KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNUAL PERFORMANCE PLAN

2022/23 - 2024/25

GROWING KWAZULU-NATAL TOGETHER

KwaZulu-Natal Department of Health
KZN Department of Health
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TABLE OF CONTENTS

LIST OF TABLES

LIST OF GRAPHS

LIST OF FIGURES

LIST OF MAPS

NOTES

ABBREVIATIONS

Abbreviation	Description
A	
AGL	Adherence Guidelines
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ASSA	AIDS Committee of Actuarial Society of South Africa
AWG	Action Work Group
B	
BAS	Basic Accounting System
BUR	Bed Utilisation Rate
C	
CCG(s)	Community Care Giver(s)
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CEO(s)	Chief Executive Officers
CDC	Communicable Disease Control
CHC(s)	Community Health Centre(s)
CHE	Council for Higher Education
CHW	Community Health Worker
COE	Compensation of Employees
COVID-19	Coronavirus Disease first identified in 2019
CSS	Client Satisfaction Survey
CPAP	Continuous Positive Airway Pressure
D	
DCST	District Clinical Specialist Team
DHB	District Health Barometer
DHIS	District Health Information System
DHS	District Health System
DoE	Department of Education
DPC	Disease Prevention and Control
DPME	Department Planning Monitoring and Evaluation

Abbreviation	Description
DPSA	Department of Public Service and Administration
DR-TB	Drug Resistant Tuberculosis
DSD	Department of Social Development
DUT	Durban University of Technology
E	
ECD	Early Child Development
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
ESKD	End Stage of Kidney Disease
ESMOE	Essential Steps in Management of Obstetric Emergencies
ETR.Net	Electronic Register for TB
F, G, H	
FPL	Food Poverty Line
FPO's	Forensic Pathology Officer's
FPS	Forensic Pathology Services
GBVF	Gender Based Violence and Femicide
GP's	General Practitioners
HD	Heamodialysis
HIV	Human Immuno Virus
HOH	Head of Health
HPV	Human Papilloma Virus
HRD	Human Resource Development
HTA's	High Transmission Areas
I	
IALCH	Inkosi Albert Luthuli Central Hospital
ICT	Information Communication Technology
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IMCI	Integrated Management of Child Illnesses
IPT	Ionized Preventive Therapy
IT	Information Technology
K, L	

Abbreviation	Description
LAM	Lipoarabinomannan
LBPL	Lower-Bound Poverty Line
KINC	KwaZulu-Natal Initiative for Newborn Care
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
LG	Local Government
M	
MAM	Moderate Acute Malnutrition
MCWH	Maternal Child and Women's Health
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
M&E	Monitoring and Evaluation
MGMH	Mahatma Gandhi Memorial Hospital
MMC	Medical Male Circumcision
MNC&WH	Maternal, Neonatal, Child & Women's Health
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MUAC	Measurement of Upper Arm Circumference
N	
NCD(s)	Non-Communicable Disease(s)
NDP	National Development Plan
NGO(s)	Non-Governmental Organisation(s)
NHA	National Health Act
NHI	National Health Insurance
NICU	Neonatal Intensive Care Unit
O	
OPD	Out-Patient Department
OTL(s)	Outreach Team Leaders
OTP	Office of the Premier
P	
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent

Abbreviation	Description
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PIP	Problem Identification Programme
PKISMH	Dr Pixley Ka Isaka Seme Memorial Hospital
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PPSD	Provincial Pharmaceutical Supply Depot
PPT	Planned Patient Transport
Q, R, S	
SA	South Africa
SAC	Severity Assessment Code
SAM	Severe Acute Malnutrition
SAPC	South African Pharmaceutical Council
SBR	Still Birth Rate
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
Stats SA	Statistics South Africa
STI(s)	Sexually Transmitted Infection(s)
T	
TB	Tuberculosis
TCC	Thuthuzela care centres
TLD	Tenofovir disoproxil, lamivudine, dolutegravir
U	
U-AMP	User–Asset Management Plan
UBPL	Upper-Bound Poverty Line
UHC	Universal Health Coverage
UKZN	University of KwaZulu-Natal
ULAM	Urine Lipoarabinomannan Test
V, W, X	
WBOT(s)	Ward Based Outreach Team(s)
WHO	World Health Organisation
XDR-TB	Extreme Drug Resistant Tuberculosis

FOREWORD BY THE EXECUTIVE AUTHORITY

It gives me great pleasure to present the 2022/23 Annual Performance Plan (APP) of the KwaZulu-Natal (KZN) Department of Health (DOH).

The plan is informed by, and aligned to, a number of key Government policy frameworks that guide the work of the Department. This is to ensure that Government does not "shoot in the dark," as it were, but employs a well-researched, structured and goal-oriented approach to service delivery, with a clearly-set list of priorities.

These policy frameworks include Sustainable Development Goals, the National Development Plan (NDP), Medium Term Strategic Framework, and the Provincial Growth & Development Plan.

This APP also takes into account the National Health Insurance Bill, Public Service Regulations, and the pillars of the Health Compact.

The policy priorities set out in the APP remain in line with the central goal of "Increased life Expectancy".

The existing outcomes that contribute to this goal remain as "Universal Health Coverage", "Improved Client Experience of Care" and "Reduced Morbidity and Mortality".

The APP presents the opportunity to give a meaningful and effective response to the health challenges facing the people of our beautiful Province.

Its aim is also to integrate the key elements of service delivery into a long-term framework that will guide the annual planning and budget cycles of the Department.

In reflecting on the events of the past financial year, our Province, with over 11 million people, has bravely maneuvered through the social unrest in July 2021, devastating storms and floods, as well as the COVID-19 pandemic.

Almost 100 000 South Africans have sadly succumbed to COVID-19, with KwaZulu-Natal accounting for 16 042 of them. While the COVID-19 vaccination campaign has forged ahead with great success, vaccine hesitancy among some of our fellow compatriots continues to hinder efforts to overcome this disease.

That is why we are appealing to our fellow compatriots to stop consuming and disseminating fake news about the vaccine, and instead take heed of messages that are transmitted through credible news sources, which are always grounded in science.

We call upon leaders across the socio-political spectrum to continue using their voice and influence to encourage our fellow compatriots to embrace the vaccination programme.

This will help us overcome the pandemic that has caused so much personal anguish and untold damage to the normal world order.

We applaud the immense courage and resilience that has been displayed by healthcare workers, as well as the people of this Province since the pandemic started.

As we reach the half-way mark of the 6th administration, we remain committed to advance the Department towards attaining Universal Health Coverage.

We will continue to march forth, and focus on strengthening the community-based healthcare service delivery model.

We will endeavor to improve the quality of services through the Ideal Clinic Model, increase the reach of the Central Chronic Medicine Dispensing and Distribution (CCMDD) Programme; as well as the Ward-Based Community Outreach teams in an effort to enhance access to quality healthcare service by the people.

Health education and disease prevention through comprehensive health promotion strategies and programmes remain a key focus in 2022/23. So do programmes to improve health-seeking behaviour, reduce communicable and non-communicable diseases, promote nutrition and strategies to reduce specific nutritional challenges, strengthen maternal, child and women's health and reduce the preventable causes of morbidity and mortality.

Effective screening, follow up and support services are vital to improving our health outcomes, and must therefore receive priority.

In the fight against HIV/AIDS and TB, the Department will prioritise case finding, implement enhanced TB diagnostic programmes, and improve case management in an effort to achieve the 90-90-90 targets for HIV/AIDS and TB management.

The objective from this approach is to diagnose 90% of all HIV-positive individuals, provide antiretroviral therapy (ART) for 90% of those diagnosed, and achieve viral suppression for 90% of those treated. We remain committed to the realization of this goal.

In this increasingly tough economic climate, the Department will continue to strengthen its financial management systems and controls to ensure effective utilisation of limited resources, while improving its audit outcomes.

To the Head of Department, Dr SC Tshabalala and his management team, I appreciate all your hard work.

I thank you all for your support and unwavering commitment to increasing the life expectancy of the people of our beautiful Province.

I endorse this Annual Performance Plan and remain committed to see through its execution.

Ms Nomagugu Simelane
Executive Authority

Date 28/3/2022

NOTES

STATEMENT BY THE ACCOUNTING OFFICER

It is with great pleasure that I unveil the Annual Performance Plan (APP) 2022/23 for the KwaZulu-Natal (KZN) Department of Health. The Annual Performance Plan has undergone consultations with both internal and external stakeholders and is shaped by the vision of providing optimal health for all persons in KwaZulu-Natal. The APP is further guided by the priorities of the National Development Plan (NDP) 2030, the Revised Medium Term Strategic Framework (MTSF) 2019-2024, the Provincial Growth and Development Plan (PGDP) 2030, MEC priorities, other sector priorities, the burden of disease and the demand for services.

The previous financial year was an arduous year, however, we are still on the trajectory to improve the life expectancy of our citizens by improvements in health coverage, improved client experience of care and reduced morbidity and mortality. Selected achievements of 2020/21 are reflected below.

- The Department managed 22 809 881 patients at Primary Health Care (PHC) level despite the lockdowns imposed by the COVID-19 pandemic in 2020/21
- The Department screened 11 449 440 people for mental health
- The mother to child HIV transmission rate at around 10 weeks old decreased from 0.53% to 0.44%
- The number of severe acute malnutrition deaths under 5 years decreased from 176 to 164, pneumonia deaths under 5 years decreased from 192 to 148 and the diarrhoea deaths under 5 years decreased from 171 to 133 in 2020/21
- A total of 3 671 285 (3 685 603) people were tested for HIV and a total of 1 508 336 patients remained on ART at the end of March 2021.
- The TB incidence decreased from 444.2 / 100 000 to 280.8 / 100 000

The COVID-19 virus continued to bring the world to a standstill with countries redesigning operations in a very different world compared to pre-Covid times. The Department has also embraced new ways of working and using technology to mitigate against the disruptions that we encountered. The social unrest in July of 2021 converged with the debilitating impact of COVID-19 and greatly impacted on the economy, wellbeing and health seeking behaviour of the KZN Population. We reflect on the lives lost over the past year and convey our hopes for peace and comfort to the families and loved ones who have been left behind.

As the year 2022/23 dawns, the Province will continue on its largest vaccination programme - Vaccines remain our best defence against COVID-19 and saves lives. We will continue to work towards equitable access to basic services. The Premier, Hon. Zikalala in his State of the Province Address, said "KwaZulu-Natal is putting together the building blocks to achieve universal health coverage by 2030". We forge ahead with efforts to improve access to care through the Ideal clinic programme, contracting of General practitioners at Primary Health Care facilities, Rationalisation of health facilities plan and using the outreach teams to enhance the reach of healthcare especially in hard to reach areas. The focus this year will be on project briefs on the conversion of district hospitals to regional hospitals as well as Tertiary hospital services in the North of the Province.

The ever-shrinking budget resource allocation pressures us to use resources efficiently. The medico-legal contingent liability for 21/22 was lower than anticipated due to a backlog in

the courts because of COVID-19. For 2022/23 this is anticipated to increase as the courts return to normal activity. The Centres for excellence will continue attending to the healthcare needs of children who are born with Cerebral Palsy and other ailments. This, in addition to the improvement capacity of the Medico Legal Unit within KZN Department of Health (DOH) is anticipated to help curb the cost of Medico-legal claims.

Over the upcoming Medium Term Expenditure Framework (MTEF), the Department aims to achieve 95-95-95 targets for HIV/AIDS and TB Programmes. Catch up campaigns for immunizations, exclusive breastfeeding community advocacy and the malnutrition study should yield improved child health outcomes. Greater efforts will be placed on meeting the needs of mothers with a special focus on the antenatal and postnatal periods as well as implementation on policy around the vaccination of pregnant women against COVID-19.

As the diseases of lifestyle continue to emerge as an ever-increasing threat, the Department will continue to invest in health promotion. The priorities will span the different age groups from preschool through the Health Promotion ECD Programme, school-going children through Health Promoting schools, focusing on the Traditional health medicine role in health promotion and involvement in the Golden Games for the senior population.

I would like to express my sincere appreciation to the dedicated and hardworking staff across the various levels of the KwaZulu-Natal Department of Health. Many of officials perform their indispensable service of providing healthcare under difficult conditions. Although many challenges still lie ahead, I am confident that in working together, we can change the lives of the communities for the better.

Dr SC Tshabalala

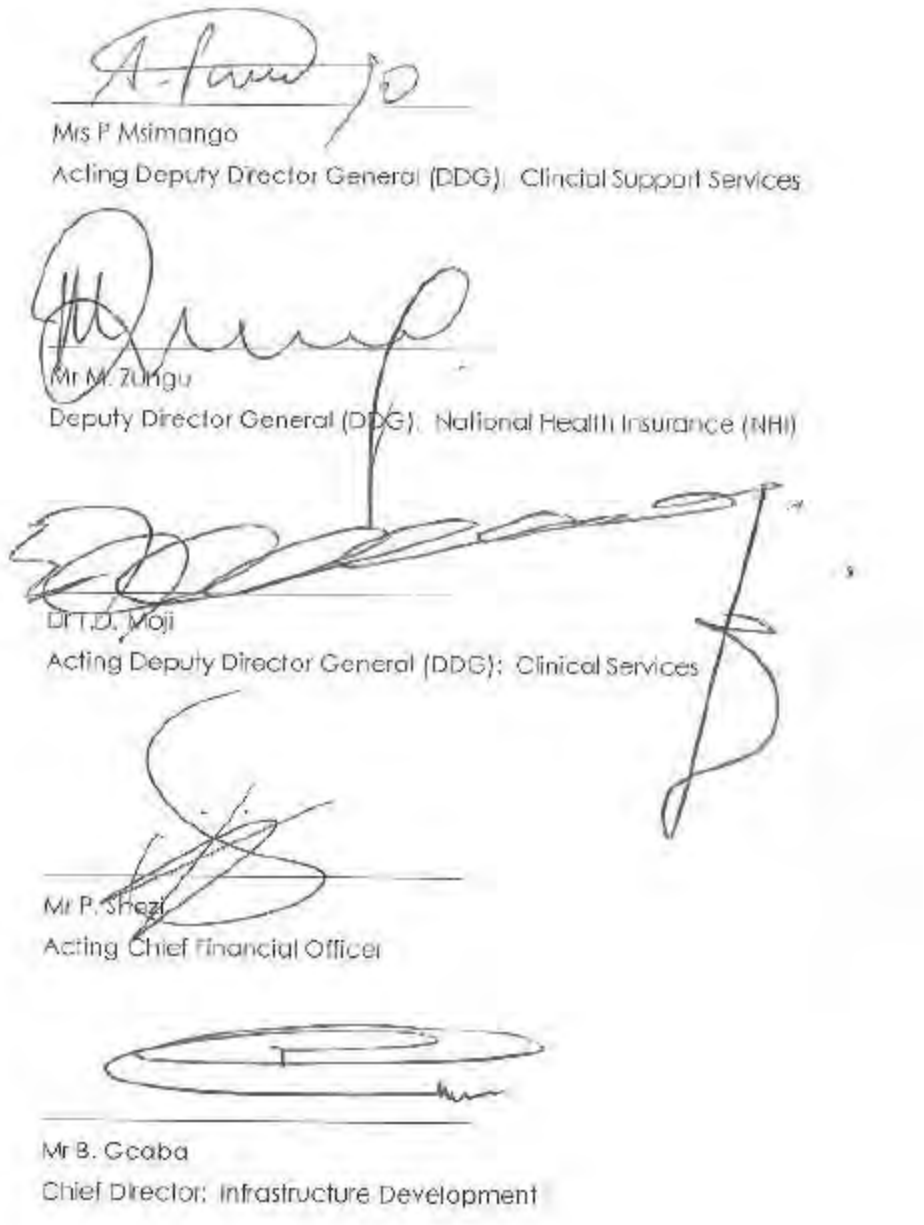
Ac**counting Officer: KwaZulu-Natal Department of Health**

Date 23 March 2022

OFFICIAL SIGN OFF

It is hereby certified that this Annual Performance Plan:

- Was developed by the Management of the KwaZulu-Natal Department of Health under the guidance of the MEC for Health: Ms NomagUgu Simelane.
- Takes into account all the relevant policies, legislation and other mandates for which the KwaZulu-Natal Department of Health is responsible.
- Accurately reflects the Outcomes and Outputs, which the KwaZulu-Natal Department of Health will endeavour to achieve over the period 2022-2025.



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Mr M. Zungu
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Mrs N. Moodley
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Dr SC Tshabalala
Accounting Officer: KwaZulu-Natal

23 March 2022
Date:

Approved by:

Ms Nomagugu Simelane
Executive Authority

28/3/2022
Date

PART A: OUR MANDATE

1. UPDATES TO THE RELEVANT LEGISLATIVE AND POLICY MANDATES

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. 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.
- In Chapter 1 of the NHA, the objects of the Act are to regulate national health and to provide uniformity in respect of health services across the nation by protecting, respecting, promoting and fulfilling the rights of (among other groups) vulnerable groups such as women, children, older persons and persons with disabilities.

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

Hazardous Substances Act, 1973 (Act No. 15 of 1973) - Provides for the control of hazardous substances, 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, 1996 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

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

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

Council for Medical Schemes Levy Act, 2000 (Act 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 and for the establishment of a council to regulate these professionals including community service by these professionals.

Higher Education Act (Act No. 101 of 1997) as amended: Provides for the regulation of Higher Education Institutions and its registration, including the formation of governance structures guiding education and training of students.

National Qualifications Act (Act No. 67 of 2008): Provides for a single integrated system comprising three co-ordinated qualifications Sub-Frameworks

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.

KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations: Provides for a transformed Provincial Health System within framework of the National Health Act of 2003.

Public Service Act No. 64 of 1994: To provide for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of members of the public service, and matters connected therewith.

Disaster Management Act: Classification of a National Disaster: COVID-19 (coronavirus). Notice on the classification of the COVID-19 pandemic as a National Disaster based on the potential magnitude and severity of the COVID -19 pandemic on 15 March 2020.

South Africa's National Strategic Plan for HIV, TB and STI's (2017-2022): The fourth National Strategic Plan (NSP) that South Africa has adopted to guide its response to HIV, Tuberculosis and sexually transmitted infections

2.2 OTHER LEGISLATION APPLICABLE TO THE DEPARTMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Military Veterans Act, 2011 (Act No. 18 of 2011) - Provides for principles recognised by the State as governing the affairs of military veterans and for policy objectives in this regard

National Strategic Plan on Gender-Based Violence and Femicide: The Gender-Based Violence and Femicide National Strategic Plan (GBVF NSP) sets out to provide a cohesive strategic framework to guide the national response to the hyper endemic GBVF crisis in South Africa.

South Africa's National Policy Framework for Women's Empowerment and Gender Equality: Outlines South Africa's vision for gender equality and for how it intends to realise this ideal

Note: The National Schools Nutrition programme is the government programme that provides one nutritious meal to all learners in Primary and Secondary Schools that falls under the mandate of the Department of Education. The NSNP implementation falls outside the mandate for the Department of Health

3. HEALTH SECTOR POLICIES AND STRATEGIES OVER THE FIVE YEAR PLANNING PERIOD

3.1 National Health Insurance (NHI) 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 (UHC). 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.

The 2020 South African Health Review discussed health legislation and policy with a focus on disability. Chapter 4 of the 2020 SAHR states that Universal health coverage (UHC) implies that all people and communities are able to access the promotive, preventive, curative, rehabilitative and palliative health services they need. This should be achieved in ways that are equitable and of a high quality of service while protecting communities from financial harm. The resources required to align to the Framework and Strategy for Disability and Rehabilitation Services in South Africa 2015-2020 must be mobilised and equitably applied. Disability services and benefisicaires will need to be explicitly referenced in the benefit package to be delivered under National Health Insurance (2020 SAHR).

3.2 Provincial Strategy Alignment to The Revised Draft Department Of Planning, Monitoring And Evaluation (DPME) Planning Framework

The following Impact and Outcomes were adopted by The KwaZulu-Natal Department of Health for the 2020/21 to 2024/25 planning cycle. The Impact and Outcomes are listed below:

Impact: Increased Life Expectancy

Outcome: Universal Health Coverage

Outcome: Improved Client Experience of Care

Outcome: Reduced Morbidity and Mortality

The Impact and Outcomes were confirmed through consultations at cluster planning workshops (Cluster sessions held between 21 August 2019 and 6 September 2019) and the Provincial Strategic planning workshop (12-13 October 2019).

Alignment of the KwaZulu-Natal Department of Health Impact And Outcome Statements To Health Sector Policies And Strategies

The following National and Provincial Policies, Frameworks and Strategies are relevant to 2020-2025:

- National Health Insurance (NHI) Bill
- National Development Plan (NDP): Vision 2030
- Sustainable Development Goals (SDGs) 2030
- Revised Medium Term Strategic Framework (MTSF) and NDP Implementation Plan 2019-2024 Provincial Growth and Development Strategy/plan (PGDS/P) 2020
- Plan of Action to Mitigate a COVID-19 Resurgence in South Africa
- KZN Economic Recovery Plan for COVID-19
- Public Service Regulations
- Health Compact Pillars

The APP further aligns to the State of the Provice (SoPA) and State of the Nation Address (SoNA).

There have been changes to the institutional policies and strategies as per the Revised Strategic Plan (2020-2025) that will impact upon and supplement our Departmental policies and plans. These are summarised below :

- **Annual Budget Prioritisation Framework: Towards Budget 2022** – makes provision to ensure that the budget allocations are aligned with the MTSF priorities and development goals.
- **Final Revised Medium Term Strategic Framework 2019-2024***; 1 October 2021*- included new interventions and associated targets adopted by the Cabinet Lekgotla in September 2021. The MTSF relates to priorities and interventions pertaining to the COVID-

19 pandemic and related budget adjustments as well as priorities from the Economic Reconstruction and Recovery Plan (ERRP) that sets out a reconstruction and recovery plan for the South African economy that is aimed at stimulating equitable and inclusive growth, following COVID-19.

- **The Department of Planning, Monitoring and Evaluation's, National Annual Strategic Plan; 2022/2023** – The plan sets out government's priorities and targets for a year, to guide the development of Annual Performance and Annual Operations Plans for a particular year.

- **The Presidency's Ministerial Circular 1 of 2021** – provides guidance on the implementation of the 2019-2024 Medium Term Strategic Framework (MTSF) for the planning cycle and extends to planning priorities for the remaining MTSF period. This includes planning imperatives in respect of budgeting.

- **The Provincial Growth and Development Strategy (PGDS***);* 2021 – is an update of the 2011 and 2016 PGDS documents. Ths document sets out strategies to support the growth and development of the Province.

The table below illustrates the alignment of the KZN DoH Impact and outcomes to Health Sector Policies and Strategies:

Table 1: Alignment of the PDoH Impact and outcomes to Health Sector Policies and Strategies

KZN DOH Impact and Outcome 2020-2025	Revised MTSF Outcomes 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
Impact: Increased Life Expectancy	Outcome: Progressive improvement in total life expectancy of South Africans	Goal 1: Life expectancy at birth increases to 70 years		**Goal Indicator**: Life expectancy at birth. Strategic Objective 3.2: Enhance the health of communities and citizens	**Goal 1**: Increase Life Expectancy improve Health and Prevent Disease *Inter sectoral collaboration to address social determinants of health*
Outcome: Universal Health Coverage	Outcome: Universal health coverage for all South Africans achieved by 2030	Goal 6: Complete Health Systems reforms Goal 8: NHI-Universal health care coverage achieved. Goal 6a: Strengthen the district health system Goal 7: Primary Health care teams provide care to families and communities Goal 9: Fill posts with skilled, committed and competent individuals	3.8 - Achieve universal health coverage (UHC)	3.2(a) Scale up implementation of strategic interventions to fast track transformation of public health services towards universal health coverage. 3.2(e) Facilitate health research and knowledge management to inform evidence-based and responsive planning and decision-making.	**Goal 2**: Achieve UHC by Implementing NHI Strategic Objective (SO): *Progressively achieve Universal Health Coverage through NHI* *SO: Improve quality and safety of care* SO: *Provide leadership and enhance governance in the health sector for improved quality of care* *SO: Improve community engagement and reorient the system towards Primary*

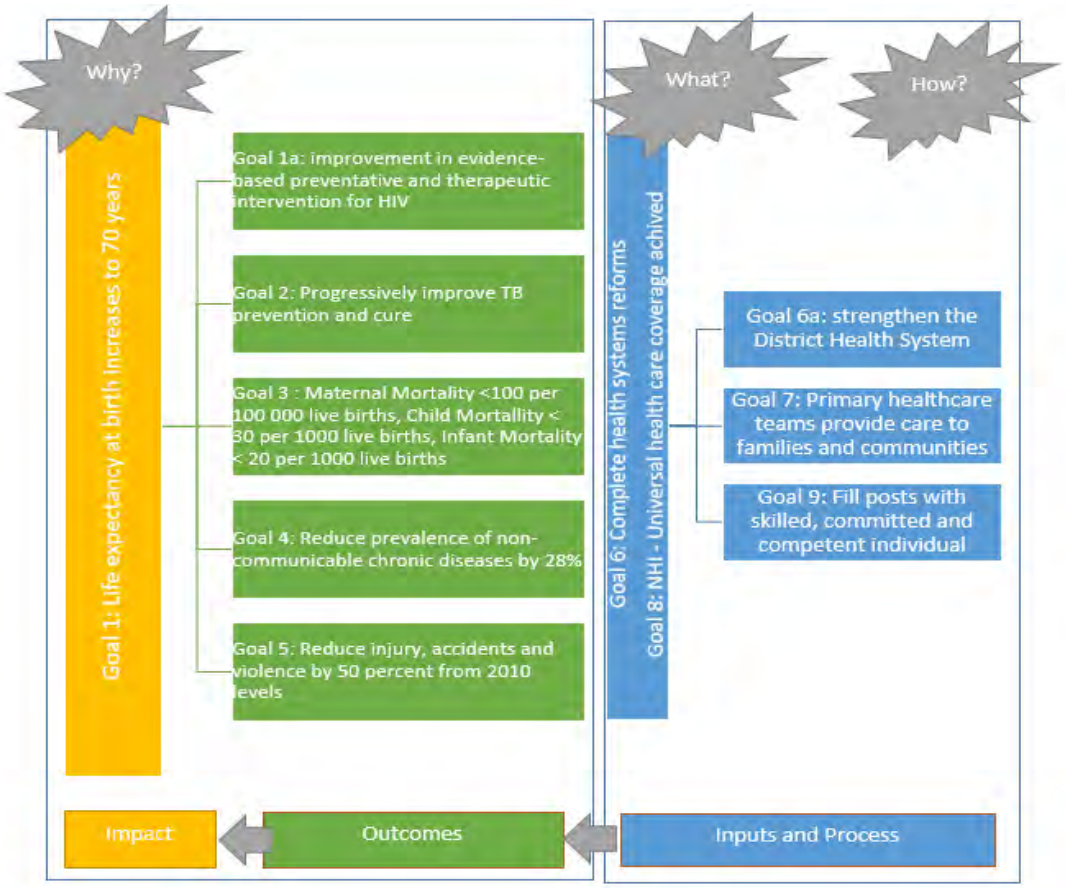
KZN DOH Impact and Outcome 2020-2025	Revised MTSF Outcomes 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
					Health Care through Community based health Programmes to promote health *SO: Improve equity, training and enhance management of Human Resources for Health* *SO: Improving availability to medical products, and equipment* *SO: Robust and effective health information systems to automate business processes and improve evidence based decision making* *SO: Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities*
Improved Client Experience of Care	Outcome: Reduce maternal and child mortality Outcome: Improved educational and health outcomes and skills	Goal 9: Fill posts with skilled, committed and competent individuals		Strategic Objective 3.2: Enhance the health of communities and citizens	SO: *Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health*

KZN DOH Impact and Outcome 2020-2025	Revised MTSF Outcomes 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
	development for all women, girls, youth and persons with disabilities				
Reduced Morbidity and Mortality	Priority 3: Education Skills and Health	Goal 1a: Improvement in evidence-based preventative and therapeutic intervention for HIV. Goal 2: Progressively improve TB prevention and cure Goal 3: Maternal Mortality <100 per 100 000 live births, Infant mortality < 20 per 1000 live births. Goal 4: Reduce prevalence on non-communicable chronic diseases by 28% Goal 5: Reduce Injury, accidents and violence by 50 percent from 2010 levels.	"2.2 End all forms of malnutrition 3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births 3.2 - By 2030, end preventable deaths of new-borns and children under 5 years of age 3.3 - By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases (NTDs) 3.4 - By 2030, reduce by one third premature mortality from non-communicable diseases 3.5 - Strengthen the prevention and treatment of substance abuse, 3.6 - By 2020, halve the number of global deaths and injuries from road traffic	3.2(b) Implement the KZN 2017-2022 Multi-Sectoral Response Plan for HIV, TB and STIs to reduce the burden of communicable diseases. 3.2(c) Accelerate implementation of comprehensive integrated community- and facility-based services/ interventions to improve maternal, neonatal and child health. 3.2(d) Accelerate implementation of comprehensive and integrated community- and facility-based services/ interventions to reduce the burden of non-communicable diseases.	Goal 1: Increase Life Expectancy improve Health and Prevent Disease SO: *Improve health outcomes by responding to the quadruple burden of disease of South Africa*

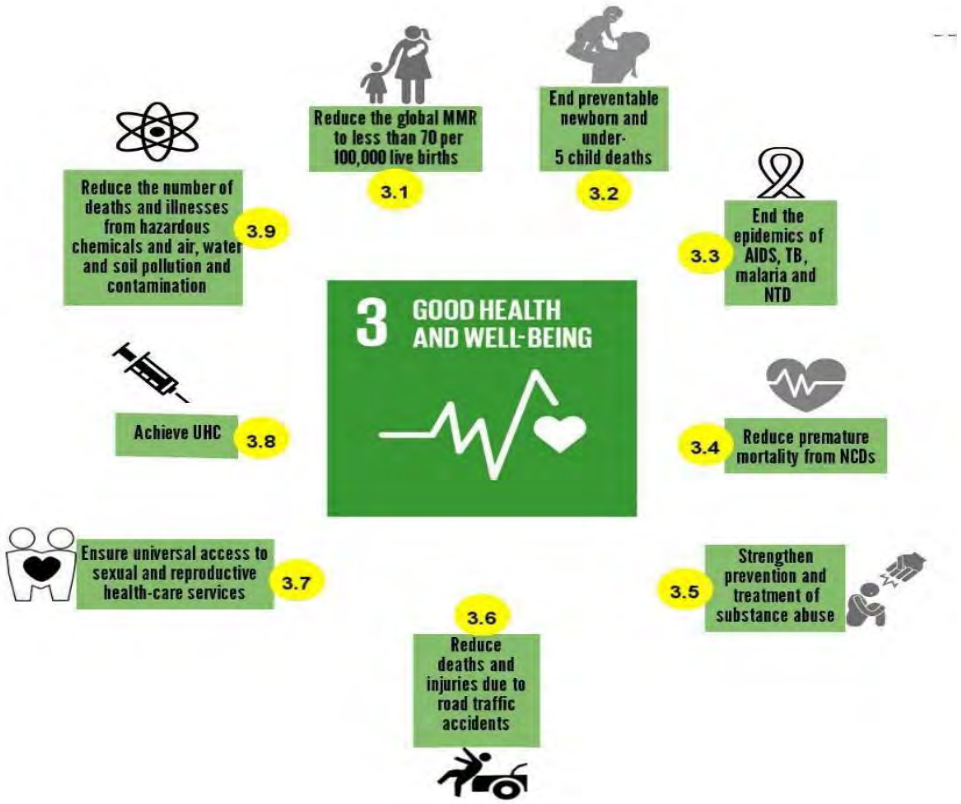
KZN DOH Impact and Outcome 2020-2025	Revised MTSF Outcomes 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
			accidents 3.7 Ensure universal access to sexual and reproductive health-care services, 3.9 - Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination		

3.3 National Development Plan: Vision 2030

The National Development Plan (NDP) (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**. The last **4 goals are tracking the health system that essentially measure inputs and processes** to derive outcomes.



3.4 Sustainable Development Goals (SDG's)



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 mortality to at least as low as 25 per 1,000 live births

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

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

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

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

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

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

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

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

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

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

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

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

The plan comprehensively responds to the priorities identified by cabinet of the 6th administration of democratic South Africa, which are embodied in the Revised 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 5 years of the Strategic Plan, the Provincial Department of Health's response is structured into 1 Impact and 3 Outcomes. These Impacts and Outcomes are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below.

Table 2: Alignment of Outcomes to Pillars of Presidential Health Summit Compact

MTSF 2019-2024 Impacts (National)	MTSF 2019-2024 (KZN) Interventions	Health sector's strategy 2019-2024	Presidential Health Summit Compact Pillars
Impact: **Life expectancy of South Africans improved from 65 in 2019 to 67 by 2024**	*Drive provincial health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health* *COVID-19 Mitigation (Due to the nature of COVID-19 and the continuous changes in strategy based on emerging bodies of evidence, the outer year targets may be revised)* *Implementation of the Malaria Elimination Programme* *Healthy and Active Lifestyles Multisectoral Programme*	*Impact: Increased Life Expectancy* *Outcome: reduced Morbidity and Mortality*	*N/A*
Impact: **Universal Health Coverage for all South Africans progressively achieved by 2030**	*Expansion of Universal Health Coverage (UHC) preparedness in all 10 KZN Districts plus 1 Metro* *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 (National Health Insurance) NHI* *Mitigate the risks related to medical litigation* *Improved quality of primary healthcare services through expansion of the Ideal Clinic Programme* *Implement the HRH plan 2021/22 to 2024/25 to address the human resources requirements, within the allocated funding envelope, including filling vacant funded posts for full implementation of universal healthcare* *Maintain provincial nursing colleges* *Expand the primary healthcare system by contracting 10 350 - community health workers (CHWs) into the public health system.*	*Outcome: Universal Health Coverage*	*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*
		Outcome: Universal Health Coverage	*Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care.*
			Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels
		Outcome: Improved Client Experience of Care	*Pillar 8: Engage and empower the community to ensure adequate and appropriate community based care*
		Outcome: Universal Health Coverage	*Pillar 1: Augment Human Resources for Health Operational Plan*
		Outcome: Universal Health Coverage	*Pillar 2: Ensure improved access to essential medicines, vaccines and medical products*

MTSF 2019-2024 Impacts (National)	MTSF 2019-2024 (KZN) Interventions	Health sector's strategy 2019-2024	Presidential Health Summit Compact Pillars
	Strategic Health Infrastructure *Implementation of E-Health Systems*	*Outcome: Improved Client Experience of Care*	*through better management of supply chain equipment and machinery* *Pillar 6: Improve the efficiency of public sector financial management systems and processes*
		Outcome: Universal Health Coverage	*Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments*
		Outcome: Universal Health Coverage	*Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities*
Impact: **All women, girls, youth and persons with disabilities enjoy good quality health care and better life opportunities**	*Targeted programme on adolescent sexual and reproductive health and rights, including addressing teenage pregnancies and risky behaviour* *Targeted programmes to up-scale existing campaigns and programmes on new HIV infections among youth, women and persons with Disabilities* *Improve the integrated management of childhood disease services* *Immunisation programme implemented* *Reduce Infant Mortality rate to <24 per 1 000 live births by 2024* *Provide good quality antenatal care*		

4. UPDATES TO RELEVANT COURT RULINGS

Bills in progress:-

National Health Insurance (NHI) Bill - As in the previous financial year, the progress on the NHI bill has been limited

National health Amendment bill – Bill 29 of 2018 (Private Member's Bill) seeks to extend clinic hours- as per the 2019 SAHR, the bill had lapsed but could be revived.

Social Service Practitioners Draft Bill, 2019 – The bill proposed to replace the current Social Service Professions Act 110 of 1978 in its entirety

Copyright Amendment Bill (Bill 13 of 2017) – Exceptions are needed to enable persons with visual impairment access content in suitable formats

Cannabis for private purposes bill, 2020 - Medicinal cannabis has been used for the management of spasticity, which is a common feature of cerebral palsy.35 Cannabidiol has been registered in other jurisdictions for the management of uncontrolled seizures in children, associated with Lennox-Gastaut and Dravet syndromes, as well as tuberous sclerosis complex.

Medico – Legal Claims

The 2020/21 actual of R 110 302 969 for the contingent liability of medico-legal cases showed a decrease which exceeded even the five year target of R18bn. This decrease may not be a true reflection taking into consideration that due to Coronavirus Disease 2019 (COVID-19) pandemic, courts were disrupted and cases that were due to be heard during that time were postponed ((KZN DoH, 2021).

NOTES

PART B: OUR STRATEGIC FOCUS

VISION

Optimal health for all persons in KwaZulu-Natal.

MISSION

To develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care (PHC) approach through the District Health System (DHS), to ensure universal access to health care.

VALUES

- Trustworthiness, honesty and integrity
- Open communication, transparency and consultation
- Professionalism, accountability and commitment to excellence
- Loyalty and compassion
- Continuous learning, amenable to change and innovation
- Respect

1. UPDATED SITUATIONAL ANALYSIS

KwaZulu-Natal is located on the southeast of South Africa bordering the Indian Ocean. It also borders on the Eastern Cape, Free State and Mpumalanga provinces, as well as Lesotho, Swaziland and Mozambique. The 'Garden Province' of South Africa stretches from the lush subtropical east coast washed by the warm Indian Ocean, to the sweeping savannah in the east and the majestic Drakensberg Mountain Range in the west.

It covers an area of 94,361 km² which is the third smallest in the country, and has a population of 11 563 183 for 2021/22 (Web DHIS 2021/11/23), making it the second most populous province in South Africa following Gauteng. The capital is Pietermaritzburg and the largest city is Durban. Other major cities and towns include Richards Bay, Port Shepstone, Newcastle, Estcourt, Ladysmith and Richmond.

The province's manufacturing sector is the largest in terms of contribution to Gross Domestic Product (GDP). Richards Bay is the centre of operations for South Africa's aluminium industry. The Richards Bay Coal Terminal is instrumental in securing the country's position as the second-largest exporter of steam coal in the world. The province has undergone rapid industrialisation owing to its abundant water supply and labour resources.

Agriculture is also central to the economy. The sugar cane plantations along the coastal belt are the mainstay of KwaZulu-Natal's agriculture. The coastal belt is also a large producer of subtropical fruit, while the farmers inland concentrate on vegetable, dairy and stock farming.

Another source of income is forestry in the areas around Vryheid, Eshowe, Richmond, Harding and Ngome.

KwaZulu-Natal is divided into one metropolitan municipality (eThekwini Metropolitan Municipality) and 10 district municipalities, which are further subdivided into 43 local municipalities (National Department of Health, 2019).

Table 3: KwaZulu-Natal Demographic Data

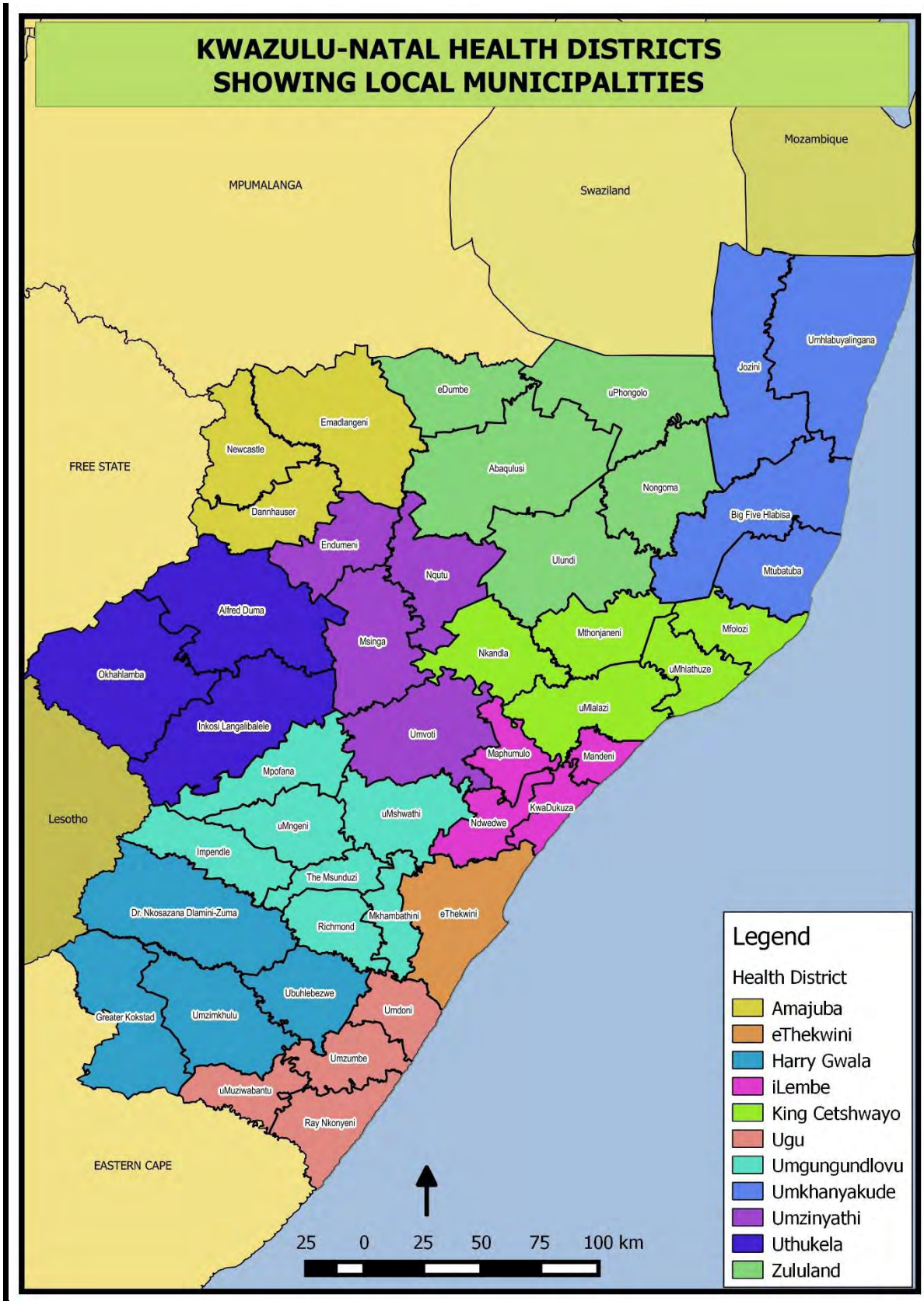
Demographic Data	KwaZulu-Natal Province	Unit of Measure
Geographical area	94,361	Km^2
Total population (Statistics South Africa, Mid-year estimate 2021)	11,563,183	Number
Population density (Based on SA Mid-year estimates 2021)	122.5	Per Km^2
Percentage of population with medical insurance (General Household Survey, 2020) [1]	9.8	%

Source: Web DHIS based on Stats SA Mid-year estimates 2021 sourced on 2021/11/23

The General Household survey shows that 9.8% of the KZN population has medical insurance. This is equates to 10 429 991 people without medical insurance.

[1] The General Household Survey has been delayed. As soon as the information is available, this table will be updated

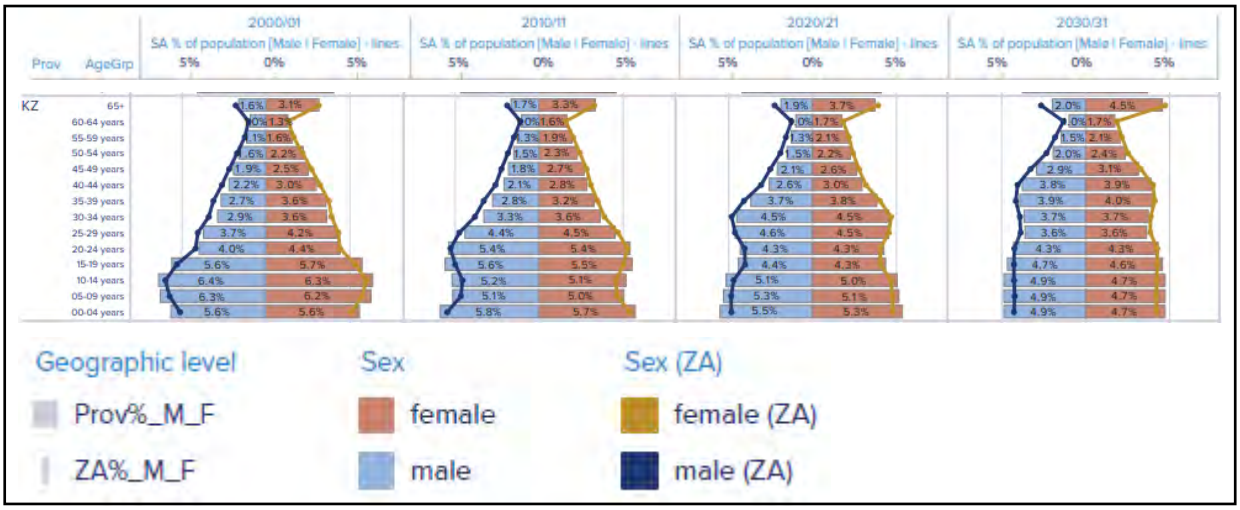
Map 1: Map of KZN and Districts / Metro



Source: KwaZulu-Natal Dept of Health, Geographical Information System (GIS)

1.1 External Environment Analysis

Figure 1: Trends in Provincial population compared to National population



Source: South African Health Review 2020/21

According to South African Health Review 20/21; KwaZulu Natal has the second largest population (11.7%) after Gauteng (14.7%). The population pyramids show a decline in the proportion of young children and the youth over time, with a relative increase in the proportion of older people, especially those over the age of 65 years. These changes are true for both KZN and the country as a whole. The changes in the structure of the pyramid can be explained by:

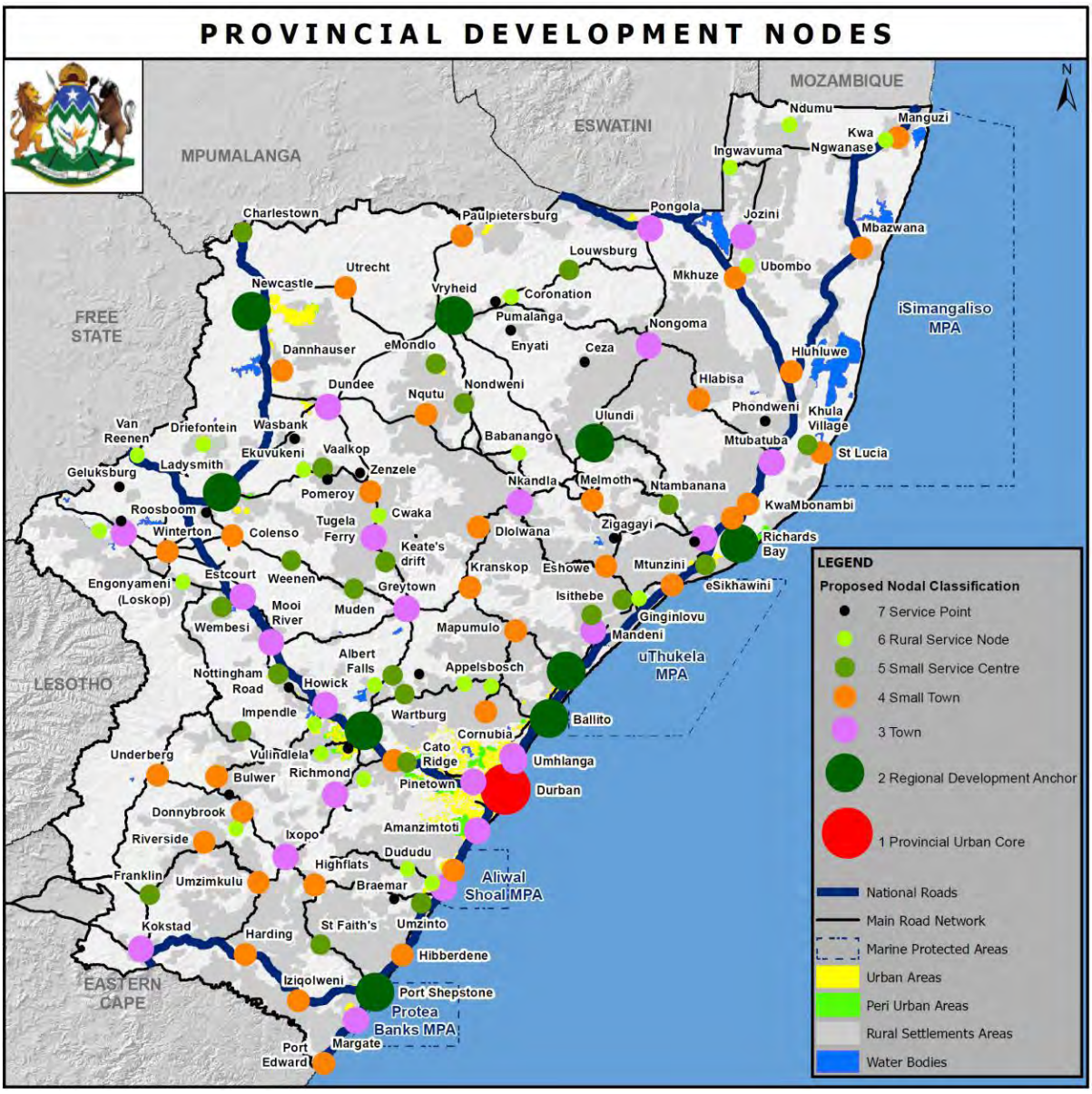
- The decreasing fertility rate across the whole of South Africa and
- The increasing life expectancy across the whole country. Life expectancy has increased from 47.4 year (in 2001-2006) to 58.2 years (in 2016-2021) for males and 52.1 years to 64.6 years for females during the same period.

As the population pyramids change, the populations of KZN and the country will no longer be predominantly young. This will mean that, although child health should remain a focus for the health services, planning should also take into account the increase in the diseases of middle and older age, relative to previous years and relative to the whole population. These diseases include diabetes, hypertension and their sequelae such as cardiovascular diseases. The epidemiological profile of the Province and the Country already reflects this increase. As far as possible, the focus of the health system should be to prevent these diseases through education around and the facilitation of, improved nutrition and lifestyles. There is a high proportion of deaths between the ages of 35 and 59 years, which suggests that non-communicable diseases, as well as communicable diseases and HIV/AIDS, are taking their toll on this age group.

The proportion of males in KZN in the older age groups is consistently smaller than the proportion of females. This may be accounted for by the fact that males tend to seek work outside the province. Migration streams show that over 200 000 people migrated from KZN to Gauteng during each of the periods 2011-2016 and 2016-2021. However, the relatively smaller male population may also be caused by poor male health. Men have been known

to have poorer health seeking behaviour than women and in the past may have been affected by the increased focus on women's health. Health services need an increased attention to men's health, with focus on improving health seeking behaviour, and on prevention and treating male morbidity and mortality, including trauma.

Map 2: Provincial Development Nodes



Source: KZN Spatial Development Framework – February 2022

A feasibility and business study case is being prepared for the building of a tertiary hospital in the north of the Provice Area 4 (Zululand, uMkhanyakude and King Cetshwayo Districts), around the Ngwelezana / Empangeni area, to improve access to tertiary services in this area. There are four districts hospitals proposed for upgrading to regional hospitals in uMzinyathi (Dundee), uMkhanyakude (Bethesda), Harry Gwala (Christ the King Hospital) and Zululand (Vryheid). These correspond with the proposed development nodes and anticipated population migration thereof from the substantial and tribal authority areas through to urban nodes.

SOCIAL DETERMINANTS OF HEALTH FOR THE PROVINCE AND DISTRICTS

Globally, it is recognised that health and health outcomes are not only affected by health care 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 (National Department of Health, 2019). Health care for most deprived wards in the Province (169 wards identified) has specific services for these affected wards with Ward Based Outreach Teams being allocated.

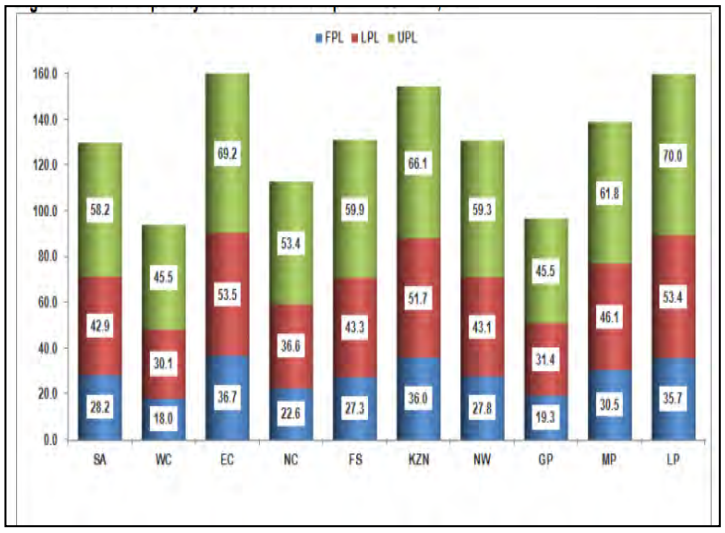
South Africa is classified as an upper-middle-income country with a per capita income of R55 258. Despite the perceived wealth, most of the country's households are plagued by poverty. Although significant progress was made prior to the economic crisis in addressing poverty, many South African households have fallen back or still remain in the trap of poverty through inadequate access to clean water, proper health care facilities and household infrastructure (Provincial Treasury, 2019).

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 (National Department of Health, 2019).

Comparing 2011 and 2016 data, there was a decline in people living in informal dwellings and an increase in traditional dwellings. The Province has made gains in the access to piped water and electricity but uMkhanyakude remains with high percentages of households with no access to piped water and electricity for lighting, food preparation and storage.

In 2012, Statistics South Africa published a suite of three important national poverty lines for measuring poverty: The food poverty line, the lower-bound poverty line (LBPL) and the upper-bound poverty line. The absolute poverty line is a measure of the minimum level of resources that individuals should have access to in order to meet their basic needs (Provincial Treasury, 2019).

Graph 1: Share of Poverty Lines across all Provinces in SA 2017, (HIS Market 2019)



The adjacent graph shows the share of people living below the food poverty line, the lower-bound poverty and the Upper-bound poverty line. Around 36 per cent of the KZN population was living below the FPL in 2017. This figure was the second highest in the country and had increased slightly (1.1 per cent) from 34.9 per cent in 2016. In terms of the share of people living below the LBPL, KZN had 51.7 per cent of its population living within this classification of

poverty. This was the third highest rate in the country, and had increased marginally from 50.6 per cent in the previous year (Provincial Treasury, 2019).

Poor people suffer worse health and die younger. People affected by poverty tend to have higher than average child and maternal mortality, higher levels of disease and more limited access to health care and social protection. When a member from a poor household experiences poor health, the entire household can become trapped in a downward spiral due to lost income and health care costs (World Health Organisation, 2003).

Over 2011 to 2016, KZN was above the country average for stunting among under five children. Data for 2017/18 shows that KZN was above the country average for children under 5 years with severe acute malnutrition incidence and HIV prevalence. The maternal mortality in facility rate, however, was less than the country average for this period. It was in fact the third lowest in the country following Western Cape and North West (Health Systems Trust, 2018).

Socio economic factors have the potential to affect how the Province progresses on meeting the MTSF priority 3 of education and health. To mitigate against the impact of these factors on the health of the population, the Department focuses on the promotion of health through a dedicated Health Promotion Component. The vision of the component is to promote the fostering of healthy lifestyles and conditions conducive to health for all people in KZN. The mission of the component aims to enable people in KZN to develop personal skills and capacity to improve and take control of their health. Some of the services offered include the development of systems and provincial guidelines for promotion of healthy lifestyles; advocating for healthy environments in which to live, learn, work and play as well as mediation on different interests in the promotion of health. Health promotion also includes; lobbying for those who are least socially and economically powerful in the community and orientation to Health Promotion in different settings e.g. schools, clinics, hospitals, workplaces, taxi ranks, markets places and homes. The programme also includes facilitation of the development of health messages and the promotion of good nutrition, physical activity, abstinence from tobacco products and drugs, safer sexual practices (http://www.kznhealth.gov.za/healthprom.htm;2020).

Further to the promotion of health for the community and staff in its employ, the Departmental Community Health Workers (CHWs) have a key role in linking communities to assistance to deal with the effects of socio economic status on health. The National Development Plan (NDP) 2030 states that households must have access to a well-trained community-based health worker. The plan unpacks the important role that community health workers can and should play in addressing the social determinants of health through health education and prompt referral to health and other services.

Apart from the community health workers and ward based outreach teams that help to link communities to care and services across the Departments, the Department has a role in the Provincial Action Work Groups. Action work groups (AWGs) have been established to implement and monitor implementation of the Provincial Growth and Development Plan. The Office of the Premier (OTP) plays an oversight role for the PGDP implementation within sector departments. The Department of Health contributes to the PGDP Strategic Goal 3:

Human and Community Development, Strategic Objective 3.2, which is "Enhanced Health of Communities and Citizens". AWG "E" is responsible for SO 3.2. Other stakeholders in the AWG "E: are the Departments of Education, Sports and recreation, Social Development, Agriculture and Rural Development, Arts and Culture, Public Works, Cooperative Governance and Traditional Affairs, The Office of the Premier, and the Private Health Services in the Province.

SOCIAL DETERMINANTS PER DISTRICT

District Social Determinants

Table 4: Social determinants of health per district

	Year	Amajuba District	eThekwini Metro	Harry Gwala District	iLembe District	King Cetshwayo District	Ugu District	uMgungundlovu District	uMkhanyakude District	uMzinyathi District	uThukela District	Zululand District
Percentage of female households (%)	2016	48.4%	42.1%	53.9%	47.1%	49.8%	49.9%	46.4%	54.2%	58,9%	85.7%	53.8%
Unemployment rate (%)	2011	39.1%	27.1%	36%	30.6%	34.7%	35.2%	30.4%	42.8%	36,6%	39.6%	41.1%
Youth unemployment rate (15 – 34 years) (%)	2011	50.3%	39%	44.4%	37.2%	44.4%	45.1%	39.5%	51.2%	45,6%	49.3%	51.2%
Percentage of population 20 years and older with no schooling (%)	2016	12.3%	8.6%	25%	22%	24%	17.9%	11.7%	32,7%	39,9%	20.3%	24%
Percentage without matric (%)	2016	63.4%	56.9%	76.5%	67.2%	64%	68.1%	63.1%	68.9%	73,1%	66.7%	67.6%
Percentage without higher education (%)	2016	91%	89.1%	93.6%	93.7%	90.8%	91.9%	87.2%	93.6%	93,6%	93.4%	72.6%
Formal dwellings (%)	2016	84.4%	81.5%	41.7%	73.9%	70.6%	58.6%	76.7%	70.1%	47%	69.8%	62.1%
Percentage of households using electricity for lighting (%)	2016	92.1%	96.2%	81.2%	85.2%	91.9%	84.2%	92.8%	53%	69,8%	85.5%	84.9%
Percentage of households with flush toilet connected to sewerage (%)	2016	52%	30.7%	18.4%	20.4%	27.4%	20.8%	40.5%	7,5%	27,7%	29%	18.7%
Percentage of households with weekly refusal removal (%)	2016	53.8%	21.9%	23.1%	32.5%	27.3%	19.7%	41.4%	4%	15,5%	31.3%	22.3%
Percentage of households with piped water inside dwellings (%)	2016	37.3%	39.2%	11.4%	18.2%	26.9%	21.2%	37.7%	6.9%	23%	22.3%	14.6%
Drinking water system (Blue Drop) Performance rating (%)	2014	58.2%	95.9%	63.4%	86.7%	74.1%	66.3%	89.5%	57.9%	78%	34.5%	51.2%

Source: Stats SA, 2014 Blue Drop Report:, Stats SA F2016

Amajuba District Social Determinants

Progress is being made in Amajuba towards provision of basic services that are social determinants of health. Unemployment is a major problem in Amajuba District. It does not only affect an individual's living standards but it cripples the economic growth of the country and is a major social determinant for health that has a negative impact on the lives of the citizens within Amajuba. It contributes to the quick loss of skills and knowledge through disuse; it is also a contributing factor in inequality of income distribution. People without piped water use boreholes or services provided by both local municipalities and the Amajuba District Municipality by the water tanker service.

eThekwini Metropolitan Social Determinants

According to the Living Conditions Survey (Stats SA), approximately 60% of eThekwini households earn less than R38 400 per annum, with an estimated poverty headcount of 3.8% compared to 4.1% in other Metro's in South Africa.

The number of unemployed people increased from 233 338 in 2015 to 240 840 in 2016 (3.2%), with an unemployment rate of 27.1% in quarter two of 2018. The labour force's absorption rate increase of 0.4% (from 45.8% to 43.1%) and decrease in participation rate (from 59.31% to 59.1%) is indicative of an increasing number of people looking for employment and a decreased likelihood of them finding employment.[2]

More males (41%) than females (37%) attain some secondary school education, and a higher proportion of females (14%) than males (9%) are reported as having no formal schooling. Although the highest proportion of people with no schooling resides in uMzinyathi (30%), uMkhanyakude (28%) and Zululand (20%), the highest proportion of working age population resides in eThekwini.

Harry Gwala District Social Determinants

Harry Gwala District has high unemployment rate in general at 36% above the national and provincial average. The percentage of Female headed households (53.9%) is high. TB and HIV / AIDS death rate amongst males is high, as males general seek medical assistance only once the disease has advanced. Accidents and violence including self-inflicted injuries also contribute to the picture. (2017/18 DHB).

Youth unemployment is at 44% that is directly related to high HIV infection rates as people end up resorting to transactional sex, risky sexual behaviour and substance abuse. Unemployment also affects nutritional status hence the high risk of treatment related complications and non-adherence to treatment, leading to high death rate (both TB and HIV).

The high percentage of the population without matric (76.5%) is below the provincial and national average. This is linked to a high teenage pregnancy leading to high delivery rate in facility for females 10-19 years. This has a spiral effect on high youth unemployment rate.

[2] eThekwini IDP 2019/20

The low percentage of households with flush toilets connected to sewerage (18.4%) and the low percentage with piped water in dwellings (11.4%) has a direct effect on the high number of deaths related to diarrheal diseases in all age categories

iLembe District Social Determinants

The unemployment rate increased from 22.39% to 30.6% in 2011. Youth unemployment at 37.2% is cause for concern as some areas in the district have a high teenage pregnancy rate. Maphumulo is the leading sub district for delivery amount females 10 – 19 years, followed by KwaDukuza.

The district has experienced a decline in the number of people with higher education. There was a decline from 3.7% to 3.1% in 2011 pointing to a possible emigration of highly skilled- workers. The number of people with matric has however increased to 26.6% in 2011. There are some specific issues to be addressed relating to education that include the quality of education facilities, the infrastructure available at these facilities, inability to attract high quality educators and the uncoordinated and untargeted adult education and literacy programmes. The increased productivity and improvements to the skills base in the district aim to support economic and social development, with improved health outcomes.

King Cetshwayo District Social Determinants

The district has a high number of female headed households and high unemployment rate when compared to other districts in KZN, as well as across the country.

The level of education is below the provincial and national figures. The percentage of people over 20 years with no schooling is 24 % whilst the national figure is 7.1 %. The percentage of the population, without higher education is 90.8%. Information, Education and Communication (IEC) material provided to communities are translated into the communities' local languages. This is also practiced when providing health education in facilities.

The unemployment rate for the district has improved from 53.1% reported in census 2001 to 34.7% reported in census 2011. The percentage of households with access to electricity has improved from 52.6% (census 2001) to 75.8% (census 2011). Though the unemployment rate in the district has improved, it is still very high and the community is exposed to poverty linked diseases such as malnutrition. This may lead to downward social mobility which leads to the increased utilization of health the care system.

Health is determined in part by access to social and economic opportunities. The opportunities for employment in decent jobs are hampered by the low level of education to decent jobs and high number of families that are dependent on social grants and low paying jobs. The district has done well above the provincial and national figures in terms of households using electricity (91.9%); however, water supply is still a challenge and the lowest at 26.9%. This low access to piped water inside dwellings coupled with low percentage of households with flush toilets connected to sewerage (27%) could contribute to the high numbers of diarrhoeal cases in the district, which is the second leading cause of deaths among the under 5's.

The rate of unemployment is high for the ages 15-34 years, meaning these young men and women are generally medically uninsured and dependant on the public health services for their health care needs. Emphasis should be put on adolescent and youth friendly services to improve access.

Ugu District Social Determinants

Education is an important social determinant that has a significant impact on health status over the course of a lifetime. Higher levels of educational attainment are associated with improved health outcomes due to increases in timeous health seeking behaviour. In Ugu, 68% of the population does not have a matric qualification while 91% of the population has not gone onto higher education.

The unemployment rate in Ugu is 35%, this figure Is higher than the national average of 26%. High levels of youth (15-34 years) unemployment (45%) that impacts on the rates of teenage pregnancy and substance abuse. People who have a higher income and social status have a better standard of living and can afford healthcare which translates to improved health outcomes. Poverty is a major contributor to ill health as it may mean poor living conditions, which lacks adequate sanitation. This predisposes the communities to waterborne diseases like diarrhoea.

Only 58% of the population live in formal dwellings. People that live in informal settlements usually have many health problems, when compared to those with formal housing and sanitation. Access to safe water clean air, healthy workplaces, communities and roads contribute to good health, however, only 21% of the population, have piped water and 20% with access to sanitation.

Almost 50% of households are headed by females or are single income households, implying that a substantial number of children are growing up without both their parents for guidance and mentorship which may have repercussions on their point of reference in their adult life.

uMgungundlovu District Social Determinants

According to Stats SA Local Government Handbook 2016, the number of female-headed households is very high at 46.4% in uMgungundlovu District, as it is in the Province and the rest of the country. This leaves almost half of the women in the country having to support a household on a single income. This has a direct impact on living standards and quality of life.

A high unemployment rate (30.4%) in uMgungundlovu District represents a higher demand on public health care services and contributes to higher prevalence of substance abuse and teenage pregnancies.

The main social challenges in the District that are constraining health outcomes include;-

1. Single headed households – 46% of the households have to survive on a single income. This has a direct impact on the quality of life of the child.
2. Unemployment – 39.5% of the youth are unemployed. They are not able to sustain a reasonable lifestyle without an income.

3. Inadequate education – 11.7% of the population in the District are 20 years and older with no schooling. They are therefore not equipped to make rational healthy lifestyle decisions.
4. Teenage pregnancy – the escalating teenage pregnancy rate in the District has a direct impact on the maternal and child mortality performance
5. Crime – people live with high levels of anxiety due to the escalating crime statistics. This may increase mental health problems. .
6. Access to healthcare – due to overcrowding in some of the facilities, waiting times for procedures and for service is impeded.
7. Drug abuse – much of the teenage and adolescent mortality is attributed to this.
8. Lack of basic services –
    - Refuse removal – lack of this service leads to unhygienic living conditions.
    - Piped water – without reliable water supply it is not possible to maintain a healthy lifestyle.
    - Flushing toilets – only 40.5% of the households have flushing toilets. This is unhygienic and leads to bad health outcomes.
    - Housing – 24.3% of the District lives in informal housing. It is therefore very difficult for these residents to maintain a healthy lifestyle.
9. Formal education – 63.1% of the people have no matric and 87.2% are without higher education.
10. Cross border migration – people migrating across borders from other countries and districts impact on outcomes.
11. Lack of information –marketing of resources and packages of service is lacking; therefore impacting outcomes

uMkhanyakude District Social Determinants

uMkhanyakude District is socioe-conomically deprived. The district has high unemployment, low levels of education and poor living conditions. These social determinants make the district more prone to many diseases, especially water borne diseases such as diarrhoea and bilharzia. Most diseases follow a socioeconomic gradient, being more common in the poor than the well off. The low socioeconomic status of most of the population contributes to reduced life expectancy. Low educational levels in women are associated with higher fertility, and the district suffers one of the highest teenage (10-19yrs) pregnancy rates (21%) in the country consistent with the poor education and employment indicators.

Without improving educational outcomes, it will be difficult for the district to address high unemployment, poverty and high teenage pregnancies, which in turn feed the cycle of deprivation.

Being a border district makes the district prone to malaria; hence the Malaria Control Programme is based in the district. Malaria has been kept under control in the district since serious epidemics in the 1990s, however cases and deaths still occur, and the risk of outbreaks remains.

uMzinyathi District Social Determinants

uMzinyathi has a high percentage of female headed households (58.9%) which is much higher than the South African rate. Due to limited job opportunities within the district many

males migrate to seek employment outside the district, leaving females behind to head the households. The challenges associated with migrant work are; children grow up without the support of both parents, suspicion by the migrant male partners if their female partners are taking contraceptives, high conception in December when migrant working men return home; this explains the high numbers of deliveries in September, risk of sexual transmitted infections as migrant workers may have partners outside the district, Some migrant workers especially those on anti-retroviral medication (ARV's) do not want to be transferred out, their medication is collected by someone on their behalf and sent by taxi to for example Gauteng, some are unable to make the trip back to uMzinyathi and end up as early missed appointments or loss to follow.

uMzinyathi has an unemployment rate of 36.6% and youth unemployment of 45.6%. Unemployment contributes to food insecurity, malnutrition, social ills, substance abuse, sugar daddies. uMzinyathi is on the corridor route and has commercial sex workers.

39.9% of the district population 20 years and older have no schooling, this impacts on the understanding of health issues, identification of early warning health signs, late presentation for treatment, poor management of one's health and health in the household, adherence and taking health decisions.

The district has a formal dwellings rate of 47%, so 53% of dwellings in the district are traditional and informal dwellings. Informal dwellings may have challenges with overcrowding, poor ventilation, and poor sunlight which may contribute to respiratory conditions e.g. TB, as well as unfavourable room temperatures which may affect storage of medication. Informal dwellings usually have a lack of piped water, lack of proper sanitation, poor drainage, stagnant water, and lack of refuse removal which creates ideal conditions for flies, mosquitoes, rats, cockroaches, water borne microbes etc. which are vectors for the spread of diseases. Hand washing may be a challenge. There is generally a lack of electricity for cooking and refrigeration which may contribute to poor food safety. The burning of wood, coal, candles, gas, and paraffin may contribute to burns, paraffin poisoning and respiratory conditions. There is lack of recreational space for child development. Informal residents tend to relocate frequently which may affect tracing of patients.

The district has approximately 2,230 households which are headed by under 18 year olds, which comes with a myriad of challenges; lack of parental care, lack of supervision, role change responsibilities, teenage pregnancy, substance abuse, rape, food insecurity and poverty amongst other challenges facing children in child headed households.

uThukela District Social Determinants

The access to water was a challenge in the 2018/19 financial year due to the drought in the District. This affects households as well as service delivery especially in St. Chads due to low-pressure problem within the Municipality water supply; the Municipality is unable to provide St. Chads with water. Various meetings were held between the DoH and the District Municipality whereby the Municipality agreed to supply St. Chads with two tanker loads of 16000 litres capacity in a daily basis. However, this has to date not materialised as the agreed on water supply is irregular therefore leaving St. Chads often without any water, this have an impact on Infection and Prevention Control at the CHC. A borehole was also donated, but the yield from the borehole is very low and cannot sustain the water demands from the CHC.

The district received a water tanker to assist in the water supply to St. Chads and the clinics in the catchment areas. The tanker can accommodate 6000 litres, which is not a sufficient quantity to service all areas.

There are many rural areas within the district where accessibility of water is a huge challenge therefore service delivery for basic social determinants is not easy. The current boreholes have exceeded their life expectancy and require replacements. Unavailability of water affects prevention of communicable diseases and safety of feeding in infants who are formula fed.

Zululand District Social Determinants

The unemployment (U/E) rate is high at 51.2%. The high unemployment rate poses a high risk of social ills as is the case in issues of sexual assault, which is related to high use of marijuana and other drug related substances especially at uPhongolo, Abaqulusi and Nongoma sub-districts. As the number of unemployment increases, generally more people become uninsured (6%) requiring public health service interventions resulting in overstretching of the public service purse. Unemployment contributes to low food security and subsequent malnutrition (DHB 2015), as is the situation with a high severe malnutrition incident within the district of 1.6% (189/115824) (DHIS 2018/9).

There is a high percentage of youth ages (14-24 years) unemployment rate of 41.1%. This category of the community is very active, but unemployable as they also lack skills as 72.6% of them are without higher education qualification. This also may be contributing to the high teenage pregnancy rate ages10-19 years of 23% (DHIS 2018).

Percentage of households with flush toilets connected to sewerage is only 18%, which puts more pressure to the municipality to provide with pit latrines for them to have access to safe sanitation, to a level at least equal to half (20%) that of the Province which is at (40.3%).Only 51.2% of the population has access to drinking water system far below both the Provincial and National rates of 86% and 79.6% respectively, this has a contributory factor in the high diarrhoea with dehydration incidence of 5.9% (680/115824) (DHIS 2018/19DHIS) although it has decreased from 37%(1000/102145) in 2015/16. The district needs to plan for community services to improve on early identification and management though the utilisation of the Outreach Program – ward based outreach teams (WBoTs) and community education on the prevention and management of diarrhoeal diseases at a community level to reduce the incidence as well as mortality due to diarrhoea.

OPERATION SUKHA MA SAKHE

"Operation Sukuma Sakhe" (stand up and build) is a call for the people of KwaZulu-Natal to overcome the issues destroying communities such as poverty, unemployment, crime, substance abuse, HIV and tuberculosis. This is done in an integrated approach, which means that all spheres of government (national, provincial and local) play a clearly defined role. It ensures that the different government departments work together in a cohesive manner and that an integrated planning tool is used. Co-ordination does not end merely with the provision of services from service providers.

The KwaZulu-Natal DoH is actively involved in OSS from ward level (war rooms) up to the Provincial Task team level. The Department of Health has reports/feedback on health related OSS issues that are shared for MANCO's agenda. In addition, OSS districts reports are available. The Office of the Premier is lead in the OSS model.

EPIDEMIOLOGY AND QUADRUPLE BURDEN OF DISEASE

Epidemiologically, South Africa is confronted with a quadruple burden of disease (BOD) because of HIV and Tuberculosis (TB), high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma (National Department of Health, 2019).

LEADING CAUSES OF DEATH

The mortality data source in South Africa is Statistics SA (Stats SA) which uses data obtained from death notification administrative forms (Form BI-1663 and Form DHA-1663), filed by the Department of Home Affairs [1]. Furthermore, death notifications by Stats SA are compiled using the International Classification of Diseases (ICD) [1]. KwaZulu-Natal faces a convergence of infectious and chronic disease of lifestyle from which years of life are lost [2, 3]. In 2017, 76 60517 (17.2%) of deaths were reported in KZN, the second highest number of deaths after Gauteng province in South Africa [1].

According to the latest mortality report by Statistics South Africa, KwaZulu-Natal (KZN) has the second highest number of deaths in the country, contributing to 18.7% of the country's deaths [1]. Other forms of heart disease was the leading cause of death accountable for 8.2% of deaths in the province [1]. The number of deaths were the highest among the 1-14 years and 15-44 years age groups, with the latter age-groups'deaths occuring mostly at iLembe district. Overall, eThekwini and uMgungundlovu districts contributed to the highest numbers of deaths in the province. This can be attributed to their large populaion sizes relative to the other districts.

Respiratory and intestinal infectious diseases are the leading causes of death among both male and female infants (less than 1 year old) [2]. Pneumonia, diarrhoae, malnutrition and respiratory diseases have been reported as one of the main causes of death among infants in KZN [3-7]. These illnesses frequently occur together, in vicious cycles of poverty and ill health. These illnesses, together with malnutrition, pose particularly high risks to HIV-infected infants, who have been reported to be at high risk of death should they become infected wth these diseases [4 7 8].

Among the 1-14 years old age group, *influenza and pneumonia* and *other forms of heart disease,* were the leading causes of death among males and females respectively [1]. Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) were among the top six causes of death in this age group but more so for females [1]. Influenza, pneumonia, HIV and TB are under-researched among this age group probably due to ethical bureaucracy that researchers have to go through in studying this age group. The province may need to prioritize clinical and socio-economical research around this age group.

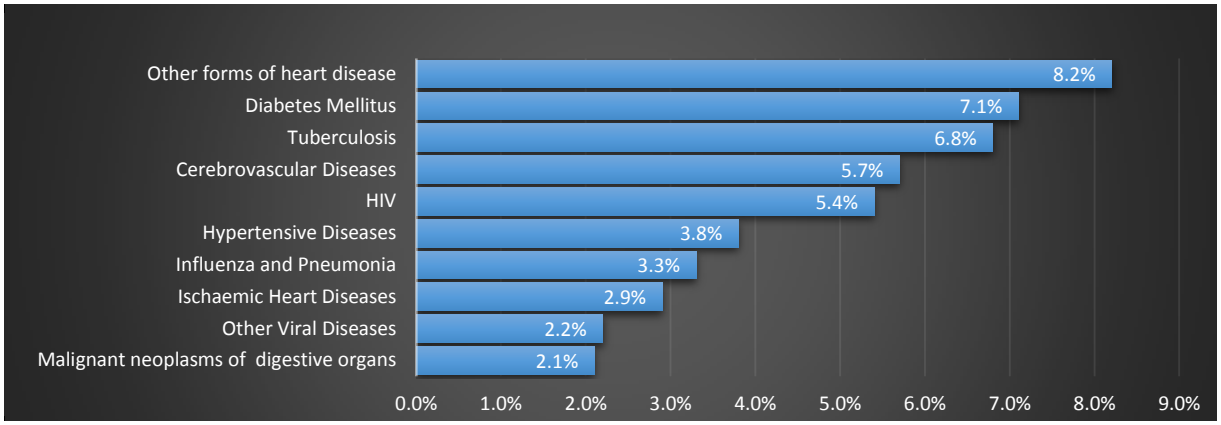
Most deaths (24718 of the total 43719) in the province occurred in the 15-44 year[1] age group. The top two causes of death in this age group were TB and HIV, for both females and males. About 11.8% of deaths were due to TB among males and 14.7% of deaths were due to HIV among females [1]. This aligns with previous studies conducted in KZN that showed that females carry the highest HIV burden in the province [9] [10]. Tuberculosis and HIV frequently occur as comorbidities and therefore are expected to have similar trajectories especially in this age group[11]. Additionaly, *other forms of heart diseases* was third and fourth leading cause of death among males and females respectively. This also aligns with previous studies which showed the predominance of cardiac diaseases and hypertension in this age group [12] [13]. The province should prioritize community level health promotion programmes for this age group in order to lower risk factors (such as obesity and type two diabetes) and thus reduce the number of deaths due to these causes in the province.

Tuberculosis is the third leading causes of death in KZN and ranks number one as the leading cause of death among men in the 45-64 years age group, causing 10.2% of deaths in this age group [1]. Men more than women in this age group are susceptible to death due to TB as shown in previous studies [14] [15]. TB mortality has been found to be attriutable to smoking and men tend to smoke more than females hence the high TB mortality among men [16-18]. Moreover, worldwide, men have been shown to be more likely to default their TB treatment leading to death [19-21]. Among women of the 45-64 years age group, TB was the sixth leading cause of death [1]. This calls for an urgent male-targeted strategy for mitigating the high TB mortality among men in KZN. Diabetes mellitus is the leading cause of death among females in the 45-64 years age group, causing 12.8% of deaths [1]. As shown in previous studies, the prevalence of diabetes is higher among adult women than adult men [22] [23]. Furthermore, comorbidities (especially hypertension) [22] [23]are prevalent in this age group (45-64 years old) causing more deaths especially due to *other forms of heat diseases* which caused 7.6% and 8.8% of deaths among males and females in the same age group [1].

Non communicable diseases are the most common causes of deaths among adults who are more than 65 year old. *Other forms of heart disease* and diabetes were the leading causes of deaths among men (10.9%) and women (13.1%) respectively [1].

The integrated management of both communicable and non communicable diseases needs to be prioritized in order to reduce the mortality rate in the province. Risk factors such as smoking and low physical activity must be addressed at community level. Poverty remains a risk factor for diseases such as pneumonia and diarrhoea and must be reduced across the province. District-specific concerns such as the high number of deaths among the 15-44 years old group in iLembe district should be investigated further.

Graph 2: The ten leading underlying Natural Causes of Death, KZN 2018



Source: Mortality and causes of death in South Africa: Findings from death notification

The ten leading causes of mortality in KwaZulu-Natal are presented in the graph (as reported by STATS SA in June 2021). The graph shows that a staggering 27.7% of deaths are due to cardio- and cerebrovascular diseases and their risk factors, i.e. "other forms of heart disease", diabetes mellitus, cerebrovascular disease, hypertension, and ischemic heart disease. "Other forms of heart disease" includes congestive heart failure, myocardial infarction, cardiomyopathy etc. The risk factors for these diseases are linked. For example, congestive heart failure often occurs as a result of coronary heart disease, and coronary heart disease is directly linked to hypertension and diabetes. In addition to contributing to cardio- and cerebrovascular deaths, hypertension and diabetes are listed below as causes of death on their own, and are thus critical factors to address in KZN in order to reduce morbidity and mortality.

Increasing prevalence of high blood pressure is connected to rising levels of obesity, which affects 68% and 31% in women and men in South Africa respectively (National Department of Health Statistics South Africa, 2016). Similarly, obesity is also a major risk factor for the development of diabetes. To reduce mortality in adults in KZN, the major areas of focus need to be cardio- and cerebrovascular diseases and their risk factors - hypertension and type 2 diabetes mellitus. The best strategies to reduce mortality from these conditions are firstly to prevent them from occurring by implementing programmes that reduce obesity, for example through continuous education and facilitating the adoption of healthy lifestyles by communities. These programmes should take into account the economic status of communities – poorer people may be less able to adopt the healthy lifestyles (including healthy eating patterns) required to prevent and reduce obesity levels. Secondly, the health services provided at primary health care level should focus more on detection and treatment of early disease. Although efforts have been made to detect and treat hypertension and diabetes through the interventions of Community Health Workers, they have not been as successful as hoped, with a significant proportion of patients referred from households not presenting at clinics for confirmation of diagnosis and initiation of treatment (Madela et al 2020). Further efforts around health promotion and health education must be made in this regard.

Communicable diseases remain an important cause of death in KZN. The related infections of HIV and TB caused 5.4% and 6.8% of deaths respectively. KZN has one of the highest prevalences of HIV in the world, and this drives the TB epidemic and may also impact on the

incidence and outcomes of other infectious diseases such as pneumonia. It is essential that efforts to detect and treat HIV infection continue. In addition, the contribution of poverty to HIV, TB and other infectious diseases should not be underestimated. Poor nutrition, overcrowding in homes, and lack of water and sanitation facilities continue to contribute to the incidence of infectious diseases in KZN. Addressing these gaps is critical to reducing mortality due to infectious diseases in the province. Vaccination against all infectious diseases remains the most important health systems intervention to reduce mortality due to these pathogens.

MORBIDITY PROFILE

Table 5: Examples of causes of death in each broad cause group

Broad cause group	Examples
Communicable diseases (excluding HIV and TB) maternal, perinatal and nutritional disorders (Comm/Mat/Peri/Nut)	Diarrhoeal diseases Meningitis & encephalitis Maternal conditions Perinatal conditions Nutrition disorders
HIV-related and TB (HIV and TB)	HIV-related Tuberculosis
Non-communicable diseases (NCDs)	Cerebrovascular disease Diabetes mellitus Ischaemic heart disease Cancer
Injuries	Transport injuries Interpersonal violence

The ICD classification contains a detailed list of causes of mortality that is too extensive for public health use. For this reason, the ICD codes were aggregated according to the National Burden of Disease (NBD) list, which is a condensed list of conditions containing the most prevalent diseases across South Africa, including those of public health importance. The NBD list of causes was aggregated into three broad cause groups, namely communicable diseases together with perinatal, maternal and nutritional conditions (Comm/Mat/Peri/Nutr); non-communicable diseases (NCDs); and injuries, as indicated in the 2000 NBD study (Table 3: Examples of causes of death in each broad cause group). Given the large burden caused by HIV-related deaths, which form part of the communicable disease group, these deaths were separated into a fourth group. Since many HIV deaths are misclassified to tuberculosis (TB), the TB deaths were reported with the HIV deaths.

'Years of life lost (YLL)' is a measure of premature mortality based on the age at death and thus highlights the causes of death that should be targeted for prevention. The number of deaths, age distribution and the seasonal trends for each year were examined and compared for all districts. Rates were calculated using the population estimates from the District Health Information Software (DHIS), based on 2002–2018 district cohort estimates developed by Stats SA (2013).

It is important to note that a large proportion of HIV deaths has been misattributed to immediate causes of death such as TB, diarrhoeal diseases and lower respiratory infections, and that since many injury-related deaths are misclassified to ill-defined intent, the ranking of injury causes may be unreliable.

In 1997, 2007 and 2017, the three leading single causes of YLLs in South Africa were HIV-related conditions, TB and pneumonia, with diarrhoea ranking third and fourth respectively in 1997 and 2007, suggesting that HIV-related mortality remains the leading cause of YLLs in the majority of districts in South Africa. Cardiovascular conditions also ranked in the top 10 leading causes and gained more prominence in ranking in 2017, when YLLs ranked fourth for cerebrovascular disease, fifth for diabetes mellitus, sixth for hypertensive disease and seventh for ischaemic heart disease compared to 1997 when only three of these conditions ranked fifth, seventh and ninth. Also, in the top 10 leading causes of YLLs across South Africa are interpersonal violence and road injuries, except for 2017 when road injuries were not among the top 10 leading YLLs (Neethling, Groenewald et al. 2020).

Trends in leading causes of premature mortality at Districts in the KwaZulu-Natal Province between 2010 and 2017.

Figure 2: Ranking of 20 leading causes of years of life lost by each district in KZN, 2017 (Neethling, Groenewald et al. 2020)

Prov	District	HIV/AIDS	Tuberculosis	Lower respiratory infections	Cerebrovascular disease	Diabetes mellitus	Hypertensive heart disease	Ischaemic heart disease	Endocrine nutritional,blood, immu..	Interpersonal violence	Mechanical forces	Road injuries	Diarrhoeal diseases	Hanging, strangulation	COPD	Nephritis/nephrosis	Preterm birth complications	Septicaemia	Epilepsy	Meningitis/encephalitis	Asthma	Prostate	Sepsis/other newborn infectious	Other perinatal conditions	Malaria	Exposure to natural forces	Other transport accidents
KZ	Amajuba DM: DC25	2	1	3	4	6	7	12	15	8	17	5	9	13		10	11	16	20	18							
	Harry Gwala DM: DC43	1	2	3	4	5	7	16	9	10	13	6	8	14		18	17		15		11						
	King Cetshwayo DM: ..	1	2	6	3	4	7	14	8	9	10	5	11	12		13	18	16	19								
	Ugu DM: DC21	1	2	4	3	5	7	9	10	6	11	14	12	8	16	13	17	18	19								
	Zululand DM: DC26	1	2	3	4	6	9	13	5	10	12	11	7	8		16	17	14	19	20							
	eThekwini MM: ETH	1	2	6	5	7	11	3	10	8	4	16	13	9	20	12	14	15									
	iLembe DM: DC29	2	1	5	3	7	15	4	9		10	19	8	6		11	13	12		16							20
	uMgungundlovu DM: D..	1	2	5	3	4	6	7	11	9	8	12	10	13		14	18										
	uMkhanyakude DM: D..	1	2	6	3	7	5	16	15	8	13	4	11	9		12		18									
	uMzinyathi DM: DC24	1	2	4	3	7	6	12	9	11	8	5	10	15	20	13	14	19	18								
	uThukela DM: DC23	1	2	3	4	8	10	7	12	11	9	6	5	14		13	15	18	16	17							

Table 6: Provincial overview in the trends in leading causes of premature mortality between 2010 and 2017

RANK:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
KZN	**HIV/AIDS**	**Tuberculosis (TB)**	**Cerebrovascular disease (CVD)**	**Lower respiratory infections (LRI)**	**Diabetes mellitus (DM)**	**Ischaemic heart disease (ISH)**	**Mechanical forces**	**Hypertensive heart disease (HTH)**	**Interpersonal violence (IPV)**	**Road injuries**
	14.8%	10.7%	6.0%	5.5%	4.4%	4.0%	3.8%	3.4%	3.3%	2.9%
Amajuba	TB	HIV	LRI	CVD	Road Injuries	Diabetes	Hypertensive	IPV	Diarrhoea	Nephritis
eThekwini	HIV	TB	Ischaemic heart	Mechanical	CVD	LRI	Diabetes	IPV	Hanging	Endocrine
Harry Gwala	HIV	TB	LRI	CVD	Diabetes	Road Injuries	Hypertensive	Diarrhoea	Endocrine	IPV
iLembe	TB	HIV	CVD	Ischaemic heart	LRI	Hanging	Diabetes	Diarrhoea	Endocrine	Mechanical Forces
King Cetshwayo	HIV	TB	CVD	Diabetes	Road Injuries	LRI	Hypertensive	Endocrine	IPV	Mechanical Forces
Ugu	HIV	TB	CVD	LRI	DM	IPV	Hypertensive	Hanging	Isoschemic	Endocrine
uMgungundlovu	HIV	TB	CVD	Diabetes	LRI	Hypertensive	Isoschemic	Mechanical	IPV	Diarrhoea
uMkhanyakude	HIV	TB	CVD	Road Injuries	Hypertensive	LRI	Diabetes	IPV	Hanging	
uMzinyathi	HIV	TB	CVD	LRI	Road Injuries	Hypertensive	Diabetes	Mechanical	Endocrine	Diarrhoea
uThukela	HIV	TB	LRI	CVD	Diarrhoea	Road Injuries	Ischaemic	Diabetes	Mechanical	Hypertensive
Zululand	HIV	TB	LRI	CVD	Endocrine	Diabetes	Diarrhoea	Hanging	Hypertensive	IPV

Table 6 provides the provincial overview of the trends of the leading causes of premature death between 2010 and 2017. Overall, all Districts were shown to have suffered premature mortality due to HIV and related illnesses such as TB and lower respiratory infections. This is similar to the Provincial profile depicted in Figure 4. Five out of the 11 Districts mirrored the Provincial top three leading causes of premature mortality (HIV, TB and cerebrovascular disease). These were the King Cetshwayo, Ugu , uMgungundlovu, uMkhanyakude and uMzinyathi Districts. The remaining causes of premature mortality at Districts were non-communicable diseases and injuries which is similar to the Provincial profile.

Some districts such as eThekwini , iLembe , Ugu , uMkhanyakude and Zululand experienced self-harm injuries such as hanging as one of the leading causes of premature mortality which is different to the Provincial profile. Seven of the Districts suffered premature mortality as a result of diarrheal diseases, which is in contrast to the Provincial profile. Diarrhoeal diseases, which is a communicable disease, is usually found in children under 5 years. This may be linked to water and sanitation as well as nutrition (https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease). Access to adequate sanitation may be poor in urban districts such as uMgungundlovu where the rate of diarrhoeal diseases was high, as well as in rural districts. A high prevalence of diarrheal disease may also be due to the high number of people living with HIV (https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease).

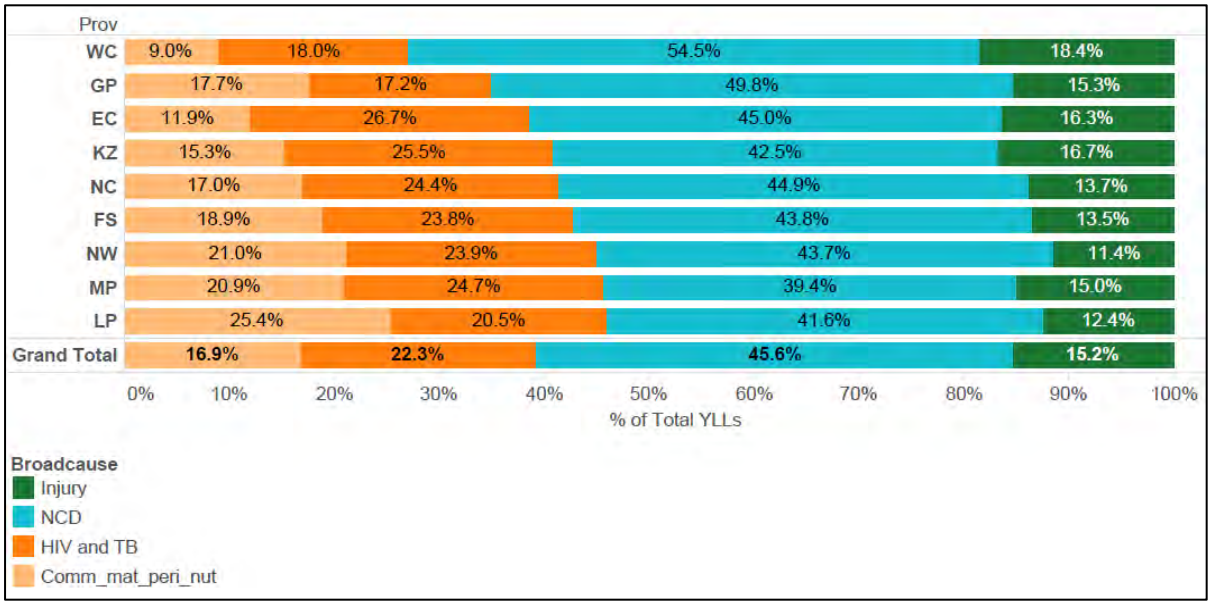
Other conditions which appear different to the Provincial profile of the leading causes of premature mortality is Nephritis at the Amajuba District and endocrine disorders found at eThekwini , Harry Gwala, iLembe , King Cetshwayo, Ugu , uMzinyathi and Zululand Districts.

The rise in hanging injuries, diarrheal diseases, and endocrine disorders as leading causes of premature mortality at Districts needs to be investigated. These may provide insight into underlying conditions such as mental health, poor nutrition, diet and obesity, high cholesterol, lack of physical activity and may also be indicators of pre-existing diseases.

In summary, whilst the Province has implemented prevention, treatment and care interventions for achieving the UNAIDS 90-90-90 targets and is working towards attaining the Sustainable Development Goals (SDG) that were adopted, the Provincial and District profile of the leading causes of premature mortality show that we are still far from realising the SDG goals. These goals include SDG .3.3 which aims to end the epidemics of Acquired Immune Deficiency Syndrome (AIDS), tuberculosis, malaria and neglected tropical diseases and hepatitis, water-borne diseases and other communicable diseases by 2030 (Neethling, Groenewald et al. 2020). Non-communicable conditions and injuries are largely preventable and the Province and Districts need to focus on improving interventions that would decrease the burden of disease. Further investigations are required in the rise of other condition at the District level.

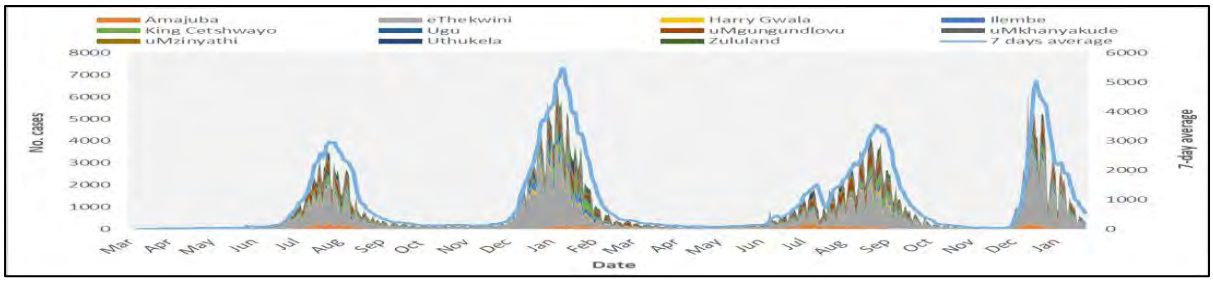
Figure 3 below provides the National broad cause of years of life lost in 2017. A major proportion of years of life lost is actually due to non-communicable diseases (45.6%) followed by HIV and TB (22.3%). This was followed by communicable, maternal, perinatal and nutrition (16.9%) and injuries (15.2%). The KZN profile showed a similar trend in the years of life lost.

Figure 3: Percentage of years of life lost by broad cause by province, 2017 (Neethling, Groenewald et al. 2020)



IMPACT OF COVID-19 ON THE DEATHS FROM NATURAL CAUSES

Graph 3: Epidemic curve of COVID-19 cases by report date, KwaZulu-Natal, 5 Mar 2020–22 Jan 2022



COVID-19 PANDEMIC

KZN has the second highest number of laboratory confirmed cases in South Africa and ranks fourth in terms of COVID-19 fatalities. eThekwini contributes 47%, followed by uMgungundlovu at 12% of the cases provincially.

Table 7: Distribution of COVID-19 cases and deaths by district, KwaZulu-Natal, 5 Mar 2020–23 Jan 2022

District	New cases	%. New cases	Total cases	% Total cases	New deaths	Total deaths	%. Total deaths	Case fatality rate (%)
eThekwini	186	50.1	300 724	47.0	0	5 477	34.9	1.8
iLembe	15	4.0	39 111	6.1	0	813	5.2	2.1

District	New cases	%. New cases	Total cases	% Total cases	New deaths	Total deaths	%. Total deaths	Case fatality rate (%)
uMgungundlovu	67	18.1	75 427	11.8	0	2 212	14.1	2.9
uThukela	12	3.2	29 844	4.7	0	952	6.1	3.2
King Cetshwayo	23	6.2	50 973	8.0	0	1 423	9.1	2.8
Ugu	25	6.7	32 078	5.0	0	942	6.0	2.9
Amajuba	7	1.9	25 940	4.1	0	1 082	6.9	4.2
uMkhanyakude	7	1.9	21 603	3.4	0	736	4.7	3.4
Harry Gwala	13	3.5	15 148	2.4	0	552	3.5	3.6
Zululand	9	2.4	27 816	4.3	0	664	4.2	2.4
uMzinyathi	7	1.9	16 717	2.6	0	845	5.4	5.1
Unallocated	0	0.0	4 263	0.7	0	10	0.1	0.2
Total	371	100.0	639 644	100.0	0	15 708	100.0	2.5

*NB: Due to transfer in and out of patients between districts and hospitals, some patients demise in the districts they were transferred to, contributing to change in the number of deaths by the district after reallocation.

The new variants together with poor compliance to non-pharmaceutical interventions pose a major challenge to the fight against COVID-19. These factors results in high positivity rate amongst the population. KwaZulu-Natal has a case fatality rate of 2,5% and mortality rate of 131 cases per 100 000 population. uMgungundlovu had the highest mortality rate (190 deaths/100 000 population) which is higher than the provincial rate. Amajuba , had the second highest mortality rate (189 deaths/100 000 population). The major contributory factors towards COVID-19 fatalities include late presentation to health facilities.

Table 8: Distribution of cases and deaths by district, KwaZulu-Natal, 5 Mar 2020–19 Jan 2022

District	Total deaths	%. Total deaths	Total cases	Case Fatality rate (%)	Population	Mortality Rate / 100 000
Amajuba	1 082	6.9%	25 909	4.2%	572 008	189/ 100 000
eThekwini	5 469	35.0%	299 715	1.8%	4 018 350	136 / 100 000
Harry Gwala	552	3.5%	15 094	3.7%	510 113	108 / 100 000
iLembe	806	5.2%	38 967	2.1%	688 961	117 / 100 000
King Cetshwayo	1 423	9.1%	50 879	2.8%	969 743	147 / 100 000
Ugu	940	6.0%	31 919	2.9%	827 384	114 / 100 000
uMgungundlovu	2 188	14.0%	75 152	2.9%	1 150 284	190 / 100 000
uMkhanyakude	735	4.7%	21 555	3.4%	680 656	108 / 100 000
uMzinyathi	842	5.4%	16 622	5.1%	569 454	148 / 100 000
uThukela	918	5.9%	29 789	3.1%	708 994	129 / 100 000
Zululand	663	4.2%	27 761	2.4%	867 238	76 / 100 000
Unallocated	10	0.1%	4 249	0.2%		
Total	**15 628**	**100.0%**	**637 611**	**2.5%**	**11 563 185**	**135 / 100 000**

The following are staff appointed to assist the Department in the fight against the COVID-19 pandemic. The staff that are currently appointed on contract will terminate on 31st March 2022. The extension of their contracts and possible absorption into the Department is dependent on available funding.

Table 9: Category of staff employed by the Conditional Grant for COVID-19

Category	Number
Professional Nurses (General and Specialty)	1374
Staff Nurses	2773
Nursing Assistants	515
Administration Clerks	677
Cleaners and Porters	945
Physiotherapists	18
Radiographers	7
Clinical Psychologists	2
Audiologists	24
Optometrists	3
Data capturers	338
Emergency Care Officers	100
Medical Officers (including Cuban Medical Brigade)	27
Epidemiology / Technologists (*Cuban)	5
Pharmacists	2
Pharmacists Assistants (* vaccination sites)	210
Total	**7020**

The National vaccination program is in the second phase that started with vaccination of the 60 years and above population. At the end of September 2021, the Department started to vaccinate the undocumented persons. In October 2021 the Department started to vaccinate the 12-17 years old. In December 2021, the Department started to provide booster doses for both Johnson and Johnson and Pfizer vaccines, although the booster doses started with the health workers, it is now opened for the general population.

SOCIAL ECONOMIC COVID RECOVERY PLAN

COVID-19 affects the KZN economy, social factors and governance by affecting production, disrupting markets, impacting on financial markets, and the threat of reversing the gains made in gender equality, provisions for vulnerable groups and general service delivery. A Province wide response was needed and the Economic recovery plan seeks to address this.

The plan contains the risk Adjusted strategy for economic activity at the various levels of Alert in the COVID-19 response. The plan guides on the health service bed availability, reconfiguration of wards for field hospitals and available on demand beds to be activated. The plan further provides actions to follow through the various lockdown levels (Social Economic Recovery Plan, OTP, 2021 May).

STAKEHOLDERS OF THE KZN DEPARTMENT OF HEALTH

Apart from the uninsured population that features as the main stakeholder of the KZN DOH, the Service Charter provides a list of the stakeholders and the channels used to engage with them. The information is housed in the table below:

Table 10: Stakeholders and consultation from the KZN DoH Service Charter 2020/21

Customer and Stake holder	Influence	Interest	Linkages with other stakeholders	Consultation Mechanism
Citizens/Patients	High	High	Direct recipient of public health services	• Sectoral Parliaments (Youth, Women, Workers, Disability, Elderly Persons, amongst others) • Taking Legislature to the people • Oversight visits by the Health Portfolio Committee and Legislature • Hospital Boards & Clinic Committees • Ombudsperson • Community consultations • Community events and Health Programmes • Provincial health Operations centre • Public relations Network • Provincial health Consultative Forum • Meetings, Forums and other platforms
Departmental Personnel	High	High	Instrumental in providing public health services to the public	• Meetings and Forums • Circulars/ Directives and Newsletters • Internet & Intranet • Brochures and Leaflets • Staff Focused Events • Employee Wellness programmes

Customer and Stake holder	Influence	Interest	Linkages with other stakeholders	Consultation Mechanism
Other Stakeholders				
Tertiary Academic Institutions	Low	High	Generating knowledge for all sectors of society. They prepare students for employment.	• Meetings • Forums • Written and formal communications • Formal hearings/ presentations • Internet & intranet • Tele - & video conferencing & Skype for business • Various inter – Governmental Forums • Provincial Consultative Health Forum (PCHF) • Provincial Health Council (PHC) meetings
Non-Governmental Organisations (NGO's), Faith Based Organisations (FBO's), and Church Based Organisations (CBO's)	High	High	Participate in planning and implementation of the NDP	
Other National and Provincial departments	High	High	Key players in legislative and regulatory environment	
Mayors and other Local Government	High	High	Key players in legislative and regulatory environment	
Provincial Legislature	High	High	Approval of policy documents and plans	
Traditional Healers	Low	High	Alternative healers operating within the same public space	
Office of Health Standard Compliance (OHSC)	High	High	Oversight body for compliance of health standards	
Private Sector Organisations	High	Medium	Provision of capital and employment opportunities through partnerships and investment	
Office of the Auditor General	High	High	Audit role on compliance with legislation	
Health Portfolio Committee	High	High	Approval of policy documents and plans	
Finance Portfolio Committee	High	High	Approval of policy documents and plans	
Standing Committee on Public Accounts	High	High	Approval of policy documents and plans	
Suppliers and Service Providers	Low	High	Providers of services and supplies	
Organised Labour	High	High	Main negotiators of working conditions and terms of employment between employers and employees	
Civil Society	High	High	Participates in planning and implementation of the NDP. Holds government and the private sector accountable	

SERVICE DELIVERY IMPROVEMENT

The Department had completed a service delivery improvement plan for 2020/21. As per the DPSA Circular 1 of 2020/21, The DPSA is in the process of consulting to review the SDIP

directive. The review is needed to align the SDIP to the strategic and Annual Performance Plans Framework of DPMW as well as to align to the impact of COVID-19. There was a gap year 2021-2022 in which consultations were planned to finalise the new SDIP directive and related toolkit. SDIPS for the period 2022/2023 to 2023/24 are due to be submitted to DPSA by 1 April 2022.

UNREST IN THE PROVINCE

After the social unrest of July 2021, the KZN DoH took stock of how service delivery and the Department were affected by the social unrest and looting. Five (5) EMS/FPS facilities in the eThekwini area were affected by the social unrest. In eThekwini , 231 pharmaceutical services/EMS and FPS services could not be rendered. Nine (9) emergency vehicles were affected during this period. And the total amount of damages that the health sector suffered was R2 023 064.

On the week 12-18 July 2021 the vaccination program experienced significant disruption due to civil unrest. Although not officially suspended, sites could not open due to safety concerns and staff shortages due to disruption of transport and road access. This resulted in daily vaccination numbers dropping drastically. In comparison to the previous week that saw more than 200 000 vaccinated, there was an overall 88% drop in the number of vaccinations to around 25 000 (KZN DoH, 2021).

1.2 Internal Environment Analysis

Vulnerable Groups (Inc Women, Children, People with Disabilities)

The Department is currently engaging in dialogues targeting youth through the "SHE CONQUERS" programme even in the presence of limited resources. In an attempt to facilitate leadership and advocacy programmes, the Departmental Workplace Skills Plan has been approved for the implementation of Junior and Middle managers which caters for all staff at level 7 of which the majority are women.

The Department has provided input into the Provincial Implementation Plan for Gender Transformation Strategy. Key priorities for the next planning cycle include Establishing gender management systems and institutional mechanisms and key performance indicators in performance contracts. Gender sensitive management for all managers at all levels will be prioritised.

Gender Based Violence and Femicide

Interactive workshops were planned to address Gender based violence issues in the Province. The workshops could not proceed as planned due to restrictions relating to the COVID-19 Pandemic. The COVID-19 restrictions already impacted on gender based violence as it was reported nationally that there was an increase in gender based violence cases during the hard lockdown during Level 5.

Despite the challenges of the COVID-19 pandemic the Department was able to train over 19 125 employees on Gender Based Violence in the Province.

The focus going forward will be to ensure that victims of Gender based violence receive the necessary psychosocial support and advice on dealing with gender based violence. The Department will also focus on ensuring that all Wellness Practitioners are capacitated to provide psycho-social support to victims of sexual and gender-based violence.

Although the Office of the Premier (OTP) is the lead for the Gender Based Violence and Femicide (GBVF) Strategy approved on 9th February 2022, Health still plays a pivotal role in the forensic medicine for prosecution of perpetrators, as part of the co-ordinated, multi-sectoral coherent strategy and framework. This strategy and framework will be aligned to the Provincial AIDS council work, for maximum impact. Plan detailing the activities required

1. Trainings: both Discipline-specific and Multi-Disciplinary Trainings (MDT):
   - UKZN Honours and Post Graduate Diploma Forensic Medicine (to be re-surrected)
   - MDT: Stakeholder training throughout the province on GBVF: Annual Plan drawn up
   - Training of traditional Leaders on GBVF in collaboration with NPA
   - Training of educators on GBVF
   - Training of medical officers on GBVF continued…

2. Awareness programs:
    - Both health-specific and inter-disciplinary
    - Webinars on the Thuthuzela care centres (TCC)Model
    - School visits on GBV
    - Participation on Ministerial and high profile visits relating to the CJS and GBVF

3. Establishment new TCC's in KZN
    - Participation on identification for the establishment of TCC sites. This requires a critical analysis of DoH and SAPS statistics, conducting site visits and training of officials.
    - Two sites have been earmarked for TCC's in 2022/2023: Mosvold Hospital in uMkhanyakude District and Rietvlei Hospital in Harry Gwala District

4. Upgrading of Crisis Centres
    - Where statistics warrant it, discussions with NPA for upgrading ito of NPA support staff with Case Manager, site Co-ordinator and Victim Assistance Officer

5. Health Chemistry lab for drug testing
    - Engagement with national office regarding the urgency and importance of drug testing in KZN Upgrading of the existing NHLS laboratory in Magwaza Maphalala Street (Gale Street) to engage in drug testing. The lab currently does only alcohol testing.

6. Plan for Teenage Pregnancies (Forum established with NPA, DoE, DSD and OTP)
    - KZN DoH is part of core team dealing with teenage pregnancy in the province.
    - Analysis of DoH and DoE stats on teenage pregnancy.
    - Provide training to DoE personnel to medical legal importance re GBV
    - Addressing ToP and follow through with DSD

7. Diploma in Forensic Nursing
    - The curriculum for the Diploma in Forensic Nursing has been approved by SANC
    - KZN College of Nursing is preparing to send Nurse Educators for a Masters Degree in Forensic Nursing who on qualification will the be responsible for offering the Post-Basic Diploma

8. DoH is an integral member of a number of Inter-governmental Fora including:
    - Sexual Offences Committee chaired by DoJ
    - Human Trafficking, Harmful Practices, Prostitution, Pornography and Brothels (HHPPB) Rapid Response Team chaired by NPA's Sexual Offences and Community Affairs (SOCA) Unit
    - KZN Thuthuzela Care Centres (TCC) Forum chaired by the NPA's SOCA Unit
    - Domestic Violence Forum chaired jointly by the DoJCD and NPA
    - The KZN Victim Empowerment (VEF) Forum chaired by DSD

Men's Health

Men's health has been a focus of the Department through the campaigns of Isibaya Samadoda and Ikhosamba lamajita. One thousand, two hundred and eighty three (1 283) men from King Cetshwayo, eThekwini and iLembe Districts were reached for the engagements on social ills and expectations. A further 709 men were reached through Isibaya Samadoda and 584 through Ikhosomba lamajita.

Military Veterans and Farm Workers Health

The KZN department has embarked on provision of integrated outreach health services in communities where the vulnerable groups can be reached. Farm dwellers/workers will further be reached through COVID-19 vaccination campaigns in selected districts.

Youth Services

The KZN Department of Health, provides services youth friendly services in facilities as a strategy to improve uptake of preventive and promotive health services including family planning among this priority age demographic. In addition, the Department will be establishing systems to monitor the procurement spend to businesses owned by youth in the 2022/23 Annual Operational Plan.

Audit Outcomes

The Department obtained a Qualified Audit for the period 2020/21. The basis for the qualified opinion includes items relating to irregular expenditure, Movable tangible capital assets and minor assets, goods and services, Accruals and payables not recognized, Uncertainty relating to the future outcome of litigation and Unaudited supplementary schedules.

Financial Management

For COE, there was under-expenditure due to the inability to fill posts, including replacement posts. In addition, there was inadequate funding over the Medium Term Expenditure Framework (MTEF) period as well as delays in the filling of COVID-19 contracted posts. The delays in the commissioning of Dr Pixley Ka Isaka Seme Memorial Hospital (DPKISMH) further compounded the problem

There was under-spending of medicines as a result of slower than expected spending on COVID-19 medicines, due to the first and second waves of the pandemic being lower than expected. Contractors' costs were under-spent in respect of contracting Medical Male Circumcision (MMC) doctors, with the programme put on hold due to the national lockdown. In addition, there were delays in the finalisation of medical equipment maintenance contracts. Legal services' costs were less than the budget and this was attributed to courts being affected by the national lockdown. Transfers to municipalities under-spending was mainly attributed to the challenge experienced by eThekwini to appoint nursing staff within municipal clinics, with the transfer dependent on how many staff the municipality employs. Machinery and equipment was under-spent by R658.274 million, at 55.9 per cent of the Final Appropriation, related to slow procurement processes for the Private Automatic Branch Exchange (PABX) system, the replacement of computers, Emergency Medical Services (EMS) training equipment, as well as for the generator replacement programme and DPKISMH. There was also slow spending due to the medical equipment plan being finalised late in the financial year. In addition, the spending was impacted by the lengthy conversion process of ambulances. Equipment procurement was further impacted due to shipping delays associated with COVID-19 travel restrictions.

The first and second waves of the COVID-19 pandemic were not as costly as initially anticipated. The underspending was also affected by the Department receiving donated ventilators. Further, the equipment needed for COVID-19 was lower than initially expected.

Information, Communication and Technology (ICT)

While more hospitals have data lines than in previous financial years, some of these lines are not functional all the times, due to a number of issues but mostly cable theft and repeated cases thereof. There was still a high down time of IT equipment due to poor wireless reception, despite many PHC facilities having Global System for Mobile communications (GSM) routers installed for improved wireless connectivity.

Communications

During efforts to contain the spread of COVID-19, the public was urged to stay home and only present to health facilities in emergencies. As a result, fewer clients came to the facilities over the past year. The Department improved the communication platforms to reach clients. Efforts included interactive TV/radio and online shows and Health chat which connects the Department with the public to arm them with knowledge on health related content.

Supply Chain Management

The percentage of procurement spent on women owned businesses, is an initiative regarding gender transformation in the public sector. The reported information is currently for black female owned businesses only with the limitation being that the existing Departmental Supply Chain Management (SCM) system is manual. The Department is in the process of developing and implementing an electronic system that will permit proper collation and monitoring of this information.

Broad-Based Black Economic Empowerment Act 53 of 2003 will be prioritized in the next planning cycle, for monitoring of implementation.

The Department has ensured that the RASET programme is being implemented in the Department in the 26 of our hospitals where food services is prepared in-house. The service provider that sources the food supplies maintains a comprehensive database of emerging food producers across the breadth of the province who supply as much of the food supplies as possible. Once the District Distribution hubs are fully operational, sourcing will be completely directed to them to source food supplies for the Department.

The Department is implementing the provisions of Operation Vula with the advertising of bids for detergents and cleaning chemicals directed strictly to companies that manufacture in the province.

National Health Insurance Fund

Private General Practitioners (GPs) are contracted to provide health care services to Primary Health Care facilities. Budget allocated for this initiative in 2021/22 was R50 415 000 across all districts. One hundred and ten (110) General Practitioners have been contracted to date.

In 2022/23, the Department will focus on improvement of the monitoring and review process for timeous payments of GPs, as well as replacement of GPs who have resigned. This will ensure that the GP Conditional Grant is a sustainable intervention towards Universal Health Coverage (UHC).

The system was planned and awaiting installation pending the allocation of NHI funds. The NHI Grant is presently for the contracting of GPs only. The system will be installed when NHI funding is approved.

The Leadership training is provided by Sefako Magkato University with the aim of developing leadership capacity for Managers in PHC and hospitals. The training started in February 2020 but was hampered by a variety of constraints including participant's commitment, load shedding and COVID-19 Protocols. Challenges are being dealt with on an individual basis so that the Department can catch up on training in 2022/23.

Medico-Legal

The Department of Health continues to see a rise in the number of medico-legal cases. To clear the backlog within the 5 year strategic planning framework, will have significant financial implications and will cripple health care services without additional financial resources to deal with the backlog in cases.

Table 11: Overview of the backlog and burden

Calendar Year	Total amount of Letters of Demand	Total number of Letters of Demand	Avg amount per Letter of Demand
2016	R 3,329,946,674.20	350	R 9,514,133
2017	R 3,272,755,069.71	340	R 9,625,750
2018	R 2,786,369,961.84	346	R 8,053,092
2019	R 2,885,696,921.32	347	R 8,316,129
2020	R 2,867,854,501.28	456	R 6,289,155
2021	R 2,249,679,711.51	323	R 6,964,953
Total	**R 17,392,302,839.86**	**2 162**	**R 8,044,543.40**

Table 12: Top 5 Medical Disciplines with the highest number of summons

2016 - 2021	Summons Amount (Rands)	No. of Summons	Average (Rands)	Percentage
1. Obstetrics and Gynaecology	R 13,100,223,114.00	723	R 18,119,257.42	62.3%
2. Surgical	R 1,459,027,557.36	267	R 5,464,522.69	23.0%
3. General	R 367,961,876.08	76	R 4,841,603.63	6.6%
4. Paediatric	R 287,861,826.00	31	R 9,285,865.35	2.7%
5. Orthopaedics	R 146,004,252.38	23	R 6,348,010.97	2.0%

Centres of Excellence are facilities that offer appropriate rehabilitation care for Cerebral Palsy patients and have the potential to reduce future medical expenditure for clients, as health services are provided through public health facilities and not through private hospital care. These Centres of Excellence are managed by District Health Services and compromise of 3 centres being made up of 1) Grey's Hospital supported by PMB assessment and Therapy Centre, 2) King Edward VIII Hospital supported by KZN Children's Hospital and Phoenix Assessment and Therapy Centre, and 3) Queen Nandi Memorial Hospital supported by Ngwelezana Hospital.

The average timeline to finalize conceded liability is 3 to 4 years after the Department has conceded liability. It is not realistic to estimate a decline in contingent liabilities as the Department does not anticipate change in law with deviation from lump sum settlement. There is not yet enough evidence to be able to estimate the percentage of how much future medical treatment or rehab cost can be reduced through centres of excellence. Currently there are seven matters that have been settled by way of a settlement agreement concluded between the parties or by reducing quantum and offering certain services in the public healthcare sector.

Medical Waste Disposal Management

The Department has recently procured vehicles for collection and transportation of waste from the clinics to mother hospitals. Audit Committees were formulated in each District to focus on auditing health facilities in line with the National Norms Standards. Waste Management officials were trained on the waste information system which is the system that is utilized to capture waste generated by each facility. The Department has also developed a SOP (standard operating procedure) for the management of COVID-19 waste. The development of a questionnaire for the collection of information from health waste care risk waste, was also prioritised.

The strategic focus in 22/23 will be the monitoring of the functionality of the district audit committees, including monitoring of the service providers. The development of a tool for the health care risk waste service provider, the development of a database for health facilities with compliance status and the development of a Provincial waste management plan.

Infection Prevention and Control (IPC)

The Department has seen a sharp increase in the number of Klebsiella Pneumonia cases that correlates with the resurgence of COVID-19 pandemic. Most of the activities for IPC over the previous 2 financial years has focused on the COVID-19 outbreak prevention and management to the detriment of other aspects of IPC.

The introduction of remedial actions of capacity building and refocusing of the prevention activities, health care associated infections have begun to decrease again. Recording of Health care Associated Infections (HAI's) in real time, has been a challenge and impacts on target setting and monitoring of these indicators across all levels of care. There is generally poor access to the Ideal Health Facility Software by IPC practitioners to monitor the health care associated infections regularly and to institute early interventions. This was further compounded as there was no guiding document from NDoH on the surveillance of HAI's, nor

was there a Standard Operating Procedure Manual on the surveillance of health care associated infections.

The focus for 22/23 will be on the development of Provincial Guidelines and SOP's for Surveillance. Capacity building will commence after the Guidelines and SOP have been disseminated to all facilities combined with oversight, monitoring and support. Extra support will be given to Psychiatric, TB and Chronic hospitals to improve these surveillance systems.

Poor adherence and monitoring of IPC practices i.e. hand hygiene, aseptic technique, implementation of the bundle of care, has also contributed to the increase in the Health care associated infections. In 22/23 IPC champions will be appointed in all facility departments to increase IPC visibility and implement the National IPC Strategic Framework. Capacity building of IPC champions to gain confidence should also improve this outcome.

Quality Assurance

Improvement plans for the accreditation and compliance of facilities to the Office of Health Services and Compliance (OHSC) have been developed and implemented. These plans are monitored to address the gaps identified, as only 36 facilities (out of 682) were compliant in 2020/21. All facility improvement plans will be re-assessed for the final score.

Ward Based Outreach Teams

Community Health Workers (CHW's) are part of the WBOT (Ward Based Outreach Teams) and as such, are supervised by outreach Team Leaders. (OTL's). KwaZulu-Natal has 10 245 CHW's with 325 OTL's employed to improve supervision and support of the CHW's.

Health Promotion

Health promoting Early Childhood Development has been introduced through DOE and DSD platforms with ten (10) new EDC's accredited as Health Promoting. The Department is looking to expand form health promoting schools and move to Health Promotion at community level in 2022/23. Four community activities on the National health Calendar are observed in all districts being, Healthy Lifestyle Day, Move for health day, World No tobacco Day and Global Hand washing. There is an integrated inter-departmental promotion of physical activities for senior citizens building up to the National Golden Games.

Centralised Chronic Medication Dispensing and Distribution Programme (CCMDD)

There are currently 1 639 478 clients registered on the CCMDD Programme with 49% (802 456) of those active. There are 1 037 External Pick-Up Points, which service 65% of the active clients (519 832 / 802 456) and 24% (190 884 / 802 456) in Facility Spaced Fast Lanes. There is a need to expand the number of external pick-up points, and the different modalities of distribution. There are 8 districts implementing the bicycle model for home deliveries with expansion to 10 districts planned for 2022/23.

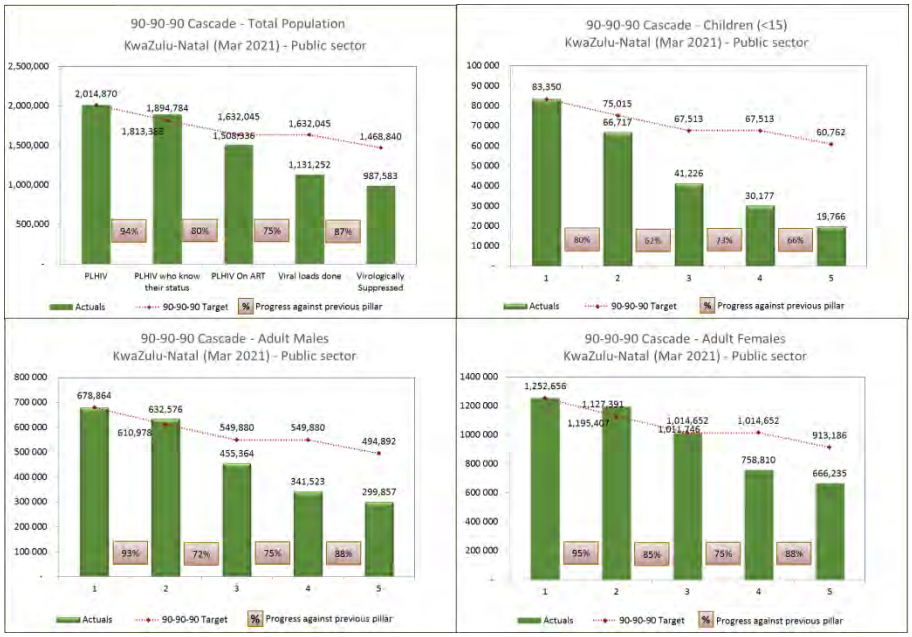
HIV / AIDS

Quarterly, 10 465 males test positive for HIV vs 15 695 females reported, this follows the known less health seeking behavior reported in men, 11.8% of those testing positive for HIV are children under 15 years.

The Province embraced the UNAIDS 90-90-90 targets where 90% of all people living with HIV will know their status, 90% of people diagnosed with HIV will receive sustained ART and 90% of people receiving ART will have viral suppression. The Province has made remarkable strides.

The HIV treatment cascades above shows that the estimated number of People Living with HIV (PLHIV) who know their status is 94% (total population, public sector) and adult female is 95%, adult males is 93% and children under 15 years is 80%. The linkage and retention for males and children into care, is a cause for concern. While viral suppression for adult patients is progressive towards 90%, generally viral load completion remains worrisome at 75% across all population groups.

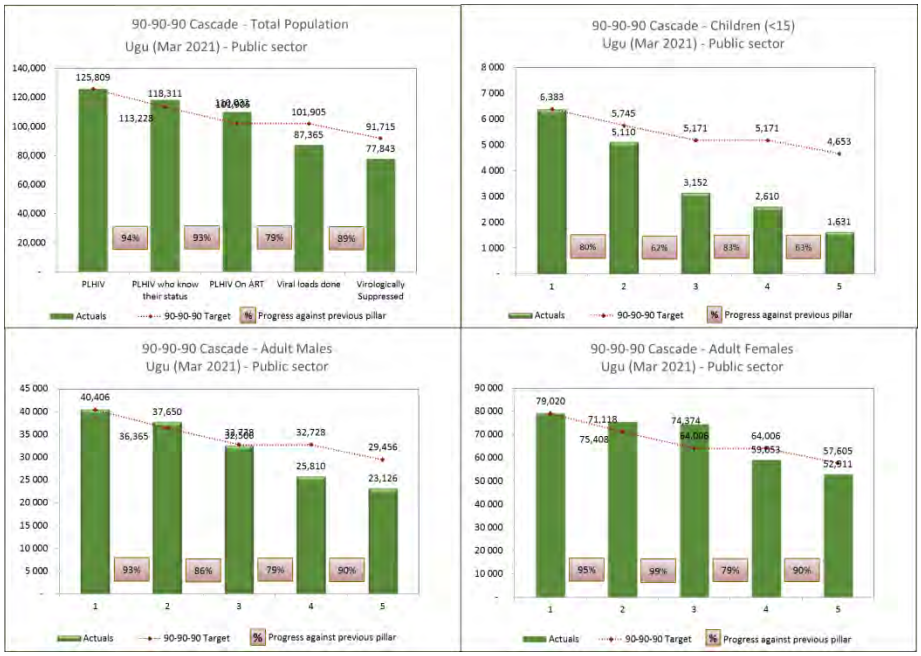
Graph 4: 90 / 90 / 90 HIV Cascades for KZN as at March 2021



The Province battles to find new HIV positive children under 15 years and the treatment initiation rate is low in this age group. However, there are fewer HIV positive children due to a successful Prevention of Mother to Child Transmission (PMTCT) interventions. The suppression rate amongst children is the lowest at 66%, which is a cause for concern. This then implores the program to have specific targeted interventions for this sub population as this cascade is the worst in terms of performance.

The districts use literacy classes, support groups, Index testing, "Welcome back" campaigns and Patient Satisfaction Surveys to remove barriers and improve retention in care. Targeted testing for men and children/adolescents is done through men's health services and Adolescent Youth Friendly services. Adherence guidelines (AGL) rollout linked to literacy classes are used to improve retention.

Graph 5: 90 / 90 / 90 HIV Cascades for Ugu District as at March 2021



Ugu , uMzinyathi , uMkhanyakude and Harry Gwala have achieved 90-90-90 targets.

Graph 6: 90 / 90 / 90 HIV Cascades for uMzinyathi District as at March 2021

Graph 7: 90 / 90 / 90 HIV Cascades for uMkhanyakude District as at March 2021

Graph 8: 90 / 90 / 90 HIV Cascades for Harry Gwala District as at March 2021

The remaining seven districts battled to reach their target. Their progress is illustrated on the treatment cascades attached.

Graph 9: 90 / 90 / 90 HIV Cascades for Amajuba District as at March 2021

Amajuba is on the verge of reaching their 90-90-90 targets for the total population, they are short on the second 90.

The total remaining on ART (TROA) needs to improve from 82 to 90%.

Graph 10: 90 / 90 / 90 HIV Cascades for eThekwini District as at March 2021

eThekwini metro is not performing well on the second 90. TROA need to improve from 72% to 90% and third 90% (Viral Load Suppression rate, need to improve from 84% to 90%).

Graph 11: 90 / 90 / 90 HIV Cascades for iLembe District as at March 2021

Graph 12: 90 / 90 / 90 HIV Cascades for King Cetshwayo District as at March 2021

King Cetshwayo has not achieved the second 90 (TROA need to improve from 77% – 90%) and the third 90 (Viral Load Suppression rate, need to improve from 88% to 90%).

Graph 13: HAST 90-90-90 Cascade for uMgungundlovu as at March 2021 (Public only)

uMgungun-dlovu performance is low on the second 90%, TROA needs to improve from 76 – 90% and the third 90% (Viral Load Suppression rate), needs to improve from 88% to 90%).

Graph 14: HAST 90-90-90 Cascade for uThukela as at March 2021 (Public only)

uThukela struggles with achieving the second 90 (TROA need to improve from 78 – 90%) and third 90 (Viral Load Suppression rate, need to improve from 88% to 90%).

Graph 15: HAST 90-90-90 Cascade for Zululand as at March 2021 (Public only)

Zululand falls short on the second 90 (TROA need to improve from 82% – 90%) and the third 90 (Viral Load Suppression rate, need to improve from 69% to 88%).

The seven districts above who have not met their 90-90-90 targets have developed recovery plans based on the provincial evidence based framework. Implementation is monitored through monthly Provincial engagements with

districts. The treatment cascade for children under fifteen years and male groups is performing poorly across all pillars.

Accelerated HIV case finding needs to be enhanced. The HIV case finding is improved through index testing, HIV Self Screening (HIVSS), targeted testing at key entry point.

The second 90% urge that all people with diagnosed HIV infection receive sustained antiretroviral therapy. All eligible clients are initiated on ART on the same day. The Provincial management has also placed emphasis on upscaling TLD (Tenofovir disoproxil, lamivudine, dolutegravir) transition and initiation, decanting of patients to Differentiated Models of Care, back capture of any backlog and ensuring drug stock management to prevent stock outs.

The third 90% ensures that of all people receiving antiretroviral therapy have viral suppression. The main strategies include tracking and tracing for missed appointments. Moreover the Province has initiated integration of HIV, TB, Diabetes and hypertension programmes into community COVID-19 screening and testing. The Province increased the number of treatment external pick up points to improve access to treatment. Where feasible, stable patients are dispensed with a two to three months supply of medication and patients are called the day before their follow up visit to determine if they will honor their visits and encourage them to do so.

In the event where patients have missed their appointments health care facilities use outreach teams mainly community health care workers and their support partners to track and trace patients. Where patients are unable to pick up their medication, home delivery of medication is done where possible. Patients are continuously encouraged and educated on the importance of treatment adherence at every visit and through media platforms.

Children under 15 Years Case Finding

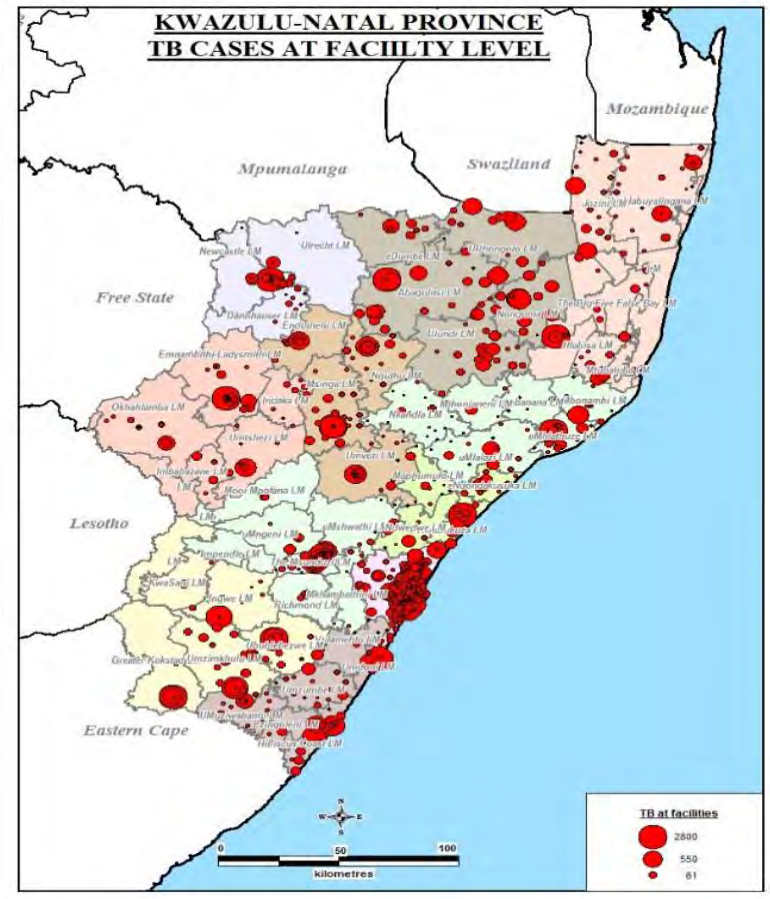
According to the Thembisa HIV model there are 69 765 children under 15 years, in KwaZulu-Natal, who are projected to be living with HIV. For the year 2021/22, 62 788 should know their HIV status, however as at quarter 3 , the performance is 55 843 (89%).

In the TB Control Programme, the information is segregated into under 5 years, and 5 years and older. Quarterly, 671 children under 5 years are initiated on treatment which is 6.4% of the total population started on treatment. The World Health Organization advises that in every population, 10% of those started on TB treatment must be children under 5 years. There is a gap of 3.6% in TB case finding in children.

TB Control Programme

The TB Prevention and Control program seeks to prevent, control and treat TB through strategies which are socially / culturally acceptable and economically feasible. Training and research activities are integral part of TB services. The TB program response is guided by the National Strategic Plan for HIV, TB and STIs (NSP 2017-2022), in the quest of achieving the National 95-95-95 targets for TB as outlined in the Stop TB Partnerships' Global TB Plan and National TB strategy for Finding TB missing cases.

Figure 4: Diagnosed TB cases at facility level, KZN



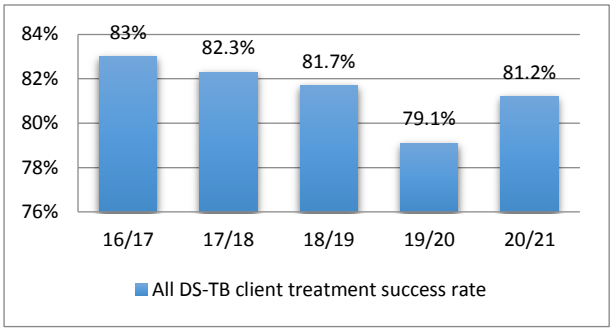
KwaZulu-Natal has the highest burden of TB and HIV in the country. Although the TB notifications have declined from 1128 in 2009/10 to 410 per 100 000 population in 2019/20, this is more than double the parameter that WHO considers as a crisis (200 per 100 000).

Despite the high burden of TB in the Province, the TB treatment outcomes have improved substantially over 10 years from 58% treatment success rate in 2009 to 81.1% in 2019 for susceptible TB. The loss to follow up and death rates are still high at 10.7% and 7.5% respectively.

Care should be taken when interpreting the map, as bigger facilities and facilities with more robust screening practices, will have a higher incidence rate.

Within South Africa, KwaZulu-Natal has the highest prevalence of drug-resistant TB and accounts for 38% (2,799) of 7,350 MDR TB cases and 50% (270) of 536 XDR TB cases in the country. The reported MDR TB incidence rate per 100,000 population of KwaZulu-Natal is among the highest worldwide.

Graph 16: All DS-TB Client Treatment Success Rate, KwaZulu-Natal



There has been a slight increase to 70% for long treatment regimen treatment success rate due to a decrease in loss to follow up from 18.8% to 12.3% and death rate from 17,4% to 13.6%. No improvement was marked on the short term treatment regimen.

Advocacy, Communication and Social Mobilisation

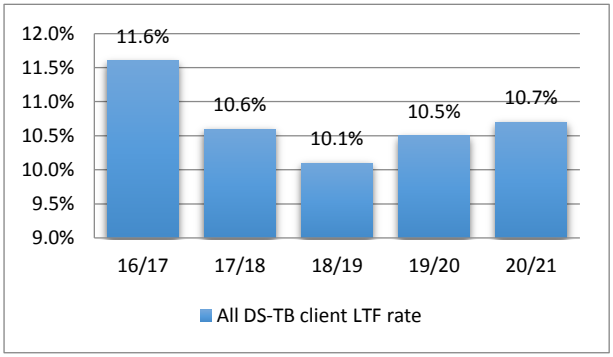
TB is not only a health problem as its spread is amplified by poverty and poor living conditions. New educational materials have been developed and produced to reach audiences. Radio adverts have been flighted to reach men, women and learners.

Workshops have been held with Traditional Leaders and Traditional Healers. COVID-19 restrictions have hampered plans to partner with Faith Based Organisations in providing screening and education to religious leaders and congregants.

Challenges and Remedial Action

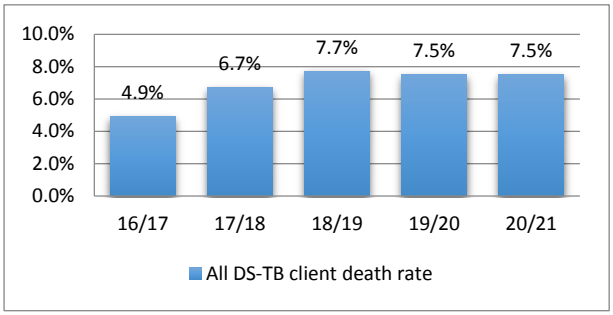
The main challenge experienced by the TB Control Programme is that TB treatment initiations have dropped as a result of fewer patients attending health care facilities during the COVID-19 pandemic. Fewer patients were thus being screened and diagnosed with TB. The remedial action to be undertaken includes conducting community engagements through the media to lobby patients to visit health care facilities when they require health services.

Graph 17: All DS-TB Clients Lost to Follow-up Rate, KwaZulu-Natal



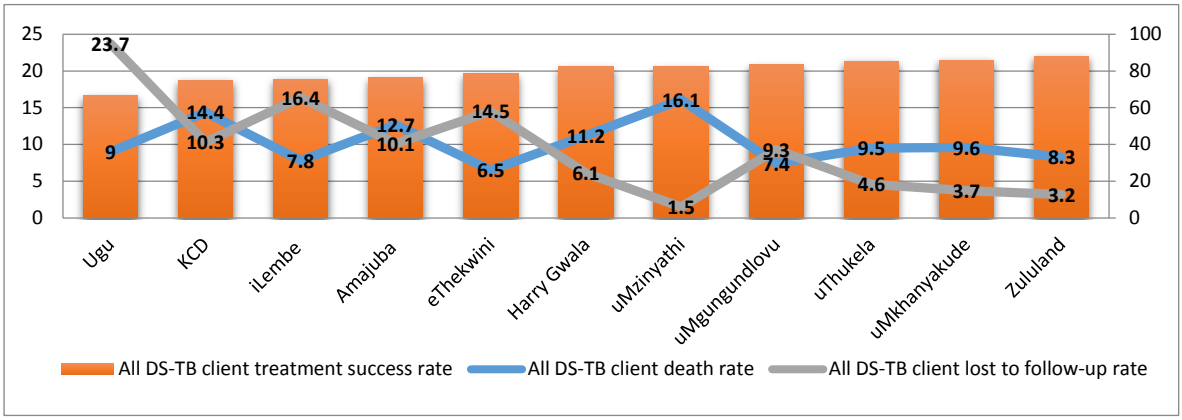
Another challenge experienced is that DR-TB treatment outcomes declined as a result of high death rate (16%) and loss to follow up rate (15%). The remedial action to be taken to overcome this is to have all MDR-TB treatment sites conduct clinical audits to identify causes of deaths, as most patients have co-morbidities.

Graph 18: All DS-TB Client Death Rate, KwaZulu-Natal



To decrease loss to follow up, patient literacy classes have been standardised and the material will be integrated as most patients have co-morbidities. Decentralised MDR-TB services have assisted to improve loss to follow up as patients access services closer to their homes.

Graph 19: TB Success rate, TB Death Rate and TB Lost to follow up rate – Cohort Apr- Jun 2020



There is no clear correlation between the treatment success rate and the TB death rate and the lost to follow up rate. Zululand with the 2nd lowest death rate (8.3%), and lowest lost to

follow up rate (3.2%), has the highest success rate (87.9%). By comparison Ugu 's success rate is 66.3%, with a 23.7% lost to follow up rate and 9% death rate.

Strategies used to find TB missing patients

The TB programmatic response is guided by the National Strategic Plan for HIV, TB and STIs (NSP 2017-2022), and aims to achieve the National 90-90-90 targets for TB as outlined in the Stop TB Partnerships' Global TB Plan and National TB strategy for Finding TB missing cases. Strategies for finding missing TB patients include optimised TB screening, improved diagnostics, index patient contact screening, and TB / HIV collaboration.

Optimised TB screening

TB screening is provided in all health facilities and the screening rate is at 85%. The TB presumptive rate is stable at 4% but below the Provincial target (10%). This will improve, as facilities are mentored on the implementation of the TB case identification register and capturing of records on the Tier.net information system. Eighty-eight percent (88.5 %) of TB presumptive patients were investigated for TB and 97% of the TB positive patients were linked to care.

Improved Diagnostics

Since the introduction of LAM (Lipoarabinomannan) urine testing in January 2018, 5 676 patients were tested for TB using ULAM (Urine Lipoarabinomannan Test), 1 248 tested positive and were all initiated on treatment. The positive yield of ULAM is 22%.

KZN was allocated 80 GeneXpert Ultra machines that have been distributed to all districts. The Ultra machine has been developed to overcome the limitations of the old Xpert MTB/RIF G4 assay with improved sensitivity in the detection of TB and RIF resistance. Last year 601 400 TB tests were processed and 52 504 pulmonary TB cases diagnosed with a 10.4% positivity rate. In the same year 2 818 (5.4%) TB cases were resistant to rifampicin and treated for multi-resistant TB. One Hundred and twenty eight (128) people (4.5%) with drug resistant TB were extremely resistant (XDR-TB).

Index patients Contact screening and testing (less than 5 years)

There were 18 195 TB contact screenings conducted (98%) of which 12 996 (60%) were asymptomatic compared to 9 008 (37%) reported on the previous year. Seventy Three percent (73%) of the eligible were initiated on TB preventive therapy (last year - 48%). TB positivity yield is at (2.1%). Ninety Nine percent (99%) of children diagnosed with TB were initiated on treatment.

TB / HIV Collaboration

A total of 137 069 clients tested positive for HIV and 67% were eligible for TB preventive therapy (TPT) while 94% were initiated on treatment.

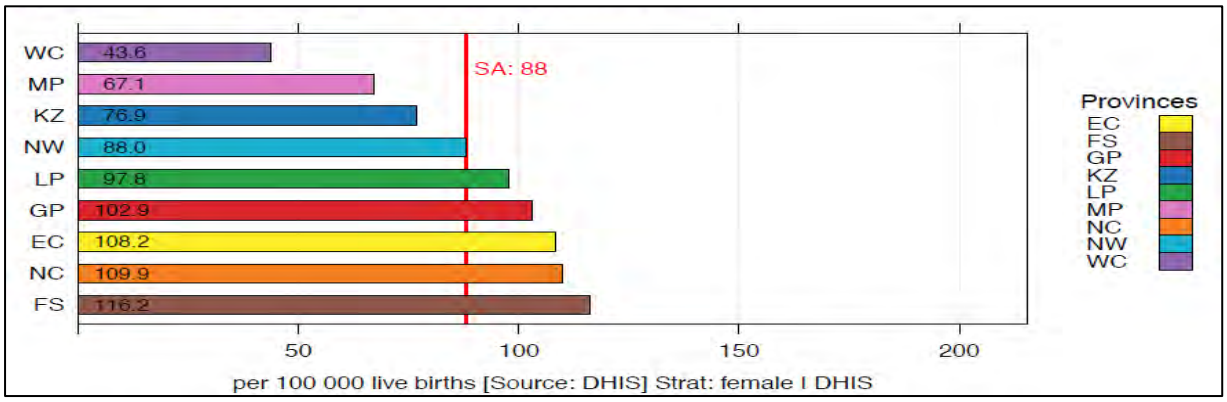
Maternal and Women's Health

Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the

duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility. The maternal mortality in facility ratio (MMR) is a proxy indicator for the population based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys.

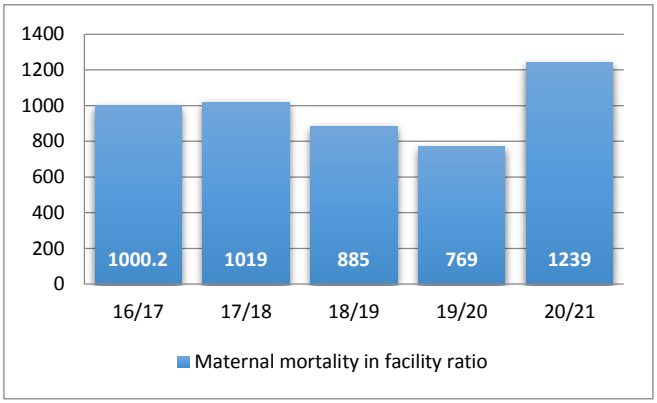
KZN is the Province with the third lowest Institutional Maternal Mortality Ratio (IMMR) in 2019 - 20, with 76,9/100 000 live births. This represents a reduction of over 50% since 2010, indicating success of interventions such as the ARV programme and making caesarean sections safer. This has been achieved despite KZN being the province with the highest antenatal HIV seroprevalence, which increases the risk of maternal death from non-pregnancy related infections (NPRIs) and other causes. The IMMR demonstrates a trend towards achieving the world target of a MMR of under 70 per 100,000 by 2030. Unfortunately, the trend has been reversed in 2020-21 due to maternal deaths related to the COVID-19 pandemic, increasing the MMR by approximately 40%. If KZN is to get back on track with the targets for MMR, the effect of COVID-19 pandemic on pregnant women and maternity services must be controlled; the most important intervention in this regard is to ensure that COVID vaccination is integrated into antenatal care.

Graph 20: Maternal Mortality in facility ratio by Province, 2019/20



Source: DHB by HST, 2019/20

Graph 21: Maternal Mortality in Facility Rate



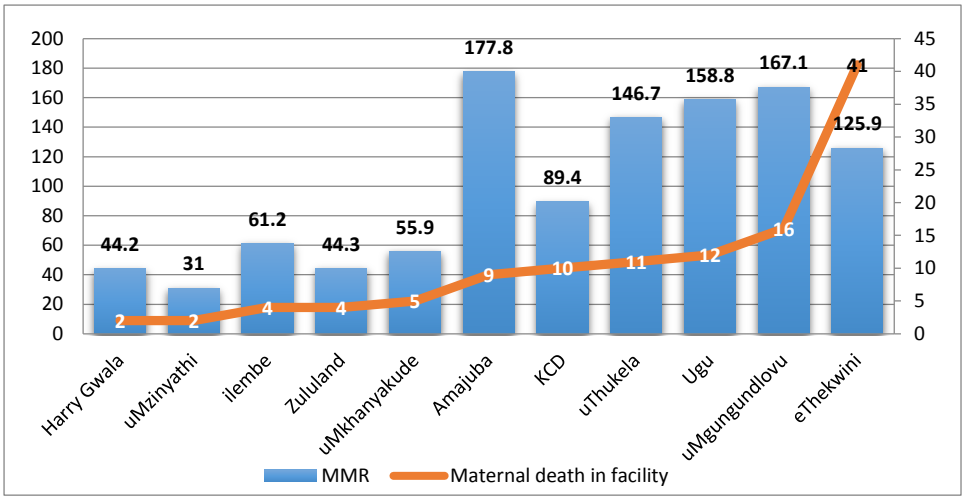
The delivery in facility rate fell from 79,1% in 2019/20 to 76,0% in 2020/21. This can be attributed to the COVID-19 pandemic where women may have been reluctant to attend health facilities for fear of catching COVID-19 and there may also have been transport difficulties. Widespread vaccination of pregnant women against COVID-19 should reassure pregnant women of the safety of delivering in facility.

Perinatal mortality increased from 24,6 / 1000 births (over 500g) in 2019/2020 to 26,6 / 1000 in 2020/21. This trend can be attributed to reduced attendance at and quality of antenatal and intrapartum care due to the COVID -19 pandemic. One of the conditions that has

increased is congenital syphilis. A strong focus on diagnosing and treating maternal syphilis during the antenatal period will reduce the perinatal mortality rate.

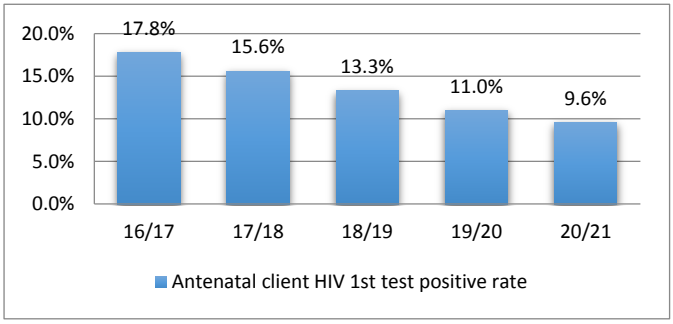
There was a 61% increase in MMR in 2020/21 compared to 2019/20, which can be very clearly related to COVID-19. This is a new disease which did not exist in 2019/20, but then became by far the most common cause of maternal death in 2020/21. There was also an excess of deaths from non-COVID causes, related to the disruption of maternity care services caused by the pandemic. The trend can be reversed if measures to control the pandemic are implemented; of particular importance is the need to vaccinate pregnant women as early as possible during the antenatal period, as this will prevent maternal deaths from COVID. Almost all maternal deaths from COVID-19 have occurred in the second half of pregnancy, so early antenatal attendance with vaccination will likely reduce the problem.

Graph 22: Maternal deaths in relation to MMR – April to September 2021



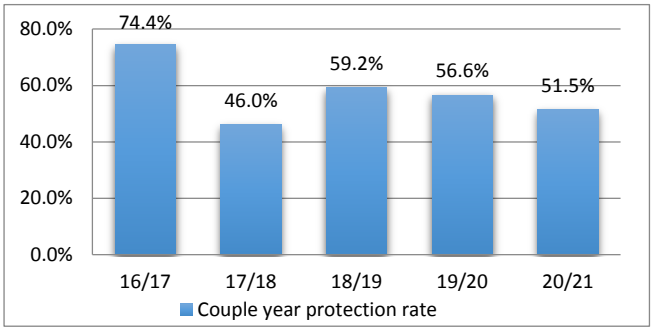
Maternal deaths occur at all levels of care, however the expectation is that the higher levels of care ie. Regional, Tertiary and Central will have more deaths than the lower levels of care, due to implementation of the referral system. Harry Gwala, uMzinyathi , Zululand and uMkhanyakude have no regional hospitals in the district. Amajuba with the high maternal mortality is due to the Newcastle being a mother and Child hospital. iLembe , and KCD have a lower number of maternal deaths, than anticipated. uThukela and Ugu both have a high number of deaths and a high maternal mortality ratio at 146.7 / 100 000 and 158.8 / 100 000 respectively.

Graph 23: Antenatal Client HIV 1st Test Positive Rate, KwaZulu-Natal



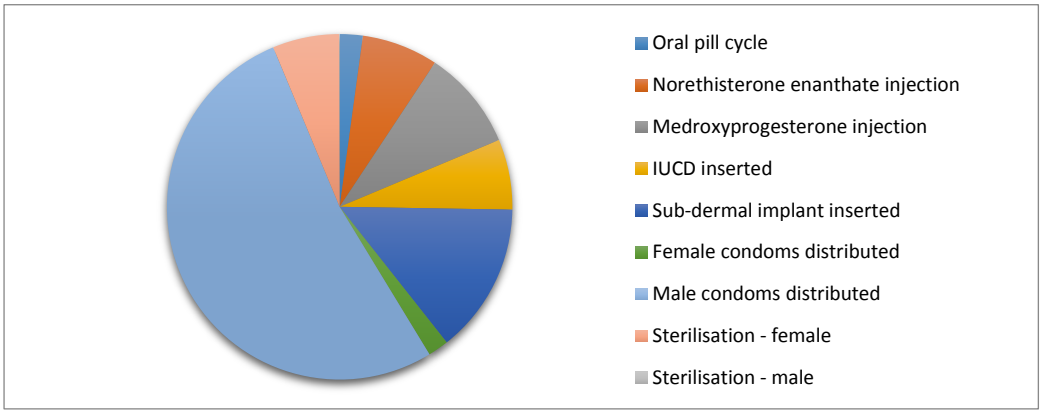
The antenatal HIV first test positive rate has steadily declined from 17,8% in 2016/17 to 9,6% in 2020/21. The reason for this is that increasingly, most HIV infected women who become pregnant already know their HIV positive status when they book for antenatal care, and therefore do not have an HIV test during pregnancy. Only a small minority of HIV positive women now discover their HIV status for the first time when booking at antenatal clinic.

Graph 24: Couple Year Protection Rate, KwaZulu-Natal



The couple year protection rate dropped over the past 2 years from 59,2% in 2018/19 to 51,5% in 2020/21. The reasons include the intermittent stock-outs of contraceptive products, related to nationally contracted supplier problems, and in the past year the COVID-19 pandemic and its associated lock-down have reduced access to contraceptive services including sterilization services.

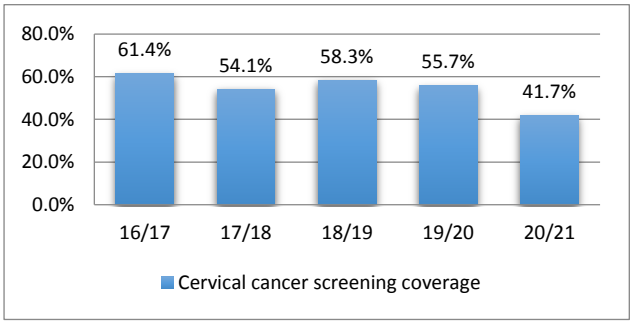
Graph 25: Couple Year Protection rate – April – September 2021



It is clear from the graph, that male condoms distributed still contribute over 52.4% of the Couple Year Protection dispensed. This calculation assumes that all condoms distributed, are correctly and effectively utilised, however antidotal evidence suggests otherwise. Sub-dermal implants are the next biggest contribution. Male and female sterilisation contribute the least, at 0.1% (50 vasectomies) and 6.2% (5 821 tubular ligations).

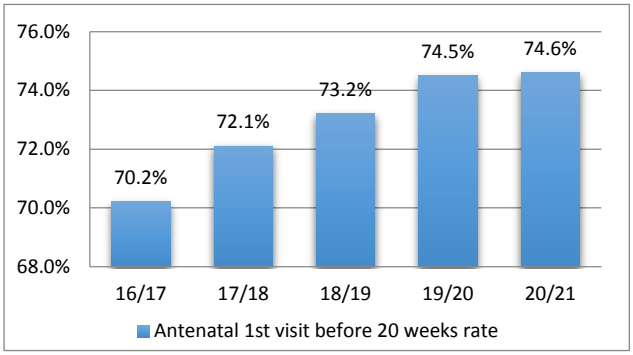
The dual protection strategy needs to be further emphasized so that sexually active adults are protected both against unwanted pregnancies and sexually transmitted diseases.

Graph 26: Cervical Cancer Screening Coverage, KwaZulu-Natal



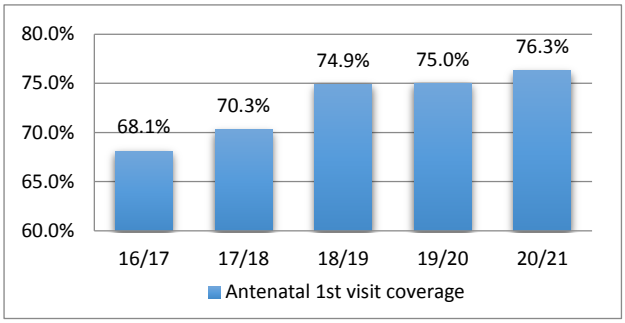
Cervical cancer screening coverage dropped markedly from 55,7 % in 2019/20 to 41,7 % in 2020/21. This can be directly related to the COVID-19 pandemic and associated lockdown where clients were encouraged to stay at home, and health care facilities may have been neglecting non-emergency services. Moving forward it is important for essential preventative services including cervical screening to be maintained.

Graph 27: Antenatal 1st visit before 20 weeks rate, KwaZulu-Natal



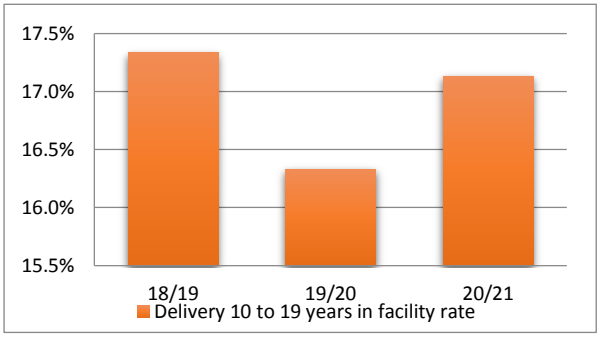
Antenatal 1st visit before 20 weeks continued to improve from 70.2% in the 16/17 financial year to 74.5% in the 19/20 financial year, however, this improvement was restricted in 20/21. Lack of progress is believed to have been contributed to by COVID 19 when most people were staying home, in line with COVID 19 regulations. It is important for essential preventative services including antenatal care to be maintained despite COVID-19 lockdown. The required number of antenatal visits has increased in recent years from 4 visits to 8 visits in a low risk pregnancy, and these visits are targeted at specific gestational age.

Graph 28: Antenatal 1st visit coverage, KwaZulu-Natal



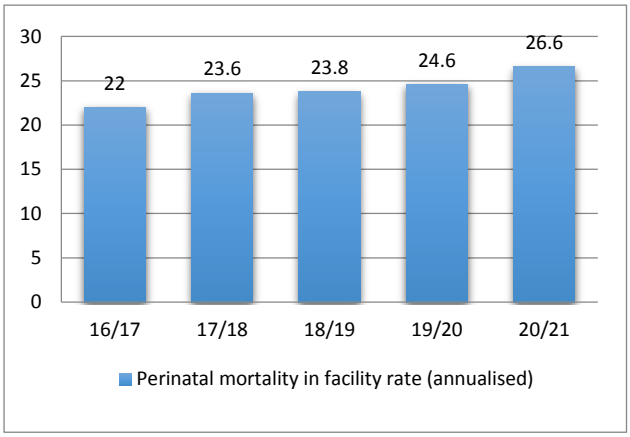
Slight improvement was also noticed in antenatal care coverage, which had improved slightly hand in hand with antenatal 1st visit before 20 weeks over the years. While higher ANC coverage is critical, the quality of care (including information on the services and intervention that is actually provided) and the timing of each visit also determine the extent to which such services are effective.

Graph 29: Delivery 10 to 19 years in facility rate, KwaZulu-Natal



Teenage deliveries continued to rise consistent with trends seen throughout South Africa. The actual stats on teenage pregnancy are not known, as teenagers do not routinely attend antenatal care. 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. The Department of Education data only includes teenagers in school. Thirty-six percent (36% = 12 808 / 35 429) of teenagers who gave birth in public health facilities attended ANC in 2018/19, and 44% (15 985 / 36 171) in 2019/20.

Collaboration is required, with Department of Education (DoE) and Department of Social Development (DSD) with assistance from OTP to implement and strengthen the roll-out of the Teenage Pregnancy Reduction and Prevention Plan.

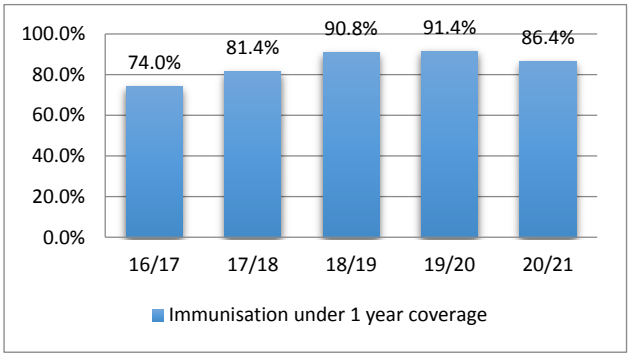


Graph 30: Perinatal Mortality in Facility Rate Annualised, KwaZulu-Natal

The number of congenital syphilis cases is steadily increasing which is believed to be contributing to idiopathic still births. Frequently out of stock penicillin injections results in late or no treatment of positive cases. Unavailability of rapid testing in districts also may have contributed to increase in the still birth rate. The turn-around-time for syphilis tests results can extend to 2 weeks. This delays the initiation of treatment in positive cases. Poor management of clients who were patients under investigation during Lockdown has also contributed to the increase in still births.

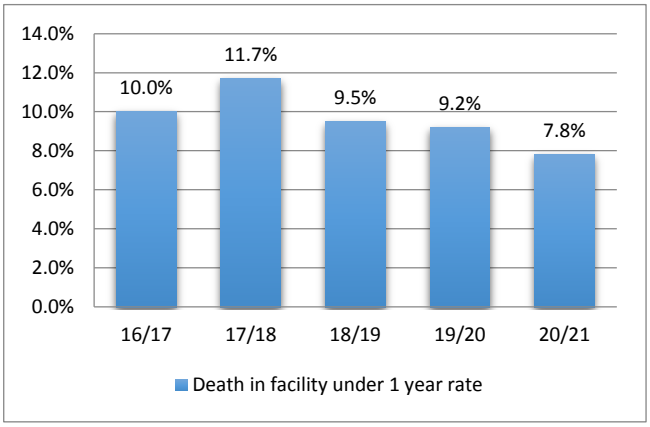
Child Health

Graph 31: Immunisation under 1 year coverage, KwaZulu-Natal



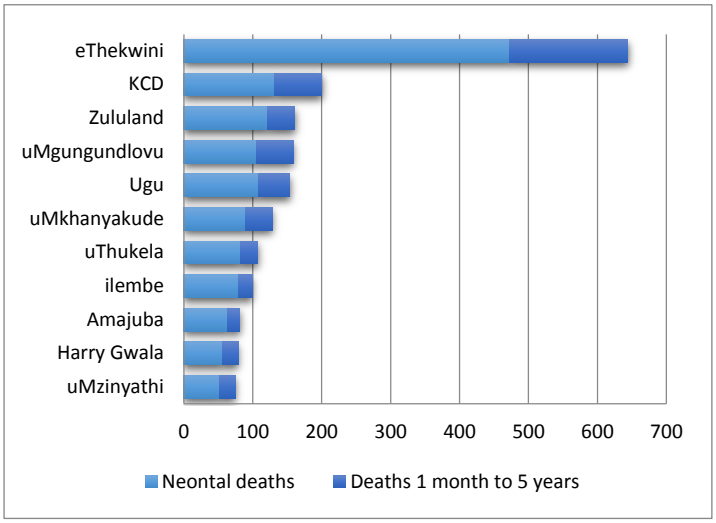
There was an increase in under 1 year immunisation coverage due to the ongoing Reach Every Child (REC) catch-up drive strategy conducted in the districts to reach every child due for immunisation in 2019/20.

Graph 32: Death in facility under 1 year rate, KwaZulu-Natal



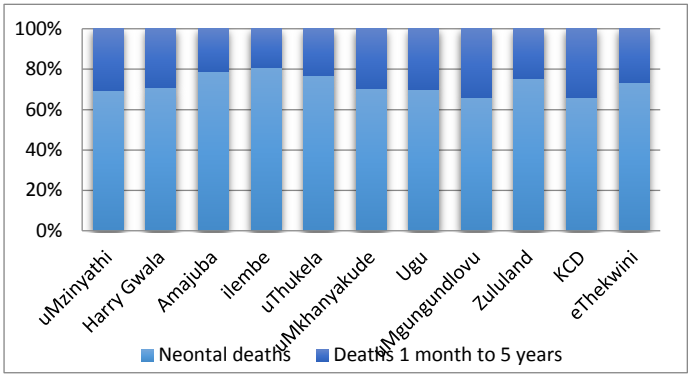
The death in facility rate for hospitals, in 20/21 was aggravated by the impact of COVID-19 on oxygen supplies and the ability to provide respiratory support to new-borns, combined with the limited number of neonatal ICU and high care paediatric beds in regional and tertiary hospitals. Improved antenatal and intrapartum care were coupled with optimised usage of available beds in hospitals to increase respiratory support ability.

Graph 33: Number of Neonatal deaths as a proportion of Under 5 deaths – April to September 2021, KwaZulu-Natal



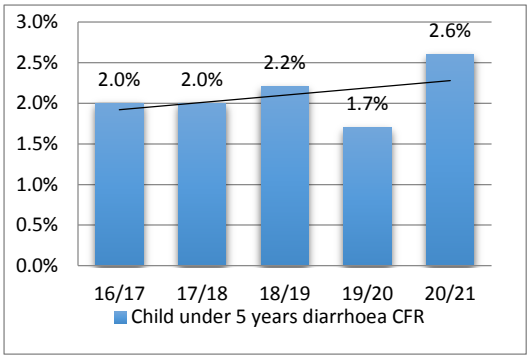
In the 19/20 financial year, neonatal deaths accounted for 81.7% of under-1 deaths and 74.4% of under-5 deaths in KwaZulu-Natal. Early neonatal deaths, within the first week of life, accounted for 77.4% of neonatal deaths (0 – 28 days) and 57.6% of under-5 deaths. The proportion of under-5 deaths occurring in the neonatal period has increased progressively over the past five years from 66.4% in the 16/17 financial year to 81.7% (19/20). This trend is due to a combination of decreasing child (12 -59 months) deaths and increasing neonatal deaths (0 – 28 days). This increase in neonatal deaths has occurred despite the minimal change in the low birth weight rate and increasing rates of both antenatal attendance and facility deliveries.

Graph 34: Percentage of Neonatal deaths as a proportion of Under 5 deaths per district – April to September 2021



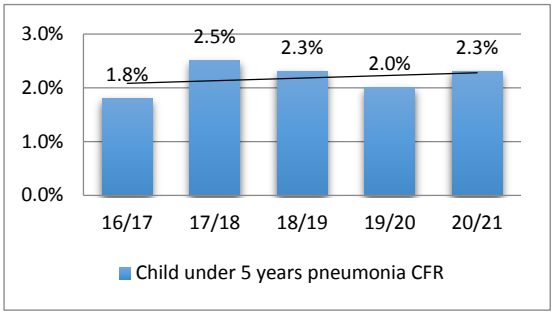
Deaths between 1 month and 59 months are highest in the uMgungundlovu and KCD districts due to the outlying rural drainage areas into the Tertiary and Developing Tertiary Hospitals. KCD has Queen Nandi Memorial Hospital, which is a specialised Mother and Child Hospital for the north of the Province. This difference is masked in eThekwini due to the high number of hospitals with maternity units in this metropolitan. iLembe , Amajuba and uThukela have a higher proportion of neonatal deaths making up the total under 5 deaths in facility. This could be due to the fact that all 3 hospitals have a Regional Hospital which serves several district hospitals in the District / Region, therefore neonates are transferred up the continuum of care and eventually demise at the Regional Hospitals.

Graph 35: Child under 5 years diarrhoea Case Fatality Rate, KwaZulu-Natal



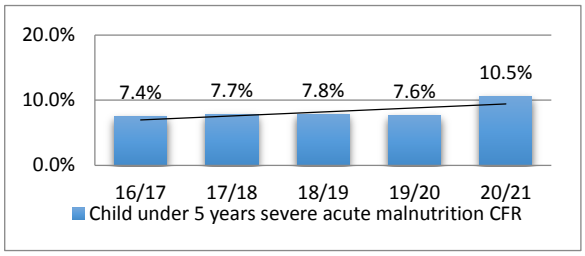
Between 19/20 and 20/21, there was a 27.3% decrease (from 4 598 365 in 19/20 to 3 339 757 in 20/21) in the number of children under 5 accessing health services. This impacts on the Case fatality rate, for both diarrhoea and pneumonia indicators, as children present late at health facilities resulting in a poorer prognosis and hence an increase in the mortality rates.

Graph 36: Child under 5 years pneumonia Case Fatality Rate, KwaZulu-Natal



The increased household poverty with low utilization of PHC services, reduced access to hospital based curative services and increasing levels of malnutrition. Increasing demand on neonatal services with limited ability to provide respiratory support at all hospitals; insufficient capacity in regional hospital nurseries and access to paediatric surgical services in just 2 facilities (IALCH and Grey's Hospital).

Graph 37: Child under 5 Years Severe Acute Malnutrition Case Fatality Rate, KwaZulu-Natal



Improvements have been made in engagements with SASSA on accessing the Zero Hunger Campaign for the children of families identified with moderate or severe acute malnutrition in KZN in 2019, however, this was disrupted by the onset of the COVID 19 pandemic. The implementation of the Zero Hunger campaign has since ceased implementation.

The impact of the COVID-19 pandemic has negatively impacted the food and nutrition security; this has resulted in an increased risk of malnutrition in children under 5 years of age. The effects of the civil unrest which took place in July 2021 exacerbated the above mentioned situation.

Further improvements need to be made with regards to the standardization of social worker services in KZN and consistent support from all government departments to address the basic and underlying causes of malnutrition across all municipalities in KZN.

The province has made some successes in reduction in the incidence of common childhood infectious diseases (acute gastroenteritis and respiratory infections) secondary to handwashing, social distancing and reduced. There is also reduction in in-facility deaths of children after the neonatal period.

Development of a paediatric clinical governance framework including service delivery plans, essential packages of care and monitoring dashboards for new born, paediatric and child health services was finalized.

There are priority interventions to curb the poor performance that have been put in place: roll out of the three essential packages of care and their associated dashboards; Implementation of service delivery plans for paediatric subspecialties, child and adolescent mental health services and surgical services for children. Development of service delivery plans for children with burns and for adolescent health services. Creation of a centralised KMC (Kangaroo Mother Care) unit in Pietermaritzburg and integrated neonatal services in uThukela and King Cetshwayo districts. Development of guidelines for the standardised care of children with disability and long term health conditions.

Reduction in diarrhoea and pneumonia incidents is acknowledged and believed to be due to escalated Child Survival Programmes at Community and PHC facilities Level.

Over the past 2 decades, 50% of the improvement in child survival is due to improving social determinants rather than access to better health care. There are 3.99 million children under the age of 15 years in KwaZulu-Natal, 1.35 million below the age of 5 years. Children comprise 34.5% of the population of the Province.

The following table gives a summary of deaths for the past 5 reporting cycles (Source: DHIS):-

- There is a steady rise in the number of neonatal deaths, a steady drop in deaths in the 1 – 4 year age group and a fluctuating number of deaths in the 1 – 11 month age group although there is a net drop over the 5 year period.
- The proportion of under-5 deaths in each age groups shows that there has been a steady rise in the proportion of under-5 deaths in the neonatal period. In 2020-21, 74.7% of under-5 deaths occurred in the neonatal period and 91.5% of deaths occurred in the first year of life.
- The number of neonatal deaths are increasing while child deaths are decreasing.

Table 13: Under 5 deaths per category (Public health facilities)

Year	Deaths by age group			Deaths as a % of U5 deaths					Rates		
	Neo-natal	1 - 11 months	1 - 4 years	NN	% U5	Under-1	% U5	Under-5	Neonatal Mortality Rate	Infant Mortality Rate	Under 5 Years Mortality Rate
2016-17	2197	624	488	2197	66.4%	2821	85.3	3309	12.4		
2017-18	2271	593	403	2271	69.5%	2864	87.7	3267	12.4	11.7	13.1
2018-19	2315	739	389	2315	67.2%	3054	88.7	3443	11.5	9.5	10.6
2019-20	2375	757	355	2375	68.1%	3132	89.8	3487	10.9	9.2	10.1
2020-21	2591	569	308	2591	74.7%	3160	91.1	3468	12.1	7.8	5.7
2021-22	1581	400	183	1581	73.1%	1981	91.5	2164	13	7.9	5.7

At a population level (based on comparisons of Vital Registration data and the 2011 Census and 2016 community Survey) in 2011 51.5% of under-5 deaths in KZN were not reported and in 2016 they had dropped to 37.3% showing improvements in the reporting.

- Of the reported under-5 deaths 58% occur in the health sector and 42% outside the health sector.

Challenges facing the provision of health services for children include:-

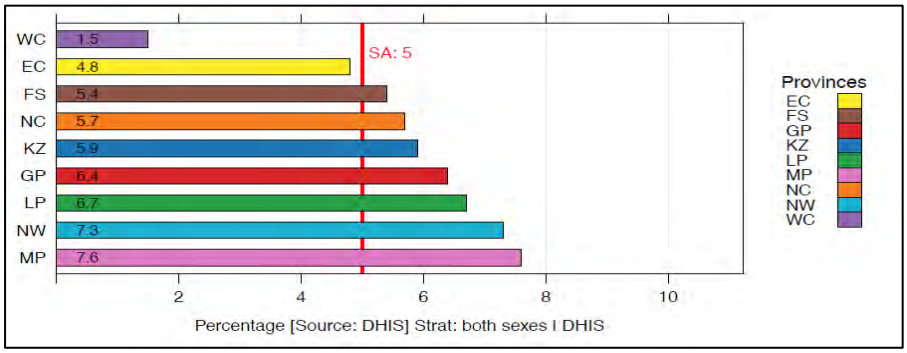
1. Limited community based and household service for children
2. Poor access to health services, as 24% of children under-5 years of age in this province live >30 minutes travel time from their nearest fixed health facility. Combined with the deteriorating financial status of household means many cannot afford the cost of travel to health facilities.

3. Late entry into the health service as Child PIP (Problem Identification Programme) data from mortality audits identify late entry to the health service and associated more advanced disease as a major factor contributing to child mortality. This is evident by the fact that 33% of child deaths in hospital occur within 24 hours of admission.
4. Neonatal Services has a challenge with the number of deaths (75% of under 5 deaths are neonatal deaths), and capacity with a marked shortage of neonatal beds at regional and tertiary level.
5. Unnatural deaths account for about 10% of under-5 deaths but 25% of deaths in children aged 1 – 4 years.
6. Limited access to paediatric critical care services. Child PIP data from mortality audits identify a theme related to the critically ill child:
    - Failure of the caregiver to recognise the severity of the child's illness:
    - Failure to effectively implement IMCI (Integrated Management of Childhood Illnesses) case management in PHC clinics;
    - Poor triage and assessment on arrival in hospital;
    - Failure to detect deterioration once admitted to the wards;
    - No access to paediatric high care and ICU beds

Based on the above analysis there are 3 overarching themes that will determine initiatives to be implemented in 22/23. These are:-

1. Taking services to the child
2. Strengthen the service delivery platform, and
3. Improve the quality of care

Graph 38: Death in facility under 5 years rate, 2019/20



Source: DHB by HST 2019/20

Integrated Nutrition Programme

The key priority interventions of the Integrated Nutrition Programme being implemented in 2021/22 include:

- Infant and Young Child feeding,
- growth monitoring and promotion and micronutrient malnutrition control in key populations;
- prevention and integrated management of malnutrition, including overweight and obesity.

These services are rendered across all service levels including the community (Household, ECD centres), at PHC and in the hospitals.

The COVID-19 pandemic affected the implementation of key nutrition intervention including Vitamin A and food supplementation coverage. This was as a result of a decrease in PHC utilisation as well as the rerouting of community health workers at the time to focus on COVID-19 related activities. In 2021/22 there had been an improvement of Vitamin A provision to young children (12 – 59 months). However, identification of malnutrition remained lower than expected, while breastfeeding and complementary feeding practices continued to lag behind this progress.

It is therefore proposed that in 2022/23, community based interventions that target infant and young child feed counselling and support, and early detection of malnutrition among children and adults, through the community based model be prioritised in KZN. Capacity building of the community-based outreach teams in these critical nutrition services will be prioritised. Inter-sectoral collaboration on nutrition sensitive interventions will be amplified.

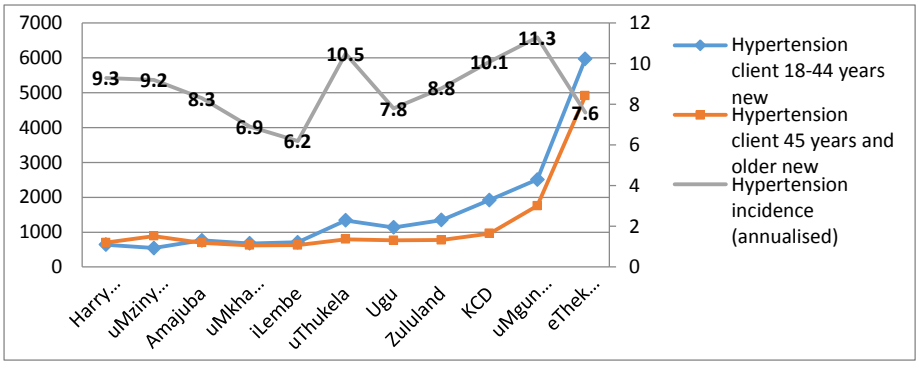
Nutrition interventions to support patients with disabilities and neurodevelopment disorders will continue to be prioritised during 2022/23.

To guide nutrition service interventions going forward, baseline surveys are planned to determine province and specific data on malnutrition and breastfeeding prevalence, and complementary feeding practices.

Severe Acute Malnutrition in children 6-59 months continued to present as a challenge in KwaZulu-Natal. The effects of COVID-19 on income and food security contribute to poor infant and young child feeding impacting on the malnutrition situation in KwaZulu-Natal. This is exacerbated by the disruptions in the Zero hunger programme. Late presentation and comorbid conditions such as neurological disorders and / or missed opportunities related to TB/HIV have been reported as some of the contributing factors to Severe Acute Malnutrition (SAM) deaths.

Chronic Disease, Geriatrics and Eye Health Programme

Graph 39: Hypertension incidence per district vs no. of new hypertension clients – April to September 2021



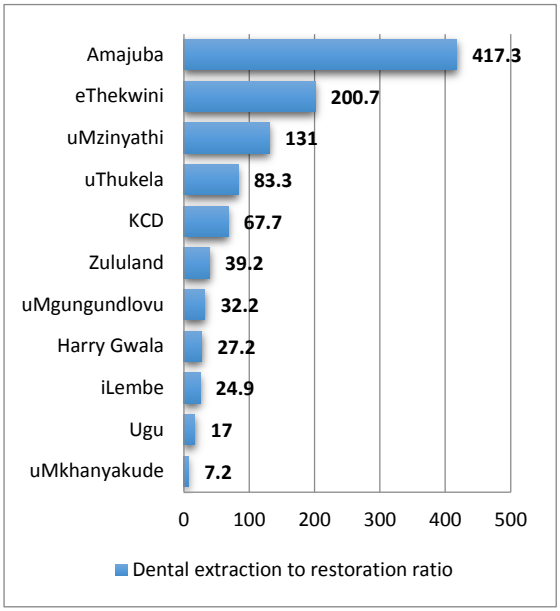
The advent of COVID-19 has skewed the bigger picture in terms of health seeking behaviour especially for the screening of Non-Communicable Dieseases at public health facilities. Therefore the analysis for NCD's was done using 6 month data from April – September 2022 as this is when lock down regulations eased and public mobility increased. Districts have been arranged from Harry Gwala, with the smallest population to eThekwini ,

with the largest populations, so the raw data would be easier to decipher. Cognazince should be taken of the fact that the identification of new clients placed on treatment is based on good quality screening. Therefore the assumption cannot automatically be made that districts with lower incidences have less of challenge with hypertension. Social demographs and lifestyle play a contributing factor in hypertension incidence.

The districts of eThekwini , uMgungundlovu and KCD are expected to have the highest number of new cases for both clients over and under 45 years. eThekwini had 10 883 new cases, uMgungundlovu 4 266 new cases on treatment and KCD 2 880 new cases which accounts for 65% (20 149 / 31 038) of the total provincial cases.

Harry Gwala with the smallest population has one of the highest incidences (9.3 / 1000), whereas uMkhanyakude , also a small rural district has a lower incidence (6.9 / 1000). uThukela has linked their NCD's to challenges with adherence for male clients which increases the male crude death rates in their district hospitals hence the spike with their incidence (10.5 / 1000).

Graph 40: Dental extraction to restoration ratio per district – April to September 2022



Amajuba has the highest ratio of 417.3 with 12 936 teeth extracted against 31 restored, the least restored teeth provinically. eThekwini has the highest number of extracted teeth at 53 984 with 269 restorations.

In contrast uMkhanyakude has an extration to restoration rate of 7.2 meaning that 10 719 teeth were extracted with 1 479 restored, the most restorations provincially.

The recruitement and retention of dentists and oral hygienists remains a challenge in the Province.

The greatest challenge for the management of NCD's is the non-existence of a data base for clients with chronic conditions including diabetes and hypertension. This in effect, means that defaulters are not easily identified using the current system. The Department is advocating for the re-instatement of the Chronic Registers, to address this challenge.

Workshops are being conducted for all district NCD co-ordinators on the new NCD cascades, with an emphasis on a comprehensive patient-centred approach to care in 2022/23.

Outcomes for diabetes mellitus can be improved. The biggest challenges are poor management of clients, poor patient self-care management including poor adherence to treatment by patients. For diabetes, there is a new contract approved, with the distribution

of HbA1c machines, in the process of being distributed to all facilities. Test strips for these machines, will need to be placed on the PPSD for ease of ordering at facility level.

Hypertension, has a high number of screening activations as blood pressure is taken at the vital signs station at every health facility, however this does not equate to hypertension screening. Hypertension screening should be increased and be targeted towards clients most at risk.

There was a national NCD pilot project planned for community based screening by Community Health Workers using a digital platform, for diabetes and hypertension incidence. However, it was later determined that this project would no longer be piloted but instead roledl out across all provinces, with no digital platform to be used. The KZN Department of Health tried to secure a donation in 2021/22 for a digital platform but were unsuccessful.

The advocating for the COVID-19 vaccination is strongly emphasised for those with co-morbidities. This strategy will continue into 2022/23.

There is a shortage of optometrists in KZN, combined with a limited budget for assistive devices, which has meant that the estimated target for 2021/22 will not be met. This is also true for the number of children receiving spectacles with an estimated 3 900 children set to receive spectacles in 2021/22.

Strategies going forward including the advocating for the increase in budget allocation for assistive devices, the filling of optometrist posts at facility level, and advocating for the commissioning of the Provincial Laboratory for spectacles.

Disability and Rehabilitation Programme

According to the 2019 Community Household Survey, 6.5% of the KZN population aged 5 years and older is living with a disability. This falls just below the SA average of 6.6% of the population aged 5 and older living with a disability. Of these, 7.4% are women and 5.5% are male. According to the 2020/21 Departmental Annual report, the COVID-19 pandemic and lockdown restrictions contributed to the decreased number of clients accessing disability and rehab services.

Orthotics and Prosthetics Services

The main challenge facing the programme is the decentralization of services project at Madadeni Hospital. Space has been provided, however the Component is in discussions with Infrastructure regarding funding for the renovations.

Forensic Pathology

The use of part time doctors poses a risk in the quality of autopsies performed. Currently, the majority of autopsies are conducted by part time doctors.

For 2022/23 the first priority for Forensic Pathology is to increase access in Zululand and uMkhanyakude. Land has been acquired in Vryheid for the construction of a new mortuary

facility. Renovation of a mortuary at Mosvold, will provide for provision of a localized service, as currently the bodies are transported to Richards bay for autopsy. This will be a cost saving measure, as it will reduce the maintenance costs of vehicles and reduce the amount of overtime paid to staff.

The organisational structure has been developed and is awaiting approval for funding. There is a need to appoint more Forensic Pathologist Officers (FPO's) to reduce overtime costs. FPO posts in 3 mortuaries have been filled, with other facilities awaiting the start of the new financial year.

The Forensic fleet is aging resulting in an increase in maintenance and overtime costs. Sixteen (16) mortuary service vehicles were procured in 2021, with the Unit awaiting delivery of another 13 vehicles.

Traditional Medicine

Interventions for this programme include the African Traditional Medicine policy being reviewed and a strategy document developed detailing implementation. Guidelines on community engagements have been developed, capacitation at level to engage and support this programme and the updating and maintenance of the Traditional Health Practitioners data base.

The Department is in the process of institutionalizing ATM into PHC, with ATM being part of the Health Promotion Programme.

The Department is also developing a Medicine Formulary for Traditional Medicines. This is part of the process to strengthen Pharmacovigilance activities, and identify drugs that may have a drug – drug interaction. A handbook to guide on the concurrent use of medication will be the end result of this process.Medicine utilisation reviews will be conducted to monitor prescription practices and rational medicine useage.

SERVICE DELIVERY PLATFORM/PUBLIC HEALTH FACILITIES

There are sixty-Nine (69) public health hospitals in KZN which are managed by the Department of Health, KwaZulu-Natal, this includes the KZN Children's Hospital, which runs as an outpatients' unit. Over the years, previous missionary hospitals have been taken over by the Department of Health and the location of these hospitals, in relation to the community and main roads, is not ideal for access. This has meant that in some instances hospitals are not operating in an efficient or financially viable manner. The public health service delivery platform needs to be reconfigured in alignment with budget cuts, at both a National and Provincial level, as well as changes in the efficiency in operations while still allowing ease of access to public health services.

Table 14: Health facilities per District, KZN,

District	Primary Health Care			Hospitals							
	Mobiles	Fixed Clinics[3]	Community Health Centres	District	Regional	Tertiary	Central	Specialised TB	Specialised Other	Specialised Psych	Chronic / Sub-Acute
Amajuba	8	25	1	1	2	0	0	0	0	0	0
eThekwini	20	106	8	4	6	1	1	0	1	1	2
Harry Gwala	14	39	1	4	0	0	0	1	0	1	0
iLembe	11	34	2	3	1	0	0	0	0	0	0
King Cetshwayo	16	63	1	6	1	1	0	0	0	0	0
Ugu	16	52	2	3	1	0	0	0	0	0	0
uMgungundlovu	16	50	3	2	1	1	0	1	0	3	0
uMkhanyakude	20	58	1	5	0	0	0	0	0	0	0
uMzinyathi	13	53	1	4	0	0	0	1	0	0	0
uThukela	14	36	1	2	1	0	0	0	0	0	0
Zululand	22	74	1	5	0	0	0	1	0	1	0
KZN Total	**169**	**590**	**22**	**39**	**13**	**3**	**1**	**4**	**1**	**6**	**2**

Source: (DHIS Quarter 3 of 2021/22)

Part of the re-alignment of facilities and services is the conversion of 4 district hospitals into regional hospitals. These four districts lack regional hospitals, namely uMzinyathi, uMkhanyakude , Zululand and Harry Gwala, and as such the conversion of 4 district hospitals into regional hospitals will allow better access to regional health services.

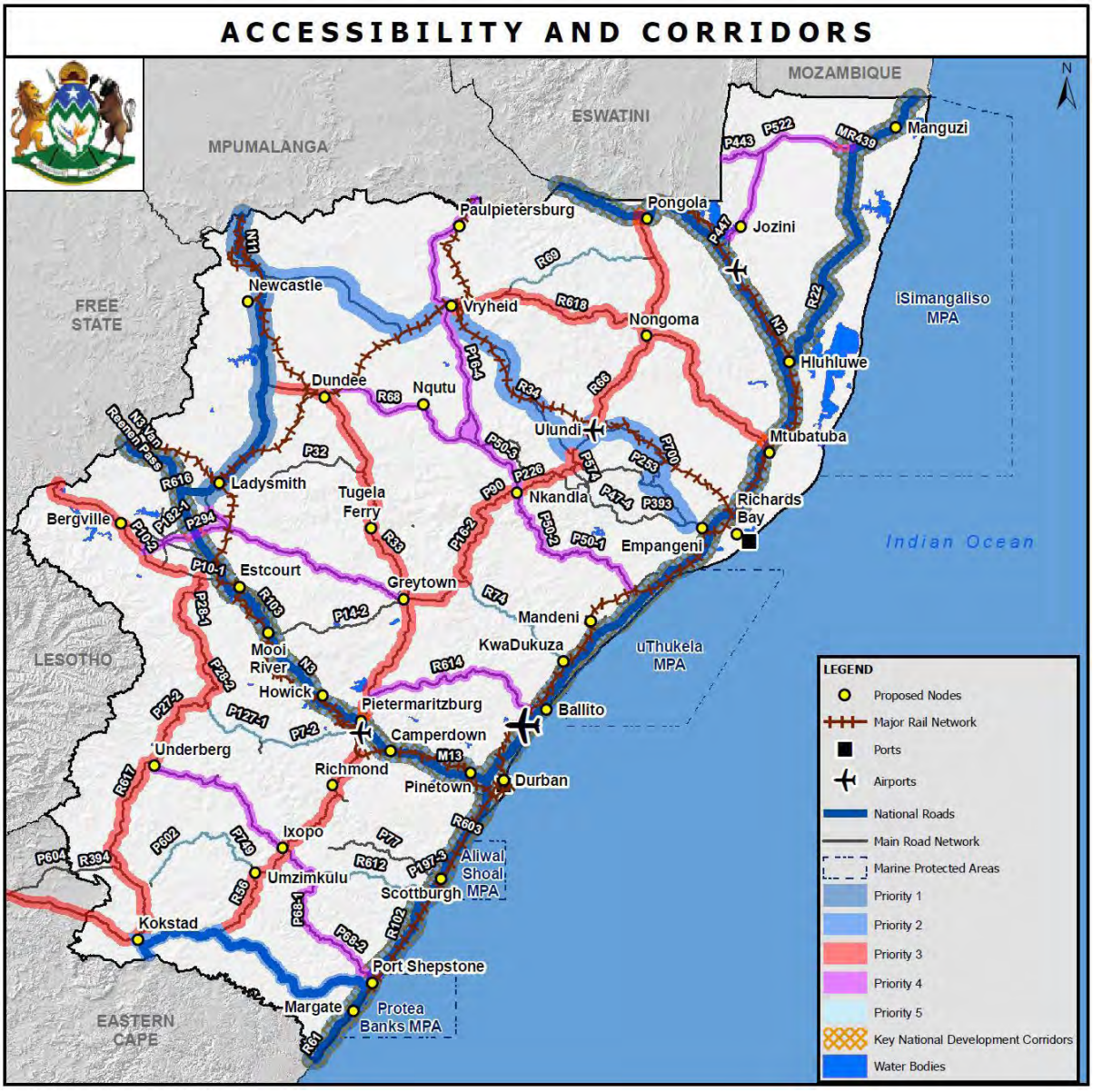
Along with the conversion of the 4 district hospitals above, below are other changes in alignment of the service delivery platform that will improve access to services. These proposed changes will commence in a phased approach over the MTEF starting in 2022/23.

3 Provincial and Local Authority

Proposed Phases: 22/23

- St Margaret TB Hospital conversion to CHC
- UMngeni Hospital review of services
- Hillcrest Hospital review of service package
- Ekuhlengeni psychiatric hospital review of services and decongestion
- Decommissioning of Regional Laundry Durban & Coastal
- Inanda CHC

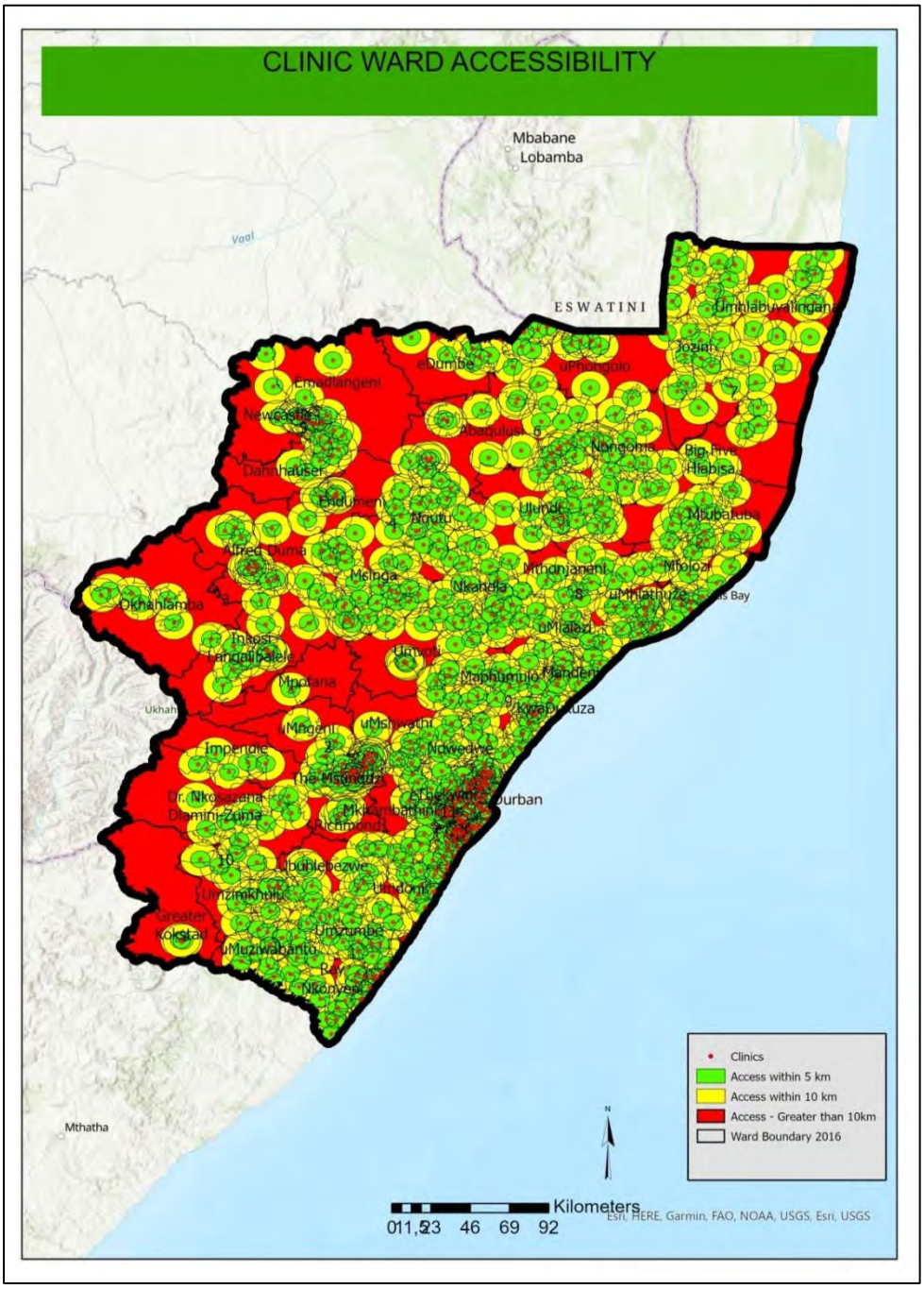
Map 3: Accessibility and Corridors



Source: KZN Spatial Development Framework – February 2022

The process for the building of a new tertiary hospital in the north of the Province in Area 4 (Zululand, uMkhanyakude and King Cetshwayo District) is also in the planning stages and again will contribute towards the accessibility of tertiary services in the north.

Map 4: Map showing accessibility of PHC services



This map highlights the accessibility of clinics within a 5 – 10km radius.

Care should be taken when interpreting the red areas of the map as not all areas are equally populated. eMandlangeni, in Northern KwaZulu-Natal has a population density of 10 / km^2 (Amajuba DHP 20/21) due to extensive farmlands. There are also 2 Unesco World Heritage sites namely, the iSimangaliso Wetlands Park along the northern eastern coastline and the Okhahlamba Drakensberg Park along the western escarpment of the Province.

There are also other topographical factors that need to be noted such as uncrossable or unbridged rivers and deep valleys all impact on accessibility. Public transport and road usable also play a role in accessing services, with internal soft factors such as staff attitude and opening hours also impacting on this discussion. Accessibility is not just about having a clinic within a 5km radius of the community, but also about ensuring that the community can access that clinic, when in need of health services.

Primary Health Care

The Department is busy implementing the Community Based Model, in a phased approach based on available resources.

The Department has compiled handbooks for School health and Clinic Operational Managers. These handbooks are to assist all managers in PHC to capacitate new staff. Other handbooks for PHC Supervisors and OTLs will be developed by March 2023. Districts received contracted Outreach Team Leaders (ENs) in 2021 and they form part of the outreach vaccination teams. Currently they are conducting household registration after COVID-19 4th wave surge. Training has been conducted however vehicles remain a challenge.

The Ideal Clinic Status Rate is 77.8% with a target of 80%. Infrastructure challenges are the main cause of clinics not obtaining Ideal Status however limited budget prohibits the rebuilding of clinics.

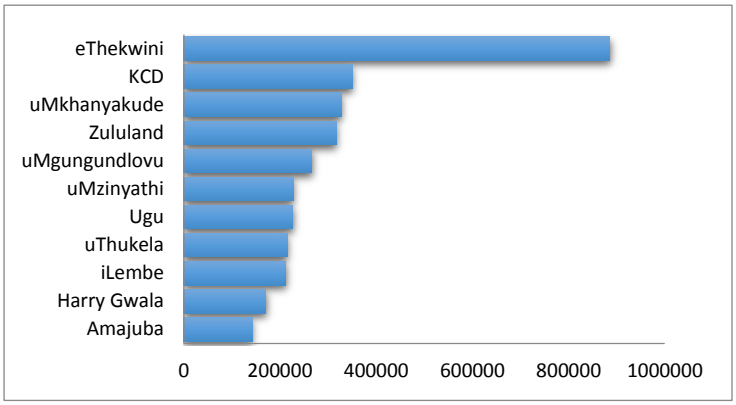
The PHC utilisation rate reached its highest in 2018/19 at 2.5 visits per person per year. During the hard lock down for the COVID-19 pandemic, utilisation decreased to 1.9 visits per person per year. The estimated PHC utilisation rate for 21/22 is 2.1 visits per person per year.

Table 15: Trend analysis of PHC utilisation rate from 2018/19 to 2020/21

District	Indicator	2018/19	2019/20	2020/21
Amajuba	PHC utilisation rate	2	2	1.7
	PHC utilisation under 5 years rate	*2.7*	2.9	*2.1*
eThekwini	PHC utilisation rate	2.3	2.2	1.7
	PHC utilisation under 5 years rate	*3.9*	*3.6*	*2.5*
Harry Gwala	PHC utilisation rate	2.7	2.6	2.1
	PHC utilisation under 5 years rate	*3.8*	*3.7*	*2.7*
iLembe	PHC utilisation rate	2.6	2.5	2
	PHC utilisation under 5 years rate	*4.1*	*4*	*2.8*
King Cetshwayo	PHC utilisation rate	3	3	2.3
	PHC utilisation under 5 years rate	*4.5*	*4.4*	*3.1*
Ugu	PHC utilisation rate	2.7	2.5	2
	PHC utilisation under 5 years rate	*3.5*	*3.3*	*2.4*
uMgungundlovu	PHC utilisation rate	2.3	2.3	1.9
	PHC utilisation under 5 years rate	*3.2*	*3.2*	*2.3*
uMkhanyakude	PHC utilisation rate	3.6	3.5	2.9
	PHC utilisation under 5 years rate	*4.8*	*4.8*	*3.6*
uMzinyathi	PHC utilisation rate	2.7	2.6	2.1
	PHC utilisation under 5 years rate	*4*	*4*	*3*
uThukela	PHC utilisation rate	2.5	2.5	2.1
	PHC utilisation under 5 years rate	*3.4*	*3.4*	*2.5*

District	Indicator	2018/19	2019/20	2020/21
Zululand	PHC utilisation rate	2.7	2.7	2.3
	PHC utilisation under 5 years rate	*3.8*	*3.8*	2.9
Province	PHC utilisation rate	2.5	2.5	2
	PHC utilisation under 5 years rate	*3.8*	*3.7*	*2.7*

Graph 41: PHC headcount under 5 years for 2020/21

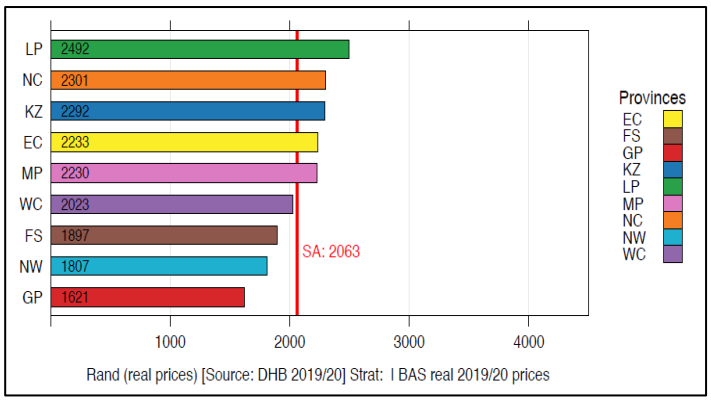


As anticipated, eThekwini has the largest under 5 headcount at 885 649 visits per year, with Amajuba the least at 141 738 visits per year.

PHC headcounts under 5 years in 202/21 declined in accordance with the hard lock for COVID-19, with a provincial decrease in PHC utilisation rate in under 5 years, from 3.7 in 19/20 to 2.7 in 20/21 with a corresponding 27% decrease in headcounts year-on-year.

KwaZulu-Natal spent an average of R 520 per PHC headcount for 19/20. Cognisance should be taken that this was prior to the COVID-19 pandemic and as such expenditure per PHC headcount in 20/21 increased to R 729 per headcount, as per the District Health Barometer 2020.

Graph 42: Provincial and Local Government Health Services Expenditure per Capita (Uninsured Population), 2019/20



KwaZulu-Natal is ranked 3rd in South Africa for Expenditure per capita for Health Services at R 2 292 against the South African average of R 2063 per uninsured capita. It should be noted that the Province has more hospitals (39 Hospitals) than other provinces. Coupled with poor efficiencies, this increases health expenditure.

Source: DHB, 2019/20- Health Systems Trust

Table 16: KZN Hospital Efficiency Indicators 2018/19 – 2020/21

Hospital Type	OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
	52.4%	52.1%	**54.9%**	5.4 Days	5.3 Days	**4.9 Day**	59.5%	59.3%	**47.6 %**
Regional	44.6%	45.1%	**40.8%**	6.3 Days	6.3 Days	**6 Days**	73.3%	73.4%	**60.3%**
Tertiary	30.1%	32.4%	**30.8%**	7.9 Days	7.6 Days	**7.4 Days**	69.7%	74.0%	**59.9%**
National Central	0.25%	0%	**3.1%**	8.7 Days	8.7 Days	**10.5 Days**	65.8%	62.2%	**43.7%**

Table 17: KZN Hospital Efficiency Indicators 2018/19 – 2020/21

Hospital Type	Inpatient crude death rate			Delivery by Caesarean section rate		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Hospital	5.0%	4.9%	**5.8%**	27.5%	28.18%	**29.1%**
Regional Hospital	4.9%	5.1%	**6.2%**	41.2%	40.7%	**42.7%**
Provincial Tertiary Hospital	5.8%	5.8%	**7.2%**	51.7%	55.0%	**54.7%**
National Central Hospital	3.4%	3.4%	**5.6%**	77.8%	76.7%	**76%**

Table 18: KZN Hospital Efficiency Indicators 2018/19 – 2020/21

Referral Hospitals		OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
		18/19	19/20	20/21	18/19	19/20	20/21	18/19	19/20	2021
Regional Hospital	Addington Hospital	66.4%	66.2%	**49.6**	6 Days	6 Days	**6,3 Days**	79.7%	76.70%	**55.3%**
	Edendale Hospital	22.1%	25.8%	**28.8**	7.1 Days	7.1 Days	**7,3 Days**	75.4%	76.00%	**63.8%**
	King Dinuzulu Hospital	59.5%	57.5%	**55.5**	12.2 Days	12.1 Days	**9,6 Days**	65.6%	60.00%	**46.5%**
	Ladysmith Hospital	32.5%	48.4%	**39.9**	6.7 Days	7,1 Days	**6,7 Days**	85.1%	85.50%	**72.7%**
	Madadeni Hospital	40.7%	42%	**48.5%**	11 Days	10,2 Days	**9,8 Days**	62.6%	62.10%	**55.2%**
	Mahatma Gandhi Hospital	25.3%	19.3%	**24.8%**	5.5 Days	5,8 Days	**5,3 Days**	86.6%	87.60%	**79.9%**

Referral Hospitals		OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
		18/19	19/20	20/21	18/19	19/20	20/21	18/19	19/20	2021
	Newcastle Hospital	65.7%	64.4%	**64.9**	3.8 Days	3,9 Days	**3,7 Days**	79.1%	78.00%	**66.9%**
	Port Shepstone Hospital	59.8%	60.2%	**55.5**	5.2 Days	5,3 Days	**4,8 Days**	84.7%	82.40%	**63%**
	Prince Mshiyeni Memorial Hospital	25.1%	29.70%	**31.3**	6.6 Days	7,3 Days	**6.7**	68.4%	69.50%	**60.7%**
	Queen Nandi Regional Hospital	25%	%	**20.8**	5.1 Days	5,6 Days	**4,6 Days**	67.8%	69.80%	**61.3%**
	RK Khan Hospital	53.3%	47.60%	**0**	4.9 Days	5,2 Days	**5 Days**	88.1%	92.40%	**68.6%**
	St Aidan's Hospital	0%	0.1%	**0**	1.5 Days	1,8 Days	**1.7**	.1%	23.10%	**16.2%**
	General Justice Gizenga Mpanza Regional Hospital (Stanger)	58.9%	51.50%	**48.5**	5.4 Days	5,7 Days	**5 Days**	74.3%	77.80%	**56.4%**
Provincial Tertiary Hospital	Grey's Hospital	0%	17.1%[4]	**12.9**	9.5 Days	9,3 Days	**9,5 Days**	70.8%	70.30%	**57.7%**
	King Edward VIII Hospital	33.3%	34.30%	**34.1**	6.6 Days	6,4 Days	**5,9 Days**	63%	73%	**57.6%**
	Ngwelezana Hospital	42%	36.3%	**38.8**	8.9 Days	8,6 Days	**8,6 Days**	81.1%	79.70%	**66.2%**
Central Hospital	Inkosi Albert Luthuli Central Hospital	0.25%	0.00%	**3.1**	8.7 Days	8,7 Days	**10,5 Days**	65.8%	62.%	**43.7%**

4 3286 OPD, not referred clients in 2019/20

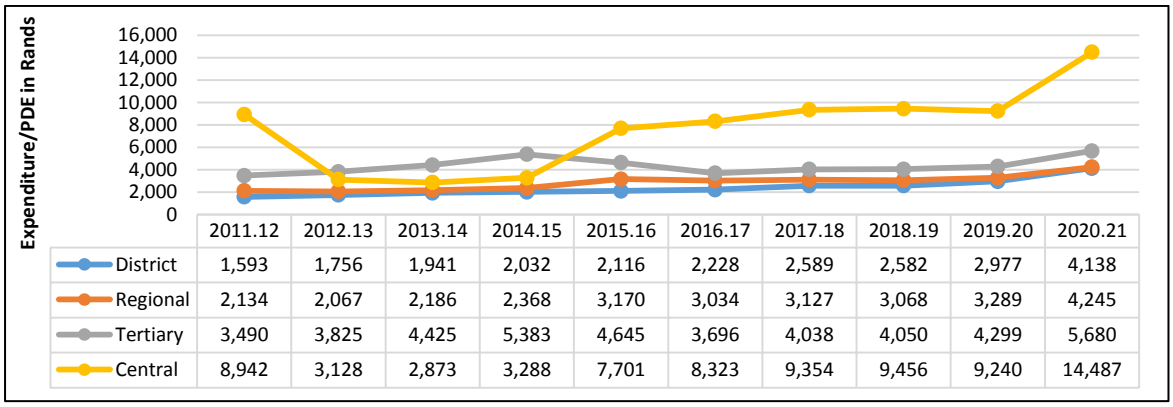
Table 19: Hospital Case Management Indicators 2018/19 – 2020/21

Referral Hospitals		Inpatient crude death rate			Delivery by Caesarean section rate		
		18/19	19/20	20/21	18/19	19/20	20/21
Regional Hospital	Addington Hospital	4.9%	4.60%	**4.3%**	39.9%	40.50%	**44%**
	Edendale Hospital	5.6%	5.90%	**6.6%**	46.6%	45.05%	**45.4%**
	King Dinuzulu Hospital	6.9%	6.80%	**8.9%**	34.3%	32.04%	**35.4%**
	Ladysmith Hospital	6.1%	6.10%	**6.2%**	35.3%	32.58%	**30.3%**
	Madadeni Hospital	9.2%	9.00%	**13.1%**	N/A	N/A	**N/A**
	Mahatma Gandhi Hospital	5.3%	5.40%	**6.9%**	40%	37.39%	**40.4%**
	Newcastle Hospital	0.82%	0.90%	**1.1%**	34.3%	33.96%	**32.3%**
	Port Shepstone Hospital	5%	5%	**6.8%**	47.6%	52.65%	**54.6%**
	Prince Mshiyeni Memorial Hospital	4.4%	5.30%	**7.1%**	39.5%	38.71%	**43.2%**
	Queen Nandi Regional Hospital	2.2%	2.%	**1.9%**	56.2%	56.08%	**58.9%**
	RK Khan Hospital	5.5%	5.83%	**7.0%**	35.2%	32.55%	**38.9%**
	St Aidan's Hospital	0.27%	0.32%	**0.17%**	N/A	N/A	**N/A**
	General Justice Gizenga Mpanza Regional Hospital (Stanger)	5%	5%	**6.1%**	42%	42%	**45.4%**
Provincial Tertiary Hospital	Grey's Hospital	3.7%	4.%	**6.5%**	73.2%	78.68%	**74.6%**
	King Edward VIII Hospital	4.5%	4.60%	**4.9%**	48.3%	51.04%	**50.9%**
	Ngwelezana Hospital	10.5%	9.80%	**12.6%**	N/A	N/A	**N/A**
Central Hospital	Inkosi Albert Luthuli Central Hospital	3.4%	3.40%	**5.6%**	77.8%	76.67%	**76.0%**

Hospital Services

The expenditure per PDE for different hospital types has been gradually increasing in the past ten years, with the Central hospital having had a 53% increase between 2019/20 and 2020/21. Generally the increase in the expenditure per PDE is attributed among other factors: lack of cost centers; increased cost of medicines, blood and laboratory tests, which is exacerbated by the increasing burden of disease; increased compensation of employees costs; higher than expected staff exit costs; medico legal claims; incorrect staff linkage; low Bed Utilisation Rate (BUR) and recently COVID-19 pandemic which resulted in a number of hospital beds being repurposed.

Graph 43: Expenditure per PDE for different hospital types



	2011.12	2012.13	2013.14	2014.15	2015.16	2016.17	2017.18	2018.19	2019.20	2020.21
District	1,593	1,756	1,941	2,032	2,116	2,228	2,589	2,582	2,977	4,138
Regional	2,134	2,067	2,186	2,368	3,170	3,034	3,127	3,068	3,289	4,245
Tertiary	3,490	3,825	4,425	5,383	4,645	3,696	4,038	4,050	4,299	5,680
Central	8,942	3,128	2,873	3,288	7,701	8,323	9,354	9,456	9,240	14,487

Source: KZN Department of Health Annual Reports

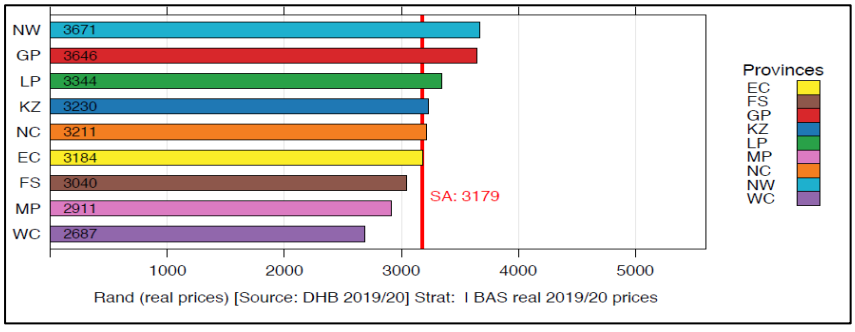
Table 20: Expenditure by hospital programme / sub-programme, 2019/20

Table 7: Expenditure by hospital programme / sub-programme, 2019/20

Province	Expenditure (R million)				% of total hospital spending			
	District hospitals Rand	Provincial hospitals[y] Rand	Central hospitals[z] Rand	Total hospitals Rand	District hospitals %	Provincial hospitals[y] %	Central hospitals[z] %	Total hospitals %
Eastern Cape	5 316	4 026	4 327	13 668	39	29	32	100
Free State	1 635	1 608	2 712	5 954	27	27	46	100
Gauteng	3 527	9 225	19 080	31 832	11	29	60	100
KwaZulu-Natal	7 941	11 521	5 169	24 632	32	47	21	100
Limpopo	7 058	2 637	2 018	11 713	60	23	17	100
Mpumalanga	3 595	1 435	1 302	6 332	57	23	21	100
Northern Cape	666	416	1 058	2 140	31	19	49	100
North West	1 517	1 833	1 995	5 345	28	34	37	100
Western Cape	3 746	3 910	6 945	14 600	26	27	48	100
Total	35 001	36 609	44 608	116 218	30	32	38	100

Source: BAS

Graph 44: Rands per PDE per hospital, per Province for 2019/20



Source: District Health Barometer 2019/20

Hospital Rationalisation Plan

The Hospital Rationalisation Plan is being developed for implementation within the Public Health Sector. Implementation will be in a phased approach as budget becomes available.

King Dinuzulu Regional Hospital is currently gazetted as a regional hospital with more than 50% district beds, 20% specialised Mental Health Beds, 10% tertiary services spinal services and 20% MDR beds. In addition to these services Oral and Dental Services are in close proximity. This mixed basket of services poses a challenge in terms of management, classification of the hospital, resource allocation in line with the existing benchmarks and analysis of performance information. The Department has done organizational structure review with an objective of coming up with a simple and lean organizational structure to support its operations. This undertaking will be concluded in 2021/22, in line with the hospital rationalization process.

Clairwood Hospital is currently gazetted a Specialised Chronic Hospital with low Bed Utilization Rate and high operating costs. The recent investment in the hospital infrastructure upgrading does not justify the utilization of the hospital to provide the package of services according to its current classification. eThekwini District has a critical shortage of district beds as a result the Regional Hospitals are overburdened with district services. The large catchment population in the South of the district has no designated district hospital thus creating service delivery pressure for Prince Mshiyeni Regional Hospital. The Western Area of the district has large and densely populated catchment areas which create service delivery pressures to R.K. Khan Regional Hospital and St Mary's District Hospital.

There is a high demand for 72 hour mental health services, palliative care services and district neonatal care services. Considering the closure of Charles James TB Hospital and Don Mackenzie hospitals, the district needs to make a provision for TB patients requiring hospitalization. It is planned that in terms of the Hospital Rationalization process Clairwood Hospital will then be reclassified and gazetted as a District Hospital in terms of Regulation 185 of the National Health Act 61 of 2003 in 2022/23. A phased approach will be used to commission district services for immediate improvement of hospital efficiencies and to optimize the utilization of its upgraded state of the art infrastructure.

Regional Hospitals

During the 2021/22 financial year, Edendale Regional Hospital was renamed in honour of the late anti-apartheid activist and freedom fighter Mr Harry Gwala, the hospital is now called Harry Gwala Regional Hospital.

The Regional service package provides access to high care, short term ventilation and limited CT scanning service. The Regional Hospital should also make accessibility to the basic services for Ears, Nose and Throat (ENT), Ophthalmology and Urology. These services can be housed under General Surgery as there is no intention to create subspecialties at Regional Level. Neonatology Services can be made accessible through Paediatric Services. A minimum of two full time specialists per core speciality are required to render services effectively. It must also be noted such specialised clinical services require the support of specialised nurses. The Department has difficulty to attract and retain these specialised

clinical resources in the rural areas. These specialised clinical resources are required to support service development and decentralised clinical training programme.

The long term plan of the Department is to provide a full package of regional services accessible to all patients. In order to achieve this, appropriate infrastructure, specialised clinical resources and specialized medical equipment, are required. The May 2013 National Policy Document on definitions of Regional (secondary) and Tertiary Health Services defines the Regional Level Services as services requiring the permanent presence and input of a Specialist in each of the following nine core specialties:

- Internal Medicine
- General Surgery
- Psychiatry
- Obstetrics & Gynaecology
- Orthopaedics
- Paediatrics
- Anaesthetics
- Diagnostic Radiology
- Emergency Medicine

The process for the review of Referral pathways is in progress which takes into account new hospitals such as PKISM and building clinical referrals systems to higher levels of care in order to reduce mortalities and improve clinical outcomes.

There is a need to separate Mental Health Services at Madadeni and King Dinuzulu Regional Hospitals, as the high number of Mental Health Users beds at these hospitals skews the efficiency analysis of these hospitals. Mental health patients typically stay far longer than the average patient who is in surgical or medical ward. King Dinuzulu has a complexed combination of services providing level 1 services, with Regional services for Psychiatric and TB Programmes.

Specialised services development and sustainability has been part of the plans for years, and will be implemented in a phased in approach over the MTEF. Hospital services will conduct an assessment and produce a report, following which services gaps will be identified and recommendations made.

There are 4 focal areas in Specialised services to improve access to services, namely:

1. Develop capacity in all Regional Hospitals to provide acute dialysis.
2. Develop capacity to increase access to peritoneal dialysis
3. To assess Urology capacity within the different regions, and to increase capacity at St Aiden's, to be a Centre of Excellence.
4. To improve access to Oncology services and produce additional appropriate equipment for Grey's Hospital.

Chronic Kidney Disease (CDK) is becoming one of the leading causes of death in South Africa. The estimated prevalence of CKD in sub-Saharan Africa (SSA) is 13.9%, which is similar to global estimates of 13.4%. There are more than 10 000 patients both in state and private

health facilities with ESKD (End Stage Kidney Disease) who are on renal replacement therapy. The estimated cost of treatment per year is approximately R200 000 per patient. According to global statistics, 20% of clients with ESKD die within a year; 50% die within 5 years. The majority of patients presenting to regional, tertiary and central hospitals in KwaZulu-Natal already have advanced kidney disease and are in need of urgent dialysis at presentation. The accessibility of chronic dialysis remains poor for patients in KZN as a large cohort of these patients only access this service a tertiary and central hospital level.

The Department is establishing 4 bedded units for chronic haemodialysis (HD) in the four peripheral centers which are General Justice Gizenga Mpanza Memorial Hospital, Port Shepstone Hospital , Harry Gwala Hospital and Madadeni Hospital where the Department has nephrology trainees in rotation. Commissioning of Dr.Pixley Isaka Seme Memorial Hospital will also have 4 bed HD unit. The Four (4) HD machines will provide adequate dialysis for 24 patient's thus increasing patient accessibility to HD Services.

The current unit at IALCH has exceeded its capacity by 75% by providing chronic dialysis for renal failure patients. Many patients who would benefit from acute dialysis are often jeopardized by a lack of currently available renal replacement therapy at regional level hospitals. Acute dialysis is delayed while awaiting transfer to tertiary/central hospitals, which contributes to an unfavourable overall prognosis. The current data systems cannot accurately demonstrate the demand for this service. To address this challenge of access to care the Department is establishing 4 bedded units for chronic HD in the four peripheral centers which are General Justice Gizenga Mpanza Memorial Hospital, Port Shepstone Hospital, Harry Gwala Hospital and Madadeni Hospital where the Department has nephrology trainees in rotation. Commissioning of Dr. Pixley Isaka Seme Memorial Hospital will also have 4 bed HD unit. The Four (4) HD machines will provide adequate dialysis for 24 patient's thus increasing patient accessibility to HD services.

Tertiary Hospitals

The renaming of King Edward VIII Hospital is in the process with Departmental principals. The upgrades to the surgical wards and operating theatres are complete with the renovations and upgrades to the Gynae Unit still in progress. The upgrading of the radiology unit is awaiting approval as is medical equipment.

The Department is investigating to link St Aidans Hospital to King Edward VIII Hospital. St Aidans Hospital will be an operational unit of King Edward VIII Hospital with single management structure and operational budget.

There is an indirect Conditional Grant under NHI for Oncology, from the National Department of Health. This budget is utilised for the purchasing of professional specialist services. In KZN there is a contract with iMpela Alliance which contracts the services of private oncologists for the public health sector, mainly in the North at Ngwelezana and Queen Nandi Hospitals. Patient backlogs have been cleared and the Department has employed Oncologists at Greys and IALCH / Addington.

Efficiency indicators at Tertiary Hospitals have regressed. The Average Length of Stay (ALSO), increased to 10 days in 2021/22, due to the isolation requirements. Another contributing

factor to a high ALOS is the nature of pathology seen at tertiary hospitals. Clients seen at a tertiary hospital, generally require more intensive diagnostic investigations which requires more time than non-intensive diagnostics.

The COVID-19 Pandemic, has contributed to a decrease in the number of useable beds. Beds had to be amended as repurposed beds were required for COVID-19 patients. The COVID-19 pandemic has also placed a strain on the budget as additional high flow oxygen machines and Continuous Positive Airway Pressure (CPAP) machines were purchased. Oxygen demand also increased as this was the 1st line of defense against COVID-19, with the number of emergency orders increasing in proportion to the number of COVID-19 patients.

There has been a general decrease in patient numbers due to the COVID pandemic, although patient numbers have started increasing and elective work is being resumed. Beds were repurposed as designated for COVID-19 wards. This has affected and impacted on the following disciplines; Orthopaedics, Vascular Surgery, Specialized Surgery and Plastic surgery.

Central Hospital

COVID-19 cases took longer to recover leading to an increase in the Average Length of Stay. The Central hospital mostly managed critical COVID-19 patients requiring ICU care. Due to the COVID-19, a number of hospital beds were repurposed for the management of COVID-19 patients. The decline in the inpatient utilisation rate is attributed to the curtailing of elective services and repurposing of hospital beds. Emergency clinical management of COVID-19 resulted in an increased use of Medical supplies, Personal Protective Equipment (PPE) and Oxygen in the management of COVID-19. This resulted in an increase in the expenditure per Patient Day Equivalent (PDE).

Complaints were related to post-operative complications experienced after discharge from Inkosi Albert Luthuli Central Hospital (IALCH) and referred back to lower levels of care. There was initially under reporting on the Health Care Associated Infections at IALCH. IALCH attends to patients with numerous in-dwelling devices and some Health Care Associated Infections are unavoidable.

Specialised TB Hospitals

All the beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19. Curtailing of services due to COVID-19 resulted in increased operational costs and thus a high Expenditure per Patient Day Equivalent (PDE).

Specialised TB hospitals, Charles James and Don McKenzie, were decommissioned in 2021/22.

Specialised Psychiatric Hospitals

The Specialised Psychiatric Hospitals have experienced a high turnover of Psychiatrists and have difficulty in attracting and retaining Psychiatrists. The clinical management of mental health care users require a strong psycho social rehabilitation programme in order to reduce

the average length of stay, reduce patient relapses and readmissions and facilitate community integration of Mental Health Care Users. This requires employment of the Multidisciplinary team such as Psychologists, Social Workers and Occupation Therapists.

St Frances Hospital has been repurposed for COVID-19 usage.

Chronic/Sub-Acute Hospitals

The Western Area of eThekwini has large and densely populated catchment areas which creates service delivery pressures to RK Khan Regional Hospital and St Mary's Hospital. There is a high demand for 72 hour mental health services, palliative care services and neonatal care services. It is planned that in terms of the Hospital Rationalization process Clairwood Hospital will then be reclassified and gazetted as a Hospital in terms of Regulation 185 of the National Health Act 61 of 2003 in 2022/23. A phased approach will be used to commission services for immediate improvement of hospital efficiencies and to optimize the utilization of its upgraded state of the art infrastructure. Clairwood Hospital will be re-purposed to a District Hospital for the south of eThekwini .

Emergency Medical Rescue

The uThukela Hub was launched on the 28th November 2021. This Hub will service uMzinyathi , Zululand, Amajuba and uThukela Districts. Patients from facilities in these districts will be transported to referral institutions. This means that patients are able to have a shorter turnaround time at the referral institution and reach home sooner than expected.

There are 86 privately licensed emergency medical services that have been registered in KwaZulu-Natal.

Security of the Outreach & EMS teams remains a concern. In areas that are identified as hotspots, SAPS accompanies EMS to the location of the call out.

The Vryheid EMS base is currently housed in leased premises. There is engagement between Infrastructure and Zululand management to identify a location within Vryheid Hospital where the base can be accommodated, so as to reduce rental costs.

Health Infrastructure

Preventative maintenance expenditure was decreased in 20/21 due to the delays in the finalisation of 3-year Service Level Agreements. Resources that were initially set aside for new and replacement, renovation and refurbishment projects were used for emergency COVID-19 projects.

Greys, Addington, Ngwelezane and Manguzi Hospitals were prepared for COVID-19 Isolation units. In addition, other facilities that were under-utilised were identified and these were all upgraded. The purpose was to create facilities with isolation and quarantine wards. The design was done with flexibility in mind so that the facilities will be able to be used in future and to treat various categories of patients.

In addition, infrastructure projects to the value of R1.3 billion were completed in 2020/21. The projects completed were largely part of the Generator, fencing and Asbestos programmes running across all municipalities.

The unanticipated job opportunities created through COVID-19 projects resulted to the target for number of jobs created through the EPWP being exceeded. Regular monitoring of the repairs resulted to better performance than the target for percentage downtime on medical equipment.

Slow Supply Chain Management processes at facility level and COVID-19 pandemic caused major delays in receiving spares resulting in non-achievement of the percentage downtime on radiology equipment target.

Laundry

The challenges of inadequate in-house capacity (i.e. staffing and machinery) and stock out of clean and new linen at facilities, were reported. The previous linen contract had expired, with the SCM process underway to secure period contracts with reputable linen suppliers.

Pharmacy Management

The actual number of pharmacies with either Grade A or Grade B status with the South African Pharmacy Council (SAPC) was lower than anticipated. This was as a result of St Aidan's Hospital regressing to Grade C as they did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. A further 7 pharmacies regressed from a Grade A or B, to a Grade C in quarter 3 2021/22. Implementation of Improvement plans is underway for all 8 pharmacies.

Dr Pixley Ka Isaka Seme Memorial Hospital is awaiting the South African Pharmaceutical Council (SAPC) inspection after commissioning. Charles James Hospital and Don McKenzie Hospital Pharmacies were decommissioned in 2021/22.

Human Resources for Health

High staff turnover due to COVID-19, retirements and the inability to fill posts due to cost-containments has placed pressure on existing human resources hampering service delivery. Budget cuts have further impacted negatively on service delivery.

The emergence of COVID 19 has enabled the Department to employ around 15 000 staff members to help in the fight against the pandemic (Vote 7 Budget Speech).

The consolidation of the "Climate Survey" for all hospitals into a Departmental Report, continued into 2021/22. All 72 Hospitals have completed the survey, however, due to COVID-19 demands and the need to prioritize COVID-19 related projects, the report could not be consolidated timeously.

Bursaries

Private nursing colleges apply for accreditation directly with the accreditation bodies namely the South African Nursing Council (SANC) and the Council for Higher Accreditation. Nursing programmes being offered by both Public and Private Institutions are monitored by these accreditation bodies. The KwaZulu-Natal College of Nursing (KZNCN) therefore does not have any control over the accreditation activities of private nursing colleges. Issues of non-recognised training and qualifications are dealt with directly by the South African Nursing Council, as the statutory body.

The Nelson Mandela Fidel Castro Medical Programme is a collaborative agreement with Cuba and is revolving over a five year period. It is renewed as and when the prevailing tenure expires. The current agreement was renewed in March 2019 and will expire in February 2023.

Historically, the issue of gender balance of the programme, has always been maintained in line with the RSA Employment equity prescripts. However the intake is influenced by a number of factors such as Cuban Medical requirements, matric results, police clearance and the readiness of learners to study abroad, for example, a pregnant learner could not be sent to Cuba.

There has been discussion on this matter at a Provincial Level to roll out the Cuban programme within South Africa, however due the nature of the programme being of National Interest, provinces could not pursue the roll out the model in South Africa, as the National Department of Health is taking a lead in these discussions.

Occupational Health and Safety

The failure of Occupational Health and Safety (OHS) Committees in Institutions to meet as required, was due to non-attendance by some members of the OHS Committees, including those representing Labour Unions. High vacancy rates of Health and Safety Officers in the Province is also a contributing factor. Delays in finalisation of investigations and request for postponements at disciplinary hearings had a negative impact. COVID-19 also impacted negatively on disciplinary hearings for both employer *and* union representatives.

The development of Occupational Health and Safety Guidelines to protect Health Care Workers during COVID-19, was achieved in 20/21. Provincial OHS also developed Guidelines to manage Healthcare Workers who are infected with COVID-19 in the workplace.

Guidelines on Assessing Vulnerable Employees during the COVID-19 pandemic were also developed, which included the establishment of Institutional Risk Assessment Committees. OHS Committees were revived throughout the Province. Employee Wellness, in conjunction with Mental Health Directorate, developed a Mental Health and Psychosocial Support Response Plan, which was aimed at providing psychosocial support for Healthcare Workers during the COVID-19 pandemic, and also to capacitate managers and supervisors so that they are able to assist Healthcare Workers with their psychosocial challenges as a result of COVID-19 pandemic.

The focus going forward is to ensure that OHS is fully complied with by all Institutions in the Province. The Department will also focus on marketing and creating awareness on the availability of psychosocial support that is currently driven through the Mental Health and Psychosocial Support Response Plan.

Table 21: Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 march 2021

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Officials and Managers	41	1	9	2	33	3	7	6	102
Professionals	2373	69	962	345	2620	115	1347	396	8227
Technicians and Associate Professionals	4028	52	343	21	18364	453	1823	278	25362
Clerks	2611	41	296	20	4536	111	387	78	8080
Service Shop and Market Sales Workers	3967	32	420	13	14285	97	278	30	19122
Craft and Related Trade Workers	289	16	44	28	19	0	0	0	396
Plant and Machine Operators and Assemblers	447	10	48	1	170	5	8	1	690
Labourers and Related Workers	2300	31	174	18	4423	40	104	10	7100
TOTAL	**16056**	**252**	**2296**	**448**	**44450**	**824**	**3954**	**799**	**69079**
Employees with disabilities	**181**	**4**	**42**	**9**	**163**	**1**	**23**	**7**	**430**

Source: Deputy Director: Employment Equity

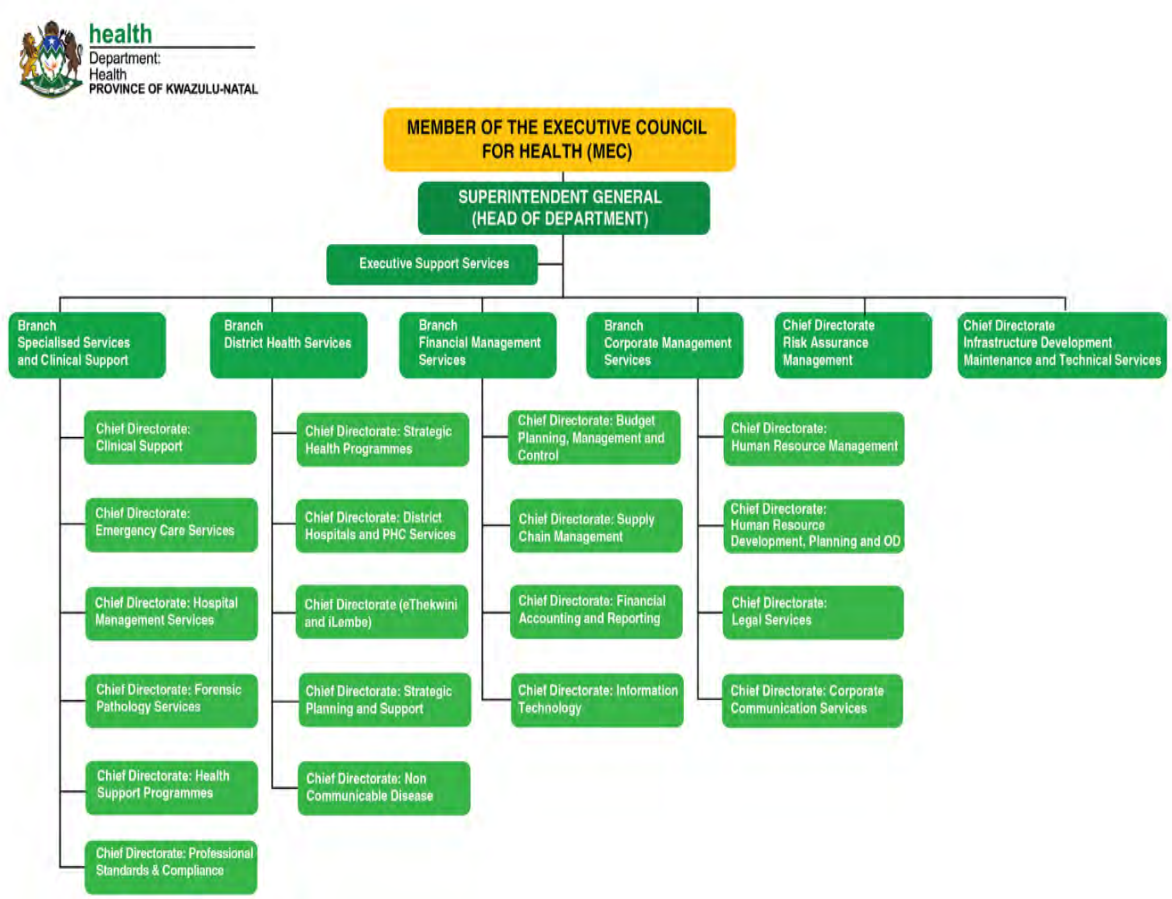
The Department had 69 079 filled posts with a vacancy rate of 13.9% as at 31st March 2021. The filling of critical vacant posts has been delayed due to the inadequate Compensation of Employees budget. The challenges in recruiting and retaining skilled professionals in certain categories continued to challenge the Department.

There is no change in the SMS gender profile comparing 2019/20 (47%) and 2020/21 (47%).

ORGANISATIONAL STRUCTURE AND ORGANISATIONAL DESIGN

The Figure below is the approved MACRO structure by Department of Public Service Administration (DPSA) /Office of the Premier (OTP). A review of the Head Office and Office Macro structures is underway to improve the cohesiveness and alignment of the structure to better respond to the interventions.

Figure 5: KZN DOH Macro Structure

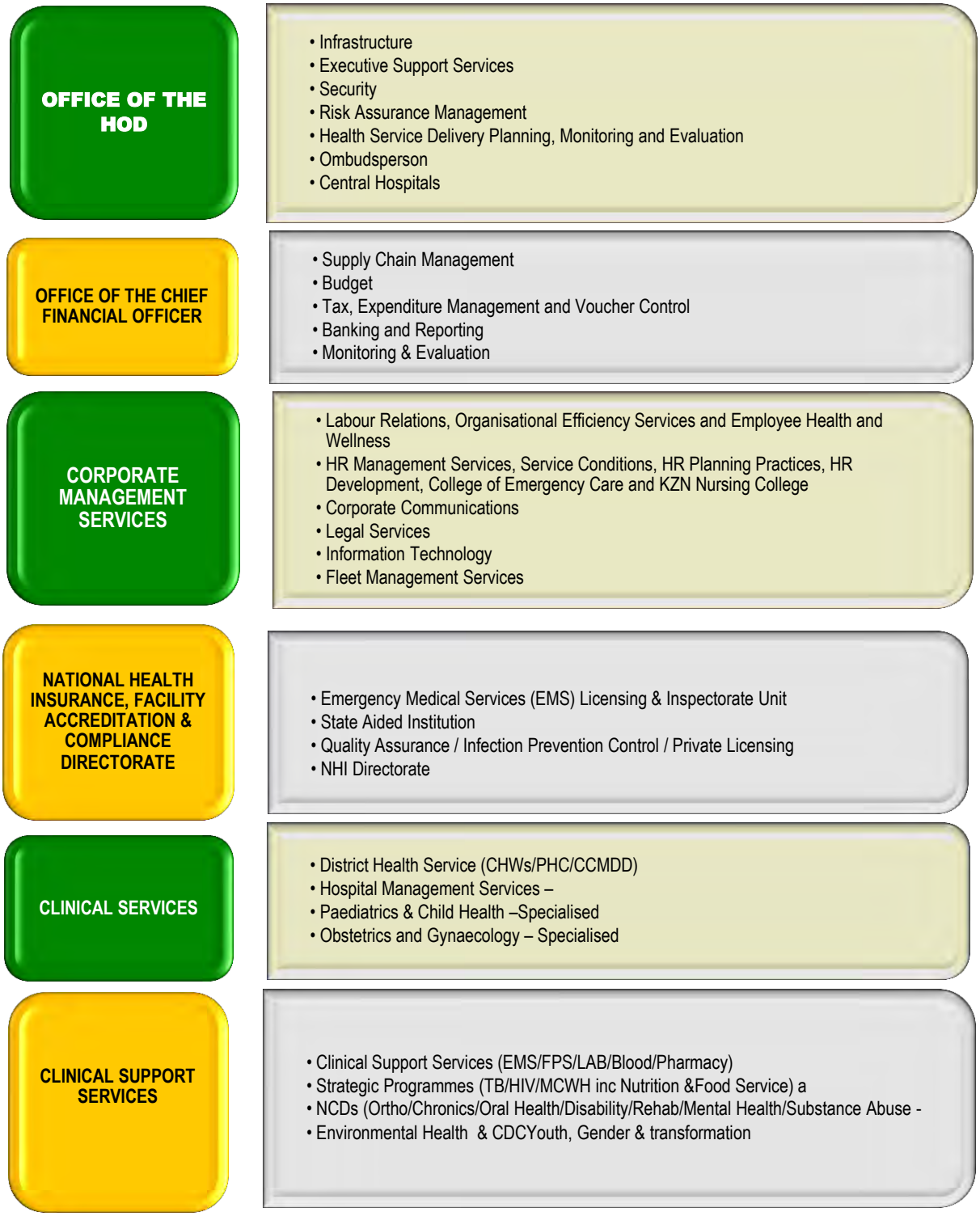


There is a total of 102 senior managers within the Department of Health, of which 48% (49) are female. Overall, the majority of the workforce is female at 50 027 women equating to 72.4% of the workforce.

Employees with disabilities are under-represented against the 2% target, with 430 employees with disabilities (0.6%) employed. One hundred and ninety-four women make up 45% of employees with disabilities.

The **Department of Health reporting lines structure** is below. A review of the Head Office and Office Macro structures is underway to improve the cohesiveness and alignment of the structure to better respond to the interventions.

Figure 6: KZN DOH Reporting Lines, 2021



UPDATED KEY RISKS & MITIGATION STRATEGIES

KEY RISKS	RISK MITIGATION
OUTCOME: UNIVERSAL HEALTH COVERAGE	
Increase in Medico-Legal Contingent Liability	• Migrate to an electronic records management system to overcome loss of files • Appointment of a panel of legal experts covering all medical sub-specialties • Roll out of the approved clinical governance and quality improvement policy in order to standardize structures, management approach and activities at all levels.
Potential litigation/court challenges regarding licensing of Private Health Establishments	• Develop the Provincial Private Licensing Regulation. • Resource Private Licensing Unit adequately.
Misstatement of financial statements	• Review gaps on Commuted Overtime policy • Enforce compliance once the policy has been finalised"
SCM inefficiencies including delays in procurement of goods and services, and inadequate asset management which will impact on audit outcomes	• Automation of the SCM system and inventory management. • Filling of essential posts. • Centralisation of SCM services at level to reduce bottlenecks and improve turnaround times.
Mismanagement of HRMS Processes (e.g. Leave Management, Overtime Management)	• Service Conditions to obtain certification from HR Managers and CEOs that leave forms received are captured on PERSAL
Poor Strategic plan alignment with the organisational structure	• Finalise Service platform documents • Finalize Organizational Structures for all Institutions
Management of Pharmaceutical Stock	• PHC: Co-ordinate annual trainings on KZN PHC Medicine Supply Management SOPs per District/Su-and monitor compliance to the SOPs using a Provincial standardised tool. Hospitals: Revise and strengthen the implementation of Rx Solution SOPs and standardise Rx Solution Management Reports
Missing equipment in ambulances (Medical equipment and Vehicle equipment)	• Filling of posts; Shift Leaders, Station Leaders, Sub-Managers, EMS Managers
Shortage of emergency Ambulances to meet service demand (to comply with the norm 1:10000)	• Vehicle Replacement Plan • Lobby for funding for the implementation of vehicle replacement policy
Potential litigation/court challenges regarding licensing of Private Health Establishments	• Resource Private Licensing Unit adequately. The proposed new licensing unit to be established in conjunction with EMS will include staffing for private licensing.
Inadequate administration and management of Pharmaceutical Stock	• Appointment of Pharmacist Assistants at PHC Clinics • Train Pharmacists on the National DOH Tool for Demand Planning;
SCM for infrastructure	• Adopt the framework for infrastructure delivery and procurement
Non-availability of and unreliable Infrastructure	• Prioritise existing infrastructure over the building of new infrastructure to improve condition and reliability of the existing infrastructure • Increasing capacity at existing facilities to meet the demand for services (Equitable distribution of services within districts)
Non availability of medical equipment	• Programme for replacement of existing unreliable equipment

KEY RISKS	RISK MITIGATION
	• Improve on maintenance strategies
OUTCOME: REDUCED MORBIDITY AND MORTALITY	
Inability to reduce the burden of disease from TB and HIV	• Establish a call centre that will monitor and call back patients who have defaulted
Inability to effectively manage SHP programmes.	• Engage SCM & IT to procure and install (high capacity desk top computers for TB, desktop computers for clinics, laptops for staff and connectivity especially in clinics)
Inability to reduce burden of non-communicable disease	• Initiate recruitment of required allied professional staff (Implementation depends on approval of the minimum staff establishment) • Lobby at ManCo to engage treasury and Cabinet to rescind the HR circular on non-exempt posts.
High turnover of medical , nursing and allied specialists	• Implement the Decentralized Clinical Training Programme. • Centralise co-ordination of clinical outreach and inreach Programme
High turnover of medical , nursing and allied specialists	• Implement the Decentralized Clinical Training Programme. • Centralise co-ordination of clinical outreach and inreach Programme
Global outbreaks	• Identification of CUSTOMISED VEHICLES FOR ISOLATION UNITS • Epidemic Preparedness Plans in place and implemented in line with NICD guidelines • Isolation facilities available
Social Unrest	• Security assessments were conducted i.r.o. all KZN Health Facilities in the Province and the comprehensive report was tabled before ManCo (Senior Management). • Rollout of 3 year installation plan for enhanced electronic security systems • KZN Health Departmental Security Strategy in draft for finalisation • Contingency Plan for the Department in the event of adverse incidents that emanated from the recent unrest in the Province in draft – awaiting approval.
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE	
Inaccessible Primary Health Care services- in excess of 5 km away from public health service users[5] [6]	• Alternative modes of health service delivery incl Mobiles and WBPHCOTS[7]
Infrastructure not meeting Health and safety standards	• Prioritise and budget for health and safety compliance
The shortage of key health professionals experienced in the increased population, faced with increased burden of the disease. Failure to retain health professionals	• Increase budget for staffing and equipment. • Expand accessibility to specialists through Telemedicine and other E-Health platforms

[5] PGDP AWG Business Plan

[6] (CSIR GUIDELINES)

[7] Programme 2

THE PLANNING PROCESS

The strategic planning process is explained below. Different approaches/ methodologies were used during the planning cycle in identifying the 2022/23 priorities included in the Annual Performance Plan and Annual Operational Plan, with the foundation being evidence-based planning and decision-making while employing the revised DPME planning framework.

Approaches included Root Cause and Bottle Neck Analysis using systematic problem-solving techniques e.g. Brainstorming, Fish Bone and the Problem Tree to identify root causes/ primary challenges/ problems that must be resolved to change the outcomes and desired Impact.

Prioritisation of interventions was based on SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis and use of the Prioritisation Matrix to identify high impact and low cost activities (especially in light of the current financial constraints).

Strengths, Weakness, Opportunities and Threats Overview

Table 22: SWOT Analysis

External Analysis	
Opportunities	**Threats**
Public Private Partnerships	Global Pandemics
Traditional Medical Practices	Social unrest
Technological advancements	Global conflict
Political environment and legislative prescripts	Client resistance to treatment
Community engagements	Poor / late health seeking behaviour of the community
Investment	
Intersectoral collaboration with for.e.g SAPS, Community Safety and Liaison	
Internal Analysis	
Strengths	**Weaknesses**
Health Facilities existing	Technological advancements not adopted into health administratively and operationally
Processes and systems, and SoP's in place	Poor location of facilities as inherited
Culture of embracing advancing technology and adapting to change	Poor maintenance of facilities
Skills development platforms are available through the Department and through the National School of Government	Supervision of staff
	Budget cuts
	Insufficient resources to maintain and deliver services
	Operation environment is not dynamic and adapting to changing demands
	Irregular expenditure and wastage including expired drugs

STEP	ACTIVITY	DESCRIPTION	RESPONSIBILITY	ESTIMATED TIMEFRAME[8]	OUTPUT
1.	Develop the SOP for Department planning processes outlining dates and activities related to APP deliverables	a)Strategic Planning SOP developed, breaking down activities and due dates b) Draft list of indicators made available to DD(Provincial planning) to commence template and guide Prep c) Draft list of National, Provincial, Departmental priorities sent to DD(Provincial Planning) to commence template and planning guide d)Submit SOP, draft indicators and priorities to Deputy Director: Strategic provincial planning	Director: Strategic Planning	By 15 June	Strategic Planning SOP List of draft indicators List of draft National, Provincial and Departmental priorities
2.	Develop draft APP Template and narrative guide	a)Draft template developed with draft indicators, draft TIDS, historic data, narrative from the latest draft annual report (To inform the situational analysis) and other draft available information b) Narrative guide developed[9]: c)Submit (a) and (b) to Director for circulation	DD: Strategic Planning (Provincial planning)	By 5 July	Draft Template Narrative Guide
3.	Initiate the planning process by issuing notice of the commencement of the new planning cycle	a)Templates and guiding documents sent electronically to Cluster Heads for dissemination to and discussion with their respective business units(BUs)	Director: Strategic Planning	By 10 July	Evidence of templates and guiding documents sent to clusters
4.	Programmes planning	a)Clusters to analyse policy priorities/mandate/challenges and commence planning for priority areas/mandate Clusters to peruse APP template and guide an provide the relevant information b)Hold strategic planning sessions with key stakeholders at cluster level and invite strategic planning to provide technical	All Business Unit Heads (All DDs: Strategic planning available for technical support to clusters)	11 July to – 31 August st	Completed draft template, and information as specified in the guide available from all clusters

[8] Subject to change based on annual calendar differences

[9] Guide should provide the BUs with the list of ***information needed and due dates***. At a minimum the guide should request: Strengths, weaknesses, opportunities and threats for each BU; focused interventions for the next cycle, internal and external stakeholders for each BU, ALL OTHER relevant info for the completion on the APP including for e.g. Public Private Partnerships, State Aided Facilities, Infrastructure Projects, Finance Tables, Conditional Grant info, District Delivery Model, Updates to court rulings and Explanation of planned performance and how it will contribute to the outcomes over the MTEF. The guide should also list the draft National, Provincial and Departmental priorities.

STEP	ACTIVITY	DESCRIPTION	RESPONSIBILITY	ESTIMATED TIMEFRAME[8]	OUTPUT
		support c)Submit populated template and address all items required in the guide to strategic.planning@kznhealth.gov.za			
5.	Consult to obtain approval for hosting the strategic planning session[10]	EXCO to request Executive Authority to approve the date and draft programme for the proposed strategic planning session	Office of the Head of Department	1 – 7 August st	Approved date and programme
6.	Hold strategic planning session[11]	Departmental Extended MANCO invited to participate and engage on inputs into draft APP and any amendments to Strategic Plan (if applicable)	Director Strategic Planning	August st (exact date to be confirmed by HOD's Office	Departmental Strategic Planning Session Report
7.	Consolidate draft APP inputs received from Programmes/business unit	a)Peruse revised inputs emanating from the programme planning sessions submitted by clusters and update draft APP. b) Submit to Director	DD: SP (Provincial Planning)	1- 12 September	Evidence of submission of edited and consolidated 1st draft APP (with: Updated Parts A and B; Part C: National and Provincial priority indicators with Historic Data; Draft TIDS for National and Provincial Priority indicators) to Director
8.	Updated Risks available	Request Risks from the BU responsible for Risk Assurance Management	Director: Strategic Planning	By 12 September	Evidence of engagements with RAM
9.	Amend and validate draft APP	Review the Draft APP and consider recommendations: a)Amendments needed: Recommend amendments to DD b)No internal amendments needed: Draft APP circulated	Director Strategic Planning	13 – 18 September	1st draft APP amended and validated

[10] *For 5 year strategic planning cycle only (Next session to take place in 2022)*

[11] For 5 year strategic planning cycle

STEP	ACTIVITY	DESCRIPTION	RESPONSIBILITY	ESTIMATED TIMEFRAME[8]	OUTPUT
		departmentally for amendment and validation by clusters			
10.	Review Cluster input	Receive Cluster inputs, note and send to DD: Strat Planning for amending	Director: Strategic Planning	19-20 September	Inputs acknowledged and forwarded to DD
11.	Incorporate comments and finalise draft APP	Incorporate comments/inputs received into draft APP and submit to Director for quality assurance and endorsement	DD: Strategic Planning	21 – 24 September	Quality assured and endorsed draft APP (component level)
12.	Unit Endorsement	Submit draft APP to Unit for review and comment	Director: Planning	25-28 September	Quality assured and endorsed draft APP (Unit level)
13.	Submit draft 1 APP to HOD for approval	Submission to HOD finalized draft APP for approval	CD: HSDPM&E	29 Sept -7 October	Approved draft APP
14.	Submit draft 1 APP to OTP	Draft APP submitted to OTP for assessment	Director: Strategic Planning	15 October	OTP assessment of draft APP
15.	Circulate OTP feedback on draft APP assessment	Comments on assessed draft APP circulated electronically to all Cluster Heads for consideration and amendment of their inputs	Director: Strategic Planning	1-February	OTP assessment report on draft APP
16.	Provide guidance and support to business units for Final APP	Technical support provided to business units to amend their inputs towards the APP for the upcoming financial year as per assessment findings	DDs: Strategic Planning	1 – 5 February	Evidence of Technical support provided/offered to all programmes/business units towards finalisation of APP input
17.	Proof reading and finalising draft APP	Draft APP finalised and consolidated as per comments received Submit to Director for unit perusal	DD: Strategic planning	6-7 February	APP Finalised Update available to be sent to Treasury/AGSA
		HSDPM&E perusal and input on final APP	HSDPM&E Directors/ CD	8 – 11 February	
18.	Make amendments based	Capturing final cluster input on APP	DD: Provincial	13-16	Submitted final draft to

STEP	ACTIVITY	DESCRIPTION	RESPONSIBILITY	ESTIMATED TIMEFRAME[8]	OUTPUT
	on unit input		Planning	February	D:Strategic planning
19.	Submit final APP for quality assurance	Final APP submitted to CD: HSDPM&E for quality assurance and endorsement	Director: Strategic Planning	17-21 Feb 2021	Quality assured and endorsed final draft APP
20.	Submit final APP for approval	Final APP accompanied by a covering memo submitted to HoD, CFO and MEC for signatures	Director: Strategic planning with support from CD: HSDPM&E	22-27 February	Signed-off/approved APP
21.	Presentation of APP to oversight bodies for input	Present APP to HPC	Director: Strategic Planning	HPC timelines (Q4) (Aim for 20 March 22)	Presentation of APP given at HPC
22.	Submission of approved APP for tabling in Legislature	APP forwarded to Speaker at Legislature ten days before tabling. Tabled in Legislature by the Executive Authority	Strategic Planning/ Executive Authority	Mid- March	Approved APP submitted for tabling in Legislature
23.	Publish KZN DoH APP	Tabled APP uploaded onto the departmental intranet and website and printed copies for distribution	Provincial Planning DD	Within a week of tabling	Tabled APP Published APP
24.	Submit final APP to relevant Bodies	Submission of the final APP for the upcoming financial year to OTP, NDoH, PT, AGSA for information	Director: Strategic Planning	End May	Final and tabled KZN DoH APP submitted to DPME

PART C: MEASURING OUR PERFORMANCE

INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

PROGRAMME 1: ADMINISTRATION

Programme Purpose

Conduct the strategic management and overall administration of the Department of Health. There are no changes to the Programme 1 structure.

Sub-Programme 1.1: Office of the Member of the Executive Council (MEC)

Render advisory, secretarial and administrative support, and public relations, communication and parliamentary support.

Sub-Programme 1.2: Management

Policy formulation, overall leadership, management and administration support of the Department and the respective districts and institutions within the Department.

Table 23: Programme 1 Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
i. Audit opinion of Provincial DoH	**Annual Reports**	**Unqualified**	**Unqualified**	**Qualified**	**Unqualified**	**Unqualified**	**Unqualified**	**Unqualified**
ii. Contingent liability of medico-legal cases	**Medico-legal case management system**	**R 90 Bn**	**R18 Bn**	**R 20,000,000,000**	**R 18,000,000,000**	**R 28,450,000,000**	**R 30,050,000,000**	**R 31,650,000,000**
iii. UHC Service Index	**SAHR**	**68%**	**75%**	**New Indicator**	**73.4%**	**73.3%**	**73.4%**	**73.4%**
iv. Professional nurses per 100 000 population	**Manual calculation**	**NA**	**NA**	**152.8**	**152.5 / 100,000**	**152.5**	**152.5**	**152.5**
Professional Nurses	*Persal*	-	-	*17,444*	*18,421*	*17,816*	*17,997*	*18,177*
Population	*Stats SA*	-	-	*11,417,132*	*12,079,648*	*11,683,165*	*11,801,473*	*11,919,339*
v. Medical officers per 100 000 population	**Manual calculation**	**NA**	**NA**	**34.0**	**27.4 / 100,000**	**27.4**	**27.4**	**27.4**
Medical Officers	*Persal*	-	-	***3,879***	***3,310***	*3,201*	*3,234*	*3,260*
Population	*Stats SA*	-	-	***11,417,132***	***12,079,648***	*11,683,165*	*11,801,473*	*11,919,339*

Table 24: Programme 1 Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/254
OUTCOME: UNIVERSAL HEALTH *COVERAGE*								
CHW's contracted into the Health system	**1. Number of CHW's contracted into the Health System**	**New Indicator**	**10,080**	**10,350**	**10,245**	**10,350**	**10,350**	**10,350**
Hospitals using the e-Health System	**2. Percentage of hospitals using the E-Health System**	**New indicator**	**New indicator**	*3%*	*2.8%*	*67.1%*	*82.9%*	*100%*
	Total number of hospitals with an electronic system to record clinical codes		-	*2*	*2*	*47*	*58*	*70*
	Total number of hospitals		-	*72*	*72*	*70*	*70*	*70*
ICT connectivity to all health facilities as per determined broadband	**3. Percent of PHC facilities with a stable ICT connectivity**	**New indicator**	**80%**	**79.7%**	**79.7%**	**100%**	**100%**	**100%**
	Total Number of PHC with minimum 1mbps connectivity		*488*	*488*	*488*	*612*	*612*	*612*
	Total number of PHC facilities		*610*	*612*	*612*	*612*	*612*	*612*
ICT connectivity to all health facilities as per determined broadband	**4. Percent of hospitals with a stable ICT connectivity**	**New indicator**	**New indicator**	**80.6%**	**59.3%**	**70%**	**80%**	**100%**
	Total Number of hospitals with minimum 2mbps connectivity		-	*58*	*43*	*49*	*56*	*70*
	Total number of hospitals		-	*72*	*72*	*70*	*70*	*70*
Suppliers paid within 30 days	**5. Percentage of supplier invoices paid within 30 Days**	**New Indicator**	**95.7%**	**96.3%**	**95.5%**	**95%**	**95%**	**95%**
	Supplier invoices paid within 30 Days		*294,852*	*300,497*	*301,312*	*237,500*	*237,500*	*237,500*
	Supplier invoices paid		*308,098*	*311,902*	*315,440*	*250,000*	*250,000*	*250,000*

Table 25: Programme 1 Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2020/21	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH *COVERAGE*					
1. Number of CHW's contracted into the Health System	**10,350**	**10,350**	**10,350**	**10,350**	**10,350**
2. Percentage of hospitals using the E-Health System	**67%**	**20%**	**40%**	**53%**	**67%**
Total number of hospitals with an electronic system to record clinical codes	*47*	*14*	*28*	*37*	*47*
Total number of hospitals	*70*	*70*	*70*	*70*	*70*
3. Percent of PHC facilities with a stable ICT connectivity	**100%**	**-**	**-**	**-**	**100%**
Total Number of PHC with minimum 1mbps connectivity	*612*	*612*	*612*	**612**	*612*
Total number of PHC facilities	*612*	*612*	*612*	**612**	*612*
4. Percent of hospitals with a stable ICT connectivity	**70%**	**70%**	**70%**	**70%**	**70%**
Total Number of hospitals with minimum 2mbps connectivity	*49*	*49*	*49*	*49*	*49S*
Total number of hospitals	*70*	*70*	*70*	*70*	*70*
5. Percentage of supplier invoices paid within 30 Days	**95%**	**95%**	**95%**	**95%**	**95%**
Supplier invoices paid within 30 Days	*237,500*	*59,375*	*59,375*	*59,375*	*59,375*
Supplier invoices paid	*250,000*	*62,500*	*62,500*	*62,500*	*62,500*

Explanation of Planned Performance over the Medium Term Period

Programme 1 Outputs are geared mostly towards achieving the outcome Universal Health coverage.

Community Health Workers (CHW's)

The Department is awaiting a national directive to absorb CHWs and will thereafter plan to implement the necessary structure.

Consequence Management

In terms of the Executive Council Lekgotla Action Work Group (AWG) the issue of consequence management has been assigned to the Risk Management Services Unit Chief Directorate for monitoring and reporting. The Office of the Premier has developed a framework on consequence management to guide Departments on steps to improving consequence management. Labour Relations will ensure the effective and efficient management of discipline in line with relevant legislations and as stipulated in the framework on consequence management.

Governance

The Department aims to finalises the appointment of Hospital Board members by quarter 3 2022/23. Board member positions are centrally advertised for various health facilities and the subsequent processes for selection and appointment can then be invoked.

NHI

In 2022/23, the Department will focus on improvement of the monitoring and review process for timeous payments of GPs, as well as replacement of GPs who have resigned. This will ensure that the GP Conditional Grant is a sustainable intervention towards Universal Health Coverage (UHC).

The challenge with regards to the leadership training provided by Sefako Magkato University, are being dealt with on an individual basis so that the Department can catch up on training in 2022/23.

Programme Resource Considerations

Table 26: Budget allocation Estimates (R'000) (Programme 1)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Office of the MEC	19,752	21,864	19,676	24,724	25,024	22,939	26,669	25,476	26,623
Management	791,106	774,333	1,287,385	1,063,875	966,422	1,050,250	1,034,358	887,615	932,275
Sub-Total	**810,858**	**796,197**	**1,307,061**	**1,088,599**	**991,446**	**1,073,189**	**1,061,027**	**913,091**	**958,898**
Unauthorized expenditure (1st charge) not available for spending	-		-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**810,858**	**796,197**	**1,307,061**	**1,088,599**	**991,446**	**1,073,189**	**1,061,027**	**913,091**	**958,898**

Table 27: Summary of Budget Allocations and Estimates by Economic Classification (R'000) (Programme 1)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Current payments	**762,364**	**750,020**	**1,269,315**	**1,047,332**	**937,804**	**982,693**	**1,006,254**	**853,749**	**892,168**
Compensation of employees	404,266	423,890	429,698	478,889	492,835	484,279	523,425	538,624	562,861
Goods and services	**357,951**	**325,600**	**839,245**	**568,443**	**444,969**	**498,051**	482,829	**315,125**	**329,307**
Communication	10,903	15,216	27,030	12,776	32,686	38,153	18,299	18,888	19,737
Computer Services	101,109	99,851	121,700	114,622	93,976	111,414	93,500	93,500	97,708
Consultants, Contractors and special services	69,881	56,010	38,271	62,196	53,446	52,444	63,713	17,399	18,182
Inventory	2,242	3,365	349,996	7,851	8,468	40,798	8,205	8,568	8,954
Operating leases	5,537	8,671	8,476	5,796	7,796	8,073	9,698	9,699	10,136

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Travel and subsistence	16,522	21,900	64,291	20,907	20,627	17,787	39,214	22,743	23,767
Maintenance, repair and running costs	6,803	7,950	32,333	16,353	12,611	10,947	50,292	17,893	18,698
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	144,954	112,637	197,148	327,942	215,359	218,435	199,908	126,435	132,125
Interest and rent on land	147	530	372	-	-	363	-	-	-
Transfers and subsidies to	**6,979**	**24,812**	**11,076**	**9,057**	**9,057**	**21,131**	**9,491**	**9,908**	**10,354**
Provinces and municipalities	2,516	3,564	3,243	4,343	4,343	4,571	4,551	4,751	4,965
Departmental agencies and accounts	-	7	4	1	1	-	1	1	1
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	4,463	21,241	7,829	4,713	4,713	16,560	4,939	5,156	5,388
Payments for capital assets	**41,144**	**21,276**	**22,631**	**32,210**	**44,585**	**69,335**	**45,282**	**49,434**	**56,376**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	41,144	21,276	22,631	32,210	44,585	69,335	45,282	49,434	56,376
Payment for financial assets	371	89	4,039	-	-	30	-	-	-
Total economic classification	**810,858**	**796,197**	**1,307,061**	**1,088,599**	**991,446**	**1,073,189**	**1,061,027**	**913,091**	**958,898**
Unauthorised expenditure (1st charge) not available for spending	-								
Total economic classification	**810,858**	**796,197**	**1,307,061**	**1,088,599**	**991,446**	**1,073,189**	**1,061,027**	**913,091**	**958,898**

PERFORMANCE AND EXPENDITURE TRENDS

Programme 1 is allocated 2.1% of the Vote 7 budget, down from 2.2% in the 21/22 revised estimate. This amounts to a decrease of R 12 126 000.

UPDATED KEY RISKS AND MITIGATION

Table 28: Key Risks and Mitigation Strategies (Programme 1)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
The shortage of key health professionals experienced in the increased population, faced with increased burden of the disease	• Increase budget for staffing and equipment.
Failure to retain health Professionals	• Expand accessibility to specialists through Telemedicine and other E-Health platforms
Increase in Medico-Legal Contingent Liability	• Implementation and monitoring of the Standardisation of Patient file identification system • Migrate to an electronic records management system to overcome loss of files • Implement approved Essential Post List (Minimum Posts) for all health establishments. • Revision of infrastructure budget • Appointment of a panel of legal experts covering all medical sub-specialties • Specialist clinicians to review all claims in order to analyse and provide expert advice in relation to clinical aspects. • Conducting regular Medico-legal district roadshows • Adoption of Mediation as an Alternative Dispute Resolution) strategy in the department has been approved • The Department has developed a strategy whereby instead of settling claims in full, an offer to provide medical services is made. It is anticipated that this strategy has a potential to reduce the medico-legal bill by about 60%. Services provided will also include Community Care Giver and Rehabilitation services • 4 Centres of excellence identified to be develop for the treatment of Cerebral Palsy in order to reduce the contingent liability of medico-legal cases. The process of filling of posts for these centres has commenced
Potential litigation/court challenges regarding licensing of Private Health Establishments	• Develop the Provincial Private Licensing Regulation. • Review licensing fees. • Revise bed norms for all categories of beds • Resource Private Licensing Unit adequately. The proposed new licensing unit to be established in conjunction with EMS will include staffing for private licensing.
Misstatement of financial statements	• Develop an Standard Operational Procedure (SOP) on contingent liabilities • Completion of contract registers
SCM inefficiencies including delays in procurement of goods and services, and inadequate asset management which will impact on audit outcomes	• Automation of the SCM system and inventory management. • Centralisation of SCM services at district level to reduce bottlenecks and improve turnaround times.

Key Risks	Risk Mitigation
Poor Strategic plan alignment with the organisational structure	• Finalise Service platform documents • Tighten the control of the establishment of Posts
Outcome: Reduced morbidity and mortality	
Global outbreaks	• Corporate communications to inform the public about the possible importation of disease with high public health risks. Media management and management of complaints • Implement COVID-19 resurgence plan

NOTES

PROGRAMME 2: DISTRICT HEALTH SERVICES

Programme Purpose

To render Primary Health Care and District Hospital Services. There are no changes to the Programme 2 structure.

Sub-Programme 2.1: District Management

Planning and administration of health services; manage personnel and financial administration; co-ordination and management of Day Hospital Organisation and Community Health Services rendered by Local Authorities and Non-Governmental Organisations within the Metro; determine working methods, procedures, and exercising district control

Sub-Programme 2.2: Community Health Clinics

Render a nurse driven Primary Health Care service at clinic level including visiting points, mobile and local authority clinics

Sub-Programme 2.3: Community Health Centres

Render primary health services with full-time Medical Officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, and psychiatry

Sub-Programme 2.4: Community-Based Service

Render a community-based health service at non–health facilities in respect of home-based care, abuse victims, mental and chronic care, school health, etc.

Sub-Programme 2.5: Other Community Services

Render environmental, port health and part-time district surgeon services, etc.

Programme 2.6: HIV and AIDS

Render a Primary Health Care service in respect of HIV and AIDS campaigns and special projects

Sub-Programme 2.7: Nutrition

Render nutrition services aimed at specific target groups and combines nutrition specific and nutrition sensitive interventions to address malnutrition

Sub-Programme 2.8: Coroner Services

Render forensic and medico legal services to establish the circumstances and causes of unnatural death

Sub-Programme 2.9: District Hospitals

Render hospital services at General Practitioner level

Primary Health Care

Table 29: Programme 2 (PHC) Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
vi. Ideal clinic status obtained rate	**Ideal Health Facility Software**	**56% (1920) PHC**	**100% PHC**	**75.6%**	**100%**	**80.1%**	**85%**	**100%**
Fixed PHC health facilities have obtained Ideal Clinic status	*Ideal clinic report*	*facilities qualify as*	*facilities qualify as*	*461*	*610*	*490*	*520*	*612*
Fixed PHC clinics or fixed CHCs and or CDCs		*Ideal clinics*	*Ideal clinics*	*610*	*610*	*612*	*612*	*612*
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
vii . Patient Safety Incident (PSI) case closure rate –PHC facility	**Patient Safety Incidence Software**	**TBD**	**TBD**	**65.9%**	**93.4%**	**66.3%**	**78.6%**	**93.4%**
Patient Safety Incident (PSI)case closed – PHC facility	*Patient Safety Incidence Reports*	-	-	*270*	*198*	*232*	441	*838*
Patient Safety Incident (PSI) case Reported – PHC facility		-	-	*410*	*212*	*350*	561	*897*
viii. Patient Experience of Care satisfaction rate – PHC	**Patient surveys data base**	**TBD**	**TBD**	**68.0%**	**71.4%**	**89.6%**	**89.7%**	**91.0%**
Patient Experience of Care survey satisfied responses - PHC	*Patient Surveys*	-	-	*31,326*	*34,586*	*69*	*70*	*71*
Patient Experience of Care survey total responses - PHC		-	-	*46,068*	*48,418*	*77*	*78*	*78*

Table 30: Programme 2 (PHC) Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Number of patient visits per annum to PHC facilities	**6. PHC Utilisation Rate**	**2.5**	**2.4**	**1.9**	**2.1**	**2.0**	**2.0**	**2.0**
	Sum of PHC headcount breakdowns	*28,368,964*	*28,365,411*	*22,809,881*	*23,736,790*	*22,809,881*	*23,602,946*	*23,838,678*
	Total Population KZN	*11,417,126*	*11,603,112*	*11,749,501*	*11,563,185*	*11,683,165*	*11,801,473*	*11,919,339*
Number of visits to PHC facilities for children under 5 years	**7. PHC utilisation Rate under 5 years (Annualised)**	**3.5**	**3.5**	**2.5**	**2.9**	**2.5**	**3.0**	**3.5**
	PHC headcount under 5 years	4,681,382	4,598,365	*3,339,757*	*3,645,428*	*3,136,623*	3,770,874	4,398,649
	Population under 5 years	*1,330,901*	*1,321,978*	*1,316,288*	*1,248,096*	*1,254,649*	1,256,958	1,256,757
PHC expenditure per headcount	**8. Expenditure per PHC headcount**	**R 464**	**R 442**	**R 729**	**Annual Indicator**	**R 600**	**R 650**	**R 700**
	Total expenditure PHC (Budget sub-programmes 2.2 - 2.7) (R'000)	*R 13,156,267*	*R 12,531,566*	*R 16,629,140*	*TBD*	*R 13,685,928*	*R 15,341,914*	*R 16,687,074*
	Sum of PHC headcount breakdowns	*28,368,964*	*28,365,411*	*22,809,881*	*23,736,790*	*22,809,881*	*23,602,946*	*23,838,678*
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
Severity Assessment Code (SAC) incidence reported within 24 hours rate at PHC level	**9. Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC**	**New indicator**	**54.3%**	**55.7%**	**81.8%**	**100.0%**	**100.0%**	**100.0%**
	Severity assessment code (SAC) 1 incident reported within 24 hours – PHC facility	**-**	*57*	*122*	*234*	*220*	*220*	*220*

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	Severity assessment code (SAC) 1 incident reported – PHC facility	-	*105*	*219*	*286*	*220*	*220*	*220*

Table 31: Programme 2 (PHC) Output Indicators Quarterly and Annual Targets

Indicator Name		Targets				
		2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH COVERAGE						
6.	**PHC Utilisation Rate**	**2.0**	**1.8**	**1.9**	**2.0**	**2.1**
	Sum of PHC headcount breakdowns	*22,809,881*	*5,299,261*	*5,591,070*	*5,744,117*	*6,175,433*
	Total Population KZN	*11,683,165*	*2,920,791*	*2,920,791*	*2,920,791*	*2,920,792*
7.	**PHC utilisation Rate under 5 years (Annualised)**	**2.5**	**2.2**	**2.5**	**2.7**	**2.7**
	PHC headcount under 5 years	*3,136,623*	*682,215*	*776,314*	*839,047*	*839,047*
	Population under 5 years	*1,254,649*	*313,662*	*313,662*	*313,662*	*313,663*
8.	**Expenditure per PHC headcount**	**R 600**	**R 646**	**R 612**	**R 596**	**R 554**
	Total expenditure PHC (Budget sub-programmes 2.2 - 2.7) (R'000)	*R13,685,928*	*R 3,421,482*	*R 3,421,482*	*R 3,421,482*	*R 3,421,482*
	Sum of PHC headcount breakdowns	*22,809,881*	*5,299,261*	*5,591,070*	*5,744,117*	*6,175,433*
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE						

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
9. Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC	**100%**	**100%**	**100%**	**100%**	**100%**
Severity assessment code (SAC) 1 incident reported within 24 hours – PHC facility	*220*	*55*	*55*	*55*	*55*
Severity assessment code (SAC) 1 incident reported – PHC facility	*220*	*55*	*55*	*55*	*55*

District Hospitals

Table 32: District Hospitals Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: IMPROVED EXPERIENCE OF CARE								
ix. Patient Safety Incident (PSI) case closure rate – District Hospital	**Patient Safety Incidence Software**	**TBD**	**TBD**	**93.1%**	**99.0%**	**94.5%**	**95.7%**	**98.9%**
Patient Safety Incident (PSI)case closed - District Hospital	Patient Safety Incidence Reports	-	-	*1,166*	*1,013*	*769*	*773*	*781*
Patient Safety Incident (PSI) case Reported – District Hospital		-	-	*1,252*	*1,023*	*814*	*808*	*790*
x. Patient Experience of Care satisfaction rate – District Hospitals	**Patient survey database**	**TBD**	**TBD**	**81.0%**	**85.1%**	**82.1%**	**83.6%**	**100%**
Patient Experience of Care survey satisfied responses – District Hospitals	Patient surveys	-	-	*2,923*	*3,227*	*41,851*	*42,755*	*51,296*
Patient Experience of Care survey total responses – District Hospitals		-	-	*3,609*	*3,793*	*50,990*	*51,142*	*51,296*
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
xi. [Number of] Maternal death in facility – District hospitals	**Maternal death register**	**275**	**TBD**	**51**	**44**	**57**	**51**	**44**
xii. [Number of] inpatient deaths under 5 years – District Hospital	**Midnight report**	**5,604**	**5,044**	**1,334**	**1,032**	**1,465**	**1,250**	**1,032**
xiii. Child under 5 years diarrhoea case fatality rate –District Hospital	**DHIS**	**1.7%**	**1.30%**	**2.2%**	**1.5%**	**1.7%**	**1.6%**	**1.5%**
Diarrhoea death under 5 years – District hospital	*Midnight report*	*353*	*212*	*94*	*56*	*69*	*62*	*56*

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
Diarrhoea separation under 5 years – district hospital	*Ward register*	*21,030*	*16,824*	*4,360*	*3,744*	*3,979*	*3,862*	*3,744*
xiv. Child under 5 years pneumonia case fatality rate –District Hospital	**DHIS**	**1.5%**	**1.30%**	**1.8%**	**1.3%**	**1.7%**	**1.7%**	**1.3%**
Pneumonia death under 5 years – District Hospital	*Midnight report*	*420*	*294*	*128*	*76*	*117*	*111*	*76*
Pneumonia separation under 5 years – District Hospital	*Ward register*	*27,446*	*21,957*	*6,938*	*5,958*	*6,764*	*6,721*	*5,958*
xv. Child under 5 years Severe Acute Malnutrition case fatality rate –District Hospital	**DHIS**	**6.3%**	**0.1**	**7.1%**	**4.8%**	**6.1%**	**5.0%**	**4.8%**
Child under 5 years with severe acute malnutrition death – District Hospital	*Midnight report*	*425*	*361*	*94*	*48*	*85*	*65*	*48*
Child under 5 years with severe acute malnutrition inpatient– District Hospital	*Ward register*	*6,771*	*6,094*	*1,315*	*990*	*1,385*	*1,300*	*990*
xvi. [Number of] Inpatient deaths under 1 year – District Hospital	**Midnight report**	**N/A**	**N/A**	**1,153**	**892**	**1,345**	**1,025**	**892**
xvii. Still Birth in Facility Rate – District hospital	**DHIS**	**N/A**	**N/A**	**17.2**	**14.0 / 1,000**	**19.3**	**17.4**	**14.0**
Still birth in facility- District Hospitals	*Midnight report*	-	-	*1,616*	*1,259*	*1,840*	*1,674*	*1,430*
Live birth in facility + still birth in facility – District Hospitals	*Delivery register*	-	-	*93,957*	*89,921*	*95,552*	*96,345*	*102,253*

Table 33: District Hospitals Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH *COVERAGE*								
Average length of stay - District Hospital	**10. Average length of stay – District Hospital**	**5.4**	**5.2**	**4.9**	**5.0**	**5.1**	**4.9**	**4.8**
	Inpatient days - District Hospital	*1,787,781*	*1,785,213*	*1,420,412*	*1,461,966*	*1,441,188*	*1,455,600*	*1,470,156*
	½ Day Patients - District Hospital	*8,673*	*8,714*	*7,773*	*7,529*	*7,652*	*7,805*	*8,039*
	Inpatient separations total - District Hospital	*335,059*	*347,359*	*290,785*	*293,250*	*282,270*	*298,654*	*309,672*
Bed utilisation rate - District Hospital	**11. Inpatient bed utilisation rate – District Hospital**	**59.5%**	**59.2%**	**47.6%**	**48.3%**	**49.2%**	**52.0%**	**55.0%**
	Inpatient days - District Hospital	*1,787,781*	*1,785,213*	*1,420,412*	*1,461,966*	*1,441,188*	*1,455,600*	*1,470,156*
	½ Day Patients - District Hospital	*8,673*	*8,714*	*7,773*	*7,529*	*7,652*	*7,805*	*8,039*
	Inpatient bed days available - District Hospital	*3,019,888*	*3,027,855*	*2,998,658*	*3,042,640*	*2,942,949*	*2,814,240*	*2,687,628*
Expenditure per PDE - District Hospital	***12.* Expenditure per PDE – District Hospital**	**R 2,582**	**R 2,977**	**R 3,716**	**#VALUE!**	**R 4,300**	**R 4,400**	**R 4,500**
	Expenditure – total District Hospitals ('000)	*R 6,649,557*	*R 7,679,317*	*R 7,744,116*	*TBD*	*R 8,771,016*	*R 9,678,429*	*R 9,996,394*
	Patient day equivalents - District Hospital	*2,574,973*	*2,579,960*	*2,083,924*	*2,177,864*	*2,039,772*	*2,199,643*	*2,221,421*
OPD Headcount new cases not referred consulted - District Hospital	**13. OPD headcount new cases not referred – District Hospital**	**415,274**	**419,517**	**307,841**	**342,370**	**340,370**	**340,000**	**339,800**
OUTCOME: IMPROVED EXPERIENCE OF *CARE*								
Severity Assessment Code (SAC) incidence reported	**14. Severity assessment code (SAC) 1 incident reported within 24 hours rate – District Hospital**	**New indicator**	**65.3%**	**75.1%**	**92.2%**	**100.0%**	**100.0%**	**100.0%**

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
within 24 hours rate at District Hospital level	*Severity assessment code (SAC) 1 incident reported within 24 hours – District Hospital*	-	*235*	*220*	*402*	*340*	*320*	*320*
	Severity assessment code (SAC) 1 incident reported – District Hospital	-	*360*	*293*	*436*	*340*	*320*	*320*

Table 34: District Hospitals Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH COVERAGE					
10. Average length of stay – District Hospital	**5.1**	**5.5**	**5.2**	**5.0**	**5.0**
Inpatient days - District Hospital	*1,441,188*	*360,297*	*360,297*	*360,297*	*360,297*
½ Day Patients - District Hospital	*7,652*	*1,913*	*1,913*	*1,913*	*1,913*
Inpatient separations total - District Hospital	*282,270*	*65,988*	*69,998*	*73,142*	*73,142*
11. Inpatient bed utilisation rate – District Hospital	***49.2%***	***48.0%***	***49.0%***	***50.0%***	***50.0%***
Inpatient days - District Hospital	*1,441,188*	*360,297*	*360,297*	*360,297*	*360,297*
½ Day Patients - District Hospital	*7,652*	*1,913*	*1,913*	*1,913*	*1,913*
Inpatient bed days available - District Hospital	*2,942,949*	*754,604*	*738,505*	***724,920***	***724,920***
12. Expenditure per PDE – District Hospital	**R 4,300**	**R 4,300**	**R 4,300**	**R 4,300**	**R 4,300**
Expenditure – total District Hospitals ('000)	*R 8,771,016*	*R 2,192,754*	*R 2,192,754*	*R 2,192,754*	*R 2,192,754*
Patient day equivalents - District Hospital	*2,039,772*	*509,943*	*509,943*	*509,943*	*509,943*

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
13. OPD headcount new cases not referred – District Hospital	**340,370**	**85,092**	**85,093**	**85,092**	**85,093**
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE					
14. Severity assessment code (SAC) 1 incident reported within 24 hours rate – District Hospital	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Severity assessment code (SAC) 1 incident reported within 24 hours – District Hospital	*340*	*85*	*85*	*85*	*85*
Severity assessment code (SAC) 1 incident reported – District Hospital	*340*	*85*	*85*	*85*	*85*

HIV / TB and Sexually Transmitted Infections (HAST)

Table 35: HAST Outcome Indicators and Targets

Indicator Name		Data Source	South Africa		Provincial		Medium Term Targets		
			Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: REDUCED MORBIDITY AND MORTALITY									
xviii.	**All DS-TB client death rate**	**DHIS**	**7.3%**	**TBD**	**6.2%**	**4.0%**	**5.0%**	**5.0%**	**4.0%**
	All DS-TB client died	*DS clinical stationary*	*16,627*	-	*3,593*	*1,920*	*2,500*	*2,500*	*1,920*
	All DS-TB patients in treatment outcome cohort		*227,547*	-	*58,411*	*48,000*	*50,000*	*50,000*	*48,000*
xix.	**All DS-TB client treatment success rate**	**DHIS**	**80.0%**	**TBD**	**72.2%**	**90.0%**	**85.0%**	87.0%	95.0%
	All DS- TB client successfully completed treatment	*DS clinical stationary*	*182,084*	-	*42,178*	*43,200*	*42,500*	*43,500*	*45,600*
	All DS-TB patients in treatment outcome cohort		*227,547*	-	*58,411*	*48,000*	*50,000*	*50,000*	*48,000*
xx.	**ART client remain on ART end of month – total**	**ART register**	**4,629,831**	**TBD**	**1,387,688**	**1,959,000**	**1,677,309**	**1,701,031**	**1,959,000**
xxi.	**ART Adult Viral load suppressed rate (12 months)**	**DHIS**	**79.2%**	**TBD**	**New indicator**	**95.0%**	**90.0%**	**90.0%**	**95.0%**
	ART adult viral load under 400 c/ml	*ART paper register*	*278,975*	-	-	*91,200*	*86,083*	*86,083*	*90,866*
	ART adult viral load done		*314,441*	-	-	*96,000*	*95,648*	*95,648*	*95,648*
xxii.	**ART Child viral load suppressed rate (12 months)**	**DHIS**	**74.8%**	**TBD**	**New indicator**	**90.0%**	**90.0%**	**90.0%**	**90.0%**
	ART child viral load under 400c/ml	*ART paper register*	*5,369*	-	-	*2,250*	*2,250*	*2,250*	*2,250*
	ART child viral load done		*8,321*	-	-	*2,500*	*2,500*	*2,500*	*2,500*
xxiii.	**ART death rate (6 months)**	**DHIS**	**1.5%**	**TBD**	**1.2%**	**1.0%**	**1.0%**	**1.0%**	**1.0%**
	ART cumulative death – total	*ART*	*10,073*	-	*2,445*	*2,029*	*2,029*	*2,029*	*2,029*

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
ART start minus cumulative transfer out	*register, TIER.net*	*675,610*	-	*202,938*	*202,938*	*202,938*	*202,938*	*202,938*
xxiv. HIV positive 15-24 year olds (excl ANC) rate	**DHIS**	**New indicator**	**TBD**	**New indicator**	**2.9%**	**2.9%**	**2.9%**	**2.9%**
HIV positive 15 – 24 years (excl ANC)	*PHC tick register, HTS register*	-	-	-	*14,600*	*22,649*	*22,649*	*22,649*
HIV test 15 – 24 years (excl ANC)		-	-	-	*500,000*	*781,000*	*781,000*	*781,000*
xxv. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - short	DHIS	**N/A**	**N/A**	**New indicator**	**74.8%**	**75.0%**	**75.0%**	**74.8%**
TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment - short	TB register, XDR Register	-	-	-	*935*	*960*	*960*	*935*
TB Rifampicin Resistant/MDR/pre-XDR start on treatment - short		-	-	-	*1,250*	*1,280*	*1,280*	*1,250*
xxvi. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - long	DHIS	**N/A**	**N/A**	**58.3%**	**65.1%**	**74.5%**	**74.5%**	**74.5%**
TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment – long	TB register, XDR Register	-	-	*1,686*	*358*	*410*	*410*	*410*
TB Rifampicin Resistant/MDR/pre-XDR start on treatment - long		-	-	*2,890*	*550*	*550*	*550*	*550*
xxvii. TB Incidence	**Manual Calculation**	**N/A**	**N/A**	**507.30 / 100,000**	**200 / 100,000**	**300**	**250**	**200**
New confirmed TB cases	*TB register*	-	-	*57,921*	*24,159*	*35,050*	*29,500*	*23,850*
KZN Population	*Stats SA*	-	-	*11,417,132*	*12,079,648*	*11,683,165*	*11,801,473*	*11,919,339*
xxviii. ART adult death rate (6 months)	**DHIS**	**N/A**	**N/A**	**1.2%**	**1.0%**	**1.0%**	**1.0%**	**1.0%**
ART adult cumulative death – total	*ART*	-	-	*2,375*	*1,979*	*1,979*	*1,979*	*1,979*

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
ART adult start minus cumulative transfer out	*register, TIER.net*	-	-	*197,918*	*197,918*	*197,918*	*197,918*	*197,918*
xxix. ART child death rate (6 months)	**DHIS**	**N/A**	**N/A**	**1.4%**	**1.0%**	**1.0%**	**1.0%**	**1.0%**
ART child cumulative death – total	*ART register, TIER.net*	-	-	*70*	*50*	*50*	*50*	*50*
ART child start minus cumulative transfer out		-	-	*5,020*	*5,020*	*5,020*	*5,020*	*5,020*
xxx. HIV incidence	**Thembisa Model**	**N/A**	**N/A**	**0.6%**	**< 1%**	**0.4%**	**0.4%**	**< 1%**

Table 36: HAST Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
DS-TB clients lost to follow up	**15. All DS-TB client lost to follow up rate**	**6.5%**	**10.5%**	**10.7%**	**10.0%**	**6.0%**	**5.0%**	**4.0%**
	All DS-TB client loss to follow-up	*3,792*	*5,499*	*5,495*	*4,936*	*3,000*	*2,500*	*1,920*
	All DS-TB patients in treatment outcome cohort	*58,411*	*52,423*	*51,150*	*49,315*	*50,000*	*50,000*	*48,000*
Adults on ART remaining in care at 12 months	**16. ART adult remain in care rate (12 months)**	**New Indicator**	**66.0%**	**52.6%**	**68.9%**	**90.0%**	**90.0%**	**95.0%**
	ART adult remain in care – total	-	*113,832*	*390,644*	*93,490*	*155,448*	*155,448*	*180,500*
	ART adult start minus cumulative transfer out	-	*172,421*	*741,997*	*135,624*	*172,728*	*172,726*	*190,000*

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Children on ART remaining in care at 12 months	**17. ART child remain in care rate (12 months)**	**New indicator**	**74.4%**	**57.6%**	**75.6%**	**90.0%**	**90.0%**	**95.0%**
	ART child remain in care – total	-	*3,354*	*9,898*	*2,186*	*4,052*	*4,050*	*4,750*
	ART child start minus cumulative transfer out	-	*4,506*	*17,177*	*2,892*	*4,500*	*4,500*	*5,000*
No of patients screened for TB symptoms	**18. No. of patients screened for TB symptoms**	**27,914,619**	**28,212,190**	**21,713,609**	**24,430,230**	**27,095,789**	**28,392,409**	**27,000,000**
Number of HIV tests done	**19. No. of HIV tests done – sum**	**3,684,143**	**4,386,195**	**769,187**	**4,019,662**	**3,702,936**	**3,300,000**	**3,795,315**

Table 37: HAST Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: REDUCED MORBIDITY AND MORTALITY					
15. All DS-TB client lost to follow up rate	**6%**	**6%**	**6%**	**6%**	**6%**
All DS-TB client loss to follow-up	*3,000*	*750*	*750*	*750*	*750*
All DS-TB patients in treatment outcome cohort	*50,000*	*12,500*	*12,500*	*12,500*	*12,500*
16. ART adult remain in care rate (12 months)	**90%**	**90%**	**90%**	**90%**	**90%**
ART adult remain in care – total	*155,448*	*38,862*	*38,862*	*38,862*	*38,862*
ART adult start minus cumulative transfer out	*172,728*	*43,182*	*43,182*	*43,182*	*43,182*
17. ART child remain in care rate (12 months)	**90%**	**90%**	**90%**	**90%**	**90%**

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
ART child remain in care – total	*4,052*	*1,013*	*1,013*	*1,013*	*1,013*
ART child start minus cumulative transfer out	*4,500*	*1,125*	*1,125*	*1,125*	*1,125*
18. No. of patients screened for TB symptoms	**27,095,789**	6,773,947	6,773,947	6,773,947	6,773,947
19. No. of HIV tests done – sum	**3,702,936**	925,736	925,737	925,731	925,732

Maternal, Woman and Child Health including Nutrition (MCWHN)

Table 38: MCWHN Outcome Indicators and Targets

Indicator Name		Data Source	South Africa		Provincial		Medium Term Targets		
			Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: REDUCED MORBIDITY AND MORTALITY									
xxxi.	**Maternal Mortality in facility Ratio - Total**	**DHIS**	**105.9**	**TBD**	**89.5**	**70 / 100,000**	**100.1**	**92.2**	**70.2**
	Maternal death in facility - Total	*Maternal death register*	*1,065*	-	*181*	*146*	*221*	*206*	*154*
	Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) - Total	*Delivery register*	*1,005,398*	-	*202,347*	*208,003*	*220,889*	*223,463*	*219,237*
xxxii.	**Neonatal death in facility rate – Total**	**DHIS**	**12 / 1000**	**< 10 / 1000**	**11.75**	**10.5 / 1,000**	**13.3**	**11.7**	**10.5**
	Inpatient death neonatal - total	*Midnight report*	*11,642*	-	*2,254*	*2,077*	*2,800*	*2,490*	*2,180*
	Live birth in facility - Total	*Delivery register*	*959,533*	-	*191,813*	*197,850*	*209,898*	*212,417*	*208,168*
xxxiii.	**Live Birth under 2 500 g in facility rate - Total**	**DHIS**	**12.8%**	**TBD**	**12.5%**	**11.0%**	**11.3%**	**11.1%**	**11.0%**
	Live birth under 2500g in facility - Total	*Delivery register*	*123,288*	-	*24,035*	*22,665*	*23,750*	*23,500*	*22,665*
	Live birth in facility - Total		*959,533*	-	*191,813*	*206,041*	*209,898*	*212,417*	*208,168*
xxxiv.	**Infant PCR test positive around 10 weeks rate**	**DHIS**	**0.7%**	**TBD**	**0.6%**	**0.4%**	**0.5%**	**0.4%**	**0.4%**
	Infant PCR test positive around 10 weeks	*PHC tick register*	*1,371*	-	*332*	*213*	*266*	*213*	*213*
	Infant PCR test around 10 week		*185,318*	-	*53,330*	*53,330*	*53,330*	*53,330*	*53,330*
xxxv.	**[Number of] Inpatient deaths under 5 years - total**	**Midnight report**	**16,843**	**15,159**	**3,380**	**3,363**	**3,883**	**3,750**	**3,620**
xxxvi.	**Death under 5 years against live birth rate - Total**	**DHIS**	**4.8%**	**4.3%**	**1.76%**	**1.70%**	**1.85%**	**1.77%**	**1.74%**

Indicator Name		Data Source	South Africa		Provincial		Medium Term Targets		
			Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
	Inpatient death under 5 years total	*Midnight report*	*16,843*	*15,159*	*3,380*	*3,363*	*3,883*	*3,750*	*3,620*
	Live birth in facility - total	*Ward register*	*959,533*	*-*	*191,813*	*197,850*	*209,898*	*212,417*	*208,168*
xxxvii.	**Child under 5 years diarrhoea case fatality rate – total**	**DHIS**	**1.9%**	**1.4%**	**2.2%**	**1.6%**	**1.8%**	**1.7%**	**1.6%**
	Diarrhoea death under 5 years - total	*Midnight report*	*679*	*407*	*171*	*118*	*135*	*127*	*118*
	Diarrhoea separation under 5 years - total	*Ward register*	*36,009*	*28,807*	*7,702*	*7,403*	*7,496*	*7,450*	*7,403*
xxxviii.	**Child under 5 years Pneumonia case fatality rate – total**	**DHIS**	**1.9%**	**1.7%**	**2.3%**	**1.8%**	**2.0%**	**1.9%**	**1.8%**
	Pneumonia death under 5 years - total	*Midnight report*	*962*	*673*	*279*	*214*	*241*	*228*	*214*
	Pneumonia separation under 5 years - total	*Ward Register*	*50,212*	*40,170*	*12,370*	*11,914*	*12,078*	*12,002*	*11,914*
xxxix.	**Child under 5 years Severe acute malnutrition case fatality rate – total**	**DHIS**	**7.1%**	**6.7%**	**7.8%**	**5.0%**	**5.5%**	**5.4%**	**5.0%**
	Severe acute malnutrition death under 5 years	*Midnight report*	*806*	*685*	*179*	*90*	*124*	*124*	*90*
	Severe acute malnutrition inpatient under 5 years	*Ward register*	*11,280*	*10,152*	*2,289*	*1,800*	*2,250*	*2,300*	*1,800*
xl.	**[Number of] Inpatient deaths under 1 year – total**	**Midnight report**	**N/A**	**N/A**	**2,991**	**2,498**	**3,525**	**3,000**	**2,498**
xli.	**Early Neonatal death Rate – Total**	**DHIS**	**N/A**	**N/A**	**9.5**	**7.9 / 1,000**	**10.3**	**9.0**	**7.9**
	Death in facility 0-6 days - Total	*Midnight report*	*-*	*-*	*1,818*	*1,628*	*2,169*	*1,911*	*1,652*
	Live birth in facility – Total	*Delivery register*	*-*	*-*	*191,813*	*206,041*	*209,898*	*212,417*	*208,168*
xlii.	**Still Birth in Facility Rate – total**	**DHIS**	**N/A**	**N/A**	**22.9**	**19.0 / 1,000**	**23.2**	**21.6**	**19.1**
	Still birth in facility- total	*Midnight report*	*-*	*-*	*4,500*	*3,840*	*4,990*	*4,700*	*4,061*
	Live birth in facility + still birth in facility – Total	*Delivery Register*	*-*	*-*	*196,313*	*202,109*	*214,888*	*217,117*	*212,229*

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
xliii. Child under 5 years Diarrhoea incidence	**DHIS**	**N/A**	**N/A**	**8**	**5 / 1000**	**5.6**	**5.5**	**5.0**
Diarrhoea new in child under 5 years	*PHC tick register*	-	-	*10,553*	*5,751*	*7,034*	*6,875*	*6,283*
Population under 5 years	*Stats SA*	-	-	*1,330,900*	*1,150,228*	*1,254,649*	*1,256,958*	*1,256,757*
xliv. Child under 5 years Pneumonia incidence	**DHIS**	**N/A**	**N/A**	**39**	**29 / 1,000**	**29.9**	**29.4**	**29.0**
Pneumonia new in child under 5 years	*PHC tick register*	-	-	*52,169*	*33,357*	*37,512*	*37,000*	*36,445*
Population under 5 years	*Stats SA*	-	-	*1,330,900*	*1,150,228*	*1,254,649*	*1,256,958*	*1,256,757*
xlv. Child under 5 years severe acute malnutrition incidence	**DHIS**	**N/A**	**N/A**	**1.9**	**1.0 / 1,000**	**2.0**	**1.7**	**1.0**
Child under 5 years with severe acute malnutrition new	*PHC tick register*	-	-	*2,575*	*1,150*	*2,461*	*2,086*	*1,256*
Population under 5 years	*Stats SA*	-	-	*1,330,900*	*1,150,228*	*1,254,649*	*1,256,958*	*1,256,757*

Table 39: MCWHN Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
Couple year protection dispensed	**20. Couple year protection rate**	**59.6%**	**56.1%**	**50.4%**	**59.9%**	**62.5%**	**65.0%**	**67.5%**
	Couple year protection	*1,827,928*	*1,767,547*	*1,599,597*	*1,867,842*	*1,967,542*	*2,067,232*	*2,169,642*
	Population 15-49 years female	*3,066,343*	*3,125,661*	*3,175,848*	*3,115,857*	*3,148,064*	*3,180,357*	*3,214,285*
Deliveries in age	**21. Delivery 10 to 19 years in facility rate**	**17.3%**	**16.3%**	**17.1%**	**17.4%**	**15.3%**	**15.0%**	**15.0%**

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
group 10 to 19 years	*[Delivery 10-14 years in facility] + [Delivery 15-19 years in facility]*	*35,471*	*36,171*	*34,572*	*36,576*	*32,680*	*32,340*	*31,693*
	Delivery in facility – total	*204,635*	*221,507*	*201,783*	*210,310*	*213,646*	*215,603*	*211,291*
Antenatal 1st antenatal visits before 20 weeks	**22. Antenatal 1st visit before 20 weeks rate**	**73.2%**	**74.5%**	**74.3%**	**74.7%**	**77.0%**	**77.0%**	**77.0%**
	Antenatal 1st visit before 20 weeks	*162,296*	*168,237*	*163,505*	*158,334*	*175,688*	*173,250*	*173,250*
	Antenatal 1st visit – total	*221,857*	*225,846*	*220,105*	*212,078*	*228,168*	*225,000*	*225,000*
Postnatal visits for mother within 6 days of delivery	**23. Mother postnatal visit within 6 days rate**	**74.9%**	**76.1%**	**77.6%**	**79.6%**	**90.0%**	**100.0%**	**100.0%**
	Mother postnatal visit within 6 days after delivery	*153,369*	*168,515*	*156,605*	*167,498*	*191,736*	*215,603*	*211,291*
	Delivery in facility - total	*204,635*	*221,507*	*201,783*	*210,310*	*213,047*	*215,603*	*211,291*
Increase the fully immunised under 1 years coverage	**24. Immunisation under 1 year coverage**	**90.8%**	**91.8%**	**82.8%**	**86.8%**	**90.0%**	**90.0%**	**90.0%**
	Immunised fully under 1 year	*233,732*	*239,295*	*217,217*	*221,894*	*228,632*	*227,245*	*226,360*
	Population under 1 year	*257,461*	*260,734*	*262,488*	*255,744*	*254,035*	*252,494*	*251,511*
Measles 2nd dose coverage in children 1 years old	**25. Measles 2nd dose coverage**	**77.8%**	**82.9%**	**77.3%**	**85.3%**	**94.0%**	**95.0%**	**95.0%**
	Measles 2nd dose	*204,737*	*217,727*	*202,795*	*215,334*	*238,644*	*239,926*	*238,969*
	Population aged 1 year	*262,993*	*262,526*	*262,205*	*252,321*	*253,879*	*252,554*	*251,547*
Vitamin A dose coverage in children 12 – 59 months	**26. Vitamin A dose 12-59 months coverage**	**70.8%**	**68.6%**	**57.9%**	**48.8%**	**76.0%**	**77.0%**	**78.0%**
	Vitamin A dose 12-59 months + COS Vitamin A dose 12-59 months	*1,520,604*	*1,455,506*	*1,221,281*	*969,308*	*1,520,932*	*1,546,875*	*1,568,184*
	*Target population 12-59 months * 2*	*2,146,874*	*2,122,480*	*2,107,596*	*1,984,704*	*2,001,228*	*2,008,928*	*2,010,492*

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Infants exclusively breastfed at DTaP IPV-Hib HBV 3rd dose	**27. Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose rate**	**57.3%**	**56.5%**	**56.7%**	**60.7%**	**61.0%**	**63.0%**	**63.0%**
	Infant exclusively breastfed at DTaP-IPV-Hib-HBV (hexavalent) 3rd dose	*118,182*	*121,684*	*117,270*	*126,858*	*136,484*	*140,958*	*140,958*
	DTaP-IPV-Hib-HBV (hexavalent) 3rd dose	*206,275*	*215,535*	*206,730*	*209,110*	*223,764*	*223,744*	*223,744*

Table 40: MCWHN Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: REDUCED MORBIDITY AND MORTALITY					
20. Couple year protection rate	**62.5%**	**62.0%**	**62.0%**	**63.0%**	**63.0%**
Couple year protection	*1,967,542*	*487,950*	*487,950*	*495,821*	*495,821*
Population 15-49 years female	*3,148,064*	*787,016*	*787,016*	*787,016*	*787,016*
21. Delivery 10 to 19 years in facility rate	**15.3%**	**15.3%**	**15.3%**	**15.3%**	**15.3%**
[Delivery 10-14 years in facility] + [Delivery 15-19 years in facility]	*32,680*	*8,170*	*8,170*	*8,170*	*8,170*
Delivery in facility – total	*213,646*	*53,411*	*53,412*	*53,412*	*53,411*
22. Antenatal 1st visit before 20 weeks rate	**77.0%**	**77.0%**	**77.0%**	**77.0%**	**77.0%**
Antenatal 1st visit before 20 weeks	*175,688*	*43,922*	*43,922*	*43,922*	*43,922*
Antenatal 1st visit – total	*228,168*	*57,042*	*57,042*	*57,042*	*57,042*
23. Mother postnatal visit within 6 days rate	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
Mother postnatal visit within 6 days after delivery	*191,736*	*47,934*	*47,934*	*47,934*	*47,934*
Delivery in facility - total	*213,047*	*53,262*	*53,262*	*53,262*	*53,261*
24. Immunisation under 1 year coverage	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**
Immunised fully under 1 year	*228,632*	*57,158*	*57,158*	*57,158*	*57,158*
Population under 1 year	*254,035*	*63,509*	*63,509*	*63,509*	*63,508*
25. Measles 2nd dose coverage	**94.0%**	**94.0%**	**94.0%**	**94.0%**	**94.0%**
Measles 2nd dose	*238,644*	*59,661*	*59,661*	*59,661*	*59,661*
Population aged 1 year	*253,879*	*63,469*	*63,470*	*63,470*	*63,470*
26. Vitamin A dose 12-59 months coverage	**76.0%**	**76.0%**	**76.0%**	**76.0%**	**76.0%**
Vitamin A dose 12-59 months + COS Vitamin A dose 12-59 months	*1,520,932*	*380,233*	*380,233*	*380,233*	*380,233*
*Target population 12-59 months * 2*	*2,001,228*	*500,307*	*500,307*	*500,307*	*500,307*
27. Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose rate	**61.0%**	**61.0%**	**61.0%**	**61.0%**	**61.0%**
Infant exclusively breastfed at DTaP-IPV-Hib-HBV (hexavalent) 3rd dose	*136,484*	*34,121*	*34,121*	*34,121*	*34,121*
DTaP-IPV-Hib-HBV (hexavalent) 3rd dose	*223,764*	*55,941*	*55,941*	*55,941*	*55,941*

Disease Prevention and Care (DPC)

Table 41: DPC Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
xlvi. Malaria case fatality rate	**Manual calculation**	**0.64%**	**TBD**	**0.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Malaria deaths reported	*PHC tick register; Malaria Register*	**61**		*7*	-	-	-	-
Malaria new case reported		**5164**		*1,493*	*1,000*	*600*	*600*	*600*
xlvii. Malaria incidence per 1,000 population at risk	**Manual Calculation**	**N/A**	**N/A**	**0.23 / 1,000 pop at risk**	**0 / 1,000**	**0 / 1,000**	**0 / 1,000**	**0 / 1,000**
Number of malaria cases (new)	*PHC tick register; Malaria Register*			*162*	-	-	-	-
Population Umkhanyakude	Stats SA			*696,042*	*686,893*	*685,593*	*690,193*	*694,485*
xlviii. Dental extraction to restoration ratio	**DHIS**	**N/A**	**N/A**	**19**	**-**	**13**	**12**	**10**
Tooth extraction	PHC register; OPD & Theatre register			*532,891*	-	*584,252*	*581,452*	*570,000*
Tooth restoration				*27,709*	-	*44,752*	*49,752*	*55,000*
xlix. COVID-19 Testing Coverage	**DHIS**	**N/A**	**N/A**	**New indicator**	**2,070 / 100,000**	**8,422 / 100,000**	**4,174 / 100,000**	**2,070 / 100,000**
Number of COVID-19 tests conducted - Total	PHC register; OPD & Theatre register				*250,000*	*1,000,000*	*500,000*	*250,000*
KZN Population					*12,079,648*	*11,683,165*	*11,801,473*	*11,919,339*
l. COVID-19 Positivity Rate	TBD	**N/A**	**N/A**	**New indicator**	**4%**	**7.5%**	**5%**	**4%**
Number of confirmed covid-19 cases - Total					*10,000*	*75,000*	*25,000*	*10,000*
Number of COVID-19 tests conducted					*250,000*	*1,000,000*	*500,000*	*250,000*

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
li. COVID-19 Case Fatality Rate: Total	TBD	**N/A**	**N/A**	**New indicator**	**0.5%**	**1.0%**	**1.2%**	**0.5%**
Number of deaths in positive covid-19 cases: Total					*50*	*2,329*	*2,064*	*800*
Separations COVID-19 cases (Sum of deaths, discharges and transfers out): Total					*10,000*	*233,000*	*172,000*	*150,000*
lii. COVID-19 Case Fatality Rate 5 - 60 years	TBD	**N/A**	**N/A**	**New indicator**	**0.5%**	**0.4%**	**0.6%**	**0.3%**
Number of deaths in positive covid-19 cases					*500*	*795*	*871*	*300*
Separations COVID-19 cases (Sum of deaths, discharges and transfers out)					*100,000*	*200,000*	*150,000*	*100,000*
liii. COVID-19 Case Fatality Rate: under 5 years	TBD	**N/A**	**N/A**	**New indicator**	**0.0%**	**0.2%**	**0.2%**	**0.0%**
Number of deaths in positive covid-19 cases under 5 years					-	*6*	*4*	-
Separations COVID-19 cases (Sum of deaths, discharges and transfers out) under 5 years					*1,000*	*3,000*	*2,000*	*1,000*
liv. COVID-19 Case Fatality Rate 60 years and older	TBD	**N/A**	**N/A**	**New indicator**	**5.0%**	**5.1%**	**5.9%**	**5.0%**
Number of deaths in positive covid-19 cases: 60 years and older					*500*	*1,528*	*1,189*	*500*
Separations COVID-19 cases (Sum of deaths, discharges and transfers out) 60 years and older					*10,000*	*30,000*	*20,000*	*10,000*

Table 42: DPC Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
Improve the quality of Mental health screening at a PHC level	**1 Mental Health Screening Rate**	**41%**	**44.7%**	**New indicator**	**56.9%**	**45.0%**	**45.0%**	**45.0%**
	PHC client screened for mental disorder	*11,621,594*	*12,690,131*	*11,449,440*	*13,492,204*	*13,547,896*	*14,196,205*	*13,500,000*
	Total PHC headcount	*28,369,964*	*28,365,411*	*22,809,881*	*23,716,540*	*30,106,432*	*31,547,121*	*30,000,000*
Increase access to rehabilitative services	**2 Number of clients accessing rehab services**	**719,058**	**731,933**	**New indicator**	**727,854**	**715,000**	**750,000**	**787,500**

Table 43: DPC Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: REDUCED MORBIDITY AND MORTALITY					
28. Mental Health Screening Rate	**45%**	**45.0%**	**45.0%**	**45.0%**	**45.0%**
PHC client screened for mental disorder	*13,547,896*	*3,386,974*	*3,386,974*	*3,386,974*	*3,386,974*
Total PHC headcount	*30,106,432*	*7,526,608*	*7,526,608*	*7,526,608*	*7,526,608*
29. Number of clients accessing rehab services	**715,000**	**178,750**	**178,750**	**178,750**	**178,750**

Explanation of Planned Performance over the Medium Term Period:

The Programme 2 deliverables are largely linked to achieving on the Strategic Plan outcomes of Universal Health Coverage and Reduced Morbidity and Mortality.

Quality Assurance

The quality assurance indicators contribute towards the Improved Patient Experience of Care Outcome. The timeous and accurate capturing of data will be the focus for 22/23. This would be applicable for SAC 1 reported within 24 hours, PSI closures and the complaints system. This would be applicable for SAC 1 reported within 24 hours, PSI closures and the complaints system. There will be active monitoring of the Ideal Health Facility Information system to resolve discrepancies in data early. The Department will continue to work on strengthening an integrated approach to address the myriad of challenges by engaging District Health Services, districts and sub-district structures. This contributes towards the Outcome of Improved Patient Experience of Care.

Primary Health Care

Handbooks for PHC Supervisors and OTLs will be developed by March 2023 to improve the implementation of the Community Based Model.

Centralised Chronic Medicine Dispensing and Distribution (CCMDD)

The additional modalities for dispensing of medication will be enhanced during the 2022/23 financial year.

The number of external pick-up points will be increased to 1 200, targeting 70% of clients. Fifteen percent (15%) will be decongested to Adherence Clubs and the remaining 15% will be targeted at Facility Spaced Fast Lanes.

Currently 8 Districts are utilizing 61 bicycles for home deliveries to 70 868 clients (especially during COVID-19 lockdowns). This will be expanded to 10 districts, targeting 90 000 clients in 2022/23.

The Cipla containers will increase from 20 to 22 with a budget of R 100 000. There will be an increase in the Smart Locker Phele Boxes from 17 to 20 with a budget of R 300 000. The Department will further budget R 1 050 000 towards increasing the mobile vans for dispensing meds at strategic points from 9 to 12 vans.

District Hospitals

During 22/23 health care workers will be re-orientated on having a caring ethos, their role in patient care and the importance of prioritising patients, at all times, thus strengthening the Outcome of Improved Patient experience of Care.

Case Finding among Children under 15 Years of age

The Department will upscale patient contact testing for HIV and TB through tracking of all contacts for index patients. This will be implemented to track and test children under 15 years of age and is intended to contribute to Reduced Morbidity and Mortality.

The integration of HIV and TB testing, as guided by the Integrated Management of Childhood Illnesses (IMCI) will be strengthened with support visits will be conducted every second week.

There will be targeted HIV and TB testing in all health care facility entry points where children are consulted, to improve the testing rate and positivity yields in clients who are under the age of 15 years.

The Department will also facilitate the scale up of HIV and TB disclosure counselling for parents and guardians. The counselling interventions will be recorded on the patient files. The recording will assist to identify missed opportunities for counselling so that the gaps may be corrected.

TB Control Programme

The Department will/will continue ??? with the implementation of GeneXpert testing for all patients as the first test as per the diagnostic algorithm, to improve TB diagnostics and thereby help to reduce morbidity and mortality. The current estimated performance for 21/22 is 76% with a 6% increase in targets for 22/23 although PHC headcounts are still low. The 21/22 screening rate was 88% mid-year, with the 22/23 target set higher at 98%.

The Department will continue to monitor the integration of community and facility screening/testing for COVID-19, TB, HIV and NCDs,. Combined with the upscaling of index patient contact testing this intervention should increase the number of undiagnosed TB cases that are presenting at facilities.

The quality of sputum samples is vital to evaluate whether a client has been successfully treated for TB. The Department aims to reduce the laboratory rejection rate from 6% to less than 4% by the end of the financial year. Laboratory managers are conducting in-service training on specimen requirements criteria informed by rejection reports and laboratory hand books have been distributed to all health care facilities. The challenges of leaking specimen bottles have been addressed as this also increased rejection rate.

3HP Pilot Project

The 3HP project is a National Pilot being rolled out in eThekwini metro. The project started in August 2021, to date 2 955 patients have been initiated on 3HP.

The re-distribution of guidelines and tools, combined with onsite training to address misinterpretation of the guidelines regarding eligibility criteria, will continue into 2022/23.

File audits and staff interviews to identify gaps to develop and implement quality improvement plans, will be incorporated into support visits and oversight responsibilities.

Maternal Mortality

Avoidable causes of deaths relating to maternity are ever-changing and relate directly to the Outcome of Reduced morbidity and mortality. The plans for reduction of maternal

deaths are adjusted in response to the latest findings regarding the causes of avoidable maternal deaths. The most common cause of maternal death in KZN from April 2020 to September 2021 has been COVID pneumonia. Therefore, a priority intervention is vaccination of pregnant women against COVID-19, by integrating COVID-19 prevention into maternity care. Controlling COVID-19 in pregnancy will allow a return to focus on other important causes of maternal deaths, such as hypertension, haemorrhage, and TB.

The safety of caesarean section is being enhanced whereby a "Lead anesthetist" has been identified in all district hospitals. These are not qualified anesthetist but a support doctor in the hospital in terms of anaesthetic. These lead Anaesthetists are supported by the District Specialist Team (DCST) Anaesthetist from uMgungundlovu District

Plans that were being implemented are still relevant for the 22/23 financial year and include:-

- Improving the safety of the caesarean section service at all hospitals to reduce maternal mortality
- Development of Minimum standards for labour ward safety as was done for Caesarean Section (CS) safety.

Nutrition

Th reduction of stunting among Children under 5, is a national and nutrition programme priority. The Directorate is awaiting ethics approval to conduct a Malnutrition Prevalence Study to commence in 2022 and end in 2023. Results will be used to develop district specific policies and programmes to address wasting, stunting and overweight children under 5 years.

The Measurement of Upper Arm Circumference (MUAC) project is being piloted in parts of Zululand and uMzinyathi Districts. The project aims to improve early detection of malnutrition through positioning mothers and caregivers at the forefront of their children growth and development. The lessons learnt following the evaluation in 2022 will inform scale up to other Districts. All children under 5 years who visit a health care facility must be screened, using the MUAC system to identify early MAM cases.. Opportunities for improving the rate of MUAC screening include is the continued implementation of CHW household screening, ECD screening and the Family MUAC pilot project in uMzinyathi and Zululand districts.

Screening and early detection of MAM (Moderate Acute Malnutrition), and provision of nutrition supplements to MAM and growth faltering children will be a focus for 22/23. Micronutrient Powder (MNPs) are not given to children already receiving therapeutic nutrition supplements as these already contain adequate micronutrients for the correction of nutritional status.

The Micronutrient Powder Intervention that started in 2021 is implemented in three Districts: Zululand, uMkhanyakude, and King Cetshwayo Districts and is aimed at children not on therapeutic nutritional supplements. This intervention aims to improve the dietary adequacy of complementary foods ultimately improving infant and young child feeding practices.

The Mother & Baby friendly Initiative (MBFI), Human Milk Banking and Breastfeeding, combined with complementary feeding are the key prevention programmes for Infant and

young child feeding Nutritional interventions. Reinvigoration of these established interventions is prioritised in 22/23 through increased capacity building to ensure that staff are knowledgeable, competent and skilled to support the effective roll-out of these interventions. The Ward-Based Primary Healthcare Outreach Teams (WBPHCOTs) will be re capacitated to Advocate for breastfeeding community based support to ensure continued breastfeeding following delivery. .

There will be continuous advocacy and monitoring of the Regulations pertaining to Infant and Young child feeding foodstuffs (Regulations 991 of the Foodstuffs, Disinfectants and Cosmetics Act 54 of 1972) in all communication. This is to ensure that inappropriate marketing of breastmilk substitutes is halted.

COVID-19 Vaccination Programme

Despite the optimal supplies and human resources within the COVID-19 vaccine drive, vaccine hesitancy of the community is a limitation to the successful implementation. The vaccination programme is funded by National Department of Health through the District Health Programme Conditional Grant with R181.362 million allocated for the 2022/23 financial year. The monthly variance report is utilised to communicate funding pressures, and additional funding considerations take place during the mid-year adjustment estimates – this results in a responsive budget allocation process.

Malaria Programme

The Malaria Control Programme has intensified the Malaria Surveillance through Active Case Detection Campaigns and the implementation of Malaria test and treat campaigns by Community Health Workers (CHW's). Information System are being strengthened by the National Malaria Control System integration into the WebDHIS.

Malaria Case Management will be strengthened through case management training provided by South African Malaria Elimination Experts. This initiative, supported by Mortality Audits which are conducted for all malaria deaths within KwaZulu-Natal to ascertain the reasons for the deaths, will improve outcomes.

Indoor Residual Spraying is in place for areas with local malaria transmission to prevent malaria transmission. Health education is provided through house-to-house visits by Malaria Surveillance Agents and through community Health Radio Stations.

Forensic Pathology

A forensic psychiatrist and a psychologist have been budgeted for as part of the NHI Grant for placement at Fort Napier Hospital to assist with the backlog.

Programme Resource Considerations

Table 44: Budget allocation Estimates (R'000) (Programme 2)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
District Management	299,310	314,889	312,661	313,561	327,082	358,228	320,580	329,901	339,027
Community Health Clinics	4,332,048	4,697,761	4,794,183	4,961,316	5,054,511	4,772,658	5,073,506	5,175,254	5,456,716
Community Health Centres	1,753,904	1,919,490	1,943,766	2,007,244	2,038,357	2,061,645	2,040,938	2,106,656	2,201,458
Community Based Services	376,013	853,205	875,248	1,025,803	989,660	966,457	971,484	1,013,666	1,116,995
Other Community Services	1,163,629	1,222,068	3,276,155	2,623,022	4,104,867	4,455,362	3,958,699	2,968,383	2,994,975
HIV and AIDS	5,715,614	5,503,831	5,710,861	6,216,320	6,301,903	6,301,903	6,482,620	6,397,837	6,688,146
Nutrition	31,929	32,705	28,927	47,489	47,489	45,061	33,230	35,459	37,053
Coroner Services	222,990	241,424	251,335	264,910	275,698	273,747	283,479	283,848	296,619
District Hospitals	6,906,627	7,941,490	7,744,116	7,796,995	7,937,424	8,110,579	7,350,120	7,128,780	7,449,568
Sub-Total	**20,802,064**	**22,726,863**	**24,937,252**	**25,256,660**	**27,076,991**	**27,345,640**	**26,514,656**	**25,439,784**	**26,580,557**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**20,802,064**	**22,726,863**	**24,937,252**	**25,256,660**	**27,076,991**	**27,345,640**	**26,514,656**	**25,439,784**	**26,580,557**

Table 45: Summary of Budget Allocations and Estimates by Economic Classification (R'000) (Programme 2)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Current payments	**20,142,620**	**22,086,850**	**24,341,051**	**24,524,067**	**26,280,434**	**26,504,126**	**25,813,621**	**24,658,058**	**25,749,410**
Compensation of employees	12,946,954	14,099,897	15,353,786	15,259,251	16,793,193	17,140,005	16,358,631	15,338,800	15,905,438
Goods and services	**7,193,365**	**7,986,516**	**8,986,965**	**9,264,353**	**9,486,778**	**9,363,473**	**9,454,505**	**9,318,751**	**9,843,442**
Communication	55,733	52,688	57,661	57,514	67,439	66,861	66,695	67,137	70,115
Computer Services	-	867	-	-	60	60	-	-	-
Consultants, Contractors and special services	199,307	212,633	210,679	322,074	280,683	278,914	309,014	325,369	376,797
Inventory	4,248,325	4,518,193	5,189,876	5,282,732	5,414,123	4,883,199	5,160,501	5,007,053	5,345,242
Operating leases	27,793	36,029	38,375	55,682	54,221	42,053	45,832	48,077	50,209
Travel and subsistence	24,052	42,711	26,617	50,265	61,919	37,130	44,351	46,692	47,550
Maintenance, repair and running costs	114,884	115,765	95,250	98,419	98,483	134,825	102,996	107,268	112,091
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	2,523,271	3,007,630	3,368,507	3,397,667	3,509,850	3,920,431	3,725,116	3,717,155	3,841,438
Interest and rent on land	2,301	437	300	463	463	648	485	507	530
Transfers and subsidies to	**473,637**	**413,515**	**364,206**	**420,412**	**417,979**	**489,064**	**440,661**	**460,861**	**483,098**
Provinces and municipalities	215,277	222,893	199,352	244,843	234,843	234,843	256,596	268,736	281,275
Departmental agencies and accounts	98	174	154	51	51	60	53	55	57
Higher education institutions	-	-	-	-	-	-	-	-	-

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Non-profit institutions	46,009	47,948	51,651	53,562	56,548	56,216	56,134	58,604	61,241
Households	212,253	142,500	113,049	121,956	126,537	197,945	127,878	133,466	140,525
Payments for capital assets	**185,747**	**226,476**	**231,896**	**312,181**	**378,578**	**352,202**	**260,374**	**320,865**	**348,049**
Buildings and other fixed structures	-	-	-	-	2,500	-	-	-	-
Machinery and equipment	185,747	226,476	231,896	312,181	376,078	352,202	260,374	320,865	348,049
Payment for financial assets	60	22	99	-	-	248	-	-	-
Total economic classification	**20,802,064**	**22,726,863**	**24,937,252**	**25,256,660**	**27,076,991**	**27,345,640**	**26,514,656**	**25,439,784**	**26,580,557**
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**20,802,064**	**22,726,863**	**24,937,252**	**25,256,660**	**27,076,991**	**27,345,640**	**26,514,656**	**25,439,784**	**26,580,557**

PERFORMANCE AND EXPENDITURE TRENDS

Programme 2 is allocated 53.4% of the Vote 7 budget, up from 52.2% in the revised 21/22 estimate. Due to the overall decrease in the budget this amounts to R 830 985 000.

UPDATED KEY RISKS AND MITIGATION

Table 46: Updated key risks and mitigation (Programme 2)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Medico-Legal Litigation	• Roll out of the approved clinical governance and quality improvement policy in order to standardize structures, management approach and activities at all levels.
Management of Pharmaceutical Stock	• 'PHC: Co-ordinate annual trainings on KZN PHC Medicine Supply Management SOPs per District/Su-district and monitor compliance to the SOPs using a Provincial standardised tool. Hospitals: Revise and strengthen the implementation of Rx Solution SOPs and standardise Rx Solution Management Reports
Poor of Management of records and documents	• Re-enforce implementation of Records Management policy, procedure manual and circulars. • Step up training and inspections. • Advocate for adequate and appropriate staff • Lobby for budget increases to increase physical registries
Outcome: Reduced morbidity and mortality	
High turnover of medical , nursing and allied specialists	• Implement the Decentralized Clinical Training Programme. • Centralise co-ordination of clinical outreach and "inreach" Programme
Inability to reduce the burden of disease from TB and HIV	• Establish a call centre that will monitor and call back patients who have defaulted
Inability to effectively manage SHP programmes.	• Engage SCM & IT to procure and install (high capacity desk top computers for TB, desktop computers for clinics, laptops for staff and connectivity especially in clinics)
Inability to reduce burden of non-communicable disease	• Initiate recruitment of required allied professional staff (Implementation depends on approval of the minimum staff establishment) • Lobby at ManCo to engage treasury and Cabinet to rescind the HR circular on non-exempt posts.
Global outbreak	• Case management • Epidemic preparedness plans in place and implemented in line with NICD guidelines

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme Purpose

Rendering pre-hospital Emergency Medical Services, including Inter-hospital Transfers and Planned Patient Transport - The previous structure included Sub-Programme 3.3: Disaster Management which is a Municipal function.

Sub-Programme 3.1: Emergency Transport

Render Emergency Medical Services including Ambulance Services, Special Operations, and Communication and Air Ambulance services.

Sub-Programme 3.2: Planned Patient Transport

Render Planned Patient Transport including Local Outpatient Transport (within the boundaries of a given town or local area) and Inter-City/Town Outpatient Transport (into referral centres).

Table 47: EMS Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
EMS P1 response in urban areas under 30 minutes	**30. EMS P1 urban response under 30 minutes rate**	**New indicator**	**New indicator**	**50.9%**	**43.6%**	**56.3%**	**72.1%**	**75.0%**
	EMS P1 urban response under 30 minutes	-	-	*62,018*	*44,864*	*79,956*	*112,623*	*117,166*
	EMS P1 urban responses	-	-	*121,770*	*102,998*	*142,020*	*156,222*	*156,222*
EMS P1 response in rural areas under 60 minutes	**31. EMS P1 rural response under 60 minutes rate**	**New indicator**	**New indicator**	**52.4%**	**52.3%**	**69.1%**	**58.0%**	**60.0%**
	EMS P1 rural response under 60 minutes	-	-	*82,307*	*72,488*	*127,052*	*117,234*	*121,355*
	EMS P1 rural responses	-	-	*157,011*	*138,672*	*183,871*	*202,258*	*202,258*

Table 48: EMS Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH COVERAGE					
30. *EMS P1 urban response under 30 minutes rate*	*56.3%*	*56.3%*	*56.3%*	*56.3%*	*56.3%*
EMS P1 urban response under 30 minutes	*79,956*	*19,989*	*19,989*	*19,989*	*19,989*
EMS P1 urban responses	**142,020**	**35,505**	**35,505**	**35,505**	**35,505**
31. *EMS P1 rural response under 60 minutes rate*	*69.1%*	*69.1%*	*69.1%*	*69.1%*	*69.1%*
EMS P1 rural response under 60 minutes	*127,052*	*31,763*	*31,763*	*31,763*	*31,763*

Explanation of Planned Performance over the Medium Term Period:

The programme 3 output of ensuring improved access to specialised services is largely geared towards the outcome of Universal Health Coverage which has influence on the other two Outcomes, namely: Reduced Morbidity and Mortality and Improved Patient Experience of Care. To ensure improved access to specialised services, the department will focus on increasing the Emergency Medical Services priority 1 responses , under 60 minutes for rural and under 30 minutes for urban areas. The increase in Emergency Medical Services priority 1 responses are in turn dependent on the Department ensuring that there is an adequate number of daily operational ambulances.

The aging fleet needs to be continuously replaced, thus saving on repairs and maintenance of older vehicles. This cost saving can then be translated into the purchase of newer vehicles in the future.

The Aeromedical fixed contract has been terminated and services are now procured on a buy and use system, when required. This amounts to a significant cost saving.

Programme Resource Considerations

Table 49: Budget allocation Estimates (R'000) (Programme 3)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Emergency Services	1,306,286	1,460,183	1,478,434	1,410,071	1,489,258	1,488,847	1,442,779	1,444,715	1,496,075
Planned Patient Transport	140,364	142,703	127,493	170,733	177,216	122,315	174,400	185,806	194,166
Sub-Total	**1,446,650**	**1,602,886**	**1,605,927**	1,580,804	**1,666,474**	**1,611,162**	**1,617,179**	**1,630,521**	**1,690,241**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**1,446,650**	**1,602,886**	**1,605,927**	**1,580,804**	**1,666,474**	**1,611,162**	**1,617,179**	**1,630,521**	**1,690,241**

Table 50: S Summary of Budget Allocations and Estimates by Economic Classification (R'000) (Programme 3)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Current payments	**1,377,060**	**1,426,505**	**1,429,072**	**1,467,496**	**1,553,166**	**1,510,693**	**1,501,673**	**1,553,291**	**1,609,535**
Compensation of employees	976,075	1,031,514	1,074,827	1,055,425	1,206,574	1,192,065	1,102,953	1,133,062	1,170,004
Goods and services	**400,915**	**394,990**	**354,242**	**412,071**	**346,592**	**318,627**	**398,720**	**420,229**	**439,531**
Communication	8,931	8,964	9,246	9,717	9,157	9,521	10,152	10,596	11,069
Computer Services	-	-	-	-	-	-	-	-	-
Consultants, Contractors and special services	2,225	2,686	2,707	2,202	2,855	2,727	2,694	2,795	2,920
Inventory	31,430	28,659	35,669	29,269	31,406	25,949	33,147	34,504	35,965
Operating leases	1,270	2,516	2,581	2,047	2,098	2,409	2,405	2,499	2,611

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Travel and subsistence	3,511	3,937	649	2,912	2,843	2,246	2,722	2,851	2,982
Maintenance, repair and running costs	241,683	258,166	215,611	255,107	230,369	211,930	263,827	279,116	291,677
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	111,865	90,062	87,779	110,817	67,864	63,845	83,773	87,868	92,307
Interest and rent on land	**70**	**1**	**3**	**-**	**-**	**1**	**-**	**-**	**-**
Transfers and subsidies to	**3,788**	**4,274**	**5,818**	**6,243**	**6,243**	**12,730**	**6,823**	**6,830**	**7,137**
Provinces and municipalities	1,592	2,680	2,030	3,109	3,109	1,409	3,401	3,401	3,554
Departmental agencies and accounts	-	-	-	2	2	-	2	2	2
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,196	1,594	3,788	3,132	3,132	11,321	3,420	3,427	3,581
Payments for capital assets	**65,802**	**172,107**	**171,037**	**107,065**	**107,065**	**87,739**	**108,683**	**70,400**	**73,569**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	65,802	172,107	171,037	107,065	107,065	87,739	108,683	70,400	73,569
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**1,446,650**	**1,602,886**	**1,605,927**	**1,580,804**	**1,666,474**	**1,611,162**	**1,617,179**	**1,630,521**	**1,690,241**
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**1,446,650**	**1,602,886**	**1,605,927**	**1,580,804**	**1,666,474**	**1,611,162**	**1,617,179**	**1,630,521**	**1,690,241**

PERFORMANCE AND EXPENDITURE TRENDS

Programme 3 is allocated 3.3% of the Vote 7 budget, the same as in 20/21 revised estimated. This amounts to an actual increase of R 6 017 000.

UPDATED KEY RISKS AND MITIGATION

Table 51: Updated key risks and mitigation (EMS)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Budget constraints	• Long Term Plan strategies to improve efficiencies with existing resources. • Robust monitoring of expenditure against budget. • Improve revenue generation.
Inadequate electronic information system	• Re-prioritise electronic information system for triage as part of the ICT strategy. • Implementation of a computer aided dispatch (CAD) system in EMS communication centres.
Inadequate ambulance fleet	• Prioritise procurement of ambulances (Long Term Plan) to replace old fleet. • Fleet management plan, including repairs.
Inadequate EMS infrastructure	• More effective use of existing infrastructure at facilities. • Prioritise according to need analysis and include in 10 year infrastructure plan.

PROGRAMME 4: PROVINCIAL HOSPITALS

Programme Purpose

Deliver hospital services, which are accessible, appropriate, and effective and provide general specialist services, including specialized rehabilitation services, as well as a platform for training health professionals and research. There are no changes to the Programme 4 structure.

Sub-Programme 4.1: General (Regional) Hospitals

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

Sub-Programme 4.2: Tuberculosis Hospitals

Convert present Tuberculosis hospitals into strategically placed centres of excellence. TB centres of excellence will admit patients with complicated TB requiring isolation for public protection and specialised clinical management in the intensive phase of treatment to improve clinical outcomes. This strategy will reduce operational costs in the long term.

Sub-Programme 4.3: Psychiatric/ Mental Health Hospitals

Render a specialist psychiatric hospital service for people with mental illnesses and intellectual disability and provide a platform for the training of health workers and research.

Sub-Programme 4.4: Sub-acute, Step down and Chronic Medical Hospitals

Provide medium to long term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home. These patients are often unable to access ambulatory care at our services or their socio-economic or family circumstances do not allow for them to be cared for at home.

Sub-Programme 4.5: Dental Training Hospitals

Render an affordable and comprehensive oral health service and training, based on the primary health care approach.

Regional Hospitals

Table 52: Regional Hospitals Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
Iv. Patient Experience of Care satisfaction rate – Regional Hospitals	**Patient Safety Incidence Software**	**TBD**	**TBD**	**81.0%**	**85.1%**	**80.7%**	**82.9%**	**85.1%**
Patient experience of care survey satisfied responses - Regional Hospitals	Patient Safety Incidence Report	-	-	*4,547*	*5,020*	*51,436*	*53,134*	*54,887*
Patient experience of care survey total responses - Regional Hospitals		-	-	*5,613*	*5,899*	*63,763*	*64,113*	*64,466*
Ivi. Patient Safety Incident (PSI) case closure rate - Regional Hospital	**Patient Survey Database**	**TBD**	**TBD**	**86.0%**	**93.2%**	**92.3%**	**92.9%**	**93.3%**
Patient Safety Incident (PSI) case closed - Regional Hospitals	Patient Surveys	-	-	*240*	*247*	*313*	*316*	*319*
Patient Safety Incident (PSI) case reported - Regional Hospitals		-	-	*279*	*265*	*339*	*340*	*342*
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
Ivii. [Number of] maternal deaths in facility - Regional Hospitals	**Maternal register**	**374**	**TBD**	**82**	**62**	**128**	**115**	**88**
Iviii. [Number of] inpatient deaths under 5 years - Regional Hospitals	**Midnight report**	**5,518**	**4,966**	**1,566**	**1,710**	**1,841**	**1,790**	**1,710**
Iix. Child under 5 years diarrhoea case fatality rate – Regional Hospital	**DHIS**	**2.3%**	**1.7%**	**2.4%**	**1.3%**	**1.6%**	**1.4%**	**1.3%**
Diarrhoea death under 5 years – Regional hospital	*Midnight report*	*199*	*119*	*68*	*40*	*50*	*44*	*40*
Diarrhoea separation under 5 years – Regional hospital	*Ward register*	**8,547**	**6,838**	*2,874*	*3,173*	*3,050*	*3,111*	*3,173*

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
lx. Child under 5 years pneumonia case fatality rate – Regional Hospital	**DHIS**	**2.3%**	**2.1%**	**2.4%**	**1.3%**	**2.2%**	**2.1%**	**1.3%**
Pneumonia death under 5 years – Regional Hospital	*Midnight report*	*296*	*207*	*100*	*59*	*96*	*91*	*59*
Pneumonia separation under 5 years – Regional Hospital	*Ward register*	**12,662**	**10,098**	*4,241*	*4,682*	*4,348*	*4,321*	*4,682*
lxi. Child under 5 years Severe Acute Malnutrition case fatality rate – Regional Hospital	**DHIS**	**8.7%**	**8.3%**	**9.1%**	**5.8%**	**5.9%**	**5.9%**	**5.8%**
Child under 5 years with severe acute malnutrition death – Regional Hospital	*Midnight report*	**249**	**212**	*76*	*40*	*44*	*42*	*40*
Severe acute malnutrition inpatient under 5 years - Regional Hospital	*Ward register*	*2,848*	*2,563*	*839*	*690*	*740*	*710*	*690*
lxii. [Number of] Inpatient deaths under 1 year – Regional Hospital	**DHIS**	**N/A**	**N/A**	**1,422**	**1,296**	**1,718**	**1,500**	**1,296**
lxiii. Still Birth in Facility Rate – Regional hospital	**DHIS**	**N/A**	**N/A**	**29**	**20.2 / 1000**	**29**	**24**	**20**
Still birth in facility - Regional Hospitals	*Midnight report*	-	-	*2,209*	*1,572*	*2,430*	*2,000*	*1,648*
Live birth in facility + still birth in facility – Regional Hospitals	*Ward register*	-	-	*76,587*	*77,834*	*83,008*	*83,545*	*81,562*

Table 53: Regional Hospitals Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Average length of stay - Regional Hospitals	**32. Average length of stay – Regional Hospital**	**6.3**	**6.2**	**6.0**	**6.2**	**6.2**	**6.0**	**5.8**
	Inpatient days - Regional Hospitals	*1,831,609*	*1,839,716*	*1,503,840*	*1,624,560*	*2,167,257*	*2,187,888*	*2,187,800*
	½ Day Patients - Regional Hospitals	*24,908*	*23,448*	*19,912*	*23,540*	*34,982*	*39,262*	*40,000*
	Inpatient separations total - Regional Hospitals	*296,541*	*301,069*	*253,034*	*264,506*	*353,218*	*371,192*	*384,105*
Bed utlisation rate - Regional Hospitals	**33. Inpatient bed utilisation rate – Regional Hospital**	**73.3%**	**73.3%**	**60.3%**	**64.5%**	**73.3%**	**73.3%**	**73.3%**
	Inpatient days - Regional Hospitals	*1,831,609*	*1,839,716*	*1,503,840*	*1,624,560*	*2,167,257*	*2,187,888*	*2,187,800*
	½ Day Patients - Regional Hospitals	*24,908*	*23,448*	*19,912*	*23,540*	*34,982*	*39,262*	*40,000*
	Inpatient bed days available - Regional Hospitals	*2,532,070*	*2,540,435*	*2,526,046*	*2,555,122*	*3,004,420*	*3,038,403*	*3,039,290*
Expenditure per PDE - Regional Hospitals	***34.* Expenditure per PDE – Regional Hospital**	**R 3,068**	**R 3,289**	**R 4,245**	**R 4,722**	**R 4,200**	**R 4,000**	**R 3,900**
	Expenditure – total Regional Hospital ('000)	*R 8,543,973*	*R 9,187,992*	*R 9,182,632*	*R 11,076,446*	*R 10,539,276*	*R 12,042,701*	*R 11,741,805*
	Patient day equivalents - Regional Hospitals	*2,784,817*	*2,793,969*	*2,163,224*	*2,345,876*	*2,509,340*	*3,010,703*	*3,010,703*

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OPD new headcount not referred - Regional Hospitals	**35. OPD headcount new cases not referred – Regional Hospitals**	**Not monitored**	**Not monitored**	**Not monitored**	**153,632**	**153,632**	**153,632**	**153,632**
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - Regional Hospitals	**36. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Regional Hospital**	**75%**	**82%**	**83%**	**78%**	**100%**	**100%**	**100%**
	Severity assessment code (SAC) 1 incident reported within 24 hours – Regional Hospital	*48*	*158*	*305*	*318*	*368*	*368*	*368*
	Severity assessment code (SAC) 1 incident reported – Regional Hospital	*64*	*193*	*366*	*410*	*368*	*368*	*368*

Table 54: Regional Hospitals Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH COVERAGE					
32. Average length of stay – Regional Hospital	**6.2**	**6.2**	**6.2**	**6.2**	**6.2**
Inpatient days - Regional Hospitals	*2,167,257*	*541,815*	*541,814*	*541,814*	*541,814*
½ Day Patients - Regional Hospitals	*34,982*	*8,746*	*8,745*	*8,746*	*8,745*
Inpatient separations total - Regional Hospitals	*353,218*	*88,305*	*88,305*	*88,304*	*88,304*
33. Inpatient bed utilisation rate – Regional Hospital	**73.3%**	**70.0%**	**70.0%**	**76.9%**	**76.9%**

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
Inpatient days - Regional Hospitals	*2,167,257*	*541,815*	*541,814*	*541,814*	*541,814*
½ Day Patients - Regional Hospitals	*34,982*	*8,746*	*8,745*	*8,746*	*8,745*
Inpatient bed days available - Regional Hospitals	*3,004,420*	*786,515*	*786,515*	***715,695***	***715,695***
34. Expenditure per PDE – Regional Hospital	**R 4,200**	**R 4,200**	**R 4,200**	**R 4,200**	**R 4,200**
Expenditure – total Regional Hospital ('000)	*R 10,539,276*	*R 2,634,819*	*R 2,634,819*	*R 2,634,819*	*R 2,634,819*
Patient day equivalents - Regional Hospitals	*2,509,340*	*627,335*	*627,335*	*627,335*	*627,335*
35. OPD headcount new cases not referred – Regional Hospitals	**153,632**	**38,408**	**38,408**	**38,408**	**38,408**
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE					
36. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Regional Hospital	**100%**	**100%**	**100%**	**100%**	**100%**
Severity assessment code (SAC) 1 incident reported within 24 hours – Regional Hospital	*368*	92	92	92	92
Severity assessment code (SAC) 1 incident reported – Regional Hospital	*368*	92	92	92	92

TB Hospitals

Table 55: TB Hospitals Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE								
lxiv. Patient Experience of Care satisfaction rate – TB Hospital	**Patient Safety Incidence Software**	**TB**	**TB**	**92.3%**	**97.3%**	**95.2%**	**97.3%**	**97.3%**
Patient experience of care survey satisfied responses – TB Hospital	Patient Safety Incidence Software	-	-	*131*	*145*	*139*	*145*	*145*
Patient experience of care survey total responses – TB Hospital		-	-	*142*	*149*	*146*	*149*	*149*
lxv. Patient Safety Incident (PSI) case closure rate – TB Hospital	**Patient Safety Incidence Software**	**TB**	**TB**	**88.0%**	**97.9%**	**100.0%**	**100.0%**	**100.0%**
Patient Safety Incident (PSI) case closed – TB Hospital	Patient Safety Incidence Software	-	-	*44*	*46*	*56*	*56*	*57*
Patient Safety Incident (PSI) case reported – TB Hospital		-	-	*50*	*47*	*56*	*56*	*57*

Table 56: TB Hospitals Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Average length of stay - TB Hospitals	**37. Average length of stay – TB Hospital**	**44.9**	**48.2**	**36.2**	**46.8**	**50.0**	**50.0**	**50.0**
	Inpatient days - TB Hospitals	*87,703*	*66,649*	*23,788*	*15,054*	*117,522*	*117,522*	*117,522*

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	½ Day Patients - TB Hospitals	*2*	*-*	*2*	*6*	*2*	*2*	*2*
	Inpatient separations total - TB Hospitals	*1,955*	*1,382*	*657*	*322*	*2,352*	*2,352*	*2,352*
Bed utilisation rate - TB Hospitals	**38. Inpatient bed utilisation rate – TB Hospital**	**36.5%**	**30.6%**	**14.4%**	**12.9%**	**40.0%**	**45.0%**	**49.9%**
	Inpatient days - TB Hospitals	*87,703*	*66,649*	*23,788*	*15,054*	*117,522*	*117,522*	*117,522*
	½ Day Patients - TB Hospitals	*2*	*-*	*2*	*6*	*2*	*2*	*2*
	Inpatient bed days available - TB Hospitals	*240,561*	*217,807*	*165,728*	*116,435*	*293,968*	*261,384*	*235,507*
Expenditure per PDE - TB Hospitals	**39. Expenditure per PDE – TB Hospital**	**R 6,190**	**R 8,451**	**R 18,627**	**R 6,278**	**R 6,000**	**R 5,000**	**R 3,000**
	Expenditure – total TB Hospital ('000)	*R 697,284*	*R 697,889*	*R 625,963*	*R 162,738*	*R 718,412*	*R 725,597*	*R 725,597*
	Patient day equivalents - TB Hospitals	*112,649*	*82,581*	*33,605*	*25,922*	*119,732*	*145,119*	*241,865*
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE								
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - TB Hospitals	**40. Severity assessment code (SAC) 1 incident reported within 24 hours rate – TB Hospital**	**80.0%**	**98.4%**	**0.0%**	**70.8%**	**100.0%**	**100.0%**	**100.0%**
	Severity assessment code (SAC) 1 incident reported within 24 hours – TB Hospital	*8*	*123*	*0*	*34*	*124*	*123*	*123*
	Severity assessment code (SAC) 1 incident reported – TB Hospital	*10*	*125*	*0*	*48*	*124*	*123*	*123*

Table 57: TB Hospitals Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH COVERAGE					
37. Average length of stay – TB Hospital	**50.0**	**50.0**	**50.0**	**50.0**	**50.0**
Inpatient days - TB Hospitals	*117,522*	*29,381*	*29,381*	*29,380*	*29,380*
½ Day Patients - TB Hospitals	*2*	*1*	*1*	-	-
Inpatient separations total - TB Hospitals	*2,352*	*588*	*588*	*588*	*588*
38. Inpatient bed utilisation rate – TB Hospital	**40.0%**	**40.0%**	**40.0%**	**40.0%**	**40.0%**
Inpatient days - TB Hospitals	*117,522*	*29,381*	*29,381*	*29,380*	*29,380*
½ Day Patients - TB Hospitals	*2*	*1*	*1*	-	-
Inpatient bed days available - TB Hospitals	*293,968*	*73,492*	*73,492*	*73,492*	*73,492*
39. Expenditure per PDE – TB Hospital	**R 6,000**	**R 6,000**	**R 6,000**	**R 6,000**	**R 6,000**
Expenditure – total TB Hospital ('000)	*R 718,412*	*R 179,603*	*R 179,603*	*R 179,603*	*R 179,603*
Patient day equivalents - TB Hospitals	*119,732*	*29,933*	*29,933*	*29,933*	*29,933*
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE					
40. Severity assessment code (SAC) 1 incident reported within 24 hours rate – TB Hospital	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Severity assessment code (SAC) 1 incident reported within 24 hours – TB Hospital	*124*	*31*	*31*	*31*	*31*
Severity assessment code (SAC) 1 incident reported – TB Hospital	*124*	*31*	*31*	*31*	*31*

Psychiatric Hospitals

Table 58: Psychiatric Hospitals Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE								
lxvi. Patient Experience of Care satisfaction rate – Psychiatric Hospital	**Patient Safety Incidence Software**	**TB**	**TB**	**88.0%**	**92.6%**	**96.0%**	**96.5%**	**96.9%**
Patient experience of care survey satisfied responses – Psychiatric Hospital	**Patient** Safety Incidence Software	-	-	*169*	*187*	*2,303*	*2,326*	*2,349*
Patient experience of care survey total responses – Psychiatric Hospital		-	-	*192*	*202*	*2,399*	*2,411*	*2,423*
lxvii. Patient Safety Incident (PSI) case closure rate – Psychiatric Hospital	**Patient survey Database**	**TB**	**TB**	**94.6%**	**96.0%**	**95.5%**	**90.4%**	**90.5%**
Patient Safety Incident (PSI) case closed – Psychiatric Hospital	**Patient** survey Database	-	-	*192*	*190*	*191*	*94*	*95*
Patient Safety Incident (PSI) case reported – Psychiatric Hospital		-	-	*203*	*198*	*200*	*104*	*105*

Table 59: Psychiatric Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH *COVERAGE*								
Average Length of Stay - Psychiatric Hospital	**41. Average length of stay – Psychiatric Hospital**	**399.6**	**390.7**	**359.8**	**313.4**	**350.0**	**350.0**	**329.9**
	Inpatient days - Psychiatric Hospitals	*634,493*	*629,445*	*459,773*	*439,968*	*665,072*	*665,071*	*654,936*
	½ Day Patients - Psychiatric Hospitals	*403*	*6*	*10*	*8*	*6*	*6*	*6*
	Inpatient separations total - Psychiatric Hospitals	*1,589*	*1,611*	*1,278*	*1,404*	*1,900*	*1,900*	*1,985*
Bed utilisation Rate - Psychiatric Hospital	**42. Inpatient bed utilisation rate – Psychiatric Hospital**	**71.5%**	**71.0%**	**51.8%**	**49.2%**	**70.0%**	**70.0%**	**70.0%**
	Inpatient days - Psychiatric Hospitals	*634,493*	*629,445*	*459,773*	*439,968*	*665,072*	*665,071*	*654,936*
	½ Day Patients - Psychiatric Hospitals	*403*	*6*	*10*	*8*	*6*	*6*	*6*
	Inpatient bed days available - Psychiatric Hospitals	*878,981*	*887,072*	*888,045*	*894,980*	*950,472*	*950,471*	*936,214*
Expenditure per PDE - Psychiatric Hospital	**43. Expenditure per PDE – Psychiatric Hospital**	**R -**	**R -**	**R -**	**R -**	**R 2,000**	**R 2,200**	**R 2,400**
	Expenditure – total Psychiatric Hospital ('000)	*R -*	*R -*	*R -*	*R -*	*R 1,265,880*	*R 1,434,229*	*R 1,611,542*
	Patient day equivalents - Psychiatric Hospitals	*638,137*	*632,929*	*462,865*	*443,208*	*632,940*	*651,928*	*671,486*
OPD headcount consulted - Psychiatric Hospitals	**44. OPD Headcount - Sum [Psychiatric Hospital]**	**10,328**	**10,443**	**9,262**	**9,706**	**10,000**	**10,000**	**8,000**
OUTCOME: IMPROVED CLIENT EXPERIENCE OF *CARE*								

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - Psychiatric Hospital	**45. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Psychiatric Hospital**	**60.0%**	**86.7%**	**28.6%**	**83.3%**	**100.0%**	**100.0%**	**100.0%**
	Severity assessment code (SAC) 1 incident reported within 24 hours – Psychiatric Hospital	*9*	*26*	*16*	*10*	*30*	*29*	*29*
	Severity assessment code (SAC) 1 incident reported – Psychiatric Hospital	*15*	*30*	*56*	*12*	*30*	*29*	*29*

Table 60: Psychiatric Hospitals Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH *COVERAGE*					
41. Average length of stay – Psychiatric Hospital	**350.0**	**350.0**	**350.0**	**350.0**	**350.0**
Inpatient days - Psychiatric Hospitals	*665,072*	*166,268*	*166,268*	*166,268*	*166,268*
½ Day Patients - Psychiatric Hospitals	*6*	*2*	*2*	*1*	*1*
Inpatient separations total - Psychiatric Hospitals	*1,900*	*475*	*475*	*475*	*475*
42. Inpatient bed utilisation rate – Psychiatric Hospital	**70.0%**	**70.0%**	**70.0%**	**70.0%**	**70.0%**
Inpatient days - Psychiatric Hospitals	*665,072*	*166,268*	*166,268*	*166,268*	*166,268*
½ Day Patients - Psychiatric Hospitals	*6*	*2*	*2*	*1*	*1*
Inpatient bed days available - Psychiatric Hospitals	*950,472*	*237,618*	*237,618*	*237,618*	*237,618*
43. Expenditure per PDE – Psychiatric Hospital	**R 2,000**	**R 2,000**	**R 2,000**	**R 2,000**	**R 2,000**

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
Expenditure – total Psychiatric Hospital ('000)	*R 1,265,880*	*R 316,470*	*R 316,470*	*R 316,470*	*R 316,470*
Patient day equivalents - Psychiatric Hospitals	*632,940*	*158,235*	*158,235*	*158,235*	*158,235*
44. OPD Headcount - Sum [Psychiatric Hospital]	**10,000**	**2,500**	**2,500**	**2,500**	**2,500**
OUTCOME: IMPROVED CLIENT EXPERIENCE OF *CARE*					
45. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Psychiatric Hospital	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Severity assessment code (SAC) 1 incident reported within 24 hours – Psychiatric Hospital	*30*	*8*	*8*	*7*	*7*
Severity assessment code (SAC) 1 incident reported – Psychiatric Hospital	*30*	*8*	*8*	*7*	*7*

Chronic Hospitals

Table 61: Chronic Hospitals Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE								
lxviii. Patient Experience of Care satisfaction rate – Chronic/Sub-acute Hospital	**Patient Safety Incidence Software**	**TB**	**TB**	**79.2%**	**83.3%**	**94.8%**	**95.3%**	**95.7%**
Patient experience of care survey satisfied responses – Chronic/Sub-acute Hospital	**Patient** Safety Incidence software	-	-	*122*	*135*	*8,652*	*8,738*	*8,826*
Patient experience of care survey total responses – Chronic/Sub-acute Hospital		-	-	*154*	*162*	*9,126*	*9,172*	*9,218*
lxix. Patient Safety Incident (PSI) case closure rate – Chronic/Sub-acute Hospital	**Patient survey Database**	**TB**	**TB**	**95.8%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Patient Safety Incident (PSI) case closed – Chronic/Sub-acute Hospital	**Patient** survey Database	-	-	*136*	*137*	*59*	*59*	*59*
Patient Safety Incident (PSI) case reported – Chronic/Sub-acute Hospital		-	-	*142*	*137*	*59*	*59*	*59*

Table 62: Chronic Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH *COVERAGE*								
Average length of stay - Chronic Hospitals	**46. Average length of stay – Chronic/Sub-acute Hospital**	**35.9**	**33.2**	**43.2**	**985.8**	**45.0**	**45.0**	**45.0**
	Inpatient days - Chronic/Sub-acute Hospital	*96,875*	*90,379*	*49,000*	*37,462*	*121,820*	*121,820*	*121,820*
	½ Day Patients - Chronic/Sub-acute Hospital	*6*	*3*	*-*	*-*	*6*	*6*	*6*
	Inpatient separations total - Chronic/Sub-acute Hospital	*2,702*	*2,726*	*1,135*	*38*	*2,705*	*2,705*	*2,705*
Bed utilisation rate - Chronic Hospitals	**47. Inpatient bed utilisation rates – Chronic/Sub-acute Hospital**	**51.5%**	**46.6%**	**36.1%**	**27.5%**	**50.0%**	**60.0%**	**60.0%**
	Inpatient days - Chronic/Sub-acute Hospital	96,875	90,379	*49,000*	*37,462*	*121,820*	121,820	121,820
	½ Day Patients - Chronic/Sub-acute Hospital	*6*	*3*	*-*	*-*	*6*	*6*	*6*
	Inpatient bed days available - Chronic/Sub-acute Hospital	*187,996*	*194,019*	*135,704*	*136,145*	*243,652*	203,043	203,043
Expenditure per PDE - Chronic Hospitals	***48*. Expenditure per PDE – Chronic/Sub-acute Hospital**	**R 3,277**	**R 3,761**	**R 4,905**	**R 7,546**	**R 3,277**	**R 3,277**	**R 3,277**
	Expenditure – total Chronic / Sub-acute Hospital ('000)	*R 402,745*	*R 425,973*	*R 311,162*	*R 421,432*	*R 402,744*	*R 402,745*	*R 402,745*
	Patient day equivalents - Chronic/Sub-acute Hospital	*122,894*	*113,272*	*63,443*	*55,852*	*122,896*	*122,894*	*122,894*
OUTCOME: IMPROVED CLIENT EXPERIENCE OF *CARE*								

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	**49. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Chronic/Sub-acute Hospital**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
	Severity assessment code (SAC) 1 incident reported within 24 hours – Chronic/Sub-acute Hospital	-	2	12	66	12	12	12
	Severity assessment code (SAC) 1 incident reported – Chronic/Sub-acute Hospital	-	2	12	66	12	12	12

Table 63: Chronic Hospitals Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH *COVERAGE*					
46. Average length of stay – Chronic/Sub-acute Hospital	**45.0**	**45.0**	**45.1**	**45.1**	**45.1**
Inpatient days - Chronic/Sub-acute Hospital	*121,820*	*30,455*	*30,455*	*30,455*	*30,455*
½ Day Patients - Chronic/Sub-acute Hospital	*6*	*2*	*2*	*1*	*1*
Inpatient separations total - Chronic/Sub-acute Hospital	*2,705*	*677*	*676*	*676*	*676*
47. Inpatient bed utilisation rates – Chronic/Sub-acute Hospital	***50.0%***	***40.0%***	***40.0%***	***66.7%***	***66.7%***
Inpatient days - Chronic/Sub-acute Hospital	*121,820*	*30,455*	*30,455*	*30,455*	*30,455*
½ Day Patients - Chronic/Sub-acute Hospital	*6*	*2*	*2*	*1*	*1*
Inpatient bed days available - Chronic/Sub-acute Hospital	*243,652*	*76,142*	*76,142*	*45,684*	*45,684*

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
48. Expenditure per PDE – Chronic/Sub-acute Hospital	**R 3,277**	**R 3,277**	**R 3,277**	**R 3,277**	**R 3,277**
Expenditure – total Chronic / Sub-acute Hospital ('000)	*R 402,744*	*R 100,686*	*R 100,686*	*R 100,686*	*R 100,686*
Patient day equivalents - Chronic/Sub-acute Hospital	*122,896*	*30,724*	*30,724*	*30,724*	*30,724*
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE					
49. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Chronic/Sub-acute Hospital	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Severity assessment code (SAC) 1 incident reported within 24 hours – Chronic/Sub-acute Hospital	*12*	*3*	*3*	*3*	*3*
Severity assessment code (SAC) 1 incident reported – Chronic/Sub-acute Hospital	*12*	*3*	*3*	*3*	*3*

Explanation of Planned Performance over the Medium Term Period

The programme 4 outputs are geared towards achieving all 3 of the Department's outcomes namely Universal Health Coverage, Improved Client Experience of Care and Reduced Morbidity and Mortality.

Regional Hospitals

Focus areas for 2022/23 for Hospital Services will be:-

- Full scale commissioning of PKISM as a regional hospital by end of 2022/2023 financial year.
- Decommissioning of regional services namely Internal Medicine Services at Mahatma Gandhi Memorial Hospital by June 2022
- Mahatma Gandhi Memorial Hospital will then be re-commissioned and re-gazetted as a large District Hospital providing specialized Obstetrics and Gynae, and Peadiatric Services.
- Review of referral pathway for the North of eThekwini Health District.
- Implement the Provincial Clinical Outreach Policy Framework in order to reduce OPD high headcount not referred and building capacity at lower levels of care – the Department acknowledges that addressing this will take time as the Department still need to build confidence of our citizens on the lower levels of care. This also requires a strong support of telemedicine platforms which requires infrastructural investment over a period of time.
- Strengthen leadership and governance in hospitals by capacitating the Hospital CEOs on management of hospitals.
- Develop and implement an Orientation and Induction Programme for newly appointed Hospital CEOs.
- Implement the Rationalisation plan of the Province
- The Department needs to increase bed capacity in order to accommodate the increasing demand for Mental Health Care beds especially for clients needing 72 hour observation. Over the past years the Department has observed an increase of Patient Safety Incidents resulting from admitting patients requiring 72 hour observation in general medical wards. Each district needs to designate a unit for accommodation of patients requiring 72 hour observation. An increase in bed capacity for Mental Health Care users would increase *Universal Health Coverage* but also *Reduce Morbidity and Mortality*.
- In the first and second quarter of 2022/23, R.K. Khan Internal Medicine Services will be accommodated at Clairwood Hospital, until the infrastructure upgrade is completed, therefore only 50% of bed capacity will be available at RK Khan during this process. In the process district medicine services will be commissioned at Clairwood Hospital.
- Merge Doris Goodwin MDR TB Hospital as an extension of Harry Gwala regional Hospital.
- Review and make recommendations for classification of single speciality hospitals that fall outside the prescribed categories of hospitals i.e Queen Nandi, New Castle, Mcords
- Prepare hospitals for Ideal Hospital accreditation

Psychiatric Hospitals

The effect of the planned activities will be monitored through hospital efficiencies, patient safety incident incidents and complaints, as outlined in the tables presented in Programme 4.

Quality Assurance

The Department will introduce mechanism that will focus on reducing the number of complaints of this nature at Regional Hospitals, as well as addressing them immediately and closing them. The data from the Ideal Health Facility Software will be monitored and discrepancies corrected early.

The Department will ensure that the Clinical Governance Committees for TB Hospitals work towards the standard of 40 days and not 60 days for closure of PSI's. Facilities, sub-districts and districts need to work in close collaboration.

In psychiatric hospitals, discrepancies will be corrected after each Patient Experience of Care survey to ensure correct data is captured and guidelines properly implemented. Monthly reports will be generated to institute improvement in the capturing and management of PSI's for psychiatric hospitals.

The same activities above would be applicable for chronic hospitals.

Programme Resource Considerations

Table 64: Budget allocation Estimates (R'000) (Programme 4)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
General (Regional) Hospitals	8,882,106	9,366,407	9,376,385	9,863,203	10,084,439	9,894,711	9,543,180	9,319,238	9,965,702
Tuberculosis Hospitals	717,542	711,352	635,243	709,719	546,787	493,206	496,351	511,258	552,770
Psychiatric-Mental Hospitals	933,737	979,725	975,904	1,011,417	1,026,617	1,017,793	985,107	1,008,013	1,043,200
Sub-acute, Step-down and Chronic Medical Hospitals	407,934	443,945	317,902	461,024	347,474	327,570	385,399	400,657	418,686
Dental Training Hospital	22,775	19,785	20,205	21,015	22,317	22,286	22,208	22,732	23,756
Sub-Total	**10,964,094**	**11,521,214**	**11,325,639**	**12,066,378**	**12,027,634**	**11,755,566**	**11,432,245**	**11,261,898**	**12,004,114**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**10,964,094**	**11,521,214**	**11,325,639**	**12,066,378**	**12,027,634**	**11,755,566**	**11,432,245**	**11,261,898**	**12,004,114**

Table 65: Summary of Budget Allocations and Estimates by Economic Classification (R'000) (Programme 1)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Current payments	**10,591,438**	**11,198,706**	**11,102,742**	**11,724,989**	**11,737,133**	**11,407,151**	**11,131,277**	**10,942,617**	**11,661,021**
Compensation of employees	8,115,122	8,354,915	8,269,554	8,836,870	8,821,861	8,640,289	8,206,198	8,150,544	8,743,302
Goods and services	**2,473,812**	**2,843,410**	**2,833,149**	**2,888,115**	**2,915,268**	**2,766,562**	**2,925,075**	**2,792,069**	**2,917,715**
Communication	19,191	17,490	17,128	21,360	20,614	18,266	20,913	21,884	22,869
Computer Services	219	126	158	553	470	251	150	176	184

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Consultants, Contractors and special services	222,411	382,255	418,872	343,977	359,783	342,083	352,031	366,762	383,266
Inventory	1,175,465	1,277,901	1,324,645	1,220,665	1,255,664	1,334,395	1,264,286	1,057,435	1,105,021
Operating leases	11,060	15,529	15,775	12,758	14,432	16,811	40,388	40,976	42,820
Travel and subsistence	3,379	3,890	1,934	3,134	2,844	2,160	3,285	3,431	3,586
Maintenance, repair and running costs	16,109	15,528	12,580	14,072	14,880	20,637	15,149	15,798	16,509
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	1,025,978	1,130,691	1,042,057	1,271,596	1,246,581	1,031,959	1,228,873	1,285,607	1,343,460
Interest and rent on land	2,504	381	39	4	4	300	4	4	4
Transfers and subsidies to	**264,918**	**114,731**	**98,425**	**88,088**	**85,102**	**198,628**	**92,317**	**96,379**	**100,717**
Provinces and municipalities	2	-	-	-	-	-	-	-	-
Departmental agencies and accounts	130	116	68	103	103	87	108	113	118
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	16,464	5,479	5,643	5,643	2,657	2,989	5,914	6,174	6,452
Households	248,322	109,136	92,714	82,342	82,342	195,552	86,295	90,092	94,147
Payments for capital assets	**107,738**	**207,496**	**124,438**	**253,301**	**205,399**	**149,765**	**208,651**	**222,902**	**242,376**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	107,738	207,496	124,438	253,301	205,399	149,765	208,651	222,902	242,376
Payment for financial assets	-	281	34	-	-	22	-	-	-
Total economic classification	**10,964,094**	**11,521,214**	**11,325,639**	**12,066,378**	**12,027,634**	**11,755,566**	**11,432,245**	**11,261,898**	**12,004,114**

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**10,964,094**	**11,521,214**	**11,325,639**	**12,066,378**	**12,027,634**	**11,755,566**	**11,432,245**	**11,261,898**	**12,004,114**

PERFORMANCE AND EXPENDITURE TRENDS

Programme 4 is allocated 23%, of the Vote 7 budget, which is a decrease from 24.9% in the 21/22 revised estimate. This is a decrease of R 323 321 000.

The Cost per Patient Day Equivalent (PDE) at Regional Hospital needs to be adjusted in line with COVID-19 PPE requirements. Also to be taken into consideration is the Specialised clinical resource requirements whose salaries are OSD linked and who are required to provide a full package of service, as well as accommodating plans to decentralize haemodialysis service at selected Regional Hospitals.

The Cost per PDE at Psychiatric Hospitals, which is an efficiency indicator, and contributes to *Reduced Morbidity and Mortality,* has to include COVID-19 PPE requirements. The creation of Psychosocial Rehabilitation Capacity in order to facilitate community integration of Mental Health Care users, and down referrals to lower level of care for follow up, also needs to be factored into this calculation. This in turn will reduce average length of stay of Mental Health Care Users.

Cost-cutting measures will hinder the improvement of package of services and improvement of hospital infrastructure in order to meet safety and compliance requirements.

UPDATED KEY RISKS AND MITIGATION

Table 66: Updated key risks and mitigation (Programme 4)

Key Risks	Risk Mitigation
Outcome: Universal health coverage	
Medico-Legal Litigation	• Roll out of the approved clinical governance and quality improvement policy in order to standardize structures, management approach and activities at all levels.
Outcome: Reduced morbidity and mortality	
High turnover of medical , nursing and allied specialists	• Implement the Decentralized Clinical Training Programme • Centralize co-ordination of clinical outreach and in reach Programme
Global outbreaks	• Isolation facilities available

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NOTES

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

Programme Purpose

To provide tertiary services and creates a platform for training of health professionals - there are no changes to the Programme 5 structure.

Sub-Programme 5.1: Central Hospital Services

Render highly specialised medical health tertiary and quaternary services on a national basis and serve as platform for the training of health workers and research.

Sub-Programme 5.2: Provincial Tertiary Hospital Services

To provide tertiary health services and creates a platform for the training of Specialist health professionals.

Tertiary Hospitals

Table 67: Tertiary Hospitals Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
OUTCOME: IMROVED CLIENT EXPERIENCE OF CARE								
lxx. Patient Experience of Care satisfaction rate – Tertiary Hospitals	**Patient Safety Incidence Software**	**TBD**	**TBD**	**74.1%**	**77.8%**	**77%**	**77.4%**	**77.8%**
Patient experience of care survey satisfied responses - Tertiary Hospitals	Patient Safety Incidence Reports	-	-	*585*	*646*	*8,326*	*8,410*	*8,494*
Patient experience of care survey total responses - Tertiary Hospitals		**-**	**-**	*790*	*830*	*10,814*	*10,868*	*10,922*
lxxi. Patient Safety Incident (PSI) case closure rate – Tertiary Hospital	**Patient survey Database**	**TBD**	**TBD**	**72.1%**	**78.0%**	**96%**	**96.4%**	**97.0%**
Patient Safety Incident (PSI) case closed - Tertiary Hospitals	Patient Survey's	**-**	**-**	*310*	*319*	*475*	*479*	*484*
Patient Safety Incident (PSI) case reported - Tertiary Hospitals		**-**	**-**	*430*	*409*	*494*	*497*	*499*
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
lxxii. [Number of] maternal deaths in facility - Tertiary Hospital	**Maternal register**	**192**	**TBD**	**29**	**24**	**31**	**28**	**24**
lxxiii. [Number of] inpatient deaths under 5 years - Tertiary Hospital	**Midnight Report**	**2,499**	**2,249**	**229**	**177**	**240**	**200**	**177**
lxxiv. Child under 5 years diarrhoea case fatality rate – Tertiary Hospital	**DHIS**	**2.1%**	**1.6%**	**1.8%**	**1.2%**	**1.5%**	**1.3%**	**1.2%**
Diarrhoea death under 5 years – Tertiary Hospital	*Midnight Report*	**77**	**46**	*8*	*6*	*7*	*6*	*6*

Indicator Name		Data Source	South Africa		Provincial		Medium Term Targets		
			Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2022/23	2023/24	2024/25
	Diarrhoea separation under 5 years – Tertiary Hospital	*Ward register*	*3,693*	*2,954*	*440*	*486*	*467*	*477*	*486*
lxxv.	**Child under 5 years pneumonia case fatality rate – Tertiary Hospital**	**DHIS**	**1.9%**	**1.7%**	**0.7%**	**0.4%**	**1.7%**	**1.5%**	**0.4%**
	Pneumonia death under 5 years – Tertiary Hospital	*Midnight Report*	**112**	**78**	*6*	*4*	*10*	*9*	*4*
	Pneumonia separation under 5 years – Tertiary Hospital	*Ward register*	**5,751**	**4,601**	*892*	*985*	*604*	*600*	*985*
lxxvi.	**Child under 5 years Severe acute malnutrition case fatality rate –Tertiary Hospital**	**DHIS**	**8.0%**	**7.9%**	**4.2%**	**0.0%**	**1.8%**	**0.9%**	**0.0%**
	Child under 5 years with Severe Acute Malnutrition death – Tertiary Hospital	*Midnight Report*	*81*	*69*	*5*	*-*	*2*	*1*	*-*
	Severe acute malnutrition inpatient under 5 years - Tertiary Hospital	*Ward register*	**969**	**872**	*118*	*110*	*112*	*110*	*110*
lxxvii.	**[Number of] Inpatient deaths under 1 year – Tertiary Hospital**	**Midnight Report**	**N/A**	**N/A**	**195**	**151**	**210**	**185**	**151**
lxxviii.	**Still Birth in Facility Rate – Tertiary Hospital**	**DHIS**	**N/A**	**N/A**	**31.06**	**21.8 / 1000**	**40.65**	**29.69**	**21.63**
	Stillbirth in facility – Tertiary Hospital	*Midnight Report*	*-*	*-*	*258*	*177*	*342*	*250*	*177*
	Live birth in facility +stillbirth in facility – Tertiary Hospital	*Delivery Register*	*-*	*-*	*8,306*	*8,131*	*8,414*	*8,419*	*8,182*

Table 68: Tertiary Hospitals Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Average Length of Stay - Tertiary Hospital	**50. Average length of stay – Tertiary Hospital**	**7.9**	**7.3**	**7.4**	**7.2**	**8.4**	**8.0**	**7.5**
	Inpatient days - Tertiary Hospital	*437,438*	*438,591*	*354,518*	*412,254*	*427,885*	*537,293*	*537,293*
	½ Day Patients - Tertiary Hospital	*6,911*	*5,998*	*6,199*	*7,852*	*5,296*	*5,980*	*5,980*
	Inpatient separations total - Tertiary Hospital	*56,435*	*60,566*	*48,586*	*58,112*	*51,352*	*67,909*	*72,436*
Bed utilisation rate - Tertiary Hospital	**51. Inpatient bed utilisation rate – Tertiary Hospital**	**69.7%**	**74.5%**	**59.9%**	**72.7%**	**72.4%**	**75.0%**	**75.0%**
	Inpatient days - Tertiary Hospital	*437,438*	*438,591*	*354,518*	*412,254*	*427,885*	*537,293*	*537,293*
	½ Day Patients - Tertiary Hospital	*6,911*	*5,998*	*6,199*	*7,852*	*5,296*	*5,980*	*5,980*
	Inpatient bed days available - Tertiary Hospital	*637,269*	*597,114*	*602,042*	*578,221*	*598,720*	*724,364*	*724,364*
Expenditure per PDE - Tertiary Hospital	**52. Expenditure per PDE – Tertiary Hospital**	**R 4,050**	**R 4,299**	**R 5,680**	**R 7,124**	**R 7,500**	**R 8,000**	**R 8,500**
	Expenditure – total Tertiary Hospitals ('000)	*R 2,435,582*	*R 2,608,607*	*R 2,621,094*	*R 3,937,698*	*R 2,997,512*	*R 3,045,012*	*R 3,045,012*
	Patient day equivalents - Tertiary Hospital	*601,433*	*606,826*	*461,448*	*552,760*	*399,657*	*380,626*	*358,236*
OPD New cases not referred consulted - Tertiary Hospitals	**53. OPD headcount new cases not referred – Tertiary Hospital**	**31,956**	**39,878**	**18,887**	**28,436**	**28,000**	**27,000**	**25,000**
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE								

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - Tertiary Hospital	**54. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Tertiary Hospital**	**78.6%**	**84.6%**	**92.3%**	**73.0%**	**100.0%**	**100.0%**	**100.0%**
	Severity assessment code (SAC) 1 incident reported within 24 hours – Tertiary Hospital	*11*	*22*	*84*	*54*	*91*	*92*	*92*
	Severity assessment code (SAC) 1 incident reported – Tertiary Hospital	*14*	*26*	*91*	*74*	*91*	*92*	*92*

Table 69: Tertiary Hospitals: Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH COVERAGE					
50. Average length of stay – Tertiary Hospital	**8.4**	**8.4**	**8.4**	**8.4**	**8.4**
Inpatient days - Tertiary Hospital	*427,885*	*106,972*	*106,971*	*106,971*	*106,971*
½ Day Patients - Tertiary Hospital	*5,296*	*1,324*	*1,324*	*1,324*	*1,324*
Inpatient separations total - Tertiary Hospital	*51,352*	*12,838*	*12,838*	*12,838*	*12,838*
51. Inpatient bed utilisation rate – Tertiary Hospital	**72.4%**	**72.4%**	**72.4%**	**72.4%**	**72.4%**
Inpatient days - Tertiary Hospital	*427,885*	*106,972*	*106,971*	*106,971*	*106,971*
½ Day Patients - Tertiary Hospital	*5,296*	*1,324*	*1,324*	*1,324*	*1,324*
Inpatient bed days available - Tertiary	*598,720*	*149,680*	*149,680*	*149,680*	*149,680*

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
Hospital					
52. Expenditure per PDE – Tertiary Hospital	**R 7,500**	**R 7,500**	**R 7,500**	**R 7,500**	**R 7,500**
Expenditure – total Tertiary Hospitals ('000)	*R 2,997,512*	*R 749,378*	*R 749,378*	*R 749,378*	*R 749,378*
Patient day equivalents - Tertiary Hospital	*399,657*	*99,915*	*99,914*	*99,914*	*99,914*
53. OPD headcount new cases not referred – Tertiary Hospital	**28,000**	**7,000**	**7,000**	**7,000**	**7,000**
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE					
54. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Tertiary Hospital	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Severity assessment code (SAC) 1 incident reported within 24 hours – Tertiary Hospital	*91*	*7*	*7*	*6*	*6*
Severity assessment code (SAC) 1 incident reported – Tertiary Hospital	*91*	*7*	*7*	*6*	*6*

Central Hospitals

Table 70: Central Hospitals Outcome Indicators and Targets

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2021/22	2022/23	2023/24
OUTCOME: IMROVED CLIENT EXPERIENCE OF CARE								
lxxix. Patient Experience of Care satisfaction rate – Central Hospitals	**Patient Safety Incidence Software**	**TBD**	**TBD**	**90.0%**	**94.8%**	**93%**	**93.7%**	**94.8%**
Patient experience of care survey satisfied responses - Central Hospitals	Patient Safety Incidence Software	-	-	*343*	*379*	*364*	*371*	*379*
Patient experience of care survey total responses - Central Hospitals		**-**	**-**	*381*	*400*	*393*	*396*	*400*
lxxx. Patient Safety Incident (PSI) case closure rate – Central Hospital	**Patient Survey Database**	**TBD**	**TBD**	**100.0%**	**100.0%**	**100%**	**100.0%**	**100.0%**
Patient Safety Incident (PSI) case closed - Central Hospitals	Patient Survey Database	**-**	**-**	*38*	*33*	*98*	*98*	*99*
Patient Safety Incident (PSI) case reported - Central Hospitals		-	**-**	*38*	*33*	*98*	*98*	*99*
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
lxxxi. [Number of] maternal deaths in facility - Central Hospital	**Maternal register**	**188**	**TBD**	**7**	**4**	**13**	**12**	**9**
lxxxii. [Number of] inpatient deaths under 5 years - Central Hospital	**Midnight Report**	**2,920**	**2,628**	**213**	**165**	**165**	**165**	**165**
lxxxiii. Child under 5 years pneumonia case fatality rate – Central Hospital	**DHIS**	**3.6%**	**3.2%**	**15.6%**	**11.5%**	**5.0%**	**4.7%**	**11.5%**
Pneumonia death under 5 years – Central Hospital	*Midnight Report*	130	91	*45*	*35*	*18*	*17*	*35*
Pneumonia separation under 5 years – Central	*Ward register*	**3,569**	**2,855**	*289*	*304*	*362*	*360*	*304*

Indicator Name	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2021/22	2022/23	2023/24
Hospital								
lxxxiv. Child under 5 years Severe acute malnutrition case fatality rate –Central Hospital	**DHIS**	**7.6%**	**7.2%**	**23.5%**	**0.0%**	**7.7%**	**8.3%**	**0.0%**
Child under 5 years with Severe Acute Malnutrition death – Central Hospital	*Midnight Report*	*50*	*43*	*4*	*-*	*1*	*1*	*-*
Severe acute malnutrition inpatient under 5 years - Central Hospital	*Ward register*	**656**	**590**	*17*	*10*	*13*	*12*	*10*
lxxxv. [Number of] Inpatient deaths under 1 year – Central Hospital	**Midnight Report**	**N/A**	**N/A**	**184**	**141**	**130**	**129**	**129**
lxxxvi. Still Birth in Facility Rate – Central Hospital	**DHIS**	**N/A**	**N/A**	**29.8**	**24.5 / 1000**	**33.1**	**34.6**	**25.2**
Stillbirth in facility – Central Hospital	*Midnight Report*	*-*	*-*	*15*	*12*	*16*	*17*	*12*
Live birth + stillbirth in facility – Central Hospital	*Delivery Register*	**-**	**-**	*503*	*489*	*484*	*491*	*476*

Table 71: Central Hospitals Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Average Length of stay - Central Hospital	**55. Average length of stay – Central Hospital**	**8.7**	**8.5**	**10.5**	**10.4**	**9.0**	**8.7**	**8.7**
	Inpatient days - Central Hospital	*202,388*	*191,208*	*134,502*	*171,616*	*200,368*	*200,368*	*200,368*
	½ Day Patients - Central Hospital	*799*	*746*	*769*	*364*	*380*	*380*	*380*
	Inpatient separations total - Central Hospital	*23,428*	*22,495*	*12,876*	*16,470*	*22,191*	*23,189*	*23,189*

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Bed utilisation rate - Central Hospital	**56. Inpatient bed utilisation rates – Central Hospital**	**65.8%**	**62.2%**	**43.8%**	**55.7%**	**65.0%**	**65.0%**	**65.0%**
	Inpatient days - Central Hospital	*202,388*	*191,208*	*134,502*	*171,616*	*200,368*	*200,368*	*200,368*
	½ Day Patients - Central Hospital	*799*	*746*	*769*	*364*	*380*	*380*	*380*
	Inpatient bed days available - Central Hospital	*308,824*	*308,824*	*308,824*	*308,790*	*308,824*	*308,824*	*308,824*
Expenditure per PDE - Central Hospital	**57. Expenditure per PDE – Central Hospital**	**R 9,456**	**R 9,240**	**R 14,487**	**R 11,047**	**R 12,401**	**R 12,800**	**R 13,200**
	Expenditure – total Central Hospitals ('000)	*R 2,525,312*	*R 2,389,393*	*R 2,649,393*	*R 2,514,730*	*R 2,540,496*	*R 2,758,648*	*R 2,992,720*
	Patient day equivalents - Central Hospital	*267,069*	*258,591*	*182,881*	*227,636*	*204,860*	*215,513*	*226,719*
Number of OPD New cases not referred consulted - Central Hospitals	**58. OPD headcount new cases not referred – Central Hospital**	**44**	**-**	**372**	**352**	**368**	**300**	**250**
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE								
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - Central Hospital	**59. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Central Hospital**	**18.8%**	**21.1%**	**75.9%**	**94.4%**	**100.0%**	**100.0%**	**100.0%**
	Severity assessment code (SAC) 1 incident reported within 24 hours – Central Hospital	*3*	*4*	*44*	*34*	*13*	*13*	*13*
	Severity assessment code (SAC) 1 incident reported – Central Hospital	*16*	*19*	*58*	*36*	*13*	*13*	*13*

Table 72: Central Hospitals Output Indicators Quarterly and Annual Targets

Indicator Name	Targets

	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH COVERAGE					
55. Average length of stay – Central Hospital	**9.0**	**9.0**	**9.0**	**9.0**	**9.0**
Inpatient days - Central Hospital	*200,368*	*50,092*	*50,092*	*50,092*	*50,092*
½ Day Patients - Central Hospital	*380*	*95*	*95*	*95*	*95*
Inpatient separations total - Central Hospital	*22,191*	*5,548*	*5,548*	*5,548*	*5,547*
56. Inpatient bed utilisation rates – Central Hospital	**65.0%**	**65.0%**	**65.0%**	**65.0%**	**65.0%**
Inpatient days - Central Hospital	*200,368*	*50,092*	*50,092*	*50,092*	*50,092*
½ Day Patients - Central Hospital	*380*	*95*	*95*	*95*	*95*
Inpatient bed days available - Central Hospital	*308,824*	*77,206*	*77,206*	*77,206*	*77,206*
57. Expenditure per PDE – Central Hospital	**R 12,401**	**R 12,401**	**R 12,401**	**R 12,401**	**R 12,401**
Expenditure – total Central Hospitals ('000)	*R 2,540,496*	*R 635,124*	*R 635,124*	*R 635,124*	*R 635,124*
Patient day equivalents - Central Hospital	*204,860*	*51,215*	*51,215*	*51,215*	*51,215*
58. OPD headcount new cases not referred – Central Hospital	**368**	**92**	**92**	**92**	**92**
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE					
59. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Central Hospital	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Severity assessment code (SAC) 1 incident reported within 24 hours – Central Hospital	*13*	*4*	*3*	*3*	*3*
Severity assessment code (SAC) 1 incident reported – Central Hospital	*13*	*4*	*3*	*3*	*3*

Explanation of Planned Performance over the Medium Term Period

The programme 5 outputs are geared towards achieving all 3 of the Department's outcomes namely Universal Health Coverage, Improved Client Experience on Care and Reduced Morbidity and Mortality.

Tertiary Hospital in the North

The drafting of the Budget for Infrastructure estimate should be concluded by end of April 2022 for submission to Provincial and National Treasury and National Department of Health in May 2022.

Quality Assurance

The Quality Assurance team will work with districts and sub-district teams to correct the data for Patient Experience of Care Rate, and ensure proper implementation of guidelines.

The PSI case closure rate, which contributes to the Outcome: Improved Client Experience of Care, will be increased as the Quality Assurance Component will work with districts and the District Health Services cluster to closely monitor the PSI's within 40 days, from 60 days.

Programme Resource Considerations

Table 73: Budget allocation Estimates (R'000) (Programme 5)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Central Hospital Services	2,539,378	2,389,393	2,653,569	2,542,548	2,613,846	2,440,666	2,650,370	2,584,650	2,699,071
Provincial Tertiary Hospital Services	2,558,825	2,779,776	2,731,891	2,611,577	2,755,828	2,776,321	2,717,808	2,675,038	2,797,117
Sub-Total	**5,098,203**	**5,169,169**	**5,385,460**	**5,154,125**	**5,369,674**	**5,216,987**	**5,368,178**	**5,259,688**	**5,496,188**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**5,098,203**	**5,169,169**	**5,385,460**	**5,154,125**	**5,369,674**	**5,216,987**	**5,368,178**	**5,259,688**	**5,496,188**

Table 74: Summary of Budget Allocations and Estimates by Economic Classification (R'000) (Programme 5)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Current payments	**4,960,895**	**4,975,407**	**5,270,488**	**5,054,821**	**5,269,103**	**5,118,371**	**5,258,423**	**5,149,145**	**5,380,672**
Compensation of employees	2,819,304	3,032,929	3,075,647	2,981,971	3,180,225	3,182,347	3,022,384	2,969,674	3,058,211
Goods and services	**2,140,731**	**1,942,406**	**2,194,842**	**2,072,850**	**2,088,878**	**1,936,024**	**2,236,039**	**2,179,471**	**2,322,461**
Communication	6,317	5,986	7,100	7,416	7,416	6,331	8,105	8,447	8,827
Computer Services	6,401	7,413	5,999	8,119	8,119	6,079	5,620	5,994	6,264
Consultants, Contractors and special services	882,072	666,156	962,870	850,700	847,365	773,277	973,942	1,016,975	1,062,738
Inventory	891,416	878,015	865,839	779,981	801,449	813,728	821,110	701,043	732,588
Operating leases	1,403	2,101	2,321	2,681	2,431	2,350	2,776	2,899	3,030

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Travel and subsistence	1,417	977	369	1,836	1,071	838	1,897	1,980	2,069
Maintenance, repair and running costs	733	807	478	801	801	799	839	876	916
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	350,972	380,951	349,866	421,316	420,226	332,622	421,750	441,257	506,029
Interest and rent on land	860	72	-1	-	-	-	-	-	-
Transfers and subsidies to	**83,363**	**22,593**	**27,104**	**42,086**	**42,086**	**40,131**	**44,157**	**45,687**	**47,743**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	61	109	77	75	75	78	79	82	86
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	83,302	22,484	27,027	42,011	42,011	40,053	44,078	45,605	47,657
Payments for capital assets	53,945	171,169	87,868	57,218	58,485	58,485	65,598	64,856	67,773
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	53,945	171,169	87,868	57,218	58,485	58,485	65,598	64,856	67,773
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**5,098,203**	**5,169,169**	**5,385,460**	**5,154,125**	**5,369,674**	**5,216,987**	**5,368,178**	**5,259,688**	**5,496,188**
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**5,098,203**	**5,169,169**	**5,385,460**	**5,154,125**	**5,369,674**	**5,216,987**	**5,368,178**	**5,259,688**	**5,496,188**

PERFORMANCE AND EXPENDITURE TRENDS

Programme 5 is allocated 10.8% of the Vote 7 budget, which is an increase from 10.6% in the 21/22 revised estimate. This amounts to an increase of R 151 191 000.

UPDATED KEY RISKS AND MITIGATION

Table 75: Updated key risks and mitigation (Programme 5)

Key Risks	Risk Mitigation
Outcome: Universal health coverage	
Increase in Medico-Legal Contingent Liability	• Implementation and monitoring of the Standardization of Patient file identification system • Migrate to an electronic records management system to overcome loss of files • Implement approved Essential Post List (Minimum Posts) for all health establishments. • Revision of infrastructure budget • Appointment of a panel of legal experts covering all medical sub-specialties
Potential litigation/court challenges regarding licensing of Private Health Establishments	• Develop the Provincial Private Licensing Regulation. • Review licensing fees. • Revise bed norms for all categories of beds • Resource Private Licensing Unit adequately. The proposed new licensing unit to be established in conjunction with EMS will include staffing for private licensing.
Outcome: Reduced morbidity and mortality	
Global outbreaks	• Isolation facilities available

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Programme Purpose

Render training and development opportunities for actual and potential employees of the Department of Health - There are no changes to the Programme 6 structure.

Sub-Programme 6.1: Nursing Training Colleges

Train nurses at undergraduate and post-basic level. Target group includes actual and potential employees

Sub-Programme 6.2: EMS Training Colleges

Train rescue and ambulance personnel. Target group includes actual and potential employees

Sub-Programme 6.3: Bursaries

Provision of bursaries for health science training programmes at under- and postgraduate levels, targeting actual and potential employees

Sub-Programme 6.4: Primary Health Care Training

Provision of bursaries for health science training programmes at under- and postgraduate levels, targeting actual and potential employees

Sub-Programme 6.5: Training Other

Provision of skills development programmes for all occupational categories in the Department. Target group includes actual and potential employees.

Table 76: Programme 6 Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH *COVERAGE*								
Nunber of bursaries awarded to first year nursing students	**60. Number of Bursaries awarded to first year nursing students**	**120**	**178**	**New indicator**	**Annual indicator**	**120**	**120**	**120**
Number of nurses trained on nurse Post Graduate Nurse Specialist programmes	**61. Number of nurses training on Post Graduate Nurse Specialist Programmes**	**New indicator**	**New indicator**	**New indicator**	**Annual indicator**	**100**	**100**	**100**
Number of bursaries awarded to internal employees	**62. Number of internal employees awarded bursaries**	**New indicator**	**New indicator**	**369**	**Annual indicator**	**360**	**480**	**600**

Table 77: Programme 6: Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH *COVERAGE*					
60. Number of Bursaries awarded to first year nursing students	**120**	-	-	-	120
61. Number of nurses training on Post Graduate Nurse Specialist Programmes	**100**	-	-	-	100
62. Number of internal employees awarded bursaries	**360**	-	-	-	360

Explanation of Planned Performance over the Medium Term Period:

The programme 6 outputs are geared towards the outcome of universal health coverage. Programme 6 renders training and development opportunities for actual and potential employees of the department.

Post Graduate Nursing Specialist Programmes

The training of 100 nurses in Post Graduate nursing specialist programmes including PHC, Operating Theatre, ophthalmology nursing science etc. The training of these post graduate nurses should assist with the shortage of skills in High Care and Intensive Care.

The training will be provided through the KZN College of nursing, at its various campuses within KZN. Programme development has been completed and documents are being refined and packaged for submission to the SANC and CHE (Council for Higher Education) for accreditation. Curriculum development teams are still developing curriculums for these programmes. Once accreditation has been received from SANC and CHE, KZNCN will commence post graduate training.

Bursaries for Internal employees

The awarding of 360 bursaries to internal employees, is in line with the Departmental Bursary Policy for part-time studies that affords internal employees an opportunity for skills development in order to enhance career pathing through the improvement of their current qualifications and to improve employee performance. In many instances bursaries for the clinicians seek to address critical skills for service delivery and also in line with the scope of practice.

The Nelson Mandela Fidel Castro (NMFC) medical collaboration programme of the Department of Health

There are 21 medical students currently being trained in Cuba. Three hundred and thirty-seven (337) Cuban medical students are currently performing Medical Internship both in and outside of the Province. 42 Students returned from Cuba in July/August 2021 and are currently at various Universities. There are 128 students at local universities and it is anticipated that these students will complete their training in December 2021.

Medical Interns

The Department applied for an increase of 172 medical intern posts (from 1 128 to 1 300) from January 2022 onwards. The Statutory Human Resources and Training Development Grant is funding 338 posts, with the remainder of the posts funded through Voted Funds. The current number of medical interns on the establishment is 1,204 which is an over-allocation of 76 posts.

EMS Training College

Five hundred and forty officials are to be trained through the EMS College in 22/23, based at McCord's Hospital. A further 4 459 will graduate as at the end December 2021.

Programme Resource Considerations

Table 78: Budget allocation Estimates (R'000) (Programme 6)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Nursing Training Colleges	255,095	241,488	220,796	242,378	236,170	209,386	221,447	229,143	241,855
EMS Training Colleges	18,850	21,564	19,568	19,620	35,328	22,892	37,927	29,716	30,655
Bursaries	262,980	217,510	109,494	152,977	152,977	101,449	148,818	155,249	162,236
Primary Health Care Training	46,759	44,430	37,753	50,667	45,461	34,863	47,134	49,991	52,240
Training Other	597,946	779,581	877,586	744,456	812,970	1,034,338	934,909	949,653	954,743
Sub-Total	**1,181,630**	**1,304,573**	**1,265,197**	**1,210,098**	**1,282,906**	**1,402,928**	**1,390,235**	**1,413,752**	**1,441,729**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**1,181,630**	**1,304,573**	**1,265,197**	**1,210,098**	**1,282,906**	**1,402,928**	**1,390,235**	**1,413,752**	**1,441,729**

Table 79: Summary of Budget Allocations and Estimates by Economic Classification (R'000) (Programme 6)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Current payments	**908,011**	**1,067,189**	**1,137,118**	**1,037,726**	**1,101,034**	**1,288,671**	**1,211,585**	**1,237,326**	**1,257,765**
Compensation of employees	859,174	1,013,485	1,103,769	984,490	1,047,798	1,242,957	1,144,630	1,167,562	1,184,862
Goods and services	**48,836**	**53,317**	**33,347**	**53,236**	**53,236**	**45,714**	**66,955**	**69,764**	**72,903**
Communication	864	886	827	709	709	846	743	775	810
Computer Services	175	215	202	231	231	60	242	253	264
Consultants, Contractors and special services	12	74	171	66	66	74	69	72	75

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Inventory	3,504	3,878	2,300	5,196	5,196	3,425	5,433	5,672	5,926
Operating leases	1,123	1,315	1,247	1,452	1,452	1,090	1,522	1,589	1,661
Travel and subsistence	17,333	17,376	5,341	21,427	17,837	6,889	22,458	23,447	24,503
Maintenance, repair and running costs	3,296	2,450	1,784	2,654	2,654	1,590	2,781	2,904	3,035
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	22,529	27,123	21,475	21,501	25,091	31,740	33,707	35,052	36,629
Interest and rent on land	1	387	2	-	-	-	-	-	-
Transfers and subsidies to	**273,436**	**228,430**	**126,123**	**161,388**	**161,388**	**113,963**	**154,933**	**161,752**	**169,032**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	20,868	22,036	23,248	23,248	23,248	23,248	24,364	25,436	26,581
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Households	**252,568**	**206,394**	**102,875**	**138,140**	**138,140**	**90,715**	**130,569**	**136,316**	**142,451**
Payments for capital assets	183	8,954	1,956	10,984	20,484	294	23,717	14,674	14,932
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	183	8,954	1,956	10,984	20,484	294	23,717	14,674	14,932
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**1,181,630**	**1,304,573**	**1,265,197**	**1,210,098**	**1,282,906**	**1,402,928**	**1,390,235**	**1,413,752**	**1,441,729**

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**1,181,630**	**1,304,573**	**1,265,197**	**1,210,098**	**1,282,906**	**1,402,928**	**1,390,235**	**1,413,752**	**1,441,729**

PERFORMANCE AND EXPENDITURE TRENDS

Programme 6 is allocated 2.8% of the Vote 7 budget which is an increase from 2.5% in the 21/22 revised estimates. This equates to a decrease of R 12 693 000.

UPDATED KEY RISKS AND MITIGATION

Table 80: Updated key risks and mitigation (Programme 6)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Inaccessible specialist services due to scarcity and high turnover of specialists	• Implement the Decentralized Clinical Training Programme. • Centralise co-ordination of clinical outreach and in-reach Programme. • Expand accessibility to specialists through Telemedicine and other E-Health platforms
Inability to allocate bursaries to first year nursing students due to not receiving approval to train students in the basic nurse training programmes.	• Requesting of approval to train timeously from the Head: Health.
Unable to enrol students in the Post Graduate Diploma Programmes due to accreditation processes of the South African Nursing Council and the Council for Higher Education.	• Submission of curriculum documents to the South African Nursing Council and Council for Higher Education for accreditation purposes as per legislation.

NOTES

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme Purpose

To render support services required by the Department to realise its aims.

There are no changes to the Programme 7 structure.

Sub-Programme 7.1: Medicine Trading Account

Render Pharmaceutical services to the Department. Manage the supply of pharmaceuticals and medical sundries to hospitals, Community Health Centres and local authorities via the Medicine Trading Account

Sub-Programme 7.2: Laundry Services

Render laundry services to hospitals, care and rehabilitation centres and certain local authorities.

Sub-Programme 7.3: Orthotic and Prosthetic Services

Render specialised orthotic and prosthetic services.

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Table 81: Programme 7: Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Percentage of facilities reporting clean linen stock outs	**63. Percentage of facilities reporting clean linen stock outs**	**8.3%**	**14.1%**	**20.8%**	**27.9%**	**20.3%**	**21.7%**	**24.6%**
	Number of facilities reporting clean linen stock out	*6*	*10*	*15*	*19*	*14*	*15*	*17*
	Facilities total	*72*	*71*	*72*	*68*	*69*	*69*	*69*
Tracer medicine stock outs - PPSD	**64. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)**	**10.0%**	**8.9%**	**9.1%**	**9.7%**	**≤ 5%**	**≤ 5%**	**≤ 5%**
	Number of medicine out of stock	*56*	*82*	***84***	***90***	*Varies*	*Varies*	*Varies*
	Total number of tracer medicine expected to be in stock	*552*	*924*	***924***	***924***	*Varies*	*Varies*	*Varies*
Tracer medicine stock out rate at facilities	**65. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)**	**3.0%**	**3.0%**	**0.2%**	**1.7%**	**≤ 5%**	**≤ 5%**	**≤ 5%**
	Number of Tracer medicines stock out in bulk store	*8,880*	*13,045*	***1,198***	*10,878*	*Varies*	*Varies*	*Varies*
	Number of tracer medicines expected to be stocked in the bulk store	*273,882*	*433,390*	*581,666*	*632,110*	*Varies*	*Varies*	*Varies*

Table 82: Programme 7: Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2022/23	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH COVERAGE					
63. Percentage of facilities reporting clean linen stock outs	**20.3%**	**24.6%**	**23.2%**	**21.7%**	20.3%
Number of facilities reporting clean linen stock out	*14*	*17*	*16*	*15*	*14*
Facilities total	*69*	*69*	*69*	*69*	*69*
64. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	**≤ 5%**	**≤ 5%**	**≤ 5%**	**≤ 5%**	**≤ 5%**
Number of medicine out of stock	*Varies*	*Varies*	*Varies*	*Varies*	*Varies*
Total number of tracer medicine expected to be in stock	*Varies*	*Varies*	*Varies*	*Varies*	*Varies*
65. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)	**≤ 5%**	**≤ 5%**	**≤ 5%**	**≤ 5%**	**≤ 5%**
Number of Tracer medicines stock out in bulk store	*Varies*	*Varies*	*Varies*	*Varies*	*Varies*
Number of tracer medicines expected to be stocked in the bulk store	*Varies*	*Varies*	*Varies*	*Varies*	*Varies*

Explanation of Planned Performance over the Medium Term Period:

The programme 7 outputs are geared towards the outcome of Universal Health Coverage. This programme houses a number of centralised services including the Provincial Pharmaceutical Supply Depot (PPSD) which manages the supply of pharmaceuticals and medical sundries, the provision of laundry services, as well as the provision of specialised orthotic and prosthetic services.

Laundry Services

The SCM process is underway to secure period contracts with reputable linen suppliers for good quality linen procurement. In cases of emergencies, there is a contract for the outsourcing to private laundries.

Pharmaceutical Services

Continued liaison with the NDoH Affordable Medicines directorate regarding the supply challenge.

There is also the exploration of the replacement of the MEDSAS at PPSD.

Implementation of the RX Solution Store Module is to be extended to clinics with the capacity to implement (i.e. network connectivity, hardware and pharmacy assistants). Implementation of the Rx Solution Dispensing Module at Community Health Centres and Hospitals, which have the network connectivity and hardware, will also commence.

Orthotics and Prosthetics

The programme seeks to fit 80% of clients needing both Orthotics and Prosthetics also to fit 75% of Specialized Surgical Footwear in 2022/23.

The Department will improve the access of services to the districts of Zululand, King Cetshwayo and uMkhanyakude districts. A decentralized site for the provision of orthotic and prosthetic services at Ngwelezana Hospital has been commissioned and approved

The Department will further improve access of services to the districts of Amajuba, uThukela and uMzinyathi. A decentralized site for the provision of orthotic and prosthetic services at Madadeni Hospital has been allocated however support is required from Infrastructure for renovations to occur.

Further, access will be increases through the Centre of excellence at King Edward hospital. A decentralized site for the provision of orthotic and prosthetic services has been identified at the facility, however support from Infrastructure for renovations to occur, is required.

Programme Resource Considerations

Table 83: Budget allocation Estimates (R'000) (Programme 7)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Medicine Trading Account	251,691	25,325	200,379	66,996	71,719	71,717	77,193	79,703	82,351
Laundry Services	179,481	171,809	182,588	210,082	210,082	204,283	204,746	215,225	224,909
Orthotic and Prosthetic Services	54,465	54,232	47,547	63,933	67,929	65,869	80,092	82,178	84,404
Sub-Total	**485,637**	**251,366**	**430,514**	341,011	**349,730**	**341,869**	**362,031**	**377,106**	**391,664**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**485,637**	**251,366**	**430,514**	**341,011**	**349,730**	**341,869**	**362,031**	**377,106**	**391,664**

Table 84: Summary of Budget Allocations and Estimates by Economic Classification (R'000) (Programme 7)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Current payments	**476,931**	**249,044**	**423,608**	**333,308**	**340,672**	**332,187**	**351,176**	**364,097**	**378,072**
Compensation of employees	150,219	154,467	151,147	176,859	172,223	167,336	187,217	192,923	199,199
Goods and services	**326,710**	**94,577**	**272,461**	**156,449**	**168,449**	**164,851**	**163,959**	**171,174**	**178,873**
Communication	1,207	1,079	969	1,242	1,242	1,101	1,302	1,359	1,421
Computer Services	2,267	2,605	2,754	2,851	2,851	2,265	2,989	3,121	3,261
Consultants, Contractors and special services	317	591	196	234	234	3,284	256	268	280
Inventory	269,388	35,671	214,064	101,978	101,978	94,876	106,892	111,596	116,616

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
Operating leases	511	499	470	517	517	471	545	569	595
Travel and subsistence	114	536	456	393	393	415	400	417	435
Maintenance, repair and running costs	5,104	4,975	4,025	5,111	5,111	5,683	5,357	5,593	5,845
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	47,802	48,621	49,527	44,123	56,123	56,756	46,218	48,251	50,420
Interest and rent on land	2	-	-	-	-	-	-	-	-
Transfers and subsidies to	**453**	**1,493**	**1,001**	**866**	**866**	**787**	**908**	**948**	**991**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	453	1,493	1,001	866	866	787	908	948	991
Payments for capital assets	**8,253**	**829**	**5,905**	**6,837**	**8,192**	**8,895**	**9,947**	**12,061**	12,601
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	8,253	829	5,905	6,837	8,192	8,895	9,947	12,061	12,601
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**485,637**	**251,366**	**430,514**	**341,011**	**349,730**	**341,869**	**362,031**	**377,106**	**391,664**
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**485,637**	**251,366**	**430,514**	**341,011**	**349,730**	**341,869**	**362,031**	**377,106**	**391,664**

PERFORMANCE AND EXPENDITURE TRENDS

Programme 7 is allocated 0.7% of the Vote 7 budget, which is the same as the 21/22 revised budget estimates. This equates to an actual increase of R 20 162 000.

UPDATED KEY RISKS AND MITIGATION

Table 85: Updated key risks and mitigation (Programme 7)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Inadequate administration and management of Pharmaceutical Stock	• PHC: Co-ordinate annual trainings on KZN PHC Medicine Supply Management SOPs per District/Su-district and monitor compliance to the SOPs using a Provincial standardised tool. Hospitals: Revise and strengthen the implementation of Rx Solution SOPs and standardised Rx Solution Management Reports • PHC: Co-ordinate, in liaison with PHC services & Local PTCs, routine trainings on PHC STGs & EML, (including APC and IMCI guidelines, encourage the use of the EML App and monitor compliance to STGs quarterly. • Hospitals: Co-ordinate, in liaison with Medical Management and local PTCs, routine training on all STGs & EML, encourage the use of the EML App and monitor compliance quarterly. • Appointment of Pharmacist Assistants at PHC Clinics • Ensure allocation of dedicated PHC Pharmacists in Districts/Hospitals • Train Pharmacists on the National DOH Tool for Demand Planning; • Convene Quarterly Demand Planning Meetings with all District representatives; • Submit completed forecasting information to NDOH.
Loss and damage of linen at institutional and regional laundries leads to shortages	• Guidelines provided to all facilities on the management of linen. • Procurement of linen to increase linen stock levels • Enforcing utilisation of control measures during transportation of laundry.
Outcome: Reduced morbidity and mortality	
Global outbreaks	• Stock management of relevant pharmaceuticals, PPE's and other materials

NOTES

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Programme Purpose

Provision of new health facilities and the refurbishment, upgrading and maintenance of existing health facilities - there are no changes to the structure of Programme 8.

Sub-Programme 8.1: Community Health Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of existing Community Health Centres and Primary Health Care clinics and facilities

Sub-Programme 8.2: District Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing EMS facilities

Sub-Programme 8.3: Emergency Medical Rescue Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing District Hospitals

Sub-Programme 8.4: Provincial Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Provincial/ Regional Hospitals and Specialised Hospitals

Sub-Programme 8.5: Central Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Tertiary and Central Hospitals

Sub-Programme 8.6: Other Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of other health facilities including Forensic Pathology facilities and Nursing Colleges and Schools

Table 86: Programme 8: Outputs, Output Indicators and Targets

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Percentage of health facilities with completed capital infrastructure projects	**66. Percentage of Health facilities with completed capital infrastructure projects**	**New indicator**	**New indicator**	**New indicator**	**New indicator**	**100%**	100%	100%
	Total number of health facilities with completed refurbishment Capital infrastructure projects i.e. Practical completion certificate (or equivalent issued)	-	-	-	-	*105*	-	-
	Total number of health facilities on the 10 year infrastructure plan that needed major planned to have completed Capital infrastructure projects i.e. Practical completion certificate (or equivalent	-	-	-	-	*105*	-	-
Preventative maintenance activities to prevent failure	**67. Percentage of preventative maintenance expenditure**	**New indicator**	**Not reported**	**30%**	**33%**	**35.0%**	40%	40%
	Expenditure on Preventative Maintenance Activities	-	-	*90,138,423*	*133,919,154*	*10,532,488*	120,371,296	120,371,296
	Expenditure on Preventative Maintenance plus Day-to-day Maintenance	-	-	*300,928,240*	*402,909,384*	*30,092,824*	300,928,240	300,928,240
New and replacement projects completed	**68. Number of new and replacement projects completed**	**11**	**1**	**7**	**6**	**45**	40	5
Upgraded and additional projects	**69. Number of upgrade and addition projects completed**	**14**	**30**	**34**	**36**	**30**	**40**	**40**

Outputs	Output Indicator	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
completed								
Jobs created through the EPWP	**70. Number of jobs created through the EPWP**	**3,417**	**3,992**	**3,811**	**2,235**	**2,000**	**3 000**	**3 000**

Table 87: Programme 8: Output Indicators Quarterly and Annual Targets

Indicator Name	Targets				
	2020/21	Q1	Q2	Q3	Q4
OUTCOME: UNIVERSAL HEALTH COVERAGE					
66. Percentage of Health facilities with completed capital infrastructure projects	**100%**	**25%**	**25%**	**25%**	**26%**
Total number of health facilities with completed refurbishment Capital infrastructure projects i.e. Practical completion certificate (or equivalent issued)	*105*	*26*	*26*	*26*	*27*
Total number of health facilities on the 10 year infrastructure plan that needed major planned to have completed Capital infrastructure projects i.e. Practical completion certificate (or equivalent	105	*105*	105	*105*	*105*
67. Percentage of preventative maintenance expenditure	**35%**	**35%**	**35%**	**35%**	**35%**
Expenditure on Preventative Maintenance Activities	*10,532,488*	*2,633,122*	*2,633,122*	*2,633,122*	*2,633,122*
Expenditure on Preventative Maintenance plus Day-to-day Maintenance	*30,092,824*	*7,523,206*	*7,523,206*	*7,523,206*	*7,523,206*
68. Number of new and replacement projects completed	**45**	-	*2*	*10*	*33*
69. Number of upgrade and addition projects completed	**30**	-	*3*	*3*	*24*
70. Number of jobs created through the EPWP	**2,000**	*1,000*	*500*	*250*	*250*

Explanation of Planned Performance over the Medium Term Period

The programme 8 outputs are geared towards the outcome of universal health coverage.

This programme performs facilities management of community health clinics, CHCs, district hospitals, emergency medical services facilities, provincial hospitals, central and tertiary hospitals, as well as all other buildings and structures.

Four District Hospitals to Regional Hospitals

Clinical briefs have been drafted for internal stakeholder consultation regarding the upgrading of 4 District hospitals to Regional hospitals. Tenders have been awarded with the expected conclusion of contractual matters before the end of the 21/22 period to allow for briefing in March 2022.

Phase 1 is the conditional assessment estimated which should be concluded before the end of June 2022, with evaluation and approval estimate to be concluded before the end of July 2022. The master planning estimates, as part of Phase 2, to be concluded by end of October 2022, with evaluation and approval estimates concluded by end of Nov 2022. Project briefs, as part of Phase 3, will be concluded by end of January 2023. The planning and design is expected to take between 6 – 9 months with construction expected to commence in 2024/25.

Job Creation

One of the aims for 22/23 for the Expanded Public Works Programme (EPWP) is the creation of 2 000 jobs for maintaining grounds and garden.

Upgrades and Additional Projects

Further, the Department will undertake the completion of 30 upgrade and addition projects by March 2023. These include:

- Bruntville CHC-Construction of a New Pharmacy, Dispensary area, walkways, parking and relocation of Parking
- Cato Manor Provincial Medical Storage - Phase 2: Alterations to a double storey building
- Church of Scotland Hospital- Installation of Hot Water Tanks and Heat Pumps
- Dundee Regional Laundry - Upgrade to the Regional Laundry Building
- Emmaus hospital: Upgrade of MV and LV electrical distribution system.
- Estcourt Hospital: Upgrade of electrical distribution system.
- Ex Boys Model School - New Staff Carports
- Ex Boys Model School- Installation of archive containers for SCM
- Fort Napier Hospital - Conversion of Rooms to Seclusion Rooms
- Greytown Hospital : Upgrade the existing Theatres including 2 Theatre HVAC System
- King Dinuzulu Hospital: Replace chiller, Level 1 Hospital. Additions to A/C TB Multi-storey.
- KwaZulu-Natal Provincial Central Laundry - Installation of Compressor & Accessories
- KZN Provincial Central Laundry: Recovery and recycling of water
- Madadeni Hospital - Replacement of Steam Line
- Murchison Hospital - Replace Theatre HVAC System

- Murchison Hospital: Installation of Fencing
- Natalia Building - New Staff Carports
- Newcastle Hospital - Installation of NICU HVAC system
- Newcastle Hospital -Installation of packaged HVAC units to Theatres 1, 2, 3 and 4
- Park Ryne & Harding Forensic Mortuaries - Installation of Carports
- Queen Nandi Regional Hospital: Replacement of 1600 kVA transformer
- RK Khan Hospital - Upgrade 4 patient/passenger lifts
- RK Khan: Replace Steam Dependent Equipment with Electrical
- St Aidan's Hospital - Installation of Heat Pumps
- Townhill Office Park - Additional parking
- Umzimkhulu and Ixopo Medico Legal Mortuaries - Installation of Walk-In cold rooms
- Elevated Water Tank projects
- Fencing Projects
- EMS Wash bay projects

New and Replacement Projects

Forty-five new and replacement projects will be completed. These include (but are not limited to):

- Addington Hospital: Upgrade and Replacement of the MV switchgears and upgrade to the distribution system
- Benedictine Hospital - Laundry Equipment Replacement
- Bethesda: Replace Mortuary with Containerised Mortuary
- eThekwini District: UPS Replacement programme
- Harry Gwala Regional Hospital - Replace 2 lifts at the Nurses Home
- Mahatma Gandhi - Replace Hospital Chiller
- Prince Mshiyeni Memorial Hospital -MV switchgear replacement
- Replacement of 9 Lifts and 1 Hoist in 4 eThekwini Hospitals
- Tongaat CHC- Installation Of New Water Tank
- Townhill Hospital - Replacement of MV switchgear
- Generator projects

Renovation and Refurbishment Projects

The Department will also plan to complete 30 renovation and refurbishment projects by March 2023. These include:

- Charles Johnson Memorial - Nursing college (Phase 2) Completion Contract
- Charles Johnson Memorial Hospital - Storm damage repairs
- Fort Napier Hospital - Underpinning and repair structural cracks at wards 10A and Pharmacy
- Grey's Hospital - Repairs to flat roofs of the hospitals and concrete spalling
- Greytown TB Hospital - Extractor Fans at Male TB ward x6
- Harry Gwala Regional Hospital - Minor Renovations
- Ixopo Medico Legal Mortuary - Refurbishment of the autopsy space and office space.
- Jozini Malaria Health Complex - Replace perimeter fence around Malaria Camps
- Ladysmith Hospital - Replacement of Sewer Reticulation
- McCord's Hospital- Major refurbishment on Sinikithemba and Administration buildings
- Natalia Building - Upgrade of MEC Suite
- Northdale Hospital - Replacement of Roofs
- Osizweni No.2- Clinic Renovations

- PPSD - Internal security partitioning of space
- Prince Mshiyeni Memorial Hospital - Refurbishment of water reservoir
- RK Khan Hospital - Repairs and waterproofing to flat roof over Physio Dept.
- RK Khan Hospital - Re-waterproofing of flat roofs and internal renovations at Blocks D, E & CSSD
- Stafford clinic- Renovations
- Thandanani clinic- Renovations
- Truro House: Maintenance and Renovations to the Office of the MEC
- Umgeni Hospital - Roof Replacement
- Umzimkhulu Medico Legal Mortuary - Refurbishments of the autopsy area and park home.
- Wentworth Hospital - Renovations to basement theatres, Wards A1, B1, and B2
- Asbestos replacement projects

Programme Resource Considerations

Table 88: Budget allocation Estimates (R'000) (Programme 8)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Community Health Facilities	138,002	196,015	209,326	377,228	345,183	315,879	379,167	195,279	258,748
District Hospital Services	259,536	342,018	808,108	479,161	386,045	467,961	403,823	541,813	492,476
Emergency Medical Services	-	-	-	2,400	2,000	2,000	22,570	58,679	35,202
Provincial Hospital Services	1,044,354	1,010,015	1,723,875	542,699	785,442	785,442	579,194	501,936	524,131
Central Hospital Services	28,611	82,492	76,072	12,200	20,117	33,755	74,677	147,016	140,597
Other Facilities	290,191	223,768	295,814	300,906	326,335	277,599	404,788	423,861	482,420
Sub-Total	**1,760,694**	**1,854,308**	**3,113,195**	1,714,594	**1,865,122**	**1,882,636**	**1,864,219**	**1,868,584**	**1,933,574**
Unauthorized expenditure (1st charge) not available for spending	-	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Baseline available for spending after 1st charge	**1,760,694**	**1,854,308**	**3,113,195**	**1,714,594**	**1,865,122**	**1,882,636**	**1,864,219**	**1,868,584**	**1,933,574**

Table 89: Summary of Budget Allocations and Estimates by Economic Classification (R'000) (Programme 8)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Current payments	**465,155**	**630,496**	**712,973**	**485,213**	**714,596**	**761,506**	**628,321**	**540,540**	**479,262**
Compensation of employees	65,075	79,675	78,563	89,660	87,689	97,357	95,736	88,000	91,000
Goods and services	**400,080**	**550,821**	**634,410**	**395,553**	**626,907**	**664,149**	**532,585**	**452,540**	**388,262**
Communication	-	-	-	-	11	11	-	-	-
Computer Services	-	100	-	-	-	970	-	-	-

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**2018/19**	**2019/20**	**2020/21**	**2021/22**			**2022/23**	**2023/24**	**2024/25**
Consultants, Contractors and special services	4,604	4,661	2,904	-	4,561	299	-	-	-
Inventory	33,778	35,756	39,841	20,871	21,368	23,266	13,415	19,493	19,505
Operating leases	90,660	79,131	169,469	90,535	236,919	252,575	125,100	125,100	110,100
Travel and subsistence	1,740	2,138	1,172	-	1,658	1,800	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	269,298	429,035	421,024	284,147	362,390	385,228	394,070	307,947	258,657
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	**21**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	21	-	-	-	-	-	-	-	-
Payments for capital assets	**1,295,518**	**1,223,812**	**2,400,222**	**1,229,381**	**1,150,526**	**1,121,130**	**1,235,898**	**1,328,044**	**1,454,312**
Buildings and other fixed structures	1,249,066	928,325	2,218,868	1,049,853	927,182	917,321	1,196,960	1,318,544	1,445,562
Machinery and equipment	46,452	295,487	181,354	179,528	223,344	203,809	38,938	9,500	8,750
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**1,760,694**	**1,854,308**	**3,113,195**	**1,714,594**	**1,865,122**	**1,882,636**	**1,864,219**	**1,868,584**	**1,933,574**
Unauthorised expenditure (1st charge)	-	-	-	-	-	-	-	-	-

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2018/19	2019/20	2020/21	2021/22			2022/23	2023/24	2024/25
not available for spending									
Total economic classification	**1,760,694**	**1,854,308**	**3,113,195**	**1,714,594**	**1,865,122**	**1,882,636**	**1,864,219**	**1,868,584**	**1,933,574**

PERFORMANCE AND EXPENDITURE TRENDS

Programme 8 is allocated 3.8% of the Vote 7 budget, an increase from 3.5% of the 21/22 revised estimates. This translates into an actual decrease of R 18 417 000.

UPDATED KEY RISKS AND MITIGATION

Table 90: Updated key risks and mitigation (Programme 8)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
SCM for infrastructure	• Approval and adoption of the SCM model policy for Infrastructure delivery
Delayed payments to contractors/ consultants	• Protracted payment approval process between PT, SCM and Finance.
Non availability of medical equipment	• Timeous development and approval of the procurement plan. • Improve the procurement process, • Create additional multi-year maintenance
Infrastructure not meeting Health and safety standards	• Strengthen maintenance capacity to reduce corrective maintenance costs, savings used for compliance projects • The Internal draft Infrastructure Asset Management Policy to inform level of capacitation required is in progress

1. INFRASTRUCTURE PROJECTS

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	All Districts							
	Amajuba District - Installation and upgrading of sewage disposal facilities in Midlands Region	Installation and upgrading of sewage disposal facilities in the Amajuba District Clinis, namely Charlestown, Emfundweni, Naas Farm, Nellies, Verdriet and Mndozo Clinics	Stage 2: Concept/ Feasibility	18500000	Upgrading and Additions	01/07/2019	31/03/2026	R -
	Amajuba District Clinics - Installation Of 4 x 20kl Elevated Water Tanks	Installation Of 4 x 20kl Elevated Water Tanks	Stage 6: Handover	3595314	Upgrading and Additions	25/01/2019	31/03/2024	R 4,356,225
	Amajuba District Clinics - Installation of 8 Standby Generator Sets DoPW	Amajuba Clinics (08): Installation of backup generator sets and related electrical works	Stage 6: Handover	3628411.74	New or Replaced Infrastructure	09/12/2019	31/03/2023	R 3,507,404
	Amajuba District Clinics - Installation of 9 Standby Generator Sets DOH	Install Gensets in various clinics, namely Charlestown, Ingogo, Groenvlei, Ladybank, Thembalihle, Osizweni 1,Verdriet and, Emfundweni Clinics and Madadeni Nursing College in Amajuba Health District.	Stage 5: Works	4527931	New or Replaced Infrastructure	02/01/2019	31/10/2023	R 164,706
	Amajuba District Perimeter Fence Replacement Programme (06 Clinics & 01 Hospital)	Remove existing fence and replace with new perimeter fence on clinics according to DOH spec.	Stage 4: Design Documentation	4599095	Rehabilitation, Renovations & Refurbishment	01/10/2019	31/03/2023	R 3,538,526
	Benedictine, KwaMagwaza & Ngwelezane HVAC Installation	Install HVAC systems at 3 Hospitals: Benedictine, KwaMagwaza & Ngwelezane	Stage 6: Handover	4944265.98	Upgrading and Additions	01/04/2020	31/03/2023	R 4,737,342
	Electrical upgrade to LV switchgear, LV Cables, distribution board in 6 Hospitals	Electrical upgrade to LV switchgear, LV Cables, distribution board in Eshowe, Montobello, St Francis Psychiatric, Ladysmith, Mzimkhulu Kitchen and Nkandla Hospital Laundries	Stage 5: Works	3450000	Upgrading and Additions	06/01/2020	31/03/2023	R -
	Ethekwini District - Installation New Generator Sets in 2 Central Laundries	Installation New Generator Sets in 2 Central Laundries KZN Central Laundry Cato Manor Central Laundry	Stage 3: Design Development	14000000	New or Replaced Infrastructure	11/11/2019	31/01/2024	R -
	Ethekwini District - Installation Of 29 x 20kl Elevated Water Tanks	Installation of 20kl Elevated Steel Water Tanks	Stage 6: Handover	15012059.75	Upgrading and Additions	25/01/2019	31/03/2023	R 14,261,457
	eThekwini District - Perimeter Fence Replacement Programme 2020 (30 Clinics)	Remove existing and install new perimeter fence according to DOH spec for EThekwini Clinics.	Stage 5: Works	14123984	Rehabilitation, Renovations & Refurbishment	31/10/2019	31/03/2025	R 7,126,608
	eThekwini District Clinics - Asbestos Eradication & Associated Roofing Work in 17 Clinics	eThekwini District Clinics: Asbestos eradication and associated roofing work (in 17 clinics	Stage 5: Works	6123694	Rehabilitation, Renovations & Refurbishment	03/02/2020	31/03/2024	R 2,700,662
	EThekwini District Clinics - Installation of 12 Standby Generator Sets DoPW	Ethekwini District: Installation of Backup Generator Sets and associated electrical works 60 and 105 KVA.	Stage 6: Handover	4133838.26	New or Replaced Infrastructure	09/12/2019	31/03/2023	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	EThekwini District Clinics - Installation of 18 Standby Generator Sets DoH	Install 50KVa Gensets in various clinics, namely, Amaoti, Qadi, Sivananda, Peaceville, Mpumulanga, Ntuzuma, Umlazi D, Umlazi U21, Magabheni, Folweni, UMbumbulu U21 Odidini U21, Danganya U21, KwaMakhutha, Umnini, Halley Stott, KwaNdengezi, Molweni, KwaNgcolosi and Zwelibomvu Clinics	Stage 6: Handover	12844010	New or Replaced Infrastructure	02/01/2019	31/03/2023	R 6,782,294
	eThekwini District: UPS Replacement programme	Install 26 UPS's at seven hospital in eThekwini	Stage 4: Design Documentation	7500000	New or Replaced Infrastructure	04/01/2021	31/03/2024	R -
	Greytown and Estcourt HVAC Installation	Installation of HVAC in Greytown and Estcourt Hospital	Stage 5: Works	2491019.15	Upgrading and Additions	29/04/2020	31/03/2023	R 2,441,019
	Harry Gwala District - Asbestos Eradication & Associated Roofing Works in 7 facilities	Asbestos eradication at 7 facilities in Harry Gwala Health District and replacement of the roof with suitable roof coverings	Stage 5: Works	1678711	Rehabilitation, Renovations & Refurbishment	01/04/2020	31/03/2023	R 1,487,888
	Harry Gwala District - Installation Of 19 x 20kl Elevated Water Tanks	Installation of 20kl elevated steel water tanks.	Stage 4: Design Documentation	14613386	Upgrading and Additions	25/01/2019	31/03/2024	R -
	Harry Gwala District Clinics - Installation of 15 Standby Generator Sets DoPW	Harry Gwala Clinics: Installation of 15 backup Generator Sets and associated electrical works.	Stage 4: Design Documentation	7759644	New or Replaced Infrastructure	09/12/2019	31/03/2023	R 5,710,122
	Harry Gwala District Clinics - Installation of 16 Standby Generator Sets DoH	Install 50KVa Gensets in various clinics, namely, Mvoti, Loudes, Ladam, Gugwini, Sihleza, Underberg, Gqumeni, Sandanezwe, Ixopo, Hlokozi, Jolivet, Kilmun, Sokhela, Riverside, Greater Kokstad, Umzimkhulu clinic and Franklin Clinics	Stage 5: Works	8557114.96	New or Replaced Infrastructure	02/01/2019	28/02/2023	R -
	Ilembe District - Installation Of 5 x 20kl Elevated Water Tanks	Installation of 20kl elevated steel water tanks.	Stage 6: Handover	3029189.7	Upgrading and Additions	25/01/2019	31/03/2023	R 2,465,371
	Ilembe District Clinics - Asbestos Eradication and Associated Roofing Works in 06 Facilities	Ilembe Asbestos eradication programme and associated roofing works	Stage 6: Handover	2676147	Rehabilitation, Renovations & Refurbishment	02/03/2020	31/03/2023	R 1,795,871
	Ilembe District Clinics - Installation of 13 Standby Generator Sets DoPW	2020/21: Ilembe District :Installation of 13 Backup generator Sets (60 and 105 KVA with associated electrical works.	Stage 6: Handover	4633257	New or Replaced Infrastructure	09/12/2019	31/03/2023	R 1,138,500
	Ilembe District Clinics - Installation of 15 Standby Generator Sets DoH	Install a 50KVa Gensets in various clinics, namely, Isithebe, Hlomendlini, Ndulinde, KwaDukuza, Chibini, Mwolokohlo, Thafamasi, Wosiyane, Amandlalathi, Isithundu, Mphise, Maphumulo, Mbhekaphansi, Mthandeni and Oqaqeni Clinics	Stage 5: Works	6600000	New or Replaced Infrastructure	02/01/2019	31/05/2023	R 165,169
	Ilembe District: Replacement of perimeter fence in 10 clinics	Replacement of perimeter fence in 10 clinics: Wosiyane,Thafamasi, Mphise, Ndulinde, Ohwedede, Isithundu, Kearsney, Nandi, KwaDukuza and Glenhills Clinics	Stage 6: Handover	4692109	Upgrading and Additions	01/04/2020	31/03/2023	R 3,389,780
	King Cetshwayo District - Installation Of 21 x 20kl Elevated Water Tanks	Installation of 20kl elevated steel water tanks.	Stage 4: Design Documentation	16200000	Upgrading and Additions	25/01/2019	29/03/2024	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	King Cetshwayo District - Replace perimeter fence in 16 clinics	Replace existing perimeter fence including residential demarcation fence in 16 various clinics	Stage 5: Works	6064251.06	Upgrading and Additions	01/04/2020	31/03/2023	R 4,609,722
	King Cetshwayo District Clinics - Asbestos Eradication & Associated Roofing Works in 2 Clinics	King Cetshwayo District :Asbestos eradication and replacement of associated roof structures in 2 Clinics	Stage 5: Works	1827988	Rehabilitation, Renovations & Refurbishment	02/03/2020	31/03/2023	R 714,095
	King Cetshwayo District Clinics - Cluster 1 Asbestos Eradication & Associated Roofing Works in 4 Cli	Asbestos Replacement Programme in 4 Clinics	Stage 3: Design Development	7200000	Rehabilitation, Renovations & Refurbishment	18/01/2021	29/03/2024	R -
	King Cetshwayo District Clinics - Cluster 2 Asbestos Replacement Programme (6 Clinics)	Asbestos Replacement Programme in 6 Clinics	Stage 4: Design Documentation	15300000	Rehabilitation, Renovations & Refurbishment	18/01/2021	29/03/2024	R -
	King Cetshwayo District Clinics - Cluster 3 Asbestos Replacement Programme (5 Clinics)	Asbestos Replacement Programme in 5 Clinics	Stage 2: Concept/ Feasibility	19500000	Rehabilitation, Renovations & Refurbishment	18/01/2021	29/03/2024	R -
	King Cetshwayo District Clinics - Installation of 15 Standby generator Sets DoH	Install a 50KVa Gensets in various clinics, namely, Bhuchanana, Khandisa, Ngwelezana, Phaphamani, Thokozani, King Dinuzulu, Ndlangubo, Ntumeni, Chwezi, Thalaneni, Mabhuqwini, uMbonambi, Ndundulu, Nogajuka and Nomponjwana Clinics	Stage 5: Works	7007152	New or Replaced Infrastructure	02/01/2019	31/05/2023	R 5,780,543
	King Cetshwayo District Clinics - Installation of 39 Standby Generator Sets DoPW	King Cetshwayo District clinics: Installation of 39 Back up Generator Sets and associated electrical works.	Stage 5: Works	15226864.46	New or Replaced Infrastructure	09/12/2019	29/03/2024	R 7,107,235
	Park Ryne & Harding Forensic Mortuaries - Installation of Carports	Installation of Carports at Harding and Park Rynie Mortuary	Stage 2: Concept/ Feasibility	1000000	Upgrading and Additions	02/11/2020	30/06/2023	R -
	Provision of 3 COVID-19 temporary Field Hospitals	Rental of 3 COVID-19 temporary Field Hospitals in Ngwelezane, Stanger and Clairwood	Stage 5: Works	230090823.2	Non-Infrastructure	01/06/2020	31/03/2023	R 185,759,498
	Replacement of 8 autoclaves in 6 hospitals	"Replacement of 8 x 400L autoclaves: 2 x Addington, 1 x King Edward, 2 x Madadeni, 1 x Greys, 1 x GJ Crookes and 1 x St Marys"	Stage 4: Design Documentation	2002786	New or Replaced Infrastructure	06/05/2019	31/03/2024	R -
	Replacement of 9 Lifts and 1 Hoist in 4 eThekwini Hospitals	Replacement 1 Lift and 1 Hoist in King Edward Hospital. Replace 2 Goods Lifts and 1 Staff Lift in Prince Mshiyeni Hospital. Replace 3 Lifts in St Aidan's Hospital and 2 Lifts in St Mary's Hospital."	Stage 5: Works	10084695	New or Replaced Infrastructure	02/01/2019	31/03/2024	R 9,092,369
	Ugu District - Asbestos Eradication & Associated Roofing Work in 13 facilities	Ugu District Asbestos Eradication Programme and Associated roofing works	Stage 5: Works	4861400	Rehabilitation, Renovations & Refurbishment	01/04/2020	31/05/2023	R 1,044,065
	Ugu District - Installation Of 20 x 20kl Elevated Water Tanks	Installation Of 20kl Elevated Water Tank	Stage 5: Works	8800000	Upgrading and Additions	25/01/2019	31/03/2023	R 7,466,124
	Ugu District - Replacement of perimeter fence in 21 facilities	Replacement of perimeter fence in 21 facilities	Stage 5: Works	6465860	Upgrading and Additions	01/04/2020	31/03/2023	R 5,571,268
	Ugu District Clinics - Installation of 14	Install a 50KVa Gensets in various clinics, namely, Umzinto, Assisi, Elim,	Stage 5: Works	6822325	New or	02/01/2019	31/03/2023	R

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Standby Generator Sets DoH	Dududu, Gcilima, Izingolweni, Ntabeni, Thembalesizwe, Dlangezwa, Mgangeni, KwaJali, Khayelihle, Mabheleni and Mthimude Clinics.			Replaced Infrastructure			6,588,419
	Ugu District Clinics - Installation of 29 Standby Generator Sets DoPW	Ugu District Clinics : Installation of 29 backup generator sets and associated electrical works.	Stage 5: Works	12403313.57	New or Replaced Infrastructure	09/12/2019	31/03/2024	R 11,367,251
	uMgungundlovu District - Asbestos Eradication & Associated Roofing Works in 6 facilities	uMgungundlovu District -Asbestos Eradication programme and associated roofing works	Stage 5: Works	828106	Rehabilitation, Renovations & Refurbishment	02/03/2020	31/03/2023	R 456,322
	Umgungundlovu District - Installation Of 5 x 20kl Elevated Water Tanks	Installation of 20kl elevated water storage tanks.	Stage 6: Handover	3040444.8	Upgrading and Additions	01/04/2019	31/03/2023	R 2,938,642
	UMgungundlovu District Clinics - Installation of 23 Generator sets DOH	Umgungundlovu District clinics installation of 23 generator sets and associated electrical works	Stage 5: Works	15862553	New or Replaced Infrastructure	09/12/2019	31/03/2023	R 14,750,872
	UMgungundlovu District Clinics - Installation of 13 Standby Generator Sets DoPW	Install 50KVa Gensets in various clinics	Stage 6: Handover	5080385.52	New or Replaced Infrastructure	02/01/2019	31/03/2023	R 4,886,873
	Umgungundlovu District Perimeter Fence Replacement Programme (11 Clinics and 1 Hospital)	Remove existing fence and replace with new perimeter fence on clinics according to DOH spec.	Stage 6: Handover	1783533	Upgrading and Additions	31/10/2019	31/03/2023	R 1,795,310
	Umkhanyakude District - Installation Of 12 x 20kl Elevated Water Tanks	Installation of 20kl elevated steel water tanks.	Stage 5: Works	5500000	Upgrading and Additions	25/01/2019	31/03/2024	R -
	UMkhanyakude District - Replace perimeter fence in 10 clinics	Replace existing perimeter fence including residential demarcation fence in various clinics in UMkhanyakude District	Stage 6: Handover	3172959	Upgrading and Additions	01/04/2020	31/03/2023	R 2,978,547
	UMkhanyakude District Clinics - Asbestos eradication and associated roofing works	uMkhanyakude District: Asbestos eradication and associated roofing works at various clinics	Stage 6: Handover	2974610	Rehabilitation, Renovations & Refurbishment	01/04/2020	31/03/2023	R 2,715,580
	UMkhanyakude District Clinics - Installation of 23 Standby Generator Sets DoH	Install a 60KVa Gensets in various clinics, namely, Mbazwana , Jozini, Ndumo, KwaMsane, Sipho Zungu, Mduku Clinic, Mkhuze, Bhekabantu, Hlabisa Gateway, Mhlekazi, Ophansi, Mbadleni, Ophondweni, KwaNdaba, Mahlungulu, Mtubatuba, Madwaleni, Empophomeni, Ekuhlehleni, Manyiseni, Makhathini, Mabibi Clinic and Oqondweni Clinic	Stage 5: Works	12527386	New or Replaced Infrastructure	02/01/2019	31/03/2024	R 391,345
	UMkhanyakude District Clinics - Installation of 25 Standby Generator Sets DoPW	UMkhanyakude District Clinics installation of 25 backup generator set and associated electrical works	Stage 5: Works	11987831	New or Replaced Infrastructure	09/12/2019	31/03/2023	R 11,657,830
	Umzimkhulu and Ixopo Medico Legal Mortuaries - Installation of Walk-In Coldrooms	Installation of Walk-In Coldrooms	Stage 4: Design Documentation	1400000	Upgrading and Additions	11/01/2021	31/03/2024	R -
	Umzinyathi District - Asbestos Removal & Associated roofing works	Umzinyathi district Asbestos Removal Programme and Associated roofing works	Stage 5: Works	1508010	Rehabilitation, Renovations & Refurbishment	03/02/2020	31/03/2023	R 651,010

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Umzinyathi District Clinics - Installation Of 10 x 20kl Elevated Water Tanks	Installation Of 20kl Elevated Water Tanks	Stage 5: Works	4578214.4	Upgrading and Additions	25/01/2019	31/03/2023	R 2,781,713
	UMzinyathi District Clinics - Installation of 23 standby generator sets DoPW	uMzinyathi District Clinics: Installation of 23 standby generator sets and associated electrical works.	Stage 5: Works	11126090.58	New or Replaced Infrastructure	09/12/2019	31/03/2024	R 9,760,491
	UMzinyathi District Clinics - Installation of 30 Standby Generator Sets DOH	Install a 50KVa Gensets in various clinics, namely, Nondweni, Amatimatolo, Mhlangana, Douglas, Ethembeni, Nkande, Nocomboshe, Masotsheni, Mazabeko, Amakhabela, Ntembisweni, Rorkesdrift , Isandlwana , Hlati Dam, Wasbank, Mangeni, Inkosi Thathezakhe, Cwaka, Ngubevu, Sakhimpilo, Gunjana, Mumbe, Ngabayena, KwaSenge, Qinelani Clinic, Muden, Eshane, KwaNyezi, Mandleni and Felani Clinics	Stage 5: Works	14780950	New or Replaced Infrastructure	02/01/2019	31/03/2023	R 3,225,682
	Uthukela District - Installation of 15 x 20kl elevated water tanks in 14 Clinic & 1 Mortuary	Installation of 15 20kl elevated water tanks.	Stage 4: Design Documentation	10200000	Upgrading and Additions	25/01/2019	31/03/2024	R -
	UThukela District Clinics - Installation of 15 Standby Generator Sets DoH	Install Gensets in various clinics, namely, Injisuthi, Wembezi, Ncibidwana, Zakheni C, Ekuvukeni, A.E. Havilland, Walton Street, Sahlumbe, Gcinalishone, KwaMteyi, Zakheni E, Matiwane, Steadville, Driefontein and Watersmeet Clinics.	Stage 6: Handover	7830367	New or Replaced Infrastructure	02/01/2019	31/03/2023	R 7,493,242
	Uthukela District EMS - Package 2: Construction of 2 EMS Ambulance Base Wash-bays in 2 Facilities	Construction of 2 EMS Ambulance Base Wash-bays at Estcourt and Emmaus Hospitals	Stage 2: Concept/ Feasibility	12301900	Upgrading and Additions	22/01/2021	31/03/2025	R -
	Uthukela District EMS - Package 3: Construction of 2 EMS Ambulance Base Wash-bays in 2 Facilities	Construction of 2 EMS Ambulance Base Wash-bays in 2 Facilities	Stage 2: Concept/ Feasibility	12271298	Upgrading and Additions	24/11/2021	31/03/2025	R -
	Uthukela District Perimeter Fence Replacement Programme 2020 12 Clinics	Remove existing fence and replace with new perimeter fencing on clinics according to DOH spec.	Stage 5: Works	4377379	Rehabilitation, Renovations & Refurbishment	31/10/2019	31/03/2023	R 3,891,179
	uThukela District-Asbestos Eradication Programme and associated Roofing Works 12 Clinics	uThukela District-Asbestos Eradication Programme and associated Roofing Works in 12 Clinis	Stage 5: Works	3300000	Rehabilitation, Renovations & Refurbishment	02/03/2020	31/03/2023	R 918,585
	Various - HT Replacement Programme 3	Various - HT Replacement Programme 3	Stage 1: Initiation/ Pre-feasibility	51313000	Non-Infrastructure	10/01/2022	31/03/2025	R -
	Various - HT Replacement Programme 4	Various - HT Replacement Programme 4	Stage 1: Initiation/ Pre-feasibility	754421000	Non-Infrastructure	06/12/2021	31/03/2025	R -
	Various - HT Replacement Programme 5	Various - HT Replacement Programme 5	Stage 1: Initiation/ Pre-feasibility	187099000	Non-Infrastructure	10/01/2022	31/03/2025	R -
	Various - Installation of Oxygen Supply in Various Hospitals	Installation of Oxygen Supply Infrastructure in Various Hospitals	Stage 5: Works	15000000	Upgrading and Additions	27/08/2021	31/03/2023	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Various Hospitals- Package 1: Construction of 4 EMS Ambulance Base Wash-bays in 4 Hospitals	Construction of 4 EMS Ambulance Base Wash-bays in 4 Hospitals	Stage 2: Concept/ Feasibility	24603800	Upgrading and Additions	24/11/2021	31/03/2026	R -
	Zululand District - Installation Of 18 x 20kl Elevated Water Tanks	Installation of 20kl elevated steel water tanks.	Stage 4: Design Documentation	10800000	Upgrading and Additions	25/01/2019	31/03/2024	R -
	Zululand District Clinics - Construction of Medical Waste Areas in 4 Clinics	Construction of a Medical Waste Area in Ncotshane, Pongola,Qalukubheka and Tobolsk Clinics	Stage 6: Handover	3580069	Upgrading and Additions	02/01/2019	31/03/2024	R 3,384,169
	Zululand District Clinics - Installation of 16 Standby Generator Sets DoH	Install 60KVa Gensets in various clinics, namely, Queen Nololo, Njoko , Buxedene, Pongola, Alton, Mkhwakhweni, Ulundi A, Mdumezulu, KwaMame, Friesgewaagcht, Thembumusa, Bhekuzulu, Hlobane, Ezimfabeni, Hartland and Dlebe Clinics	Stage 5: Works	4800000	New or Replaced Infrastructure	02/01/2019	31/03/2024	R -
	Zululand District Clinics - Installation of 18 Standby Generator Sets DoPW	Zululand District Clinics: Installation of 18 standby Generator sets and associated Electrical works	Stage 5: Works	8448798.91	New or Replaced Infrastructure	09/12/2019	31/03/2024	R 4,208,901
	Zululand District -Replace perimeter fence in 22 Clinics	Replace existing perimeter fence to 22 clinics in Zululand District	Stage 5: Works	8260626.89	Upgrading and Additions	01/10/2019	31/03/2023	R 9,602,631
	Non-Facility Specific - Consultants Appointment for Planning Services	Condition assessments, Master plans and Briefs for: Bethesda Hospital King Edward VIII Hospital Dundee Hospital Christ the King Hospital Vryheid Hospital Mseleni Hospital	Stage 1: Initiation/ Pre-feasibility	12000000	Non-Infrastructure	01/04/2019	31/03/2025	R -
AMAJUBA DISTRICT								
DANNHAUSER SUB-DISTRICT								
	Dannhauser CHC - Structural Repairs	Structural Repairs in the CHC	Stage 3: Design Development	37547526.57	Rehabilitation, Renovations & Refurbishment	01/04/2020	31/03/2025	R 844,658
EMANDLANGENI SUB-DISTRICT								
	Niemeyer Hospital - New core block with Admin Offices	New core block with administration offices at Niemeyer Hospital	Stage 2: Concept/ Feasibility	112000000	Upgrading and Additions	04/12/2019	31/03/2027	R -
	Niemeyer Hospital - New staff accommodation	New staff accommodation at Niemeyer Hospital.	Stage 2: Concept/ Feasibility	37000000	Upgrading and Additions	04/12/2019	30/11/2026	R -
	Niemeyer Memorial Hospital- New borehole.	"New Borehole: 1. Conduct geohydrological assessment study 2. Drill, equip and commission borehole in accordance to the recommendations of the geohydrological assessment study report 3. Install a 87 kilolitre steel water storage tank	Stage 5: Works	1519478.53	Upgrading and Additions	01/04/2016	31/03/2024	R 791,586

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
		4. Implement rain water harvesting"						
NEWCASTLE SUB-DISTRICT								
	Amajuba District EMS - Package 4: Construction of 3 Ambulance Base Wash-bays	Construction of 3 Ambulance Base Washbays in Amajuba District	Stage 2: Concept/ Feasibility	24603800	Upgrading and Additions	22/01/2021	31/03/2026	R -
	Madadeni Hospital - New Psychiatric Hospital	Master Plan and Construction of New Psychiatric Hospital	Stage 1: Initiation/ Pre-feasibility	1000000000	Upgrading and Additions	03/04/2006	31/03/2027	R 13,948,980
	Madadeni Hospital - Replacement of Steam Line	replace and re-route steam line and associated valves, replace condensate return line and associated valves, install pressure reducing valves, repair current hot well tank and install new	Stage 5: Works	41274296	Upgrading and Additions	08/04/2019	29/03/2024	R 30,430,356
	Madadeni Hospital : Upgrades to the Student Accommodation	Renovate the student Accommodation Blocks	Stage 4: Design Documentation	75000000	Rehabilitation, Renovations & Refurbishment	01/03/2019	31/03/2026	R 6,041,954
	Madadeni Hospital- Replacement of Reservoir tank	Upgrade of bulk water supply lines , storage and connections. Provide a dedicated fire water system with pumps, hose reels, hydrants, dedicated and possibly combined fire storage and new pipework. Provide sustainably water saving initiatives such as rainwater harvesting for irrigation purposes.	Stage 5: Works	31000000	Upgrading and Additions	31/07/2017	31/03/2026	R 1,063,225
	Madadeni Hospital: Installation of the Generating Set for the Operating Theatre	Install a Generator Set for the Operating Theatre of capacity 200 kVA as per initial assessment.	Stage 1: Initiation/ Pre-feasibility	2300000	New or Replaced Infrastructure	07/01/2022	31/03/2024	R -
	Madadeni Hospital: Upgrade of the MV distribution system for reliability and protection system	Upgrade of the MV distribution system for reliability and protection systems.	Stage 2: Concept/ Feasibility	2300000	New or Replaced Infrastructure	02/01/2019	31/03/2025	R -
	Newcastle Hospital - Package C - Perimeter Fencing , Lighting,Roof Coverings , Medical Waste Room	Upgrades to : Perimeter Fencing Perimeter Lighting Roof Coverings Medical Waste Storage Room	Stage 5: Works	30035610.26	Upgrading and Additions	01/04/2019	29/03/2024	R 13,080,527
	Newcastle Hospital - Installation of NICU HVAC system	Design and Installation of NICU HVAC system	Stage 4: Design Documentation	1280061.61	Upgrading and Additions	01/04/2016	30/11/2023	R 185,775
	Newcastle Hospital -Package D-CCTV cameras and access control, heat pumps ,fire detection	Fitting of CCTV and Access control Electrical compliance of the entire institution Boiler conversion to Heat Pumps	Stage 4: Design Documentation	67436912.31	Upgrading and Additions	21/06/2019	31/03/2026	R 3,315,233
	Newcastle Hospital -Installation of packaged HVAC units to Theatres 1, 2, 3 and 4	Installation of packaged HVAC Units to Theatres 1, 2, 3 and 4	Stage 4: Design Documentation	21679859.19	Upgrading and Additions	01/04/2016	31/03/2024	R 2,136,034
	Newcastle Hospital Package E - Upgrade to Bulk Sewer , Stormwater , Hot and Cold water reticulation	Upgrade to bulk sewer , storm water , Hot and Cold Water Reticulation including repairs to existing fresh air system and comfort heating .	Stage 4: Design Documentation	57000000	Rehabilitation, Renovations & Refurbishment	01/07/2019	31/03/2026	R 3,939,020

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Osizweni No.2- Clinic Renovations	1. Structural repairs. 2. Renovations to clinic.	Stage 4: Design Documentation	1500000	Rehabilitation, Renovations & Refurbishment	01/04/2016	31/03/2024	R 175,860
	Stafford Clinic - New Borehole	New Borehole	Stage 5: Works	692147.56	Upgrading and Additions	05/03/2018	31/05/2024	R 372,148
	Stafford clinic- Renovations	1. Structural repairs. 2. Renovations to clinic	Stage 4: Design Documentation	1000000	Rehabilitation, Renovations & Refurbishment	01/04/2016	31/03/2024	R 177,762
ETHEKWINI								
	Addington Gateway - Installation of Standby Generator set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Addington Hospital - Development of AS-Built Drawings	Development of AS-Built Drawings	Still to be initiated	500000	Non-Infrastructure	17/08/2021	31/08/2023	R -
	Addington Hospital - Installation of a backup chiller	Back-up chiller is required for the core block including the theatres.	Stage 3: Design Development	28000000	New or Replaced Infrastructure	01/04/2015	31/03/2027	R 220,045
	Addington Hospital - Package 1 Maintenance -Renovations to ablutions, Dining Hall and Nutrition Cent	Package 1 Maintenance - Renovations to all ablutions (excluding ground floor), Dining hall (including ablutions and kitchenette) and Nutritional Center	Stage 2: Concept/ Feasibility	47179739	Rehabilitation, Renovations & Refurbishment	05/02/2018	31/03/2027	R 652,027
	Addington Hospital - Package 2 Maintenance - General Renovations on the ground floor	Renovations on the ground floor including, Pharmacy, Administration, New Records & Archives Rooms, Emergency Centre, Casualty & Laundry, OPD-B & Radiology (X2), Revenue, ECG, Patient Transport, Isolation, Ground Floor Ablutions	Stage 2: Concept/ Feasibility	81403567	Rehabilitation, Renovations & Refurbishment	05/02/2018	31/03/2028	R 1,448,110
	Addington Hospital - Package 2 Maintenance General Renovations on the ground floor HT	Addington Hospital HT -Equipping of the Hospital	Stage 2: Concept/ Feasibility	15000000	Non-Infrastructure	01/04/2020	31/03/2028	R -
	Addington Hospital - Refurbishment to LV electrical installations	Refurbish electrical installations	Stage 2: Concept/ Feasibility	10500000	Rehabilitation, Renovations & Refurbishment	04/01/2021	31/03/2025	R -
	Addington Hospital - Restoration Of Fire Services	Repair existing fire services systems, Design and install new Fire Services systems to areas which are not complying with Fire Regulations	Stage 5: Works	34591469.79	Upgrading and Additions	05/10/2018	31/03/2024	R 23,317,665
	Addington Hospital- Package 3 Maintenance - Replace old fence with boundary wall and repair entrance	New perimeter fence and/or boundary walls incl vehicular & pedestrian gates, Gatehouses to all manned entrances. Fencing of parking area in front of Nurse's Home with gatehouse. Pigeon proofing of courtyards.Boom gate at Emergency entrance	Stage 2: Concept/ Feasibility	22622610	Rehabilitation, Renovations & Refurbishment	05/02/2018	31/03/2025	R 244,021
	Addington Hospital- Replace 16 Schindler Lifts	Replacement of remaining 16 Schindler Lifts	Stage 5: Works	21159550	New or Replaced Infrastructure	01/04/2019	29/03/2024	R 20,172,882

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Addington Hospital: Upgrade and Replacement of the MV switchgears and upgrade to the distribution system	Upgrade and Replacement of the MV switchgears and upgrade to the distribution system.	Stage 4: Design Documentation	12500000	New or Replaced Infrastructure	02/01/2019	29/03/2024	R -
	Addington Nursing Campus - Replacement of Flat Roof Waterproofing and Full-bores	Replacement of flat roof waterproofing and full-bores	Stage 2: Concept/ Feasibility	9952965	Rehabilitation, Renovations & Refurbishment	01/10/2019	31/03/2026	R -
	Addington Nursing Campus - Restoration of Water, Sewer & Fire Services at Nurses Accommodation	Remedial works to the Cold and Hot water supply systems. Design and install a Fire Protection system Replace sewer stack	Stage 1: Initiation/ Pre-feasibility	58591473.7	Rehabilitation, Renovations & Refurbishment	25/07/2018	31/03/2027	R 949,422
	Cato Manor Provincial Medical Storage - Phase 2: Alterations to a double storey building	Major Alterations to a double storey building	Stage 5: Works	9955645	Upgrading and Additions	07/01/2020	29/03/2024	R -
	Cato Manor Regional Laundry - Installation of Laundry Equipment	Installation of Laundry Equipment including Tunnel Washer and 13 Components	Stage 1: Initiation/ Pre-feasibility	110000000	Upgrading and Additions	19/08/2021	31/03/2027	R -
	Clairwood Hospital - Renovations of Wards.	Renovations of Wards.	Stage 1: Initiation/ Pre-feasibility	10000000	Rehabilitation, Renovations & Refurbishment	01/04/2017	30/03/2029	R -
	Clairwood Hospital : COVID-19 Replacement of Perimeter Fence	Replacement of perimeter fence and upgrade to the security guard house	Stage 6: Handover	14441700	Upgrading and Additions	01/10/2020	31/03/2024	R 12,525,614
	Clairwood Hospital: COVID-19: Alterations and additions to existing wards: Phase 2: Ward C1,C2, FS3	COVID-19: Alterations and additions to existing wards: Phase 2: Ward C1, C2, MS6, MS2, MM1, OT, FS3 & Kitchen	Stage 6: Handover	227000000	Upgrading and Additions	03/04/2020	31/03/2023	R 222,798,368
	Clairwood Hospital: COVID-19: Refurbishment of U-shape ward, including roof, windows, sewer and plum	Complete refurbishment of U-shape ward, including roof, windows, sewer and plumbing	Stage 6: Handover	94650313.61	Upgrading and Additions	08/03/2020	31/03/2023	R 89,846,963
	Dr Pixley Ka Isaka Seme - Equipping of the New Hospital HT	Equipping of the New Hospital at Dr. Pixley ka Isaka kaSeme Hospital	Stage 5: Works	278604188	Non-Infrastructure	03/04/2018	31/03/2023	R 271,097,488
	Dr Pixley ka Isaka Seme Memorial Hospital : Bridge City Levy	48 695 m2 Site and 21 044m2 Additional Bulk was acquired from eThekwini Municipality. Monthly Levy payments to Bridge City Management Association are required.	Stage 5: Works	11631786	Non-Infrastructure	17/01/2011	29/03/2024	R 11,206,487
	Dr Pixley ka Isaka Seme Memorial Hospital : New 500-Bed Regional Hospital	Contract III - Superstructure of a new 500 bed Regional Hospital consisting of Lower Ground, Ground, First, Second and Plant-room Floors, Heli-pad and Roofs in Blocks A to J, a separate Energy Centre (Block K), Roads and Parking.	Stage 5: Works	3253637909	New or Replaced Infrastructure	03/04/2006	31/03/2023	R 3,255,635,420
	Hlengisizwe CHC - Supply and Commissioning of Staff Park homes	Supply, delivery and Commissioning of 3 staff Park homes in Hlengisizwe CHC.	Stage 1: Initiation/ Pre-feasibility	1850000	Upgrading and Additions	13/08/2021	31/03/2025	R -
	Inanda C CHC - Asbestos Eradication & Associated Roofing Works	Asbestos Eradication & Associated Roofing Works	Stage 4: Design Documentation	1057000	Rehabilitation, Renovations & Refurbishment	18/01/2021	29/03/2024	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	King Dinuzulu - Clearing of verges at incomplete TB Complex	Clearing of site as and when required	Stage 4: Design Documentation	200000	Non-Infrastructure	01/04/2021	31/03/2023	R -
	King Dinuzulu Hospital - Infrastructure Maintenance Hub in eThekwini	Renovate old hospital workshop into a maintenance hub	Stage 6: Handover	84557632.86	Rehabilitation, Renovations & Refurbishment	01/04/2016	31/03/2023	R 84,511,549
	King Dinuzulu Hospital - Installation of HVAC in Oral & Dental Training Centre	Replacement of HVAC with new in Oral & Dental Training Centre	Stage 1: Initiation/ Pre-feasibility	10091539	Upgrading and Additions	10/12/2020	31/03/2026	R -
	King Dinuzulu Hospital - New Psychiatric Hospital Phase 2 (Completion Contract)	A completion contract to the Psychiatric building works which will include new adult / adolescent psych wards, bulk fuel store, waste disposal unit, covered walkways, alterations to tuck shop and dental outpatients.	Stage 6: Handover	112056226.9	Upgrading and Additions	01/04/2016	29/03/2024	R 107,113,392
	King Dinuzulu Hospital - New TB Complex (Completion Contract)	The project is a completion contract to the TB Complex building where works will include 11 blocks: VCT Unit, Outpatient, Admin, Radilogy, Audio, Physio & Occupational Therapy, Pharmacy, Laboratory, Generator Room, Parking, TB Walkways and alterations to the laundry delivery bays,	Stage 3: Design Development	151926208.2	Upgrading and Additions	01/04/2016	31/03/2027	R 8,536,792
	King Dinuzulu Hospital - Provision of security at incomplete TB Complex	Provision of security to secure incomplete works at TB Complex site	Stage 4: Design Documentation	2660366	Maintenance and Repairs	01/04/2021	31/03/2023	R 690,923
	King Dinuzulu Hospital - Roof Repairs and Alterations to Star Ward COVID-19	Repairs to District Hospital and TB Surgical roofs. Internal repairs to CTOP Unit and Occupational Health Clinic. Alterations to Star Ward	Stage 6: Handover	52991532.07	Rehabilitation, Renovations & Refurbishment	04/05/2018	31/03/2023	R 51,641,532
	King Dinuzulu Hospital: New Helistop	To relocate the helistop from its current location to an adequate area approved by all relevant authorities as well as to provide additional parking for the hospital to reduce parking shortage.	Stage 3: Design Development	13204723	Upgrading and Additions	23/02/2016	31/03/2025	R 602,643
	King Dinuzulu Hospital: Repairs to Existing Water Reservoir & Tower	To refurbish and repair the existing water supply reservoir, tower, piping and pumping system.	Stage 5: Works	3750000	Rehabilitation, Renovations & Refurbishment	04/03/2016	28/02/2023	R 2,245,224
	King Dinuzulu Hospital: Replace chiller, Level 1 Hospital. Additions to A/C TB Multistorey.	Replace 1 chiller at Level 1 Hospital. Install sound proofing and external insulation for A/C ducting at Multi-storey TB Building.	Stage 5: Works	10232363.12	Upgrading and Additions	01/04/2016	29/03/2024	R 8,089,235
	King Edward Hospital: Replacement of 8 Lifts	Replacement of lifts with 6 new lifts in King Edward Hospital. Replace 2 Lifts in S block, 2 Lifts in N Block, and 2 lifts in I block and 2 lifts in New Block (OPD)	Stage 4: Design Documentation	4500000	New or Replaced Infrastructure	27/02/2020	28/02/2025	R -
	King Edward VIII - Upgrade of the main substation and protection system	Upgrade the main substation and protection system	Stage 1: Initiation/ Pre-feasibility	7100000	Upgrading and Additions	07/01/2022	31/07/2024	R -
	King Edward VIII Hospital - Construct New Radiology Department Block and Convert the Existing X-Ray	Construct New Radiology Department Block. Convert the Existing X-Ray Department to a Surgical Ward	Stage 1: Initiation/ Pre-feasibility	200000000	Rehabilitation, Renovations & Refurbishment	02/01/2019	30/04/2029	R -
	King Edward VIII Hospital - Repairs and Renovations to the Nursing College	King Edward VIII Hospital - Repairs and Renovations to the Nursing College..	Stage 2: Concept/ Feasibility	41589570.32	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2026	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	King Edward VIII Hospital - Upgrade Nursery	Renovations to existing Nursery, Psychiatric basement, Physiotherapy area and relocation of the psychology department.	Stage 6: Handover	104362432.8	Rehabilitation, Renovations & Refurbishment	02/12/2013	29/03/2024	R 103,935,340
	King Edward-Upgrade and Additions to Maternity and Labour Wards	Upgrade and Additions to Maternity Wards and Labour Ward	Stage 1: Initiation/ Pre-feasibility	200000000	Upgrading and Additions	02/01/2019	30/03/2029	R -
	KwaDabeka CHC - Asbestos Eradication & Associated Roofing Works	Asbestos Eradication in KwaDabeka CHC	Stage 4: Design Documentation	17850000	Rehabilitation, Renovations & Refurbishment	18/01/2021	31/03/2023	R -
	Kwamakhutha Clinic - Asbestos Eradication & Associated Roofing Works	Asbestos Eradication & Associated Roofing Works	Stage 2: Concept/ Feasibility	2342550	Rehabilitation, Renovations & Refurbishment	18/01/2021	29/03/2024	R -
	Kwamashu CHC - Asbestos Eradication & Associated Roofing Works	Asbestos Eradication & Associated Roofing Works in Kwamashu Clinic	Stage 4: Design Documentation	2311100	Rehabilitation, Renovations & Refurbishment	24/11/2021	31/03/2025	R -
	KwaMashu Poly CHC - Replacement of Fencing	Install Security perimeter fence	Stage 6: Handover	1946329	Upgrading and Additions	02/01/2019	31/03/2023	R 1,443,915
	KwaZulu Natal Provincial Central Laundry - Installation of Compressor & Accessories	Installation of Compressor & Accessories	Stage 1: Initiation/ Pre-feasibility	1000000	Upgrading and Additions	11/10/2021	31/03/2024	R -
	KwaZulu Provincial Central Laundry - Erect additional ablutions and provide parking space	Provide additional ablutions and parking space	Stage 3: Design Development	1972642	Upgrading and Additions	01/12/2020	31/03/2026	R -
	KwaZulu Provincial Central Laundry - Extension of Sorting Area	Extension of Sorting Area	Stage 1: Initiation/ Pre-feasibility	1000000	Upgrading and Additions	19/08/2021	31/03/2025	R -
	KwaZulu Provincial Central Laundry - HVAC Upgrade	Upgrading of the HVAC system for receiving and sorting area	Stage 1: Initiation/ Pre-feasibility	3500000	Upgrading and Additions	19/08/2021	31/03/2026	R -
	KwaZulu Provincial Central Laundry - Installation of Additional Drying Capacity	Installation of Additional Drying Capacity	Stage 2: Concept/ Feasibility	3000000	Upgrading and Additions	19/08/2021	31/03/2026	R -
	KZN Provincial Central Laundry: Recovery and recycling of water	Installation of water recovery and recycling system in tunnel and barrier washers. Confirm the structural soundness of the slab due to additional load imposed by the water recovery system. To undertake installation of associated electrical works for the system.	Stage 3: Design Development	9000000	Upgrading and Additions	02/11/2020	31/03/2025	R -
	Mahatma Gandhi - Replace Hospital Chiller	Replacment of OPD/central chiller	Stage 4: Design Documentation	2500000	New or Replaced Infrastructure	02/01/2019	29/03/2024	R -
	Mahatma Gandhi Memorial Hospital - Replace aircon unit to high care NICU	Replace aircon unit to high care NICU.	Stage 4: Design Documentation	6030420	Upgrading and Additions	01/04/2016	31/03/2025	R 331,771

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	McCord Hospital - Renovations to doctors residence and RTC	McCord Hospital - Renovations to doctors residence and RTC	Stage 6: Handover	11030994.56	Rehabilitation, Renovations & Refurbishment	11/11/2013	31/03/2023	R 10,505,005
	McCords Hospital- Major refurbishment on Sinikithemba and Administration buildings	Major refurbishment on Sinikithemba and Administration buildings	Stage 5: Works	25586397.37	Rehabilitation, Renovations & Refurbishment	04/04/2016	31/03/2024	R 14,223,961
	Mfume Clinic - Asbestos Eradication & Associated Roofing Works	Asbestos Eradication & Associated Roofing Works	Stage 2: Concept/ Feasibility	3862800	Rehabilitation, Renovations & Refurbishment	18/01/2021	29/03/2024	R -
	Molweni Clinic- Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Newtown A CHC - Asbestos Eradication & Associated Roofing Works	Asbestos Eradication & Associated Roofing Works	Stage 4: Design Documentation	1700000	Rehabilitation, Renovations & Refurbishment	18/01/2021	29/03/2024	R -
	Newtown A CHC: Replacement of retaining wall and security fence.	Remove existing security fence and construct new retaining wall with security fence. Repair existing perimeter security fence	Stage 5: Works	8200000	Rehabilitation, Renovations & Refurbishment	15/09/2015	31/03/2023	R 6,282,906
	Nkwali Clinic - Asbestos Eradication & Associated Roofing Works	replace asbestos roof with chromadec roof sheeting	Stage 2: Concept/ Feasibility	4459756	Rehabilitation, Renovations & Refurbishment	18/01/2021	29/03/2024	R -
	Nsimbini Clinic - Install a 20kl elevated steel water tank	Installation of a 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Osindisweni Hospital - New Decentralized MDR Unit	Replacement of TB Ward at Osindisweni Hospital. The original building was deemed unfit for refurbishment. The new 60 bedded unit includes a reception area, consulting rooms, administration block, male and female sections (including acute wards) New access road and parking areas will also be attended to within the scope.	Stage 5: Works	127108103.6	Upgrading and Additions	01/04/2010	31/03/2025	R 38,622,072
	Osindisweni Hospital - Perimeter security fence to be installed	Osindisweni-Perimeter security fencing to be installed.	Stage 5: Works	7876572	Upgrading and Additions	02/01/2019	29/03/2024	R -
	Osindisweni Hospital- Replace the Collapsed Workshop Roof	Osindisweni Hospital- Replace the Collapsed Workshop Roof.	Stage 5: Works	834193	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2023	R 312,159
	Osizweni (Umlazi Q) Clinic - Asbestos Eradication & Associated Roofing Works	Asbestos Eradication & Associated Roofing Works	Stage 2: Concept/ Feasibility	3964744	Rehabilitation, Renovations & Refurbishment	18/01/2021	29/03/2024	R -
	Pinetown Medico-Legal Mortuary : Renovations and Upgrades(COVID -19)	Renovations and Upgrades in Pinetown Forensic Mortuary (COVID -19)	Stage 6: Handover	4266018	Rehabilitation, Renovations & Refurbishment	02/03/2020	31/03/2023	R 3,993,263

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	PPSD - Installation of HVAC Sytem	Installation of HVAC Sytem, Temperature Mapping System, Upgrading of Cold room	Stage 1: Initiation/ Pre-feasibility	5000000	New or Replaced Infrastructure	11/06/2021	31/03/2026	R -
	PPSD - Internal security partitioning of space	Zoning of the storage area to improve security monitoring	Stage 4: Design Documentation	850000	Rehabilitation, Renovations & Refurbishment	04/01/2021	31/03/2024	R -
	PPSD - New Generator Set	Supply, install and commission a new generator set for PPSD	Stage 4: Design Documentation	2500000	New or Replaced Infrastructure	15/12/2020	31/03/2024	R -
	Prince Mshiyeni Hospital - Installation of the HVAC redundancy in 3 theatres	Install new condensing units and tie up to the existing duct work. Connect the redundancy to the backup power supply	Stage 1: Initiation/ Pre-feasibility	5000000	Upgrading and Additions	28/01/2019	11/09/2025	R -
	Prince Mshiyeni Hospital - Renovate existing space for a Mental Health Unit	Renovate existing space for a Mental Health Unit.	Stage 1: Initiation/ Pre-feasibility	25000000	Rehabilitation, Renovations & Refurbishment	28/01/2019	31/03/2026	R -
	Prince Mshiyeni Hospital - Replace 7 standby generators	Replacement of 7 standby generators	Stage 4: Design Documentation	11600000	New or Replaced Infrastructure	28/01/2019	31/03/2024	R -
	Prince Mshiyeni Memorial Hospital - Kitchen Renovation.	Kitchen Renovation, replacement of steam kitchen pots with energy efficient pots, installation of new energy dish washing machine, optimisation of ventilation, fly control measures and food trolleys.	Stage 1: Initiation/ Pre-feasibility	10000000	Rehabilitation, Renovations & Refurbishment	01/04/2016	20/06/2025	R -
	Prince Mshiyeni Memorial Hospital - Refurbishment of water reservoir	Refurbishment of water reservoir at Prince Mshiyeni Memorial Hospital	Stage 4: Design Documentation	14393955	Rehabilitation, Renovations & Refurbishment	01/04/2016	31/03/2024	R 1,069,105
	Prince Mshiyeni Memorial Hospital - Renovations to A6 Wards	Renovations to A6 Wards to improve functionality and alignment to current norms, while adding separation rooms.	Stage 2: Concept/ Feasibility	29100000	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2027	R -
	Prince Mshiyeni Memorial Hospital -MV switchgear replacement	1. Replacement of MV switchgears in main incomer substation. 2. Installation of Surge Protection (Arrestors).	Stage 5: Works	22000000	New or Replaced Infrastructure	01/03/2017	31/03/2024	R 1,187,346
	R K Khan Hospital - Replacement of 2x Cooling Towers	Replacement of Central Chiller and Cooling Towers.	Stage 2: Concept/ Feasibility	18000000	Upgrading and Additions	14/10/2015	31/03/2026	R 583,504
	RK Khan Hospital - P Block Chiller Replacement	Replacement of the failed air-cooled chiller at the P Block	Stage 4: Design Documentation	2000000	New or Replaced Infrastructure	16/07/2018	31/03/2025	R -
	RK Khan Hospital - Re-waterproofing of flat roofs and internal renovations at Blocks D, E & CSSD	Re-waterproofing, replacing of floor finish and painting of internal walls of Blocks D, E and CSSD	Stage 5: Works	10584999.05	Rehabilitation, Renovations & Refurbishment	01/04/2016	31/03/2024	R 648,839
	RK Khan Hospital - Upgrade 4 patient/passenger lifts	Upgrade 4 patient/passenger lifts at the hospital.	Stage 3: Design Development	2281600	Upgrading and Additions	20/11/2019	31/03/2024	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	RK Khan Hospital : Construction of a new Psychiatric Unit	Construction of a new Psychiatric Unit	Stage 1: Initiation/ Pre-feasibility	200000000	Upgrading and Additions	02/01/2019	31/03/2029	R -
	RK Khan Hospital- MV and LV switchgear replacement	1. Replacement of MV Switchgear and associated components. 2. Replacement of LV Switchgear and associated components.	Stage 4: Design Documentation	29515445	New or Replaced Infrastructure	01/10/2016	31/03/2025	R 187,594
	RK Khan Hospital- Renovations to M-Block	Renovations to M-Block ablutions, replacing of flooring and painting to wards on all floors	Stage 3: Design Development	20000000	Rehabilitation, Renovations & Refurbishment	01/04/2016	31/03/2025	R 86,990
	RK Khan Nursing College: Renovation and Upgrade to Nurses Accommodation	Internal renovations of all rooms and common areas for floors ground to 3 including replacement of the waterproofing on the flat roof and associated roof repairs.	Stage 3: Design Development	19000000	Rehabilitation, Renovations & Refurbishment	09/01/2020	31/03/2026	R -
	RK Khan: Replace Steam Dependent Equipment with Electrical	Replacement of Steam Dependent Equipment with Electrical	Stage 2: Concept/ Feasibility	4070000	Upgrading and Additions	19/08/2021	31/03/2024	R -
	St Aidan's Hospital - Installation of Heat Pumps	Installation of Heat Pumps	Stage 1: Initiation/ Pre-feasibility	900000	Upgrading and Additions	19/08/2021	31/03/2024	R -
	St Aidan's Hospital: Assessment and Upgrading of the central A/C system & Establish Haemodialysis	Assessment and Upgrading of the central air-conditioning system Establish renal haemodialysis service	Stage 2: Concept/ Feasibility	16000000	Upgrading and Additions	01/04/2016	26/05/2025	R 270,233
	St Mary's Hospital - Refurbishment of the Laundry and Installation	Refurbishment of the Laundry and Installation	Stage 1: Initiation/ Pre-feasibility	4500000	Upgrading and Additions	19/08/2021	31/03/2025	R -
	Starwood Clinic - Install a 20kl elevated water	Installation a 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Tongaat CHC- Installation Of New Water Tank	Installation new water tank	Stage 2: Concept/ Feasibility	700000	New or Replaced Infrastructure	01/04/2016	31/03/2025	R -
	Truro House: Maintenance and Renovations to the Office of the MEC	Maintenance and Renovations to the Office of the MEC in Truro House	Stage 5: Works	3000000	Rehabilitation, Renovations & Refurbishment	02/03/2020	31/03/2024	R -
	Umbumbulu Clinic-Install elevated water storage tank 87 000L	Install elevated water storage tank 87 000L	Stage 2: Concept/ Feasibility	900000	Upgrading and Additions	01/04/2019	31/03/2025	R -
	Umlazi U21 Clinic - Asbestos Eradication & Associated Roofing Works	Asbestos Eradication & Associated Roofing Works	Stage 4: Design Documentation	1327900	Rehabilitation, Renovations & Refurbishment	19/01/2021	29/03/2024	R -
	Wentworth Hospital - Investigate and Implement Requirements for Fire and Emergency Services	Wentworth Hospital - Investigate and Implement Compliance Requirements for Fire and Emergency Services	Stage 3: Design Development	64178262.34	Upgrading and Additions	01/04/2016	31/03/2028	R 3,176,826
	Wentworth Hospital - Replacement of Existing Security Fence	Replace existing perimeter security fence	Stage 4: Design Documentation	12000000	Upgrading and Additions	01/04/2020	31/03/2024	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Wentworth Hospital- Restoration of HVAC system supplying theatre	"Assessment and reinstatement of HVAC system for theatre. 1. Assessment of central system 2. Installation of close control HVAC units in three theatres"	Stage 1: Initiation/ Pre-feasibility	9000000	Upgrading and Additions	24/03/2017	31/03/2025	R -
HARRY GWALA DISTRICT								
DR NKOSAZANA DLAMINI ZUMA SUB-DISTRICT								
	Lourdes Clinic - Install a 20kl elevated steel water storage tank	Installation of the 72hr water storage	Stage 1: Initiation/ Pre-feasibility	70000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Sokhela Clinic- Clinic Expansion to include Hast Unit and Midwife Obstetric Unit	Clinic Expansion to include Hast Unit and Midwife Obstetric Unit	Stage 4: Design Documentation	32013417	Upgrading and Additions	13/04/2016	31/03/2025	R 2,707,011
	St Apollinaris Gateway Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	St Apollinaris Hospital - Reconfigure Existing Building to provide for Neonatal Nursery	Reconfigure Existing Building To Provide for Neotal Nursery/Maternity ward.	Stage 3: Design Development	84000000	Upgrading and Additions	01/04/2014	31/03/2027	R 3,119,447
	St Appolinaris Hospital- 300KL Water Tanks	St Apolinaris Hospital- Installation of a 300KL Water Tanks	Stage 1: Initiation/ Pre-feasibility	1000000	Upgrading and Additions	01/04/2019	31/03/2025	R -
	Underberg Clinic (Pholela CHC)- New borehole	Conduct geohydrological assessment study, drill, equip and commission borehole.	Stage 6: Handover	1094438	Upgrading and Additions	01/04/2016	31/03/2023	R 1,132,566
GREATER KOKSTAD								
	E G and Usher Memorial Hospital: Construction Of New Staff Accommodation For Community S	East Griqualand and Usher Memorial Hospital: Construction Of New Staff Accommodation For Community Service Medical Professionals.	Stage 2: Concept/ Feasibility	20000000	Upgrading and Additions	31/10/2019	31/03/2026	R -
	EG & Usher Hospital - Install heating and cooling system in all wards, upgrade distribution boards	East Griqualand and Usher Memorial Hospital: Installation of heating and cooling system in all wards and upgrading of distribution boards	Stage 1: Initiation/ Pre-feasibility	1000000	Upgrading and Additions	02/01/2019	31/03/2025	R -
	Rietvlei Hospital - Upgrade of Water and Sewer System	Rehabilitate water and sewerage treatment plant. Rehabilitate staff accommodation. Services houses (water and lights) billed separately. Rehabilitate water reticulation from the treatment plant to the Hospital reservoirs. Prepare reservoir i.e. clean and maintain. Investigate cause of movement causing severe cracking in the Maternity and Casualty Wards. Improve ventilation in the TB wards and waste drainage from the kitchen.	Stage 3: Design Development	24000000	Upgrading and Additions	03/04/2017	31/03/2026	R 3,113,790
	Shayamoya Clinic - Construction of a New Small Clinic	Construction of a New Small Clinic.	Stage 1: Initiation/ Pre-feasibility	59868243.3	New or Replaced Infrastructure	03/04/2017	31/03/2026	R 658,243
	Umzimkhulu Medico Legal Mortuary - Refurbishments of the autopsy area and parkhome.	Refurbishments of the autopsy area and parkhome.	Stage 2: Concept/ Feasibility	1000000	Rehabilitation, Renovations & Refurbishment	11/02/2021	31/03/2024	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
UBUHLEBEZWE SUB-DISTRICT								
	Harry Gwala EMS -Replace Parkhome Office with a New Permanent Structure	Harry Gwala EMS -Replace Parkhome Office with a New Permanent Structure	Stage 1: Initiation/ Pre-feasibility	2000000	Upgrading and Additions	25/02/2020	31/03/2026	R -
	Ikhwezi Lokusa Clinic- Construction of New Clinic	Construction of new clinic including 3 houses, guardhouse and public toiltes	Stage 1: Initiation/ Pre-feasibility	64766054.12	New or Replaced Infrastructure	01/11/2011	31/03/2027	R 1,766,054
	Ixopo Medico Legal Mortuary - Refurbishment of the autopsy space and office space.	Refurbishment of the autopsy space and office space.	Stage 1: Initiation/ Pre-feasibility	1000000	Rehabilitation, Renovations & Refurbishment	11/01/2021	29/03/2024	R -
	Mahhehle / Ncakubana Clinic - ConstructIon of a New Clinic with residence	Mahhehle / Ncakubana Clinic -Construct New Clinic with nurses residence	Stage 1: Initiation/ Pre-feasibility	55000000	New or Replaced Infrastructure	26/06/2014	31/03/2027	R 1,096,333
	Mntungwana Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	17/01/2022	29/03/2024	R -
	Ofafa/ Ntakama Clinic - Construct New Clinic	Ofafa/ Ntakama Clinic-Construction of a New Small Clinic according to Ideal Clinic Design Principles including three residential units and Youth Friendly Section	Stage 2: Concept/ Feasibility	45000000	New or Replaced Infrastructure	26/06/2014	31/03/2028	R 709,451
	Riverside Clinic: New septic tank	construct new 15 cubic meter septic tank, soak away and sewer reticulation	Stage 2: Concept/ Feasibility	600000	Upgrading and Additions	02/01/2019	31/03/2025	R -
	Sangcwaba Clinic -Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
UMZIMKHULU SUB-DISTRICT								
	Ibisi Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Umkhanyakude District EMS - Package 3: Construction of 2 EMS Wash-bays in 2 Facilities	Construction of Ambulance Base Wash-bay	Stage 2: Concept/ Feasibility	12301899	Upgrading and Additions	25/01/2021	31/03/2026	R -
	Umzimkhulu Hospital - New Psychiatric Unit, Forensic Wards and Staff Accommodation	Construction of New Psychiatric Unit and Forensic Wards, Staff Accommodation, New Parking & Road and 72 Hours water Storage	Stage 2: Concept/ Feasibility	827000000	Upgrading and Additions	01/03/2017	31/03/2028	R 3,487,916
	Umzimkhulu Hospital - Replacement of Perimeter Fence	Umzimkhulu Hospital - Replacement of Perimeter Fence and New Security Entances	Stage 1: Initiation/ Pre-feasibility	16000000	Upgrading and Additions	31/01/2022	31/03/2025	R -
ILEMBE DISTRICT								
KWADUKUZA SUB-DISTRICT								

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	General Justice Gizenga Mpanza Regional Hosp- Modifications to the old Maternity Unit	Modify Old Maternity, Gynae and Post-natal Ward and RARU Unit	Stage 1: Initiation/ Pre-feasibility	36000000	Upgrading and Additions	11/01/2021	31/03/2026	R -
	General Justice Gizenga Mpanza Regional Hosp- New 28 Bedded Psychiatric Unit	New 28 bedded Male and Female Psychiatric Unit with 3 seclusion rooms. 17 Bed Male Ward, 11 Bed Female Ward, 2 x Male Seclusion and 1 x Female seclusion room. Full signed project brief available in documents.	Stage 4: Design Documentation	76063115.41	New or Replaced Infrastructure	20/07/2011	31/03/2028	R 2,405,850
	General Justice Gizenga Mpanza Regional Hosp- Replacement of perimeter fence	Replacement of perimeter fence around the hospital.	Stage 4: Design Documentation	7500000	Upgrading and Additions	03/02/2020	29/03/2024	R -
	General Justice Gizenga Mpanza Regional Hosp- Replacement of Roof at Core Block	Replacement of Roof and Associated Cladding at Core Block	Stage 2: Concept/ Feasibility	20000000	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2026	R -
	GJGMRH (Stanger) - Conversion from Water to Air-cooled	Conversion of chillers from water to air cooled	Stage 1: Initiation/ Pre-feasibility	15000000	Upgrading and Additions	02/01/2019	31/03/2026	R -
	GJGMRH (Stanger) - New Road & Bridge, Bulk Store, Archives & Fencing	New internal road and bridge, New bulk Store and Archive building, Replacement of the corroded and collapsing perimeter fence with new fencing	Stage 2: Concept/ Feasibility	58500000	Upgrading and Additions	02/01/2019	31/03/2027	R -
	GJGMRH (Stanger) -Upgrade and Replacement of the MV switchgears and upgrade to the distribution syst	Upgrade and Replacement of the MV switchgears and upgrade to the distribution system	Stage 2: Concept/ Feasibility	3500000	Upgrading and Additions	02/01/2019	31/03/2025	R -
	GJGMRH (Stanger): Construction of New Accommodation for Intern Doctors	Construct a new accommodation for Intern Doctors	Stage 1: Initiation/ Pre-feasibility	50000000	Upgrading and Additions	03/02/2020	31/03/2026	R 50,000
	Groutville Cinic - Replace fence	Fence the old Groutville Clinic used as PHC offices	Stage 1: Initiation/ Pre-feasibility	300000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Groutville Old Clinic used as PHC offices: Replace Asbestos with Zinculum roof	Replace Asbestos with Zinculum Roof	Stage 1: Initiation/ Pre-feasibility	500000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Kearsney Clinic -Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	KwaDukuza Forensic Mortuary: Installation of new 100 kVA generator set	Installation of 1 new 100 kVA generator including associated electrical work	Stage 2: Concept/ Feasibility	500000	New or Replaced Infrastructure	01/11/2019	29/03/2024	R -
	Madundube Clinic - Construct New Medium Clinic	Construct new medium clinic : with maternity, 6 double residential units, gate house, public toilets, carports, water tank 20 000 litres etc	Stage 2: Concept/ Feasibility	90000000	New or Replaced Infrastructure	13/05/2008	31/03/2026	R 2,503,711
MANDENI SUB-DISTRICT								

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Amatikulu RTC - Renovations and Repairs to Training Centre Building	Convert bedrooms to ablutions, renovate ablutions, install water tank, borehole, replace fence and kitchen mechanical equipment.	Stage 5: Works	3100000	Rehabilitation, Renovations & Refurbishment	30/11/2015	19/10/2022	R 2,037,133
MAPHUMULO SUB-DISTRICT								
	Mambulu Clinic (Kranskop)- Construction of a New Clinic	Construction of a New Small Clinic	Stage 1: Initiation/ Pre-feasibility	45000000	New or Replaced Infrastructure	01/04/2015	31/03/2028	R 1,869,864
	Maqumbi Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Otimati Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Umphumulo Hospital - New Core Block	New Core block incorporating: OPD (with PALS clinics), Emergency Centre, Admissions, Theatres, CSSD, Pharmacy, Radiology, Labour ward, Administration, Helipad and new main entrance with security and parking	Stage 2: Concept/ Feasibility	206544405.8	Upgrading and Additions	01/04/2009	31/08/2027	R 1,044,406
	Umphumulo Hospital - Storm Damage Repairs	Storm Damage Repairs in Umphumulo Hospital	Stage 5: Works	4656067.25	Rehabilitation, Renovations & Refurbishment	21/12/2020	31/03/2023	R 4,371,062
	Umphumulo Hospital: Replacement of perimeter fence	Replacement of perimeter fence around the hospital.	Stage 2: Concept/ Feasibility	3737500	Upgrading and Additions	01/04/2020	29/03/2024	R -
	Untunjambili Hospital - Asbestos Eradication & Associated Roofing Works	Asbestos Eradication & Associated Roofing Works	Stage 4: Design Documentation	1005169	Rehabilitation, Renovations & Refurbishment	27/01/2021	31/03/2025	R -
	Untunjambili Hospital - New Staff Accommodation	Construction of additional staff accommodation to serve mainly Medical Interns and Officers	Stage 3: Design Development	33717916.84	Upgrading and Additions	02/01/2020	31/03/2026	R 57,342
NDWEDWE SUB-DISTRICT								
	Ndwedwe CHC - Asbestos Eradication and Associated roofing works	Removal of asbestos and replace with IBR sheeting	Stage 4: Design Documentation	1622098	Rehabilitation, Renovations & Refurbishment	27/01/2021	31/03/2025	R -
	Ndwedwe CHC - Construction of medical waste area	Construction of medical waste area	Stage 4: Design Documentation	460200	Upgrading and Additions	06/01/2020	31/03/2025	R 268,601
	Ndwedwe EMS Station - Construction of New EMS Wash Bay	Design and construction of new wash bay and additional parking and repair of sewer at EMS station	Stage 4: Design Documentation	3523504	Upgrading and Additions	06/04/2015	31/03/2024	R -
	Wosiyane Clinic: Replace Asbestos with Zinculum Roof	Replace Asbestos with Zinculum Roof	Stage 1: Initiation/ Pre-feasibility	500000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
KING CETSHWAYO DISTRICT								
MTHONJANENI SUB-DISTRICT								
	KwaMagwaza Hospital: Repair and Water proof roofs at OPD; Female and Male Ward and Theatres	Repair and Water proof roofs at OPD, Female and Male Ward and Theatres.	Stage 4: Design Documentation	15400000	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/05/2024	R -
	Kwayanguye Clinic (Kwamag)- Upgrade of sewer plant	Upgrade of sewer plant	Stage 6: Handover	2295980.83	Upgrading and Additions	01/04/2016	31/03/2023	R 1,989,563
	KwaYanguye Clinic -Replace Asbestos with Zincalum roof sheeting	Replace Asbestos with Zincalum roof sheeting	Stage 1: Initiation/ Pre-feasibility	726000	Rehabilitation, Renovations & Refurbishment	07/01/2022	31/03/2023	R -
NKANDLA SUB-DISTRICT								
	Dinintuli Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	300000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Ekhombe Hospital - Rennovations to walkways.	"Renovations to Walkways between theatre and maternity. Replace floors with smooth floors. cover walkways against weather element	Stage 5: Works	6941675	Rehabilitation, Renovations & Refurbishment	01/04/2016	30/03/2024	R 5,117,294
	Ekhombe hospital - Replace existing perimeter Fence	Replace existing 2400m perimeter fence including residential demarcation fence.	Stage 4: Design Documentation	3374000	Upgrading and Additions	01/04/2020	31/07/2023	R -
	Ekhombe Hospital - Staff Accommodation Renovation	Remove asbestos roofs, test and replace roof trusses where necessary. Replace ceilings, electrical installation and issue COC. Renew light fittings	Stage 5: Works	70000000	Rehabilitation, Renovations & Refurbishment	01/04/2016	30/05/2025	R 6,106,369
	Halambu Clinic -Replace Asbestos with Zincalum roof sheeting	Replace Asbestos with Zincalum roof sheeting	Stage 1: Initiation/ Pre-feasibility	1683130	Rehabilitation, Renovations & Refurbishment	07/01/2022	31/03/2023	R -
	Mabhuqwini Clinic:: Replace Fence	REPLACE FENCE	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Malunga Clinic: Replace Fence	REPLACE FENCE	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Mfongosi Clinic: Replace Asbestos with Zincalum Roof	Replace Asbestos with Zincalum Roof	Stage 1: Initiation/ Pre-feasibility	900000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2024	R -
	Nkandla Hospital - Construction of New EMS Wash Bay	Design and construct new ambulance wash bay, Demolish existing floor slabs, Remove old park home and New parking area	Stage 4: Design Documentation	4357085	Upgrading and Additions	06/04/2015	31/03/2024	R -
	Nkandla hospital - Replace existing perimeter fence	Replace existing 1004 m existing perimeter fence including demarcation fence in residential fence.	Stage 4: Design Documentation	5055000	Upgrading and Additions	01/04/2020	31/07/2023	R -
	Nkungumathe - New Health Post	Construction of a new health post.	Stage 2:	3500000	New or	02/01/2019	31/03/2025	R

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
			Concept/ Feasibility		Replaced Infrastructure			-
UMHLATHUZE SUB-DISTRICT								
	Brackenham Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Buchanana: Replace fence	Replace fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Cinci Clinic: Replace Fence	Replace fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Empangeni EMS Station- Construction of New Wash Bay	New Wash Bay	Stage 4: Design Documentation	3851995	Upgrading and Additions	06/04/2015	31/03/2024	R -
	Empangeni EMS Station - Major refurbishment of the building and services	Empangeni EMS Station Major refurbishment of the building and services	Stage 1: Initiation/ Pre-feasibility	5000000	Rehabilitation, Renovations & Refurbishment	20/01/2020	28/02/2025	R -
	Empangeni EMS Station - Major refurbishment of the building and services HT	Equipping of the EMS at Empangeni EMS Station	Stage 2: Concept/ Feasibility	750000	Non-Infrastructure	01/04/2020	31/03/2025	R -
	King Cetshwayo District EMS - Package 1: Construction of 3 EMS Ambulance Base Wash-bays in 3 Facilit	Construction of 3 Ambulance Base Wash-bays in King Cesthwayo District	Stage 2: Concept/ Feasibility	18391646	Upgrading and Additions	25/01/2021	31/03/2026	R -
	KwaMbiza Clinic: Replace Fence	Replace fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Luwamba Clinic- Replace fence	Replace fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Mandlanzini Clinic - Installation of Standby Generator set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	17/11/2021	29/03/2024	R -
	Mtuze Clinic: Replace Fence	replace fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Ngwelezane Hospital - Construction of New Orthotics and Prosthetics Centre with Parking Area	To design and construct a new orthotics and prosthetics centre and parking area for staff and patients	Stage 3: Design Development	48047333	Upgrading and Additions	07/07/2017	27/02/2026	R 1,222,077
	Ngwelezane Hospital - HVAC replacement in OPD, Phamarcy,	HVAC replacement in OPD, Pharmacy, Admin Wing, ICU, High Care, Burns Ward, CSSD and Kitchen. Undertake Architectural and electrical	Stage 1: Initiation/ Pre-feasibility	30000000	Upgrading and Additions	20/11/2020	31/03/2026	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	CSSD,H-Care, etc	work in Theatre 1-5						
	Ngwelezane Nursing Campus - Refurbishment of the Nursing Campus	Ngwelezane Nursing Campus- Refurbishment of the Nursing Campus.	Stage 1: Initiation/ Pre-feasibility	40000000	Rehabilitation, Renovations & Refurbishment	01/02/2019	31/03/2026	R -
	Northern KZN Tertiary Hospital: Phase 1 - Core Block	Phase 1 - Core Block	Stage 1: Initiation/ Pre-feasibility	500000000	New or Replaced Infrastructure	07/01/2020	17/03/2028	R -
	Nseleni CHC- Fencing of the newly acquired site	Nseleni CHC- Fencing of the newly acquired site.	Stage 1: Initiation/ Pre-feasibility	1000000	Upgrading and Additions	01/04/2019	31/03/2024	R -
	Nseleni CHC- New HR Offices, additional clinical space, guardhouse & general waste	Nseleni CHC-Provision of New HR Offices, additional clinical space, guardhouse and general waste.	Stage 1: Initiation/ Pre-feasibility	10000000	Upgrading and Additions	03/04/2019	31/10/2025	R -
	Ntuze Clinic - Replace Roof	Replacement of roof at clinic	Stage 5: Works	1300000	Rehabilitation, Renovations & Refurbishment	02/01/2019	15/12/2022	R 730,191
	Queen Nandi Regional Hospital: Replacement of 1600 kVA transformer	Replacement of 1600 kVA transformer at Queen Nandi Regional Hospital.	Stage 4: Design Documentation	3000000	Upgrading and Additions	01/11/2019	31/03/2024	R -
	Sokhulu Clinic (Nsel Chc)- New borehole	Conduct geohydrological assessment study, drill, equip and commission borehole.	Stage 5: Works	789995	Upgrading and Additions	01/04/2016	31/03/2024	R -
UMLALAZI SUB-DISTRICT								
	Catherine Booth Hospital - COVID-19: Alterations and Additions to existing wards	Catherine Booth Hospital - COVID-19: Alterations and Additions to existing wards	Stage 5: Works	90355293.55	Upgrading and Additions	01/06/2020	31/10/2023	R 85,802,364
	Catherine Booth Hospital- Phase 1& 2 Refurbish existing wards	Phase 1 Refurbish Existing Wards: Construction of Decanting Facility, Upgrade Laundary, New Pharmacy Store and Upgrade Paeds Building & Phase 2:Refurbish and renovate existing Male & Female wards, including all services and new roof. Replace Medical Gas at Maternity ward.	Stage 5: Works	66699030	Rehabilitation, Renovations & Refurbishment	01/04/2004	31/05/2023	R 66,250,246
	Eshowe hospital - Replace existing perimeter fence	Replace existing 410 m perimeter fence in the front of the hospital with clear view type fence.	Stage 4: Design Documentation	1619000	Upgrading and Additions	01/04/2020	31/07/2023	R -
	Eshowe Medico-Legal Mortuary - Construction of Retaining Wall and Associated Works	Construction of Retaining Wall and Associated Works	Stage 4: Design Documentation	241635	Rehabilitation, Renovations & Refurbishment	11/08/2021	31/03/2023	R 271,426
	Mbongolwane hospital- Replace existing perimeter fence	Replace existing 4500m perimeter fence including Jabulani residential flats	Stage 4: Design Documentation	5011000	Upgrading and Additions	01/04/2020	31/07/2023	R -
	Mpaphala Clinic - Construction of New Medium Clinic HT	Construction of New Medium Clinic, staff accommodation, gatehouse, fencing, and sewer plant	Stage 1: Initiation/ Pre-feasibility	6000000	Non-Infrastructure	01/04/2020	31/03/2025	R -
	Mpaphala Clinic - Construction of New Medium Clinic	Construction of New Medium Clinic, staff accommodation, gatehouse, fencing, and sewer plant	Stage 2: Concept/	70000000	New or Replaced	29/02/2000	31/03/2027	R 1,795,929

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
			Feasibility		Infrastructure			
	Mvutshini Clinic: Replace Fence	REPLACE FENCE	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Ngudwini Clinic (Mbong) -Borehole and a water storage tank with booster pump.	"Restore existing borehole, Drill a new Borehole if necessary, Install ground water tank with booster pump.	Stage 5: Works	503834.13	Upgrading and Additions	01/04/2016	31/03/2024	R 333,834
	Ntumeni Clinic : Replace Asbestos with Zinculum Roof	Replace Asbestos with Zinculum Roof	Stage 1: Initiation/ Pre-feasibility	1392000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Obanjeni Clinic: Construction of a new clinic with residence	Obanjeni Clinic: Construction of a new medium clinic with MOU and 5 residences.	Stage 2: Concept/ Feasibility	78000000	New or Replaced Infrastructure	01/04/2020	20/09/2028	R -
UGU DISTRICT								
RAY NKONJENI SUB-DISTRICT								
	Gcinokuhle Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Margate Clinic - Install 20kl steel elevated water tank	Installation of 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Murchison Hospital - Construction of new MDR unit	Murchison Hospital - Construction of new MDR unit	Stage 1: Initiation/ Pre-feasibility	67700000	Upgrading and Additions	02/04/2012	31/03/2026	R -
	Murchison Hospital - Replace Theatre HVAC System	Murchison Hospital - Replace Theatre A/C Plant	Stage 4: Design Documentation	6829584	Upgrading and Additions	05/06/2015	26/07/2024	R 443,167
	Murchison Hospital - Replacement of Steam Dependent Equipment with Electrical Equipment	Replacement of Steam Dependent Equipment with Electrical Equipment	Stage 1: Initiation/ Pre-feasibility	5000000	Upgrading and Additions	19/08/2021	31/03/2026	R -
	Murchison Hospital - Asbestos Eradication & Associated Roofing Work	Murchison Hospital - Asbestos Eradication & Associated Roofing Work	Stage 1: Initiation/ Pre-feasibility	26425000	Rehabilitation, Renovations & Refurbishment	24/11/2021	31/03/2026	R -
	Murchison Hospital - Construction of new MDR unit HT	Construction of new MDR unit	Stage 2: Concept/ Feasibility	10000000	Non-Infrastructure	01/04/2020	31/03/2025	R -
	Murchison Hospital - Upgrade Neonatal Nursery and Waste Centre	Upgrade neonatal nursery and waste centre	Stage 1: Initiation/ Pre-feasibility	7000000	Upgrading and Additions	02/01/2019	31/03/2025	R -
	Murchison Hospital- Alterations and Renovations to Staff Accommodation	Alterations and Renovations to Staff Accommodation.	Stage 4: Design Documentation	34649213.17	Upgrading and Additions	02/07/2018	31/03/2025	R 3,601,337
	Murchison Hospital: Installation of	Installation of fencing at the residential accommodation.	Stage 4: Design	4000000	Upgrading and	08/02/2018	31/03/2024	R

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Fencing		Documentation		Additions			-
	Ntabeni Cinic - Replacement of perimeter security fencing	Replace existing fence with new fencing.	Stage 7: Close out	519984	Upgrading and Additions	02/09/2019	31/03/2023	R 469,606
	Park Ryne PHC - Installation of Generator Set	Installation of generator set	Stage 1: Initiation/ Pre-feasibility	700000	New or Replaced Infrastructure	17/11/2021	31/03/2024	R -
	Port Shepstone Hospital - Installation of new ventilation system at Female TB ward	Design, install and commission a ventilation system for the female TB ward.	Stage 5: Works	1068144	Upgrading and Additions	01/04/2015	31/03/2023	R 999,234
	Port Shepstone Hospital - Replace two standby generators	Replace two standby generators	Stage 4: Design Documentation	3500000	New or Replaced Infrastructure	04/01/2021	31/03/2024	R -
	Port Shepstone Hospital - Urgent repairs to fire damage	Port Shepstone Hospital: Urgent repairs to fire damage: J-Ward and server room.	Stage 6: Handover	27943406	Rehabilitation, Renovations & Refurbishment	19/07/2017	31/03/2023	R 27,785,293
	Port Shepstone Hospital-New 28 bedded Psychiatric Unit	New 28 bedded Male and Female Psychiatric Unit with 3 seclusion rooms. 17 Bed Male Ward, 11 Bed Female Ward, 2 x Male Seclusion and 1 x Female seclusion room. Full signed project brief available in documents.	Stage 4: Design Documentation	118237428	New or Replaced Infrastructure	02/04/2013	31/03/2027	R 10,915,258
	Port Shepstone Regional Hospital Replace Asbestos with Zinculum roof sheeting	Replace Asbestos with Zinculum roof sheeting in the Maintenance Worshop and HTU	Stage 1: Initiation/ Pre-feasibility	1179000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Portshepstone Hospital Athlone Drive House: Replace Asbestos with Zinculum roof Sheeting	Replace Asbestos with Zinculum roof Sheeting at Athlone Drive House	Stage 1: Initiation/ Pre-feasibility	527400	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Southport Clinic - Install a 20kl elevated steel water tank	Installation of a 72hr storage tank	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Southport Clinic - Installation of Standby Generator set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	17/11/2021	29/03/2024	R -
	Thembalesizwe Clinic - Replacement of Sceptic Tanks	Replace existing sceptic tank.	Stage 1: Initiation/ Pre-feasibility	2000000	Upgrading and Additions	02/01/2019	31/03/2025	R -
	Umtentweni Clinic - Install a 20kl elevated steel water tank	Installation of 72hr water storage tank	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Umtentweni Clinic - Installation of Standby Generator set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	17/11/2021	29/03/2024	R -
UMDONI SUB-DISTRICT								

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Dududu Clinic - Replace existing fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	5	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	GJ Crooke's Hospital - Asbestos Eradication & Associated Roofing Work	Asbestos Eradication & Associated Roofing Work	Stage 1: Initiation/ Pre-feasibility	60090000	Rehabilitation, Renovations & Refurbishment	24/11/2021	31/03/2026	R -
	GJ Crooke's Hospital - Replacement of Martenity Ward Building HVAC System	Replacement of Martenity Ward Building HVAC System.	Stage 2: Concept/ Feasibility	10000000	New or Replaced Infrastructure	02/01/2019	31/03/2026	R -
	GJ Crooke's Hospital - Replacement of Operating Theatre HVAC System	Replacement of Operating Theatre HVAC System	Stage 1: Initiation/ Pre-feasibility	2400000	New or Replaced Infrastructure	02/01/2019	31/03/2026	R -
	GJ Crookes Hospital - Upgrade the roof and plumbing in maternity ward	G J Crookes Hospital - Replacement of roof and plumbing including minor internal renovations to ward A which includes the Labour, Gynae and Nursery.	Stage 6: Handover	65690873.84	Rehabilitation, Renovations & Refurbishment	05/05/2015	31/03/2023	R 16,992,355
	GJ Crookes Hospital-Completion contract of phase 2-4	Phase 2-4 Casualty, Trauma, Admissions (Completion Contract)	Stage 6: Handover	166434000	Upgrading and Additions	13/05/2011	31/03/2023	R 164,814,968
	Scottburgh Clinic - Install 20kl elevated steel water tank	Installation of 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Umzinto CHC - Construction of New CHC (Phase 1)	The project entails the construction if a new CHC in Umzinto - Phase 1 of 3 phases. Phase 2 and 3 are planned to follow. Phase 1 scope - Town Planning, Land Survey, Tech report. construction of all ancillary buildings, new road and elevated water tank Phase 2 - Construction of 3 streams and support services Phase 3 - Construction of overnight stay and support services	Stage 1: Initiation/ Pre-feasibility	200000000	New or Replaced Infrastructure	24/12/2019	31/03/2027	R -
UMSIMWABANTU SUB-DISTRICT								
	Harding Forensic Mortuary - Installation of Backup 25kVa Diesel standby generator	Supply, install and commission new 25kVa generator	Stage 4: Design Documentation	250000	New or Replaced Infrastructure	01/04/2021	31/03/2025	R -
	St Andrew's Hospital - Asbestos Eradication & Associated Roofing Work	Asbestos Eradication & Associated Roofing Work	Stage 1: Initiation/ Pre-feasibility	4037500	Rehabilitation, Renovations & Refurbishment	24/11/2021	31/03/2025	R -
	St Andrew's Hospital - New Staff Accommodation	Construction of new accommodation for staff	Stage 2: Concept/ Feasibility	20000000	New or Replaced Infrastructure	01/01/2020	31/03/2026	R -
	Weza Clinic - Install a 20kl elevated steel water tank	Installation of a 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Weza Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Xhamini Clinic - Replace Fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
UMZUMBE SUB-DISTRICT								
	Madlala Clinic - Replace fencing	Replacement of fencing	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Ndelu Clinic - Replacement of an existing Small Clinic with a Medium Ideal Clinic	Ndelu Clinic -Replacement of an existing Small Clinic with a Medium Ideal Clinic, with three residential units	Stage 1: Initiation/ Pre-feasibility	53056126.22	New or Replaced Infrastructure	01/04/2011	31/03/2027	R 286,507
	Ndwebu Clinic - Install a 20kl elevated water tank	Installation of a 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Ndwebu Clinic -Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Nhlalwane Clinic - Replace existing fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Ntimbankulu Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Nyavini Clinic - Construction Outlier Clinic	The project entails the construction of a Outlier clinic with Staff accomodation.	Stage 2: Concept/ Feasibility	56000000	New or Replaced Infrastructure	24/12/2019	31/03/2028	R -
	Phungashe Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	St Faith's Clinic - Replace Fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Turton CHC- Construction of New EMS Wash Bay	Design and construction of new ambulance wash bay comprising sluice, gas storage, equipment store, waste store and vehicle wash area	Stage 4: Design Documentation	2805626	Upgrading and Additions	06/04/2015	30/03/2024	R -
UMGUNGUNDLOVU DISTRICT								
MPOFANA SUB-DISTRICT								
	Bruntville CHC-Construction of a New Pharmacy,Dispensary area,walkways,parking and relocation of Par	Construction of a New Pharmacy,Dispensary area,walkways,parking and relocation of Parkhomes	Stage 5: Works	25545972	Upgrading and Additions	01/03/2013	29/03/2024	R 10,968,263

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
RICHMOND SUB-DISTRICT								
	Hopewell Clinic - Construction of New Clinic	Construction of new small clinic including 3 houses, public toilets, guardhouse and site works.	Stage 2: Concept/ Feasibility	50000000	New or Replaced Infrastructure	01/04/2020	31/03/2027	R -
	Richmond Chest Hospital - COVID-19: Alterations to existing wards: Ward A4,B1, Dining Hall	COVID-19: Alterations to existing wards: Ward A4,B1, Dining Hall	Stage 5: Works	94093323.27	Upgrading and Additions	08/04/2020	31/03/2023	R 94,825,626
	Richmond Chest Hospital - COVID-19: electrical upgrade and renovations to existing buildings	Electrical upgrade and renovations to existing buildings	Stage 5: Works	7536110.48	Upgrading and Additions	16/04/2020	31/03/2023	R 7,434,526
	Richmond Clinic - Asbestos Eradication & Associated Roofing Work	Asbestos Eradication & Associated Roofing Work		1059080	Rehabilitation, Renovations & Refurbishment	24/11/2021	31/03/2025	R -
	Richmond Hospital - Asbestos Eradication & Associated Roofing Work	Asbestos Eradication & Associated Roofing Work	Stage 1: Initiation/ Pre-feasibility	1465100	Rehabilitation, Renovations & Refurbishment	24/11/2021	31/03/2025	R -
THE MSUNDUZI SUB-DISTRICT								
	Caluza Clinic - Additional Parking	Additional Parking in Caluza Clinic	Stage 4: Design Documentation	1729285	Upgrading and Additions	18/06/2021	31/03/2023	R 836,750
	Dora- Goods and Services	Training PPE Office Equipment	Stage 5: Works	2274652	Non-Infrastructure	02/01/2019	31/03/2026	R 1,444,738
	Edendale Hospital-Completion Contract for Conversion from Steam to Electrical and 7 Air Handling Uni	Completion of the Cancelled contract due to liquidation of the original Contractor. The scope of the contract includes conversion from steam to electrical and the provision of 7 air handling units.	Stage 6: Handover	14709436	Upgrading and Additions	09/10/2015	31/03/2024	R 14,699,436
	EPWP: Maintenance of Gardens/Grounds	EPWP Maintenance of Gardens and Grounds for Health Facilities (Co-Funded under Other/Equitable Share)	Stage 5: Works	79454246.14	Non-Infrastructure	01/04/2019	31/03/2023	R 69,235,050
	EPWP: Maintenance of Gardens/Grounds-Equitable Share	EPWP Maintenance of Gardens and Grounds for Health Facilities (Co-Funded under EPWP Grant)	Stage 5: Works	394007755.8	Non-Infrastructure	01/04/2019	31/03/2026	R 227,056,172
	Ex Boys Model School - New Staff Carports	New Staff Carports to match existing	Stage 2: Concept/ Feasibility	1000000	Upgrading and Additions	01/10/2019	31/03/2025	R -
	Ex Boys Model School- Installation of archive containers for SCM	Installation of 8 archive containers including paved walkway, paved platform and CCTV pole for SCM in Ex Boys Model School grounds	Stage 4: Design Documentation	1500000	Upgrading and Additions	02/01/2019	31/03/2024	R -
	Fort Napier Hospital - Conversion of Rooms to Seclusion Rooms	Conversion of Rooms in Ward 10A and Ward 8 to Seclusion Rooms	Stage 1: Initiation/ Pre-feasibility	2000000	Upgrading and Additions	02/01/2019	31/03/2026	R -
	Fort Napier Hospital - Underpinning and repair structural cracks at wards 10A and Pharmacy	Fort Napier Hospital - Underpinning and repair structural cracks at wards 10A and Pharmacy	Stage 4: Design Documentation	500000	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2023	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Fort Napier Hospital - Upgrade and Replacement of MV Switchgears	Upgrade and Replacement of the MV switchgears and upgrade of the distribution system	Stage 1: Initiation/ Pre-feasibility	3700000	Upgrading and Additions	02/01/2019	31/03/2024	R -
	Grey's Hospital - Repairs to flat roofs of the hospitals and concrete spalling	Grey's Hospital - Repairs and water proofing of flat roofs of the hospitals and concrete spalling	Stage 4: Design Documentation	14500000	Rehabilitation, Renovations & Refurbishment	02/01/2019	20/12/2024	R -
	Grey's Hospital - Replacement of 8 passenger lifts	Replacement of 8 passenger lifts	Stage 1: Initiation/ Pre-feasibility	2000000	New or Replaced Infrastructure	17/11/2021	31/03/2027	R -
	Grey's Hospital - Replacement of Steam Dependent Equipment	Replacement of Steam Dependent Equipment	Stage 2: Concept/ Feasibility	6580000	Upgrading and Additions	19/08/2021	31/03/2027	R -
	Grey's Hospital - Upgrade and renovation to Nurse's and Doctor's accommodation	Grey's Hospital - Upgrade and renovation to Nurse's and Doctor's accommodation	Stage 4: Design Documentation	50164964	Rehabilitation, Renovations & Refurbishment	02/01/2019	15/12/2025	R -
	Grey's Hospital - waiting area for PPT	Grey's Hospital - waiting area for PPT with kitchen facility ablutions , 24 sleeping areas and waiting area (60 persons)	Stage 1: Initiation/ Pre-feasibility	10000000	Upgrading and Additions	02/01/2019	31/03/2027	R -
	Grey's Hospital- Restoration of HVAC System Phase 1	Scope includes the assessment, lifecycle renewal and optimisation of the central HVAC system.	Stage 3: Design Development	32000000	Upgrading and Additions	01/04/2016	31/03/2026	R 3,484,280
	Grey's Hospital- Restoration of HVAC System Phase 2	Replace and decentralize HVAC in OPD, Maternity, Wards & kitchen	Stage 3: Design Development	131000000	Upgrading and Additions	23/12/2019	31/03/2028	R -
	Harry Gwala Regional Hospital - Alterations and Additions to (A & E) and OPD	Alterations and Additions to Accident, Emergency (A & E) and OPD	Stage 6: Handover	95365010.72	Upgrading and Additions	01/04/2010	31/03/2024	R 95,328,119
	Harry Gwala Regional Hospital - Replace 2 lifts at the Nurses Home	Edendale Hospital: Replace two lifts at the Nurses Home	Stage 4: Design Documentation	1800000	New or Replaced Infrastructure	01/11/2019	31/03/2024	R -
	Harry Gwala Regional Hospital - Asbestos Eradication & Associated Roofing Work	Asbestos Eradication & Associated Roofing Work	Stage 2: Concept/ Feasibility	6403200	Rehabilitation, Renovations & Refurbishment	24/11/2021	31/03/2025	R -
	Harry Gwala Riefional Hospital - New Maternity & Neonatal Unit	New Maternity & Neonatal Unit	Stage 1: Initiation/ Pre-feasibility	100000000	New or Replaced Infrastructure	17/11/2021	31/03/2027	R -
	IDMS Posts - Programme Management	The IDMS Programme of National Treasury has identified the need to build capacity within the National and Provincial Departments. There are 52 Infrastructure Development positions funded by DORA, that need to be filled.	Stage 5: Works	340462928.6	Non-Infrastructure	01/04/2017	31/03/2025	R 198,804,516
	Kwampande Clinic- New Clinic	Construction of a new clinic including 3 houses, a guard house and public toilets	Stage 1: Initiation/ Pre-feasibility	73570857	New or Replaced Infrastructure	01/04/2020	31/03/2028	R 1,570,857

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Kwapata Clinic (Eden)- New borehole.	Conduct geohydrological assessment study, drill, equip and commission borehole.	Stage 5: Works	448630.19	Upgrading and Additions	01/04/2016	31/03/2023	R 98,630
	Mayor's Walk CPS - Replacement of roof and associated work	Replacement of roof and associated work	Stage 6: Handover	17200000	Rehabilitation, Renovations & Refurbishment	02/03/2020	31/05/2023	R 12,492,610
	Mayor's Walk CPS - Upgrades into a Central Provincial Records Repository and Stores Phase 1	Upgrade warehouse into a Central Provincial Records Repository and Central Provincial Stores Phase 1 in Mayor's Walk CPS:	Stage 1: Initiation/ Pre-feasibility	65000000	Upgrading and Additions	03/02/2020	15/08/2025	R -
	Midlands Regional Laundry - Major Upgrades and Additions to the Laundry	Major Upgrades and Additions to the Laundry	Stage 2: Concept/ Feasibility	50000000	Upgrading and Additions	17/09/2020	29/10/2027	R -
	Natalia Building - HVAC System Renewal	"Replacement of HVAC ducting: 1. Renewal of entire building HVAC system 2. Renewal of building Fire system	Stage 2: Concept/ Feasibility	143000000	Upgrading and Additions	01/04/2017	30/06/2026	R -
	Natalia Building - New Staff Carports	New Cantilever-type Carports for staff on Red Square	Stage 4: Design Documentation	9000000	Upgrading and Additions	06/01/2020	31/03/2025	R -
	Natalia Building - Reconfiguration of 16th floor, Relocation of PHOC & Waterproofing of Flat Roofs	Natalia Building - Reconfiguration of 16th floor, Relocation of PHOC & Waterproofing of Flat Roofs	Stage 3: Design Development	36520422	Rehabilitation, Renovations & Refurbishment	01/03/2017	30/05/2025	R 167,415
	Natalia Building - Replacement of flat roof waterproofing and full-bores	Replacement of flat roof waterproofing and full-bores	Stage 2: Concept/ Feasibility	18000000	Rehabilitation, Renovations & Refurbishment	04/02/2018	31/03/2027	R -
	Natalia Building - Security Upgrade	Security Upgrade to Natalia Building	Stage 1: Initiation/ Pre-feasibility	14000000	Upgrading and Additions	22/02/2021	31/03/2027	R -
	Natalia Building - Upgrade of MEC Suite	New carpet, Application of sound resistant wall and door system; New wallpaper to walls; New Airconditioning; New acoustic ceiling tiles with new light fittings; flushplastered bulkhead and downlighters New curtaining; Sundry interior items and new media equipment	Stage 4: Design Documentation	1693767	Rehabilitation, Renovations & Refurbishment	24/12/2019	29/03/2024	R -
	Natalia Building: Replacement of 2 x Generator Sets	Replacement of 2 x Generator Sets	Stage 1: Initiation/ Pre-feasibility	1000000	New or Replaced Infrastructure	15/12/2020	31/03/2024	R -
	Northdale Hospital - Asbestos Eradication & Associated Roofing Work	Asbestos Eradication & Associated Roofing Work	Stage 1: Initiation/ Pre-feasibility	2485000	Rehabilitation, Renovations & Refurbishment	24/11/2021	31/03/2025	R -
	Northdale Hospital - Renovate Existing Nurses Home and Construct new 28 Uni	Northdale Hospital : Renovations to existing Nurses Home building and construction of a new 28 Units Doctors Residence.	Stage 4: Design Documentation	65158903.79	Upgrading and Additions	01/04/2011	30/06/2025	R 9,547,405
	Northdale Hospital - Replacement of Roofs	Replacement of termite infested roofs and leaking roofs at the hospital Replacement of other leaking roofs	Stage 4: Design Documentation	40000000	Rehabilitation, Renovations & Refurbishment	03/03/2020	30/04/2024	R 2,765,072
	Northdale Hospital- Renovate existing	Renovate existing space for a 72-hour observation unit	Stage 2:	27441398	Rehabilitation,	09/03/2017	31/03/2027	R

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	space for a 72-hour observation unit		Concept/ Feasibility		Renovations & Refurbishment			196,060
	Office and Residential Accommodation Lease Agreements	Manage 100 Lease Agreements for KZN - Health (Office And Residential Accommodation) including Office Accommodation and Residential accommodation	Stage 5: Works	1160937728	Infrastructure Leases	03/04/2018	31/03/2026	R 665,212,132
	Pietermaritzburg Assessment and Therapy Centre- Renovations to buildings and therapy pool	Pietermaritzburg assessment therapy centre- Renovations to buildings and therapy pool	Stage 1: Initiation/ Pre-feasibility	1050000	Rehabilitation, Renovations & Refurbishment	10/12/2019	31/03/2025	R -
	Pietermaritzburg Mortuary - Refurbishment	Paintwork, Installation of CCTV, Undercover parking, Floor coverings, Signage and Road repairs	Stage 5: Works	2200000	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2023	R 652,644
	Purchase 14 Portable Standby Disaster Management Generators Sets	Purchase of Portable Standby Disaster Management Generators Sets as follows 2 x 60 KVA 2 X 80 KVA 2X 100 KVA 2X 200 KVA 2 X 300KVA 2 X 400KVA 2X 600 KVA all with associated 100m cables.	Stage 4: Design Documentation	7400000	New or Replaced Infrastructure	03/02/2020	31/01/2024	R -
	Radio Repeater high sites throughout KZN: Maintenance and Licence Fees	Radio Repeater high sites throughout KZN: Maintenance and Licence Fees.	Stage 5: Works	47345805	Non-Infrastructure	01/04/2015	31/03/2026	R 28,565,112
	Real Estate: Administration costs for new acqusitions	The budget provides for administrative costs associated with pre-purchase costs. Includes property evaluations, survey, etc	Stage 5: Works	43149272.01	Infrastructure Leases	01/02/2018	31/03/2026	R 128,313
	Townhill Hospital - Installation of 72-hour emergency water storage system	Installation of 72-hour emergency water storage system	Stage 1: Initiation/ Pre-feasibility	19800000	Upgrading and Additions	01/04/2021	31/03/2026	R -
	Townhill Hospital - Repairs to sewer system Phase II	Repairs to Sewer System	Stage 2: Concept/ Feasibility	3000000	Upgrading and Additions	02/01/2019	31/03/2025	R -
	Townhill Hospital - Replacement and repairs to dilapidated roofs	Replace roof sheeting and associated rainwater goods. Waterproof flat roofs.	Stage 1: Initiation/ Pre-feasibility	12000000	Rehabilitation, Renovations & Refurbishment	07/01/2022	31/03/2026	R -
	Townhill Hospital - Replacement of MV switchgear	Townhill Hospital - Electrical distribution network study and MV upgrade	Stage 4: Design Documentation	3898000	New or Replaced Infrastructure	02/01/2019	31/03/2024	R -
	Townhill Hospital- Structural Investigation and Repairs to Hillside Ward	Hospital- Structural Investigation and Repairs to Hillside Ward	Stage 6: Handover	14696693	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2023	R 14,680,283
	Townhill Hospital: Replacement of Sport and Recreational Facilities	"Replacement of Swimming pool, 2 x Combi-court Soccer field, Clubhouse, Prayer rooms, Recreational area, Parking and	Stage 1: Initiation/ Pre-feasibility	10000000	Upgrading and Additions	18/12/2019	31/03/2027	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
		Fencing"						
	Townhill Office Park - Construct New IT Store & Additional Parking	Townhill Office Park - Construct New IT Store & Additional Parking	Stage 2: Concept/ Feasibility	5500000	Upgrading and Additions	02/01/2019	31/03/2025	R -
	Umgungundlovu EMS - Replace Parkhome Office with a New Permanent Structure	UMgungundlovu EMS - Replace Parkhome Office with a New Permanent Structure	Stage 1: Initiation/ Pre-feasibility	2500000	Upgrading and Additions	25/03/2021	31/03/2025	R -
	UMgungundlovu EMS - Replace Parkhome Office with a New Permanent Structure	UMgungundlovu EMS - Replace Parkhome Office with a New Permanent Structure	Stage 1: Initiation/ Pre-feasibility	1500000	Upgrading and Additions	25/02/2020	31/03/2026	R -
UMGENI SUB-DISTRSICT								
	Umgeni Hospital - Roof Replacement	Replace roof sheeting for workshop building, walkways and passages from main administration to ward 7 from OT to Main Kitchen. Repair roof at procurement building. Replace asbestos roof at Mortuary building. Replace roof sheeting at transport office building.	Stage 4: Design Documentation	4000000	Rehabilitation, Renovations & Refurbishment	02/01/2019	29/03/2024	R -
	Umgeni Hospital: Replacement of mini-substation at Nurses Accommodation.	Replace the aged minisubstation having a fault on the ring main unit.	Stage 4: Design Documentation	1100000	Upgrading and Additions	08/12/2020	31/03/2023	R 729,100
UMSHWATHI SUB-DISTRICT								
	Gcumisa Clinic - Construction of Access Road, Parking, Shelter & Replace Parkhome	Construction of Access Road, Parking, Shelter & Replacement of Parkhome in Gcumisa Clinic	Stage 2: Concept/ Feasibility	5000000	Rehabilitation, Renovations & Refurbishment	24/06/2020	30/08/2024	R -
	Mpolweni Clinic- Construction of New Medium Clinic	Project entails the construction of a new medium clinic in Mpolweni.	Stage 1: Initiation/ Pre-feasibility	70000000	New or Replaced Infrastructure	24/12/2019	31/03/2027	R -
UMKHANYAKUDE DISTRICT								
BIG FIVE HLABISA SUB-DISTRICT								
	Esiyembeni Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	17/01/2022	29/03/2024	R -
	Hlabisa EMS Station - Construction of New Wash Bay	Construction of New Wash Bay	Stage 4: Design Documentation	2988109	Upgrading and Additions	18/01/2021	31/03/2024	R -
	Hlabisa Hospital - Upgrade OPD HT	Hlabisa Hospital - Equipping Male and Female Psych; OPD; Pharmacy; X-Ray;TB Ward and Allied Services	Stage 5: Works	20000000	Non-Infrastructure	01/04/2019	31/03/2023	R 4,079,660
	Hlabisa Hospital- Upgrade OPD	Construction of OPD, Accident & Emergency, Pharmacy and Allied services	Stage 5: Works	244599566.6	Upgrading and Additions	02/04/2012	29/03/2024	R 233,361,329
	Inhlwathi Clinic - Install a 20kl elevated steel water tank	Installation of a 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Macabuzela Clinic : Repair Existing Fence	Repair Existing Fence		100000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Machibini Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Mnqobokazi Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Mpembeni Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Mpukunyoni Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Mpukunyoni Clinic - Replacement of Existing Clinic	Project entails the construction of a new clinic to replace an existing clinic	Stage 1: Initiation/ Pre-feasibility	50000000	New or Replaced Infrastructure	24/12/2019	30/04/2027	R -
	Nkundusi Clinic: Repair existing fence	Repair existing fence	Stage 1: Initiation/ Pre-feasibility	100000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Ntondweni Clinic - Install a 20kl elevated steel water tank	Installation of a 72hr water storage tank	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Ntondweni: Replace Fence	Replace Fence		400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
JOZINI SUB-DISTRICT								
	Bethesda: Replace Mortuary with Containerised Mortuary	Replace Mortuary with Containerized mortuary	Stage 2: Concept/ Feasibility	2000000	New or Replaced Infrastructure	02/01/2019	26/02/2027	R -
	Dondotha Clinic: Replace Fence	Replace Fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Dondotha clinicc: Replace Asbestos with Zincalum roof sheeting	Replace Asbestos with Zincalum roof sheeting	Stage 1: Initiation/ Pre-feasibility	1530000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Jozini Malaria Health Complex - Replace perimeter fence around Malaria Camps	Replace perimeter fence around Malaria Camps and install new security gates	Stage 4: Design Documentation	3471000	Rehabilitation, Renovations & Refurbishment	31/10/2019	31/03/2023	R -
	Malaria Camps - Upgrade and	Upgrade and renovate malaria camps	Stage 2:	10000000	Rehabilitation,	01/04/2020	29/05/2026	R

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Additions		Concept/ Feasibility		Renovations & Refurbishment			-
	Mosvold Hospital - Construction of 40 Units Block of Staff Accommodation and Paediatric Unit	Construction of 40 Units Block of Staff Accommodation and Paediatric Unit	Stage 2: Concept/ Feasibility	200000000	Upgrading and Additions	24/04/2019	30/07/2027	R -
	Shemula clinic: Replace fence	Replace Fence	Stage 1: Initiation/ Pre-feasibility	400000	Rehabilitation, Renovations & Refurbishment		31/03/2023	R -
	UMkhanyakude EMS - Replace Parkhome Office with a New Permanent Structure	UMkhanyakude EMS - Replace Parkhome Office with a New Permanent Structure	Stage 1: Initiation/ Pre-feasibility	1500000	Upgrading and Additions	25/02/2020	31/03/2025	R -
MTUBATUBA SUB-DISTRICT								
	Ezwenelisha Clinic - Replacement of existing clinic with a new medium Clinic	Construction of a new medium Clinic to replace existing clinic	Still to be initiated	50000000	New or Replaced Infrastructure	08/01/2020	31/03/2028	R -
UMHLABUYALINGANA SUB-DISTRICT								
	Manaba Clinic - Install a 20kl elevated water tanks	Installation of 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Manguzi Hospital: New Male Ward	New Male Ward	Stage 1: Initiation/ Pre-feasibility	20000000	Upgrading and Additions	27/02/2020	31/03/2027	R -
	Mseleni Hospital - Sewer Upgrade	Sewer upgrade on the eastern side of the to eliminate all septic tanks and provide pump to the sewer ponds	Stage 3: Design Development	9100000	Upgrading and Additions	02/01/2019	31/03/2026	R -
	Mseleni Hospital- 350KL Water Tanks	Mseleni Hospital- Installation of a 350KL Water Tanks	Stage 2: Concept/ Feasibility	1500000	Upgrading and Additions	01/04/2019	31/03/2025	R -
	Ntshongwe Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	29/03/2024	R -
	Thengane Clinic - Installation of Standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	17/11/2021	29/03/2024	R -
Umzinyathi District								
ENDUMENI SUB-DISTRICT								
	Dundee Hospital - Upgrade Sewer Reticulation	Dundee Hospital: Repair /upgrade the entire sewer reticulation system at the hospital	Stage 1: Initiation/ Pre-feasibility	8200000	Upgrading and Additions	25/01/2019	31/03/2025	R -
	Dundee Hospital: Assessment and Upgrade of HVAC System	Dundee Hospital: Assessment and Upgrade of Air-Conditioning System	Stage 3: Design Development	32961603	Upgrading and Additions	01/04/2016	31/03/2026	R 1,350,968
	Dundee Regional Laundry - Installation of 800 kVA Generator set	Installation of new 800 kVA generator set incl. associated electrical work in Dundee Regional Laundry	Stage 4: Design Documentation	5051789.98	New or Replaced	01/11/2019	30/08/2024	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
					Infrastructure			
	Dundee Regional Laundry - Laundry Equipment	Replace laundry equipment and repair/or service existing	Stage 5: Works	49828382.9	New or Replaced Infrastructure	01/12/2017	31/03/2028	R 39,547,881
	Dundee Regional Laundry - Upgrade steam reticulation	Upgrade 2 x boilers, repair steam reticulation and condensate return line	Stage 6: Handover	15864492.27	Upgrading and Additions	04/04/2016	31/03/2028	R 10,548,849
	Dundee Regional Laundry - Upgrade to the Regional Laundry Building	Upgrade to the Regional Laundry Building including roof, erect clean-dirty area dividing wall, repair floors, renovate ablution facilities, repair boiler house roof that was damaged by storm.	Stage 5: Works	11500000	Upgrading and Additions	05/05/2014	31/03/2024	R 8,893,673
MSINGA SUB-DISTRICT								
	Church of Scotland Hospital - Renovation of Existing EMS Wash Bay	Renovate existing wash bay facility for ambulance comprising sluice and vehicle wash area	Stage 4: Design Documentation	2696158	Upgrading and Additions	06/04/2015	29/03/2024	R -
	Church of Scotland Hospital- Installation of Hot Water Tanks and Heat Pumps	Installation of Hot Water Tanks and Heat Pumps	Stage 1: Initiation/ Pre-feasibility	4000000	Upgrading and Additions	19/08/2021	29/03/2024	R -
	Church of Scotland Hospital RTC- renovations to RTC	Installation of folding partition in between classrooms, Renovations to accommodation ablutions & ironing room	Stage 5: Works	1356188.16	Rehabilitation, Renovations & Refurbishment	30/11/2015	05/10/2022	R 1,262,733
	Church of Scotland-Renovations and Upgrades to existing burnt Mental Health Spaces and Ablutions .	Renovation of existing burnt Mental Health Spaces, 2patients cubicles (ward), store, linen and stationery rooms, sluice room. Replace passage ceiling and light fittings, windows frames and panes, damaged vinyl sheeting, door frames and doors, extractor/airconditioning unit. Upgrade existing ablutions.	Stage 2: Concept/ Feasibility	12000000	Rehabilitation, Renovations & Refurbishment	01/02/2016	31/03/2026	R -
	Cwaka Clinic: New Replacement Clinic	Replacement to Existing Clinic for Inkululeko Initiative: Additional consultant rooms. Enlarged medical store,stores &filing rooms. Re-organize Waiting area with Main entrance, Dressing room, Counseling rooms (x2), Additions of staff accommodation (x6), A service board at the entrance and waste areas	Stage 3: Design Development	62634232.45	New or Replaced Infrastructure	11/11/2015	31/03/2027	R 4,823,893
	Gunjana Clinic: Replace Fence	replace fence	Stage 1: Initiation/ Pre-feasibility	270000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Mawele Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	320000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Nocomboshe Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	90000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
NQUTU SUB-DISTRICT								
	Charles Johnson Memorial - Nursing college (Phase 2) Completion Contract	Replace floor coverings , paint walls , fit cupboards , electrical upgrades including waterproofing to roofs and plumbing repairs .	Stage 5: Works	17147302	Rehabilitation, Renovations & Refurbishment	04/04/2019	29/03/2024	R 7,130,499

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Charles Johnson Memorial Hospital - Storm damage repairs	Repairs to Doctors' Residence and Rondavels Repairs to New and Old Workshops Repairs to paediatric Ward	Stage 5: Works	2652986	Rehabilitation, Renovations & Refurbishment	24/12/2020	29/03/2024	R 411,436
	Charles Johnson Memorial Hospital - Upgrades water, sewer, signage, staff parking and helipad	Renovate all Ablutions and Put Signage-geographical signage, assembly point, staff parking and a new helipad.	Stage 2: Concept/ Feasibility	44000000	Rehabilitation, Renovations & Refurbishment	03/04/2018	31/03/2026	R -
	Mangeni Clinic:: Replace Fence	Replace fence	Stage 1: Initiation/ Pre-feasibility	390000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Masotsheni Clinic: Replace Fence	Replace fence	Stage 1: Initiation/ Pre-feasibility	500000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
UMVOTI SUB-DISTRICT								
	Greytown TB Hospital - Extractor Fans at Male TB ward x6	Extractor Fans at Male TB ward x6	Stage 5: Works	1210000.09	Rehabilitation, Renovations & Refurbishment	01/06/2016	29/03/2024	R 60,054
	Greytown TB Hospital - Pave Parking Area and Build New Guard House	Pave parking area for staff residence Build a new guard house Replace existing concrete fence	Stage 1: Initiation/ Pre-feasibility	6500000	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2025	R -
UTHUKELA DISTRICT								
ALFRED DUMA SUB-DISTRICT								
	Driefontein Clinic - Sewer system upgrade	Replace damaged sewer line and all trades effected in accordance with relevant statutory and requirements	Stage 3: Design Development	8059396.66	Upgrading and Additions	01/04/2016	31/03/2025	R 297,364
	Ezakheni 2 - Replace fence	Replacement of fencing	Stage 1: Initiation/ Pre-feasibility	250000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	eZakheni C : Replace Asbestos with Zinculum roof	Replace Asbestos with Zinculum Roof	Stage 1: Initiation/ Pre-feasibility	500000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2024	R -
	Gcinalishone Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	300000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	KwaMteyi Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	300000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
	Ladysmith Gateway Clinic - Installation of the standby generator set	Install a new generator	Stage 3: Design Development	460000	New or Replaced Infrastructure	01/04/2021	29/03/2024	R -
	Ladysmith Hospital - Conversion of existing ward into 28 bed Regional	Male and female single rooms created 2 rooms behind the existing nurses station are to be converted into	Stage 1: Initiation/ Pre-feasibility	30000000	Upgrading and Additions	10/10/2018	30/11/2027	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Mental Health unit	seclusion rooms with heavy duty door, epoxy floor and vandal proof WC The establishment of dinning /recreation areas						
	Ladysmith Hospital - Installation of water and fire reticulation	Installation of new water and fire reticulation line to ensure compliance	Stage 2: Concept/ Feasibility	3500000	Upgrading and Additions	02/01/2019	31/03/2026	R -
	Ladysmith hospital - Renovate OPD, Laundry, and Mortuary. Convert Garages to storage	Reconfiguration of OPD, Laundry area, new vehicle wash area resurfacing of tarred area, conversion of garages to storage area and reconfiguration of mortuary.	Stage 1: Initiation/ Pre-feasibility	29900000	Rehabilitation, Renovations & Refurbishment	01/04/2019	31/03/2027	R -
	Ladysmith Hospital - Replacement of Sewer Reticulation	1. Investigation of existing sewerline. 2. Removal of existing sewerline. 3. Design and construction of new sewerline.	Stage 5: Works	13000000	Rehabilitation, Renovations & Refurbishment	01/04/2016	31/10/2024	R 2,072,847
	Ladysmith Hospital - Replacement of Standby Generator Set	Replacement of Standby Generator Set	Stage 2: Concept/ Feasibility	800000	New or Replaced Infrastructure	01/11/2019	30/08/2024	R -
	Ladysmith Hospital: 72 hr Water and Fire Storage Upgrade	Ladysmith Hospital: 72 Water and Fire Storage Upgrade	Stage 4: Design Documentation	10653679.03	Upgrading and Additions	22/02/2019	31/03/2025	R 1,412,463
	Ladysmith Hospital: New walkway covering at wards 1 to 8	Replace walkway coverings at wards 1 to 8	Stage 2: Concept/ Feasibility	4893900	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2025	R -
	Ladysmith Hospital: Upgrade and Replacement of MV switchgears in main substation and upgrade of the	Upgrade and Replacement of MV switchgears in main substation and upgrade of the electrical distribution system.	Stage 2: Concept/ Feasibility	4100000	New or Replaced Infrastructure	01/02/2021	31/03/2025	R -
	Sahlumbe Clinic - Replace fence	Replacement of fence	Stage 1: Initiation/ Pre-feasibility	300000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
INKOSI LANGALIBALELE SUB-DISTRICT								
	Estcourt Hospital - Renovations to roof and replace all covered walkways	Renovations including roof repairs, painting, replacing doors etc	Stage 2: Concept/ Feasibility	30000000	Rehabilitation, Renovations & Refurbishment	21/04/2020	31/03/2027	R -
	Estcourt Hospital - Replacement of standby Generator Set	Installation of generator set to replace the existing to supply additional loads.	Stage 2: Concept/ Feasibility	700000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Estcourt Hospital: Construct New Mental Health In-patient Unit	Construct new Inpatient Mental Health Unit	Stage 1: Initiation/ Pre-feasibility	50000000	Rehabilitation, Renovations & Refurbishment	03/04/2018	31/03/2028	R -
	Estcourt Hospital: Construct New Mothers' lodgeing and Upgrade Maternity Ward 4A	Construct New Park home for mothers lodging. Reconfigure, renovate and upgrade existing maternity ward	Stage 2: Concept/ Feasibility	200000000	Upgrading and Additions	01/03/2019	30/03/2029	R -
	Estcourt Hospital: Upgrade of electrical	Upgrades to the electrical distribution system.	Stage 3: Design	500000	Upgrading and	02/01/2019	29/03/2024	R

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	distribution system.		Development		Additions			-
OKHAHLAMBASUB-DISTRICT								
	Bergville Clinic - Construction of medical waste area	Construction of medical waste area	Stage 1: Initiation/ Pre-feasibility	800000	Upgrading and Additions	06/01/2020	31/03/2025	R -
	Emmaus Hospital: Roof Replacement to various buildings	Roof Replacement to various buildings (Priority to asbestos roofs)	Stage 2: Concept/ Feasibility	10000000	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2027	R -
	Emmaus hospital: Upgrade of MV and LV electrical distribution system.	Upgrades to the electrical distribution system for MV and LV.	Stage 2: Concept/ Feasibility	1700000	Upgrading and Additions	01/06/2020	29/03/2024	R -
	Mazizini Clinic: Replace Asbestos with Zinculum Asbestos	Replace Asbestos with Zinculum Asbestos	Stage 1: Initiation/ Pre-feasibility	500000	Rehabilitation, Renovations & Refurbishment	06/01/2022	31/03/2023	R -
ZULULAND								
ABAQULUSI SUB-DISTRICT								
	Bhekumthetho Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	17/11/2021	29/03/2024	R -
	Bhekumthetho Clinic : Install 20 KL elevated steel water tank	Install 72 Hr water storage		700000	Upgrading and Additions	07/01/2022	29/03/2024	R -
	Gluckstadt Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Still to be initiated	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Khambi Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Louwsburg Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Makhwela Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Makhwela Clinic : Install 20 kl elevated steel tanks	Provide 72 hr waster storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	07/01/2022	29/03/2024	R -
	Mondlo 2 Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Vryheid Hospital - Asbestos Eradication & Associated Roofing Work	Vryheid Hospital- Replace asbestos roof using suitable roofing material to match existing where possible.	Stage 5: Works	13704472.38	Rehabilitation, Renovations &	02/01/2019	09/09/2024	R 5,791,853

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
					Refurbishment			
	Vryheid Hospital - Design, Supply, Install & Commission Of Non-Water Air Cooled Air Conditioning Uni	Design, Supply, Install And Commission Of Non-Water Air Cooled Air Conditioning Units For Theatres.	Stage 2: Concept/ Feasibility	3000000	Upgrading and Additions	17/07/2017	31/03/2027	R -
	Vryheid Hospital - New OPD	Vryheid Hospital - New Out-Patients Department	Stage 1: Initiation/ Pre-feasibility	150000000	Upgrading and Additions	02/01/2019	31/03/2028	R -
Edumbe Sub-District								
	Candover Clinic - Construction of New Clinic and Accommodation	Project entails the construction of a new ideal clinic and residences	Stage 1: Initiation/ Pre-feasibility	78000000	New or Replaced Infrastructure	24/12/2019	29/03/2030	R -
	EDumbe CHC - Construction of New EMS Wash Bay	Build access road to base, Build new covered parking area, Construct new wash bay facility for ambulance comprising sluice, gas storage, equipment store, waste store and vehicle wash area	Stage 4: Design Documentation	5034712	Upgrading and Additions	15/09/2016	31/03/2024	R -
	KwaGwebu Clinic : New Ideal Clinic and accommodation	KwaGwebu Clinic : Construction of a new ideal clinic and Residences	Stage 2: Concept/ Feasibility	78000000	New or Replaced Infrastructure	24/12/2019	01/07/2027	R -
	Mahloni Clinic: Construction of a small clinic with accommodation	Mahloni Clinic: Construction of a small with accommodation	Stage 1: Initiation/ Pre-feasibility	50000000	New or Replaced Infrastructure	24/12/2019	31/03/2027	R -
	Mangosuthu Clinic - Construction of New Medium Clinic	Project entails the construction of a new medium clinic	Stage 1: Initiation/ Pre-feasibility	50000000	New or Replaced Infrastructure	01/04/2020	31/03/2028	R -
	Paulpietersburg Satellite Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
NONGOMA SUB-DISTRICT								
	Benedictine hospital - Construction of new OPD core block	Construction of new OPD core block	Stage 1: Initiation/ Pre-feasibility	150000000	Upgrading and Additions	02/01/2019	31/03/2029	R -
	Benedictine Hospital - Laundry Equipment Replacement	Supply, delivery, installation and commissioning of the following Laundry equipment: 3 x washing machines (36 kg), 1 x old washing machine to be repaired, 3 x tumble dryers (2 x 34 kg and 1 x 55 kg), 1 x heavy duty industrial return feed calendar ironer, 1 x utility laundry press with compressor and 4 x dosing systems.	Stage 5: Works	2149163	New or Replaced Infrastructure	22/02/2021	31/03/2023	R 1,945,613
	Benedictine Hospital - Replace roof, gutters and down pipes	Replace roof, gutters and down pipes in, Admin Block, Maternity ward, Surgical wards, Theatre,HR building, Sisters lodge. Replace asbestos in Maintenance, Compound, Army house, 4 plant rooms and Transport buildings	Stage 3: Design Development	15000000	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2026	R -
	Benedictine Hospital - Upgrade water reticulation	Replace all corroded underground galvanized pipes for domestic and fire line including connection to all facility buildings. Link to existing 72 hour water storage tank.	Stage 2: Concept/ Feasibility	4800000	Upgrading and Additions	02/01/2019	31/03/2026	R 16,100

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Benedictine Hospital- Renovate existing space for a 72-hour observation unit	Renovate existing space for a 72-hour observation unit	Stage 1: Initiation/ Pre-feasibility	36560000	Rehabilitation, Renovations & Refurbishment	18/01/2018	26/02/2027	R -
	Benedictine Hospital: Construction of new staff accommodation - Phase 2	Construction of additional staff accommodation to serve mainly Medical Interns and Officers.	Stage 4: Design Documentation	49500000	Upgrading and Additions	02/01/2020	31/03/2026	R -
	Dengeni Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	17/11/2021	31/03/2024	R -
	Ekubungazeleni Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	17/11/2021	31/03/2024	R -
	Ekubungazeleni Clinic - Re-route existing sewer line & upgrading the existing septic tank	Re-route the existing sewer line and upgrading of the existing septic tank	Stage 6: Handover	1968000	Upgrading and Additions	01/04/2016	31/03/2023	R 1,736,754
	Hlengimpilo Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Mahashini Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	01/04/2016	31/03/2024	R -
	Maphophoma Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Ngqeku Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Ombimbini Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Sovane Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
ULUNDI SUB-DISTRICT								
	Ceza Hospital- Assessment and installation of HVAC system.	Investigation and installation of HVAC system for Male and Female Wards, Maternity, OPD and Admin Offices"	Stage 5: Works	1840000	Upgrading and Additions	01/04/2016	31/03/2023	R 1,484,210
	Ceza Hospital: Refurbishment of Existing Nurses Accommodation	Ceza Hospital: Refurbishment of Existing Nurses Accommodation	Stage 1: Initiation/ Pre-feasibility	5000000	Rehabilitation, Renovations & Refurbishment	02/01/2019	31/03/2026	R -
	Esidakeni Clinic - Installation of standby Generator Set	Installation of NICU HVAC system	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced	17/11/2021	31/03/2024	R -

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
					Infrastructure			
	Mabedlane Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Magagadolo Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Makhosini Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Mashona Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Mpungamhlophe Clinic - Install a 20kl elevated steel water tank	Installation of 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Ncemaneni Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Nhlopheni Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Nkonjeni Hospital - Build a new Neonatal facility & renovate existing	Upgrading of Maternity Complex	Stage 5: Works	77112605.15	Upgrading and Additions	02/04/2013	31/03/2025	R 25,367,085
	Nkonjeni Hospital - Build a new Neonatal facility & renovate existing HT	Upgrading of Maternity Complex Health Technology	Stage 1: Initiation/ Pre-feasibility	9000000	Non-Infrastructure	01/04/2020	31/03/2024	R 129,857
	Nkonjeni Hospital - New flats to accommodate 75 staff (nursing staff & student)	Conversion of college to staff accommodation and construction of new student nurses accommodation. 60 Student accommodation and 15 nursing staff accommodation.	Stage 4: Design Documentation	90000000	Upgrading and Additions	22/11/2019	31/03/2027	R 3,499,072
	Nomdiya Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Thulasizwe Gateway Clinic - Installation of Generator Set	Installation of generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Wela Clinic - Install a 20kl elevated steel water tank	Installation of a 72hr water storage	Stage 1: Initiation/ Pre-feasibility	700000	Upgrading and Additions	06/01/2022	29/03/2024	R -
	Zilulwane Clinic - Installation of Generator Set	Installation of generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Zululand District EMS - Package 2:	Construction of 4 EMS Base Wash-bays in Zululand District	Stage 1: Initiation/	24603798	Upgrading and	23/01/2021	31/03/2027	R

No.	Project Name	Project Details / Scope	FIDPM Stage	Estimated Total Project Cost	Programme	Actual Project Start Date	Estimated Project Completion Date	Total Project Expenditure to date
	Construction of 4 Ambulance Base Wash-bays		Pre-feasibility		Additions			-
	Zululand EMS - Replace Parkhome Office with a New Permanent Structure	Zululand EMS - Replace Parkhome Office with a New Permanent Structure	Stage 1: Initiation/ Pre-feasibility	1000000	Upgrading and Additions	25/02/2020	31/03/2028	R -
	Zululand Nursing College - Conversion of KZN Legislature to Nursing College	Conversion of portion of KwaZulu Natal Legislative Assembly building to new Nursing College Campus for Zululand District	Stage 4: Design Documentation	152000000	Upgrading and Additions	02/10/2017	31/03/2028	R 3,846,556
	Zululand Nursing College - Conversion of KZN Legislature to Nursing College HT	Conversion of portion of KwaZulu Natal Legislative Assembly building to new Nursing College Campus for Zululand District	Stage 1: Initiation/ Pre-feasibility	11200000	Non-Infrastructure	01/04/2020	31/03/2028	R -
UPHONGOLA SUB-DISTRICT								
	KwaNkundla Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	KwaShoba Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2027	R -
	Qalukubheka Clinic - Installation of standby Generator Set	Installation of Standby Generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -
	Tobolsk Clinic - Installation of Generator Set	Installation of generator set	Stage 1: Initiation/ Pre-feasibility	500000	New or Replaced Infrastructure	16/11/2021	31/03/2024	R -

2. Public-Private Partnerships (PPPs)

Overall, the Public Private Partnership of Inkosi Albert Luthuli Central Hospitals can be deemed successful as it is a flagship hospital of the public sector in KZN and compares favourably with private hospitals in South Africa. It is important to address the matter of the high costs associated with the IALCH PPP. The project company was largely compliant with the project agreement. If the project company had adhered to the terms of the project agreement, it would have delivered the best value that the market was willing to offer at the time. The areas of the project that were not subject to competitive pressure (variations and throughput expenses) had only a minimal impact on the value for money aspect.

A benefits realisation analysis shows that the efficiencies introduced through the PPP (integration and paperless hospital) are material and have a substantial effect on functioning of the hospital. The PPP accommodated approximately twice the number of outpatients in comparison with the output specification. The incremental costs to the Department were minimal. Although inpatients were somewhat lower than anticipated, the requisite capacity has been created and it is up to the Department to maximise value for money from its full utilisation.

The assets are generally in a good condition. The penalty regime, although self-monitored by the Project Company, was effective in encouraging desired behaviour; and there were no events of default, declarations of force majeure, disputes under Clause 45, or instances of material adverse government action.

On the negative, benefits realisation analysis shows that it cannot be confirmed whether the State of the Art standard was met. To the extent the reference hospitals benefit from higher-level technologies, opportunity to pursue additional value for money was lost. The State of the Art standard may have been excessive. To this extent the risk premium paid for this by the Department could have been lower. The 15 year currency swap was inefficient. R1.5 billion of value was theoretically lost relative to an unhedged position. It would not have been advisable to avoid hedging of currency risk altogether, so this amount is used for illustrative purposes only; There is some risk with respect to hard financial management assets, which the Department should assess and consider in extending the Project Agreement or in planning for delivering non-clinical services beyond the term of the Project Agreement;

The Department's contract management could have been strengthened, which should be addressed in the future. The stakeholders were of the view that this did not erode value for money;

The povisions relating to replaced assets did not function as desired, but this also does not change the overall value for money conclusion. It should also be noted that the views in respect of whether all services rendered by the Project Company should be contracted again under a new PPP or whether some should be in-sourced are polarised. It is clear from the stakeholder consultation process that a part of the reason for this is asymmetry of information relating to the benefits and shortcomings of the PPP.

Name of PPP	Purpose	Output	Current Annual Budget for 22/23	Date of Termination
Inkosi Albert Luthuli Central Hospital The Department is in a partnership agreement with Impilo Consortium (RF) (PTY) Ltd and Cowslip Investments (SOE) Ltd	• Supply of Equipment and Information Management and Technology Systems and Replace the Equipment and	Delivery of non-clinical services to IALCH	R764 349 420	31 July 2023
	• Systems to ensure that they remain state of the art.			
	• Supply and Replace Non-Medical Equipment.			
	• Provide the services necessary to manage project assets in accordance with best industry practice.			
	• Maintain and Replace Departmental assets in terms of			

Name of PPP	Purpose	Output	Current Annual Budget for 22/23	Date of Termination
	replacement schedules.			
	• Provide and or Procure Utilities, Consumables and Surgical Instruments.			
	• Provide facility management services			

3. State aided facilities

Number	Organisation	District	Type of Service	2021/22 Allocation	Tentative 2022/23 Allocation
1	Austerville Halfway House	Ethekwini	Mental health	655 000	655 000
2	Azalea House	Ethekwini	Mental health	604 000	604 000
3	Bekimpelo Trust	Ethekwini	Primary health care	7 662 000	5 662 000
4	Clermont Day Care Centre	Ethekwini	Mental health	468 000	468 000
5	CREATE	Umgungundlovu	Disability & rehab	500 000	524 000
6	DPSA - Community based rehabilitation	All Districts	Disability & rehab	1 074 000	1 126 000
7	DPSA - Wheelchar repair	All Districts	Disability & rehab	987 000	1 034 000
8	Duduza Care Centre	Umzinyathi	Palliative care	587 000	614 000
9	Ekukhanyeni Clinic	Ethekwini	Step down care	1 186 000	1 242 000
10	Enkumane Clinic	Umgungundlovu	Primary health care	314 000	329 000
11	Estcourt Hospice	Uthukela	Palliative care	609 000	638 000
12	Ethembeni Care Centre	King Cetshwayo	Step down care	5 334 000	5 590 000
13	Happy Hours Amaoti	Ethekwini	Mental health	655 000	655 000
14	Happy Hours Durban North	Ethekwini	Mental health	546 000	546 000
15	Happy Hours KwaXimba	Ethekwini	Mental health	468 000	468 000
16	Happy Hours Mpumulanga	Ethekwini	Mental health	499 000	0
17	Happy Hours Ninikhona	Ilembe	Mental health	327 000	327 000
18	Happy Hours Nyangwini	Ugu	Mental health	202 000	202 000
19	Happy Hours Phoenix	Ethekwini	Mental health	312 000	312 000
20	Highway Hospice	Ethekwini	Palliative care	821 000	860 000
21	Hillcrest Aids Centre Trust	Ethekwini	Palliative care	800 000	838 000
22	Hlanganani Ngothando	Harry Gwala	Mental health	421 000	421 000
23	Holy Cross Hospice	King Cetshwayo	Palliative care	800 000	800 000
24	Howick Hospice	Umgungundlovu	Palliative care	674 000	706 000
25	Ikhayalethu Health & Educational Centre	Umkhanyakude	Disability & rehab	500 000	524 000
26	Ikwezi Welfare Organization	Ilembe	Mental health	1 823 000	1 911 000
27	Indlu Youkuphephela Skills Training Institute	Ugu	Mental health	478 000	730 000
28	John Peattie House	Umgungundlovu	Mental health	1 750 000	2 625 000
29	Jona Vaughn Centre	Ethekwini	Mental health	3 063 000	4 564 000

Number	Organisation	District	Type of Service	2021/22 Allocation	Tentative 2022/23 Allocation
30	KwaHilda Ongcwele	Amajuba	Palliative care	150 000	150 000
31	KZN Blind & Deaf Society	Zululand	Disability & rehab	955 000	1 001 000
32	Ladysmith Hospice	Uthukela	Palliative care	500 000	525 000
33	Lynn House	Umgungundlovu	Mental health	1 088 000	1 404 000
34	Madeline Manor	Ethekwini	Mental health	1 058 000	1 058 000
35	Magaye Visually Impaired Peoples Association	Umgungundlovu	Disability & rehab	597 000	626 000
36	Matikwe Clinic	Ethekwini	Primary health care	558 000	585 000
37	Mountain View	Zululand	Primary health care	3 989 000	3 989 000
38	Mpilonhle	Umkhanyakude	Primary health care	620 000	695 000
39	Othandweni Cerebral Palsy Organisation	Ugu	Mental health	277 000	459 000
40	Philakade TLC	Ethekwini	Primary health care	1 314 000	1 377 000
41	Philanjalo Hospice	Umzinyathi	Step down	2 822 000	2 958 000
42	Rainbow Haven	Umgungundlovu	Mental health	604 000	633 000
43	Ramakrishna Umzamo Home	Ethekwini	Mental health	729 000	729 000
44	Scdifa Centre	Ethekwini	Mental health	1 458 000	2 187 000
45	Solid Foundation for Rural Development	Umkhanyakude	Mental health	745 000	745 000
46	South Coast Hospice	Ugu	Mental health	1 608 000	720 000
47	South Coast Hospice	Ugu	Palliative care	420 000	440 000
48	Sparkes Estate	Ethekwini	Mental health	1 677 000	2 515 000
49	St Lukes Home	Ilembe	Mental health	604 000	633 000
50	Still A Time	Ethekwini	Mental health	206 000	206 000
51	Sunfield Home	Umgungundlovu	Mental health	277 000	290 000
52	Tender Loving Care	Harry Gwala	Palliative care	268 000	314 000
53	Thembalethu Care Organisation	Uthukela	Palliative care	214 000	258 000
54	Umlazi Halfway House	Ethekwini	Mental health	327 000	432 000
55	Umsunduzi Hospice	Umgungundlovu	Palliative care	1 100 000	1 100 000
56	Woza Moya Organisation	Harry Gwala	Palliative care	300 000	348 000
57	Zisize Educational Trust	Umkhanyakude	Primary health care	621 000	696 000

PART D: TECHNICAL INDICATOR DESCRIPTION (TID) FOR APP

OUTCOME INDICATORS

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
PROGRAMME 1												
i. Audit opinion of Provincial DoH	Audit opinion for Provincial Departments of Health for financial performance	Annual Report – AGSA Findings	N/A	N/A	Annual Report – AGSA Findings	None	N/A	N/A	Categorical	Annual	Unqualified audit opinion from the Auditor General of SA.	Banking and reporting
ii. UHC service Index	UHC Service Coverage Index is a measurement of coverage of essential health services and is calculated as the product of Reproductive, maternal, new born and child health coverage; Infectious disease control; Non-communicable diseases and Service capacity and access.	South African Health Review	N/A	N/A		N/A	N/A	N/A	Index	Annual	Higher or equal to target	NHI
iii. Contingent liability of medico-legal cases	Contingent liability for the total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March	Medico-legal case management system	Total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March	Not Applicable	Medico-legal cases	Accuracy dependent of reporting of data into the system	N/A	N/A	Non-Cumulative Sum	Annual	Equal or lower than target	Legal Services
iv. Medical officers	The number of	Persal	Number of	Total population	Persal (Medical	None	None	N/A	Ratio /100	Annual	Increase in	HR

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
per 100 000 population	Medical Officers in posts on the last day of March of the reporting year per 100 000 population.	(Medical Officers)	Medical Officer posts filled in reporting year		Officers) DHIS (Stats SA population				000 population		the number of Medical Officers	Management, HR Planning
v. Professional nurses per 100 000 population	The number of Professional Nurses in posts on the last day of March of the reporting year per 100 000 population.	Persal (Professional Nurses)	Number of Professional Nurse posts filled	Total population	Persal (Professional Nurses) DHIS (Stats SA population)	None	None	N/A	Ratio /100 000 population	Annual	Increase in the number of Professional Nurses	HR Management, HR Planning
PROGRAMME 2: PRIMARY HEALTH CARE												
vi. Ideal clinic status obtained rate	Fixed PHC health facilities that obtained Ideal Clinic status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs/CDCs	Ideal Health Facility software	Fixed PHC health facilities have obtained Ideal Clinic status	Fixed PHC clinics or fixed CHCs and or CDCs	Ideal Health Facility assessments	Accuracy dependent of reporting of data into the system	Total population e	N/A	Percentage	Annual [Non-cumulative]	Equal or higher than target	DHS
vii. Patient Safety Incident (PSI) case closure rate - PHC	Patient Safety Incident case closed in the reporting month as a proportion of Patient Safety Incident cases reported in the reporting month	Ideal Health Facility Software	Number of Patient Safety Incident (PSI) case closed	Number of Patient Safety Incident (PSI) case reported	Patient Safety Incidence Reports	Accuracy dependent on reporting of data at facility level	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
viii. Patient Experience of Care satisfaction rate - PHC	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Ideal Health Facility Software	Number of Patient Experience of Care survey "satisfied" responses	Number of Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
PROGRAMME 2: DISTRICT HOSPITALS												
ix. Patient Safety Incident (PSI) case closure rate – District Hospital	Patient Safety Incident case closed in the	Ideal Health Facility Software	Number of Patient Safety Incident (PSI)	Number of Patient Safety Incident (PSI) case reported	Patient Safety Incidence Reports	Accuracy dependent on reporting	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	reporting month as a proportion of Patient Safety Incident cases reported in the reporting month		case closed			of data at facility level						
x. Patient Experience of Care satisfaction rate – District Hospital	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Ideal Health Facility Software	Number of Patient Experience of Care survey "satisfied" responses	Number of Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
xi. [Number of] maternal deaths in facility – District Hospital	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)	DHIS	[Number of] maternal deaths in facility [District, Regional, Tertiary and Central]	Not applicable	Maternal death register,	Accuracy dependent on quality of data submitted by health facilities	Pregnant women	N/A	Number	Annual	Lower or equal to the target	SHP
xii. [Number of] Inpatient deaths under 5 years – District Hospital	Children under 5 years who died during their stay in the facility	DHIS	[Number of] Inpatient deaths under 5 years	Not applicable	Midnight census;	Accuracy dependent on quality of data submitted by health facilities e	100% Children under 5 years admitted in public health facilities	N/A	Cumulative number	Annual	Lower or equal to target	SHP
xiii. Child under 5 years diarrhoea case fatality rate – District Hospital	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5	DHIS	Number of Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	years in health facilities					facilities						
xiv. Child under 5 years pneumonia case fatality rate – District Hospital	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	DHIS	Number of Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP
xv. Child under 5 years severe acute malnutrition case fatality rate – District Hospital	Severe acute malnutrition deaths in children under 5 years as a proportion of total deaths in facility under 5 years	DHIS	Number of Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP
xvi. Number of inpatient deaths under 1 year – District Hospital	Children under 1 year who died during their stay in the facility	DHIS	[Number of] inpatient deaths under 1 years		Midnight census;	None	100% Children under 1 years admitted in public health facilities	N/A	Number	Annual	Lower or equal to target	SHP
xvii. Still birth in facility rate– District Hospital	Infants born still as proportion of total infants born in health facilities	DHIS	Still birth in facility – total	Live birth in facility + still birth in facility	Ward register, Midnight census	Accuracy dependent on quality of data submitted by health facilities	100% births	None	Ratio per 1 000	Annual	Lower ratio	SHP
PROGRAMME 2: HIV / AIDS, TB AND SEXUALLY TRANSMITTED INFECTIONS												
xviii. All DS-TB client death rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently died as a proportion of all those in the treatment outcome cohort	DHIS	All DS- TB client died	All DS- TB patients in treatment outcome cohort	DS -TB Clinical stationery;TIER.Net	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate (Cohort))	Annual	Lower or equal to target	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
xix. All DS-TB client treatment success rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently successfully completed treatment as a proportion of all those in the treatment outcome cohort	DHIS	All DS-TB client successfully completed treatment	All DS- TB patients in treatment outcome cohort	DS-TB Clinical Stationery;TIER.Net	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate (Cohort))	Annual	Higher or equal to target	SHP
xx. ART client remain on ART end of month – total	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month - Any client without an outcome reported in the reporting month Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)] remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]	DHIS	ART adult and child under 15 years remaining on ART end of month	None	ART Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Number (Non-cumulative)	Quarterly	Higher or equal to target	SHP
xxi. ART Adult Viral load suppressed rate at 12	ART adult viral load under 400 as a proportion of ART	DHIS	ART adult viral load under	ART adult viral load done	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of	Not Applicable	N/A	Rate (Cohort)	Annual	Higher or equal to	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
months	adult viral load done		400			data submitted by health facilities					target	
xxii. ART Child viral load suppressed rate at 12 months	ART child viral load under 400 as a proportion of ART child viral load done	DHIS	ART child viral load under 400	ART child viral load done	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	100% Children and adolescent	N/A	Rate (Cohort)	Annual	Higher or equal to target	SHP
xxiii. ART death rate at 6 months	ART cumulative death - total as a proportion of ART start minus cumulative transfer out	DHIS	ART cumulative death at 6 months - total	ART start minus cumulative transfer out	ART Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate (Cohort)	Annual	Lower or equal to target	SHP
xxiv. HIV positive 15-24 year olds (excl ANC) Rate	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of youth who were tested for HIV in this age group	DHIS	HIV positive 15-24 years (excl ANC)	HIV test 15-24 years (excl ANC)	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net,DHIS	Accuracy dependant on Individuals self-reporting HIV-positive status and/or individuals with detectable ART metabolites among all PLHIV (antibody test)	100% Youth	N/A	Rate	Annual	Lower or equal to target	SHP
xxv. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - Long	TB Rifampicin Resistant/MDR/pre-XDR clients successfully completing treatment as a proportion of TB Rifampicin Resistant/MDR/pre-	DHIS	TB Rifampicin Resistant /MDR/pre-XDR client successfully complete treatment – long regime	TB Rifampicin Resistant/MDR/pre-XDR start on treatment – long regime	DR-TB Clinical stationery; EDR Web	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate (Cohort)	Annual	Higher or equal to target	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	XDR clients started on treatment											
xxvi. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - short	TB Rifampicin Resistant/MDR/pre-XDR clients successfully completing treatment as a proportion of TB Rifampicin Resistant/MDR/pre-XDR clients started on treatment	DHIS	TB Rifampicin Resistant /MDR/pre-XDR client successfully complete treatment – short regime	TB Rifampicin Resistant/MDR/pre-XDR start on treatment – short regime	DR-TB Clinical stationery; EDR Web	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate (Cohort)	Annual	Higher or equal to target	SHP
xxvii. TB Incidence	The number of new TB infections per 100,000 population	DHIS	New confirmed TB cases	Total population in KZN	TB Register; TIER.Net ETR.Net; DHIS (population)	None	None	No	Number per 100,000 population	Annual	Lower or equal to target	SHP
xxviii. ART adult death rate at 6 months	ART adult cumulative death as a proportion of ART adult start minus cumulative transfer out	DHIS	ART adult cumulative death at 6 months	ART adult start minus cumulative transfer out	HIV registers; TIER.Net	None	N/A	None	Rate (cohort)	Annual	Lower or equal to target	SHP
xxix. ART child death rate at 6 months	ART child cumulative death as a proportion of ART child start minus cumulative transfer out	DHIS	ART child cumulative death at 6 months	ART child start minus cumulative transfer out	HIV registers; TIER.Net	None	100% Children under 15 years	None	Rate (Cohort)	Annual	Lower or equal to target	SHP
xxx. HIV incidence	New HIV infections in the general population.	Thembisa	ASSA08 published projections		ASSA08 projections	the Department is not collecting this indicator – dependent on research and projections)	N/A	No	Rate	Annual	Reduced incidence	SHP
PROGRAMME 2: MATERNAL, CHILD AND WOMAN'S HEALTH INCLUDING NUTRTION												
xxxi. Maternal Mortality in facility Ratio -	Maternal death is death occurring	DHIS	Number of Maternal	Live births known to facility (Live birth in	Maternal death register, Delivery	Accuracy dependent	100% pregnant women	N/A	Ratio;per 100 000	Annual	Equal or lower then	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
Total	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		death in facility	facility + Born alive before arrival at facility)	register	on quality of data submitted by health facilities			Cumulative (year-to-date)		target	
xxxii. Neonatal death in facility rate - Total	Infants 0-28 days who died during their stay in the facility per 1 000 live births in facility	DHIS	Number of Neonatal deaths (under 28 days) in facility (Death in facility 0-6 days] + [Death in facility 7-28 days)	Live birth in facility	Delivery register, Midnight report	Accuracy dependent on quality of data submitted by health facilities	New born children under 28 days	N/A	Ratio per 1000 Cumulative (year-to-date)	Annual	Equal or lower then target	SHP
xxxiii. Live Birth under 2 500 g in facility rate - Total	Infants born alive weighing less than 2500g as proportion of total Infants born alive in health facilities (Low birth weight)	DHIS	Number of Live birth under 2500g in facility	Live birth in facility	Delivery register, Midnight report	Accuracy dependent on quality of data submitted by health facilities	New born children	N/A	Rate Cumulative (year-to-date)	Annual	Equal or lower then target	SHP
xxxiv. Infant PCR test positive around 10 weeks rate	Infants PCR tested around 10 weeks as a proportion of HIV exposed infants excluding those that tested positive at birth.	DHS	Number of Infant PCR test positive around 10 weeks	Infant PCR test around 10 weeks	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	New born children	N/A	Rate Cumulative (year-to-date)	Annual	Equal or lower then target	SHP
xxxv. [Number of] inpatient Death under 5	Children under 5 years who died	DHiS	Number of Death in	N/A	Midnight Report	Accuracy dependent	100% Children under 5 years	N/A	Rate	Annual	Equal or lower then	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
years total	during their stay in the facility		facility under 5 years total			on quality of data submitted by health facilities					target	
xxxvi. Death under 5 years against live birth rate - Total	Children under 5 years who died during their stay in the facility as a proportion of all live births	DHIS	Number of Death in facility under 5 years total	Live birth in facility	Midnight report	Accuracy dependent on quality of data submitted by health facilities	100% of children under 5 years	N/A	Rate	Annual	Equal or lower then target	SHP
xxxvii. Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	DHIS	Number of Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years	N/A	Rate	Quarterly	Equal or lower then target	MCWH&N Programme
xxxviii. Child under 5 years pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	DHIS	Number of Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years	N/A	Rate	Quarterly	Equal or lower then target	MCWH&N Programme
xxxix. Child under 5 years Severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of total deaths in facility under 5 years	Ward register	Number of Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years	N/A	Rate	Quarterly	Equal or lower then target	MCWH&N Programme
xl. Number of deaths in facility under 1 - total	Children under 1 year who died during their stay in the facility	DHIS	SUM([Death in facility under 1 year total])		Midnight census;	None	100% Children under 1 years	No	Rate	Quarterly	Equal or lower then target	SHP
xli. Early Neonatal death Rate - Total	Early neonatal deaths per 1 000	DHIS	Death in facility 0-6	Live birth in facility - Total	Ward register, Midnight census	None	Newborn children	None	Rate Per 1 000	Quarterly	Lower percentage	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	infants who were born alive in health facilities		days - Total									
xlii. Still Birth in Facility rate – total	Infants born still as proportion of total infants born in health facilities	DHIS	Still birth in facility – total	Live birth in facility + still birth in facility	Ward register, Midnight census	None	100% births	None	Per 1 001	Quarterly	Equal or lower incidence	SHP
xliii. Child under 5 years diarrhoea incidence	Children under 5 years newly diagnosed with diarrhoea per 1 000 children under-5 years in the population.	DHIS	SUM([Child under 5 years with diarrhoea new])	SUM([Female under 5 years]) + ([Male under 5 years])	PHC register; DHIS; Stats SA	None	100% Children under 5 years	None	Ratio per per 1 000	Quarterly	Equal or lower incidence	SHP
xliv. Child under 5 years pneumonia incidence	Children under 5 years newly diagnosed with pneumonia per 1 000 children under-5 years in the population.	DHIS	SUM([Child under 5 years with pneumonia new])	SUM([Female under 5 years]) + ([Male under 5 years])	PHC register; DHIS; Stats SA	None	100% Children under 5 years	None	Ratio per per 1 000	Quarterly	Equal or lower incidence	SHP
xlv. Child under 5 years severe acute malnutrition incidence	Children under 5 years newly diagnosed with severe acute malnutrition per 1 000 children under-5 years in the population.	DHIS	SUM([Child under 5 years with severe acute malnutrition new])	SUM([Female under 5 years]) + ([Male under 5 years])	PHC register; DHIS; Stats Sa	None	100% Children under 5 years	None	Ratio per per 1 000	Quarterly	Equal or lower incidence	SHP
PROGRAMME 2: DISEASE PREVENTION AND CONTROL												
xlvi. Malaria case fatality rate (Indicator applicable to endemic provinces)	Malaria deaths reported in South Africa. The death resulting from primary malaria diagnosis at the time of death	Malaria Information System	Malaria deaths reported	Malaria new case reported	Malaria Information System	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Rate Non-cumulative	Annual	Equal or lower then target	Enviro
xlvii. Malaria incidence per 1,000 population at risk	New malaria cases as proportion of 1 000 population at	PHC register; CDC Surveillance	SUM([Number of malaria cases – new])	SUM([Total population of Umkhanyakude	Malaria database	Accuracy dependent on quality of	None	Umkhanyakude Population	Ratio r per 1 000 population	Annual	Lower incidence	Enviro

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	risk (high-risk malaria areas (Umkhanyakude) based on malaria cases.	database; Malaria database; Stats SA; GHS		District])		data submitted by health facilities			at risk			
xlviii. Dental extraction to restoration ratio	The ratio between the number of teeth extracted and the number of teeth restored. The ratio is 10:1	PHC & OPD registers;	Tooth extraction	Tooth restoration	PHC & OPD registers;	Accuracy dependent on quality of data submitted by health facilities	None	N/A	Ratio	Quarterly	Lower extraction number	NCDs
xlix. COVID-19 Testing Coverage	Number of persons referred for COVID-19 test and quarantined (meets the PUI definition) + Number of contacts referred for COVID-19 test (meets the PUI definition)	Environmental Health	Number of COVID-19 tests conducted - Total	Total Population / 100 000	Ward registers	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate Non-cumulative	Quarterly		Enviro/CDC
l. COVID-19 Positivity Rate	Percentage of clients who had a SARS-CoV-2 specimen taken and sent to the laboratory for investigation whose results came back positive	Datcov	Number of confirmed COVID-19 cases - Total	Number of COVID-19 tests conducted	NCD Ward registers	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate	Quarterly		CDC
li. COVID-19 Case Fatality Rate: Total	Percentage of clients who died as a result of COVID-19	Datcov	Number of deaths in positive COVID-19 cases : Total	Separations COVID-19 cases Total (Sum of deaths, discharges and transfers out)	Ward registers	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate	Quarterly	Equal or lower then target	CDC
lii. COVID-19 Case Fatality Rate: 5 to 60 years	Percentage of clients who died as a result of COVID-19	Datcov	Number of deaths in positive COVID-19	Separations COVID-19 cases 5-60 years (Sum of deaths, discharges and	Ward registers	Accuracy dependent on quality of data	N/A	N/A	Rate	Quarterly	Equal or lower then target	CDC

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
			cases 5 - 60 years	transfers out)		submitted by health facilities						
liii. COVID-19 Case Fatality Rate: 60 years and older	Percentage of clients who died as a result of COVID-19	Datcov	Number of deaths in positive COVID-19 cases 60 years and over	Separations COVID-19 cases 60 years and over (Sum of deaths, discharges and transfers out)	Ward registers	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate	Quarterly	Equal or lower then target	CDC
liv. COVID-19 Case Fatality Rate: under 5 years	Percentage of clients who died as a result of COVID-19	Datcov	Number of deaths in positive COVID-19 cases <5 years	Separations COVID-19 cases < 5 years (Sum of deaths, discharges and transfers out)	Ward registers	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate	Quarterly	Equal or lower then target	CDC
PROGRAMME 4: REGIONAL HOSPITAL												
lv. Patient Experience of Care satisfaction rate - Regional Hospital	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Ideal Health Facility Software	Number of Patient Experience of Care survey "satisfied" responses	Number of Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
lvi. Patient Safety Incident (PSI) case closure rate - Regional Hospital	Patient Safety Incident case closed in the reporting month as a proportion of Patient Safety Incident cases reported in the reporting month	Ideal Health Facility Software	Number of Patient Safety Incident (PSI) case closed	Number of Patient Safety Incident (PSI) case reported	Patient Safety Incidence Reports	Accuracy dependent on reporting of data at facility level	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
lvii. [Number of] maternal deaths in facility - Regional Hospital	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within	DHIS	[Number of] maternal deaths in facility [District, Regional, Tertiary and	Not applicable	Maternal death register,	Accuracy dependent on quality of data submitted by health facilities	Pregnant women	N/A	Number	Annual	Lower or equal to the target	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	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)		Central]									
lviii. [Number of] Inpatient deaths under 5 years - Regional Hospital	Children under 5 years who died during their stay in the facility	DHIS	[Number of] Inpatient deaths under 5 years	Not applicable	Midnight census;	Accuracy dependent on quality of data submitted by health facilities e	100% Children under 5 years admitted in public health facilities	N/A	Cumulative number	Annual	Lower or equal to target	SHP
lix. Child under 5 years diarrhoea case fatality rate - Regional Hospital	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	DHIS	Number of Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP
lx. Child under 5 years pneumonia case fatality rate - Regional Hospital	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	DHIS	Number of Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP
lxi. Child under 5 years severe acute malnutrition case fatality rate - Regional Hospital	Severe acute malnutrition deaths in children under 5 years as a proportion of total deaths in facility under 5 years	DHIS	Number of Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP
lxii. Number of inpatient deaths under 1	Children under 1 year who died	DHIS	[Number of] inpatient		Midnight census;	None	100% Children under 1 years	N/A	Number	Annual	Lower or equal to	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
year - Regional Hospital	during their stay in the facility		deaths under 1 years				admitted in public health facilities				target	
lxiii. Still birth in facility rate – Regional Hospital	Infants born still as proportion of total infants born in health facilities	DHIS	Still birth in facility – total	Live birth in facility + still birth in facility	Ward register, Midnight census	Accuracy dependent on quality of data submitted by health facilities	100% births	None	Ratio per 1 000	Annual	Lower ratio	SHP
PROGRAMME 4: TB HOSPITALS												
lxiv. Patient Experience of Care satisfaction rate – TB Hospital	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Ideal Health Facility Software	Number of Patient Experience of Care survey "satisfied" responses	Number of Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
lxv. Patient Safety Incident (PSI) case closure rate – TB Hospital	Patient Safety Incident case closed in the reporting month as a proportion of Patient Safety Incident cases reported in the reporting month	Ideal Health Facility Software	Number of Patient Safety Incident (PSI) case closed	Number of Patient Safety Incident (PSI) case reported	Patient Safety Incidence Reports	Accuracy dependent on reporting of data at facility level	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
PROGRAMME 4: PSYCHIATRIC HOSPITALS												
lxvi. Patient Experience of Care satisfaction rate - Psychiatric Hospital	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Ideal Health Facility Software	Number of Patient Experience of Care survey "satisfied" responses	Number of Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
lxvii. Patient Safety Incident (PSI) case closure rate - Psychiatric Hospital	Patient Safety Incident case closed in the reporting month as a proportion of	Ideal Health Facility Software	Number of Patient Safety Incident (PSI) case closed	Number of Patient Safety Incident (PSI) case reported	Patient Safety Incidence Reports	Accuracy dependent on reporting of data at facility level	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	Patient Safety Incident cases reported in the reporting month											
PROGRAMME 4: CHRONIC HOSPITALS												
lxviii. Patient Experience of Care satisfaction rate – Chronic Hospitals	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Ideal Health Facility Software	Number of Patient Experience of Care survey "satisfied" responses	Number of Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
lxix. Patient Safety Incident (PSI) case closure rate – Chronic Hospitals	Patient Safety Incident case closed in the reporting month as a proportion of Patient Safety Incident cases reported in the reporting month	Ideal Health Facility Software	Number of Patient Safety Incident (PSI) case closed	Number of Patient Safety Incident (PSI) case reported	Patient Safety Incidence Reports	Accuracy dependent on reporting of data at facility level	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
PROGRAMME 5: TERTIARY HOSPITALS												
lxx. Patient Experience of Care satisfaction rate – Tertiary Hospitals	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Ideal Health Facility Software	Number of Patient Experience of Care survey "satisfied" responses	Number of Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
lxxi. Patient Safety Incident (PSI) case closure rate – Tertiary Hospitals	Patient Safety Incident case closed in the reporting month as a proportion of Patient Safety Incident cases reported in the reporting month	Ideal Health Facility Software	Number of Patient Safety Incident (PSI) case closed	Number of Patient Safety Incident (PSI) case reported	Patient Safety Incidence Reports	Accuracy dependent on reporting of data at facility level	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
lxxii. [Number of] maternal deaths in facility	Maternal death is death occurring	DHIS	[Number of] maternal	Not applicable	Maternal death register,	Accuracy dependent	Pregnant women	N/A	Number	Annual	Lower or equal to the	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
– Tertiary Hospitals	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)		deaths in facility [District, Regional, Tertiary and Central]			on quality of data submitted by health facilities					target	
lxxiii. [Number of] Inpatient deaths under 5 years – Tertiary Hospitals	Children under 5 years who died during their stay in the facility	DHIS	[Number of] Inpatient deaths under 5 years	Not applicable	Midnight census;	Accuracy dependent on quality of data submitted by health facilities e	100% Children under 5 years admitted in public health facilities	N/A	Cumulative number	Annual	Lower or equal to target	SHP
lxxiv. Child under 5 years diarrhoea case fatality rate– Tertiary Hospitals	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	DHIS	Number of Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP
lxxv. Child under 5 years pneumonia case fatality rate – Tertiary Hospitals	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	DHIS	Number of Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP
lxxvi. Child under 5 years severe acute malnutrition case fatality rate – Tertiary Hospitals	Severe acute malnutrition deaths in children under 5 years as a proportion of total	DHIS	Number of Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient under 5 years	Ward register	Accuracy dependent on quality of data submitted by	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	deaths in facility under 5 years					health facilities						
lxxvii. Number of inpatient deaths under 1 year – Tertiary Hospitals	Children under 1 year who died during their stay in the facility	DHIS	[Number of] inpatient deaths under 1 years		Midnight census;	None	100% Children under 1 years admitted in public health facilities	N/A	Number	Annual	Lower or equal to target	SHP
lxxviii. Still birth in facility rate – Tertiary Hospitals	Infants born still as proportion of total infants born in health facilities	DHIS	Still birth in facility – total	Live birth in facility + still birth in facility	Ward register, Midnight census	Accuracy dependent on quality of data submitted by health facilities	100% births	None	Ratio per 1 000	Annual	Lower ratio	SHP
PROGRAMME 5: CENTAL HOSPITALS												
lxxix. Patient Experience of Care satisfaction rate – Central Hospital	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Ideal Health Facility Software	Number of Patient Experience of Care survey "satisfied" responses	Number of Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
lxxx. Patient Safety Incident (PSI) case closure rate – Central Hospital	Patient Safety Incident case closed in the reporting month as a proportion of Patient Safety Incident cases reported in the reporting month	Ideal Health Facility Software	Number of Patient Safety Incident (PSI) case closed	Number of Patient Safety Incident (PSI) case reported	Patient Safety Incidence Reports	Accuracy dependent on reporting of data at facility level	Not Applicable	N/A	Rate	Annual	Equal or higher than the target	QA
lxxxi. [Number of] maternal deaths in facility – Central Hospital	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy,	DHIS	[Number of] maternal deaths in facility [District, Regional, Tertiary and Central]	Not applicable	Maternal death register,	Accuracy dependent on quality of data submitted by health facilities	Pregnant women	N/A	Number	Annual	Lower or equal to the target	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric)											
lxxxii. [Number of] Inpatient deaths under 5 years – Central Hospital	Children under 5 years who died during their stay in the facility	DHIS	[Number of] Inpatient deaths under 5 years	Not applicable	Midnight census;	Accuracy dependent on quality of data submitted by health facilities e	100% Children under 5 years admitted in public health facilities	N/A	Cumulative number	Annual	Lower or equal to target	SHP
lxxxiii. Child under 5 years pneumonia case fatality rate – Central Hospital	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	DHIS	Number of Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP
lxxxiv. Child under 5 years severe acute malnutrition case fatality rate – Central Hospital	Severe acute malnutrition deaths in children under 5 years as a proportion of total deaths in facility under 5 years	DHIS	Number of Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children under 5 years admitted in public health facilities	N/A	Rate	Annual	Lower or equal to target	SHP
lxxxv. Number of inpatient deaths under 1 year – Central Hospital	Children under 1 year who died during their stay in the facility	DHIS	[Number of] inpatient deaths under 1 years		Midnight census;	None	100% Children under 1 years admitted in public health facilities	N/A	Number	Annual	Lower or equal to target	SHP
lxxxvi. Still birth in facility rate– Central Hospital	Infants born still as proportion of total infants born in health facilities	DHIS	Still birth in facility – total	Live birth in facility + still birth in facility	Ward register, Midnight census	Accuracy dependent on quality of data submitted by health facilities	100% births	None	Ratio per 1 000	Annual	Lower ratio	SHP

OUTPUT INDICATORS

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
PROGRAMME 1: ADMINISTRATION												
1. Number of CHW's contracted into the Health System	The number of CHWs appointed on contract during year of reporting.	CHW database/ Persal	Number of CHW's on contract in the Public Health system	N/A	CHW database/ Persal	None	None	N/A	Number – Non cumulative	Quarterly	Equal or higher than target	ESS
2. Percentage of Hospitals using the E-health system	Hospitals that use an electronic system to capture clinical codes for each and every patient visit	Hospitals that have access to and use an electronic system for patient records	Total number of hospitals with an electronic system to record clinical codes	Total number of hospitals	Hospitals that use an electronic system to capture clinical codes for each and every patient visit	None	Not Applicable	N/A	Rate (Non-cumulative)	Quarterly I	Equal or higher than target	IT
3. Percent of PHC facilities with a stable ICT connectivity	Number of PHC facilities with ICT connectivity measured against all PHC facilities	ICT reports on ICT connectivity usage and payment thereof.	Number of PHC facilities with ICT connectivity	Total number of PHC facilities across the Department	ICT reports on ICT connectivity usage and payments	ICT and SITA will produce and keep reports	Not Applicable	N/A	Rate (Non-cumulative)	Quarterly	Equal or higher than target	IT
4. Percent of Hospitals with a stable ICT connectivity	Number of hospitals with ICT connectivity measured against all Hospitals	ICT reports on ICT connectivity usage and payment thereof	Number of hospitals with ICT connectivity	Total number of hospitals across the Department	ICT reports on ICT connectivity usage and payments	ICT and SITA will produce and keep reports	Not Applicable	N/A	Rate (Non-cumulative)	Quarterly	Equal or higher than target	IT
5. Percentage of supplier invoices paid within 30 Days	The number of payments processed within 30 days of receipt of the invoice in the month over the total number of payments that were processed in the month.	Cognos	Suppliers paid within 30 days	Suppliers paid	BAS	None	None	N/A	Rate	Quarterly	Equal or higher than target	Expenditure
PROGRAMME 2: PRIMARY HEALTH CARE												

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
6. PHC utilisation rate (annualised)	Average number of PHC visits per person per year in the population	DHIS	PHC headcount total	Population total	PHC tick registers/ DHIS (Stats SA population estimates)	Dependant on the accuracy of reporting and estimated population from Stats SA	Total population	N/A	Rate	Quarterly	Equal or higher than target	
7. PHC under 5 utilisation rate	Average number of PHC visits per year per person under 5 years in the population.	DHIS	PHC headcount under 5 years	Population under 5 years	PHC tick register/ DHIS (Stats SA population estimates)	Dependant on the accuracy of collected data and estimated population under 5 years from Stats SA	Children under 5 years	N/A	Rate	Quarterly (annualised)	Equal or higher than target	
8. Expenditure per PHC headcount	Operational cost incurred per person visiting public health PHC facilities	DHIS (headcount) BAS (expenditure)	Operational expenditure PHC (Sub-Programmes 2.2 - 2.7)	PHC headcount total	BAS (expenditure) PHC Tick Register	Efficient record management at facility level and accuracy of BAS	None	N/A	Rate [Rand value]	Quarterly	Lower or equal to the projected target for the year	
9. Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Ideal Health Facility Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Reports	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate Non-Cumulative (year-to-date)	Quarterly	100%	
PROGRAMME 2: DISTRICT HOSPITALS												
10. Average length of stay - District Hospital	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A i	Number of Days (Non-cumulative)	Quarterly	Lower or equal to target	District Health Services

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	all specialities											
11. Inpatient bed utilisation rate - District Hospital	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	Inpatient bed days (Inpatient beds * 30.42) available	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate (Non-cumulative)	Quarterly	Higher or equal to target	District Health Services
12. Expenditure per PDE - District Hospital	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333.	DHIS	SUM([Operational Expenditure - total])	Patient Day Equivalent = Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, midnight census	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate per PDE (Non-cumulative)	Quarterly	Lower expenditure	District Health Services
13. OPD headcount new cases not referred - District Hospital	New clients attending a general or specialist outpatient clinic without a referral letter from a PHC facility or a doctor.	DHIS	SUM: OPD headcount not referred new		OPD registers	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Non-cumulative Number	Quarterly	Lower or equal to target	District Health Services
14. Severity assessment code (SAC) 1 incident reported within 24 hours rate - District Hospital	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Ideal Health Facility Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Reports	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate Non-Cumulative (year-to-date)	Quarterly	100%	QA
PROGRAMME 2: HIV / AIDS, TB AND SEXUALLY TRANSMITTED INFECTIONS												

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
15. All DS-TB Lost to follow-up rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).	DHIS	All DS-TB client loss to follow-up	All DS-TB patients in treatment outcome cohort	DS-TB Clinical Stationery;TIER.Net	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate Cohort	Quarterly	Lower or equal to target	SHP
16. ART adult remain in care rate at 12 months	ART adult remain in care - total as a proportion of ART adult start minus cumulative transfer out	DHIS	ART adult remain in care at 12 months - total	ART adult start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate Cohort	Quarterly	Higher or equal to target	SHP
17. ART child remain in care rate at 12 months	ART child remain in care - total as a proportion of ART child start minus cumulative transfer out	DHIS	ART child remain in care at 12 months - total	ART child start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	100% Children and adolescent	N/A	Rate Cohort	Quarterly	Higher or equal to target	SHP
18. Number of patients screened for TB symptoms	Children under 5 years and clients 5 years and older who were screened in health facilities for TB symptoms using the standard TB screening tool as per National TB Guideline	DHIS	Sum[Screen for TB symptoms 5 years and older]+ Screen for TB symptoms under 5 years	N/A	PHC Comprehensive Register; THIS or TB Identification Register (only for facilities not digitising in THIS)	None	N/A	N/A	Number	Quarterly	Higher or equal to target	SHP
19. HIV test done - sum	The total number of HIV tests done in all age groups.	DHIS	SUM: ([Antenatal client HIV 1st test]) + ([Antenatal client HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years	N/A	PHC Comprehensive Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net	Dependent on the accuracy of facility register	N/A	N/A	Number,	Quarterly	Higher or equal to target	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
			and older (excl ANC)]									
PROGRAMME 2: MATERNAL, CHILD AND WOMAN'S HEALTH INCLUDING NUTRTION												
20. Couple year protection rate	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).	DHIS	Couple year protection	Population 15-49 years female	PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	Women of child bearing age	N/A	Rate Cumulative (year-to-date)	Quarterly	Equal or higher than target	SHP
21. Delivery 10 - 19 years in facility rate	Deliveries to women under the age of years as proportion of total deliveries in health facilities	DHIS	Delivery 10-19 years in facility (Delivery 10-14 years in facility] + [Delivery 15-19 years in facility)	Delivery in facility - total	Health Facility Register, Delivery/Maternity register, DHIS	Accuracy dependent on quality of data submitted by health facilities	100% pregnant women	N/A	Rate Cumulative (year-to-date)	Quarterly	Equal or lower then target	SHP
22. Antenatal 1st visit before 20 weeks rate	Women who have a first visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	DHIS	Antenatal 1st visit before 20 weeks	Antenatal 1st visit - total (Antenatal 1st visit weeks or later + Antenatal 1st visit before weeks)	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	100% pregnant women	N/A	Rate Cumulative (year-to-date)	Quarterly	Higher or equal to target	SHP
23. Mother	Mothers who received	DHIS	Mother postnatal visit	Delivery in facility	PHC	Accuracy	100% Females	N/A	Rate	Quarterly	Higher or	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
postnatal visit within 6 days rate	postnatal care within 6 days after delivery as proportion of deliveries in health facilities		within 6 days after delivery	total	Comprehensive Tick Register	dependent on quality of data submitted by health facilities			Cumulative (year-to-date)		equal to target	
24. Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year	DHIS	Immunised fully under 1 year	Population under 1 year	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	100% Children under 1 years	N/A	Rate Cumulative (year-to-date)	Quarterly	Higher or equal to target	SHP
25. Measles 2nd dose coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.	DHIS	Measles 2nd dose	Population aged 1 year	PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	100% Children 1 years and under	N/A	Rate Cumulative (year-to-date)	Quarterly	Higher or equal to target	SHP
26. Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 0,000 units, every six months as a proportion of population 12-59 months.	DHIS	Vitamin A dose 12-59 months + COS Vitamin A dose 12-59 months	Target population 12-59 months * 2	PHC Comprehensive Tick Register	PHC register is not designed to collect longitudinal record of patients. The assumption is that the calculation proportion of children would have received two doses based on this calculation	100% Children under 5 yars	N/A	Rate Cumulative (year-to-date)	Quarterly	Higher or equal to target	SHP
27. Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose rate	Infants exclusively breastfed at 14 weeks age as a proportion of the DTaP-IPV-Hib-HBV 3rd dose vaccination. Take note that DTaP-IPV-Hib-HBV 3rd dose	DHIS	Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose	DTaP-IPV-Hib-HBV 3rd dose	PHC Comprehensive Tick Register / OPD Tick Registers;	None	100% Infant	No	Rate	Quarterly	Higher or equal to target	SHP

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	(Hexavalent) was implemented in 15 to include the HepB dose											
PROGRAMME 2: DIESEASE PREVETION AND CONTROL												
28. Mental Health Screening Rate	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use disorders) at PHC facilities.	DHIS	SUM([PHC client screened for mental disorders])	SUM([PHC headcount under 5 years]) + SUM([PHC headcount 5 years and older])	PHC register	Accuracy dependent on quality of data submitted by health facilities	None	None	Rate	Quarterly	Higher or equal to target	NCDs
29. Clients accessing rehab services	All clients receiving rehabilitation services from either Physiotherapy, Occupational Therapy, Speech Therapy and Audiology departments at all levels of care	DHIS	SUM[Clients seen by Physiotherapists]+[Clients seen by Occupational Therapists]+[Clients seen by Speech Therapists]+[Clients seen by Audiologists]	Not applicable	PHC register, OPD register	Accuracy dependent on quality of data submitted by health facilities	N/A	None	Number [Non-cumulative]	Quarterly	Higher or equal to target	NCDs
PROGRAMME 3: EMERGENCY MEDICAL CARE												
30. EMS P1 urban response under 30 minutes rate	Proportion P1 calls in urban locations with response times under 30 minutes. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrival on scene.	EMS database	EMS P1 urban response under 30 minutes	EMS P1 urban responses	EMS Registers	None	N/A	N/A	Rate	Quarterly	Higher or equal to target	EMS/
31. EMS P1 rural response under 60 minutes rate	Proportion P1 calls in rural locations with response times under 60 minutes. Response	EMS database	EMS P1 rural response under 60 minutes	EMS P1 rural responses	EMS Registers	None	N/A	N/A	Rate	Quarterly	Higher or equal to target	EMS

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	time is calculated from the time the call is received to the time of the first dispatched medical resource arrival on scene											
PROGAMME 4: REGIONAL HOSPITALS												
32. Average length of stay - Regional Hospital	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A i	Number of Days (Non-cumulative)	Quarterly	Lower or equal to target	District Health Services & Hosp Management
33. Inpatient bed utilisation rate - Regional Hospital	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	Inpatient bed days (Inpatient beds * 30.42) available	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate (Non-cumulative)	Quarterly	Higher or equal to target	District Health Services & Hosp Management
34. Expenditure per PDE - Regional Hospital	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333.	DHIS	SUM([Operational Expenditure - total])	Patient Day Equivalent = Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount -	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, midnight census	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate per PDE (Non-cumulative)	Quarterly	Lower expenditure	District Health Services & Hosp Management

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
				total x 0.3333333])								
35. OPD headcount new cases not referred- Regional Hospital	New clients attending a general or specialist outpatient clinic without a referral letter from a PHC facility or a doctor.	DHIS	SUM: OPD headcount not referred new		OPD registers	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Non-cumulative Number	Quarterly	Lower or equal to target	District Health Services & Hosp Management
36. Severity assessment code (SAC) 1 incident reported within 24 hours rate - Regional Hospital	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Ideal Health Facility Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Reports	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate Non-Cumulative (year-to-date)	Quarterly	100%	QA
PROGRAMME 4: TB HOSPITALS												
37. Average length of stay – TB Hospital	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A i	Number of Days (Non-cumulative)	Quarterly	Lower or equal to target	District Health Services & Hosp Management
38. Inpatient bed utilisation rate – TB Hospital	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	Inpatient bed days (Inpatient beds * 30.42) available	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate (Non-cumulative)	Quarterly	Higher or equal to target	District Health Services & Hosp Management
39. Expenditure per PDE – TB Hospital	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 +	DHIS	SUM([Operational Expenditure - total])	Patient Day Equivalent = Sum ([Inpatient days total x 1])+([Day patient total x	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient	Accuracy dependent on quality of data submitted by	N/A	N/A	Rate per PDE (Non-cumulative)	Quarterly	Lower expenditure	District Health Services & Hosp Management

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	(Emergency headcount + OPD headcount total) * 0.33333333.			0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	records Admission, expenditure, midnight census	health facilities						
40. Severity assessment code (SAC) 1 incident reported within 24 hours rate – TB Hospital	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Ideal Health Facility Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Reports	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate Non-Cumulative (year-to-date)	Quarterly	100%	QA
PROGRAMME 4: PSYCHIATRIC HOSPITALS												
41. Average length of stay - Psychiatric Hospital	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A i	Number of Days (Non-cumulative)	Quarterly	Lower or equal to target	District Health Services & Hosp Management
42. Inpatient bed utilisation rate - Psychiatric Hospital	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	Inpatient bed days (Inpatient beds * 30.42) available	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate (Non-cumulative)	Quarterly	Higher or equal to target	District Health Services & Hosp Management
43. Expenditure per PDE - Psychiatric	Average cost per patient day equivalent (PDE). PDE is the	DHIS	SUM([Operational Expenditure - total])	Patient Day Equivalent = Sum ([Inpatient days	BAS, Stats SA, Council for Medical Scheme	Accuracy dependent on quality of	N/A	N/A	Rate per PDE (Non-	Quarterly	Lower expenditure	District Health Services & Hosp

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
Hospital	Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333.			total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	data, DHIS, facility registers, patient records Admission, expenditure, midnight census	data submitted by health facilities			cumulative)			Management
44. OPD Headcount – Sum [Psychiatric Hospitals]	Clients attending specialist outpatient clinic	DHIS			OPD registers	Accuracy dependent on quality of data submitted by health facilities	Total population	All Provincial psychiatric facilities	Non-cumulative Number	Quarterly	Higher number than the target but with a low not referred OPD numbers	Hospital Management / Mental Health
45. Severity assessment code (SAC) 1 incident reported within 24 hours rate - Psychiatric Hospital	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Ideal Health Facility Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Reports	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate Non-Cumulative (year-to-date)	Quarterly	100%	QA
PROGRAMME 4: CHRONIC HOSPITALS												
46. Average length of stay – Chronic Hospitals	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A i	Number of Days (Non-cumulative)	Quarterly	Lower or equal to target	District Health Services & Hosp Management

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
47. Inpatient bed utilisation rate – Chronic Hospitals	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	Inpatient bed days (Inpatient beds * 30.42) available	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate (Non-cumulative)	Quarterly	Higher or equal to target	District Health Services & Hosp Management
48. Expenditure per PDE – Chronic Hospitals	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333.	DHIS	SUM([Operational Expenditure - total])	Patient Day Equivalent = Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, midnight census	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate per PDE (Non-cumulative)	Quarterly	Lower expenditure	District Health Services & Hosp Management
49. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Chronic Hospitals	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Ideal Health Facility Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Reports	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate Non-Cumulative (year-to-date)	Quarterly	100%	QA
PROGRAMME 5: TERTIARY HOSPITALS												
50. Average length of stay – Tertiary Hospitals	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A i	Number of Days (Non-cumulative)	Quarterly	Lower or equal to target	District Health Services & Hosp Management

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	deaths and Inpatient transfers out. Include all specialities											
51. Inpatient bed utilisation rate – Tertiary Hospitals	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	Inpatient bed days (Inpatient beds * 30.42) available	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate (Non-cumulative)	Quarterly	Higher or equal to target	District Health Services & Hosp Management
52. Expenditure per PDE – Tertiary Hospitals	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333.	DHIS	SUM([Operational Expenditure - total])	Patient Day Equivalent = Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, midnight census	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate per PDE (Non-cumulative)	Quarterly	Lower expenditure	District Health Services & Hosp Management
53. OPD headcount new cases not referred– Tertiary Hospitals	New clients attending a general or specialist outpatient clinic without a referral letter from a PHC facility or a doctor.	DHIS	SUM: OPD headcount not referred new		OPD registers	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Non-cumulative Number	Quarterly	Lower or equal to target	District Health Services & Hosp Management
54. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Tertiary	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Ideal Health Facility Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Reports	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate Non-Cumulative (year-to-date)	Quarterly	100%	QA

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
Hospitals												
PROGRAMME 5: CENTRAL HOSPITALS												
55. Average length of stay – Central Hospital	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A i	Number of Days (Non-cumulative)	Quarterly	Lower or equal to target	District Health Services & Hosp Management
56. Inpatient bed utilisation rate – Central Hospital	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	DHIS	Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	Inpatient bed days (Inpatient beds * 30.42) available	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate (Non-cumulative)	Quarterly	Higher or equal to target	District Health Services & Hosp Management
57. Expenditure per PDE – Central Hospital	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333.	DHIS	SUM([Operational Expenditure - total])	Patient Day Equivalent = Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, midnight census	Accuracy dependent on quality of data submitted by health facilities	N/A	N/A	Rate per PDE (Non-cumulative)	Quarterly	Lower expenditure	District Health Services & Hosp Management
58. OPD headcount new cases not referred	New clients attending a general or specialist outpatient clinic without a referral letter	DHIS	SUM: OPD headcount not referred new		OPD registers	Accuracy dependent on quality of data	N/A	N/A	Non-cumulative Number	Quarterly	Lower or equal to target	District Health Services & Hosp

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
	from a PHC facility or a doctor.					submitted by health facilities						Management
59. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Central Hospital	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Ideal Health Facility Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Reports	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	N/A	Rate Non-Cumulative (year-to-date)	Quarterly	100%	QA
PROGRAMME 6: HEALTH SCIENCES												
60. Number of Bursaries awarded to first year nursing students	Number of bursaries awarded for first year nursing students.	Bursary records	Number of bursaries awarded for first year nursing students.	N/A	Bursary records	Accuracy dependent on quality of data submitted	N/A	N/A	Number	Quarterly	Higher or equal to target	HR Management , HR Planning
61. Number of nurses training on Post Graduate Nurse Specialist Programmes	Number of nurses training on Post Graduate Nurse Specialist Programmes	KZNCN Training Records	Number of nurses training on Post Graduate Nurse Specialist Programmes	N/A	KZNCN Training Records	Accuracy dependent on quality of data submitted	N/A	N/A	Number	Quarterly	Higher or equal to target	HR Management , HR Planning
62. Number of internal employees awarded bursaries	Number of internal employees awarded bursaries	Bursary records	Number of internal employees awarded bursaries	N/A	Bursary records	Accuracy dependent on quality of data submitted	N/A	N/A	Number	Quarterly	Higher or equal to target	HR Management , HR Planning
PROGRAMME 7: CLINICAL SUPPORT												
63. Percentage of facilities reporting clean linen stock outs	The number of facilities reporting clean linen stock outs as proportion of the total number of facilities.	Linen register at facility level	Number of facilities reporting clean linen stock out	Facilities total	Linen register at facility level	Accuracy dependent on quality of data submitted	N/A	N/A	Rate (Non-cumulative)	Quarterly	Lower or equal to target	Clinical support programmes
64. Tracer Medicine Stock-Out Rate at facilities (hospitals, community	Number of tracer medicines out of stock as proportion of medicines expected to be in stock (any	Pharmacy records	Number of tracer medicines stock out in bulk store	Number of tracer medicines expected to be stocked in the bulk store	Pharmacy records	Accuracy dependent on quality of data submitted	N/A	N/A	Rate (Non-cumulative)	Quarterly	Lower or equal to target	Pharmacy

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
health centres and clinics)	item on Tracer Medicine List that had a zero balance in Bulk Store (facilities) on the Stock Control System).											
65. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	Number of tracer medicines out of stock as proportion of medicines expected to be in stock (any item on the Tracer Medicine List that had a zero balance in the Bulk Store on a Stock Control System.	Pharmacy records	Number of tracer medicines out of stock	Total number of medicines expected to be in stock	Pharmacy records	Accuracy dependent on quality of data submitted	N/A	N/A	Rate (Non-cumulative)	Quarterly	Lower or equal to target	Pharmacy
PROGRAMME 8: INFRASTRUCTURE												
67. Percentage of planned Health facilities with major refurbishment	Percentage 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).	Project management Information Systems (PMIS)	Total number of health facilities with completed r Capital infrastructure projects i.e. Practical completion certificate (or equivalent issued)	Total number of health facilities planned to have completed Capital infrastructure projects i.e. Practical completion certificate (or equivalent issued)	Project management Information Systems (PMIS)	PMIS is updated frequently and accurately	Not Applicable	All Districts	Non-Cumulative (year-to-date)	Quarterly	Higher or equal to target	Infrastructure
68. Percentage of Preventative Maintenance expenditure	This is the Percentage of Preventative maintenance (Category B) expenditure compared to other maintenance categories (A,C &D)	PO8, BAS, PMIS	Expenditure on Preventative Maintenance Activities	Expenditure on Preventative Maintenance plus Day-to-day Maintenance	Orders issues	Institutions have recorded expenditure under the correct maintenance category	N/A	All Districts	Rate (Non-Cumulative)	Quarterly	Higher or equal to target	Infrastructure
69. Number of new and replacement projects	Number of new or Replacement projects which have reached practical completion during the reporting	Project Management System/ Annexure B	Number of projects which have reached practical completion	None	Practical Completion Certificate	The information on the data source is regularly	N/A	N/A	Number (Non-cumulative)	Quarterly	Higher or equal to target	Infrastructure

Indicator Title	Definition	Source of Data	Method of calculation		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
			Number / Numerator	Denominator								
completed	period.					updated and captured accurately						
70. Number of upgrade and addition projects completed	Number of upgrade and addition projects which have reached practical completion during the reporting period.	Project Management System/ Annexure B	Number of projects which have reached practical completion	None	Practical Completion Certificate	The information on the data source is regularly updated and captured accurately	N/A	N/A	Number (Non-cumulative)	Quarterly	Higher or equal to target	Infrastructure
71. Number of jobs created through the EPWP	The number of jobs created through EPWP.	EPWP Integrated Reporting System	Number of persons employed	None	Employment contracts	The information on the data source is regularly updated and captured accurately	N/A	N/A	Number (Non-cumulative)	Quarterly	Higher or equal to target	Infrastructure

NOTES

ANNEXURE A: AMENDMENTS TO THE STRATEGIC PLAN

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 20/21 to 24/25

In the 2020/21 and 2021/22 financial year of the current strategic planning cycle, the Department had monitored all Strat Plan indicators on an annual basis in the APPs. The challenge experienced was in annual monitoring of the indicators that do not have routine internal information systems in place. For this reason, for the 2022/23 -2024/25 financial years, the Department will not monitor some survey/non-routine strat plan indicators in the APP. The list of these indicators that are still part of the Revised 2020/21 – 2024/25 KZN DoH Strategic Plan but will only be monitored in the 2024/25 APP are:

- Child under 5 who are stunted
- Men and Women 15 years and older with hypertension
- Overweight or obese in child under 5 years incidence
- Percentage of hospitals with functional hospital boards – District Hospitals
- Percentage of PHC facilities with functional Clinic committees
- Men and Women 15 years and older with diabetes
- HIV Prevalence among 15 - 24 year old pregnant women
- Infant Mortality Rate
- Under 5 mortality rate
- Percentage of hospitals with functional hospital boards – Psychiatric Hospitals
- Percentage of hospitals with functional hospital boards – TB Hospitals
- Percentage of hospitals with functional hospital boards- Chronic/Sub-acute Hospital
- Percentage of hospitals with functional hospital boards –Regional Hospitals
- Percentage of hospitals with functional hospital boards – Central Hospital
- Percentage of hospitals with functional hospital boards – Tertiary Hospitals
- Percentage of the population within a 5 km radius of a health service

The table below: "Universal Health Coverage" below is reflected on page 55 of the Revised Strategic Plan 20/21 to 24/25 as Table 14. The Outcome Indicators/Targets that are being updated are in italic and strikethrough font. The changes are highlighted in yellow. The Revised Table 14 is subsequently reflected.

Table 91: Outcome Indicators for Outcome: Universal health Coverage

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
UHC service Index	SAHR	68%	75%	71.7%	73.5%	
Audit opinion of Provincial DoH	Annual Reports	Unqualified	Clean Audit	Qualified	Unqualified	
Contingent liability of medico-legal cases	Medico-legal case management system	R 90 Bn	R 18 Bn	R Bn	R 18 Bn	
Percentage of facilities certified by OHSC	To be determined	NA	NA	New	71.4%	
Number of districts with Quality Improvement; monitoring and response forums formalized and convened quarterly	Terms of reference for response forums	Baseline to be determined	52	New	11	Removed from the National List of Indicators
Ideal clinic status obtained rate	Ideal Health Facility Software	56% (19/3400)	100%	75.6%	100% (610 / 610)	
Percentage of PHC facilities with functional clinic committees	Attendance registers of meetings of clinic committees	Baseline to be determined	TBD	New	100% (610/ 610) 89%	
Percentage of hospitals with functional hospital boards	Attendance registers of meetings of hospital board meetings	Baseline to be determined	TBD	New	100% (72/72)	
Professional nurses per 100 000 population	Persal/ StatsSA	NA	NA	153 / 100k (17 444 / 11 417 126)	152.5 / 100k (18 421 / 12 079 648)	
Medical officers per 100 000 population	Persal/ StatsSA	NA	NA	34 / 100k (3 879 /	27.4 / 100k (3 310 /12	

Outcome Indicator	**Data Source**	**South Africa**		**Provincial**		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
				11 417 126)	079 648)	
Percentage of the population with private medical cover	StatsSa	TBD	TBD	12.6%	Monitor Trends	The Management team deliberated on the indicator and recommended the removal on the basis that the KZN DOH is not entirely responsible for the performance on this indicator
Percentage of the population within a 5 km radius of a health service	DHIS/GCIS	TBD	TBD	77%	Mapping Done ≥ 84%	After unit deliberations of the HSDPM&E unit, the indicator definition was updated to include Thusong Centres and mobile catchment populations

The table below: "Outcome: Improved Client Experience of Care" below is reflected on page 59 of the Revised Strategic Plan /21 to 24/25 as Table 16. The Indicators and Targets that are being updated are in italic and strikethrough font. The changes are highlighted in yellow. The revised Table 16 is subsequently reflected.

Table 92: Revised Outcome Indicators for Outcome: Improved Client Experience of Care

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
Patient Experience of Care satisfaction rate – PHC	Patient surveys	76.5%	85%	68% (31 326/46 068)	71.4% (34 586/48 418)	
Patient Experience of Care satisfaction rate - District Hospitals	Patient surveys	TBD	TBD	81% (2 923/3 609)	85.1% (3 227/3 793)	
Patient Experience of Care satisfaction rate - Regional Hospitals	Patient surveys	TBD	TBD	81% (4547/5613)	85.1% (50/5899)	
Patient Experience of Care satisfaction rate (TB Hospitals) – TB Hospitals	Patient surveys	TBD	TBD	92.3% (131 / 142)	97.3% (145 / 149)	Amended title for consistency(Backets removed)
Patient Experience of Care satisfaction rate (Specialised Psychiatric hospitals) – Psychiatric Hospital	Patient surveys	TBD	TBD	88% (169 / 192)	92.6% (187 / 2)	
Patient Experience of Care satisfaction rate (Chronic/Sub-Acute Hospitals) – Chronic/Sub-acute Hospital	Patient surveys	TBD	TBD	79% (122 / 154)	83.3% (135 / 162)	
Patient Experience of Care satisfaction rate (Tertiary Hospitals) – Tertiary Hospitals	Patient surveys	TBD	TBD	74% (585 / 790)	77.8% (646 / 830)	
Patient Experience of Care satisfaction rate (Central Hospitals) - Central Hospitals	Patient surveys	TBD	TBD	90% (343 / 381)	94.8% (379 / 400)	
Patient Safety Incident (PSI) case closure rate –PHC facility	Patient safety incident software	TBD	TBD	65.9% (270/410)	93.% (198/212)	Acronym added and name amended to align to TIDS
Patient Safety Incident (PSI) case closure rate (District Hospital) – District Hospital	Patient safety incident software	TBD	TBD	88.3% (1 166/1 252)	99.0% (1 013/1 023)	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
Patient Safety Incident (PSI) case closure rate (Regional Hospital) – Regional Hospital	Patient safety incident software	TBD	TBD	86% (240 /279)	93.2% (247/265)	
Patient Safety Incident (PSI) case closure rate (TB Hospitals) – TB Hospital	Patient safety incident software	TBD	TBD	88% (44 / 50)	97.9% (46 / 47)	
Patient Safety Incident (PSI) case closure rate (Psychiatric Hospitals) – Psychiatric Hospital	Patient safety incident software	TBD	TBD	94.6% (192 / 3)	96% (190 / 198)	
Patient Safety Incident (PSI) case closure rate (Sub acute, step down and chronic medical hospitals) – Chronic/Sub-acute	Patient safety incident software	TBD	TBD	95.8% (136 / 142)	100% (137 / 137)	
Patient Safety Incident (PSI) case closure rate (Tertiary Hospitals) – Tertiary Hospital	Patient safety incident software	TBD	TBD	72.1% (310 / 430)	78% (319 / 409)	
Patient Safety Incident (PSI) case closure rate (Central Hospital) – Central Hospital	Patient safety incident software	TBD	TBD	100% (38 / 38)	100% (33 / 33)	

The table below: Outcome: Reduced Morbidity and Mortality below is reflected as table 18 on page 62 of the Revised Strategic Plan /21 to 24/25. The Indicators and Targets that are being updated are in italic and strikethrough font. The changes are highlighted in yellow. The revised Table 18 is subsequently reflected.

Table 93: Revised Outcome indicators for Outcome: Reduced Morbidity and Mortality

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
Maternal Mortality in facility Ratio (total)- Total	Maternal death register, Delivery Register	129/100 000	<100 /100 000	88.4 /100 000 (188 /212 723)	70/100 000 (146 /8 003)	Alignment to TIDS
Maternal Mortality in facility ratio -District Hospitals		TBD	TBD	58.1 / 100 000 (51 / 87 811)	47.6/100 000 (44 / 92 393) 47.8/100 000 (47/98506)	Alignment of data element "Number of live births" target values across all indicators
Maternal Mortality in facility ratio - Regional Hospitals		TBD	TBD	107.9 / 100 000 (82 / 76 025)	80/100 000 (62/77 516) (69/85 380)	Alignment of data element "Number of live births" target values across all indicators
Maternal Mortality in facility ratio - Tertiary Hospitals		TBD	TBD	355.5 / 100 000 (29 / 8 158)	304.6/100 000 (24 / 7 879) 304/100 000 (25/8 232)	Alignment of data element "Number of live births" target values across all indicators
Maternal Mortality in facility ratio - Central Hospitals		TBD	TBD	1 431.5 / 100 000 (7 / 489)	851.1/100 000 (4 / 470)	
Live Birth under 2 500 g in facility rate – Total	Delivery register, Midnight report	TBD	TBD	11.9% (24 035 /1 947)	11% (22 665 /6 041) (25 493/231 759)	Alignment of data element "Number of live births" target values across all indicators
Neonatal death in facility rate – total	Delivery register, Midnight report	12/1 000	<10/1 000	11.5 /1 000 (2315 / 1 947))	10.5/1 000 (2 077/197 850)	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
Neonatal death in facility rate – District Hospital		TBD	TBD	9.1/1 000 (927 /100 973)	8.4/1 000 (743/88 412)	The indicator was removed from the National List of indicators for each level of care and the consolidated remains
Neonatal death in facility rate – Regional hospitals		TBD	TBD	16.4 / 1 000 (1 157 / 70 681)	15/1 000 (1 336 /75 725)	
Neonatal death in facility rate – Tertiary hospitals		TBD	TBD	22.9 / 1 000 1 825 / 8 078)	21/1 000 (164 / 7 799))	
Neonatal death in facility rate – Central hospitals		TBD	TBD	190 / 1 000 (93 / 489)	123/1 000 (58 / 470)	
Infant PCR test positive around 10 weeks rate	PHC comprehensive tick register	TBD	TBD	0.62% 332/53 330)	0.4% (213/53 330)	
Over-weight or obese child under 5 years incidence	SADHS 16	13%	10%	22.8	To be determined	Removed from the National List of indicators and subsequently removed from the Provincial Plans
School learner overweight rate	DHIS	TBD	TBD	Not monitored	To be determined	
Children <5 who are stunted	SADHS 16	27%	To be determined	14.3%	% 17%	Targets updated
Death under 5 years against live birth rate – total	Deliver, Maternity register, midnight report	TBD	TBD	1.3% (1 334/ 100 973)	1.7% (3 363 /197 850) 1.3% (3055/231 759)	Alignment of data element "Number of live births" target values across all indicators
Death under 5 years against live births – District Hospital		TBD	TBD	1.3% (1 334/100	1.17%	Alignment of data element "Number of live births" target values across all indicators

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
				973)	(1 032/88 412) 1.0% (884/88 412)	
Death in facility under 5 years against live birth rate – Regional Hospital Death under 5 years against live births – Regional Hospital		TBD	TBD	2.4% (1 703 /70 618)	2.2% (1 710/75 725) 1.8% (1 336/75 725)	Alignment of data element "Number of live births" target values across all indicators The name was amended to align to TIDS and consistency throughout the document
Death under 5 years against live birth rate – Tertiary Hospital		TBD	TBD	2.8% (229 / 8 078)	2.3% (177/7 799) 2.4% (194/8 135)	Alignment of data element "Number of live births" target values across all indicators
Death under 5 years against live birth rate- Central Hospital		TBD	TBD	43.6% (213 / 489)	34.9% (165 / 470) 38.1% (179/478)	Alignment of data element "Number of live births" target values across all indicators
Child under 5 years diarrhoea case fatality rate (total) - Total	DHIS, Midnight register, Ward Register	TBD	TBD	2.2% (171 / 7 702)	1.6% (118/7 403)	Amended to align to TIDS
Child under 5 years diarrhoea case fatality rate –District Hospital		TBD	TBD	2.2% (94 /4 360)	1.5% (56/3 744)	
Child under 5 years diarrhoea case fatality rate –Regional Hospital		TBD	TBD	2.4% (68 / 2 874)	1.3% (40 / 3 173)	
Child under 5 years diarrhoea case fatality rate- Tertiary Hospital		TBD	TBD	1.8% (8 / 440)	1.2% (6 / 486)	
Child under 5 years Pneumonia case fatality	DHIS, Midnight Report, Ward	TBD	TBD	2.2%	1.8%	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
rate (total)	Register			(279 / 12370)	(214 / 11 914)	
Child under 5 years pneumonia case fatality rate –District Hospital		TBD	TBD	1.8% (128 / 6 938)	1.3% (76 / 5 958)	
Child under 5 years pneumonia case fatality rate –Regional Hospital		TBD	TBD	2.4% (100 / 4 241)	1.3% (59 / 4682)	
Child under 5 years pneumonia case fatality rate- Tertiary Hospital		TBD	TBD	0.67% (6 / 892)	0.4% (4 / 985) 1.5% (9/596)	Alignment of data elements across the different levels of care
Child under 5 years pneumonia case fatality rate – Central Hospital		TBD	TBD	15.6% (45/ 289)	11.5% (35 / 304) 3.3% (16/486)	Alignment of data elements across the different levels of care
Child under 5 years Severe acute malnutrition case fatality rate (Total)	DHIS, Midnight register, Ward Register	TBD	TBD	7.8% (179 / 2 289)	5% (90 / 1 800)	
Child under 5 years Severe acute malnutrition case fatality rate –District Hospital		TBD	TBD	7% (94 / 1 336)	4.8% (48 / 990)	
Child under 5 years Severe acute malnutrition case fatality rate –Regional Hospital		TBD	TBD	9.0% (76 / 839)	5.8% (40 / 690)	
Child under 5 years Severe acute malnutrition case fatality rate- Tertiary Hospital		TBD	TBD	4.3% (5 / 116)	0.9% (1 / 110)	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
Child under 5 years Severe acute malnutrition case fatality rate – Central Hospital		TBD	TBD	23.5% (4 / 17)	10% (1 / 10)	
Death in facility under 1 year rate –total	DHIS, Midnight register, Ward Register	NA	NA	5.4% (3 055 / 57 009)	4.1% (2 498 / 60 8)	
Death in facility under 1 year rate – District Hospital		NA	NA	5.3% (1 153/21 880))	3.7% (892 / 24 157)	
Death in facility under 1 year rate – Regional Hospital		NA	NA	5.3% (1 422 / 27 059)	4.8% (1 296 / 27 000)	
Death in facility under 1 year rate – Tertiary Hospital		NA	NA	4.4% (195 / 4 445)	3.1% (151/ 4 908)	
Death in facility under 1 year rate – Central Hospital		NA	NA	9.3% (184 / 1 977)	7.8% 7.9% (142/ 1 800)	Correction to the calculation
Death in facility under 5 years rate (Total)	DHIS, Midnight register, Ward Register	NA	NA	3.9% (3 444/88 844)	3.8% (3 577/94 142)	
Death in facility under 5 years rate –District Hospital		NA	NA	3.5% (1 334/37 674)	2.48% (1 032 /41 565)	
Death in facility under 5 years rate – Regional Hospital		NA	NA	4.4% (1 703 / 38 610)	4% (1 710 / 42 629)	Alignment of data element "Number of deaths under 5 in facility" target values across all indicators

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
					(1 441/36 025)	
Death in facility under 5 years rate –Tertiary Hospital		NA	NA	4% (229 / 5 777)	2.8% (177 / 6 378)	
Death in facility under 5 years rate –Central Hospital		NA	NA	5.7% (213 / 3 754)	4.6% (165/ 3 570)	
Still Birth in Facility Rate – total	Ward register, midnight report	NA	NA	21.8 / 1 000 (4 500 / 6 438)	19/1 000 (3 840 / 2 109)	
Still Birth in Facility Rate – district hospital		NA	NA	18.9/1 000 (1 616 / 85 322)	14/1 000 (1 259 / 89 921)	
Still Birth in Facility Rate – regional hospital		NA	NA	28.8/1 000 (2 9 / 76 587)	.2/1 000 (1 572/77 834)	
Still Birth in Facility Rate – tertiary hospital		NA	NA	31.1/1 000 (258 / 8 306)	21.8/1000 (177/8 131)	
Still Birth in Facility Rate – central hospital		NA	NA	29.8/1 000 (15 / 503)	24.5/1 000 (12 / 489) 25.3/1 000 (12/475)	Alignment of data element "Number of live births" target values across all indicators
Early Neonatal death Rate – Total	Ward register, midnight report	NA	NA	9/1 000 (1 818 / 1 947)	7.9/1 000 (1 628 / 6 041)	
TB Rifampicin Resistant/MDR/pre-XDR treatment success rate - Long	DR-TB Clinical Stationery; TIER.Net	TBD	TBD	59.7% (1 7 / 2 882)	65% (1 515 / 2 330)	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
TB Rifampicin Resistant/MDR/pre-XDR treatment success rate - Short		TBD	TBD	70.2% (1 130 / 1 609)	75% (935 / 1 250)	
All DS-TB Client death rate	DR-TB Clinical Stationery; TIER.Net	TBD	TBD	7.4% (254 / 38 451)	4% (1 9 / 48 000)	
All DS- TB client Treatment success Rate	DS-TB Clinical Stationery; TIER>net	TBD	TBD	79.2% (31 280 / 38 451)	90% (43 0 / 48 000)	
ART Death rate (6 months)at 6 months	ART register; TIER.net: DHIS	TBD	TBD	1.2% (2 435 / 2 938)	1% (2 029 / 2 938)	Alignment with DORA indicator naming
ART adult death rate (6 months) at 6 months	ART register; TIER.net: DHIS	NA	NA	1.2% (2 375/ 197 918)	1% (1 979 / 197 918)	Alignment with DORA indicator naming
ART child death rate (6 months) at 6 months	ART register; TIER.net: DHIS	NA	NA	1.4% (70 / 5 0)	1% (50 / 5 0)	Alignment with DORA indicator naming
HIV positive 15 -24 years (Exc ANC) Rate 15-24 year old (excl ANC) rate	HTS Register (HIV testing services)TIER.Net; DHIS	TBD	TBD	New indicator	To be determined 2.9% (14 600/500 000)	Target set
HIV prevalence among 15 -24 year old pregnant women	Thembisa Model	TBD	TBD	TBD	24.9%	
Adult Viral load suppressed rate (12 months)at 12 months	ART paper register;TIER.net; DHIS	TBD	TBD	90.6% (38 371 / 42 374)	90% (38 136 / 42 374)	Alignment with DORA indicator naming

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
ART Child viral load suppressed rate (12 months) at 12 months	ART paper register;TIER.net; DHIS	TBD	TBD	68.7% (826 / 1 3)	90% (1 082 / 1 3)	Alignment with DORA indicator naming
ART Client remain on ART end of month - sum	ART register; TIER.net: DHIS	TBD	TBD	1 387 688	1 959 000	
Infant Mortality Rate	ASSA 08	NA	NA	30.9/1 000	27/1 000	
Under 5 mortality rate	ASSA 08	NA	NA	41.7/1 000	38/1 000	
Diarrhoea in child under 5 years incidence Child under 5 years Diarrhoea incidence	DHIS, PHC tick register, StatsSA	NA	NA	7.9 /1 000 (10 553 / 1 330 900)	5/1 000 (5 751 / 1 150 228)	Alignment of indictor name with TIDs.
Child under 5 years pneumonia incidence	DHIS, PHC tick register, StatsSA	NA	NA	39.2 /1 000 (52 169 / 1 330 900)	29/1 000 (33 357 / 1 150 228)	
Child under 5 years severe acute malnutrition incidence	DHIS, PHC tick register, StatsSA	NA	NA	1.9 /1 000 (2 575 / 1 330 900)	1.0/1 000 (1 150 / 1 150 228)	
Diabetes Incidence	DHIS, PHC tick register, StatsSA	NA	NA	2.9/1 000 (17 616 / 11 417 132)	2.5/1 000 (30 199 / 12 079 648)	
Hypertension Incidence	DHIS, PHC tick register, StatsSA	NA	NA	29.5/1 000 336 805 / 11 417 132)	/1 000 (241 593 / 12 079 648)	
HIV incidence	Thembisa Model	NA	NA	0.55%	<1%	
COVID-19 Testing Coverage	TBD	TBD	TBD	TBD	Monitor	Target set

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
					Trends 2,070 / 100k	
COVID-19 Positivity Rate	TBD	TBD	TBD	TBD	Monitor Trends 4%	Target set
COVID-19 Case Fatality Rate	TBD	TBD	TBD	TBD	Monitor Trends 0.5%	Target set
TB Incidence	DHIS, PHC tick register, StatsSA	NA	NA	507.3 / 100 000 (57 921 / 11 417 132)	0/100 000 (24 159 / 12 079 648)	
Malaria incidence per 1000 population at risk	Malaria information system	NA	NA	0.23/1 000 (162 / 696 042)	0/1 000 (0 / 686 893)	
Malaria case fatality rate	Malaria Information system	0.01% (70 / 581 700)	Malaria eliminated by 23	0.5% (7 / 1 493)	0% (0 / 1000)	

ANNEXURE B: CONDITIONAL GRANTS (2022/23)

Name of grant	Purpose	Outputs	Current annual budget
District Health Programmes Grant	See below	See below	R 7 547 069
	Comprehensive HIV/AIDS component		
	• To enable the health sector to develop and implement an effective response to HIV and IDS • Prevention and protection of health workers from exposure to hazards in the workplace	• Male condoms distributed • Female condoms distributed • Active Lay counsellors on stipend • Clients tested for HIV (including antenatal) • HIV test client 15 years and older (incl ANC) • HIV test positive client 15 years and older (incl ANC) • HIV test positive child 19-59 months • HIV test positive child 5-14 years • Health facilities offering MMC • Medical Male Circumcisions performed • High volume MMC sites providing package of Mens Health services • Adult started on ART during this month - naïve • New patients started on Antiretroviral treatment • Patients on ART remaining in care • Adult remaining on ART – total • Adult lost to follow up (LTF) rate at 6 months • Adult with Viral load completion (VLD) rate at 6 months • Adult with Viral load suppressed (VLS) rate at 6 months • Child under 1 year naïve started ART • Child 12-59 months naïve started ART • Child 5-14 years naïve started ART • Child under 15 years remaining on ART - total • ART patients decanted to Differentiated Model of Care (DMoC) (FAC-PUP, AC,EX-PUP).	R 6 512 334

Name of grant	Purpose	Outputs	Current annual budget
		• ART patients enrolled to FAC-PUP -20% • ART patients enrolled to AC - 10% • ART patients enrolled to EX-PUP - 70% • Patients referred for chronic meds defaulting • New Performance Indicator • Adherence clubs • Patients participating in adherence clubs • HTA intervention sites • Peer educators receiving stipends • Male Urethritis Syndrome treated - new episodes • Individuals who received an HIV service /referral at High Transmission Area sites(HTS, ART, PreP, TB, STIS, Psych) • Individuals from key populations reached with outreach services IEC, dialogues, health education, HTS, support groups) • Antenatal 1st visit before 20 weeks rate • Antenatal client HIV re-test rate • Antenatal clients initiated on ART • Mother postnatal visit within 6 days rate • Infants tested through the Polymerase Chain Reaction test at 10 weeks • Infant 1st PCR test positive around 10 weeks rate • Couple year protection rate • Infant PCR test at birth • Infant PCR test at birth positive • People at risk started on PrEP • New sexual assault case HIV negative issued with Post Exposure Prophylaxis • Numbers of patients referred to facilities • Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases • Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	

Name of grant	Purpose	Outputs	Current annual budget
		• Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	
	TB Component		
	• To enable the health sector to develop and implement an effective response to TB	• Number of patients tested for TB using Xpert • Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay • DS-TB treatment start (under 5yrs, 5yrs and older combined) • TB Rifampicin Resistant /MDR/ pre XDR treatment start rate • Patients on ART initiated on Tuberculosis Preventative Therapy	
	Community Outreach Services Component		R 1 034 735
	• To ensure provision of quality community outreach services through WBPHOTs • To improve efficiencies of the WBPHCOT programme by harmonising and standardising services and strengthening performance monitoring	• Number of community health workers receiving a stipend • Number of community health workers trained • Number of HIV clients lost to follow traced • Number of TB clients lost to follow traced	
	Malaria Elimination Component		
	• To enable the health sector to develop and implement an effective response to support the effective implementation of the National Strategic Plan on Malaria Elimination 19 – 23	• 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 behaviour interventions	

Name of grant	Purpose	Outputs	Current annual budget
		• Percentage of vacant funded malaria positions filled as outlined in the business plan • Number of malaria camps refurbished and/or constructed	
	HPV Component		
	• To enable the health sector to prevent cervical cancer by making available HPV vaccinations from grade 7 school girls in all public and special schools and progressive integration of Human Papillomavirus into the integrated school health programme	• 80 per cent of grade five school girls aged 9 years and above vaccinated for HPV first dose • 80 percent of schools with grade five girls reached by the HPV vaccination team with first dose • 80 per cent of grade five school girls aged 9 years and above vaccinated for HPV second dose • 80 per cent of schools with grade five girls reached by the HPV vaccination team with second dose	
	COVID Component		
	• To enable the health sector to rollout COVID-19 vaccine	• Number of healthcare workers rolling out the Covid – 19 vaccine funded through the grant • Number of Covid – 19 vaccine doses administered, broken down by type of vaccine • Number of clients fully vaccinated for Covid -19	
Health Facility Revitalisation Grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance • To enhance capacity to deliver health infrastructure • To accelerate the fulfilment of the requirements of occupational health and safety	• Number of PHC facilities constructed or revitalised • Number of hospitals constructed or revitalised • Number of facilities maintained, repaired or refurbished	R 1 389 913
Human Resources	• To appoint statutory positions in the health	• Number and percentage of statutory posts funded from this grant (per	R 754 850

Name of grant	Purpose	Outputs	Current annual budget
and Training Grant	sector for systematic realisation of human resources for health strategy and phased-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	category and discipline) and other sources of funding • Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources • Number and percentage of specialists posts from this grant (per discipline) and other funding sources	
National Health Insurance Grant	• To expand the health care service benefits through the strategic purchasing of services from health care providers	• Number of health professionals contracted (total and by discipline) • Number of patients seen by contracted health professionals	R 84 726
National Tertiary Services Grant	• 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	• Number of inpatient separations • Number of day patient separations • Number of outpatient first attendances • Number of outpatient follow –up attendances • Number of inpatient days • Average length of stay by facility (tertiary) • Bed utilisation rate by facility (all levels of care)	R 2 045 854
EPWP Integrated Grant for Provinces	• To incentivise provincial departments to expand work creation efforts through the use of labour, intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme (EPWP) guidelines: • road maintenance and the maintenance of buildings • low traffic volume roads and rural roads • other economic and social infrastructure • tourism and cultural industries • sustainable land based livelihoods • waste management	• Number of people employed and receiving income through the EPWP • Increased average duration of the work opportunities created • Number of full-time equivalents (FTE's) to be created through the Grant	R 11 736

NOTES

ANNEXURE C: CONSOLIDATED INDICATORS

Not applicable to Health Sector

NOTES

ANNEXURE D: DISTRICT DEVELOPMENT MODEL

Area of intervention	MTEF 2022/23 – 2024/25					
Project Name	**Project description**	**Stage of Project**	**Municipality**	**GPS Co-ordinates**	**Project Leader**	**Social Partners**
Amajuba District						
Madadeni Hospital - New Psychiatric Hospital	Master Plan and Construction of New Psychiatric Hospital	Stage 1: Initiation/ Pre-feasibility	Newcastle (KZN252)	30.0508005 - 27.7635978	DoH	N/A
Niemeyer Hospital - New core block with Admin Offices	New core block with administration offices at Niemeyer Hospital	Stage 2: Concept/ Feasibility	Emadlangeni (KZN253)	27.6617885, 30.3159455	DoH	N/A
Madadeni Hospital : Upgrades to the Student Accommodation	Renovate the student Accommodation Blocks	Stage 4: Design Documentation	Newcastle (KZN252)		DoH	N/A
Newcastle Hospital -Package D- CCTV cameras and access control, heat pumps ,fire detection	"Fitting of CCTV and Access control	Stage 4: Design Documentation	Newcastle (KZN252)	30.0508005 - 27.7635978	DoH	N/A
Newcastle Hospital Package E - Upgrade to Bulk Sewer , Stormwater , Hot and Cold water reticulation	Electrical compliance of the entire institution	Stage 4: Design Documentation	Newcastle (KZN252)	29.935643 27.763124	DoH	N/A
eThekwini Metropolitian						
Clairwood Hospital: COVID-19: Alterations and additions to existing wards: Phase 2: Ward C1,C2, FS3	COVID-19: Alterations and additions to existing wards: Phase 2: Ward C1, C2, MS6, MS2, MM1, OT, FS3 & Kitchen	Stage 6: Handover	eThekwini (ETH)	30.95677767 29.9357678	DoH	N/A
King Edward VIII Hospital - Construct New Radiology Department Block and Convert the Existing X-Ray	"Construct New Radiology Department Block.	Stage 1: Initiation/ Pre-feasibility	eThekwini (ETH)	30.98950733- 29.8822222	DoH	N/A
King Edward-Upgrade and Additions to Maternity and Labour Wards	Convert the Existing X-Ray Department to a Surgical Ward"	Stage 1: Initiation/ Pre-feasibility	eThekwini (ETH)	30.98950733 29.8822222	DoH	N/A
RK Khan Hospital : Construction of a new Psychiatric Unit	Upgrade and Additions to Maternity Wards and Labour Ward	Stage 1: Initiation/ Pre-feasibility	eThekwini (ETH)	30.88623717 29.9151718	DoH	N/A
King Dinuzulu Hospital - New TB Complex (Completion Contract)	Construction of a new Psychiatric Unit	Stage 3: Design Development	eThekwini (ETH)	30.987036 , 29.823575	DoH	N/A

Area of intervention	MTEF 2022/23 – 2024/25					
Project Name	**Project description**	**Stage of Project**	**Municipality**	**GPS Co-ordinates**	**Project Leader**	**Social Partners**
Harry Gwala District						
Umzimkhulu Hospital - New Psychiatric Unit, Forensic Wards and Staff Accommodation	Construction of New Psychiatric Unit and Forensic Wards, Staff Accommodation, New Parking & Road and 72 Hours water Storage	Stage 2: Concept/ Feasibility	Umzimkhulu (KZN435)	30.25535, 29.92602	DoH	N/A
St Apollinaris Hospital - Reconfigure Existing Building to provide for Neonatal Nursery	Reconfigure Existing Building To Provide for Neotal Nursery/Maternity ward.	Stage 3: Design Development	Dr Nkosazana Dlamini Zuma (KZN436)	30.0165327, 29.7257494	DoH	N/A
Ikhwezi Lokusa Clinic- Construction of New Clinic	Construction of new clinic including 3 houses, guardhouse and public toiltes	Stage 1: Initiation/ Pre-feasibility	Ubuhlebezwe (KZN434)	34.11403083 18.86615513	DoH	N/A
Shayamoya Clinic - Construction of a New Small Clinic	Construction of a New Small Clinic.	Stage 1: Initiation/ Pre-feasibility	Greater Kokstad (KZN433)		DoH	N/A
Mahhehle / Ncakubana Clinic - ConstructIon of a New Clinic with residence	Mahhehle / Ncakubana Clinic -Construct New Clinic with nurses residence	Stage 1: Initiation/ Pre-feasibility	Ubuhlebezwe (KZN434)		DoH	N/A
iLembe District						
Umphumulo Hospital - New Core Block	New Core block incorporating: OPD (with PALS clinics), Emergency Centre, Admissions, Theatres, CSSD, Pharmacy, Radiology, Labour ward, Administration, Helipad and new main entrance with security and parking	Stage 2: Concept/ Feasibility	Maphumulo (KZN294)	29.14255, 31.04259	DoH	N/A
Madundube Clinic - Construct New Medium Clinic	Construct new medium clinic : with maternity, 6 double residential units, gate house, public toilets, carports, water tank 20 000 litres etc	Stage 2: Concept/ Feasibility	KwaDukuza (KZN292)		DoH	N/A
General Justice Gizenga Mpanza Regional Hosp- New 28 Bedded Psychiatric Unit	"New 28 bedded Male and Female Psychiatric Unit with 3 seclusion rooms.	Stage 4: Design Documentation	KwaDukuza (KZN292)	34.03413, 19.55714	DoH	N/A
GJGMRH (Stanger) - New Road & Bridge, Bulk Store, Archives & Fencing	17 Bed Male Ward, 11 Bed Female Ward, 2 x Male Seclusion and 1 x Female seclusion room.	Stage 2: Concept/ Feasibility	KwaDukuza (KZN292)	29.335748, 31.285488	DoH	N/A

Area of intervention	MTEF 2022/23 – 2024/25					
Project Name	**Project description**	**Stage of Project**	**Municipality**	**GPS Co-ordinates**	**Project Leader**	**Social Partners**
GJGMRH (Stanger): Construction of New Accommodation for Intern Doctors	Full signed project brief available in documents."	Stage 1: Initiation/ Pre-feasibility	KwaDukuza (KZN292)	29.335748, 31.285488	DoH	N/A
King Cetshwayo District						
Catherine Booth Hospital - COVID-19: Alterations and Additions to existing wards	Catherine Booth Hospital - COVID-19: Alterations and Additions to existing wards	Stage 5: Works	uMlalazi (KZN284)	28.99767 31.474714.	DoH	N/A
Obanjeni Clinic: Construction of a new clinic with residence	Obanjeni Clinic: Construction of a new medium clinic with MOU and 5 residences.	Stage 2: Concept/ Feasibility	uMlalazi (KZN284)		DoH	N/A
Ekhombe Hospital - Staff Accommodation Renovation	Remove asbestos roofs, test and replace roof trusses where necessary. Replace ceilings, electrical installation and issue COC. Renew light fittings	Stage 5: Works	Nkandla (KZN286)	-28.6413468, 30.8932125	DoH	N/A
Mpaphala Clinic - Construction of New Medium Clinic	Construction of New Medium Clinic, staff accommodation, gatehouse, fencing, and sewer plant	Stage 2: Concept/ Feasibility	uMlalazi (KZN284)		DoH	N/A
Catherine Booth Hospital- Phase 1& 2 Refurbish existing wards	Phase 1 Refurbish Existing Wards: Construction of Decanting Facility, Upgrade Laundary, New Pharmacy Store and Upgrade Paeds Building & Phase 2:Refurbish and renovate existing Male & Female wards, including all services and new roof. Replace Medical Gas at Maternity ward.	Stage 5: Works	uMlalazi (KZN284)	28.99767483 31.47471417	DoH	N/A
Ugu District						
Umzinto CHC - Construction of New CHC (Phase 1)	"The project entails the construction if a new CHC in Umzinto - Phase 1 of 3 phases. Phase 2 and 3 are planned to follow.	Stage 1: Initiation/ Pre-feasibility	Umdoni (KZN212)		DoH	N/A
GJ Crookes Hospital-Completion contract of phase 2-4	Phase 1 scope - Town Planning, Land Survey, Tech report. construction of all ancillary buildings, new road and elevated water tank	Stage 6: Handover	Umdoni (KZN212)	30.7448705 30.2882063	DoH	N/A
Port Shepstone Hospital-New 28	Phase 2 - Construction of 3 streams and support	Stage 4: Design	Ray Nkonyeni (KZN216)	30.742778,	DoH	N/A

Area of intervention	MTEF 2022/23 – 2024/25					
Project Name	**Project description**	**Stage of Project**	**Municipality**	**GPS Co-ordinates**	**Project Leader**	**Social Partners**
bedded Psychiatric Unit	services	Documentation		30.450556		
Murchison Hospital - Construction of new MDR unit	Phase 3 - Construction of overnight stay and support services"	Stage 1: Initiation/ Pre-feasibility	Ray Nkonyeni (KZN216)	30.728043, 30.344023.	DoH	N/A
GJ Crookes Hospital - Upgrade the roof and plumbing in maternity ward	Phase 2-4 Casualty, Trauma, Admissions (Completion Contract)	Stage 6: Handover	Umdoni (KZN212)	30.7448705 30.2882063	DoH	N/A
uMgungundlovu District						
Grey's Hospital- Restoration of HVAC System Phase 2	Replace and decentralize HVAC in OPD, Maternity, Wards & kitchen	Stage 3: Design Development	The Msunduzi (KZN225)	29.579613, 30.36378417.	DoH	N/A
Harry Gwala Riefional Hospital - New Maternity & Neonatal Unit	New Maternity & Neonatal Unit	Stage 1: Initiation/ Pre-feasibility	The Msunduzi (KZN225)	30.33275617-29.6473695	DoH	N/A
Harry Gwala Regional Hospital - Alterations and Additions to (A & E) and OPD	Alterations and Additions to Accident, Emergency (A & E) and OPD	Stage 6: Handover	The Msunduzi (KZN225)	30.332756172 9.6473695	DoH	N/A
Richmond Chest Hospital - COVID-19: Alterations to existing wards: Ward A4,B1, Dining Hall	COVID-19: Alterations to existing wards: Ward A4,B1, Dining Hall	Stage 5: Works	Richmond (KZN227)	29.87017, 30.27388 ...	DoH	N/A
Kwampande Clinic- New Clinic	Construction of a new clinic including 3 houses, a guard house and public toilets	Stage 1: Initiation/ Pre-feasibility	The Msunduzi (KZN225)	29.63468, 30.19222.	DoH	N/A
uMkhanyakude District						
Hlabisa Hospital- Upgrade OPD	Construction of OPD, Accident & Emergency, Pharmacy and Allied services	Stage 5: Works	Big Five Hlabisa (KZN276)	31.88069667 - 28.1455475.	DoH	N/A
Mosvold Hospital - Construction of 40 Units Block of Staff Accommodation and Paediatric Unit	Construction of 40 Units Block of Staff Accommodation and Paediatric Unit	Stage 2: Concept/ Feasibility	Jozini (KZN272)	32.00474583 - 27.1383742	DoH	N/A
Ezwenelisha Clinic - Replacement of existing clinic with a new medium Clinic	Construction of a new medium Clinic to replace existing clinic	Still to be initiated	Mtubatuba (KZN275)		DoH	N/A
Mpukunyoni Clinic - Replacement of	Project entails the construction of a new clinic to	Stage 1: Initiation/	Big Five Hlabisa (KZN276)		DoH	N/A

Area of intervention	MTEF 2022/23 – 2024/25					
Project Name	**Project description**	**Stage of Project**	**Municipality**	**GPS Co-ordinates**	**Project Leader**	**Social Partners**
Existing Clinic	replace an existing clinic	Pre-feasibility				
Manguzi Hospital: New Male Ward	New Male Ward	Stage 1: Initiation/ Pre-feasibility	Umhlabuyalingana (KZN271)	32.75637467 - 26.9840283	DoH	N/A
uMzinyathi District						
vCwaka Clinic: New Replacement Clinic	Replacement to Existing Clinic for Inkululeko Initiative: Additional consultant rooms. Enlarged medical store,stores &filing rooms. Re-organize Waiting area with Main entrance, Dressing room, Counseling rooms (x2), Additions of staff accommodation (x6), A service board at the entrance and waste areas	Stage 3: Design Development	Msinga (KZN244)	28.6578° S, 30.4639° E	DoH	N/A
Dundee Regional Laundry - Laundry Equipment	Replace laundry equipment and repair/or service existing	Stage 5: Works	Endumeni (KZN241)	28.1729023, 30.22973983	DoH	N/A
Charles Johnson Memorial Hospital - Upgrades water, sewer, signage, staff parking and helipad	Renovate all Ablutions and Put Signage- geographical signage, assembly point, staff parking and a new helipad.	Stage 2: Concept/ Feasibility	Nqutu (KZN242)	30.672920 28.2119632.	DoH	N/A
Dundee Hospital: Assessment and Upgrade of HVAC System	Dundee Hospital: Assessment and Upgrade of Air-Conditioning System	Stage 3: Design Development	Endumeni (KZN241)	28.1667 : 30.2333.	DoH	N/A
Charles Johnson Memorial - Nursing college (Phase 2) Completion Contract	Replace floor coverings , paint walls , fit cupboards , electrical upgrades including waterproofing to roofs and plumbing repairs .	Stage 5: Works	Nqutu (KZN242)	28.2105655.: 30.6745631	DoH	N/A
uThukela District						
Estcourt Hospital: Construct New Mothers' lodgeing and Upgrade Maternity Ward 4A	Construct New Park home for mothers lodging. Reconfigure, renovate and upgrade existing maternity ward	Stage 2: Concept/ Feasibility	Inkosi Langalibalele (KZN237)	29.020085 29.894042	DoH	N/A
Estcourt Hospital: Construct New Mental Health In-patient Unit	Construct new Inpatient Mental Health Unit	Stage 1: Initiation/ Pre-feasibility	Inkosi Langalibalele (KZN237)	29.020085 29.894042	DoH	N/A
Estcourt Hospital - Renovations to roof and replace all covered walkways	Renovations including roof repairs, painting, replacing doors etc	Stage 2: Concept/ Feasibility	Inkosi Langalibalele (KZN237)	29.020085 29.894042	DoH	N/A

Area of intervention	MTEF 2022/23 – 2024/25					
Project Name	**Project description**	**Stage of Project**	**Municipality**	**GPS Co-ordinates**	**Project Leader**	**Social Partners**
Ladysmith Hospital - Conversion of existing ward into 28 bed Regional Mental Health unit	"Male and female single rooms created	Stage 1: Initiation/ Pre-feasibility	Alfred Duma (KZN238)	29.766058 - 28.5567272	DoH	N/A
Ladysmith hospital - Renovate OPD, Laundry, and Mortuary. Convert Garages to storage	2 rooms behind the existing nurses station are to be converted into seclusion rooms with heavy duty door, epoxy floor and vandal proof WC	Stage 1: Initiation/ Pre-feasibility	Alfred Duma (KZN238)	29.766058 8.5567272	DoH	N/A
Zululand District						
Zululand Nursing College - Conversion of KZN Legislature to Nursing College	Conversion of portion of KwaZulu Natal Legislative Assembly building to new Nursing College Campus for Zululand District	Stage 4: Design Documentation	Ulundi (KZN266)		DoH	N/A
Benedictine hospital - Construction of new OPD core block	Construction of new OPD core block	Stage 1: Initiation/ Pre-feasibility	Nongoma (KZN265)	27.8910013, 31.639325	DoH	N/A
Vryheid Hospital - New OPD	Vryheid Hospital - New Out-Patients Department	Stage 1: Initiation/ Pre-feasibility	Abaqulusi (KZN263)	30.7970875 27.7583528.	DoH	N/A
Nkonjeni Hospital - New flats to accommodate 75 staff (nursing staff & student)	Conversion of college to staff accommodation and construction of new student nurses accommodation. 60 Student accommodation and 15 nursing staff accommodation.	Stage 4: Design Documentation	Ulundi (KZN266)	28.23759, 31.46416	DoH	N/A
Candover Clinic - Construction of New Clinic and Accommodation	Project entails the construction of a new ideal clinic and residences	Stage 1: Initiation/ Pre-feasibility	eDumbe (KZN261)		DoH	N/A

ANNEXURE E: POPULATION

Table 94: KwaZulu-Natal Province -

Population Group	21/22	22/23	23/24	24/25
Total Population	*11,563,185*	*11,683,165*	*11,801,473*	*11,919,339*
Male population 15- 49 years	*3,027,125*	*3,064,887*	*3,103,430*	*3,144,079*
Population under 5 years	*1,248,096*	*1,254,649*	*1,256,958*	*1,256,757*
Population 15-49 years female	*3,115,857*	*3,148,064*	*3,180,357*	*3,214,285*
Population under 1 year	*255,744*	*254,035*	*252,494*	*251,511*
Population aged 1 year	*252,321*	*253,879*	*252,554*	*251,547*
Population 12-59 months	*992,352*	*1,000,614*	*1,004,464*	*1,005,246*
[(80% women aged 30-59yrs)/10)+(20% women aged 20-59yrs)/3) + Cervical cancer screening 30 years and older	*375,922*	*380,290*	*384,565*	*388,972*
Umkhanyakude District Total	680,656	685,593	690,193	694,485

Source: DHIS downloaded 2021.11.23

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NOTES

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