clinic	Planning	Frances Baard	Buildings & Other fixed structures	Clinic	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	2 000	10 000	10 000
New Construction of Pampierstad CHC	Planning	Frances Baard	Buildings & Other fixed structures	CHC	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	3 000	20 000	40 000
New Construction of Roodepan CHC	Planning	Frances Baard	Buildings & Other fixed structures	CHC	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	3 000	20 000	40 000
New Construction of Ritchie Clinic	Planning	Frances Baard	Buildings & other fixed structures	Clinic	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	1 000	10 000	5 000
New Construction of Ganspan Clinic	Planning	Frances Baard	Buildings & Other fixed structures	Clinic	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	1 000	10 000	3 000
New Construction of Stilwater & Holpan Clinic	Planning	Frances Baard	Buildings & Other fixed structures	Clinic	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	1 000	9 000	10 000
New Construction of Lambrechtsdrift Clinic	Planning	ZF Mgcawu	Buildings & Other fixed structures	Clinic	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	1 000	10 000	5 000
Allied Workers Equipment	Planning	Frances Baard	Machinery & Equipment	Mental Hospital	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
										21 000	**89 000**	**113 000**
Facility Replacements:												0
Boegoeberg Clinic HT	Construction	ZF Mgcawu	Machinery & Equipment	Clinic	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0

Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipment, COE)	Type of infrastructure (Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc.)	Project duration		Funding Source	Budget programme name	Delivery Mechanism (Individual project or Packaged Program)	Total Previous Financial year (MTEF 2024/25)	MTEF Forward estimates	
					Date: Start	Date: Finish					MTEF 2025/26	MTEF 2026/27
Bankhara Bodulong Clinic HT	Construction	JTG	Machinery & Equipment	Clinic	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
Construction of Kuruman Hospital Forensic Mortuary (completion) - HT	Planning	JTG	Machinery & Equipment	Mortuary	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	1 500	0	0
Nursing College Phase 2 A & B.	Planning	Frances Baard	Buildings & Other fixed structures	College	Apr-21	Mar-26	HFRG	Health Facilities Management	Individual Project	47 327	150 000	150 000
Construction of Nursing College (Phase 1 Student Accommodation)	Construction	Frances Baard	Buildings & Other fixed structures	College	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	5 632	5 000	5 000
Construction of Nursing College Phase 1 (student accommondation) HT	Planning	Frances Baard	Machinery & Equipment	College	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	6 000	0	0
Construction of New Namakwa Forensic Mortuary - ICT	Planning	Namakwa	Buildings & Other fixed structures	Mortuary	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
Olifantshoek CHC HT	Planning	ZF Mgcawu	Machinery & Equipment	CHC	Apr-24	Mar-25	HFRG	Health Facilities Managemet	Individual Project	2 000	0	0
Richmond CHC (Procurement of HT)	Planning	Pixley	Machinery & Equipment	CHC	Apr-24	Mar-25	HFRG	Health Facilities Managemet	Individual Project	1 500	0	0
Richmond CHC Replacement of X-Ray Unit)	Planning	Pixley	Machinery & Equipment	CHC	Apr-24	Mar-25	HFRG	Health Facilities Managemet	Individual Project	3 500	0	0
Victoria West (Procurement of HT)	Planning	Pixley	Machinery & Equipment	CHC	Apr-24	Mar-25	HFRG	Health Facilities Managemet	Individual Project	1 500	0	0
Victoria West (Replacement of X-Ray)	Planning	Pixley	Machinery & Equipment	CHC	Apr-24	Mar-25	HFRG	Health Facilities Managemet	Individual Project	3 500	0	0
Equipment Replacement for Various Facilities	Planning	Pixley	Machinery & Equipment	All	Apr-24	Mar-25	HFRG	Health Facilities Managemet	Packaged Program	5 000	0	0
New Standby Generators	Planning	All	Machinery & Equipment	All	Apr-24	Mar-25		Health Facilities Management	Packaged Program	10 000	5 000	5 255
Construction of Frances Baard Forensic Mortuary	Construction	Frances Baard	Buildings & Other fixed structures	Mortuary	Jul-22	Mar-26	HFRG	Health Facilities Management	Individual Project	67 000	40 000	2 000
Construction of New Schmitsdrift Clinic	Planning	Pixley	Buildings & Other fixed structures	Clinic	Apr-22	May-26	HFRG	Health Facilities Management	Individual Project	15 000	9 000	10 000
Grant Management	DoRA Capacitation	Frances Baard	COE	DoRA Grant	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	19 000	5 000	5 250
Replacement of Boilers	Planning	Frances Baard	Machinery & Equipment	Replacement	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	5 000	7 000
Upgrading of Tshwaragano Hospital (Walkways, new maternity, theatre,)	Planning	JTG	Buildings & Other fixed structures	Hospital	Apr-23	Mar-26	HFRG	Health Facilities Management	Individual Project	25 000	20 000	0

Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipment, COE)	Type of infrastructure (Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc.)	Project duration		Funding Source	Budget programme name	Delivery Mechanism (Individual project or Packaged Program)	Total Previous Financial year (MTEF 2024/25)	MTEF Forward estimates	
					Date: Start	Date: Finish					MTEF 2025/26	MTEF 2026/27
Upgrading of Tshwaragano Satellite Nursing College HT	Planning	JTG	Buildings & Other fixed structures	Nursing College	Feb-21	Mar-25	HFRG	Health Facilities Management	Individual Project	1 000	0	0
Upgrading of Glenred Clinic	Planning	JTG	Buildings & Other fixed structures	Clinic	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	10 500	15 000	5 000
Glenred Clinic HT	Planning	JTG	Machinery & Equipment	Clinic	Feb-23	Mar-26	HFRG	Health Facilities Management	Individual Project	0	2 500	3 000
Upgrading of Keimoes CHC	Planning	ZF Mgcawu	Buildings & Other fixed structures	CHC	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	5 000	10 000	5 000
Upgrading of Hester Malan CHC	Planning	Pixley	Buildings & Other fixed structures	CHC	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	5 000	10 000	5 000
Upgrading of Logobate CHC	Planning	JTG	Buildings & Other fixed structures	CHC	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	1 000	5 000	5 000
Upgrading of Griekwastad CHC	Planning	Pixley	Buildings & Other fixed structures	CHC	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	5 000	5 000	1 000
Upgrading of Mortuaries All Districts	Feasibility/ Construction	All	Buildings & Other fixed structures	Mortuaries	Apr-24	Mar-26	HFRG	Health Facilities Management	Packaged Program	2 000	5 000	10 000
Upgrading of Pharmacies All Districts	Planning	All	Buildings & Other fixed structures	Pharmacies	Apr-24	Mar-26	HFRG	Health Facilities Management	Packaged Program	5 000	0	0
Upgrading of RMSH Kitchen	Construction	Frances Baard	Machinery & Equipment	Hospital	Apr-23	Mar-25	HFRG	Health Facilities Management	Individual Project	5 000	0	0
Upgrading of Dr Aurther Letele Medical Depot	Construction	Frances Baard	Buildings & Other fixed structures	Depot	Apr-23	Mar-24	HFRG	Health Facilities Management	Individual Project	38 000	2 000	2 100
Upgrading of Water Reticulation at RMSH	Planning	Frances Baard	Hospital	Hospital	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	5 000	0	0
KLM HVAC Installation	Planning	Frances Baard	Hospital	KLM	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	6 000	0	0
Upgrading of RMSH Laundry	Planning	Frances Baard	Hospital	Hospital	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	10 000	5 000	0
Upgrading of Galeshewe Day Hospital	Planning	Frances Baard	Hospital	Galeshewe	Apr-24	Mar-26	HFRG	Health Facilities Management	Individual Project	13 000	10 000	40 000
Upgrade & Replacement of RSMH Transformers, and Capacitors	Assessment & specifications	Frances Baard	Hospital	Hospital	Apr-24	Mar-25	HRFG	Health Facilities Management	Individual Project	9 002	0	0
										337 961	**308 500**	**260 605**

Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipment, COE)	Type of infrastructure (Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc.)	Project duration		Funding Source	Budget programme name	Delivery Mechanism (Individual project or Packaged Program)	Total Previous Financial year (MTEF 2024/25)	MTEF Forward estimates	
					Date: Start	Date: Finish					MTEF 2025/26	MTEF 2026/27
Refurbishment of Health Facilities												
Upgrading of Local Area Network & Connectivity at facilities	Planning	All Districts	Machinery & Equipment	Various Facilities	Apr-24	Mar-25	HRFG	Health Facilities Management	Individual Project	5 000	5 000	5 219
Refurbishment of Psychiatric Wards (72 hour) all Districts	Planning	All Districts	Buildings & Other fixed structures	Hospitals	Apr-24	Mar-26	HRFG	Health Facilities Management	Individual Project	2 000	10 000	10 000
Refurbishment of Steinkopf Clinic	Planning	Namakwa	Buildings & Other fixed structures	Clinic	Apr-24	Mar-25	HRFG	Health Facilities Management	Individual Project	3 000	0	0
Upgrading of Kuruman EMS Station	Planning	JTG	Buildings & Other fixed structures	EMS station	Apr-24	Mar-26	HRFG	Health Facilities Management	Individual Project	9 000	0	0
Refurbishment of Laundry Facilities All Districts	Planning	All	Machinery & Equipment	All	Apr-24	Mar-26	HRFG	Health Facilities Management	Individual Project	10 000	0	20 474
										29 000	**15 000**	**35 693**
Maintenance of Health Facilities												
Maintenance of Dr Harry Surtie Hospital	Planning	ZF Mgcawu	Buildings and Plant	Regional Hospital	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	5 000	5 000	5 000
Maintenance of Kimberley Mental Health Hospital	Planning	Frances Baard	Buildings and Plant	Specialised Hospital	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	4 000	3 000	5 000
Maintenance of Springbok Hospital	Planning	Namakwa	Buildings and Plant	Hospital	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	2 000	2 000	2 000
Maintenance of De Aar Hospital	Planning	Pixley	Buildings and Plant	District Hospital	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	5 000	5 000	5 000
Maintenance of Port Nolloth CHC	Planning	Namakwa	Machinery & Equipment	CHC	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	2 000	2 000	2 000
Maintenance of HVACs in All Districts	Planning	All	Plant	All	Apr-24	Mar-25	HFRG	Health Facilities Management	Packaged Program	8 000	10 000	15 000
Maintenance of Medical Gas Phase 1 & 2	Maintenance	All	Machinery & Equipment	All	Apr-24	Mar-25	HFRG	Health Facilities Management	Packaged Program	5 000	3 000	5 000
Maintenance of Fire Fighting equipment	Maintenance	All	Machinery & Equipment	All	Apr-24	Mar-25	HFRG	Health Facilities Management	Packaged Program	5 000	5 000	10 000
Maintenance of RMSH Lifts	Feasibility/ Construction	Frances Baard	Machinery & Equipment	Hospital	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	2 000	2 014	2 000
Maintenance of lifts (De Aar Hospital & Dr. Harry Surtie Hospital)	Planning	Pixley	Machinery & Equipment	Hospital	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	2 000	2 000	2 000

Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipment, COE)	Type of infrastructure (Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc.)	Project duration		Funding Source	Budget programme name	Delivery Mechanism (Individual project or Packaged Program)	Total Previous Financial year (MTEF 2024/25)	MTEF Forward estimates	
					Date: Start	Date: Finish					MTEF 2025/26	MTEF 2026/27
Maintenance of Standby Generators	Planning	All	Plant	All	Apr-24	Mar-25	HFRG	Health Facilities Management	Packaged Program	10 000	5 000	10 000
										50 000	**44 014**	**63 000**
										437 961	**451 514**	**472 298**
Equitable Share	Salaries			Salaries	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project	45 000	45 000	45 000
Compensation of employees	Salaries	Frances Baard	COE	Salaries	Apr-24	Mar-25	HFRG	Health Facilities Management	Individual Project		1 800	1 822

20.6 PUBLIC-PRIVATE PARTNERSHIPS (PPPS)

The department does not have PPPs.

PPP name	Purpose	Outputs	Current value of agreement	End-date of agreement
N/A	N/A	N/A	N/A	N/A

Health
Department of Health
NORTHERN CAPE

D

TECHNICAL INDICATOR DESCRIPTIONS (TIDs)

PART D: TECHNICAL INDICATOR DESCRIPTIONS (TIDs)

21.1 PROGRAMME 1: ADMINISTRATION

Information, Communication and Technology (ICT)

1.	Indicator title	Percentage of PHC facilities with network access
	Definition	Percentage of PHC facilities provided with network infrastructure and access to the Governmental Central Core Network (GCCn)
	Source of data	ICT Database
	Method of calculation/ Assessment	Numerator: Total of PHC facilities with minimum 2 Mbps connectivity Denominator: Total number of PHC facilities
	Means of verification	ICT Database
	Assumptions	PHC Facilities are without network access
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (Year to date)
	Reporting cycle	Quarterly
	Desired performance	Higher percentage of PHC facilities with network access reflects good performance
	Indicator responsibility	Senior Manager ICT

Human Resource Management (HRM)

1.	Indicator title	Human Resources Plan Developed
	Definition	A three year plan that sets out what the department plans to achieve in terms of Human Resources over a 3-year period
	Source of data	Signed off Human Resource Plan
	Method of calculation/ Assessment	Numerator: One Human Resources Plan developed
	Means of verification	Signed off Human Resource Plan
	Assumptions	The departmental plans are not integrated
	Disaggregation of Beneficiaries	Women: 4924 Youth: 2842 Persons living with disabilities: 18
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	One developed Human Resource Plan reflects good performance
	Indicator responsibility	Senior Manager Human Resources Management

2.	Indicator title	Percentage of performance agreements signed by SMS officials
	Definition	The total number of performance agreements signed by SMS officials as a proportion of the total number of SMS employees qualifying to sign PA's
	Source of data	PMDS Database, PERSAL reports
	Method of calculation/ Assessment	Numerator: Total number of performance agreements (PAs) signed by SMS officials Denominator: Total number of SMS officials qualifying to sign PA's
	Means of verification	PMDS Database, PERSAL reports
	Assumptions	Performance Agreements are not signed by SMS officials
	Disaggregation of Beneficiaries	Women: 4 Persons living with disabilities: 1
	Spatial transformation	None
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	100% of Performance Agreements signed reflects good performance
	Indicator responsibility	Senior Manager Human Resources Management

Financial Management

1.	Indicator title	Audit opinion of Provincial DoH
	Definition	Audit opinion for Provincial Departments of Health for financial performance
	Source of data	Auditor General's report, Management Report
	Method of calculation/ Assessment	Numerator: Audit outcome for regulatory audit expressed by AGSA for 2023/24 financial year
	Means of verification	Auditor General's report, Annual Report
	Assumptions	The departmental financial statements are true and fair in accordance with the financial reporting framework
	Disaggregation of Beneficiaries	None
	Spatial transformation	None
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Unqualified Audit Opinion from the Auditor General reflects good performance
	Indicator responsibility	Senior Manager Finance

21.2 PROGRAMME 2: DISTRICT HEALTH SERVICES

District Health Services (DHS)

1.	Indicator title	Ideal Clinic Status Obtained Rate
	Definition	Fixed PHC health facilities that obtained Ideal Clinic status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDCs
	Source of data	Ideal Health Facility Software
	Method of calculation/ Assessment	Numerator: Fixed PHC health facility obtained ideal clinic status Denominator: {Fixed clinic} + {Fixed CHC/CDC}
	Means of verification	Ideal Health Facility Software
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Higher rate of patients satisfied reflects good performance
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

2.	Indicator title	Patient Experience of Care satisfaction rate
	Definition	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires (in Fixed PHC clinics/fixed CHCs/CDCs and public hospitals)
	Source of data	Patient surveys
	Method of calculation/ Assessment	Numerator: SUM [Patient Experience of care survey satisfied responses] Denominator: SUM [Patient Experience of care survey total responses]
	Means of verification	Patient surveys
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Higher rate of patients satisfied reflects good performance
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

3.	Indicator title	Severity Assessment Code (SAC)1 incident reported within 24 hours rate
	Definition	Severity Assessment Code (SAC) 1 incidents reported within 24 hours as a proportion of Severity Assessment Code (SAC) 1 incident reported
	Source of data	Patient Safety Incidence Software
	Method of calculation/ Assessment	Numerator: SUM [Severity Assessment Code (SAC) 1 incident reported within 24 hours]. Denominator: SUM [Severity Assessment Code (SAC) 1 incident reported]
	Means of verification	Patient Safety Incidence Software
	Assumptions	Accuracy dependent on quality of data submitted by the health facility
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year-date)
	Reporting cycle	Quarterly
	Desired performance	High SAC 1 incidents reported within 24 hours rate
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

4.	Indicator title	Patient Safety Incident (PSI) case closure rate
	Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month
	Source of data	Patient Safety Incident Software
	Method of calculation/ Assessment	Numerator: SUM [Patient Safety Incident case closed] Denominator: SUM [Patient Safety Incident case reported]
	Means of verification	Patient Safety Incident Software
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher PSI closure rates
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

District Hospital Services

1.	Indicator title	Ideal Hospital Status Obtained Rate
	Definition	Fixed hospitals that obtained Ideal Hospital status (bronze, silver, gold) as a proportion of fixed hospitals
	Source of data	Ideal Health Facility Software
	Method of calculation/ Assessment	Numerator: Hospitals obtained ideal hospitals status Denominator: Total number of hospitals
	Means of verification	Ideal Health Facility Software
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Higher rate of patients satisfied reflects good performance
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

2.	Indicator title	Patient Experience of Care satisfaction rate
	Definition	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires (in Fixed PHC clinics/fixed CHCs/CDCs and public hospitals)
	Source of data	Patient surveys
	Method of calculation/ Assessment	Numerator: SUM [Patient Experience of care survey satisfied responses] Denominator: SUM [Patient Experience of care survey total responses]
	Means of verification	Patient surveys
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Higher rate of patients satisfied reflects good performance
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

3.	Indicator title	Severity Assessment Code (SAC)1 incident reported within 24 hours rate
	Definition	Severity Assessment Code (SAC) 1 incidents reported within 24 hours as a proportion of Severity Assessment Code (SAC) 1 incident reported
	Source of data	Patient Safety Incidence Software
	Method of calculation/ Assessment	Numerator: SUM [Severity Assessment Code (SAC) 1 incident reported within 24 hours] Denominator: SUM [Severity Assessment Code (SAC) 1 incident reported]
	Means of verification	Patient Safety Incidence Software
	Assumptions	Accuracy dependent on quality of data submitted by the health facility
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year-date)
	Reporting cycle	Quarterly
	Desired performance	High SAC 1 incidents reported within 24 hours rate
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

4.	Indicator title	Patient Safety Incident (PSI) case closure rate
	Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month
	Source of data	Patient Safety Incident Software
	Method of calculation/ Assessment	Numerator: SUM [Patient Safety Incident case closed] Denominator: SUM [Patient Safety Incident case reported]
	Means of verification	Patient Safety Incident Software
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher PSI closure rates
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

5.	Indicator title	Death in facility under 5 years
	Definition	Children under 5 years who died during their stay in the facility
	Source of data	Midnight Report
	Method of calculation/ Assessment	Numerator: Number Death in facility under 5 years total Denominator: N/A
	Means of verification	Midnight Report
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower numbers
	Indicator responsibility	MCWH&N Programme

HIV AND AIDS (HAS)

1.	Indicator title	HIV positive 15-24 years (excl ANC) rate
	Definition	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of those who were tested for HIV in this age group
	Source of data	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net, DHIS
	Method of calculation/ Assessment	Numerator: SUM [HIV positive 15-24 years (Excl ANC)] Denominator: SUM [HIV test 15-24 years (Excl ANC)]
	Means of verification	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net, DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Youth
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower positivity rate reflects good performance
	Indicator responsibility	Manager: HAST

2.	Indicator title	ART adult remain in care rate (12 months)
	Definition	ART adult remain in care - total as proportion of ART adults start minus cumulative transfer out.
	Source of data	ART Register; TIER.Net; DHIS
	Method of calculation/ Assessment	Numerator: SUM [ART adult remain in care] Denominator: SUM [ART adult start minus cumulative transfer out]
	Means of verification	ART Register; TIER.Net; DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher rate of adult remaining in care reflects good performance
	Indicator responsibility	Manager: HAST

3.	Indicator title	ART child remain in care rate (12 months)
	Definition	ART child remain in care - total as a proportion of ART child start minus cumulative transfer out.
	Source of data	ART Register; TIER.Net; DHIS
	Method of calculation/ Assessment	Numerator: SUM [ART child remain in care-total] Denominator: SUM [ART child start minus cumulative transfer out]
	Means of verification	ART Register; TIER.Net; DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher rate of children remaining in care reflects good performance
	Indicator responsibility	Manager: HAST

4.	Indicator title	ART adult viral load suppressed rate-below 50 (12 months)
	Definition	ART adult viral load under 50 as a proportion of ART adult viral load done at 12 months
	Source of data	ART Register; TIER.Net; DHIS
	Method of calculation/ Assessment	Numerator: SUM ART ART adult viral load done (at 12 months) adult viral load under 50 (at 12 months) Denominator: SUM ART adult viral load done (at 12 months)
	Means of verification	ART Register; TIER.Net; DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Annually
	Desired performance	Higher rate reflects good performance
	Indicator responsibility	Manager: HAST

5.	Indicator title	Art child viral load suppressed rate-below 50 (12 months)
	Definition	ART child viral load under 50 as a proportion of ART child viral load done at 12 months
	Source of data	ART Register; TIER.Net; DHIS
	Method of calculation/ Assessment	Numerator: ART child viral load under 50 (at 12 months) Denominator: ART child viral load done (at 12 months)
	Means of verification	ART Register; TIER.Net; DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Annually
	Desired performance	Higher rate reflects good performance
	Indicator responsibility	Manager: HAST

6.	Indicator title	HIV test done – total
	Definition	The total number of HIV tests done in all age groups
	Source of data	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net, DHIS
	Method of calculation/ Assessment	Numerator: SUM[Antenatal HIV 1st test + Antenatal HIV re-test + HIV test 19-59 months + HIV test 5-14 years (excl ANC) + HIV test 15-24 years female (excl ANC) + HIV test 15-24 years male + HIV test 25-49 years (excl ANC) + HIV test 50 years and older]
	Means of verification	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net, DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year-end)
	Reporting cycle	Quarterly
	Desired performance	High number of test done reflects good performance
	Indicator responsibility	Manager: HAST

7.	Indicator title	Male condom distributed
	Definition	Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).
	Source of data	Stock/bin cards
	Method of calculation/ Assessment	Numerator: SUM[Male condoms distributed]
	Means of verification	Stock/bin cards
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Youth
	Spatial transformation	All districts
	Calculation type	Cumulative (year-end)
	Reporting cycle	Quarterly
	Desired performance	High number of condom distribution reflects good performance
	Indicator responsibility	Manager: HAST

8.	Indicator title	Medical Male Circumcision – Total
	Definition	Total number of Medical Male Circumcisions performed 10 years and older
	Source of data	Theatre register/PHC tick register, DHIS
	Method of calculation/ Assessment	Numerator: SUM[Medical Male Circumcision 10-14 years + Medical Male circumcision 15 years and older + Male Circumcision performed by medical professional in the traditional sector]
	Means of verification	Theatre register/PHC tick register, DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Youth
	Spatial transformation	All districts
	Calculation type	Cumulative (year-end)
	Reporting cycle	Quarterly
	Desired performance	High number circumcisions performed reflects good performance
	Indicator responsibility	Manager: HAST

Tuberculosis (TB)

1.	Indicator title	All DS-TB Client LTF rate
	Definition	ALL TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who were subsequently lost to follow-up as a proportion of all those who started DS TB treatment LTF.
	Source of data	TIER.Net
	Method of calculation/ Assessment	Numerator: SUM [All DS-TB client lost to follow-up] Denominator: SUM [All DS-TB treatment start]
	Means of verification	TIER.Net
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower defaulter rate reflects good performance
	Indicator responsibility	Manager: HAST

2.	Indicator title	ALL DS-TB Client Treatment Success rate
	Definition	ALL TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and subsequently successfully completed treatment as a proportion of ALL those who started DS TB treatment
	Source of data	TIER.Net
	Method of calculation/ Assessment	Numerator: SUM [All DS-TB client successfully completed treatment] Denominator: SUM [All DS-TB treatment start]
	Means of verification	TIER.Net
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher treatment success rate reflects good performance
	Indicator responsibility	Manager: HAST

3.	Indicator title	TB Rifampicin resistant/Multidrug- Resistant treatment success rate
	Definition	TB Rifampicin Resistant/Multidrug Resistant clients successfully completed treatment as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment
	Source of data	EDR.web
	Method of calculation/ Assessment	Numerator: SUM [TB Rifampicin resistant/Multidrug Resistant successfully completed treatment] Denominator: SUM [TB Rifampicin Resistant/Multidrug Resistant client started on treatment]
	Means of verification	EDR.web
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (Year to date)
	Reporting cycle	Quarterly
	Desired performance	Higher treatment success rate reflects good performance
	Indicator responsibility	Manager: HAST

4.	Indicator title	TB Rifampicin resistant/Multidrug- Resistant lost to follow-up rate
	Definition	TB Rifampicin Resistant/Multidrug Resistant clients lost to follow-up as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment
	Source of data	EDR.web
	Method of calculation/ Assessment	Numerator: SUM [TB Rifampicin Resistant/Multidrug Resistant client lost to follow-up] Denominator: SUM [TB Rifampicin Resistant/Multidrug Resistant client started on treatment]
	Means of verification	EDR.web
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (Year to date)
	Reporting cycle	Quarterly
	Desired performance	Lower defaulter rate reflects good performance
	Indicator responsibility	Manager: HAST

5.	Indicator title	TB Pre-XDR treatment success rate
	Definition	TB Pre-XDR clients successfully completed treatment as a proportion of TB Pre-XDR clients started on treatment
	Source of data	EDR.web
	Method of calculation/ Assessment	Numerator: SUM [TB Pre-XDR client who successfully completed treatment] Denominator: SUM [TB Pre-XDR client started on treatment]
	Means of verification	EDR.web
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year to date)
	Reporting cycle	Quarterly
	Desired performance	Higher treatment success rate reflects good performance
	Indicator responsibility	Manager: HAST

6.	Indicator title	TB Pre-XDR lost to follow up rate
	Definition	TB Pre-XDR clients who are lost to follow up as a proportion of TB Pre-XDR clients started on treatment
	Source of data	EDR.web
	Method of calculation/ Assessment	Numerator: SUM [TB Pre-XDR clients who are lost to follow up] Denominator: SUM [TB Pre-XDR clients started on treatment]
	Means of verification	EDR.web
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year to date)
	Reporting cycle	Quarterly
	Desired performance	Lower defaulter rate reflects good performance
	Indicator responsibility	Manager: HAST

MCYWH & N

1.	Indicator title	IUCD Uptake (Intra Uterine Contraceptive Device)
	Definition	The IUCD uptake, as one of the contraception methods, in women 15-49 years, will be collected that will serve as a proxy indicator for Couple year protection. Count each IUCD inserted (EXCLUDE IUCD inserted to women younger than 15 years of age and older than 49 years of age)HI
	Source of data	HC Comprehensive Tick Register Birth Register, Labour, Combined and Postnatal ward and Health Facility Register
	Method of calculation/ Assessment	Numerator: Number IUCD Inserted Denominator: N/A
	Means of verification	HC Comprehensive Tick Register Birth Register, Labour, Combined and Postnatal ward and Health Facility Register
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (Year-end)
	Reporting cycle	Quarterly
	Desired performance	Higher numbers
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes

2.	Indicator title	Delivery 10-14 years in facility
	Definition	Delivery where the mother is 10-14 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff
	Source of data	Health Facility Register, DHIS
	Method of calculation/ Assessment	Numerator: Number Delivery 10-14 years in facility Denominator: N/A
	Means of verification	Health Facility Register, DHIS
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Females
	Spatial transformation	All districts
	Calculation type	Cumulative (year-end)
	Reporting cycle	Quarterly
	Desired performance	Lower rate indicates good performance
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes

3.	Indicator title	Antenatal 1st visit before 20 weeks rate
	Definition	Women who have a first booking visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits.
	Source of data	PHC Comprehensive Tick Register, DHIS
	Method of calculation/ Assessment	Numerator: Antenatal 1st visit before 20 weeks Denominator: Antenatal 1st visit total
	Means of verification	PHC Comprehensive Tick Register, DHIS
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Females
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher percentage indicates better uptake of ANC services
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes

4.	Indicator title	Still birth in facility rate (per 1000 births)
	Definition	Infants born still as proportion of total infants born in health facilities (factor: Per 1000 births)
	Source of data	Delivery register, Midnight report
	Method of calculation/ Assessment	Numerator: Still Birth in facility Denominator: Total births in facility
	Means of verification	Delivery register, Midnight report
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower rate
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes

5.	Indicator title	Neonatal death in facility rate
	Definition	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility
	Source of data	Midnight report, Birth registers (Combined, labour and Postnatal registers) PHC Comprehensive Tick Register, DHIS
	Method of calculation/ Assessment	Numerator: Neonatal deaths (under 28 days) in facility Denominator: Live birth in facility
	Means of verification	Midnight report, Birth registers (Combined, labour and Postnatal registers) PHC Comprehensive Tick Register, DHIS
	Assumptions	Accuracy dependent on quality data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower death rate reflects good performance
	Indicator responsibility	Director: MCYWH & Nutrition; Chief Director- Health Programmes

6.	Indicator title	Maternal mortality in facility ratio
	Definition	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility
	Source of data	Maternal death register, Birth registers (Combined, labour and Postnatal registers), Tick register ward/OPD/casualty
	Method of calculation/ Assessment	Numerator: Maternal death in facility (in DHS and referral hospitals) Denominator: Live births known to facility (in DHS and referral hospitals)
	Means of verification	Maternal death register, Birth registers (Combined, labour and Postnatal registers), Tick register ward/OPD/casualty DHIS
	Assumptions	Accuracy dependent on quality of data submitted by the health facilities
	Disaggregation of Beneficiaries	Females
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Annually
	Desired performance	Lower maternal mortality ratio in facilities indicate better obstetric management practices and antenatal care
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes and Manager: District Health Services

7.	Indicator title	Death under 5 years against live birth rate
	Definition	Children under 5 years who died during their stay in the facility as a proportion of all live births
	Source of data	Paediatric admission register, Midnight report, DHIS
	Method of calculation/ Assessment	Numerator: Death in facility under 5 years' total (in DHS and referral hospitals) Denominator: Live birth in facility (in DHS and referral hospitals)
	Means of verification	Paediatric admission register, Midnight report, DHIS
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower rate of deaths reflects good performance
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes and Manager: District Health Services

8.	Indicator title	Live birth under 2500g in facility rate
	Definition	Infants born alive weighing less than 2500g as proportion of total infants born alive in health facilities (low birth weight)
	Source of data	Comprehensive Tick Register Midnight report Birth registers (Combined, labour and Postnatal registers), DHIS
	Method of calculation/ Assessment	Numerator: Live births under 2500g in facility Denominator: Live births in facility
	Means of verification	PHC Comprehensive Tick Register Midnight report Birth registers (Combined, labour and Postnatal registers), DHIS
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower percentage reflects good performance
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes

9.	Indicator title	Mother postnatal visit within 6 days rate
	Definition	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities
	Source of data	PHC Comprehensive Tick Register, Postnatal ward registers, Admission register, DHIS
	Method of calculation/ Assessment	Numerator: Mother postnatal visit within 6 days after delivery Denominator: Delivery in facility total
	Means of verification	PHC Comprehensive Tick Register, Postnatal ward registers, Admission register, DHIS
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Females
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher percentage indicates better uptake of postnatal services
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes

10.	Indicator title	Infant PCR test positive around 6 months rate
	Definition	Infants PCR tested around 6 months as a proportion of HIV exposed infants
	Source of data	PHC comprehensive tick register, Paediatric admission register, DHIS, NHLS
	Method of calculation/ Assessment	Numerator: Infant PCR test positive around 6 months Denominator: Infant HIV PCR test around 6 months
	Means of verification	PHC comprehensive tick register, Paediatric admission register, DHIS, NHLS
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower infant PCR test positive rate reflects good performance
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes

11.	Indicator title	Immunisation under 1-year coverage
	Definition	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.
	Source of data	PHC Comprehensive Tick Register, Immunisation/Paediatric admission register, DHIS
	Method of calculation/ Assessment	Numerator: Immunised fully under 1 year new Denominator: Population under 1 year
	Means of verification	PHC Comprehensive Tick Register, Immunisation/Paediatric admission register, DHIS
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher percentage indicates better immunisation coverage
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes

12.	Indicator title	Measles 2nd dose 1 year coverage
	Definition	Children 1 year (12 months) who received Measles 2nd dose, as a proportion of the 1 year population
	Source of data	PHC Comprehensive Tick Register, Immunisation register/ Paediatric admission register
	Method of calculation/ Assessment	Numerator: Measles 2nd dose Denominator: population under 1 year
	Means of verification	PHC Comprehensive Tick Register , Immunisation register / Paediatric admission register
	Assumptions	Accuracy dependent on quality of data submitted health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher coverage rates indicates greater protection against measles
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes

13.	Indicator title	Child under 5 years diarrheoa case fatality rate
	Definition	Diarrhoea deaths in children under 5 years in Referral Hospitals
	Source of data	Ward register
	Method of calculation/ Assessment	Numerator: Diarrhoea death under 5 years Denominator: Diarrhoea separation under 5 years
	Means of verification	Ward register
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower rate
	Indicator responsibility	MCWH&N Programme

14.	Indicator title	Child under 5 years pneumonia case fatality rate
	Definition	Pneumonia deaths in children under 5 years under 5 years in Referral Hospitals
	Source of data	Ward register
	Method of calculation/ Assessment	Numerator: Number Pneumonia death under 5 years Denominator: N/A
	Means of verification	Ward register
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower number
	Indicator responsibility	MCWH&N Programme

15.	Indicator title	Child under 5 years severe acute malnutrition case fatality rate
	Definition	Severe acute malnutrition deaths in children under 5 years in Referral Hospitals
	Source of data	Pediatric Ward register
	Method of calculation/ Assessment	Numerator: Number Severe acute malnutrition Denominator: N/A
	Means of verification	Pediatric Ward register
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower rate
	Indicator responsibility	

16.	Indicator title	Cervical cancer screening coverage
	Definition	Cervical smears in women 30 years and older as a proportion of the female population 30-50 years. 80% of these women should be screened for cervical cancer every 10 years and 20% must be screened every 3 years which should be included in the denominator because it is estimated that 20% of women 20 years and older are HIV positive.
	Source of data	PHC Comprehensive Tick Register ;OPD
	Method of calculation/ Assessment	Numerator: {Cervical cancer screening in non-HIV woman 30-50 years} + {Cervical cancer screening in HIV positive women 20 years and older} + {Cervical cancer screening 30 years and older} + {Cervical cancer screening in non-HIV woman 30 years and older} Denominator: ((({Female 30-34 years} + {Female 35-39 years} + {Female 40-44 years} + {Female 45-49 years} + {Female 50-54 years})*0.8) / 10) + ((({Female 20-24 years} + {Female 25-29 years} + {Female 30-34 years} + {Female 35-39 years} + {Female 40-44 years} + {Female 45-49 years} + {Female 50-54 years} + {Female 55-59 years}) * 0.2) / 3)
	Means of verification	DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher Number of Cervical Cancer Screening
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and Manager Regional hospital

17.	Indicator title	HIV test positive around 18 months rate
	Definition	HIV test positive at 18 months (18-24) as a proportion of the total deliveries
	Source of data	HTS Register (HIV Testing Services) or HCT module in TIER.Net, DHIS
	Method of calculation/ Assessment	Numerator: SUM [HIV test positive around 18 months] Denominator: SUM [HIV tests done around 18 months]
	Means of verification	HTS Register (HIV Testing Services) or HCT module in TIER.Net, DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year to date)
	Reporting cycle	Quarterly
	Desired performance	Lower positivity rate reflects good performance

Disease Control and Prevention (DPC)

1.	Indicator title	Positivity rate for hypertension 18 – 44 years
	Definition	Number of clients 18 - 44 years screened for hypertension and who will require being put on treatment for hypertension
	Source of data	WebDHIS
	Method of calculation/ Assessment	Numerator: Number of clients 18 - 44 years screened for hypertension and requiring/ referred for treatment for hypertension Denominator: Total number of clients 18 - 44 years screened for hypertension
	Means of verification	WebDHIS
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Youth, men and women
	Spatial transformation	All districts
	Calculation type	Non-cumulative (average)
	Reporting cycle	Quarterly
	Desired performance	Lower rate reflects good performance
	Indicator responsibility	Senior Manager –NCD; Chief Director-Health Programmes

2.	Indicator title	Positivity rate for diabetes 18 – 44 years
	Definition	Number of clients 18 - 44 years screened for diabetes and who will require being put on treatment for diabetes
	Source of data	WebDHIS
	Method of calculation/ Assessment	Numerator: Number of clients 18 - 44 years screened for diabetes and requiring/ referred for treatment for diabetes Denominator: Total number of clients 18 - 44 years screened for diabetes
	Means of verification	WebDHIS
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Youth, men and women
	Spatial transformation	All districts
	Calculation type	Non-cumulative (average)
	Reporting cycle	Quarterly
	Desired performance	Lower rate reflects good performance
	Indicator responsibility	Senior Manager –NCD; Chief Director-Health Programmes

3.	Indicator title	PHC Mental Disorders Treatment rate new
	Definition	Clients treated for the first time for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide attempt, developmental disorders, behavioural disorders and substance abuse/addiction disorders) as a proportion of total PHC headcount
	Source of data	PHC Comprehensive Tick Register, DHIS
	Method of calculation/ Assessment	Numerator: PHC client treated for mental disorders - new Denominator: PHC Headcount - Total
	Means of verification	DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher detection of new mental cases in the PHC setting
	Indicator responsibility	Senior Manager –NCD; Chief Director-Health Programmes

Health Promotion

1.	Indicator title	Number of ACSM activities conducted
	Definition	Total number of Advocacy, Communication and Social Mobilization (ACSM) activities conducted in the province
	Source of data	Attendance registers, pictures and reports
	Method of calculation/ Assessment	Numerator: Number of ACSM activities conducted
	Means of verification	Attendance registers, pictures and reports
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Youth, men, women and persons with disabilities
	Spatial transformation	All districts
	Calculation type	Cumulative (year-end)
	Reporting cycle	Quarterly
	Desired performance	Higher number activities conducted reflects good performance
	Indicator responsibility	Manager: District Health Services Manager: Health Promotion

2.	Indicator title	Number of people reached through ACSM activities
	Definition	Total number of people reached through Advocacy, Communication and Social Mobilization (ACSM) activities conducted in the province
	Source of data	Attendance registers, pictures and reports
	Method of calculation/ Assessment	Numerator: Number of people reached through ACSM activities
	Means of verification	Attendance registers, pictures and reports
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Youth, men, women and persons with disabilities
	Spatial transformation	All districts
	Calculation type	Cumulative (Year-end)
	Reporting cycle	Quarterly
	Desired performance	Higher number of people reached reflects good performance
	Indicator responsibility	Manager: District Health Services Manager: Health Promotion

21.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES

1.	Indicator title	EMS P1 urban response under 30 minutes rate
	Definition	Emergency P1 calls in urban locations with response times under 30 minutes as a proportion of EMS P1 urban responses.
	Source of data	DHIS, institutional EMS registers OR patient and vehicle report.
	Method of calculation/ Assessment	Numerator: SUM [EMS P1 urban response under 30 minutes] Denominator: SUM[EMS P1 urban response]
	Means of verification	DHIS, institutional EMS registers OR patient and vehicle report.
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons living with disabilities
	Spatial transformation	All districts
	Calculation type	Not Cumulative
	Reporting cycle	Quarterly
	Desired performance	Higher percentage indicate better response times in the urban areas
	Indicator responsibility	Senior Manager Emergency Medical Services

2.	Indicator title	EMS P1 rural response under 60 minutes rate
	Definition	Emergency P1 calls in rural locations with response times under 60 minutes as a proportion of EMS P1 rural responses
	Source of data	DHIS, institutional EMS registers Patient and vehicle report.
	Method of calculation/ Assessment	Numerator: SUM [EMS P1 rural response under 60 minutes] Denominator: SUM [EMS P1 rural calls]
	Means of verification	DHIS, institutional EMS registers Patient and vehicle report.
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons living with disabilities
	Spatial transformation	All districts
	Calculation type	Not Cumulative
	Reporting cycle	Quarterly
	Desired performance	Higher percentage indicate better response times in the rural areas
	Indicator responsibility	Senior Manager Emergency Medical Services

21.4. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Regional Hospital (Dr. Harry Surtie Hospital)

1.	Indicator title	Patient Experience of Care satisfaction rate
	Definition	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires
	Source of data	Patient surveys
	Method of calculation/ Assessment	Numerator: SUM [Patient Experience of Care survey satisfied responses] Denominator: SUM [Patient Experience of Care survey total responses]
	Means of verification	Patient surveys
	Assumptions	Patients are not satisfied with health care services in regional hospital
	Disaggregation of Beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Higher rate of patients satisfied reflects good performance
	Indicator responsibility	Manager: Quality Assurance and Regional hospital manager

2.	Indicator title	Severity Assessment Code (SAC)1 incident reported within 24 hours rate
	Definition	Severity Assessment Code (SAC) 1 incidents reported within 24 hours as a proportion of Severity Assessment Code (SAC) 1 incident reported
	Source of data	Patient Safety Incidence Software
	Method of calculation/ Assessment	Numerator: SUM [Severity Assessment Code (SAC) 1 incident reported within 24 hours] Denominator: SUM[Severity Assessment Code (SAC) 1 incident reported]
	Means of verification	Patient Safety Incidence Software
	Assumptions	Accuracy dependent on quality of data submitted by the regional hospital
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	High rate of incidents reported within 24 hours reflects good performance
	Indicator responsibility	Manager Quality Assurance and Regional hospital manager

3.	Indicator title	Patient Safety Incident (PSI) case closure rate
	Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month
	Source of data	Patient Safety Incident (PSI) report
	Method of calculation/ Assessment	Numerator: SUM [Patient Safety Incident case closed] Denominator: SUM [Patient Safety Incident case reported]
	Means of verification	Patient Safety Incident (PSI) report
	Assumptions	Accuracy dependent on quality of data submitted by regional hospital
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher rate of incident case closed reflects good performance
	Indicator responsibility	Manager quality assurance and Regional hospital manager

4.	Indicator title	Maternal death in facility
	Definition	Maternal death is death occurring during pregnancy, childbirth and puerperium within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and the cause of death
	Source of data	Maternal death register, Birth registers (Combined, labour and Postnatal registers), Tick register ward/OPD/casualty
	Method of calculation/ Assessment	Numerator: SUM[Maternal death in facility]
	Means of verification	Maternal death register, Birth registers (Combined, labour and Postnatal registers), Tick register ward/OPD/casualty DHIS
	Assumptions	Accuracy dependent on quality of data submitted by the regional hospital
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Lower maternal mortality in facilities indicate better obstetric management practices and antenatal care
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes and Manager Regional hospital

5.	Indicator title	Death in facility under 5 years
	Definition	Children under 5 years who died during their stay in the facility
	Source of data	Paediatric admission register, Midnight report, DHIS
	Method of calculation/ Assessment	Numerator: SUM [Death in facility under 5 years' total]
	Means of verification	Paediatric admission register, Midnight report, DHIS
	Assumptions	Accuracy dependent on quality of data submitted by the Regional hospital
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (Year-end)
	Reporting cycle	Quarterly
	Desired performance	Lower number of deaths reflects good performance
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes and Manager Regional hospital

6.	Indicator title	Diarrhoea death under 5 years
	Definition	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities
	Source of data	Paediatric Ward register
	Method of calculation/ Assessment	Numerator: SUM [Diarrhoea death under 5 years] Denominator: SUM[Diarrhoea separation under 5 years]
	Means of verification	Paediatric Ward register
	Assumptions	Accuracy dependent on quality of data submitted by the Regional hospital
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower fatality rate indicates good performance
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes and Manager Regional hospital

7.	Indicator title	Pneumonia death under 5 years
	Definition	Pneumonia death in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities
	Source of data	Paediatric Ward register
	Method of calculation/ Assessment	Numerator: SUM [Pneumonia death under 5 years] Denominator: SUM [Pneumonia separation under 5 years]
	Means of verification	Paediatric Ward register
	Assumptions	Accuracy dependent on quality of data submitted by the Regional hospital
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower fatality rate reflects good performance
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes and Manager Regional hospital

8.	Indicator title	Severe Acute Malnutrition (SAM) death under 5 years
	Definition	Severe Acute Malnutrition deaths in children under 5 years as a proportion of severe Acute Malnutrition (SAM) under 5 years in health facilities
	Source of data	Paediatric Ward register
	Method of calculation/ Assessment	Numerator: SUM [Severe Acute Malnutrition (SAM) death under 5 years] Denominator: SUM [Severe Acute Malnutrition (SAM) inpatient separation under 5 years]
	Means of verification	Paediatric Ward register
	Assumptions	Accuracy dependent on quality of data submitted by the Regional hospital
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower fatality rate reflects good performance
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and Manager Regional hospital

9.	Indicator title	Cervical cancer screening
	Definition	Cervical smears in women 30 years and older
	Source of data	PHC Comprehensive Tick Register ;OPD
	Method of calculation/ Assessment	Numerator: Number of Cervical Cancer Screening done Denominator: Not Applicable
	Means of verification	DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher Number of Cervical Cancer Screening
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and Manager Regional hospital

Specialised Hospital (NCMHH)

1.	Indicator title	Patient Experience of Care satisfaction rate
	Definition	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires (in Fixed PHC clinics/fixed CHCs/CDCs and public hospitals)
	Source of data	Patient surveys
	Method of calculation/ Assessment	Numerator: SUM [Patient Experience of Care survey satisfied responses] Denominator: SUM [Patient Experience of Care survey total responses]
	Means of verification	Patient surveys
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Higher rate of patients satisfied reflects good performance
	Indicator responsibility	Manager quality assurance and Specialized hospital manager

2.	Indicator title	Severity Assessment Code (SAC)1 incident reported within 24 hours rate
	Definition	Severity Assessment Code (SAC) 1 incidents reported within 24 hours as a proportion of Severity Assessment Code (SAC) 1 incident reported
	Source of data	Patient Safety Incidence Software
	Method of calculation/ Assessment	Numerator: SUM [Severity Assessment Code (SAC) 1 incident reported within 24 hours] Denominator: SUM [Severity Assessment Code (SAC) 1 incident reported]
	Means of verification	Patient Safety Incidence Software
	Assumptions	Accuracy dependent on quality of data submitted by the health facility
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year-date)
	Reporting cycle	Quarterly
	Desired performance	High SAC 1 incidents reported within 24 hours rate
	Indicator responsibility	Manager quality assurance and Specialized hospital manager

3.	Indicator title	Patient Safety Incident (PSI) case closure rate
	Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month
	Source of data	Patient Safety Incident Software
	Method of calculation/ Assessment	Numerator: SUM [Patient Safety Incident case closed] Denominator: SUM [Patient Safety Incident case reported]
	Means of verification	Patient Safety Incident Software
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher PSI closure rates
	Indicator responsibility	Manager quality assurance and Specialized hospital manager

21.5 PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Provincial Tertiary Hospital Services (RMSH)

1.	Indicator title	Patient Experience of Care satisfaction rate
	Definition	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires (in Fixed PHC clinics/fixed CHCs/CDCs and public hospitals)
	Source of data	Patient surveys
	Method of calculation/ Assessment	Numerator: SUM [Patient Experience of Care survey satisfied responses] Denominator: SUM [Patient Experience of Care survey total responses]
	Means of verification	Patient surveys
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Higher rate of patients satisfied reflects good performance
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and manager provincial tertiary hospital services

2.	Indicator title	Severity Assessment Code (SAC)1 incident reported within 24 hours rate
	Definition	Severity Assessment Code (SAC) 1 incidents reported within 24 hours as a proportion of Severity Assessment Code (SAC) 1 incident reported
	Source of data	Patient Safety Incidence Software
	Method of calculation/ Assessment	Numerator: SUM [Severity Assessment Code (SAC) 1 incident reported within 24 hours] Denominator: SUM [Severity Assessment Code (SAC) 1 incident reported]
	Means of verification	Patient Safety Incidence Software
	Assumptions	Accuracy dependent on quality of data submitted by the health facility
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Cumulative (year-date)
	Reporting cycle	Quarterly
	Desired performance	High SAC 1 incidents reported within 24 hours rate
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and manager provincial tertiary hospital services

3.	Indicator title	Patient Safety Incident (PSI) case closure rate
	Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month
	Source of data	Patient Safety Incident Software
	Method of calculation/ Assessment	Numerator: SUM [Patient Safety Incident case closed] Denominator: SUM [Patient Safety Incident case reported]
	Means of verification	Patient Safety Incident Software
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher PSI closure rates
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and manager provincial tertiary hospital services

4.	Indicator title	Maternal Deaths in facility
	Definition	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric)
	Source of data	Maternal death register, Delivery Register
	Method of calculation/ Assessment	Numerator: Number Maternal death in facility Denominator: N/A
	Means of verification	Maternal death register, Delivery Register
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Female
	Spatial transformation	All districts
	Calculation type	Cumulative (year-to-date)
	Reporting cycle	Annually
	Desired performance	Lower numbers
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and manager provincial tertiary hospital services

5.	Indicator title	Death in facility under 5 years
	Definition	children under 5 years who died during their stay in the facility
	Source of data	Midnight Report
	Method of calculation/ Assessment	Numerator: Number Death in facility under 5 years total Denominator: N/A
	Means of verification	Midnight Report
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower numbers
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and manager provincial tertiary hospital services

6.	Indicator title	Diarrhoea death under 5 years
	Definition	Diarrhoea deaths in children under 5 years in Referral Hospitals
	Source of data	Ward register
	Method of calculation/ Assessment	Numerator: Diarrhoea death under 5 years Denominator: Diarrhoea separation under 5 years
	Means of verification	Ward register
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower rate
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and manager provincial tertiary hospital services

7.	Indicator title	Pneumonia death under 5 years
	Definition	Pneumonia deaths in children under 5 years under 5 years in Referral Hospitals
	Source of data	Ward register
	Method of calculation/ Assessment	Numerator: Number of Pneumonia deaths under 5 years Denominator: N/A
	Means of verification	Ward register
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower number
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and manager provincial tertiary hospital services

8.	Indicator title	Severe Acute Malnutrition (SAM) death under 5 years
	Definition	Severe Acute Malnutrition deaths in children under 5 years in Referral Hospitals
	Source of data	Pediatric Ward register
	Method of calculation/ Assessment	Numerator: Number of Severe Acute Malnutrition Denominator: N/A
	Means of verification	Pediatric Ward register
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Children
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Lower rate
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and manager provincial tertiary hospital services

9.	Indicator title	Cervical cancer screening
	Definition	Cervical smears in women 30 years and older
	Source of data	PHC Comprehensive Tick Register; OPD
	Method of calculation/ Assessment	Numerator: Number Cervical Cancer Screening done Denominator: N/A
	Means of verification	DHIS
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	N/A
	Spatial transformation	All districts
	Calculation type	Cumulative (year to-date)
	Reporting cycle	Quarterly
	Desired performance	Higher Number of Cervical Cancer Screening
	Indicator responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes and manager provincial tertiary hospital services

21.6 PROGRAMME 6: HEALTH SCIENCES AND TRAINING

1.	Indicator title	Total number of Basic Nursing Students completing training
	Definition	The total number of basic nursing students who completed their training
	Source of data	List of registered students from SANC, list of students completing
	Method of calculation/ Assessment	Numerator: Total number of basic nurse students completing training
	Means of verification	List of registered students from SANC, list of students completing
	Assumptions	Low completion number of students enrolled into the basic nurse course
	Disaggregation of Beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Calculation type	Non-Cumulative
	Reporting cycle	Annually
	Desired performance	Higher number reflects good performance
	Indicator responsibility	Senior Manager Henrietta Stockdale College

2.	Indicator title	Proportion of bursary holders permanently appointed
	Definition	The number of bursary holders permanently appointment as a proportion of bursary holders that graduated
	Source of data	Bursary database; list of community service practitioners who completed their studies
	Method of calculation/ Assessment	Numerator: SUM [Number of bursary holders permanently appointed] Denominator: Total number of graduated bursary holders
	Means of verification	Bursary database; list of community service practitioners who completed their studies
	Assumptions	Low absorption rate of bursary graduates into health services
	Disaggregation of Beneficiaries	Women, Youth and persons living with disabilities
	Spatial transformation	All districts
	Calculation type	Non-Cumulative
	Reporting cycle	Annually
	Desired performance	Higher proportion of bursary holders permanently appointed reflects good performance
	Indicator responsibility	Senior Manager Human Resources Management

3.	Indicator title	Percentage of graduates who obtained Higher Certificate in Emergency Care
	Definition	The total number of successful students who obtained a Higher Certificate in Emergency Care (ECA) as a proportion of the total number of learners recruited in an academic year.
	Source of data	Learner management information system
	Method of calculation/ assessment	Numerator: Total number of students who obtained a higher certificate in Emergency care in an academic year Denominator: Total number of students enrolled on the Higher Certificate in Emergency Care program in an academic year.
	Means of verification	Final academic results
	Assumptions	All students that enter the program will complete their studies
	Disaggregation of beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	High percentage reflects good performance
	Indicator responsibility	Senior Manager EMS

21.7 PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Forensic Medical Services

1.	Indicator title	Percentage of autopsies completed within 4 working days
	Definition	The total number of post-mortems completed within 4 working days from time of arrival of body at the mortuary until the time of actual post-mortem performance as a proportion of the total number of post-mortems conducted
	Source of data	Death registers and dockets, Post-mortem reports
	Method of calculation/ Assessment	Numerator: Total number of post-mortems conducted in four days Denominator: Total number of post-mortems conducted
	Means of verification	Death registers and dockets, Post-mortem reports
	Assumptions	Autopsies are not conducted timeously
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Non-cumulative (average)
	Reporting cycle	Quarterly
	Desired performance	Higher percentage of autopsies completed within 4 days reflects good performance
	Indicator responsibility	Senior Manager Forensic Medical Services

2.	Indicator title	Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)
	Definition	Total number of post-mortem reports submitted to stakeholders (SAPS) 10 days after actual post-mortem performance as a proportion of the number of post-mortems done
	Source of data	Acknowledgement of receipt registers, Weekly and Monthly reports
	Method of calculation/ Assessment	Numerator: Total number of post-mortem reports submitted in 10 days Denominator: Total number of post-mortems done
	Means of verification	Acknowledgement of receipt registers, Weekly and Monthly reports
	Assumptions	Autopsy reports not completed timeously
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Non-cumulative (average)
	Reporting cycle	Quarterly
	Desired performance	Higher percentage reflects good performance
	Indicator responsibility	Manager: Forensic Medical Services

Pharmaceutical Services

1.	Indicator title	Percentage availability of medication in all health establishments
	Definition	Percentage availability of medication on the customized formulary in all health establishments
	Source of data	Stock management reports.
	Method of calculation/ Assessment	Numerator: Total number of active line items with stock available which appear on the customized formulary of the health establishment Denominator: Total number of active line stocked by the health establishment which appear on the customized formulary on the health establishment
	Means of verification	Stock management reports.
	Assumptions	Unavailability of medication in facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Non-cumulative (average)
	Reporting cycle	Quarterly
	Desired performance	High percentage reflects good performance
	Indicator responsibility	Manager: Pharmaceutical Services

Orthotic & Prosthetic (O&P)

1.	Indicator title	Percentage of patients issued with assistive devices
	Definition	The total number of patients issued with assistive devices as a proportion of the total number of patients assessed for orthosis and prosthesis eligibility
	Source of data	Patient Register or HPRS
	Method of calculation/ Assessment	Numerator: Total number of patients issued with assistive devices Denominator: Total number of patients assessed for orthosis and prosthesis eligibility
	Means of verification	Patient Register or HPRS
	Assumptions	Low number of patients issued with assistive devices
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Non-cumulative (average)
	Reporting cycle	Quarterly
	Desired performance	Higher percentage of assessed patients issued with assistive devices
	Indicator responsibility	Manager: Orthotic & Prosthetic Centre

21.8 PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

1.	Indicator title	Percentage of health facilities with completed capital infrastructure project
	Definition	Number of existing health facilities where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management contract projects only) have been completed (excluding new and replacement facilities) as a proportion of total number of health facilities Rebuild is considered where refurbishment cost is >70% of estimated replacement value
	Source of data	Project management Information Systems (PMIS)
	Method of calculation/ Assessment	Numerator: Total number of health facilities with completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) issued Denominator: Total number of health facilities planned to have completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) planned to be issued
	Means of verification	Project management Information Systems (PMIS)
	Assumptions	Health facilities are dilapidated
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annually
	Desired performance	Higher percentage reflects good performance
	Indicator responsibility	Manager: Infrastructure and Technical Management

Health
Department of Health
NORTHERN CAPE

E

ANNEXURES

PART E: ANNEXURES

ANNEXURE A: AMMENDMENTS TO THE STRATEGIC PLAN

The table below reflects what is currently outlined in the Strategic Plan 2020/2021-2024/2025 and the amendments made to ensure alignment between the Annual Performance Plan and Strategic Plan

CURRENT OUTCOME IN STRATEGIC PLAN	REVIEWED OUTCOME ALIGNED TO THE APP 2024/25	CURRENT OUTCOME INDICATOR IN STRATEGIC PLAN	REVIEWED OUTCOME INDICATOR ALIGNED TO THE APP 2024/25
Unqualified audit opinion achieved	Improve financial management	Audit opinion of Provincial DoH	Remains unchanged
Staff equitably distributed and have right skills and attitudes	Remains unchanged	Number of public Nursing Colleges accredited and registered to offer quality basic and specialist nursing programmes	Remains unchanged
		HRH Plan for 2020/21 – 2024/25 Developed	Human Resources Plan Developed
Package of services available to the population is expanded on the basis of cost effectiveness and equity	Remains unchanged	UHC service Index 5+	Remains unchanged
Robust and effective health information systems to automate business processes and improve evidence based decision making	Remains unchanged	Percentage of PHC facilities with network access Target= 95%	Remains unchanged
Patient experience of care in public health facilities improved	Remains unchanged	Patient experience of care satisfaction rate	Remains unchanged
Management of patient safety incidents improved to reduce medico-legal cases	Remains unchanged	Patient Safety Incident (PSI) case closure rate	Remains unchanged
Leadership and governance in the health sector enhanced to improve quality of care	Outcome removed	Number of Districts with Quality Improvement; monitoring and Response Forums formalized and convened quarterly	Outcome indicator removed
		Percentage of PHC facilities with functional Clinic committees	Outcome indicator removed
		Percentage of Hospitals with functional hospital boards	Outcome indicator removed
Maternal, Neonatal, Infant and Child Mortality Reduced	Remains unchanged	Maternal mortality in facility ratio	Remains unchanged
		Neonatal death in facility rate	Remains unchanged
		Death in facility under 5 years rate	Remains unchanged
HIV incidence among youth reduced	AIDS related deaths reduced by implementing the 90-90-90 strategy	HIV positive 15-24 years (excl ANC)	HIV incidence amongst youth
90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25 Reduce HIV & AIDS related mortality by 25% by 2025	AIDS related deaths reduced by implementing the 90-90-90 strategy	ART client remain on ART at end of month	ART client remain on ART end of month-Total
		AIDS related deaths as a proportion of total population	Outcome indicator removed

CURRENT OUTCOME IN STRATEGIC PLAN	REVIEWED OUTCOME ALIGNED TO THE APP 2024/25	CURRENT OUTCOME INDICATOR IN STRATEGIC PLAN	REVIEWED OUTCOME INDICATOR ALIGNED TO THE APP 2024/25
Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies Reduce TB related mortality by 25% by 2025	TB mortality reduced by 75%	All DS-TB treatment success rate	Number of all deaths Target= 434
	Outcome indicator removed	TB related deaths as a proportion of total population	Outcome indicator removed
	Outcome indicator removed	All DS-TB client death rate	Outcome indicator removed
Malaria eliminated by 2023	Outcome indicator removed	Malaria case fatality rate	Outcome indicator removed
Hypertension and diabetes prevalence managed	Remains unchanged	Hypertension client treatment new 18-44 years	Positivity rate for hypertension 18 - 44 years Target=2.5%
		Diabetes client treatment new 18-44 years	Positivity rate for diabetes 18 - 44 years Target= 2%
New Outcome indicator	Health and wellbeing of individuals improved	New Outcome indicator	Number of ACSM activities conducted Target= 1 200
Render an effective and efficient Emergency Medical Service	Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	EMS P1 urban response under 30 minutes rate	EMS P1 rural and urban response time Target = 50%
		EMS P1 rural response under 60 minutes rate	
New Outcome indicator	Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service	New Outcome indicator	Total number of basic nurse students completing training Target = 60
Improve availability and access of medicine	Remains unchanged	Percentage availability of medication (EML and STG) in the health facilities and institutions	Percentage availability of medication in all health facilities Target= 90%
New Outcome indicator	Render health care support service through specialized forensic medical and medico-legal services	New Outcome indicator	Percentage of autopsies completed within 4 working days Target= 90%
New Outcome indicator	Re-integration of orthotic and prosthetic patients into society	New Outcome indicator	Percentage of patients issued with assistive devices Target= 60%
Health facilities refurbished and adequately maintained to ensure effective service delivery	Financing and Delivery of infrastructure projects improved	Percentage of public health facilities refurbished, repaired and maintained Target= 80%	Remains unchanged

MEASURING OUR PERFORMANCE: REVIEWED STRATEGIC PLAN

1. MEASURING OUR OUTCOME

MTSF INTERVENTION	OUTCOME	OUTCOME INDICATOR	BUDGET PROGRAMME	DATA SOURCE	PROVINCIAL	
					BASELINE 2018/19	FIVE YEAR TARGET (2020/2025)
Improve financial management	Improve financial management	Audit opinion of Provincial DoH	1	Auditor General Report and Annual Reports	Qualified audit opinion	Unqualified audit opinion
Establish provincial nursing colleges with satellite campuses in all 9 provinces	Staff equitably distributed and have right skills and attitudes	Number of public Nursing colleges accredited and registered to offer quality basic and specialist nursing programmes	6	Accreditation certificate	1	3
Develop and implement a comprehensive HRH strategy 2030 and a HRH plan 2020/21-2024/25 to address the human resources requirements, including filling critical vacant posts		Human Resources Plan Developed	1	Signed off Human Resource Plan	1	HRH Plan for 2020/21 – 2024/25 Developed
Enabling legal framework created for the implementation of NHI Bill	Package of services available to the population is expanded on the basis of cost effectiveness and equity	UHC service Index	2	South African Health Review		60%
Roll-out a quality health improvement programme in public health facilities to ensure that they meet the quality standards required for certification and accreditation for NHI; Improved quality of primary healthcare services through expansion of the Ideal Clinic Programme	Robust and effective health information systems to automate business processes and improve evidence based decision making	Percentage of PHC facilities with network access	1	ICT database	18%	95%
	Patient experience of care in public health facilities improved	Patient experience of care satisfaction rate	2,4,5	Patient surveys	41.1%	80%
	Management of patient safety incidents improved to reduce new medico-legal cases	Patient Safety Incident (PSI) case closure rate	2,4,5	PSI Software	58% (11/19)	100%

MTSF INTERVENTION	OUTCOME	OUTCOME INDICATOR	BUDGET PROGRAMME	DATA SOURCE	PROVINCIAL	
					BASELINE 2018/19	FIVE YEAR TARGET (2020/2025)
Improve access to maternal health services; Improve the Integrated Management of Childhood Diseases services Protect children against vaccine preventable diseases	Maternal, Neonatal, Infant and Child Mortality reduced	Maternal Mortality in facility Ratio	2,4,5	DHIS	71/100 000 live births	110/100 000 live births
		Neonatal (<28 days) death in facility rate	2	DHIS	11.7/1000 live births	13/1000 live births
		Death in facility under 5 years rate	2,4,5	DHIS	3.6	4.3
Provide prompt treatment of HIV and other sexually transmitted infections	AIDS related deaths reduced by implementing the 90-90-90 strategy	HIV incidence among youth	2	Survey (Health Sciences Research Council)	4.4%	3.9%
		ART client remains on ART end of month- Total	2	Tier.net, WebDHIS	59 347	86 478
Drive national health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health	TB Mortality reduced by 75%	Number of all deaths	2pro	DHIS, Tier.net	-	434
	Hypertension and diabetes prevalence managed	Positivity rate for hypertension 18-44 years	2	DHIS	-	2.5%
		Positivity rate for diabetes 18-44 years	2	DHIS	-	2%
	Health and wellbeing of individuals improved	Number of ACSM activities conducted	2	Attendance registers, pictures and reports	-	960
Improve Emergency Medical Services and Access to Medication	Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	EMS P1 rural and urban response time	3	DHIS	-	50%
	Improve availability and access of medicine	Percentage availability of medication in all health facilities	7	Stock management reports	83.3%	90%
N/A	Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service	Total number of basic nurse students completing training	6	List of registered students from SANC, list of students completing	50	60
N/A	Render health support service through specialized forensic medical and medico-legal service	Percentage of autopsies completed within 4 working days	7	Death registers and dockets, post-mortem reports	90%	90%

MTSF INTERVENTION	OUTCOME	OUTCOME INDICATOR	BUDGET PROGRAMME	DATA SOURCE	PROVINCIAL	
					BASELINE 2018/19	FIVE YEAR TARGET (2020/2025)
N/A	Re-integration of orthotic and prosthetic patients into society	Percentage of patients issued with assistive devices	7	Patient register or HRPS	-	60%
Implement the costed infrastructure plan to improve efficiency and effectiveness of health services delivery	Financing and Delivery of infrastructure projects improved	Percentage of public health facilities refurbished, repaired and maintained	8	Project management information systems (PMIS)	Baselines not available	80% of public health facilities refurbished, repaired and maintained

KEY RISKS AND MITIGATIONS

OUTCOMES	RISKS	MITIGATION
Improve financial management	Non-compliance with SCM prescripts and procedure	• Develop a project plan for implementation of logis system • Filling of vacant funded post
Staff equitably distributed and have right skills and attitudes	Non-alignment between departmental establishment and organogram	Finalization & approval of departmental organogram
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	• Poor quality of reports & plans • Inefficient research method and output	• Recommendation to the HOD for inclusion of Performance information management as a standing item on the agenda of all senior management & programme meetings; • Motivate for the establishment of planning units within the districts
Package of services available to the population is expanded on the basis of cost effectiveness and equity		
Robust and effective health information systems to automate business processes and improve evidence based decision making	Inability to render efficient and effective ICT services throughout the province	• Incorporate transfer of skills in SLA with service providers;
Patient experience of care in public health facilities improved	• Ineffective health service delivery • Inadequate resource allocation • Unreliable & inaccurate performance information for decision making	• Procure mobile clinics for hard-to-reach communities; • Establishment of internal controls pertaining to financial governance matters; • Consequence management for non-compliance with the DHMIS Policy
Management of patient safety incidents improved to reduce new medico-legal cases		
Maternal, Neonatal, Infant and Child Mortality reduced	• Increase in Neonatal, child and maternal morbidity & mortality • Risk of vaccine preventable disease outbreaks e.g. polio, measles, pneumonia, etc.	• Strengthen implementation of policies and the Road to Health Booklet • Involvement of Ward Based Outreach Team(WBOT) on social mobilisation and tracing of patients
Hypertension and diabetes prevalence managed		

OUTCOMES	RISKS	MITIGATION
AIDS related deaths reduced by implementing the 90-90-90 strategy	• Increase in HIV incidences • Decrease in patients remaining on ART • Increased incidence rate of new drug susceptible TB and DR-TB patients	• Strengthen combination preventative approach • Intensify quarterly support visits by province • Improve collaboration with other stakeholders DCS, mines, ECD centres & WBOT
TB Mortality reduced by 75%		
Health and wellbeing of individuals improved	• Inadequate capacity	• Expansion of the Primary Health Care System by strengthening the WBPHCOT's
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	• Transgression of EMS norms & standards • Poor quality assurance • Misuse & abuse of ambulances & other non-emergency vehicles (e.g. used as taxi, fuel theft & tyres)	• Appoint more staff to fully comply with two crew legislation • Strengthen the monitoring and regular inspections of facilities & ambulances by EMS inspectors • Implementation of disciplinary measures
Improve availability and access of medicine	Inefficient stock management at facility level	• Roll-out of stock management systems at facilities • Support visits by pharmacy personnel to facilities
Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service	• Inability to manage training records • The risk of not producing expected number of nurses	• Improved coordination between training, HRD, RTC (clinical & non-clinical) and clinical integration • Implement a centralised information system
Render health support service through specialized forensic medical and medico-legal service	Delays in turnaround time for post-mortems & reporting	Enter into an agreement with districts for the utilization of full-time doctors to share the service;
Re-integration of orthotic and prosthetic patients into society	Shortage of resources e.g. staff, equipment, funding will hamper the effectiveness of rendering such a service.	• Budgeting for O&P devices A • Appointment of Orthotists & Prosthetist professionals
Financing and Delivery of infrastructure projects improved	Loss of funding due to non-compliance	Ensure compliance to table B5 commitments

PUBLIC ENTITIES

There are no public entities

Name of public entity	Mandate	Outcomes
N/A	**N/A**	**N/A**

TECHNICAL INDICATOR DESCRIPTIONS (TIDS) FOR THE REVIEW STRATEGIC PLAN

1.	Outcome Indicator	Audit opinion of Provincial DoH
	Definition	Audit opinion for Provincial Departments of Health for financial performance
	Source of data	Auditor General's report, Annual Report
	Method of calculation/ Assessment	Numerator: Audit outcome for regulatory audit expressed by AGSA
	Assumptions	The departmental financial statements are true and fair in accordance with the financial reporting framework
	Disaggregation of Beneficiaries	None
	Spatial transformation	None
	Reporting cycle	Annual progress against the five year target
	Desired performance	Unqualified Audit Opinion from the Auditor General
	Indicator responsibility	Senior Manager Finance

2.	Outcome Indicator	Number of public Nursing colleges accredited and registered to offer quality basic and specialist nursing programmes
	Definition	Total number of public nursing colleges accredited and registered to offer quality basic and specialist nursing programmes
	Source of data	Accredited and registered certificates of all nursing colleges to offer quality basic and specialist nursing programmes
	Method of calculation/Assessment	Numerator: Sum of public nursing colleges accredited and registered to offer basic and specialist nursing programmes
	Assumptions	Accuracy is depended on the reliability of the accreditation
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher
	Indicator responsibility	Chief nursing Officer

3.	Outcome Indicator	Human Resources Plan Developed
	Definition	A three year plan that sets out what the department plans to achieve in terms of Human Resources over a 3-year period
	Source of data	Signed off Human Resource Plan
	Method of calculation/ Assessment	Numerator: One Human Resources Plan developed
	Assumptions	The departmental plans are not integrated
	Disaggregation of Beneficiaries	Women: 4924 Youth: 2842 Persons living with disabilities: 18
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	One developed Human Resource Plan reflects good performance
	Indicator responsibility	Senior Manager Human Resources Management

4.	Outcome Indicator	UHC service Index
	Definition	UHC Service Coverage Index is a measurement of coverage of essential health services and is calculated as the product of Reproductive, maternal, newborn and child health coverage; infectious disease control; non-communicable diseases and service capacity and access
	Source of data	South African Health Review (SAHR 2018)
	Method of calculation/ Assessment	Not applicable
	Assumptions	South African Health Review 2018, based on: world Health Organisational Bank for Reconstruction and Development/The World Bank
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher performance
	Indicator responsibility	Manager: District Health Services

5.	Outcome Indicator	Percentage of PHC facilities with network access
	Definition	Percentage of PHC facilities provided with network infrastructure and access to the Governmental Central Core Network (GCCn)
	Source of data	ICT Database
	Method of calculation/ Assessment	Numerator: Total of PHC facilities with minimum 2 Mbps connectivity Denominator: Total number of PHC facilities
	Assumptions	PHC Facilities are without network access
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher percentage of PHC facilities with network access reflects good performance
	Indicator responsibility	Senior Manager ICT

6.	Outcome Indicator	Patient Experience of Care satisfaction rate
	Definition	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires
	Source of data	Patient surveys
	Method of calculation/ Assessment	Numerator: Patient Experience of care survey satisfied responses Denominator: Patient Experience of care survey total responses
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and people with disabilities
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher rate of patients satisfied reflects good performance
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

7.	Outcome Indicator	Patient Safety Incident (PSI) case closure rate
	Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month
	Source of data	Patient Safety Incident Software
	Method of calculation/ Assessment	Numerator: Patient Safety Incident (PSI) case closed Denominator: Patient Safety Incident (PSI) case reported
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher rate of incident case closed reflects good performance
	Indicator responsibility	Manager: District Health Services; Manager: Quality Assurance

8.	Outcome Indicator	Maternal Mortality in facility ratio
	Definition	Maternal death is death occurring during pregnancy, child birth, 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 100000 live births in facility
	Source of data	Maternal death register, Birth registers (Combined, labour and Postnatal registers), Tick register ward/OPD/casualty
	Method of calculation/ Assessment	Numerator: Maternal death in facility Denominator: Live births known to facility
	Assumptions	Accuracy dependent on quality of data submitted by the health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Lower maternal mortality ratio in facilities indicate better obstetric management practices and antenatal care
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes, Manager: District Health Services, Manager Regional Hospital and Manager Provincial Tertiary services

9.	Outcome Indicator	Neonatal (<28 days) death in facility rate
	Definition	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility
	Source of data	Midnight report, Birth registers (Combined, labour and Postnatal registers) PHC Comprehensive Tick Register, DHIS
	Method of calculation/ Assessment	Numerator: Neonatal deaths (under 28 days) in facility Denominator: Live birth in facility
	Assumptions	Accuracy dependent on quality data submitted by health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Lower death rate in facilities indicate better obstetric management practices and antenatal and care.
	Indicator responsibility	**Director: MCYWH & Nutrition; Chief Director- Health Programmes**

10.	Outcome Indicator	Death under 5 years against live birth rate
	Definition	Children under 5 years who died during their stay in the facility as a proportion of all live births
	Source of data	Paediatric admission register, Midnight report, DHIS
	Method of calculation/ Assessment	Numerator: Death in facility under 5 years total Denominator: Live birth in facility
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Lower rate of deaths reflects good performance
	Indicator responsibility	Director-MCYWH & Nutrition; Chief Director- Health Programmes, Manager: District Health Services, Manager Regional Hospital and Manager Provincial Tertiary services

11.	Outcome Indicator	HIV incidence among youth
	Definition	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of those who were tested for HIV in this age group
	Source of data	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net, DHIS
	Method of calculation/ Assessment	Numerator: SUM [HIV positive 15-24 years female (excl ANC) + HIV positive 15-24 years male] Denominator: SUM [HIV test 15-24 years female (excl ANC) + HIV test 15-24 years male]
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Youth
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Lower positivity rate reflects good performance
	Indicator responsibility	Manager: HAST

12.	Outcome Indicator	ART client remain on ART end of month – total
	Definition	Total clients remaining on ART (TROA) at the end of the period
	Source of data	TIER.Net System
	Method of calculation/ Assessment	Numerator: ART adult and child under 15 years remaining on ART end of month
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Not applicable
	Spatial transformation	All District
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher
	Indicator responsibility	Manager: HAST

13.	Outcome Indicator	Number of all deaths
	Definition	TB Clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently died
	Source of data	TB Register; ETR.Net
	Method of calculation/ Assessment	Numerator: All DS-TB client died
	Assumptions	Accuracy dependent on quality of data submitted by health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons with disability
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Lower death rate reflects good performance
	Indicator responsibility	Manager: HAST

14.	Outcome Indicator	Positivity rate for hypertension 18-44 years
	Definition	Number of clients 18 - 44 years screened for hypertension and who will require being put on treatment for hypertension
	Source of data	WebDHIS
	Method of calculation/ Assessment	Numerator: Number of clients 18 - 44 years screened for hypertension and requiring/ referred for treatment for hypertension Denominator: Total number of clients 18 - 44 years screened for hypertension
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Youth, men and women
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Lower rates reflects good performance
	Indicator responsibility	Senior Manager –NCD; Chief Director-Health Programmes

15.	Outcome Indicator	Positivity rate for diabetes 18-44 years
	Definition	Number of clients 18 - 44 years screened for hypertension and who will require being put on treatment for hypertension
	Source of data	WebDHIS
	Method of calculation/ Assessment	Numerator: Number of clients 18 - 44 years screened for hypertension and requiring/ referred for treatment for hypertension Denominator: Total number of clients 18 - 44 years screened for hypertension
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Youth, men and women
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Lower rates reflects good performance
	Indicator responsibility	Senior Manager –NCD; Chief Director-Health Programmes

16.	Outcome Indicator	Number of ACSM activities conducted
	Definition	Total number of Advocacy, Communication and Social Mobilization (ACSM) activities conducted in the province
	Source of data	Attendance registers, pictures and reports
	Method of calculation/ Assessment	Numerator: Number of ACSM activities conducted Denominator: N/A
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Youth, men, women and persons with disabilities
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher number activities conducted reflects good performance
	Indicator responsibility	**Manager: District Health Services** **Manager: Health Promotion**

17.	Outcome Indicator	EMS P1 rural and urban response time
	Definition	Emergency P1 calls in urban rural locations with response times
	Source of data	DHIS, institutional EMS registers OR patient and vehicle report.
	Method of calculation/ Assessment	Numerator: SUM (EMS P1 rural and urban response time)
	Assumptions	Accuracy dependant on quality of data from health facilities
	Disaggregation of Beneficiaries	Women, Youth and persons living with disabilities
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher percentage indicate better response times in the urban areas
	Indicator responsibility	**Senior Manager Emergency Medical Services**

18.	Outcome Indicator	Total number of basic nurse students completing training
	Definition	The total number of basic nursing students who completed their training
	Source of data	List of registered students from SANC, list of students completing
	Method of calculation/ Assessment	Numerator: Number of basic nurse students completing
	Assumptions	Low completion number of students enrolled into the basic nurse course
	Disaggregation of Beneficiaries	Women: 168
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher number reflects good performance
	Indicator responsibility	Senior Manager Henrietta Stockdale College

19.	Outcome Indicator	Percentage availability of medication in all health establishments
	Definition	Percentage availability of medication on the customized formulary in all health establishments
	Source of data	Stock management reports.
	Method of calculation/ Assessment	Numerator: Total number of active line items with stock available which appear on the customized formulary of the health establishment Denominator: Total number of active line stocked by the health establishment which appear on the customized formulary on the health establishment
	Assumptions	Unavailability of medication in facilities
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	High percentage reflects good performance
	Indicator responsibility	Manager: Pharmaceutical Services

20.	Outcome Indicator	Percentage of autopsies completed within 4 working days
	Definition	The total number of post-mortems completed within 4 working days from time of arrival of body at the mortuary until the time of actual post-mortem performance as a proportion of the total number of post-mortems conducted
	Source of data	Death registers and dockets, Post-mortem reports
	Method of calculation/ Assessment	Numerator: Total number of post-mortems conducted in four days Denominator: Total number of post-mortems conducted
	Assumptions	Autopsies are not conducted timeously
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher percentage of autopsies completed within 4 days reflects good performance
	Indicator responsibility	Senior Manager Forensic Medical Services

21.	Outcome Indicator	Percentage of patients issued with assistive devices
	Definition	The total number of patients issued with assistive devices as a proportion of the total number of patients assessed for orthosis and prosthesis eligibility
	Source of data	Patient Register or HPRS
	Method of calculation/ assessment	Numerator: Total number of patients issued with assistive devices Denominator: Total number of patients assessed for orthosis and prosthesis eligibility
	Means of verification	Patient Register or HPRS
	Assumptions	Low number of patients issued with assistive devices
	Disaggregation of beneficiaries	None
	Spatial transformation	All districts
	Calculation type	Non-cumulative
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher percentage of assessed patients issued with assistive devices reflects good performance
	Indicator responsibility	Manager: Orthotic & Prosthetic Centre

22.	Outcome Indicator	Percentage of public health facilities refurbished, repaired and maintained
	Definition	Number of existing health facilities where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management contract projects only) have been completed (excluding new and replacement facilities) as a proportion of total number of health facilities Rebuild is considered where refurbishment cost is >70% of estimated replacement value
	Source of data	Project management Information Systems (PMIS)
	Method of calculation/ Assessment	Numerator: Total number of health facilities with completed capital infrastructure projects i.e. Practical Completion Certificate or equivalent Denominator: Total number of health facilities with completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) planned or to be issued
	Assumptions	Health facilities are dilapidated
	Disaggregation of Beneficiaries	None
	Spatial transformation	All districts
	Reporting cycle	Annual progress against the five year target
	Desired performance	Higher percentage reflects good performance
	Indicator responsibility	Manager: Infrastructure and Technical Management

ANNEXURE B: CONDITIONAL GRANTS

Name of grant	Purpose	Outputs	Current annual budget	Period of grant
Statutory Human Resource, Training and Development Grant	• To appoint statutory positions in the health sector for systematic realization of the human resources for health strategy and the phase-in of National Health Insurance • Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform	• Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources • Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources	Statutory **R46.401 million** Training Component **R106.419 million**	2024/25
National Tertiary Services Grant	• To ensure the provision of tertiary health services in South Africa • To compensate tertiary facilities for the additional costs associated with the provision of these services • NB: Supplementary to Equitable Share for provision of tertiary services	• Service Level Agreements (SLA) • 100% Expenditure at the end of financial year • 70% achievement of data elements at end of fourth quarter	**R488.803 million**	2024/25
Health Facility Revitalization Grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including: health technology, organisational design (OD) systems and quality assurance (QA) • Supplement expenditure on health infrastructure delivered through public-private partnerships • To enhance capacity to deliver health infrastructure	• Approved Annual Implementation plans Number of projects receive funding from Health Facility Revitalization Grant and National Health Grant	**R437.961 million**	2024/25
National Health Insurance Grant	• Implementation of strategic purchasing platform for primary healthcare providers • Enhance access to healthcare services for cancer patients • Strengthen mental healthcare service delivery in primary health care and community-based mental health services Improved forensic mental health services	• Number of health professionals contracted (total and by discipline) • Percentage increase in the number of clients of all ages seen at ambulatory (non-inpatient) services for mental health conditions • Percentage reduction in the backlog of forensic mental observations • Number of patients seen per type of cancer Percentage reduction in oncology treatment including radiation oncology backlog	**R24.264 miilion**	2024/25

Name of grant	Purpose	Outputs	Current annual budget	Period of grant
District Health Programmes Grant (DHPG) District Health Component	• To enable the health sector to develop and implement an effective response to support the implementation of the National Strategic Plan on Malaria Elimination 2019-2023 • To enable the health Sector to prevent cervical cancer by making available HPV vaccinations for grade five school girls in all public and special schools. • Progressive integration of Human Papillomavirus (HPV) into the Integrated School Health Programme (ISHP) • To ensure provision of quality community outreach services through WBPHCOTs by ensuring Community Health Workers (CHWs) receive remuneration, tools of trade and training in line with scope of work. To enable the health sector to roll out the COVID-19 vaccine	• Number of malaria-endemic municipalities with 95 per cent or more indoor residual spray (IRS) coverage • Percentage confirmed cases notified within 24 hours of diagnosis in endemic areas. • Percentage of confirmed cases investigated and classified within 72 hours in endemic areas • Percentage of identified health facilities with recommended treatment in stock • Percentage of identified health workers trained on malaria elimination • Percentage of population reached through malaria information education and communication (IEC) on malaria prevention and early health-seeking behavior interventions • Percentage of vacant funded malaria positions filled as outlined in the business plan • Number of malaria camps refurbished and/or constructed • 80 per cent of grade five school girls aged 9 years and above vaccinated for HPV first and second dose • 80 per cent of schools with grade five girls reached by the HPV vaccination team with first and second dose • Number of Community Health Workers received a stipend • Number of Community Health Workers trained • Number of HIV clients lost to follow traced • Number of TB clients lost to follow traced • No of health workers rolling out the covid-19 vaccine funded through the grant • No of covid -19 vaccine doses administered, broken down by type of vaccine No of clients fully vaccinated.	**R114.902 million**	2024/25

Name of grant	Purpose	Outputs	Current annual budget	Period of grant
District Health Programmes Grant (DHPG) Comprehensive HIV/AIDS Component	• To enable health sector to develop and implement an effective response to HIV/ AIDS • Prevention and protection of health workers from exposure to hazards in the workplace. • To enable health sector to develop and implement an effective response to TB	• No of new patients started on antiretroviral therapy • Total number of patients on antiretroviral therapy remaining in care • Number of male condoms distributed • Number of female condoms distributed • Number of infants tested through the polymerase chain reaction test at 10 weeks • Number of clients tested for HIV (including antenatal) • Number of Male circumcisions performed • Number of clients started on Pre-Exposure Prophylaxis • New sexual assault case HIV negative issued with Post Exposure Prophylaxis • Number of HIV positive clients initiated on TB preventative therapy • Number of TB contacts initiated on TB preventative treatment (Under 5yrs and 5yrs and older combined). • Number of patients tested for TB using for TB using TB Nucleic Acid Amplification Test (TB-NAAT) • Number of patients tested for TB using urine lateral flow liporabinomannam (LF-LAM) assay • Drug susceptible TB treatment start rate (under 5years and 5years and older combined) Rifampicin resistant/multidrug resistant TB confirmed treatment start rate	**R632.950 million**	2024/25
Social Sector Expanded Public Works Programme Incentive Grant	• To reduce poverty through provision of work opportunities contributing towards the alleviation and reduction of unemployment.	• Creation of job opportunities for unemployed persons	**R9.556 million**	2024/25

ANNEXURE C: CONSOLIDATED INDICATORS

- The department does not have consolidated indicators

Institution	Output indicator	Annual target	Data source
N/A	N/A	N/A	N/A

ANNEXURE D: DISTRICT DEVELOPMENT MODEL

- The department does not have a district development model

Areas of intervention	Medium Term (3 years - MTEF)					
	Project description	Budget allocation	District Municipality	Location: GPS coordinates	Project leader	Social partners
Water	-	-	-	-	-	-
Sanitation	-	-	-	-	-	-
Roads	-	-	-	-	-	-
Storm water	-	-	-	-	-	-
Electricity	-	-	-	-	-	-
Environmental management	-	-	-	-	-	-

Health
Department of Health
NORTHERN CAPE

F

LIST OF ACRONYMS

PART F: LIST OF ACRONYMS

ADMIN	Administration
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Client
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immuno Deficiency Syndrome
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARV	Anti-Retroviral
BAS	Basic Accounting System
BANC	Basic Antenatal Care
CCMDD	Central Chronic Management Dispensing and Distribution
CCTV	Closed-Circuit Television
CDC	Communicable Disease Control
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CFR	Case Fatality Rate
CHC	Community Health Centres
CHS	Community Health Services
CHW	Community Health Workers
CPIX	Consumer Price Index
DBE	Department of Basic Education
DBSA	Development of SA
DCST	District Clinical Specialist Teams
DHIS	District Health Information System
DHS	District Health Services
DIP	District Implementation Plan
DOH	Department of Health
DRG	Diagnosis Related Grouper
DRPW	Department of Roads and Public Works
DR-TB	Drug Resistant Tuberculosis
DSD	Department of Social Development
DTap IPV	Diphtheria, Tetanus, Pertussis and Polio Vaccine
EDR	Electronic Drug Resistance
EML	Essential Medicine List
EMS	Emergency Medical Services
EPI	Extended Programme Immunisation
EPMDS	Employee Performance Management Development System
ESMOE	Essential Steps in Obstetric Emergencies
ETR	Electronic TB Register

FDC	Fixed Dose Combination
GCCN	Government Central Core Network
GDP	Gross Domestic Product
GIAMA	Government Infrastructure Asset Management Act
HAI	Hospital Acquired Infections
HAST	HIV & AIDS, STI and Tuberculosis
HBB	Help Babies Breathe
HCSS	Health Care Support Services
HCT	HIV Counselling & Testing
HEP	Hepatitis
HFM	Health Facilities Management
HFRG	Health Facility Revitalisation Grant
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPV	Human Papilloma Virus
HR	Human Resources
HRP	Hospital Revitalisation Programme
HRP	Human Resource Plan
HST	Health Science and Training
HVAC	Heating, Ventilation, Air-Conditioning and Cooling
ICT	Information Communication and Technology
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPC	Infection Prevention Control
IPT	Isoniazid Preventative Therapy
IRM	Infrastructure Reporting Model
ISHP	Integrated School Health Programme
IUCD	Intra Uterine Contraceptive Device
IYM	In-Year Financial Monitoring
JTG	John Taolo Gaetsewe
KbPS	Kilobits Per Second
LOGIS	Local Government Information System
LP	Liquid Petroleum (Domestic Gas)
LTF	Lost to Follow-up
MbPS	Megabits Per Second
MCWH & N	Maternal, Child, and Women's Health and Nutrition
MDG	Millennium Development Goals
MDR	Multi Drug Resistant TB
MEC	Member of the Executive Council

MMC	Medical Male Circumcision
MMR	Maternal Mortality Rate
MTCT	Mother to Child Transmission
MTEF	Medium Term Expenditure Framework
MTT	Ministerial Task Team
N / No.	Number
N/A	Not Applicable
NCD	Non-Communicable Disease
NCDOH	Northern Cape Department of Health
NCS	National Core Standards
NDOH	National Department of Health
NDP	National Development Plan
NET	Network
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NICD	National Institute Communicable Disease
NIHE	National Institute of Higher Education
OHH	Outreach Household
OHS	Occupational Health and Safety
OPD	Out Patients Department
OSD	Occupational Special Dispensation
P1	Priority One
PCA	Provincial Council on AIDS
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PDP	Personal Development Plan
PEP	Post Exposure Prophylaxis
PERSAL	Personnel and Salary Administration System
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PHS	Primary Healthcare Services
PHS	Provincial Hospital Services
PMDS	Performance Management and Development System
PMTCT	Prevention of Mother to Child Transmission
PSP	Provincial Strategic Plan
PSS	Patient Satisfaction Survey
PT	Provincial Treasury
PTB	Pulmonary Tuberculosis
QA	Quality Assurance
R254	One Year Nursing Programme
R425	Two Year Nursing Programme

R683	Four Year Nursing Programme
R	Rand / Rate
RV	Rota Virus
SA	South Africa
SACTWU	Southern African Clothing and Textile Workers' Union
SAPS	South African Police Service
SLA	Service Level Agreements
SMS	Senior Management Structure
SPLUMA	The Spatial Planning and Land Use Management Act
SONA	State of the Nation Address
SOP	Service Operating Procedures
SRH	Sexual and Reproductive Health
STATS SA	Statistics South Africa
STG	Standard Treatment Guidelines
STI	Sexually Transmitted Infections
STP	Service Transformation Plan
TB	Tuberculosis
TFI	Transfer in
TFO	Transfer out
THS	Tertiary Hospital Services
TIER	Three Integrated Electronic Registers
TMMC	Traditional Medical Male Circumcision
TROA	Total Client Remaining on ART
U5MR	Under Five Mortality Rate
U-AMP	User Asset Management Plan
UNAIDS	United Nations Programme on HIV and AIDS
VIZ	Videlicet
vs	Versus
VMMC	Voluntary Medical Male Circumcision
WBPHCOTs	Ward Based Primary Health Care Outreach Teams
WEH	West End Hospital
WHO	World Health Organisation
XDR	Extensive Drug Resistant

Health
Department of Health
NORTHERN CAPE

Published by the Department of Health
Northern Cape Province

Private Bag X5049
Kimberley, 8300
SOUTH AFRICA
Tel: 053 830 2100

PR 42/2024
ISBN: 978-0-621-51852-8
TITLE OF PUBLICATION: NORTHERN CAPE DEPARTMENT OF HEALTH APP 2024/2025 – 2026/2027