



HEALTH  
REPUBLIC OF SOUTH AFRICA

# ANNUAL PERFORMANCE PLAN

2025/26



UNKSZ NOMAGUGU SIMELANE  
UMPHATHISWA WEZEMPILO

MS NOMAGUGU SIMELANE  
MEC FOR HEALTH

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# **Annual Performance Plan**

## **2025/26 – 2027/28**



## Table of Contents

FOREWORD BY THE EXECUTIVE AUTHORITY .....	7
STATEMENT BY THE ACCOUNTING OFFICER .....	9
OFFICIAL SIGN OFF.....	12
PART A: OUR MANDATE .....	19
PART B: OUR STRATEGIC FOCUS .....	29
PART C: MEASURING OUR PERFORMANCE .....	75
<b>PROGRAMME 1: ADMINISTRATION.....</b>	75
<b>PROGRAMME 2: DISTRICT HEALTH SERVICES.....</b>	81
<b>PROGRAMME 3: EMERGENCY MEDICAL SERVICES.....</b>	103
<b>PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES (REGIONAL AND SPECIALISED).....</b>	109
<b>PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS.....</b>	117
<b>PROGRAMME 6: HEALTH SCIENCES AND TRAINING.....</b>	123
<b>PROGRAMME 7: HEALTH CARE SUPPORT SERVICES.....</b>	129
<b>PROGRAMME 8: HEALTH FACILITIES MANAGEMENT .....</b>	137
<b>KEY RISKS AND MITIGATION FROM THE STRATEGIC PLAN.....</b>	143
<b>INFRASTRUCTURE PROJECTS .....</b>	145
<b>PUBLIC-PRIVATE PARTNERSHIPS (PPPS).....</b>	152
PART D: TECHNICAL INDICATOR DESCRIPTION (TID) FOR APP.....	153
<b>APP OUTPUT INDICATORS.....</b>	153
ANNEXURES .....	165
<b>ANNEXURE A: AMENDMENTS TO THE STRATEGIC PLAN.....</b>	165
<b>ANNEXURE B: CONDITIONAL GRANTS.....</b>	166
<b>ANNEXURE C: CONSOLIDATED INDICATORS.....</b>	170
<b>ANNEXURE D: DISTRICT DEVELOPMENT MODEL.....</b>	171

### LIST OF TABLES

Table 1: Alignment of the PDoH Impact and outcomes to Priorities, Policies and Strategies .....	25
Table 2: Social determinants of health per district .....	35
Table 3: Underlying causes of death by district municipality (2020) – StatsSA 2024 release .....	40
Table 4: Maternal mortality ratio, neonatal and death under 5 years rates (2023/24) .....	47
Table 5: Stakeholders and consultation from the KZN DoH Service Charter.....	48

Table 6: Compliance with the Broad-Based Black Economic Empowerment (BBBEE).....	50
Table 7: Opportunities and Threats analysis .....	53
Table 8: Strengths and Weaknesses analysis.....	54
Table 9: PHC facilities and mobiles per District (Q1 2024/25) .....	56
Table 10: Hospitals per District .....	58
Table 11: Average Length of Stay and Bed Utilisation Rates, Expenditure per PDE, and OPD headcounts60	
Table 12: Categories of compliments received (2023/24) .....	64
Table 13: Categories of complaints received, including complaints resolution performance (2023/24)..	65
Table 14: Patient Safety Incidents (2023/24) .....	66
Table 15: Programme 1 Outputs, Output Indicators and Targets .....	76
Table 16: Programme 1 Output Indicator Quarterly Targets .....	77
Table 17: Budget allocation Estimates 2024/25 (R'000) (Programme 1).....	78
Table 18: Primary Health Care Outputs, Output Indicators and Targets for 2025/26 .....	82
Table 19: Primary Health Care Output Indicator Quarterly and Annual Targets.....	83
Table 20: District hospital Outputs, Output Indicators and Targets.....	83
Table 21: District hospital Output Indicator Quarterly targets .....	84
Table 22: HAST Outputs, Output Indicators and Targets for 2025/25.....	85
Table 23: HAST Output Indicator Quarterly and Annual Targets .....	88
Table 24: MCWHN Outputs, Output Indicators and Targets for 2025/26 .....	90
Table 25: MCWHN Indicator Quarterly and Annual Targets .....	93
Table 26: Disease Prevention and Control Outputs, Output Indicators and Targets for 2025/26.....	95
Table 27: Disease Prevention and Control Output Indicator Quarterly and Annual Targets .....	96
Table 28: Budget allocation Estimates 2025/26 (R'000) (Programme 2).....	100
Table 29: EMS Outputs, Output Indicators and Targets .....	104
Table 30: EMS Output Indicators Quarterly and Annual Targets .....	105
Table 31: Budget allocation Estimates 2025/26 (R'000) (Programme 3).....	106
Table 32: Regional (General) Outputs, Output Indicators and Targets.....	110
Table 33: Tuberculosis hospital Outputs, Output Indicators and Targets .....	110
Table 34: Psychiatric - Mental hospital Outputs, Output Indicators and Targets.....	111
Table 35: Sub-acute, Step down and Chronic Medical hospital Outputs, Output Indicators and Targets	111
Table 36: Programme 4 Output Indicator Quarterly and Annual Targets .....	112
Table 37: Budget allocation Estimates 2025/26 (R'000) (Programme 4).....	114
Table 38: Tertiary hospital Outputs, Output Indicators and Targets 2025/26 .....	118
Table 39: Central hospital Outputs, Output Indicators and Targets 2025/26.....	118
Table 40: Programme 5 Output Indicator Quarterly and Annual Targets 2025/26.....	119
Table 41: Budget allocation Estimates 2025/26 (R'000) (Programme 5).....	120
Table 42: Health Sciences and Training Outputs, Output Indicators and Targets .....	124
Table 43: Programme 6: Output Indicator Quarterly and Annual Targets .....	125
Table 44: Budget allocation Estimates (R'000) (Programme 6).....	126
Table 45: Programme 7: Outputs, Output Indicators and Targets .....	130
Table 46: Programme 7: Output Indicator Quarterly and Annual Targets .....	131
Table 47: Budget allocation Estimates 2025/26 (R'000) (Programme 7).....	133
Table 48: Programme 8: Outputs, Output Indicators and Targets .....	138
Table 49: Programme 8: Output Indicator Quarterly and Annual Targets .....	139
Table 50: Budget allocation Estimates 2024/25 (R'000) (Programme 8) .....	140
Table 51: Key Risks and Mitigation Strategies .....	143
Table 52: Infrastructure Projects.....	145
Table 53: Public Private Partnerships (PPPs).....	152
Table 54: APP Output Indicator Definitions .....	153

Table 55: Conditional Grants for 2025/26.....	166
Table 56: District Development Model - projects .....	171

**LIST OF FIGURES**

Figure 1: KZN development nodes .....	37
Figure 2: KZN DOH Macro Organizational Structure .....	69

**LIST OF GRAPHS**

Graph 1: Population distribution per district.....	30
Graph 2: KwaZulu-Natal population pyramid, Census 2011 (blue shaded) & Census 2022.....	31
Graph 3: Estimated net migration: 2021-2026.....	32
Graph 4 : Total Fertility Rates by Province .....	32
Graph 5: Life expectancy by sex over time, 2001–2026.....	33
Graph 6: Medical Aid coverage .....	33
Graph 7: Inpatient deaths.....	38
Graph 8: Top 10 underlying natural causes of death in KZN, 2020 .....	38
Graph 9: Ten leading underlying natural causes of death by gender in KwaZulu-Natal (2020).....	39
Graph 10: Top 10 diseases.....	40
Graph 11: Top 10 diseases from the ICD -10 system .....	41
Graph 12: Disease occurrence.....	41
Graph 13: New HIV cases.....	42
Graph 14: Number of clients accessing services at HTA sites .....	43
Graph 15: New drug-sensitive TB confirmed cases (April 2021 – March 2024).....	44
Graph 16: TB Rifampicin-resistant confirmed treatment start rate.....	44
Graph 17: New Hypertension clients (April 2021 – March 2024).....	45
Graph 18: New Diabetes clients (April 2021 – March 2024).....	45
Graph 19: Number of maternal, neonatal and child deaths (2019/20 – 2023/24).....	46
Graph 20: Number of cervical cancer screenings done.....	47
Graph 21: PHC utilization (2021/22 – 2023/24) .....	57
Graph 22: Cost per headcount (2019/20 – 2023/24) .....	57
Graph 23: OPD headcount not referred new .....	59
Graph 24: Number of complaints per level of care .....	66



## **FOREWORD BY THE EXECUTIVE AUTHORITY**

As we embark on the 2025/2026 financial year, the KwaZulu-Natal Department of Health remains unfaltering in its commitment to delivering equitable, accessible, and quality healthcare services to all citizens of our province.

The expectations placed upon us are immense, but so too is our resolve to meet these challenges head-on. Our vision of a long and healthy life for every resident of KZN is not just an aspiration; it is a mandate that drives every decision, policy, and action we undertake.

Despite the suspension of funding by the US Government, our Health and AIDS, STIs, and TB (HAST) programme will continue to forge ahead with the implementation of the 95/95/95 strategy for HIV/AIDS and TB. Our focus remains on capacity building for clinicians in paediatric HIV management and sustaining our mentorship programmes to ensure that no one is left behind. We are determined to reduce the burden of these diseases and improve the quality of life for those affected.

Aligned with Strategic Priority 2 of the Medium-Term Strategic Framework, we are committed to reducing poverty and tackling the high cost of living by improving access to affordable and quality healthcare. Our goal is to promote universal health coverage and increase the average life expectancy of South Africans to 70 years. This is not just a target; it is a moral imperative. We will continue to prioritise Primary Health Care (PHC) re-engineering through Community-Based Services, Ward-Based Outreach Teams, School Health Teams, and Community Health Workers. These efforts are already bearing fruit, with 98% of our PHC facilities achieving Ideal Clinic status, a testament to our dedication to excellence.

In line with the National Development Plan's Vision 2030, we are committed to ensuring that Primary Health Care teams provide comprehensive care to families and communities. Even with the spectre of budgetary constraints, we will continue to endeavor to fill critical posts with skilled, committed, and competent individuals who share our vision of a healthier KZN. Universal Health Coverage (UHC) remains the cornerstone of our strategy, and we will continue to work tirelessly to ensure that every citizen has access to essential health services, including sexual and reproductive healthcare.

The digital transformation of our healthcare system is a priority. We echo His Excellency President Cyril Ramaphosa's call made in his SONA, for investment in digital infrastructure and the preparatory work for the National Health Insurance (NHI). Our eHealth Strategy aims to have the bulk of our hospitals implementing the eHealth system by the end of 2025/26. This system will reduce patient waiting times, address the challenges of missing or damaged patient files, and enhance our ability to manage medico-legal claims. Additionally, through the NHI grant, we plan to increase the number of general practitioners contracted in the province to 130 by the end of this financial year.

Gender-Based Violence and Femicide (GBVF) remain critical issues that demand urgent attention. As announced by the Premier, we will accelerate plans to expand Thuthuzela Care Centres, with new facilities in Jozini and Madadeni set to be launched. Furthermore, we have committed to completing 40 capital infrastructure projects this financial year, ensuring that our facilities are equipped to meet the growing demands of our population.

Our highly impactful Ikhemisi Eduze Nawe programme, where communities get their pharmaceutical supplies closer to where they reside, will continue to improve access to chronic medication, making it easier for patients to adhere to treatment.

By the end of this financial year, we aim to reach 1,099,824 clients. All districts will conduct Isibhedlela Kubantu campaigns, with a particular focus on Men's Health. Through initiatives like Ikhosomba Lamajita and Isibaya Samadoda, we will increase the number of men's health facilities and improve support for men's adherence to treatment. Additionally, we will collaborate with social cluster partners to implement an integrated strategy to reduce teenage pregnancy, ensuring a brighter future for our youth.

Despite the inherent budget cuts that have constrained our efforts over the past five years, we remain determined in our mission to reduce the burden of disease and improve healthcare quality. The challenges are significant, but so too is our determination to overcome them. We will continue to innovate, collaborate, and strive for excellence in all that we do.

This Annual Performance Plan is a blueprint for action, a roadmap to a healthier, more equitable future for the people of KwaZulu-Natal. Together, with the support of the communities we serve, our partners and all our stakeholders, we will achieve our goals and deliver on our promise of quality healthcare for all.



A handwritten signature in black ink, appearing to read 'Nomagugu Simelane'. The signature is written in a cursive style with a large, looping initial 'N'.

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**Ms Nomagugu Simelane**

MEC for Health: KwaZulu-Natal Department of Health

## STATEMENT BY THE ACCOUNTING OFFICER

Our core undertaking is to significantly increase life expectancy in KwaZulu-Natal by reducing illness and death and enhancing client experiences. This is achieved through Universal Health Coverage (UHC), integrating all our services for comprehensive care.

We envision a long, healthy life for all, driven by a mission to protect and improve health through an integrated system. Our values – integrity, trustworthiness, innovation, social justice, responsiveness, open communication, accountability, continuous learning, consultation, commitment to quality, professionalism including respect, and compassion – guide our actions.

KwaZulu-Natal, a vital economic and demographic hub, faces unique challenges. Our population of 12.5 million, with a growth rate of 1.9%, is aging, requiring a focus on geriatric and chronic care, alongside continued reproductive and mental health services. Our higher fertility rate than the national average requires specific attention.

Economically, we rely on manufacturing, agriculture, and resource industries. While we have improved basic service access, healthcare access is hindered by low medical aid coverage, placing pressure on public services.

Epidemiologically, we are transitioning from communicable to non-communicable diseases, with diabetes, and cerebrovascular diseases leading mortality<sup>1</sup>. We are addressing HIV/AIDS and TB, with gaps remaining, and tackling prevalent hypertension and diabetes. Maternal mortality and Gender-Based Violence are also critical concerns.

Our strategic priorities are:

- Pursue universal health coverage with a focus on quality and safety.
- Strengthen mental healthcare services.
- Reduce the burden of non-communicable diseases.
- Enhance health promotion and prevention.
- Improve human resources for health.
- Execute our infrastructure plan.
- Strengthen financial management.
- Enhance governance and information management.
- Ensure Pandemic preparedness and response.

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<sup>1</sup> COVID-19 was also among these in 2020 but not a leading cause in subsequent planning cycles.

To ensure the effective delivery of quality healthcare to the people of KwaZulu-Natal, our department is structured into eight distinct programs, each with a clear purpose and set of sub-programs. This structure is designed to optimize our resources, enhance our service delivery, and ultimately improve the health outcomes for our communities.

**Programme 1: Administration** provides the strategic management and overall administrative support necessary for the department's smooth operation. This includes the Office of the MEC and the broader management team, ensuring policy formulation and effective leadership across all districts and institutions.

**Programme 2: District Health Services** focuses on delivering primary healthcare and district hospital services. This program encompasses a range of sub-programs, from district management and community health clinics to HIV/AIDS services and nutrition initiatives, ensuring comprehensive care at the local level.

**Programme 3: Emergency Medical Services (EMS)** is dedicated to rendering pre-hospital emergency medical services, including ambulance services and planned patient transport. We are streamlining this program to focus on our core mandate, excluding municipal functions like disaster management.

**Programme 4: Provincial Hospital Services (Regional and Specialized)** delivers accessible, appropriate, and effective hospital services at a general specialist level. This program also serves as a platform for training healthcare professionals and conducting research, with specialized sub-programs for TB, psychiatric, and sub-acute care.

**Programme 5: Central and Tertiary Hospitals** provides highly specialized medical services and serves as a crucial training ground for health professionals. We are committed to maintaining the highest standards of care at these advanced facilities.

**Programme 6: Health Sciences and Training** invests in the development of our workforce through training and bursary programs for various healthcare professionals. This program ensures we have a skilled and competent team across all levels of care.

**Programme 7: Health Care Support Services** provides essential support services, including pharmaceutical management, laundry services, and orthotic and prosthetic services, to ensure the smooth operation of our healthcare facilities.

**Programme 8: Health Facilities Management** focuses on the construction, refurbishment, and maintenance of our healthcare infrastructure. This program ensures we have modern, well-equipped facilities that meet the needs of our communities.

Our commitment to providing quality healthcare in KwaZulu-Natal is unwavering. As we move into the next Medium Term Expenditure Framework (MTEF), our annual performance plan is centered on several key outputs:

**Infrastructure and Facility Development:** We will continue to invest in the **construction of new health facilities and the refurbishment and maintenance of existing ones**, including Forensic Pathology facilities, Nursing Colleges, and Schools. This ensures we have the necessary infrastructure to support our service delivery.

**Accountability and Compliance:** We will prioritize achieving positive audit outcomes from the Auditor-General of South Africa (AGSA), ensuring regulatory compliance and financial accountability.

**Universal Health Coverage (UHC) and National Health Insurance (NHI):** We are dedicated to pursuing UHC through the implementation of the NHI. This will address inequities and financial hardships in accessing quality healthcare. We will focus on **capacitating districts to implement NHI contracting unit sites.**

**Patient-Centered Care:** We will actively monitor and improve the **patient experience of care** through surveys and feedback mechanisms, ensuring our services are responsive and compassionate.

**Strengthening Primary Healthcare (PHC):** We will bolster our PHC system by ensuring that home and community-based services, clinics, and Community Health Centres are well-resourced and staffed. This includes focusing on **preventive, curative, rehabilitative, and palliative care**, as well as targeted programs like **school health screenings for Grade R learners.**

**Addressing Key Health Challenges:** We will focus on improving outcomes in critical areas:

- **HIV/AIDS and TB:** Reducing positivity rates, improving treatment adherence, and increasing viral load monitoring and treatment completion rates.
- **Maternal and Child Health:** Enhancing antenatal and postnatal care, preventing adolescent pregnancies, improving immunization rates, and reducing child mortality from preventable diseases.
- **Women's Health:** Preventing cervical cancer and improving access to family planning services.
- **Mental Health:** Increasing access to mental health services at the PHC level.
- **Emergency Medical Services (EMS):** Improving response times in urban and rural areas.
- **Medicine Supply:** Ensuring an uninterrupted supply of essential medicines.
- **Infrastructure Maintenance:** Proactively preventing infrastructure failures and completing renovation projects.
- **Skills Development:** Providing funding to address skills shortages and improve performance of our staff.

By focusing on these strategic areas, we will build a more resilient, equitable, and effective healthcare system for the people of KwaZulu-Natal.

We acknowledge the efforts of all stakeholders in crafting this Annual Performance Plan. I look forward to this new phase of development and consolidation in the Department and remain committed to leading and facilitating the process towards the implementation of the Annual Performance Plan.

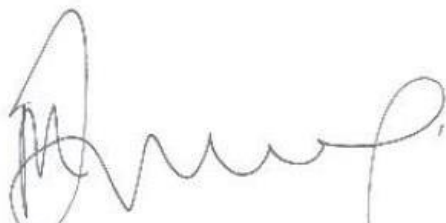


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**Mrs TP Msimango**  
 Acting HOD: KwaZulu-Natal Department of Health

## 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 endeavor to achieve over the period 2025-2028.



**Mr M Zungu**  
DDG: National Health Insurance (NHI), Facility Accreditation and Compliance



**Dr ID Moji**  
DDG: District Health Services and acting DDG: Clinical Support Services



**Dr N Mthembu**  
Acting DDG: Corporate Management Services



**Mr K Vilakazi**  
Chief Financial Officer




**Mr J Govender**

Chief Director: Service Delivery Planning, Monitoring and Evaluation



**Mrs Nerissa Moodley**

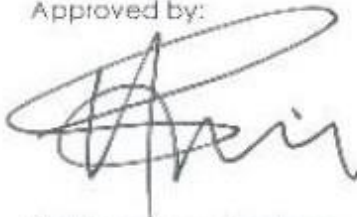
Official responsible for Planning



**Mrs TP Msimango**

Acting HOD: KwaZulu-Natal Department of Health

Approved by:



**Ms Nomagugu Simelane**

MEC for Health



## **ABBREVIATIONS**

<b>Abbreviation</b>	<b>Description</b>
AGL	Adherence of Guidelines
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ATM	African Traditional Medicine
AWG	Action Work Group
BAS	Basic Accounting System
BBBEE	Broad-Based Black Economic Empowerment
BUR	Bed Utilisation Rate
CCG(s)	Community Care Giver(s)
CCMDD	Centralized Chronic Medicine Dispensing and Distribution
CDC	Communicable Disease Control
CEO	Chief Executive Officer
CHC(s)	Community Health Centre(s)
COGTA	Cooperative Government and Traditional Affairs Department
CHW	Community Health Worker
COVID-19	Coronavirus Disease first identified in 2019
CPAP	Continuous Positive Airway Pressure
CQI	Continuous Quality Improvement
DHIS	District Health Information System
DHS	District Health System
DPC	Disease Prevention and Control
DPME	Department Planning Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DR-TB	Drug Resistant Tuberculosis
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
FIO	Facility Information Officer
GBVF	Gender Based Violence and Femicide
GRPBMEAF	Gender Based Response Planning Budgeting Monitoring and Evaluation and Audit Framework
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPC	Health Portfolio Committee
HPRS	Health Patient Registration System

<b>Abbreviation</b>	<b>Description</b>
HRD	Human Resource Development
HTA	High Transmission Areas
HTS	HIV Testing Services
HVAC	Heating, ventilation, and air-conditioning
IALCH	Inkosi Albert Luthuli Central Hospital
ICD	International Classification of Diseases
ICT	Information Communication Technology
IHRM	Ideal Hospital Realization and Maintenance Programme
IMCI	Integrated Management of Child Illnesses
IMHPWS	Integrated Multi-stakeholder Health Promotion and Wellbeing
KMC	Kangaroo Mother Care
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
KZNDOH	KwaZulu-Natal Department of Health
LARC	Long-Acting Reversible Contraceptive
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual
MCWH	Maternal Child and Women's Health
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
M&E	Monitoring and Evaluation
MHS	Military Health System
MR	Measles Rubella
MTCT	Mother to child transmission
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NCD(s)	Non-Communicable Disease(s)
NDP	National Development Plan
NGO(s)	Non-Governmental Organisation(s)
NHA	National Health Act
NHI	National Health Insurance
OHSC	Office of the Health Standards Compliance
OMBU's	Obstetric Maternity Birth Units
OPD	Out-Patient Department
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent

<b>Abbreviation</b>	<b>Description</b>
PDOH	Provincial Department of Health
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PIDS	Provincial Indicator Dataset
PPR	Pandemic Preparedness Response
PPSD	Provincial Pharmaceutical Supply Depot
PTS	Patient Transport Services
PWD	People with disabilities
RMS	Rapid Mortality Survey conducted by Health Systems Trust
RMTC	Road Traffic Management Centre
SAC	Severity Assessment Code
SAHPRA	South African Health Product Regulatory Authority
SALGA	South African Local Government Association
SAM	Severe Acute Malnutrition
SANC	South African Nursing Council
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
SITA	State Information Technology Agency
SHP	Strategic Health Programmes
SOP's	Standard Operating Procedures
Stats SA	Statistics South Africa
STI	Sexually Transmitted Infections
TB	Tuberculosis
TCC	Thuthuzela care centres
TLD	Tenofovir disoproxil, lamivudine, dolutegravir
TROA	Total Patients Remaining on ART
UHC	Universal Health Coverage
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WBOT(s)	Ward Based Outreach Team(s)
WHO	World Health Organisation
XDR-TB	Extreme Drug-Resistant TB



## PART A: OUR MANDATE

### CONSTITUTIONAL MANDATE

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

**The Constitution of the Republic of South Africa, 1996**, places obligations on the state to progressively realize 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 realization 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.

## **LEGISLATIVE AND POLICY MANDATES (NATIONAL HEALTH ACT AND OTHER LEGISLATION)**

### ***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:

1. 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.
2. 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.
3. Establish a health system based on decentralized management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation.
4. 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
5. Create the foundation of the health care system, and understood alongside other laws and policies, which relate to health in South Africa.

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

**Hazardous Substances Act, 1973** (Act No. 15 of 1973) - Provides for the control of hazardous substances, 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.

**Sterilization Act**, 1998 (Act No. 44 of 1998) - Provides a legal framework for sterilization, 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 coordinated 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.

### ***OTHER LEGISLATION APPLICABLE TO THE DEPARTMENT INCLUDING POLICIES AND STRATEGIES***

**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) - Skills Development Framework was developed with the purpose to make provision for education, training and development activities designed to help employees gain knowledge, skills and attitudes that would improve their performance in the respective portfolios/ positions/area of operation.

**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.

**The Preferential Procurement Policy Framework** (Act 5 of 2000) and the Preferential Procurement Regulations of 2001 - Establishes the obligation of government to award preferential procurement points to enterprises owned by historically disadvantaged persons, including females.

**Protection of Personal Information** (Act 4 of 2013) - sets out the minimum standards regarding accessing and 'processing' of any personal information belonging to another.

## HEALTH SECTOR POLICIES AND STRATEGIES OVER THE FIVE-YEAR PLANNING PERIOD

### ***3.1 NATIONAL HEALTH INSURANCE (NHI) ACT 20 OF 2023***

One of the main objectives of the Act is to establish the National Health Insurance (NHI) Fund that will purchase healthcare services for all users who are registered with it. The Act aims to realise Universal Health Coverage for all. This will mean that all citizens will have the right to access comprehensive healthcare services for free at the point of care at accredited health facilities. In May 2024, the President of the Republic of South Africa signed into law the NHI Act 20 of 2023.

### ***3.2 PROVINCIAL STRATEGY ALIGNMENT TO THE REVISED DRAFT DEPARTMENT OF PLANNING, MONITORING AND EVALUATION (DPME) PLANNING FRAMEWORK***

The Impact and Outcomes of the KZN Department of health are listed below:

**Impact:** *Increased Life Expectancy*

**Outcome:** *Reduced Morbidity and Mortality*

**Outcome:** *Improved Client Experience of Care*

Universal Health Coverage (UHC) is an umbrella output, meaning that it is a culmination of all that the Department is producing or delivering for the improvement of client experience of care and reduction of morbidity and mortality.

**Alignment of the KwaZulu-Natal Department of Health Impact and Outcome Statements to Health Sector Policies and Strategies**

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

**Table 1: Alignment of the PDoH Impact and outcomes to Priorities, Policies and Strategies**

KZN DOH Impact and Outcome 2025-2030	Medium Term Development Plan 2024-2029	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Health Sector's Proposed Outcomes 2024/2025 - 2030/31	State of the Nation (SONA) Priorities '25	State of the Province (SOPA) Priorities '25
<p><b>Impact: Increased Life Expectancy</b></p> <p><b>Outcome: Reduced Morbidity &amp; Mortality and Improved Client Experience of Care</b></p>	<p><b>Strategic Priority 2: Reduce poverty and tackle the high cost of living</b></p> <p><b>Outcome: Improved access to affordable and quality healthcare: Promoting access to health care for all, and improving average life expectancy for South Africans to 70 years</b></p> <p><i>KZN Target: Promoting access to health care for all, and improving average life expectancy at birth for the citizens of KZN to 70 years</i></p>	<p><b>Goal 1:</b> Life expectancy at birth increases to 70 years</p> <p><b>Goal 6:</b> Complete Health Systems reforms</p> <p><b>Goal 8:</b> NHI-Universal health care coverage achieved.</p> <p><b>Goal 6a:</b> Strengthen the district health system</p> <p><b>Goal 7:</b> Primary Health care teams provide care to families and communities</p> <p><b>Goal 9:</b> Fill posts with skilled, committed and competent individuals</p> <p><b>Goal 1a:</b> Improvement in evidence-based preventative and</p>	<p><b>3.8 - Achieve universal health coverage (UHC)</b></p> <p><b>3.7 Ensure universal access to sexual and reproductive health-care services</b></p> <p><b>2.2 End all forms of malnutrition</b></p> <p><b>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</b></p> <p><b>3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age</b></p> <p><b>3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases (NTDs)</b></p>	<p><b>Outcome:</b> Increase access to and uptake of sexual and reproductive health services</p> <p><b>Outcome:</b> Implement strategies aimed at ending preventable maternal, new-born and child deaths.</p> <p><b>Outcome:</b> Ensure that all children are protected from vaccine-preventable diseases</p> <p><b>Outcome:</b> TB Mortality reduced by 10%</p> <p><b>Outcome:</b> Reduce TB incidence by 10%</p> <p><b>Outcome:</b> AIDS related deaths reduced by implementing the 95-95-95 strategy</p>	<p><b>Investing in digital infrastructure</b></p> <p><b>Commence Prep work for the establishment of NHI</b></p> <p><b>First phase of single electronic health record</b></p> <p><b>Establish Ministerial Advisory Committees on health technology and health care benefits and an accredited framework for health Service Providers</b></p> <p><b>NHI will reduce inequalities in healthcare</b></p>	<p>Prudent Financial management</p> <p>45) 8 focus areas with number 4 - Improving healthcare and education</p> <p>97) Gender Based Violence and Femicide (GBVF) – Thuthuzela Care Centres (new build in Jozini) (Madadeni to be launched)</p> <p>105) Access for persons living with disabilities</p> <p>106) Working towards improvements IRO PSI, Availability of medicines, CCMDD (1 081 936 registered to date).</p> <p>108) Departmental commitment to</p>

KZN DOH Impact and Outcome 2025-2030	Medium Term Development Plan 2024-2029	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Health Sector's Proposed Outcomes 2024/2025 - 2030/31	State of the Nation (SONA) Priorities '25	State of the Province (SOPA) Priorities '25
		<p>therapeutic intervention for HIV.</p> <p><b>Goal 2:</b> Progressively improve TB prevention and cure</p> <p><b>Goal 3:</b> Maternal Mortality &lt;100 per 100 000 live births, Infant mortality &lt; 20 per 1000 live births.</p> <p><b>Goal 4:</b> Reduce prevalence on non-communicable chronic diseases by 28%</p> <p><b>Goal 5:</b> Reduce Injury, accidents and violence by 50 percent from 2010 levels.</p>	<p><b>3.7 Ensure universal access to sexual and reproductive health-care services,</b></p> <p><b>By 2030, reduce by one third premature mortality from non-communicable diseases</b></p> <p><b>3.5 Strengthen the prevention and treatment of substance abuse,</b></p> <p><b>3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents</b></p> <p><b>3.7 Ensure universal access to sexual and reproductive health-care services,</b></p> <p><b>3.9 Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</b></p>	<p><b>Outcome:</b> Improve financial management</p>	<p><b>NHI package of service:</b></p> <p><b>Maternal and newborn care and services for people living with HIV, those with TB and those suffering from non-communicable diseases.</b></p> <p><b>Strengthen the health system and improve the quality of care</b></p> <p><b>Improve maintenance of existing health facilities and construction of new hospitals and clinics</b></p> <p><b>Supporting the victims of gender-based violence at Thuthuzela Care Centres</b></p>	<p>medicines and hot line for reporting</p> <p>109) Commitment of outreach for cancer, Hypertension, Diabetes and mental health screening; Maintaining community based outreach teams; Isibhedlela Kubantu; Increasing men's health facilities; strengthen youth friendly clinics and access to contraception; scaling up access to facilities with psychosocial support from social workers; implementing integrated strategy to reduce teenage pregnancy; increase access to specialist services through improved quality of healthcare; implement a single electronic health record</p> <p>131) Mentions DDM indaba</p>

The Department of health responds to Priority 3: Education, Skills and health of the PGDS. The Action Work Group (AWG) E is led by the Department of Health and is supported by the Office of the Premier (OTP), Department of Social Development (DSD), Cooperative Governance and Traditional Affairs (CoGTA), Department of Education (DOE), Private facilities, Civil society including local business and The Active citizens organization.

### ***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. Last 4 goals are tracking the health system that essentially measure inputs and processes to derive outcomes



## PART B: OUR STRATEGIC FOCUS

### VISION

A long and healthy life for all individuals and communities in KwaZulu-Natal.

### MISSION

To Protect, promote, [improve] and maintain the health of individuals and communities in KwaZulu-Natal through an integrated, multi-sectoral, sustainable, and comprehensive health system at all levels.

### VALUES

- Integrity
- Trustworthiness
- Innovation
- Social Justice
- Responsiveness
- Open communication
- Accountability
- Continuous learning
- Consultation
- Professionalism (including respect)
- Commitment to Quality
- Compassion

## UPDATED SITUATIONAL ANALYSIS

### EXTERNAL ENVIRONMENT ANALYSIS

#### OVERVIEW OF KWAZULU-NATAL

KwaZulu-Natal (KZN) is located on the southeast coastline of South Africa with the Indian Ocean to the east. 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 94 359 km<sup>2</sup> which is the third smallest Province in the country and has a population of 12,503,407 (1), 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 Empangeni, Richards Bay, Port Shepstone, Newcastle, Estcourt, Ladysmith, and Richmond.

The province contributes about 16% to the Gross Domestic Product (GDP) of the country (1). The province's manufacturing sector is the largest in terms of contribution to GDP. Richards Bay is the center of operations for South Africa's aluminum 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.

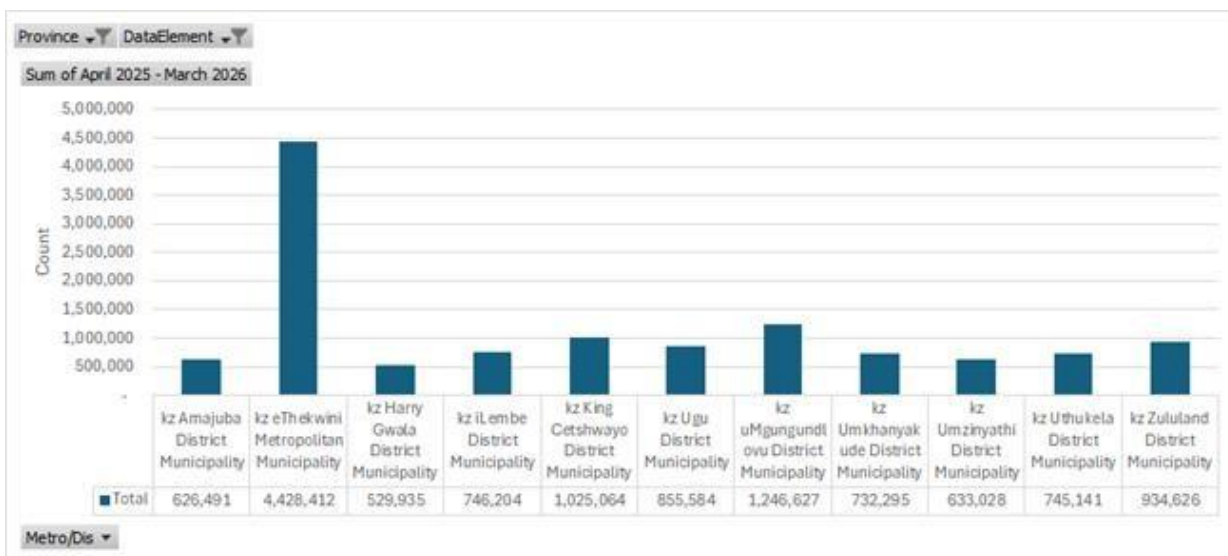
Agriculture is also central to the economy. The sugar cane plantations along the coastal belt are the mainstay of KwaZulu-Natal’s agriculture. The coastal belt is also a large producer of subtropical fruit, while the farmers inland concentrate on vegetable, dairy and stock farming. Another source of income is forestry in the areas around Vryheid, Eshowe, Richmond, Harding and Ngome.

eThekwini is the most populous municipality in the province with the population estimated at 4 428 412 and Harry Gwala is the district with the least population at 529 935.

### Population distribution

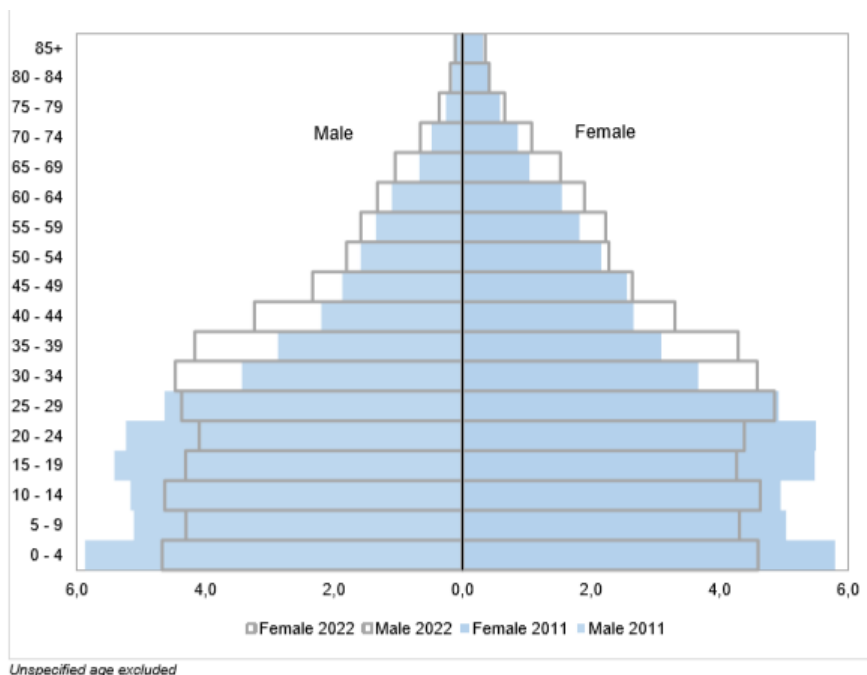
In 2022, South Africa’s total population was 62 million, increasing steadily from 40,6 million in 1996, 44,9 million in 2001 and 51,8 million in 2011. The country recorded a growth rate of 1,8 from 2011 to 2022. KwaZulu-Natal recorded a total population of 12,4 million in 2022, an increase from 8,6 million in 1996, 9,6 million in 2001 and 10,3 million in 2011. KwaZulu-Natal’s population is the second largest in the country after Gauteng, and accounts for one-fifth (20%) of the country’s population. The growth rate of the province between 2011 and 2022 was 1,9, slightly higher than the national rate of 1,8.

**Graph 1: Population distribution per district**



Source: Statistics South Africa

**Graph 2: KwaZulu-Natal population pyramid, Census 2011 (blue shaded) & Census 2022**

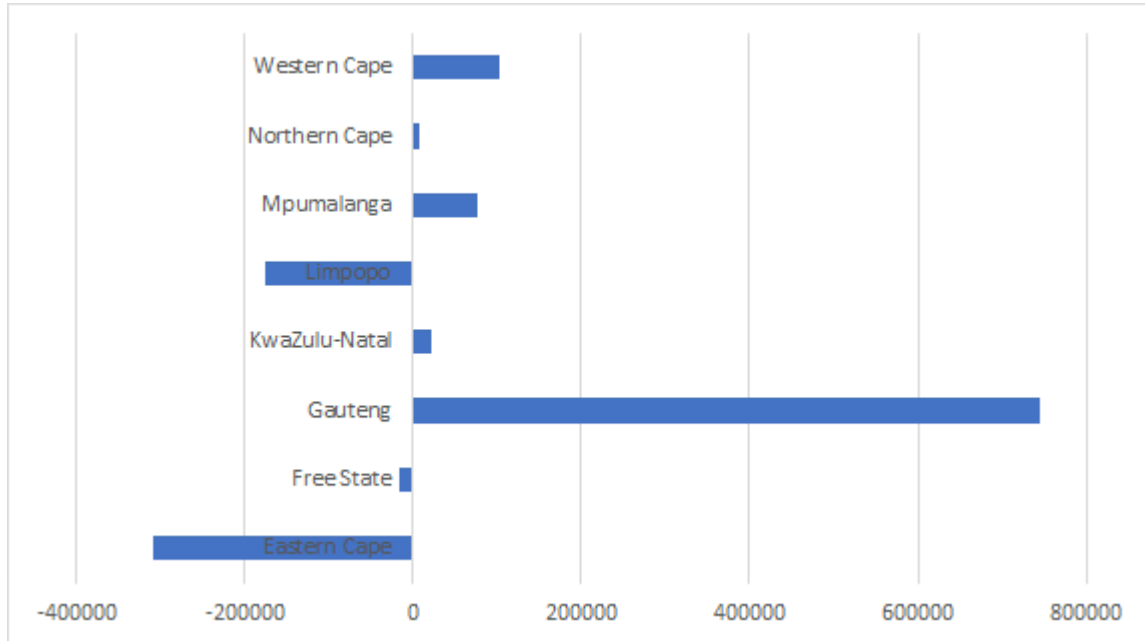


Source: Census 2022 Provincial Profile: KwaZulu-Natal

Graph 2 above, shows a comparison of the population by age groups for 2011 and 2022. Although there is a significant change in the patterns between 2011 and 2022 for some age groups, in both 2011 (11,7%) and 2022 (9,3%), those aged 0-4 accounted for the largest percentage of the population (in 2022 it was both the 0-4 and 10-14 age group which recorded 9,3%). This is confirmed in the population pyramid which depicts the expected pyramid where the largest proportion of both males and females can be found in the younger age groups and the smallest proportions in the older age groups.

From the age group 40 and older, the overall trend line and shape in both years are similar. However, there are significant decreases in the percentage contribution of the youngest age groups 0-4 and 5-9 as well as the 15-19 and 20-24 year age groups between 2011 and 2022. The opposite is seen in the 30-34 and 35-39 age groups, where there are significant increases in the percentage contribution of these groups from 2011 to 2022. The increase in the number of the aged people implies increased demand for healthcare services, particularly for age-related chronic conditions. The high number of young adults may result to the increased need for reproductive health services, mental health services and chronic disease management services.

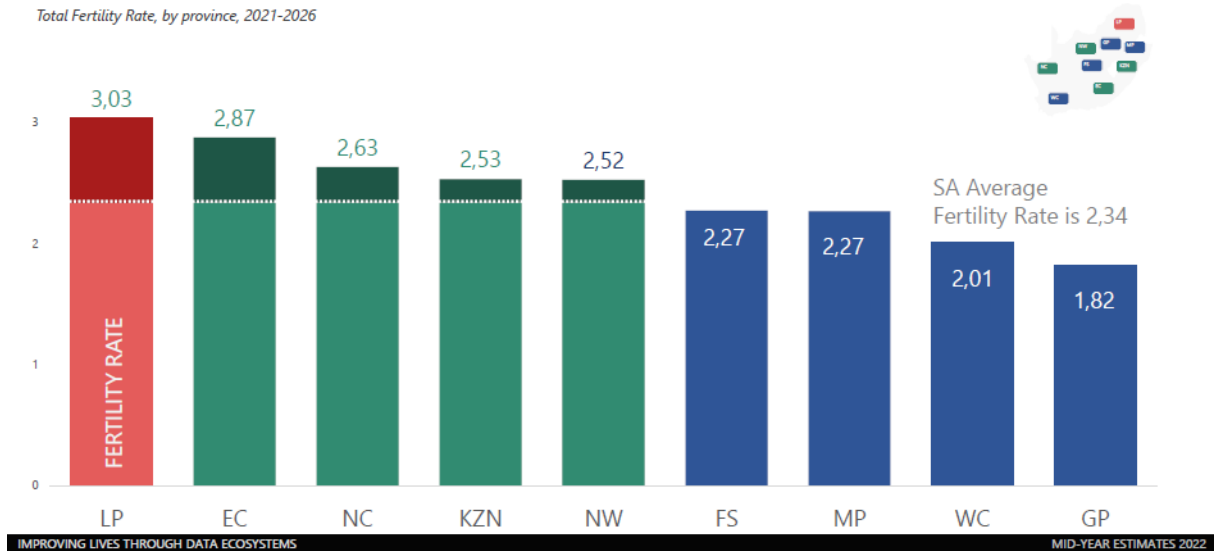
**Graph 3: Estimated net migration: 2021-2026**



Source: Statistics SA: Mid-year population estimates, 2022

KZN is among the provinces with the estimated positive net migration in the 2021-2026 period, meaning has more in-migration expected than out-migration. Positive net migration has a potential of resulting to increased pressure on the health care system (Statistics SA: Mid-year population estimates, 2022).

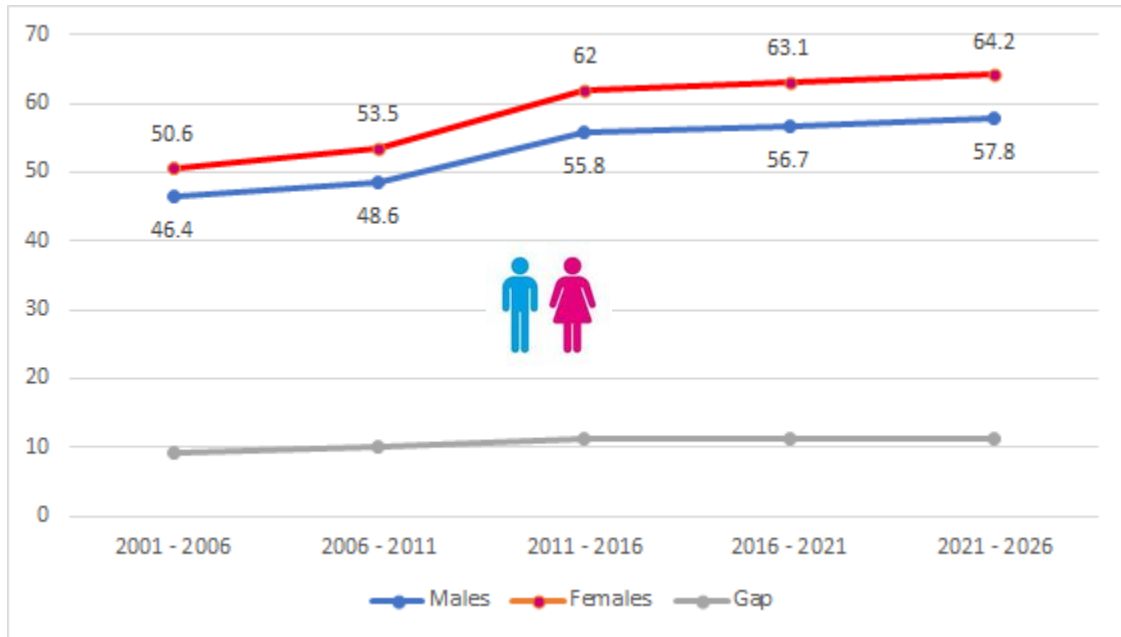
**Graph 4 : Total Fertility Rates by Province**



Source: Mid-year population Estimates, 2022 by the Statistician General

South Africa's fertility rate has been on the decline, currently estimated at 2.34. However, KwaZulu-Natal (KZN) stands out as having a higher fertility rate than the national average. Specifically, KZN's fertility rate of 2.53 places it as the fourth highest among all South African provinces. This indicates that while the national trend shows decreasing fertility, KZN's rate remains comparatively high.

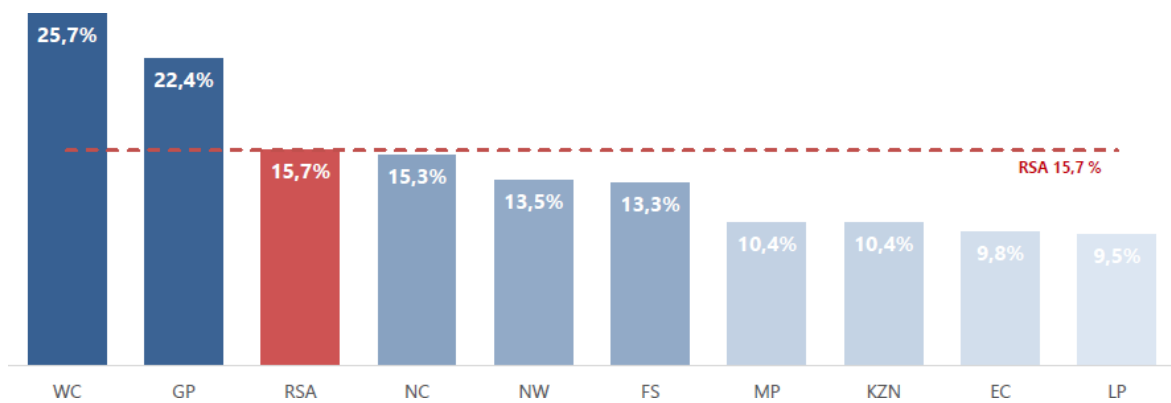
**Graph 5: Life expectancy by sex over time, 2001–2026**



Source: Mid-year population estimates, 2024 (P0302)

Life expectancy at birth has continually been increasing between 2002 and 2024, for both males and females. Males are still lagging the females. The gap between males and females widened between 2001/06 and 2011/16 and has been stable, at 11% ever since.

**Graph 6: Medical Aid coverage**



Source: General Household Survey 2023

KwaZulu-Natal (KZN) faces a significant challenge regarding access to healthcare due to its low medical aid coverage. KZN has the fourth lowest medical aid coverage in the country, with only 10.4% of the population having private health insurance. This is significantly below the national average of 15.7%. This low coverage rate means that a staggering 89.6% of KZN's population is uninsured and relies solely on government health services. This puts immense pressure on public healthcare facilities and can lead to difficulties in accessing timely and quality care. The low medical aid

coverage in KZN highlights a critical need for interventions to improve access to healthcare services, whether through expanding affordable medical aid options or strengthening public health infrastructure.

## SOCIAL DETERMINANTS OF HEALTH

**Table 2: Social determinants of health per district**

Determinants	source	Amajuba	eThekwini	Harry Gwala	iLembe	King Cetshwayo	Ugu	uMgungundlovu	uMkhanyakude	uMzinyathi	uThukela	Zululand	KwaZulu-Natal
Percentage of female headed households	2022	52,7	50,3	58,0	52,8	53,4	54,5	52,7	53,7	60,3	56,9	57,7	53,1
Percentage of male headed households	2022	47,3	49,7	42,0	47,2	46,6	45,5	47,3	46,3	39,7	43,1	42,3	46,9
Percentage of households with piped water inside dwellings	2022	89,7	89,4	50,9	64,7	77,5	55,4	86,7	50,1	49,7	67,9	68,4	77,0
Percentage of households with flush toilet connected to sewerage	2022	65,1	80,4	37,1	44,6	45,0	37,1	58,3	25,5	34,9	46,5	36,6	58,9
Percentage of households using electricity for lighting	2022	94,8	98,5	95,2	97,7	97,8	96,	97,3	90,1	91,4	94,8	94,6	96,7
Percentage of households with weekly refusal removal	2022	63,0	81,5	33,9	51,0	39,9	33,2	53,1	21,4	33,9	45,3	38,1	58,1
Access to internet [%]	2022	85,8	87,9	67,4	77,7	81,3	79,5	82,7	71,8	73,3	76,5	79,6	82,

Source: Census 2022

**Access to piped water inside dwelling**

Table 2 above shows the province's access to water by district and local municipality for 2022. It is optimal that households have piped water inside the dwelling or yard, and that in 2022, over three-quarters (77,0 %) of households in KwaZulu-Natal had access to piped water inside their dwelling or in their yard. This was a significant improvement from 2011 when only 63.6% reported the same. The districts of Amajuba (75,8% in 2011 to 89,7% in 2022), eThekweni metropolitan municipality (80,3% in 2011 to 89,4% in 2022), uMgungundlovu (78,5% in 2011 to 86,7% in 2022), and King Cetshwayo (65% in 2011 to 77,5% in 2022) recorded the highest proportions of households with piped water in both 2011 and 2022 and made significant gains in access to piped water from 2011. Newcastle local municipality, in the Amajuba district increased from 85% in 2011 to 95,9% in 2022 and together with UMhlathuze (92,9%) and The Msunduzi (91,3%) local municipalities, recorded household proportions with access to piped water of over 90%.

**Access to flush toilets**

In KwaZulu-Natal, 58,9% of households had access to flush toilets in 2022, an increase from the 45% in 2011. The proportion of households with access to flush toilets in the province was below the national average of 60,1% in 2011 and 70,8% in 2022.

the majority, 58,9% of households in KwaZulu-Natal had access to flush toilets, whilst 15,2% used pit toilets/latrines with ventilation and 13,3% used pit toilets/latrines without ventilation. Households that used chemical toilets accounted for 7% and 1,9% reported that they had no access to toilet facilities. Amajuba district and eThekweni metropolitan municipality recorded the highest proportion of households with flush toilets, 65,1% and 80,4%, higher than the provincial average of 58,9%. Mpofana (80,2%) and uMngeni local municipalities (83%), both in uMgungundlovu district had over four-fifths of their households using flush toilets. Endumeni local municipality (81,9%) in the uMzinyathi district also reported household proportions above 80% for flush toilets.

**Access to Electricity**

In KwaZulu-Natal almost all households, 96,7% used electricity for lighting. The districts with higher proportions than the provincial average included uMgungundlovu (97,3%), iLembe (97,7%), King Cetshwayo (97,8%) districts and eThekweni metropolitan municipality (98,5%). Of concern are the 2,4% of households using candles for lighting, with higher proportions in the uMkhanyakude district where 8,1% of households used candles. uMhlabuyalingana local municipality located in the uMkhanyakude district recorded the second highest proportion of households using candles, 16,6%, after eMadlangeni local municipality in the Amajuba district where one-fifth of the municipality (23,8%) used candles for lighting. The same two municipalities, along with Endumeni local municipality in uMzinyathi were the only three municipalities with more than 1% of households using solar. The province had low usage of solar as a source of lighting, with only 0,4 % of households reporting this type of energy use for lighting.

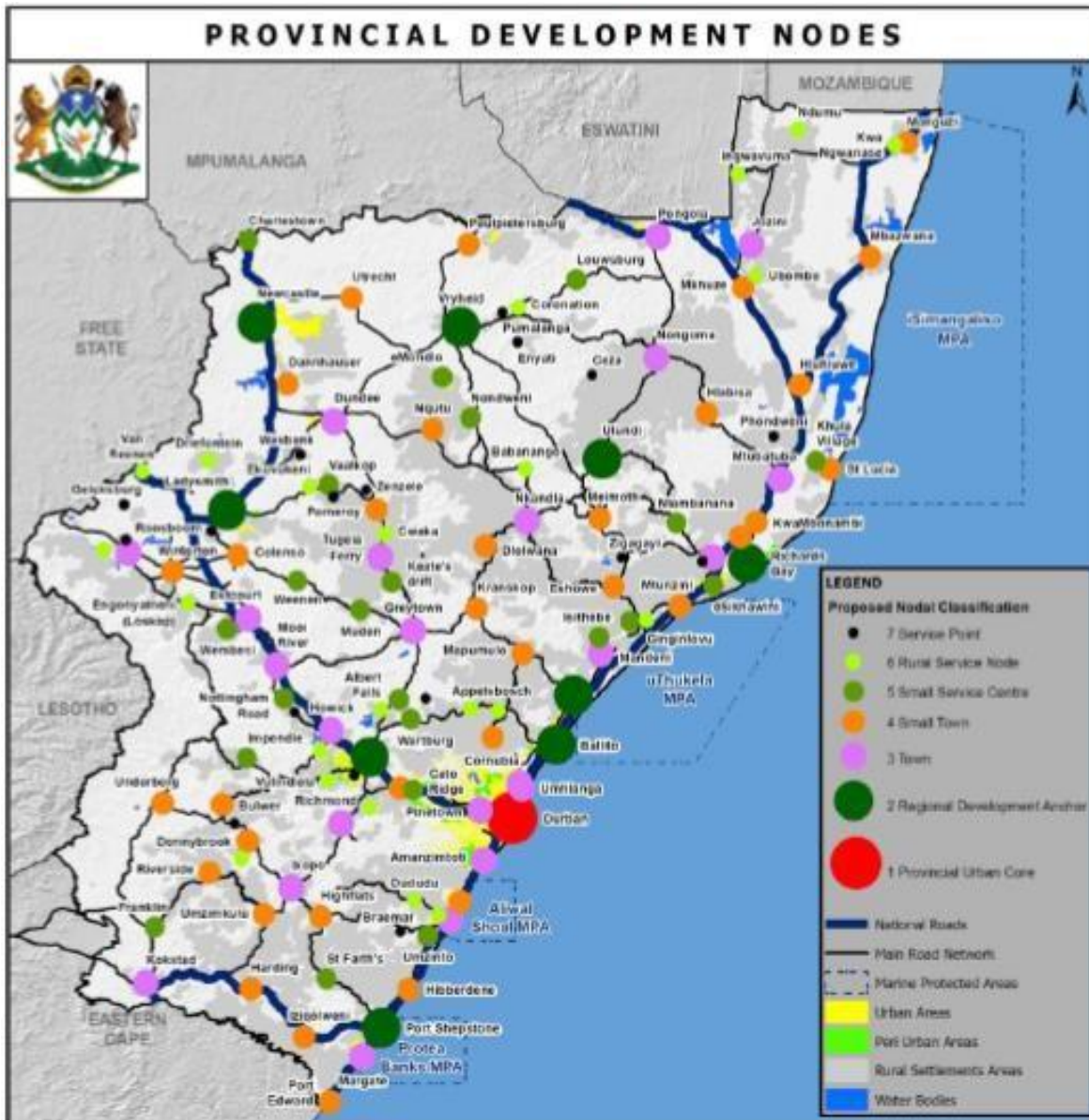
**Unemployment in KZN**

Like other provinces across the country, KZN continues to grapple with the challenge of consistently rising unemployment. The scourge of persistent rise in joblessness could be attributed to a long-lasting legacy of structural factors in the labour market compounded by sluggish economic performance. In addition, the recent unexpected shocks, such as the global COVID-19 pandemic, unprecedented civil unrest, and disastrous flooding, could contribute to long-term unemployment challenges. The number of unemployed people increased by about 165 000 between 2011 and 2016. Over the five-year period between 2016 and 2021, the number of unemployed people expanded by about 304 000, whereby the largest increase was recorded in 2020 and 2021 with a total of 176 000 (2).

## DEVELOPMENT NODES

Together with the development corridors sub-frame the provincial development nodes represent a network of cities, settlements, centres and points which aim to increase the both the intensity of social and economic activity, but also reach and accessibility of citizens to those economic opportunities and an appropriate level of services. It is critical that the planning in the department take these development nodes into cognisance.

**Figure 1: KZN development nodes**

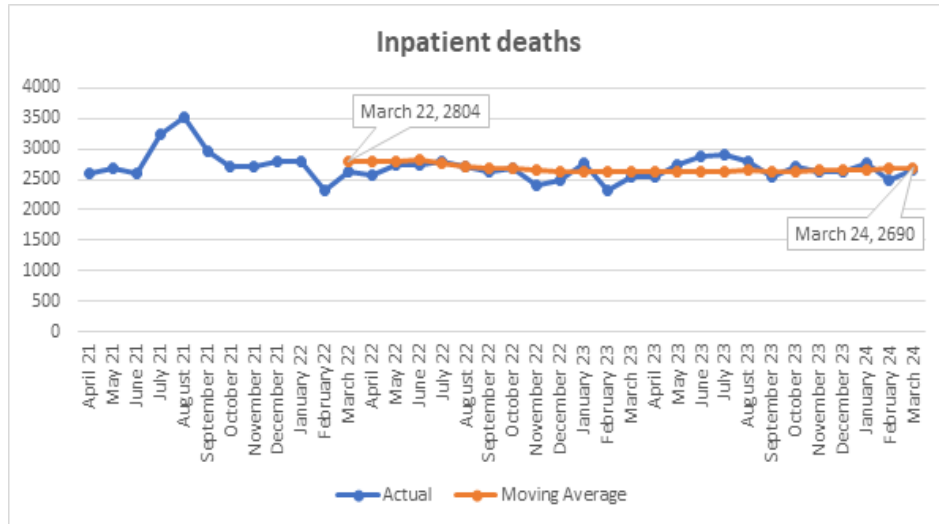


## EPIDEMIOLOGICAL PROFILE

### Inpatient deaths

A total of 32 275 inpatient deaths were reported for the year 2023/24. The number of deaths did not significantly change (4%) between March 2022 and March 2024, as shown by the moving average, in Graph 7 below.

**Graph 7: Inpatient deaths**

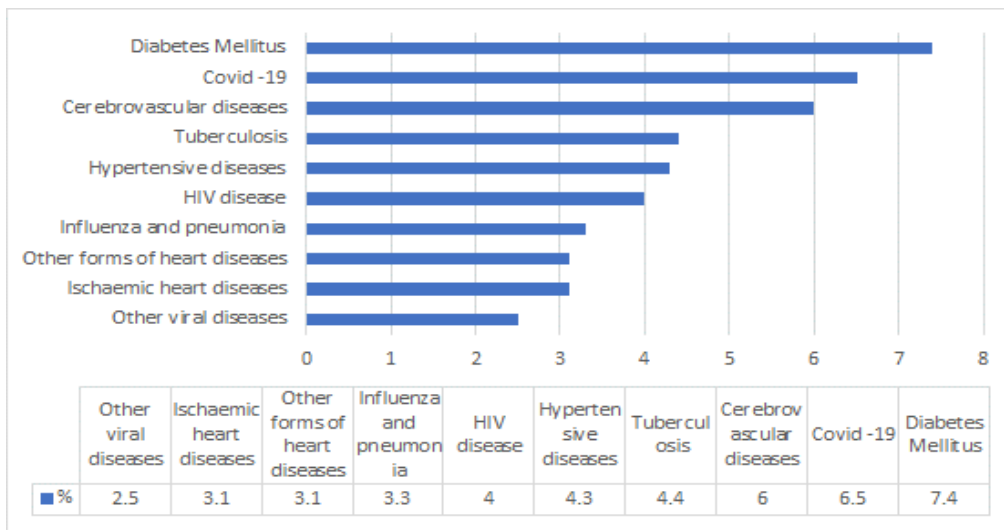


Source: WebDHIS

### Deaths in KwaZulu-Natal

Historically, mortality in South Africa has been significantly driven by communicable diseases, such as HIV and TB. However, there has been an increasing trend in the proportion of deaths caused by non-communicable diseases (NCDs) in recent years. This has placed an increasing burden on the country’s public health system (3).

**Graph 8: Top 10 underlying natural causes of death in KZN, 2020**

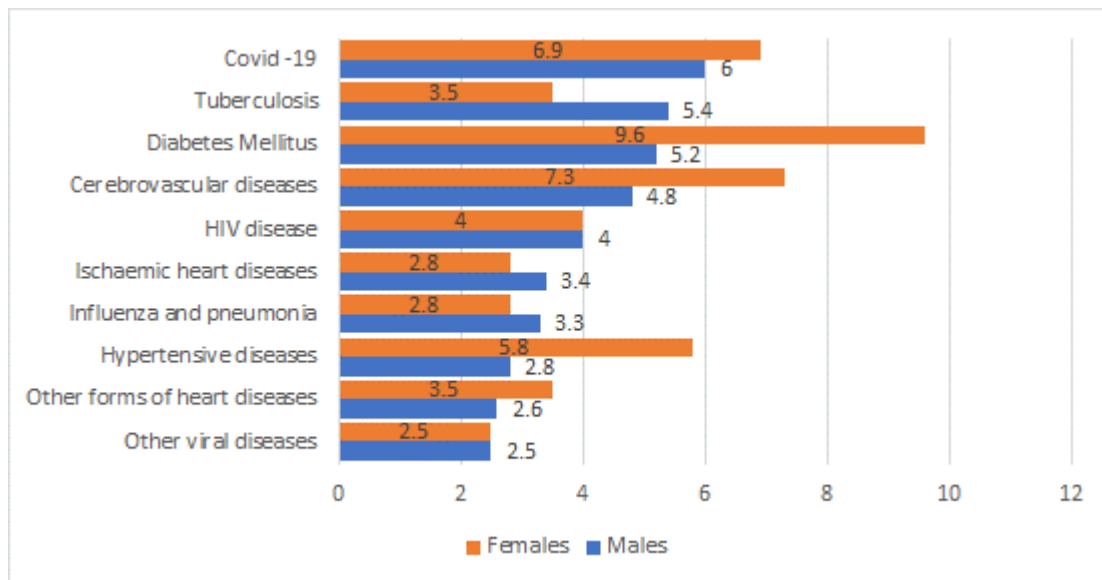


Source: Stats SA

Generally, there were more natural causes of death (n=83 965; 88,8%) than non-natural causes (n=10 617; 11.,2%). In terms of natural causes, 44,5% of the total deaths were caused by the top 10 diseases listed in the table, while 44.2% were due to other natural causes of death (Stats SA, 2024).

As observed in Graph 8 above, diabetes mellitus (7,4%) was the leading natural cause of death in KZN in 2020. This is a major departure from previous years, where HIV and TB were the most prominent causes of death. This shift is a testimony to the success of the antiretroviral treatment (ART) programmes which have dramatically reduced morbidity and mortality due to HIV. Diabetes is followed by Covid-19 (6,5%) as the second most prominent cause of death, then by cerebrovascular diseases (6,0%) and tuberculosis (4,4). Hypertensive disease came fifth at 4,4%. The presence of three non-communicable diseases in the top 5 causes of death in KZN shows a dramatic change in the disease profile of the province, which will necessitate a similar change in for the health services. Nationally, the increasing significance of non-communicable diseases was also evident; Covid-19 was the leading cause of mortality (6,7%) followed by diabetes mellitus (6,6%) and cerebrovascular diseases (5,5%). Although the increased significance of non-communicable diseases may be considered part of an epidemiological transition in South Africa, infectious diseases remain important causes of death (McKeown 2009).

**Graph 9: Ten leading underlying natural causes of death by gender in KwaZulu-Natal (2020)**



Source: Statistics South Africa

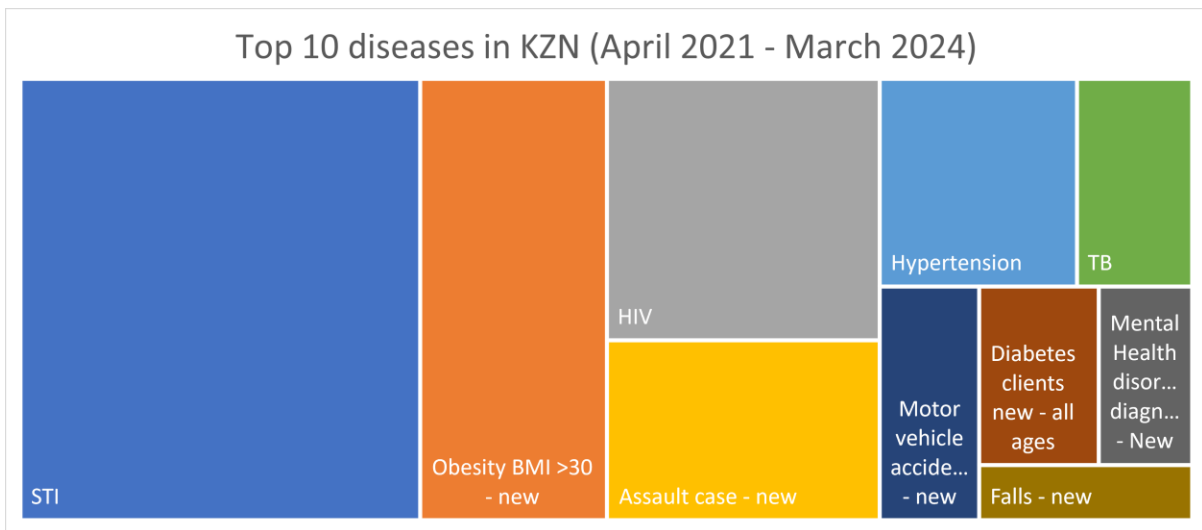
The graph above shows that females outnumber males in five of the ten underlying natural causes of death (50%), and the sexes are equal in two others. While males lead in most communicable diseases, COVID-19 is an exception.

**Table 3: Underlying causes of death by district municipality (2020) – StatsSA 2024 release**

Amajuba	%	Harry Gwala	%	Ugu	%	Zululand	%
Diabetes mellitus (E10-E14)	10.3	Covid-19 (U071-U072)	7.9	Diabetes mellitus (E10-E14)	8.1	Diabetes mellitus (E10-E14)	8.5
Cerebrovascular diseases (I60-I69)	8.7	Diabetes mellitus (E10-E14)	7.3	Covid-19 (U071-U072)	7.4	Cerebrovascular diseases (I60-I69)	6.6
Tuberculosis (A15-A19)	6.5	Cerebrovascular diseases (I60-I69)	7.3	Cerebrovascular diseases (I60-I69)	6.6	HIV disease (B20-B24)	5.6
Influenza and pneumonia (J09-J18)	5.3	Tuberculosis (A15-A19)	5.5	Tuberculosis (A15-A19)	4.9	Tuberculosis (A15-A19)	5.4
Hypertensive diseases (I10-I15)	5	Hypertensive diseases (I10-I15)	4.3	Hypertensive diseases (I10-I15)	4.6	Hypertensive diseases (I10-I15)	4.8
eThekweni	%	iLembe	%	uMgungundlovu	%	uMkhanyakude	%
Covid-19 (U071-U072)	9.3	Diabetes mellitus (E10-E14)	10.6	Diabetes mellitus (E10-E14)	10.7	HIV disease (B20-B24)	12.4
Diabetes mellitus (E10-E14)	6.3	Cerebrovascular diseases (I60-I69)	9.1	Hypertensive diseases (I10-I15)	6.9	Cerebrovascular diseases (I60-I69)	8.1
Cerebrovascular diseases (I60-I69)	4.3	Tuberculosis (A15-A19)	8.2	Covid-19 (U071-U072)	6.5	Diabetes mellitus (E10-E14)	6.3
Ischaemic heart diseases (I20-I25)	4.2	Ischaemic heart diseases (I20-I25)	8.2	Cerebrovascular diseases (I60-I69)	6.2	Hypertensive diseases (I10-I15)	6.1
Other forms of heart disease (I30-I52)	3.6	Covid-19 (U071-U072)	6.5	HIV disease (B20-B24)	4.5	Tuberculosis (A15-A19)	5.4
uMzinyathi	%	uThukela	%	King Cetshwayo	%		
Diabetes mellitus (E10-E14)	6.2	Cerebrovascular diseases (I60-I69)	10.8	Cerebrovascular diseases (I60-I69)	6.4		
Hypertensive diseases (I10-I15)	5.5	Diabetes mellitus (E10-E14)	8	Diabetes mellitus (E10-E14)	6.3		
Cerebrovascular diseases (I60-I69)	5	Hypertensive diseases (I10-I15)	6.4	Tuberculosis (A15-A19)	5.2		
Influenza and pneumonia (J09-J18)	4.9	Tuberculosis (A15-A19)	6.3	Covid-19 (U071-U072)	5.1		
Tuberculosis (A15-A19)	4.8	Ischaemic heart diseases (I20-I25)	5.1	Hypertensive diseases (I10-I15)	4.1		

For the monitoring of disease occurrence, 22 conditions reported on the webDHIS have been identified. These are assault, bilharzia, bites burns, diabetes, falls, gunshots, HIV, hypertension, malaria, mental health disorders, moderate acute malnutrition, motor vehicle accidents, needle stick injuries, obesity, pedestrian vehicle accidents, severe acute malnutrition, sexual assault, sexually transmitted infections, sport related trauma, and substance abuse. Graph 10 below, shows the top ten diseases reported by the facilities between April 2021 and March 2024.

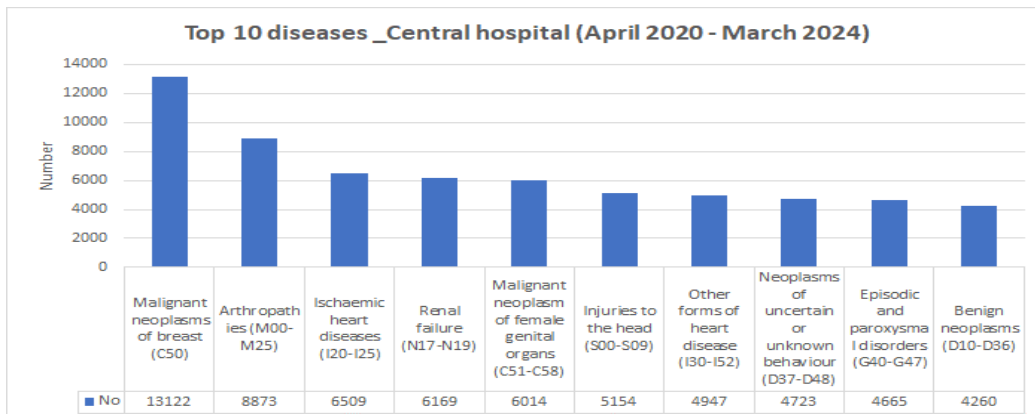
**Graph 10: Top 10 diseases**



Source: WebDHIS/Tier.Net

In addition to the disease information sourced from the webDHIS, disease information was sourced from the central hospital’s International Classification of Diseases (ICD 10) information system. This system has more disease types than found in the webDHIS. A total of 156 types were reported and they cover injuries, maternal health, communicable, and non-communicable diseases.

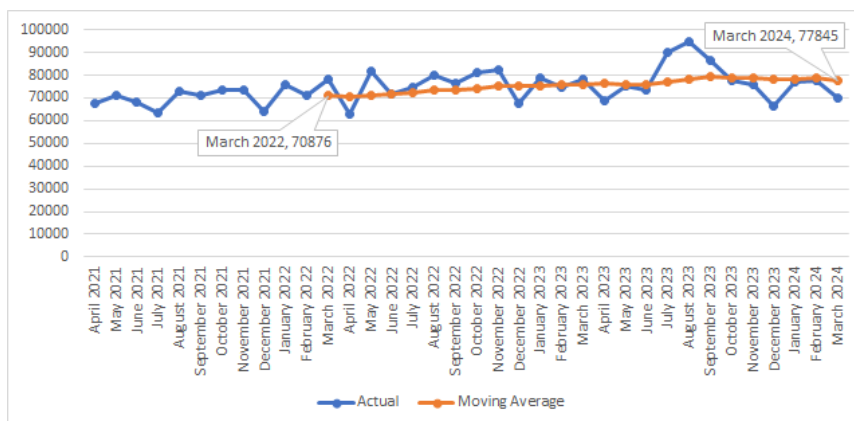
**Graph 11: Top 10 diseases from the ICD -10 system**



Source: Inkosi Albert Luthuli Central Hospital information system

Graph 11 above, shows the top ten conditions, in terms of the number of patients seen at Inkosi Albert Central Hospital. It should be noted 9 out of 10 conditions, in the top 10, are non-communicable. Forty percent of the top ten conditions are neoplasms.

**Graph 12: Disease occurrence**



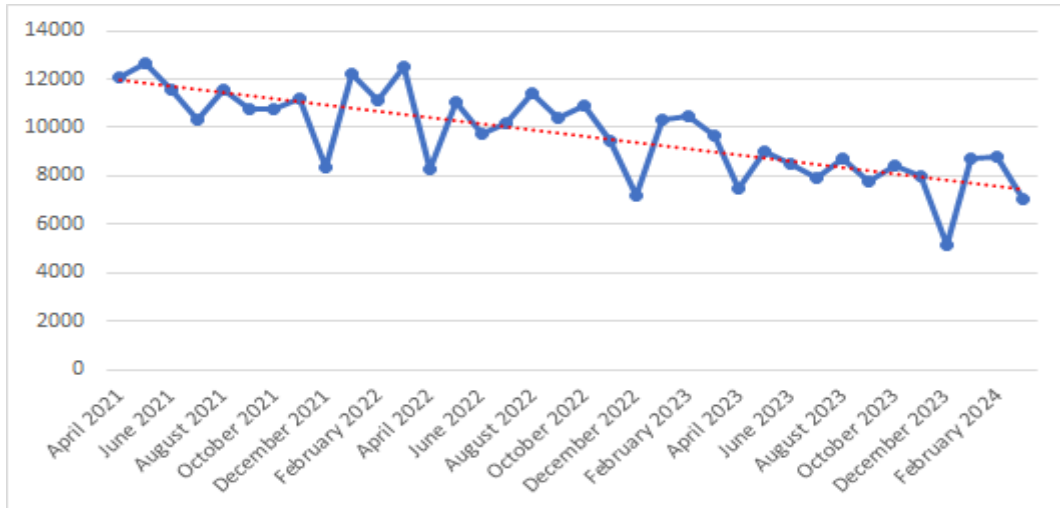
Source: WebDHIS

The number of disease occurrences recorded in the District Health Information System is on a gentle upward trend, with an increase of 9.8% from March 2022 to March 2024, as shown in Graph 12 above.

**HIV/AIDS/STI and TB**

As at the end of March 2024, KwaZulu-Natal is at 97-87-82 in terms of performance against the 95-95-95 targets across its total population using data available in the Public & Private sector. Results for each of the sub-populations vary. With Adult Females being at 97-92-83, adult males at 96-79-83, and children (<15) at 87-60-52. There are gaps across the cascade for adults and children. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions in these sub-populations.

**Graph 13: New HIV cases**



Source: Tier.Net

Graph 13 above shows that there has been a significant decline in the number of new HIV positive cases between April 2021 and March 2024.

**Antiretroviral Treatment (ART), Care and Support**

The department has made inroads in improving second 95 of The Joint United Nations Programme on HIV/AIDS (UNAIDS) targets. The gap to meet treatment gap is noted as it stands at about 120 000, so the number can be increased considering this to 1 677 836 as a target for the financial year 24/25. This is informed by the target of 1 880 206 clients estimated to be HIV positive according to Tembisa Model (4.7). Various campaigns linked to ‘Welcome Back’ are underway, with distinct ‘Bring Back 25% per week’ of unconfirmed loss to follow, targeted testing in index testing and access to key populations with emphasis of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual (LGBTQIA+) community. Men as one of sub populations struggling with access have been attended through Men’s health services with a cumulative total of seventy-three (73) fixed and four (4) mobile services. Children and adolescent have been given extra attention focused on improving entire treatment cascade. South Africa and KZN have joined Global Alliance which seeks to end Paediatric HIV by 2030).

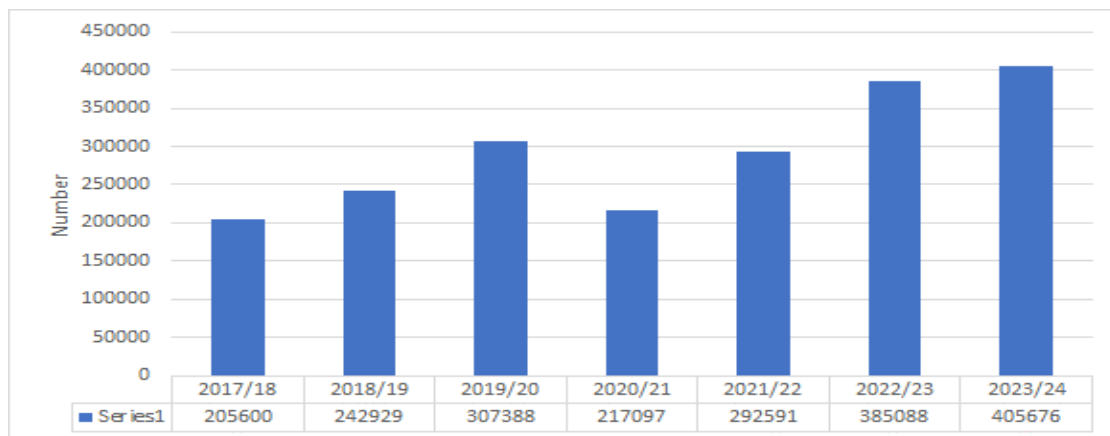
**Prevention**

The implementation of the Pre-exposure Prophylaxis programme is going well, despite clients stopping treatment at any time because of the opt-out allowance.

HIV Testing Services (HTS) performance for 2023/24 was 3 520 180 out of the target of 2 748 692 clients to be tested in the KZN province. The target was exceeded by 28%. This is a good overall performance considering that the KZNDoh has reached the First 95 targets and more efforts should be done to identify the 5% of the clients with unknown HIV status. Although the target has been reached but there are still some challenges with positivity yield which is less than 3%, therefore, the province decided to include Index testing indicators in the Provincial Indicator Data Set (PIDS) in an effort to find those that are already HIV positive. Index testing modality will assist in improving the overall positivity rate. Over the years the positivity rate has been in a declining trend. Promotion of HTS services and other Strategic Health Services have been done in four commercial radio station (UKhozi FM, Vuma FM, Igagasi FM and East Coast Radio), and all popular with high listenership Community radio stations in all districts.

The condom distribution targets for the 2023/24 financial year were not met. With regard to the High Transmission Areas (HTA), the focus is on the functionality of the existing 99 sites and 465 hotspots. The province continues to maintain low positivity rate of Polymerase Chain Reaction (PCR) at 0, 35% around 10 weeks and Mother to Child Transmission (MTCT) rate at birth remained around 0.38%. Medical Male Circumcision is one of the key HIV and STI prevention strategies. KZN has circumcised 1 703 541 men since the programme’s inception in 2010 until March 2024. The province’s initiative on both Isibaya Samadoda and eKhosombeni Lamajita activations have the same objectives of embarking on targeted audience outreach programmes, encouraging Men to lead a healthy lifestyle, raise awareness on sexual and reproductive health including HIV prevention, treatment, care and support, to raise awareness on importance of Medical Male Circumcision and Men’s Health in a bid to improve their health outcomes. Continuous Quality Improvement (CQI) activities are being conducted, including External Quality Assessments to ensure safety of circumcisions. TB/HIV integrated services are freely accessible in all public health facilities. A total of 24 036 eligible HIV positive patients tested for TB using urine Lipoarabinomannan assay and 968 784 patients were tested using TB expert, with a 3.9% positivity rate. Advocacy Communication and Social Mobilisation (ACSM) has worked in consultation with the Corporate Communications in order to streamline all the KZNDoh messages.

**Graph 14: Number of clients accessing services at HTA sites**



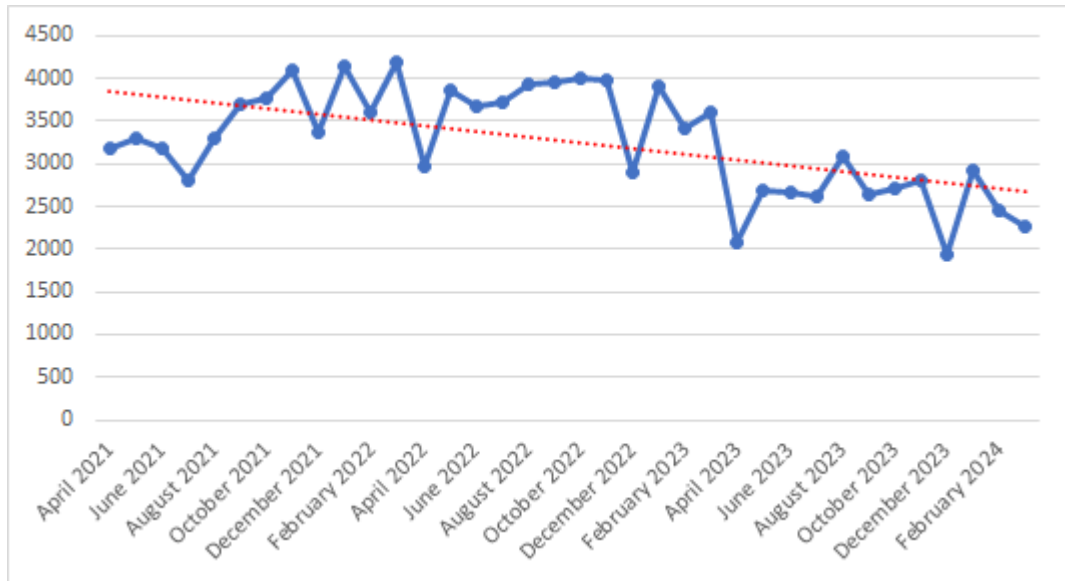
Source: KZN Annual CCMT Evaluation Report – 2023/24

### **Sexually Transmitted Infections**

STI programme aim to screen, diagnose, and treat all STIs that are symptomatic, asymptomatic and integrate STI services to all PHC streams for better outcome and to strengthen systems that can deliver services for the syndromic management of STIs. According to the 2023/24 report, the number of STI treated new episodes. 305 960 STI’s were treated and the STI incidence (STI treated new episode incidence (annualised) remained high at 38,1. This indicator is important to monitor the spread, identification, and treatment of STI’s as it measures the percentage of the population 15 years and older treated for a new episode of an STI in public health facilities.

**Tuberculosis**

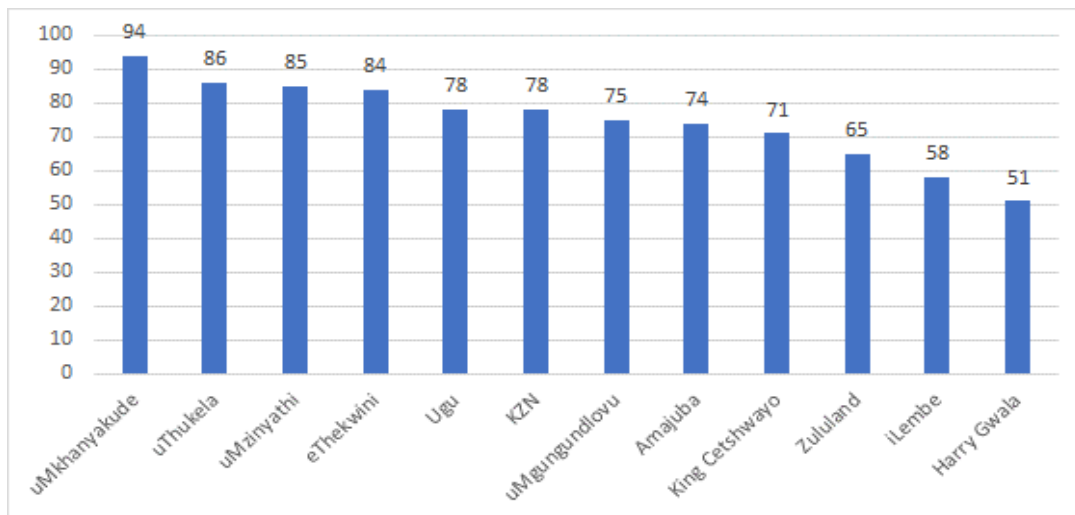
**Graph 15: New drug-sensitive TB confirmed cases (April 2021 – March 2024)**



Source: WebDHIS

A significant decrease in the number of drug-sensitive TB confirmed new cases has been recorded as shown in Graph 15 above. In 2023/24, 988 280 TB tests were processed, 39 980 were diagnosed with pulmonary, with 4% (previous year 10.5%) positivity rate of which 2 409 (6% previous year 5%) TB cases were resistant to rifampicin and treated for multi-resistant TB. 50(0.1% previous year 1%) of drug resistant TB were extremely resistant (XDR-TB). The linkage to care rate for drug susceptible TB decreased from 96% previously reported to 91% (2023/24) , and the 95% target was not met. The overall decrease is attributed to duplicated data on bacteriologically and clinically confirmed causing an increase in the denominator, and poor recording as a result erratic supply of the source documents.

**Graph 16: TB Rifampicin-resistant confirmed treatment start rate**



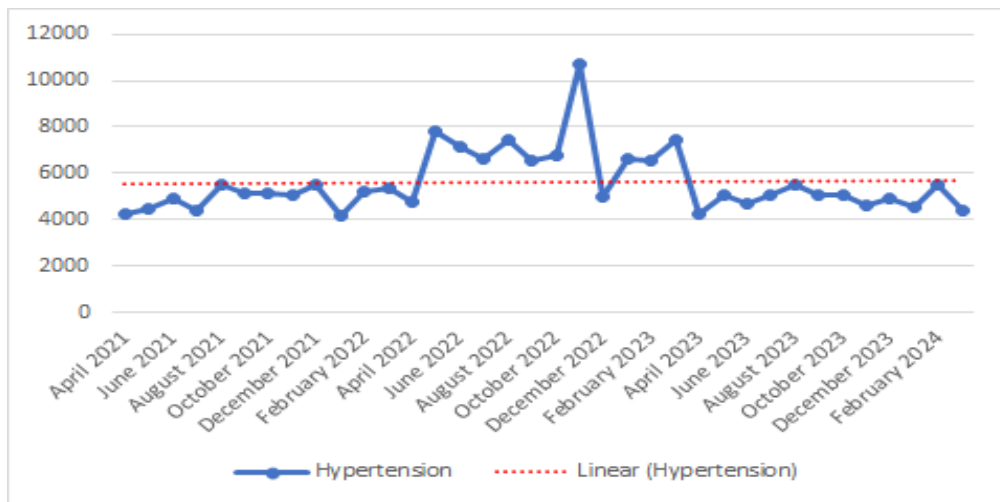
Source: TB Control Conditional Grant Feedback Report (2023/24)

The target of 80% for TB Rifampicin-resistant confirmed treatment start rate was not achieved.

**NON-COMMUNICABLE DISEASES**

**Hypertension**

**Graph 17: New Hypertension clients (April 2021 – March 2024)**

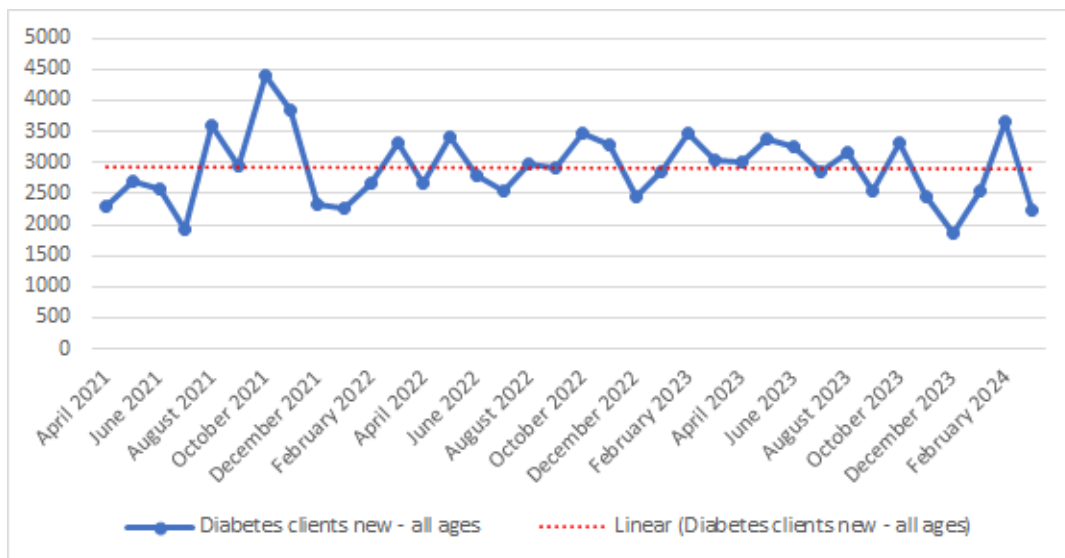


Source: WebDHIS

The number of new hypertension cases shows a flat trend between April 2021 and March 2024, despite the increase that took place in 2022/23.

**Diabetes Mellitus**

**Graph 18: New Diabetes clients (April 2021 – March 2024)**

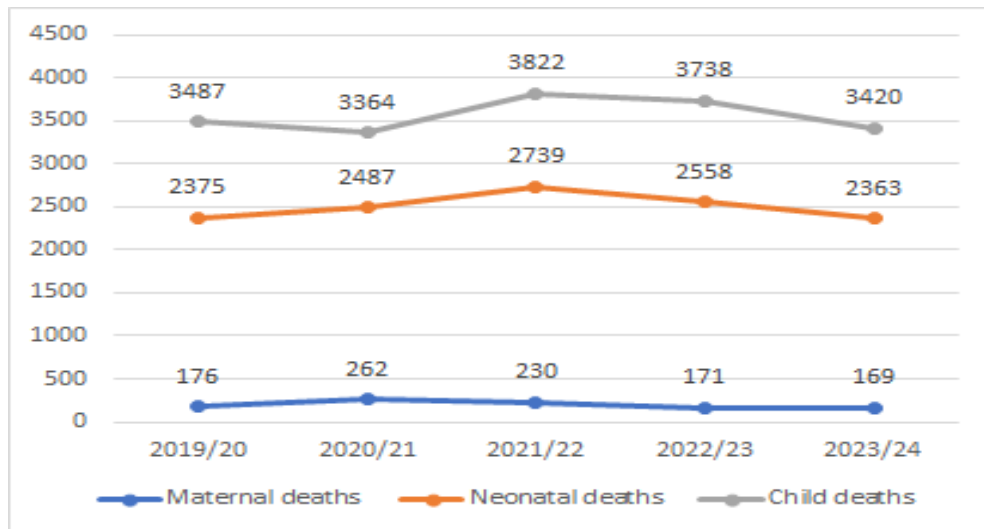


Source: WebDHIS

Despite the increase that took place in 2021/22, the number of new diabetes cases shows a flat trend between April 2021 and March 2024.

**Maternal, Neonatal, Child and Women’s Health**

**Graph 19: Number of maternal, neonatal and child deaths (2019/20 – 2023/24)**



Source: WebDHIS

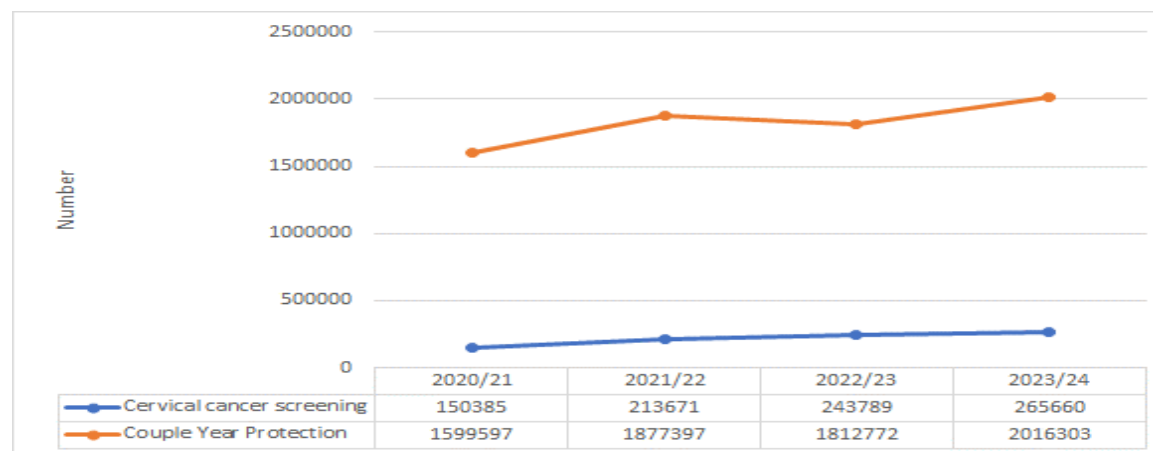
The number of child deaths is on the decrease following an increase in the 2021/22 financial year. The decrease is attributed to the implementation of the COVID-19 vaccination programme and the establishment of Onsite Midwife-led Birth Units (OMBUs). The number of neonatal deaths is decreasing due to the increased coverage of key interventions such as Kangaroo Mother Care (KMC), therapeutic hypothermia, ventilation, and continuous positive airways pressure (CPAP) support. The number of maternal deaths has maintained a flat trend since 2019/20 despite an increase in 2020/21.

**Table 4: Maternal mortality ratio, neonatal and death under 5 years rates (2023/24)**

	Amajuba	eThekweni	Harry Gwala	iLembe	King Cetshwayo	Ugu	uMgungundlovu	uMkhanyakude	uMzinyathi	uThukela	Zululand	KZN
Maternal mortality in facility ratio – per 100 000	114	100	82.6	85.5	116.1	59	131.4	68.6	59	92.2	77.2	93.6
Neonatal death in facility rate – per 1 000	13.5	14.2	9.5	11.6	12.6	14.3	19.8	10.5	12.6	16.2	12.1	13.8
Death under 5 years against live birth rate - %	1.8	2	1.4	1.7	2	2.2	2.8	1.4	1.9	2.1	1.9	2

Table 4 above, shows that uMgungundlovu District has the highest maternal mortality ratio, neonatal and death under 5 years rates in the Province of KwaZulu-Natal.

**Graph 20: Number of cervical cancer screenings done**



Source: WebDHIS

There is an upward trend for both the cervical cancer screening and couple year protection rate.

## STAKEHOLDERS OF THE KWAZULU-NATAL 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 5: Stakeholders and consultation from the KZN DoH Service Charter**

Customer and Stake holder	Influence	Interest	Linkages with other stakeholders	Consultation Mechanism
Citizens/Patients	Low	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	Low	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
<b>External Stakeholders</b>				
Tertiary Academic Institutions	Low	High	Generating knowledge for all sectors of society. They prepare students for employment.	<ul style="list-style-type: none"> <li>• Meetings</li> <li>• Forums</li> <li>• Written and formal communications</li> <li>• Formal hearings/ presentations</li> <li>• Internet &amp; intranet</li> <li>• Tele - &amp; video conferencing &amp; Skype for business</li> <li>• Various inter - Governmental Forums</li> <li>• Provincial Consultative Health Forum</li> </ul>
Non-Governmental Organisations (NGO's), Faith Based Organisations (FBO's), and Church Based Organisations (CBO's)	Low	High	Participate in planning and implementation of the NDP	
Traditional Health Practitioners	Low	Low	Provides alternative health services to the general public	
Other National and Provincial departments	High	High	Key players in legislative and regulatory environment	

Customer and Stake holder	Influence	Interest	Linkages with other stakeholders	Consultation Mechanism
Mayors and other Local Government	High	High	Key players in legislative and regulatory environment	<ul style="list-style-type: none"> <li>Provincial Health Council (PHC) meetings</li> </ul>
Provincial Legislature	High	High	Approval of policy documents and plans	
Traditional Healers	Low	Low	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	Low	High	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	Low	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	

## **INSTITUTION'S COMPLIANCE WITH THE BROAD-BASED BLACK ECONOMIC EMPOWERMENT (BBBEE)**

The following table has been completed in accordance with the compliance to the BBBEE requirements of the BBBEE Act of 2013 and as determined by the Department of Trade and Industry.

**Table 6: Compliance with the Broad-Based Black Economic Empowerment (BBBEE)**

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response Yes / No	Discussion <i>(include a discussion on your response and indicate what measures have been taken to comply)</i>
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	Yes <sup>2</sup>	The National Health Act's sections 36(3) (a) – (m) clearly articulates that criterion that must be considered when a decision is being made. Key and specific to this, is (f) "the need to protect or advance persons or categories of persons designated in terms of the Employment Equity Act, 1998 (Act No. 55 of 1998), within the emerging small, medium and micro-enterprise sector;" provides for this.
Developing and implementing a preferential procurement policy?	Yes	
Determining qualification criteria for the sale of state-owned enterprises?	N/A	
Developing criteria for entering into partnerships with the private sector?	N/A	
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	N/A	

## VULNERABLE KEY POPULATIONS

### Women

The majority of women in South Africa were historically and systematically disadvantaged and excluded from social, political and economic spheres. As a result, the realisation of women's rights differed according to their race, geography, economic status, and educational levels. Today, most women continue to face economic exclusion, resulting in high levels of poverty, inequality, and unemployment. Women's economic empowerment is central to the achievement of the constitutional vision of a -equal and non-sexist society. In addition to this 40,6% of female headed households in KZN do not have an employed household member (4). The Unemployment rate among females is higher than their male counterparts (5).

<sup>2</sup> On 24 July 2024, the High Court of Gauteng Division handed down a ruling on the matter between Solidarity Trade Union (and others) vis-à-vis Minister of Health (and others) on the constitutional challenge to the constitutionality of the Certificate of Need scheme (CoN) as set out in sections 36 – 40 of the national Health Act 61 of 2003. The Constitutional court previously found the scheme inchoate without regulations and proclamations of the scheme set aside in 2015 – as regulations still not promulgated and scheme not proclaimed. The scheme was found to violate sections 10 (dignity), 21 (freedom of movement and residence), 22 (to choose a trade, occupation, and profession), 25(1) (no arbitrary deprivation of property), 25(2) (impermissible expropriation), and 27(1) (right of access to healthcare) of the Constitution. CoN scheme was declared unconstitutional and section 36 – 40 severed from the Act. Matter referred to the Constitutional Court for confirmation.

Access to social and economic resources (including education, skills development and economic resources) has far-reaching implications for the advancement of women. This includes issues such as access to finance, credit, information and technology and the changing world of work. Transforming the world of work for women and ensuring their inclusion in mainstream economic activities, opportunities and employment requires the elimination of structural barriers, and discriminatory laws, policies, practices and social norms. Inequalities and gaps need to be targeted in relation to labour force participation, entrepreneurship, equal pay for work of equal value, working conditions, social protection and unpaid domestic and care work. Addressing gender equality between men and women and dismantling patriarchal systems remains a key challenge in ensuring women's inclusion in the country in the short, medium and long-term.

Gender based violence continues to be a concern. In South Africa, one in five (21%) partnered women has experienced physical violence by a partner (Stats Sa Legislature presentation, 2021). This is estimated to be 14% in KZN. This however relates only to reported cases.

### **Youth**

High youth unemployment, coupled with growing poverty and inequality, is a critical challenge. Young people also have limited access to means of capital that can help them find a way out of poverty and enable them to become agents of change. Limited access to land, finance for business ventures, and support and mentoring remain obstacles to the potential demographic dividend presented by a large young population of working age. Other contributing factors include low levels of education and skills, lack of information, location and the costs of work seeking, lack of income and work experience, and limited social capital.

The country's slow economic growth in recent years has led to massive job losses and an even lower number of jobs being created. Reducing the high level of youth unemployment requires the economy to be on a labour-absorbing growth path, which depends on the successful reorientation of the economy to raise labour demand while improving labour supply.

All sectors of society, government, business, and civil society organisations need to rally together and make a more meaningful contribution in addressing the youth challenge through youth- responsive planning, budgeting, monitoring and evaluation.

### **People with disabilities**

People with disabilities tend to face the following challenges, among others:

- Barriers that exclude access to socio-economic opportunities.
- Lack of effective articulation and alignment between different services offered by different departments targeting the same target group.
- Lack of access to appropriate and timely information and support; and
- Lack of access to essential disability and other support services, particularly in rural areas.

Improving the economic security of people with disabilities and their families requires a concerted and coordinated effort by all government departments, municipalities, employers, labour unions, financial institutions, statistical bodies, education and research institutions, organisations of and for persons with disabilities, skills development agencies, regulatory bodies, institutions promoting democracy, as well as international development agencies. Working together, these organisations need to align legislation, policies, systems, programmes, services, and monitoring and regulatory mechanisms aimed at the creation of decent work, employment schemes, skills development, social protection,

environmental accessibility and the reduction of inequality. People with disabilities can and should be active players in building the economy.

### **Operation Sukuma Sakhe**

The provincial government launched the 'War on Poverty' campaign in response to the National campaign as unpacked in the 2008 State of the Nation Address. In KwaZulu-Natal, the campaign was launched in three presidential nodal areas. In April 2011, the programme was relaunched as Operation Sukuma Sakhe. The top five priorities of the provincial government embedded in the service delivery model of Sukuma Sakhe: rural development /agrarian reform and food security; creating decent work and economic growth; fighting crime; education; and health.

According to the Sukuma Sakhe implementation model document, the desired outcome of the service delivery model is "the implementation of a comprehensive, efficient, effective, quality service delivery system that contributes to a self-reliant society in a sustainable manner".

### **Operational Vula**

In an effort to align to the Provincial Growth and Development Strategy (PGDS) the Department of Health will continue to prioritise the support offered to vulnerable groups. The vulnerable groups include women, youth, people with disabilities and military veterans. Targeted procurement initiatives in line with the provincial Operation Vula principles will continue to be implemented within the identified sectors to ensure that emerging contractors are supported. In particular, the department will strive to ensure that the local emerging producers are targeted for the sourcing of food items for patient catering.

### **Gender Based Violence And Femicide (GBVF)**

The core function for health with regards to Gender Based Violence and Femicide is centered around the care provided to victims and the correct procedure for the collection of specimens for prosecution of offenders. Care is provided through the 8 Thuthuzela Trauma Centres (TTC's) with a 9<sup>th</sup> at oThobothini CHC opened during 23/24. Thuthuzela Care Centres (TCC's) are a joint initiative between the Department of Health and the National Prosecuting Authority and are managed under the hospitals. The department's role is to ensure that Clinical Forensic Medicine governance is in place to avoid secondary victimization. This includes how children are handled within these centres and to ensure that the evidence collected will be able to withstand rigorous cross-examination in court to allow for a successful prosecution.

Forensic nurse training is instrumental in ensuring that nurses will be able to assist doctors in casualty, are able to collect samples correctly and are qualified to testify in court. In 2021, the competencies for the post basic Diploma in Forensic Nursing were approved by South African Nursing Council (SANC). Before nurses are recruited for this training nurse tutors have to be trained and qualified and certified to offer this training at a tertiary level. Once nurses obtain this post basic course it will enhance their credibility to testify in court. The Department is in the process of identifying the most suitable and accredited service providers to provide the training.

Post violence care for victims includes HIV prophylaxis, pregnancy prophylaxis, prophylaxis for other sexually transmitted infections and the provision of comfort packs. Advocacy campaigns are conducted in conjunction with various Non-Government Organizations (NGO's) with the aim of improving timeous reporting by victims so that they present within the mandatory 72 hours to qualify for forensic evidence collection and prophylaxis as above.

The Department is developing a Forensic Medicine Strategy and Implementation Plan as a response to Gender Based Violence and Femicide with particular focus on children who are the most affected. The strategy will focus on access to care, reducing morbidity and mortality related to GBV and improving the patients experience of care.

Forensic Medicine staff in these centres are limited. NDoH have approved the standardized training for the Forensic Nursing post graduate course. Discussions are ongoing to confirm the service provider. It is envisaged that this will allow the prescribed forms to be correctly completed and result in a higher number of cases attaining a conviction.

Forty percent (40%) of all GBVF cases, are in children under 12 years. In alignment with this, Forensic Medicine education is being provided to youth, included in the GBVF education provided, to create awareness within the communities.

### **Farm Workers And Farm Dwellers**

The KZN Department has embarked on provision of integrated outreach health services in communities where the vulnerable groups can be reached.

## **ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS**

**Table 7: Opportunities and Threats analysis**

Opportunities	Threats
Government of National Unity priorities	Changing political environment within government and community
KZN is the 2nd largest population which determines budget allocation	Low Economically active population
Health Promotion is a priority of the Medium-Term Strategic Framework (MTSF)	KZN has a large uninsured medical population
Traditional Health practitioners play a role in providing health services	Above average number of children under 5 years with severe acute malnutrition incidence and HIV prevalence
More females access health services early due to the increased focus on women's health	Budget cut and cost constraints impact on services provided
The 4th Industrial Revolution has begun which impacts on medical technology, the collection and collation of data and a Patient Management System	Delays in supply of materials (long lead times) and cost increases for infrastructure
Decline in people living in informal dwellings	The implication of interference by Business Forums with regards to projects leads to delays and increased costs of the overall project.
Gains made in access to piped water, and electricity.	KZN has more children under 5 years of age than any other Province, meaning that health services for this age group can become overburdened.
	High proportion of deaths in the 35 – 59 years age group due to both NCD's and CD's, placing a burden on the economically active population.
	There is a smaller male population in the older age groups due to poor health seeking behaviour and an increase in risky behaviour, placing a burden on the higher end curative health services provided.

Opportunities	Threats
	5.5% of the KZN population is categorised as disabled (583 000 people).
	The KZN DoH is still largely paper based with regards to the collection and collation of data and Patient Management Systems.
	Challenges with the broadband network including both coverage in rural areas and the amount of “down time” experienced due to cable theft
	The increase in the number of litigation cases lodged against the KZN DoH threatens the amount of available budget and impacts on service delivery
	Changes to legislation on e.g., employee benefits (like the two-pot system) can lead to the mass exodus of skilled staff and the Department’s inability to replace them.
	KZN has long distances between health facilities especially in the north in uMkhanyakude, Zululand and King Cetshwayo Districts. This impacts on EMS turnaround times and thus health outcomes.
	Global warming and thus changing weather patterns which lead to natural disasters
	Changing Environment and priorities, i.e., Changing National & Departmental Policies and Norms.
	Poorly defined relations between the various role players in the public health sphere
	Contractor Default and thus Contract cancellation is a long process and delays construction / rehabilitation projects

**Table 8: Strengths and Weaknesses analysis**

Strengths	Weaknesses
Good political will and leadership	Staff shortage in both critical and non-critical posts
Administrative and systemic processes in place	Distribution of resources is skewed towards a hospi-centric approach
COVID-19 measures implemented improved the performance of some of the child health indicators were hand washing and improved health hygiene contributed to improvement in indicators	Attention is given to the census data for the calculation of uninsured population. Cognizance must be had to the challenges with this data (veracity). Additionally, foreign nationals access services [offered by the department] (Section 27 of Constitution refers), and [the department] uses current and declining resources to service them. How does Treasury factor these challenges into budget allocations as budgets are cut and [the department] cannot employ more staff but service demands are increasing?
Community Health Workers and Ward Based Outreach Teams help in addressing social determinants through health education and prompt referrals	Suboptimal management of neonatal deaths

Strengths	Weaknesses
Using the current baseline of men’s health services, to expand to other health facilities	The management of HAST Patients is suboptimal. Largely due to poor disclosure of HIV status among children leading to patient management challenges.
Patient information systems already in place in 5 hospitals	[Not] all health facilities are easily accessible by People With Disabilities (PWDs).
There is a Medico-Legal Component in place within the Department to assist with the Medico-Legal claims	Computer literacy is still a challenge at PHC level in clinics for supervisions purposes
Medico-legal Strategy with Centres of Excellence in place	The KZN DoH is still largely paper based with regards to the collection and collation of data and Patient Management Systems (including HR and Finance).
The Department has centres of excellence to attend to clients that may assist in the mitigation of claims for amounts for future medical expenses	Poor record keeping and poor implementation of Standard operating procedures
	Poor implementation and compliance to Adherence Guidelines (AGLs) and Standard Operating Procedures (SOPS).
	Inability/insufficient staff to deal with natural disasters.

## INTERNAL ENVIRONMENT ANALYSIS

### Service Delivery Platform / Public Health Facilities

#### Community-Based Services

Non-acute health services are provided at community and household level through Ward Based Outreach teams (WBOTs), School Health Teams, TB Surveillance and Multi Drug Resistant Tuberculosis (MDR-TB) Teams and Community Care Givers/Health Workers (CCGs /CHWs). Services include health promotion/ education; screening for health conditions; appropriate referral to health facilities; follow-up and support of patients on treatment; home-based care; school health services including implementation of health promoting schools; the management of MDR-TB patients at household level; mental health and chronic care.

Phila Mntwana Centres, linked to Operation Sukuma Sakhe (OSS) War Rooms, provide promotive and preventive health services targeting children. OSS is used as vehicle for inter-government service integration at community level including addressing the social determinants of health e.g., poverty eradication, provision of sanitation, water, electricity, and waste removal.

The IKhemisi Eduze Centralized Chronic Medication Dispensing, and Distribution (CCMDD) Programme makes chronic medication available to patients at community level, close to where they reside. This decongests facilities, saves cost and travelling times for patients to facilities and decreases waiting times at health facilities, due to less patients needing to be attended.

Services at truck stops, taxi ranks, and other high-risk areas increase access to basic and essential services e.g., testing for HIV, TB, and other chronic conditions. Services offered at these easily accessible sites increases the possibility of timeous referral for appropriate clinical management of conditions at fixed facilities.

#### Primary Health Care (PHC) Services

Nurse driven services are provided at fixed (clinics and Community Health Centres (CHCs)) and mobile clinics covering a comprehensive range of curative, preventative, rehabilitative and palliative services. Included are services for minor ailments; maternal, child and women’s health; communicable and non-communicable diseases and conditions; oral and dental health; environmental health and nutrition.

**Table 9: PHC facilities and mobiles per District (Q1 2024/25)**

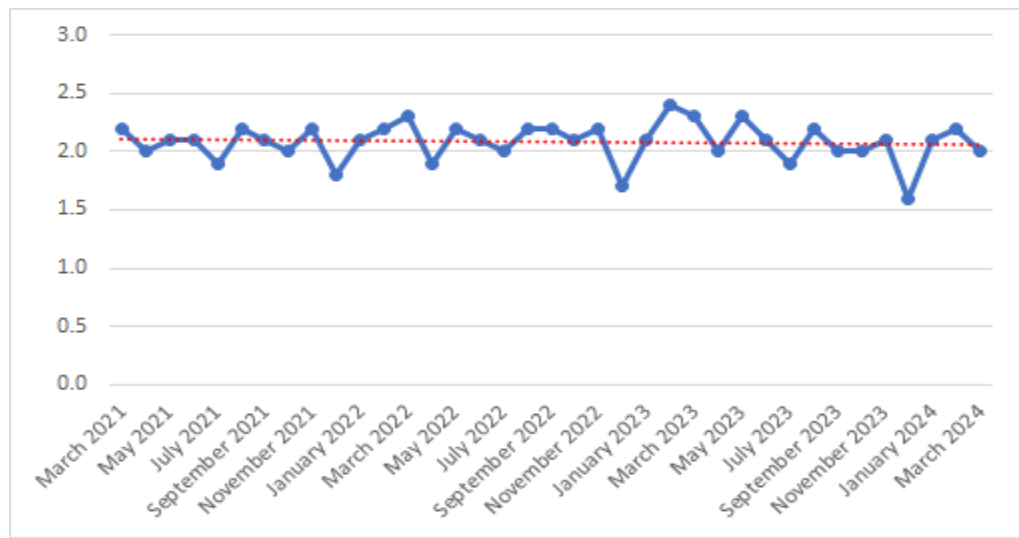
District	Fixed Clinics (Provincial and Local Authority)	Community Health Centers	Mobiles
Ugu	52	2	16
uMgungundlovu	49	3	18
uThukela	36	1	16
uMzinyathi	53	1	13
Amajuba	25	1	8
Zululand	75	1	27
uMkhanyakude	59	1	21
King Cetshwayo	63	1	16
iLembe	34	2	11
Harry Gwala	38	2	16
eThekwini	105	8	19

District	Fixed Clinics (Provincial and Local Authority)	Community Health Centers	Mobiles
<b>KZN Total</b>	<b>589</b>	<b>23</b>	<b>181</b>

Source: Geographical Information Systems (Q1 2024/25 Facility list)

Mobile services are used to improve access in sparsely populated areas or areas with poor access to fixed facilities. Outreach services from District Hospitals and services rendered by Private Practitioners increases access to clinical services at entry point.

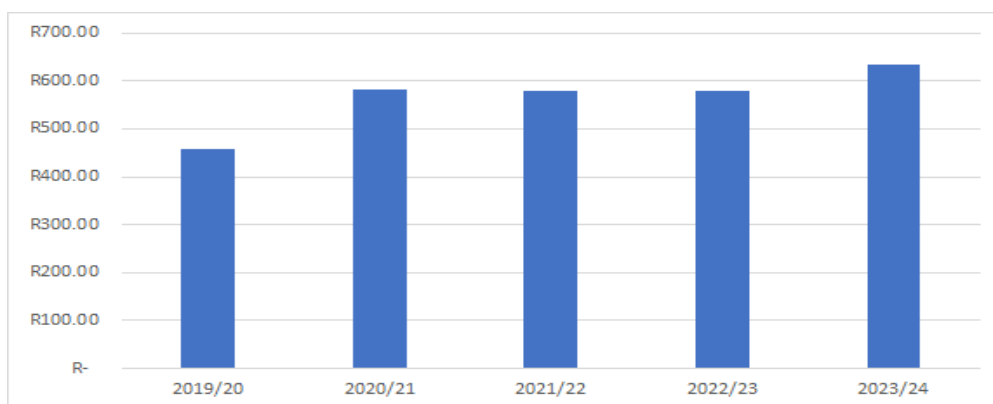
**Graph 21: PHC utilization (2021/22 – 2023/24)**



Source: WebDHIS

The PHC utilization rate for the province has had a flat trend for the entire 2021/22 – 2023/24 period, as shown by Graph 21 above. This may mean that the attempts to redirect clients who report at the hospitals without referral, to the PHC facilities have not been very successful as shown by Graph 23 below.

**Graph 22: Cost per headcount (2019/20 – 2023/24)**



Source: webDHIS/BAS

The cost per PHC headcount is on an upward trend, despite flattening between 2021/22 and 2022/23 (Graph 22).

### PHC expenditure per capita

In 2022/23, KwaZulu-Natal (KZN) led the nation in primary health care (PHC) expenditure per capita, reaching R1 818 and surpassing the national average of R1 479. Five of KZN's districts, uMkhanyakude, uMzinyathi, Ugu, uMgungundlovu, and iLembe, were among the highest spenders in the country. This elevated spending in KZN is largely attributed to the province's substantial HIV burden.

### Ideal Clinic Status

Currently, 97.9% of fixed primary healthcare (PHC) facilities have achieved Ideal Clinic status. To further enhance the quality of care, District Ideal Clinic Realization and Maintenance (ICRM) champions have been appointed to supervise and enforce adherence to Ideal Clinic standards.

### Hospital Services

In-patient and out-patient services are rendered at District, Regional, Specialised, Tertiary and Central Hospitals. District Hospitals form part of the District Health System and include services at General Practitioner level with varying degrees of General Specialist services to improve access in especially rural areas.

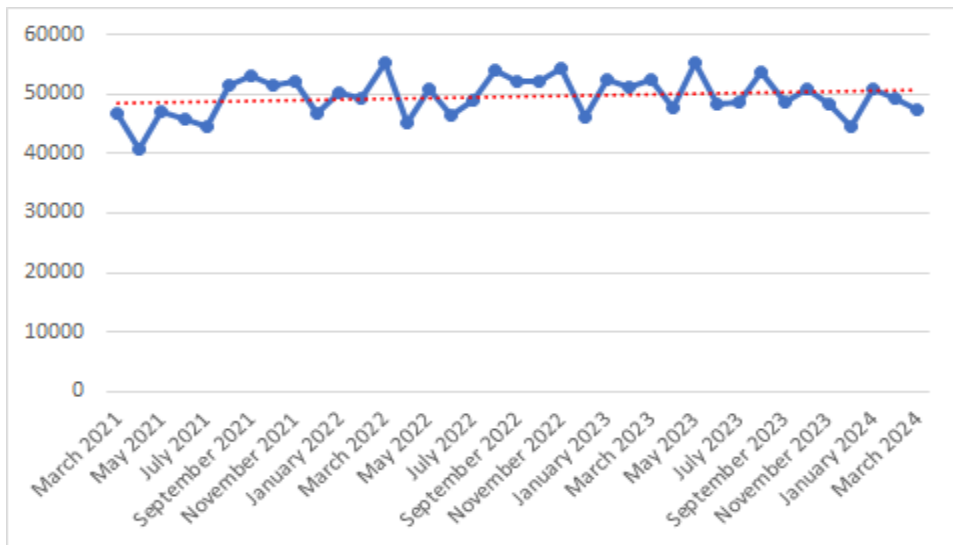
**Table 10: Hospitals per District**

District	District	Regional	Tertiary	Central	Specialised TB	Specialised Hospital	Specialised Psych	Chronic
Ugu	3	1	0	0	0	0	0	0
uMgungundlovu	3	1	1	0	1	0	3	0
uThukela	2	1	0	0	0	0	0	0
uMzinyathi	4	0	0	0	1	0	0	0
Amajuba	1	2	0	0	0	0	0	0
Zululand	6	0	0	0	1	0	1	0
uMkhanyakude	5	0	0	0	0	0	0	0
King Cetshwayo	6	1	1	0	0	0	0	0
iLembe	3	1	0	0	0	0	0	0
Harry Gwala	4	0	0	0	0	0	1	0
eThekweni	5	5	1	1	0	1	1	1
<b>KZN Total</b>	<b>42</b>	<b>13</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>1</b>

Source: Geographical Information Systems (Q1 2024/25 Facility list)

Graph 23 below, shows that the OPD headcount not referred new has been gradually increasing from April 2021 to March 2024. This somehow explains the stagnation of the PHC utilization rate for the same period, as shown in Graph 21 above.

**Graph 23: OPD headcount not referred new**



Source: WebDHIS

Regional Hospitals render services at General Specialist level and serve as referral for District Hospitals. All Regional Hospitals render a significant proportion of level-one services mainly due to demographic distribution of households and location of hospitals. Queen Nandi and Newcastle Hospitals provide mother and child services. McCord’s Hospital is the Provincial Eye Care Hospital.

Specialised TB and Psychiatric hospitals provide acute and sub-acute services for the two clinical disciplines.

The Step Down/ Sub-Acute Hospitals provide step-down care.

**Table 11: Average Length of Stay and Bed Utilisation Rates, Expenditure per PDE, and OPD headcounts**

Hospital type	Indicator	2021/22	2022/23	2023/24
<b>District</b>	Average Length of Stay	5 days	5 days	5.3 days
	Bed Utilization Rate	50.2%	53.70%	55.20%
	Expenditure per PDE	R 3 572	R 3 439	R 3 819
	OPD headcount	1 806 088	1 939 513	2 011 747
<b>Regional</b>	Average Length of Stay	6.3 days	6.4 days	6.8 days
	Bed Utilization Rate	67.60%	69.50%	70.40%
	Expenditure per PDE	R 3 938	R 5 073	R 4 327
	OPD headcount	2 001 955	1 931 094	2 009 586
<b>Central</b>	Average Length of Stay	10.2 days	10.2 days	10.3 days
	Bed Utilization Rate	55.60%	60%	60.50%
	Expenditure per PDE	R 12 108	R 10 930	R 11 187
	OPD headcount	169 989	178 602	175 230
<b>Tertiary</b>	Average Length of Stay	6.9 days	7 days	7 days
	Bed Utilization Rate	72%	72.10%	70.50%
	Expenditure per PDE	R 4 911	R 4 975	R 5 176
	OPD headcount	363 613	394 316	389 165

Tertiary Hospitals and one Central Hospital provide highly specialised tertiary and quaternary services.

Outreach services are provided by level 2 and 3 hospitals to improve access to quality clinical management at lower levels of care. District hospitals provide outreach services to PHC clinics.

### **Emergency Medical Services (EMS) and Patient Transport Services (PTS)**

Emergency Medical Services (EMS) provides pre-hospital care, including inter-hospital transfers and planned patient transport. However, various resource constraints, including human resources, operational ambulances, base infrastructure, and budget, continue to challenge the service.

To address these challenges and improve EMS performance, the following strategies need to be implemented:

- Allocating infrastructure budget to increase the number of purpose-built bases.
- Identifying strategically located satellite bases.
- Engaging a vehicle management service provider to expand the pool of service providers and enhance fleet supervision.
- Revising EMS operational staff rosters and working hours to reduce compulsory overtime expenditure. This will free up budget for voluntary overtime and the hiring of new staff to ensure operational schedules are met.

### **Forensic Pathology Services**

Specialised Forensic Pathology Services are provided at Medico-Legal Mortuaries throughout the Province.

### **Clinical Forensic Medicine**

Crisis Centres have been established in all District and Regional Hospitals within the Province to strengthen clinical medico-legal services focusing on the management of survivors of violence (including rape and sexual assault).

### **Access to medicine**

One of the purposes of the Health Care Support services to 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.

Strategies to improve access to medicines include:

Proactive supply chain management: This involves actively following up with suppliers on overdue orders, strategically rationing stock of products facing supply constraints to ensure equitable distribution and preparing for contract transitions by strategically stockpiling essential medications. This proactive approach minimizes disruptions and ensures a consistent supply.

Optimized stock management and distribution: This includes strategically rationing constrained supplies to cover all facilities and redistributing stock from facilities with excess inventory to those experiencing shortages. This dynamic approach aims to maintain adequate stock levels across all points of care, preventing stockouts and ensuring patient access.

## **Referral Pathway / System: Levels of Health Care**

### **Level 1**

*Primary Health Care (PHC) Clinic:* A PHC Clinic is the first step in the provision of health care and offers services such as immunization, family planning, anti-natal care, and treatment of common diseases, treatment and management of TB, HIV / AIDS counselling amongst other services. If the clinic cannot assist, they will refer the patient to a Community Health Centre.

*Community Health Care Centre (CHC):* A CHC is the second step in the provision of health care but can also be used for first contact care. A CHC offers similar services to a PHC Clinic with the addition of a 24-hour maternity service, emergency care and casualty and a short stay ward. The CHC will refer a patient to a district hospital, when necessary.

*District Hospital:* This is the third step in the provision of health care. These hospitals will normally receive referral from and provide generalist support to CHC's and PHC clinics such as diagnostic, treatment, care, counselling, and rehabilitation services. Clinical services include Surgery, Obstetrics & Gynecology, Out-Patients Department, Medicine, Pediatrics, Mental health, Geriatrics, Casualty and Clinical Forensic Medical Services amongst other services. These hospitals receive referrals from the CHC and PHC clinics. Most care delivered by doctors and primary health care nurses. If the district hospital cannot help a patient, they will be referred to the local regional hospital for treatment.

### **Level 2**

*Regional Hospital:* This is the second level of health care. These hospitals will normally receive referrals from and provide specialist support to several district hospitals. If the regional hospital cannot help, they will refer to the provincial tertiary hospital.

### **Level 3**

*Provincial Tertiary hospital:* These hospitals will receive referral from and provide sub-specialist support to several regional hospitals and is the third level of health care. These hospitals are staffed by specialists and generalists and offer services such as neurosurgery, neurology, plastic and reconstructive surgery, cardiology, urology, paediatric surgery, maxillo-facial surgery, psychiatry, occupational health, and orthopedics amongst other services. If a provincial tertiary hospital cannot help, they will refer to a national central hospital.

### **Level 4**

*Central Hospital:* The fourth and highest level of health care. These hospitals will consist of very highly specialised referral units which together provide an environment for multi-specialty clinical services, innovation, and research. People are referred to these hospitals by provincial tertiary hospitals.

*Specialised Hospital:* These hospitals will provide care only for certain specialised groups of patients. They will include chronic, psychiatric and TB hospitals, as well as specialised spinal injury and acute infectious disease hospitals.

## QUALITY OF HEALTH CARE

### Compliments

A total number of 19 664 compliments were received by the Department in the 2023/24 financial year (Table 12). The top five compliments' categories were patient care (60.3%), staff attitude (26,4%), hygiene and cleanliness (2.7%), physical access (2.7%) and safe and secure environment (1.8%).

**Table 12: Categories of compliments received (2023/24)**

	KwaZulu-Natal	Amajuba	eThekweni	Harry Gwala	iLembe	King Cetshwayo	Ugu	uMgungundlovu	uMkhanyakude	uMzinyathi	uThukela	Zululand
Patient care	11862	261	2842	523	106	1479	1251	2713	521	746	1069	351
Staff attitude	5191	253	1335	198	33	732	284	1093	281	180	661	141
Hygiene and cleanliness	544	20	112	18	4	59	45	175	20	15	65	11
Physical access	540	8	19	4	1	13	6	446	1	7	29	6
Other	365	3	230	14	1	6	36	17	9	32	14	3
Safe and secure environment	359	4	21	7	1	20	33	230	12	9	16	6
Waiting times	329	18	81	22	4	40	36	40	5	14	64	5
Access to information	301	21	82	7	3	22	45	45	6	5	63	2
Availability of medicines	136	6	23	5	0	4	12	40	12	7	23	4
Waiting list	37	0	9	3	0	4	3	8	0	1	9	0
Linen	0	0	0	0	0	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0	0	0	0	0	0
Missing patient records	0	0	0	0	0	0	0	0	0	0	0	0

Source: Ideal Clinic Monitoring System

The Department received a total of 7 511 complaints in the 2023/24 financial year (Table 13). The top five complaints' categories were waiting times (25.4%), staff attitude (19,4%), patient care (19.2%), access to information (5.1%) and safe and secure environment (4.6%). Of all complaints received, 97 percent were resolved, and 96 percent of them resolved within 25 working days.

## Complaints

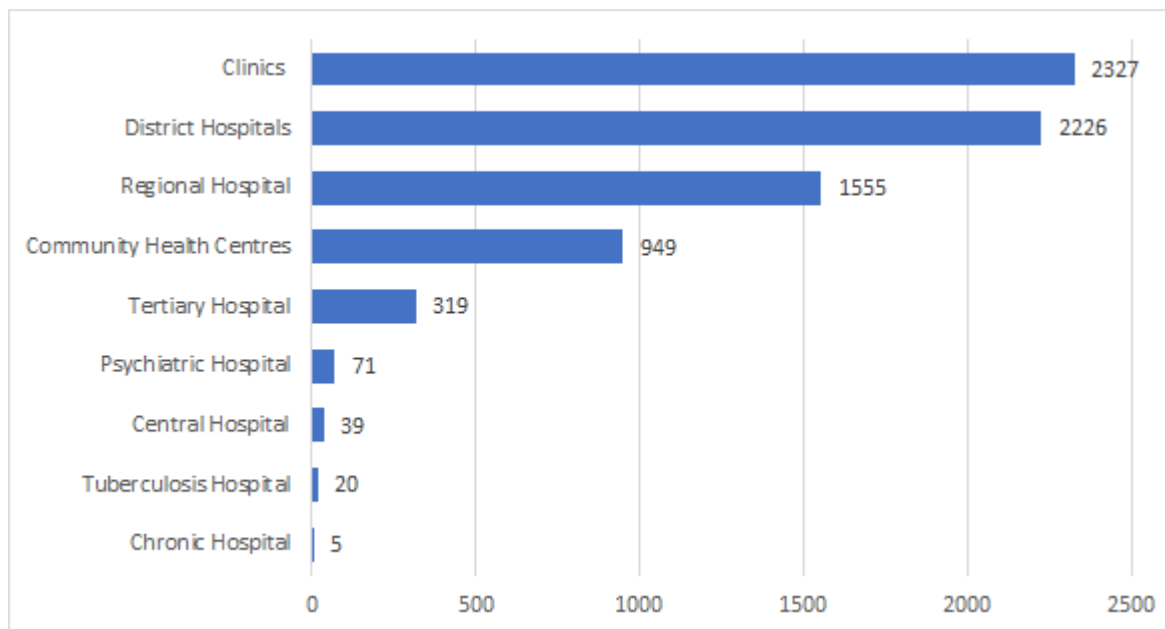
**Table 13: Categories of complaints received, including complaints resolution performance (2023/24)**

	KwaZulu-Natal	Amajuba	eThekweni	Harry Gwala	iLembe	King Cetshwayo	Ugu	uMgungundlovu	uMkhanyakude	uMzinyathi	uThukela	Zululand
% Complaints resolved	97%	98%	97%	99%	97%	98%	97%	93%	96%	93%	98%	96%
% Complaints resolved within 25 working days	96%	99%	98%	98%	97%	98%	91%	96%	95%	87%	99%	97%
Waiting times	1905	59	582	153	82	175	246	95	161	55	197	100
Staff attitude	1456	71	410	89	39	167	183	95	134	68	131	69
Patient care	1440	53	305	86	48	163	214	117	164	54	154	82
Other	645	23	114	31	22	82	105	55	101	31	66	15
Access to information	383	23	137	20	14	49	43	16	25	11	36	9
Safe and secure environment	345	8	40	40	16	52	26	15	105	16	12	15
Food	278	10	45	28	8	25	14	10	101	16	15	6
Waiting list	263	5	64	8	3	21	81	15	17	4	24	21
Missing patient records	212	8	68	7	8	33	27	15	16	7	14	9
Availability of medicines	199	8	49	10	5	28	19	16	16	10	23	15
Hygiene and cleanliness	169	5	42	12	5	17	10	8	46	5	6	13
Physical access	163	8	32	6	7	14	23	10	32	12	11	8
Linen	53	2	11	6	1	4	0	2	23	2	0	2

Source: Ideal Clinic Monitoring System

It should be noted that the amounts of compliments and complaints are highest for the patient care and staff attitudes categories. The expectation would be that there should be an inverse relationship between two, where the same category is concerned. One explanation could be that patient care and staff attitudes are more important to the service beneficiaries than the other categories.

**Graph 24: Number of complaints per level of care**



Source: Ideal Clinic Monitoring System

The top five complaints per level of care comprised Clinics (31%), District hospitals (29,6%), Regional hospitals (20.7%), Community health centres (12.6%), and Tertiary hospitals (4.2%).

### Patient Safety Incidents

**Table 14: Patient Safety Incidents (2023/24)**

	KZN	Amajuba	eThekwin	Harry Gwala	iLembe	King Cetshwayo	Ugu	uMgungundlovu	uMkhanyakude	uMzinyathi	uThukela	Zululand
Health care-associated infections	1378	60	474	83	42	105	113	317	72	39	65	8
Other	1256	32	573	63	16	140	25	137	120	25	41	84

KWAZULU-NATAL DEPARTMENT OF HEALTH **STRATEGIC PLAN 2025/26 – 2029/30**

	KZN	Amajuba	eThekweni	Harry Gwala	iLembe	King Cetshwayo	Ugu	uMgungundlovu	uMkhanyakude	uMzinyathi	uThukela	Zululand
Clinical process/ procedure	1208	39	305	41	28	161	61	104	169	62	110	128
Patient accidents	1092	29	469	28	20	70	68	304	28	13	18	45
Behaviour	850	18	269	52	25	70	33	254	34	36	39	20
Pressure ulcers acquired during/ after admission	385	8	144	1	7	21	19	172	4	1	5	3
Medication/ IV fluids	344	8	78	17	6	59	17	20	28	4	45	62
Clinical Administration	233	8	25	9	6	83	34	10	21	1	18	18
Medical device/equipment	110	4	33	2	7	5	8	10	15	4	20	2
Infrastructure/ Buildings/ Fixtures	72	1	16	2	3	8	4	10	10	3	10	5
Blood or blood products	58	1	16	0	2	15	6	14	2	0	1	1
Laboratory / Pathology	7	0	1	0	1	0	0	0	1	0	2	2

Source: Ideal Clinic Monitoring System

A total of 6 993 Patient Safety Incidents occurred in 2023/24 financial year. The top five list of Patient Safety Incidents comprises Health care-associated infections (19.7%), Clinical process or procedure (17.3%), Patient accidents (15.6%), Behaviour (12.2%), and Pressure ulcers acquired during or after admission (5.5%) and the top subtypes are Surgical Site infection, Missing patient record, Falls (Bedside), Physical assault by fellow patient or visitor, and Grade II ulcers, respectively.

## **Service Delivery Improvement Plan**

The Public Service Regulations 2016, chapter 3; Paragraph 38 requires the executive authority to maintain a Service Delivery Improvement Plan (SDIP) that is aligned to the Department's Strategic Plan as contemplated in Regulation 25. Regulation 36 of the 2016 Public Service Regulations states that:

An executive authority shall establish and maintain an Operations Management Framework which shall include:

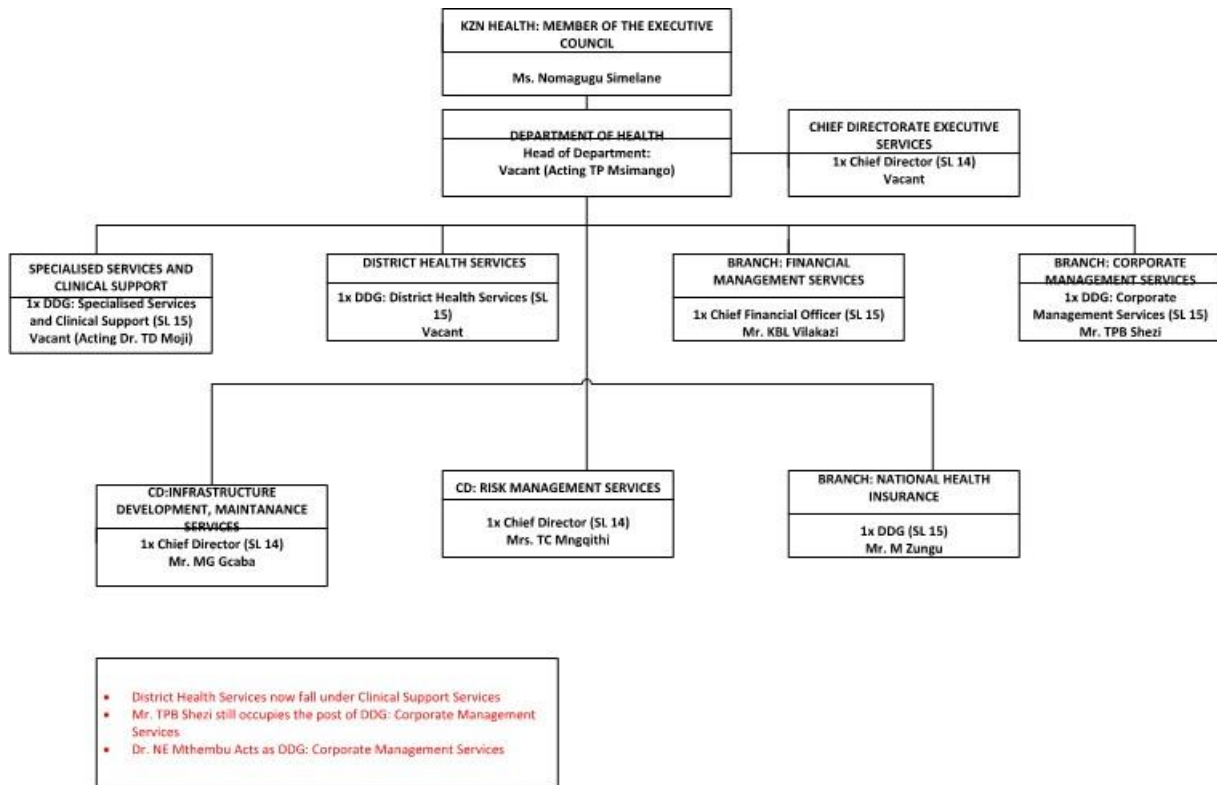
- a) An approved Service Delivery Model
- b) A list of all core mandated services provided by the Department
- c) Mapped business processes for all services
- d) Standard operating procedures for all services
- e) Service standards for all services
- f) A Service Delivery Charter referred to in Regulation 37
- g) A Service Delivery Improvement Plan referred to in Regulation 38.

Complaints lodged against the department are used as the basis for identifying services to be included in the SDIP. The SDIP is prepared as a separate document.

## ORGANISATIONAL STRUCTURE AND ORGANISATIONAL DESIGN

The Figure below is the approved MACRO structure by Department of Public Service Administration (DPSA) / OTP that was done in 2017). 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 2: KZN DOH Macro Organizational Structure<sup>3</sup>**



Source: Organizational Efficiency Services

## INSTITUTION'S CAPACITY TO DELIVER ON ITS MANDATE<sup>4</sup>.

### Department Overview

The department, in terms of the decision-making powers and oversight, has an Accounting Officer who is a decision-maker, having a direct span of control over the line managers and has a direct reporting line to an Executive Authority. The department, at the time of the assessment, projected an overspend despite the increase in budget allocation. The recommendation made was that the Department should place projects on hold, including no expansion of services.

<sup>3</sup> The post for the Deputy Director General: National Health Insurance is not on the approved structure

<sup>4</sup> Source: 2023/24 HR oversight report and 2024/25 Organizational Functionality Assessment report

There is no alignment between the organizational and budget structures and this needs to be addressed as soon as the sector generic structure is approved, and funds become available.

### **Planning, Governance and Oversight**

There is 100% alignment between the strategic plan and the annual performance plan. The department subscribes to the International Standards Organization, (ISO 31000) Risk Management Process to identify, manage and mitigate risks. The department is currently in a process of resourcing and constituting an internal audit function with its audit committee. The internal audit function is currently outsourced to a panel of service providers.

The delegation registers are compiled at institutional level by Human Resources managers and submitted to head office. The challenges are submission of registers that are not quality-assured, non-appointment of delegation system administrators and poor maintenance of delegation registers.

### **Human Resource Management**

The department has an approved Medium Term Expenditure Framework human resource plan which is 100% aligned to departmental planning instruments. The key challenge is the availability of an adequate budget. The department has policies which have a critical role on recruitment and retention. The department conducts skills audit to inform the training prioritisation. The department collaborates with training providers with regards to the execution of the training plan. There is 100% implementation of the departmental employment equity plan. The formal assessment was done on 89,7% of employees. There are no misconduct charges relating to the abuse of sick leave. Health and wellness workshops and campaigns are being conducted as well as occupational health and safety surveys.

The department handles the management of grievances, disciplinary cases, disputes, and collective bargaining in line with Public Service Coordinating Bargaining Council, Public Service Commission recommendations, Public Health and Social Development Sectoral Bargaining Council and Commission for Conciliation Mediation and Arbitration. The department participates in the following structures, National Council, KwaZulu-Natal Provincial Chamber, Institutional Management and Labour Committees and, Provincial Public Service Bargaining Council. There are grievances that cannot be finalised within the stipulated period because of lack of some labour relations personnel.

### **Operations Management**

The department has a Service Delivery Model which is in early stages of implementation. The department is in a process of developing business process maps and standard operating procedures for the support functions. The current service standards are up to date and generally capable of improving quality of service delivery. There is a service charter that indicates the services, contact details of managers. The current approved provincial head office structure is not configured according to the sector generic structure. The core functional units are partially aligned in a sense that all services are provided but not configured according to the sector generic structure. The approved structure, PERSAL structure and the operational structure are not aligned. The proportion alignment of the approved organisational structure to the strategic plan is approximately 50%. The percentage of approved posts on approved organisational structure is approximately 60%. There is a job description guideline including various job description templates

There is no evidence of alignment of staff conduct and the organisational culture. The findings included the need to promote the SDIP through change management initiatives, need to ensure that all processes are mapped, need to triangulate complaints information with other information from management reports, and ensuring that the SDIP is fully aligned with the strategic planning process.

The KZN Department of health complies with the Records Management regulations, policies and procedures. The KZN Department of Health maintains a close relationship with a number of research and academic institutions in KZN, and the research results from these, as well as national and international research organizations, are reviewed and incorporated into the policies and practices of the department on an ongoing basis.

## **Organizational Performance**

In 2022/23 financial year, programme 3 was the worst performing at a consistent 0% achievement each quarter due to various resource constraints. Programmes 1 to 5 achieved below 50% overall targets and only programmes 6 to 8 achieved above 50% targets. Of the 156 performance indicators in the 2022/23 Annual Performance Plan, the department met targets on 45,5% of performance indicators. Connectivity issues impacted negatively on Information Communication and Technology (ICT) indicators. The e-Health system has been introduced and it comprises a web and cloud-based patient registration and clinical record keeping platform which will save the Department millions of rands in litigation, reduce patient waiting times and provide lifetime storage of medical records.

The department has developed a 10-year, i.e., the User Asset Management Plan. This plan is aligned with the KZN department of health's long-term immovable assets requirements to support the Department's strategic plans. Short, medium and long-term planning is critical to provide the basis for resource negotiation, delivering on strategic priorities and reporting on progress

Funding remains a problem as there is accrued accounts every year with the value increasing, thus affecting the future budget availability. Budget blocking has been in effect for a few years now, which ensures that departments do not overspend, thus increasing the annual amount accrued into ensuing financial years. The main challenge is the utilisation of expired contracts which results to irregular expenditure.

## **GENDER MAINSTREAMING WITHIN THE DEPARTMENT OF HEALTH**

Gender mainstreaming ensures that women are equitably represented within the Department and focuses on 4 main areas namely 1) Economic Empowerment, 2) Equitable employment, 3) Policy reviews to incorporate gender and 4) Internship Programmes. The Department had 49.4% of women in Senior Management Services (SMS), a 1.2% increase from 48.8% in 2022/23. Systems to monitor economic empowerment are being developed to monitor the percentage of contracts and tenders awarded to women owned companies, as the system is currently manual based.

The Gender Equality Strategic Framework Report for 2022/2023 and the Gender Equality Strategic Framework Plan for 2023/24 was submitted to the DPSA and OTP on 10 May 2023 and acknowledged by the DPSA on the same date. Ten Managers and officials attended the Gender Mainstreaming in the Public Service whilst 156 officials attended the Mentoring for Growth for the Public Service.

The Approved Annual Employment Equity Report was submitted to Department of Employment and Labour on 11 December 2023 and an acknowledgement letter was received on the same day. With regards to the implementation of HOD's 8 Principles Action Plan for Public Service Women in Management Week, a successful meeting was held on 28 August 2023 which was chaired by the HoD.

The target of 120 first year bursaries nursing students was exceeded. 160 bursaries were awarded. Of the 160 students, 62 are male (39%) and 98 (61%) are females and all 160 students are from the youth category.

## **AUDIT OUTCOMES**

Leadership in the Department has always endeavored to ensure that approved policies and action plans were developed and implemented to fully address previous findings emanating from audits undertaken on the financial statements, predetermined objectives, and compliance with legislation. The various initiatives undertaken over the past few financial years have culminated in the Department obtaining unqualified audit opinions, for two consecutive years.

## **FRAUD AND CORRUPTION**

The Department has a Fraud Prevention Plan together with its implementation plan which was approved by the HOD. It has also developed Fraud Prevention Strategy, Fraud Prevention Policy, and a Whistleblowing Policy to complement the plan during its implementation. The Department has commenced with the implementation of these policies by broadcasting them on the intranet for the entire staff to be able to access and read through. The Fraud prevention plan forms part of the presentation that is shared during the fraud prevention awareness workshops.

During the financial year 2023/2024 seven (7) workshops were conducted in various districts. The participants of these workshops were District Directors, District Management teams as well as the Chief Executive Officers (CEOs) of institutions within the targeted district together with the senior management teams as well as officials from within the finance, supply chain management and human resources sections from those facilities. The participants were exposed to the applicable legislation, the tools to identify (red flags) and report incidents of fraud as well as mechanisms to prevent fraud. It is envisaged that through these interventions the recurrence of these incidents would be addressed.

The following mechanism are in place for the department to report the fraud and corruption cases:

<b>Departmental hotline e-mail</b>	fraudline@kznhealth.gov.za
<b>Departmental fax number</b>	033 346 6434
<b>Departmental Call Centre</b>	0800 005 133

<b>National Anti-Corruption Hotline (NACH)</b>
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0800 701 701
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The department has an approved Whistleblowing Policy in place which accommodates the reporting of incidents "Anonymously" for the reporter not to identify his/her details. Even if the reporter has provided his/her name, the investigator/s has a duty to conduct investigations and treat the matter with confidentiality.

The cases are reported through the abovementioned mechanism or through management at different levels. The reported cases are issued to the Departmental Investigations Services Unit (Internally) or referred to other law enforcement offices like Office of the Premier, South African Police Services (SAPS), Hawks, etc. Subject to legal constraints, information about outcomes of any investigation and disciplinary process is disseminated on a "need to know" basis.

## **DISASTER MANAGEMENT PLAN**

The effects of climate change are accepted, and the province has seen the increase of adverse weather events. The Department is addressing the effects of climate change in various ways and include the following:

- Flood recovery programme aims to repair buildings that suffered from water damage due to severe storms, notably (but not exclusively) the storms in 2022. The repair work focuses on roof repairs or replacements, rainwater goods (i.e., gutters, downpipes, and drains) and stormwater management as well as consequential repair work. To date there is 47 projects of which 19 are in construction, 4 completed projects, 18 are on tender and 6 are in the planning stage
- The Department is improving its maintenance to ensure that the impact of storms is reduced.
- All capital projects are designed to address problems identified.
- Over and the above, the Department is moving to introduce "green building" initiatives on projects which may include, solar energy, rainwater harvesting, permeable paving, greywater water systems as well as orientation of buildings and suitable building materials.

## **KZN DEPARTMENT OF HEALTH PRIORITIES**

- Pursue the progressive achievement of universal health coverage - focus on improvement of quality, safety, and access to health services
- Strengthen mental healthcare service delivery in primary health care and community-based mental health services
- Reducing the high disease burden and stemming the tide of Non-Communicable Diseases
- Strengthening Health Promotion and prevention through engagement and empowerment of the community
- Improving- Human Resources for Health (HRH)
- Execution of the Infrastructure Plan for adequate and well-maintained health facilities:
- Improvement of public sector financial management systems and processes in the face of budget constraints
- Strengthening governance and leadership for oversight, accountability and health system performance and improving Information management at all levels
- Ensuring Pandemic preparedness and response (PPR)



## PART C: MEASURING OUR PERFORMANCE

### **PROGRAMME 1: ADMINISTRATION**

#### **Programme Purpose**

Conduct the strategic management and overall administration of the Department of Health.

#### ***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

**Table 15: Programme 1 Outputs, Output Indicators and Targets**

Outputs	Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Audit outcome for regulatory audit expressed by AGSA	<b>1. Audit outcome for regulatory audit expressed by AGSA for the previous FY</b>	Qualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified
Pursue achievement of Universal Health Coverage through the implementation of the National Health Insurance to address inequity and financial hardship in accessing quality health care	<b>2. Number of districts capacitated to implement NHI Contracting unit sites</b>	Not monitored	Not monitored	Not monitored	Not monitored	4	9	11

**Table 16: Programme 1 Output Indicator Quarterly Targets**

Indicator Name	2025/26				
	Annual targets	Q1	Q2	Q3	Q4
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>QUARTERLY INDICATORS</b>					
1. Audit outcome for regulatory audit expressed by AGSA	Unqualified	-	-	-	Unqualified
2. Number of districts capacitated to implement NHI Contracting unit sites	4	1	2	3	4

***Explanation of Planned Performance over the Medium-Term Period***

Outcome	Output	Contribution towards achieving the outcome
Reduced morbidity & mortality and Improved patient experience of care	Achievement of a clean audit outcome	The achievement of a clean audit implies that the department has good financial management, well-run operations and complies with regulations. All these are essential for the achievement of better health outcomes

**PROGRAMME RESOURCE CONSIDERATIONS**

**Table 17: Budget allocation Estimates 2024/25 (R'000) (Programme 1)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Office of the MEC	21,243	26,721	28,159	25,755	28,055	25,490	27,887	29,331	30,650
Management	1,018,758	1,093,597	1,051,439	1,342,194	1,324,876	1,505,012	1,373,135	1,447,189	1,512,313
<b>Sub-Total</b>	<b>1,040,001</b>	<b>1,120,318</b>	<b>1,079,598</b>	<b>1,367,949</b>	<b>1,352,931</b>	<b>1,530,502</b>	<b>1,401,022</b>	<b>1,476,520</b>	<b>1,542,963</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>1,040,001</b>	<b>1,120,318</b>	<b>1,079,598</b>	<b>1,367,949</b>	<b>1,352,931</b>	<b>1,530,502</b>	<b>1,401,022</b>	<b>1,476,520</b>	<b>1,542,963</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>924,989</b>	<b>1,037,028</b>	<b>1,023,299</b>	<b>1,305,347.606</b>	<b>1,272,983</b>	<b>1,434,595</b>	<b>1,326,853</b>	<b>1,398,940</b>	<b>1,461,892</b>
Compensation of employees	476,820	501,188	524,534	563,399.6062	540,400	534,550	570,129.1	596,815	623,672
Goods and services	447,671	535,102	498,318	741,948	732,583	893,657	756,724	802,125	838,220
Interest and rent on land	498	738	447	0	0	6388	0	0	0
<b>Transfers and subsidies</b>	<b>23,049</b>	<b>27,660</b>	<b>26,013</b>	<b>10,354</b>	<b>27,701</b>	<b>44,468</b>	<b>10,817</b>	<b>11,315</b>	<b>11,824</b>
Provinces and municipalities	6,426	5,098	4,216	4,965	4,965	5,196	5,187	5,426	5,670
Departmental agencies and accounts	0	0	4	1	1	6	1	1	1
Higher education institutions	0	0	0	0	0	0	0	0	0
Foreign governments and international organisations	0	0	0	0	0	0	0	0	0
Public corporations and private enterprises	0	0	0	0	0	0	0	0	0

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Non-profit institutions	0	0	0	0	0	0	0	0	0
Households	16,623	22,562	21,793	5,388	22,735	39,266	5,629	5,888	6,153
<b>Payments for capital assets</b>	<b>91,840</b>	<b>55,503</b>	<b>30,286</b>	<b>52,247</b>	<b>52,247</b>	<b>51,439</b>	<b>63,352</b>	<b>66,265</b>	<b>69,247</b>
Buildings and other fixed structures	0	0	0	0	0	0	0	0	0
Machinery and equipment	91,840	55,503	30,286	52,247	52,247	51,439	63,352	66,265	69,247
Heritage assets	0	0	0	0	0	0	0	0	0
Specialised military assets	0	0	0	0	0	0	0	0	0
Biological assets	0	0	0	0	0	0	0	0	0
Land and sub-soil assets	0	0	0	0	0	0	0	0	0
Software and other intangible assets	0	0	0	0	0	0	0	0	0
<b>Payments for financial assets</b>	<b>123</b>	<b>127</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>1,040,001</b>	<b>1,120,318</b>	<b>1,079,598</b>	<b>1,367,948.606</b>	<b>1,352,931</b>	<b>1,530,502</b>	<b>1,401,022</b>	<b>1,476,520</b>	<b>1,542,963</b>

Programme 1 is allocated 2.6% of the Vote 7 budget.



## **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 Organizations 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

**DISTRICT HEALTH SERVICES**

**Primary Health Care**

**Table 18: Primary Health Care Outputs, Output Indicators and Targets for 2025/26**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Patient Experience of Care survey rate	<b>1. Patient Experience of Care survey rate - PHC</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>98.5%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Number of facilities where Patient Experience of Survey done</i>	-	-	-	604	612	612	612
	<i>Fixed PHC clinics/fixed CHCs/CDCs</i>	-	-	-	613	612	612	612
Strengthen Primary Health Care (PHC) system by ensuring that home and community-based services, as well as clinics and Community Health Centres are well-resourced and appropriately staffed to provide the promotive, preventive curative, rehabilitative and palliative care services required for South Africa	<b>2. Number of school grade R learners screened</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>62 000</b>	<b>63 000</b>	<b>66 000</b>	<b>71 000</b>

**Table 19: Primary Health Care Output Indicator Quarterly and Annual Targets**

Indicator	2025/26				
	Annual Targets	Q1	Q2	Q3	Q4
<b>ANNUAL INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. Patient Experience of Care survey rate - PHC</b>	<b>100%</b>	-	-	-	<b>100%</b>
<i>Number of facilities where Patient Experience of Survey done</i>	612	-	-	-	612
<i>Fixed PHC clinics/ fixed CHCs/CDCs</i>	612	-	-	-	612
<b>2. Number of school grade R learners screened</b>	<b>63 000</b>	<b>25 000</b>	<b>41 000</b>	<b>50 000</b>	<b>63 000</b>

**District Hospitals**

**Table 20: District hospital Outputs, Output Indicators and Targets**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Patient Experience of Care survey rate	<b>1. Patient Experience of Care survey rate – District hospitals</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>95.3%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	<i>Number of facilities where Patient Experience of Survey done</i>	-	-	-	41	42	42	42

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
	<i>District hospitals</i>	-	-	-	43	42	42	42

**Table 21: District hospital Output Indicator Quarterly targets**

Indicator	2025/26				
	Annual Targets	Q1	Q2	Q3	Q4
<b>QUARTERLY INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. Patient Experience of Care survey rate – District hospitals</b>	<b>100.0%</b>	-	-	-	<b>100.0%</b>
<i>Number of facilities where Patient Experience of Survey done</i>	42	-	-	-	42
<i>District hospitals</i>	42	-	-	-	42

**HIV / TB AND SEXUALLY TRANSMITTED INFECTIONS (HAST)**

**Table 22: HAST Outputs, Output Indicators and Targets for 2025/25**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24		2024/25	2025/26	2026/27
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
HIV positive 5-14 years (excl. ANC) rate	<b>1. HIV positive 5-14 years (excl. ANC) rate</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>0.5%</b>	<b>0.6%</b>	<b>0.5%</b>	<b>0.5%</b>
	<i>HIV positive 5-14 years (excl. ANC)</i>	-	-	-	1 080	1 399	1 184	1 003
	<i>HIV test 5-14 years (excl. ANC)</i>	-	-	-	222 758	220 857	220 200	220 050
HIV positive 15-24 years (excl. ANC) rate	<b>2. HIV positive 15-24 years (excl. ANC) rate</b>	<b>2.2%</b>	<b>1.8%</b>	<b>1.8%</b>	<b>1.7%</b>	<b>1.8%</b>	<b>1.4%</b>	<b>1.4%</b>
	<i>HIV positive 15-24 years (excl. ANC)</i>	26 185	21 029	17 603	15 068	14 803	11 267	9 015
	<i>HIV test 15-24 years (excl. ANC)</i>	1 175 239	1 156 282	951 514	87 712	843 648	784 010	663 213
ART adult remain in care - total (ART quarterly outcome indicator)	<b>3. ART adult remain in care rate [12 months]</b>	<b>68.4%</b>	<b>67.5%</b>	<b>67.4%</b>	<b>73.4%</b>	<b>67.9%</b>	<b>68.4%</b>	<b>68.9%</b>
	<i>ART adult remain in care – total</i>	78 003	67 907	63 124	59 600	70 005	77 637	86 101
	<i>ART adult start minus cumulative transfer out</i>	113 994	100 530	93 598	81 160	103 049	113 454	124 910
ART child remain in care - total (ART quarterly outcome indicator)	<b>4. ART child remain in care rate [12 months]</b>	<b>76.6%</b>	<b>77.7%</b>	<b>78.5%</b>	<b>83.6%</b>	<b>78.9%</b>	<b>79.3%</b>	<b>79.6%</b>
	<i>ART child remain in care – total</i>	1 799	1 506	1 545	1 448	1 723	1 921	2 142
	<i>ART child start minus cumulative transfer out</i>	2 349	1 939	1 968	1 732	2 184	2 424	2 689
ART Adult Viral load under 50	<b>5. ART adult viral load suppressed rate (below 50) [12 months]</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>81.1%</b>	<b>81.8%</b>	<b>81.5%</b>	<b>81.9%</b>	<b>82.3%</b>

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24		2024/25	2025/26	2026/27
	<i>ART adult viral load under 50</i>	-	-	43 401	41 312	43 835	44 273	44 716
	<i>ART adult viral load done</i>	-	-	53 538	50 484	53 806	54 075	54 345
ART Child Viral load under 50	<b>6. ART child viral load suppressed rate (below 50) [12 months]</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>51.7%</b>	<b>50.2%</b>	<b>51.9%</b>	<b>52.2%</b>	<b>52.5%</b>
	<i>ART child viral load under 50</i>	-	-	700	568	707	714	721
	<i>ART child viral load done</i>	-	-	1 354	1 132	1 361	1 368	1 374
All DS-TB client successfully completed treatment	<b>7. All DS-TB client Treatment Success Rate</b>	<b>81.2%</b>	<b>82.6%</b>	<b>74.3%</b>	<b>83.5%</b>	<b>74.9%</b>	<b>75.5%</b>	<b>76.1%</b>
	<i>All DS-TB successfully completed treatment</i>	30 314	31 264	35 687	34 006	38 843	42 279	46 018
	<i>All DS-TB Treatment Start</i>	37 312	37 840	48 026	40 726	51 868	56 018	60 499
All RR-/MDR TB successfully completed treatment	<b>8. TB - Rifampicin resistant/Multidrug-Resistant Treatment Success Rate (RR/MDR-TB outcome data is reported 12 months later)</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>67.4%</b>	<b>68.5%</b>	<b>68.1%</b>	<b>68.8%</b>	<b>69.4%</b>
	<i>TB Rifampicin Resistant/Multidrug Resistant successfully completed treatment</i>	-	-	1 079	1 360	1 101	1 123	1 145
	<i>TB Rifampicin Resistant/Multidrug Resistant client started on treatment</i>	-	-	1 601	1 984	1 617	1 633	1 650
DS-TB Notifications	<b>9. Number of DS-TB treatment start 5 years and older</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>39 032</b>	<b>49 276</b>	<b>53 217</b>	<b>57 474</b>
	<b>10. Number of DS-TB treatment start under 5 years</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>1 694</b>	<b>2 592</b>	<b>2 801</b>	<b>3 025</b>

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24		2024/25	2025/26	2026/27
RR-TB Notifications	<b>11. TB Rifampicin resistant/Multidrug-Resistant treatment start</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>1 601</b>	<b>1 984</b>	<b>1 617</b>	<b>1 633</b>	<b>1 650</b>
ART adult remain on ART end of period	<b>12. ART adult remain on ART end of period</b>	<b>1 506 479</b>	<b>1 529 892</b>	<b>1 532 605</b>	<b>1 545 082</b>	<b>1 646 150</b>	<b>1 693 530</b>	<b>1 740 910</b>
ART child under 15 years remain on ART end of period	<b>13. ART child under 15 years remain on ART end of period</b>	<b>35 473</b>	<b>31 389</b>	<b>27 925</b>	<b>25 222</b>	<b>28 470</b>	<b>31 335</b>	<b>34 200</b>

Table 23: HAST Output Indicator Quarterly and Annual Targets

Indicator Name	2025/26				
	Annual targets	Q1	Q2	Q3	Q4
<b>QUARTERLY INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. HIV positive 5-14 years (excl. ANC) rate</b>	<b>0.6%</b>	<b>0.6%</b>	<b>0.6%</b>	<b>0.6%</b>	<b>0.6%</b>
<i>HIV positive 5-14 years (excl. ANC)</i>	1 399	350	700	1 050	1 400
<i>HIV test 5-14 years (excl. ANC)</i>	220 857	55 215	110 429	165 643	220 857
<b>2. HIV positive 15-24 years (excl. ANC) rate</b>	<b>1.8%</b>	<b>1.8%</b>	<b>1.8%</b>	<b>1.8%</b>	<b>1.8%</b>
<i>HIV positive 15-24 years (excl. ANC)</i>	14 803	3 701	7 402	11 103	14 803
<i>HIV test 15-24 years (excl. ANC)</i>	843 648	210 912	421 824	632 736	843 648
<b>3. ART adult remain in care rate [12 months]</b>	<b>67.9%</b>	<b>67.9%</b>	<b>67.9%</b>	<b>67.9%</b>	<b>67.9%</b>
<i>ART adult remain in care – total</i>	70 005	17 502	35 003	52 504	70 0056
<i>ART adult start minus cumulative transfer out</i>	103 049	25 763	51 525	77 287	103 049
<b>4. ART child remain in care rate [12 months]</b>	<b>78.9%</b>	<b>78.9%</b>	<b>78.9%</b>	<b>78.9%</b>	<b>78.8%</b>
<i>ART child remain in care – total</i>	1 723	431	862	1 293	1 723
<i>ART child start minus cumulative transfer out</i>	2 184	546	1 092	1 638	2 184
<b>5. ART adult viral load suppressed rate (below 50) [12 months]</b>	<b>81.5%</b>	<b>81.5%</b>	<b>81.5%</b>	<b>81.5%</b>	<b>81.5%</b>
<i>ART adult viral load under 50</i>	43 835	10 959	21 918	32 877	43 835
<i>ART adult viral load done</i>	53 806	13 452	13 452	13 451	13 451
<b>6. ART child viral load suppressed rate (below 50) [12 months]</b>	<b>51.9%</b>	<b>51.9%</b>	<b>52%</b>	<b>52%</b>	<b>51.9%</b>
<i>ART child viral load under 50</i>	707	177	354	531	707
<i>ART child viral load done</i>	1 361	341	681	1 021	1 361
<b>7. All DS-TB client Treatment Success Rate</b>	<b>74.9%</b>	<b>74.9%</b>	<b>74.9%</b>	<b>74.9%</b>	<b>74.9%</b>
<i>All DS-TB successfully completed treatment</i>	38 843	9 711	19 422	29 133	38 843
<i>All DS-TB Treatment Start</i>	51 868	12 967	25 934	38 901	51 868
<b>8. TB - Rifampicin resistant/Multidrug-Resistant Treatment Success Rate (RR/MDR-TB outcome data is reported 12 months later)</b>	<b>68.1%</b>	<b>68.1%</b>	<b>68.1%</b>	<b>68.1%</b>	<b>68.1%</b>
<i>TB Rifampicin Resistant/Multidrug Resistant successfully completed treatment</i>	1 101	276	551	826	1 101
<i>TB Rifampicin Resistant/Multidrug Resistant client started on treatment</i>	1 617	405	809	1 213	1 617
<b>9. Number of DS-TB treatment start 5 years and older</b>	<b>49 276</b>	<b>12 319</b>	<b>24 638</b>	<b>36 957</b>	<b>49 276</b>
<b>10. Number of DS-TB treatment start under 5 years</b>	<b>2 592</b>	<b>648</b>	<b>1 296</b>	<b>1 944</b>	<b>2 592</b>
<b>11. TB Rifampicin resistant/Multidrug-Resistant treatment start</b>	<b>1 617</b>	<b>405</b>	<b>809</b>	<b>1 213</b>	<b>1 617</b>
<b>12. ART adult remain on ART end of period</b>	<b>1 646 150</b>	<b>1570 349</b>	<b>1 595 616</b>	<b>1 620 883</b>	<b>1 646 150</b>

Indicator Name	2025/26				
	Annual targets	Q1	Q2	Q3	Q4
<b>13. ART child under 15 years remain on ART end of period</b>	<b>28 470</b>	26 034	26 846	27 658	28 470

**MATERNAL, WOMAN AND CHILD HEALTH INCLUDING NUTRITION (MCWHN)**

**Table 24: MCWHN Outputs, Output Indicators and Targets for 2025/26**

Output Statements	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Couple Year Protection	<b>1. Couple Year Protection Rate</b>	<b>60.3%</b>	<b>57.6%</b>	<b>63.4%</b>	<b>60.6%</b>	<b>64.0%</b>	<b>65.3%</b>	<b>70.9%</b>
	<i>Couple year protection</i>	1 877 397	1 812 772	2 016 303	2 074 593	2 223 982	2 300 080	2 530 090
	<i>Population 15-49 years females</i>	3 115 857	3 148 064	3 180 357	3 425 614	3 475 173	3 524 261	3 570 302
Prevent Adolescent Pregnancy	<b>2. Number of deliveries 10 - 14 years in facility</b>	<b>993</b>	<b>794</b>	<b>610</b>	<b>580</b>	<b>537</b>	<b>537</b>	<b>537</b>
Increase Percentage (80%) of pregnant women attend ANC before 20 weeks	<b>3. Antenatal 1st visit before 20 weeks rate</b>	<b>73.7%</b>	<b>73.8%</b>	<b>76.3%</b>	<b>77.6%</b>	<b>76.5%</b>	<b>76.8%</b>	<b>77.1%</b>
	<i>Antenatal 1st visit before 20 weeks</i>	159 161	161 876	143 747	133 368	155 965	169 223	183 606
	<i>Antenatal 1st visit – total</i>	215 821	219 299	188 430	171 964	203 758	220 333	238 256
Increase Percentage (80%) of mothers attend postnatal care between 0 – 6 days	<b>4. Mother postnatal visit within 6 days rate</b>	<b>80.0%</b>	<b>83.5%</b>	<b>83.2%</b>	<b>83.7%</b>	<b>83.4%</b>	<b>83.5%</b>	<b>83.6%</b>
	<i>Mother postnatal visit within 6 days after delivery</i>	163 512	168 633	144 570	145 864	157 581	171 764	187 222
	<i>Delivery in facility total</i>	204 450	201 873	173 756	174 324	189 056	205 703	223 816
Birth infant PCR positive rate <0.4%	<b>5. Infant 1st PCR test positive at birth rate</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>0.3%</b>	<b>0.35%</b>	<b>0.28%</b>	<b>0.23%</b>
	<i>Infant 1st PCR test positive at birth</i>	-	-	-	140	221	198	179
	<i>Infant 1st PCR test at birth</i>	-	-	-	49 098	63 970	71 160	79 159
	<b>6. Immunisation under 1 year coverage</b>	<b>94.8%%</b>	<b>92.2%</b>	<b>94.6%</b>	<b>84.9%</b>	<b>95%</b>	<b>95.5%</b>	<b>96.1%</b>
	<i>Immunised fully under 1 year new</i>	242 394	234 249	238 928	212 832	249 679	252 500	254 000

Output Statements	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
90% of children are fully immunised by one year of age	<i>Population under 1 year</i>	255 744	254 035	252 494	250 824	262 851	264 434	264 311
95% of children receive two doses of measles containing vaccine	<b>7. MR 2nd dose 1 year coverage</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>89.2%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>
	<i>MR 2nd dose</i>	-	-	-	225 441	246 900	238 970	238 970
	<i>Target population 1 year</i>	-	-	-	251 547	259 894	251 547	251 547
Deaths in children under five years of age from pneumonia; diarrhoea and malnutrition are reduced 5% annually	<b>8. Child under 5 years diarrhoea case fatality rate</b>	<b>1.7%</b>	<b>1.8%</b>	<b>1.2%</b>	<b>1.8%</b>	<b>1.2%</b>	<b>1.1%</b>	<b>1%</b>
	<i>Diarrhoea death under 5 year</i>	138	184	127	132	117	107	99
	<i>Diarrhoea separation under 5 year</i>	8 296	10,170	10,338	7 324	10 028	9 727	9 4 35
Deaths in children under five years of age from pneumonia; diarrhoea and malnutrition are reduced 5% annually	<b>9. Child under 5 years pneumonia case fatality rate</b>	<b>2.1%</b>	<b>1.9%</b>	<b>2%</b>	<b>1.3%</b>	<b>2.0%</b>	<b>1.9%</b>	<b>1.8%</b>
	<i>Pneumonia death under 5 years</i>	185	220	222	164	211	200	190
	<i>Pneumonia separation under 5 years</i>	8 759	11,443	10,840	12 628	10 786	10 732	10 678
Deaths in children under five years of age from pneumonia; diarrhoea and malnutrition are reduced 5% annually	<b>10. Child under 5 years severe acute malnutrition case fatality rate</b>	<b>10.3%</b>	<b>9.2%</b>	<b>6.9%</b>	<b>6.3%</b>	<b>6.7%</b>	<b>6.4%</b>	<b>6.2%</b>
	<i>Severe acute malnutrition (SAM) death under 5 years</i>	185	206	149	124	136	123	112
	<i>Severe acute malnutrition inpatient separation under 5 years</i>	1 804	2,236	2,159	1 976	2 029	1 908	1 793

Output Statements	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Prevent Cervical Cancer	<b>11. Cervical Cancer Screening Coverage</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>68.9%</b>	<b>65.7%</b>	<b>69.6%</b>	<b>70.3%</b>	<b>71%</b>
	<i>Cervical cancer screening done</i>	-	-	265 194	255 476	270 498	275 908	281 426
	<i>[(80% women aged 30-50yrs/10)+(20% women aged 20 years and above /3)</i>	-	-	384 565	388 972	388 411	392 295	396 218

Table 25: MCWHN Indicator Quarterly and Annual Targets

Indicator Name	2025/26				
	Annual targets	Q1	Q2	Q3	Q4
<b>QUARTERLY INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. Couple Year Protection Rate</b>	<b>64.0%</b>	<b>64%</b>	<b>64%</b>	<b>64%</b>	<b>64%</b>
<i>Couple year protection</i>	2 056 629	514 158	1 028 315	1 542 472	2 056 629
<i>Population 15-49 years females</i>	3 212 938	803 235	1 606 470	2 409 704	3 212 938
<b>2. Number of deliveries 10 - 14 years in facility</b>	<b>537</b>	<b>135</b>	<b>269</b>	<b>403</b>	<b>537</b>
<b>3. Antenatal 1st visit before 20 weeks rate</b>	<b>76.5%</b>	<b>76.5%</b>	<b>76.5%</b>	<b>76.5%</b>	<b>76.5%</b>
<i>Antenatal 1st visit before 20 weeks</i>	155 965	38 992	77 983	116 974	155 965
<i>Antenatal 1st visit – total</i>	203 758	50 940	101 880	152 819	203 758
<b>4. Mother postnatal visit within 6 days rate</b>	<b>83.4%</b>	<b>83.4%</b>	<b>83.4%</b>	<b>83.4%</b>	<b>83.4%</b>
<i>Mother postnatal visit within 6 days after delivery</i>	157 581	39 396	78 791	118 186	157 581
<i>Delivery in facility total</i>	189 056	47 264	94 528	141 792	189 056
<b>5. Infant 1st PCR test positive at birth rate</b>	<b>0.35%</b>	<b>0.35%</b>	<b>0.35%</b>	<b>0.35%</b>	<b>0.35%</b>
<i>Infant 1st PCR test positive at birth</i>	221	56	111	166	221
<i>Infant 1st PCR test at birth</i>	63 970	15 993	31 986	47 978	63 970
<b>6. Immunisation under 1 year coverage</b>	<b>95%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95%</b>
<i>Immunised fully under 1 year new</i>	249 679	62 420	124 840	187 260	249 679
<i>Population under 1 year</i>	262 851	65 713	131 426	197 139	262 851
<b>7. MR 2nd dose 1 year coverage</b>	<b>95.0%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95.0%</b>
<i>MR 2nd dose</i>	246 900	61 725	123 450	185 175	246 900
<i>Target population 1 year</i>	259 894	64 974	129 948	194 921	259 894
<b>8. Child under 5 years diarrhoea case fatality rate</b>	<b>1.2%</b>	<b>1.2%</b>	<b>1.2%</b>	<b>1.2%</b>	<b>1.2%</b>
<i>Diarrhoea death under 5 year</i>	117	30	59	88	117
<i>Diarrhoea separation under 5 year</i>	10 028	2 507	5 014	7 521	10 028
<b>9. Child under 5 years pneumonia case fatality rate</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>
<i>Pneumonia death under 5 years</i>	211	53	106	159	211
<i>Pneumonia separation under 5 years</i>	10 786	2 697	5 394	8 090	10 786
<b>10. Child under 5 years severe acute malnutrition case fatality rate</b>	<b>6.7%</b>	<b>6.7%</b>	<b>6.7%</b>	<b>6.7%</b>	<b>6.7%</b>
<i>Severe acute malnutrition (SAM) death under 5 years</i>	136	34	68	102	136

Indicator Name	2025/26				
	Annual targets	Q1	Q2	Q3	Q4
<i>Severe acute malnutrition inpatient separation under 5 years</i>	2 029	508	1 015	1 522	2 029
<b>11. Cervical Cancer Screening Coverage</b>	<b>69.6%</b>	<b>69.6%</b>	<b>69.6%</b>	<b>69.4%</b>	<b>69.6%</b>
<i>Cervical cancer screening done</i>	270 498	67 625	135 250	202 874	270 498
<i>[(80% women aged 30-50yrs/10)+(20% women aged 20 years and above /3)</i>	388 411	97 103	194 206	291 309	388 411

**DISEASE PREVENTION AND CONTROL (DPC)**

**Table 26: Disease Prevention and Control Outputs, Output Indicators and Targets for 2025/26**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Malaria deaths reported	<b>1. Malaria case fatality rate</b>	<b>1.9%</b>	<b>1.7%</b>	<b>1.2%</b>	<b>0.7%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
	<i>Malaria death reported</i>	14	13	12	4	0	0	0
	<i>Malaria case reported</i>	749	783	1 013	536	842	699	581
PHC mental disorders treated	<b>2. PHC Mental Disorders Treatment Rate New</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>0.03%</b>	<b>0.01%</b>	<b>0.01%</b>	<b>0.01%</b>
	<i>PHC client treated for mental disorders - new</i>	-	-	-	6 500	2 492	2518	2543
	<i>PHC headcount - total</i>	-	-	-	24 679 148	24 925 939	25 175 199	25 426 951
Mental Health Care providers appointed at Primary Health Care	<b>3. Percentage of Community Health Centres (CHCs) with at least one mental health provider appointed (Psychiatrist, Medical Doctor with a post-basic diploma in psychiatry, Psychologist, Social Worker, Occupational Therapist, Registered Counsellor, and Psychiatric nurse)</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Community Health Centres (CHCs) with at least one mental health provider appointed</i>	-	-	-	23	23	23	23
	<i>Community Health Centres (CHCs)</i>	-	-	-	23	23	23	23

**Table 27: Disease Prevention and Control Output Indicator Quarterly and Annual Targets**

Indicator Name	2025/25				
	Annual targets	Q1	Q2	Q3	Q4
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>QUARTERLY INDICATORS</b>					
<b>1. Malaria case fatality rate</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<i>Malaria death reported</i>	0	0	0	0	0
<i>Malaria case reported</i>	842	211	422	632	842
<b>2. PHC Mental Disorders Treatment Rate New</b>	<b>0.01%</b>	<b>0.01%</b>	<b>0.01%</b>	<b>0.01%</b>	<b>0.01%</b>
<i>PHC client treated for mental disorders - new</i>	2 492	623	1 246	1 869	2 492
<i>PHC headcount - total</i>	24 925 939	6 231 485	12 462 970	18 694 455	24 925 939
<b>3. Percentage of Community Health Centres (CHCs) with at least one mental health provider appointed</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<i>Community Health Centres (CHCs) with at least one mental health provider appointed</i>	23	23	23	23	23
<i>Community Health Centres (CHCs)</i>	23	23	23	23	23

**EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD:**

<b>Outcome</b>	<b>Issues identified from the situational analysis</b>	<b>Output</b>	<b>Contribution towards achieving the outcome</b>
Reduced morbidity & mortality and Improved patient experience of care	Maternal mortality ratio, neonatal death rate, and death under 5 years rate highest in uMgungundlovu district	Couple Year Protection	Unplanned pregnancies expose pregnant women to complications, e.g., illegal abortions, and preventing them results to less morbidity and mortality
		Prevent Adolescent Pregnancy	Unplanned pregnancies expose pregnant women to complications, e.g., illegal abortions, and preventing them results to less morbidity and mortality
		Increase Percentage (80%) of pregnant women attend ANC before 20 weeks	Early attendance of the Antenatal clinic results to early detection of complications which may lead to disease and death
		Increase Percentage (80%) of mothers attend postnatal care between 0 – 6 days	Early attendance of the Postnatal clinic results to early detection of complications which may lead to disease and death
		90% of children are fully immunised by one year of age	Vaccinated children are protected from diseases which may result to death, and they do not transmit the diseases they are vaccinated against

Outcome	Issues identified from the situational analysis	Output	Contribution towards achieving the outcome
		95% of children receive two doses of measles containing vaccine	Vaccinated children are protected from diseases which may result to death, and they do not transmit the diseases they are vaccinated against
	High number of neoplasms diagnosed	Prevent Cervical Cancer	Early detection of cervical cancer results to the arrest of its development and as a result prevent death attributable to it.
	Treatment start rate targets for both drug-susceptible and Rifampicin-resistant TB not achieved.	Clients with Rifampicin-resistant or multi drug-resistant TB started on treatment	Starting TB patients results to them being cured. Cured patients do not die from TB and they do not transmit TB.
		DS-TB Notifications	Starting TB patients on treatment results to them being cured. Cured patients do not die from TB and they do not transmit TB.
		RR-TB Notifications	Identifying and starting TB patients on treatment early increases their prognosis and limits the transmission of TB. Cured patients do not die from TB and they do not transmit TB.
uMkhanyakude district being the only district with HIV as the	ART adult remain in care - total	Retaining patients on ART in care results to them protected them from	

Outcome	Issues identified from the situational analysis	Output	Contribution towards achieving the outcome
	leading cause of death		opportunistic infections. Patients who remain in care, are more likely to have undetectable viral load.
		ART child remain in care - total	Retaining patients on ART in care results to them protected them from opportunistic infections. Also, they do not transmit HIV when their viral loads are undetectable
		PHC mental disorders treated	Mental disorders predisposes a person to other diseases such as injuries and infections. Treating them results to reduced morbidity and mortality
Reduced morbidity & mortality and improved patient experience of care		Patient Experience of Care survey rate	The conducting of Patient Experience of Care Surveys ensures that the department identifies what needs to be improved from the perspective of the service beneficiary and as a result achieve the improvement of the client experience of care

**PROGRAMME RESOURCE CONSIDERATIONS**

**Table 28: Budget allocation Estimates 2025/26 (R'000) (Programme 2)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	2021/22	2022/23	2023/24				2024/25	2025/26	2026/27
District Management	345,336	353,072	371,834	379,703	379,964	400,328	399,732	419,117	437,977
Community Health Clinics	4,602,318	5,090,933	5,644,577	5,992,062	5,989,572	6,196,666	6,361,895	6,694,474	6,999,835
Community Health Centres	2,029,292	1,723,106	2,296,610	2,452,708	2,464,515	2,628,868	2,583,210	2,713,874	2,835,999
Community Based Services	333,169	944,883	1,069,747	1,207,716	1,207,716	1,206,878	1,283,994	1,314,540	1,359,744
Other Community Services	4,754,847	3,896,066	1,878,222	1,652,508	1,527,462	1,482,278	1,573,288	1,647,433	1,721,565
HIV and AIDS	6,817,236	6,512,292	6,172,076	6,661,021	6,661,021	6,661,021	6,721,157	7,030,229	7,348,199
Nutrition	32,175	30,882	31,547	37,424	35,524	35,524	39,099	40,897	42,737
Coroner Services	272,956	281,252	300,017	325,670	313,970	304,262	333,813	350,256	366,018
District Hospitals	8,082,542	8,347,660	9,745,939	8,836,657	8,906, 577	10,608,751	9,495,834	10,031,130	10,577,495
<b>Sub-Total</b>	<b>27,269,871</b>	<b>27,180,146</b>	<b>27,510,569</b>	<b>27,545,469</b>	<b>27,486,321</b>	<b>29,524,576</b>	<b>28,792,022</b>	<b>30,241,950</b>	<b>31,689,569</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>27,269,871</b>	<b>27,180,146</b>	<b>27,510,569</b>	<b>27,545,469</b>	<b>27,486,321</b>	<b>29,524,576</b>	<b>28,792,022</b>	<b>30,241,950</b>	<b>31,689,569</b>
<b>Economic classification</b>									
Current payments	26,455,979	26,571,638	26,842,859	26,754,511	26,767,924	28,872,369	27,997,001	29,416,354	30,826,779

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Compensation of employees	17,102,838	17,295,821	17,592,471	1,6540,318	16,944,893	18,555,229	18,060,336	18,939,410	19,877,533
Goods and services	9,352,549	9,275,153	9,248,033	10,213,663	9,822,501	10,316,956	9,936,111	10,476,365	10,948,641
Interest and rent on land	592	664	2,355	530	530	184	554	579	605
<b>Transfers and subsidies</b>	<b>469,946</b>	<b>466,758</b>	<b>458,261</b>	<b>494,457</b>	<b>477,939</b>	<b>478,443</b>	<b>516,338</b>	<b>533,156</b>	<b>557,187</b>
Provinces and municipalities	249,303	263,662	271,839	286,945	286,351	286,351	299,800	306,096	319,908
Departmental agencies and accounts	80	45	143	61	61	56	63	66	69
Higher education institutions	0	0	0	0	0	0	0	0	0
Foreign governments and international organisations	0	0	0	0	0	0	0	0	0
Public corporations and private enterprises	0	0	0	0	0	0	0	0	0
Non-profit institutions	53,489	63,440	66,114	67,693	67,693	64,882	70,726	73,979	77,308
Households	167,074	139,611	120,165	139,758	123,834	127,154	145,749	153,015	159,902
<b>Payments for capital assets</b>	<b>343,434</b>	<b>141,403</b>	<b>209,147</b>	<b>296,501</b>	<b>240,458</b>	<b>173,685</b>	<b>278,683</b>	<b>292,440</b>	<b>305,603</b>
Buildings and other fixed structures	26	0	0	0	0	0	0	0	0
Machinery and equipment	343,408	141,403	209,147	296,501	240,458	173,685	278,683	292,440	305,603

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	2025/26
Heritage assets	0	0	0	0	0	0	0	0	0
Specialised military assets	0	0	0	0	0	0	0	0	0
Biological assets	0	0	0	0	0	0	0	0	0
Land and sub-soil assets	0	0	0	0	0	0	0	0	0
Software and other intangible assets	0	0	0	0	0	0	0	0	0
<b>Payments for financial assets</b>	<b>512</b>	<b>347</b>	<b>302</b>	<b>0</b>	<b>0</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>27,269,871</b>	<b>27,180,146</b>	<b>27,510,569</b>	<b>27,545,469</b>	<b>27,486,321</b>	<b>29,524,576</b>	<b>28,792,022</b>	<b>30,241,950</b>	<b>31,689,569</b>

Programme 2 is allocated 51.2% of the Vote 7 budget.

## **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 Services***

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 29: EMS Outputs, Output Indicators and Targets**

Outputs	Output Indicator	Audited   Performance			Estimated Performance	MTEF period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
EMS P1 urban response under 30 minutes	<b>1. EMS P1 urban response under 30 minutes rate</b>	<b>42.9%</b>	<b>41.9%</b>	<b>41.5%</b>	<b>43.3%</b>	<b>42.1%</b>	<b>42.7%</b>	<b>43.4%</b>
	<i>EMS P1 urban response under 30 minutes</i>	44 726	39 676	40 403	36 280	43 054	45 880	48 891
	<i>EMS P1 urban responses</i>	104 286	94 781	97 467	83 800	102 299	107 370	112 692
EMS P1 rural response under 60 minutes	<b>2. EMS P1 rural response under 60 minutes rate</b>	<b>51.1%</b>	<b>48.2%</b>	<b>46.6%</b>	<b>43.2%</b>	<b>46.9%</b>	<b>47.2%</b>	<b>47.6%</b>
	<i>EMS P1 rural response under 60 minutes</i>	74 251	70 063	66 474	62 400	67 671	68 889	70 129
	<i>EMS P1 rural responses</i>	145 328	145 497	142 744	144 608	144 268	145 808	147 365

**Table 30: EMS Output Indicators Quarterly and Annual Targets**

Indicator Name	2025/26				
	Annual Targets	Q1	Q2	Q3	Q4
<b>QUARTERLY INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. EMS P1 urban response under 30 minutes rate</b>	<b>42.1%</b>	<b>42.1%</b>	<b>42.1%</b>	<b>42.1%</b>	<b>42.1%</b>
EMS P1 urban response under 30 minutes	43 054	10 764	21 528	32 291	43 054
EMS P1 urban responses	102 299	25 575	51 150	76 725	102 299
<b>2. EMS P1 rural response under 60 minutes rate</b>	<b>46.9%</b>	<b>46.9%</b>	<b>46.9%</b>	<b>46.9%</b>	<b>46.9%</b>
EMS P1 rural response under 60 minutes	67 671	16 918	33 836	50 754	67 671
EMS P1 rural responses	144 268	36 067	72 134	108 201	144 268

**EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD:**

Outcome	Output	Explanation of how the output links with the outcome
Reduced morbidity & mortality and Improved patient experience of care	Rapid Emergency Medical Services Priority 1 response	Quick response by Emergency Medical Services within the “golden hour” ensures that those needing emergency health care are attended to before the development of complications and thus results to improved health outcomes

**PROGRAMME RESOURCE CONSIDERATIONS**

**Table 31: Budget allocation Estimates 2025/26 (R'000) (Programme 3)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Emergency Services	1,434,921	1,490,117	1,443,564	1,550,374	1,550,374	1,576,394	1,619,655	1,692,974	1,769,159
Planned Patient Transport	161,845	177,749	248,002	239,405	239,405	276,964	250,984	263,712	275,579
<b>Sub-Total</b>	<b>1,596,766</b>	<b>1,667,866</b>	<b>1,691,566</b>	<b>1,789,779</b>	<b>1,789,779</b>	<b>1,853,358</b>	<b>1,870,639</b>	<b>1,956,686</b>	<b>2,044,738</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>1,596,766</b>	<b>1,667,866</b>	<b>1,691,566</b>	<b>1,789,779</b>	<b>1,789,779</b>	<b>1,853,358</b>	<b>1,870,639</b>	<b>1,956,686</b>	<b>2,044,738</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>1,512,031</b>	<b>1,568,514</b>	<b>1,622,747</b>	<b>1,689,073</b>	<b>1,689,073</b>	<b>1,736,923</b>	<b>1,765,423</b>	<b>1,846,631</b>	<b>1,929,730</b>
Compensation of employees	1,189,352	1,221,376	1,260,578	1,296,010	1,296,010	1,314,466	1,349,116	1,405,719	1,468,978
Goods and services	322,675	346,688	362,146	393,063	393,063	422,452	416,307	440,912	460,752
Interest and rent on land	4	450	23	0	0	5	0	0	0
<b>Transfers and subsidies</b>	<b>13,920</b>	<b>16,657</b>	<b>7,202</b>	<b>7,137</b>	<b>7,137</b>	<b>6,424</b>	<b>7,456</b>	<b>7,799</b>	<b>8,150</b>
Provinces and municipalities	1,873	2,993	2,607	3,554	3,554	2,452	3,713	3,884	4,059

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23	2023/24	2024/25		2025/26	2026/27	2027/28
Departmental agencies and accounts	0	0	2	2	2	2	2	2	2
Higher education institutions	0	0	0	0	0	0	0	0	0
Foreign governments and international organisations	0	0	0	0	0	0	0	0	0
Public corporations and private enterprises	0	0	0	0	0	0	0	0	0
Non-profit institutions	0	0	0	0	0	0	0	0	0
Households	12,047	13,664	4,593	3,581	3,581	3,970	3,741	3,913	4,089
<b>Payments for capital assets</b>	<b>70,815</b>	<b>82,683</b>	<b>61,595</b>	<b>93,569</b>	<b>93,569</b>	<b>109,998</b>	<b>97,760</b>	<b>102,256</b>	<b>106,858</b>
Buildings and other fixed structures	0	0	0	0	0	0	0	0	0
Machinery and equipment	70,815	82,683	61,595	93,569	93,569	109,998	97,760	102,256	106,858
Heritage assets	0	0	0	0	0	0	0	0	0
Specialised military assets	0	0	0	0	0	0	0	0	0
Biological assets	0	0	0	0	0	0	0	0	0
Land and sub-soil assets	0	0	0	0	0	0	0	0	0
Software and other intangible assets	0	0	0	0	0	0	0	0	0

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	2025/26
Payments for financial assets	0	12	22	0	0	13	0	0	0
<b>Total</b>	<b>1,596,766</b>	<b>1,667,866</b>	<b>1,691,566</b>	<b>1,789,779</b>	<b>1,789,779</b>	<b>1,853,358</b>	<b>1,870,639</b>	<b>1,956,686</b>	<b>2,044,738</b>

Programme 3 is allocated 3.4% of the Vote 7 budget.

## **PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES (REGIONAL AND SPECIALISED)**

### **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.

#### ***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 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 Hospital***

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

**REGIONAL HOSPITALS**

**Table 32: Regional (General) Outputs, Output Indicators and Targets**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Patient Experience of Care survey rate	<b>1. Patient Experience of Care survey rate - Regional hospitals</b>	Not monitored	Not monitored	Not monitored	100%	100%	100%	100%
	<i>Number of facilities where Patient Experience of Survey done</i>	-	-	-	12	12	12	12
	<i>Regional hospitals</i>	-	-	-	12	12	12	12

**Table 33: Tuberculosis hospital Outputs, Output Indicators and Targets**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Patient Experience of Care survey rate	<b>2. Patient Experience of Care survey rate – Tuberculosis hospitals</b>	Not monitored	Not monitored	Not monitored	66.7%	100.0%	100.0%	100.0%
	<i>Number of facilities where Patient Experience of Survey done</i>	-	-	-	2	3	3	3
	<i>Tuberculosis hospitals</i>	-	-	-	3	3	3	3

**Table 34: Psychiatric - Mental hospital Outputs, Output Indicators and Targets**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Patient Experience of Care survey rate	<b>3. Patient Experience of Care survey rate – Psychiatric/Mental hospitals</b>	Not monitored	Not monitored	Not monitored	100%	100.0%	100.0%	100.0%
	<i>Number of facilities where Patient Experience of Survey done</i>	-	-	-	5	5	5	5
	<i>Psychiatric/Mental hospitals</i>	-	-	-	5	5	5	5

**Table 35: Sub-acute, Step down and Chronic Medical hospital Outputs, Output Indicators and Targets**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Patient Experience of Care survey rate	<b>4. Patient Experience of Care survey rate - Sub-acute, Step down and Chronic Medical hospital</b>	Not monitored	Not monitored	Not monitored	200%	100.0%	100.0%	100.0%
	<i>Number of facilities where Patient Experience of Survey done</i>	-	-	-	2	1	1	1
	<i>Sub-acute, Step down and Chronic Medical hospitals</i>	-	-	-	1	1	1	1

Table 36: Programme 4 Output Indicator Quarterly and Annual Targets

Indicator Name	2025/26				
	Annual targets	Q1	Q2	Q3	Q4
<b>QUARTERLY INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. Patient Experience of Care survey rate - Regional hospitals</b>	<b>100.0%</b>	-	-	-	<b>100.0%</b>
<i>Number of facilities where Patient Experience of Survey done</i>	12	-	-	-	12
<i>Regional hospitals</i>	12	-	-	-	12
<b>2. Patient Experience of Care survey rate – Tuberculosis hospitals</b>	<b>100.0%</b>	-	-	-	<b>100.0%</b>
<i>Number of facilities where Patient Experience of Survey done</i>	3	-	-	-	3
<i>Tuberculosis hospitals</i>	3	-	-	-	3
<b>3. Patient Experience of Care survey rate – Psychiatric/Mental hospitals</b>	<b>100.0%</b>	-	-	-	<b>100.0%</b>
<i>Number of facilities where Patient Experience of Survey done</i>	5	-	-	-	5
<i>Psychiatric/Mental hospitals</i>	5	-	-	-	5
<b>4. Patient Experience of Care survey rate - Sub-acute, Step down and Chronic Medical hospital</b>	<b>100.0%</b>	-	-	-	<b>100.0%</b>
<i>Number of facilities where Patient Experience of Survey done</i>	1	-	-	-	1
<i>Sub-acute, Step down and Chronic Medical hospitals</i>	1	-	-	-	1

***EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD***

<b>Outcome</b>	<b>Output</b>	<b>Explanation of how the output links with the outcome</b>
Reduced morbidity & mortality and improved patient experience of care	Patient Experience of Care survey rate	The conducting of Patient Experience of Care Surveys ensures that the department identifies what needs to be improved from the perspective of the service beneficiary and as a result achieve the improvement of the client experience of care

**PROGRAMME RESOURCE CONSIDERATIONS**

**Table 37: Budget allocation Estimates 2025/26 (R'000) (Programme 4)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	2025/26
General (Regional) Hospitals	9,916,354	10,432,675	11,297,258	11,103,367	11,267,967	12,218,611	11,661,719	12,212,748	12,852,472
Tuberculosis Hospitals	481,509	496,359	424,957	500,027	483,598	488,186	503,091	525,438	549,080
Psychiatric-Mental Hospitals	1,004,378	1,019,296	1,115,945	1,165,576	1,165,575	1,208,420	1,264,234	1,320,645	1,380,073
Sub-acute, Step-down and Chronic Medical Hospitals	322,245	366,697	329,060	426,737	410,345	402,441	435,871	456,399	476,936
Dental Training Hospital	21,270	19,500	20,406	20,661	20,661	21,019	21,671	22,668	23,686
<b>Sub-Total</b>	<b>11,745,756</b>	<b>12,334,527</b>	<b>13,187,626</b>	<b>13,216,368</b>	<b>13,340,137</b>	<b>14,338,677</b>	<b>13,886,586</b>	<b>14,537,898</b>	<b>15,282,247</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>11,745,756</b>	<b>12,334,527</b>	<b>13,187,626</b>	<b>13,216,368</b>	<b>13,340,137</b>	<b>14,338,677</b>	<b>13,886,586</b>	<b>14,537,898</b>	<b>15,282,247</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>11,386,381</b>	<b>12,175,507</b>	<b>13,025,048</b>	<b>12,911,519</b>	<b>13,069,695</b>	<b>14,108,876</b>	<b>13,587,939</b>	<b>14,224,645</b>	<b>14,954,899</b>
Compensation of employees	8,549,370	8,920,862	9,713,044	9577702	9613620	10366573	10186039	10668165	11238380
Goods and services	2,836,657	3,254,411	3,311,388	3,333,813	3,456,071	3,741,934	3,401,896	3,556,476	3,716,515
Interest and rent on land	354	234	616	4	4	369	4	4	4

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	2025/26
<b>Transfers and subsidies</b>	<b>211,951</b>	<b>118,498</b>	<b>91,587</b>	<b>94,265</b>	<b>84,458</b>	<b>82,450</b>	<b>98,488</b>	<b>103,018</b>	<b>107,654</b>
Provinces and municipalities	0	0	0	0	0	0	0	0	0
Departmental agencies and accounts	87	65	58	118	118	103	123	129	135
Higher education institutions	0	0	0	0	0	0	0	0	0
Foreign governments and international organisations	0	0	0	0	0	0	0	0	0
Public corporations and private enterprises	0	0	0	0	0	0	0	0	0
Non-profit institutions	3,989	0	0	0	0	0	0	0	0
Households	207,875	118,433	91,529	94,147	84,340	82,347	98,365	102,889	107,519
<b>Payments for capital assets</b>	<b>147,400</b>	<b>40,023</b>	<b>70,900</b>	<b>210,584</b>	<b>185,984</b>	<b>147,300</b>	<b>200,159</b>	<b>210,235</b>	<b>219,694</b>
Buildings and other fixed structures	0	0	0	0	0	0	0	0	0
Machinery and equipment	147,400	40,023	70,900	210,584	185,984	147,300	200,159	210,235	219,694
Heritage assets	0	0	0	0	0	0	0	0	0
Specialised military assets	0	0	0	0	0	0	0	0	0
Biological assets	0	0	0	0	0	0	0	0	0
Land and sub-soil assets	0	0	0	0	0	0	0	0	0

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	2025/26
Software and other intangible assets	0	0	0	0	0	0	0	0	0
<b>Payments for financial assets</b>	<b>24</b>	<b>499</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>11,745,756</b>	<b>12,334,527</b>	<b>13,187,626</b>	<b>13,216,368</b>	<b>13,340,137</b>	<b>14,338,677</b>	<b>13,886,586</b>	<b>14,537,898</b>	<b>15,282,247</b>

Programme 4 is allocated 24.6% of the Vote 7 budget.

## **PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS**

### **Programme Purpose**

To provide tertiary services and create a platform for training of health professionals.

#### ***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 create a platform for the training of Specialist health professionals.

**PROGRAMME 5**

**Table 38: Tertiary hospital Outputs, Output Indicators and Targets 2025/26**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24		2024/25	2025/26	2026/27
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Patient Experience of Care survey rate	<b>1. Patient Experience of Care survey rate - Tertiary hospitals</b>	Not monitored	Not monitored	Not monitored	100%	100.0%	100.0%	100.0%
	<i>Number of facilities where Patient Experience of Survey done</i>	-	-	-	3	3	3	3
	<i>Tertiary hospitals</i>	-	-	-	3	3	3	3

**Table 39: Central hospital Outputs, Output Indicators and Targets 2025/26**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24		2024/25	2025/26	2026/27
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Patient Experience of Care survey rate	<b>2. Patient Experience of Care survey rate - Central hospitals</b>	Not monitored	Not monitored	Not monitored	100%	100.0%	100.0%	100.0%
	<i>Number of facilities where Patient Experience of Survey done</i>	-	-	-	1	1	1	1
	<i>Central hospitals</i>	-	-	-	1	1	1	1

**Table 40: Programme 5 Output Indicator Quarterly and Annual Targets 2025/26**

Indicator Name	2025/26				
	Annual Target	Q1	Q2	Q3	Q4
<b>QUARTERLY INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. Patient Experience of Care survey rate - Tertiary Hospitals</b>	<b>100.0%</b>	-	-	-	<b>100.0%</b>
<i>Number of facilities where Patient Experience of Survey done</i>	3	-	-	-	3
<i>Tertiary hospitals</i>	3	-	-	-	3
<b>2. Patient Experience of Care survey rate - Central Hospitals</b>	<b>100.0%</b>	-	-	-	<b>100.0%</b>
<i>Number of facilities where Patient Experience of Survey done</i>	1	-	-	-	1
<i>Central hospitals</i>	1	-	-	-	1

**EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD**

Outcome	Output	Explanation of how the output links with the outcome
Reduced morbidity & mortality and improved patient experience of care	Patient Experience of Care survey rate	The conducting of Patient Experience of Care Surveys ensures that the department identifies what needs to be improved from the perspective of the service beneficiary and as a result achieve the improvement of the client experience of care

**PROGRAMME RESOURCE CONSIDERATIONS**

**Table 41: Budget allocation Estimates 2025/26 (R'000) (Programme 5)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Central Hospital Services	2,540,207	2,689,567	2,758,100	2,841,067	2,846,016	3,115,644	2,899,119	3,022,743	3,158,756
Provincial Tertiary Hospital Services	2,814,948	2,973,518	3,101,845	3,140,797	3,146,956	3,360,631	3,324,147	3,497,652	3,673,324
<b>Sub-Total</b>	<b>5,355,155</b>	<b>5,663,085</b>	<b>5,859,945</b>	<b>5,981,864</b>	<b>5,992,972</b>	<b>6,476,275</b>	<b>6,223,266</b>	<b>6,520,395</b>	<b>6,832,089</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>5,355,155</b>	<b>5,663,085</b>	<b>5,859,945</b>	<b>5,981,864</b>	<b>5,992,972</b>	<b>6,476,275</b>	<b>6,223,266</b>	<b>6,520,395</b>	<b>6,832,089</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>5,283,641</b>	<b>5,604,929</b>	<b>5,808,231</b>	<b>5,867,699</b>	<b>5,863,807</b>	<b>6,353,843</b>	<b>6,010,349</b>	<b>6,297,682</b>	<b>6,599,355</b>
Compensation of employees	3,175,808	3,268,583	3,456,875	3,419,631	3,423,939	3,642,461	3,452,222	3,621,882	3,803,143
Goods and services	2,107,833	2,336,320	2,351,356	2,448,068	2,439,868	2,709,787	2,558,127	2,675,800	2,796,212
Interest and rent on land	0	26	0	0	0	1,595	0	0	0
<b>Transfers and subsidies</b>	<b>27,517</b>	<b>24,457</b>	<b>13,395</b>	<b>47,743</b>	<b>52,743</b>	<b>53,366</b>	<b>49,882</b>	<b>52,177</b>	<b>54,524</b>
Provinces and municipalities	0	0	0	0	0	0	0	0	0

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Departmental agencies and accounts	63	97	96	86	86	123	90	94	98
Higher education institutions	0	0	0	0	0	0	0	0	0
Foreign governments and international organisations	0	0	0	0	0	0	0	0	0
Public corporations and private enterprises	0	0	0	0	0	0	0	0	0
Non-profit institutions	0	0	0	0	0	0	0	0	0
Households	27,454	24,360	13,299	47,657	52,657	53,243	49,792	52,083	54,426
<b>Payments for capital assets</b>	<b>43,997</b>	<b>33,644</b>	<b>38,177</b>	<b>66,422</b>	<b>76,422</b>	<b>69,022</b>	<b>163,035</b>	<b>170,536</b>	<b>178,210</b>
Buildings and other fixed structures	0	0	0	0	0	0	0	0	0
Machinery and equipment	43,997	33,644	38,177	66,422	76,422	69,022	163,035	170,536	178,210
Heritage assets	0	0	0	0	0	0	0	0	0
Specialised military assets	0	0	0	0	0	0	0	0	0
Biological assets	0	0	0	0	0	0	0	0	0
Land and sub-soil assets	0	0	0	0	0	0	0	0	0
Software and other intangible assets	0	0	0	0	0	0	0	0	0

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Payments for financial assets	0	55	142	0	0	44	0	0	0
<b>Total</b>	<b>5,355,155</b>	<b>5,663,085</b>	<b>5,859,945</b>	<b>5,981,864</b>	<b>5,992,972</b>	<b>6,476,275</b>	<b>6,223,266</b>	<b>6,520,395</b>	<b>6,832,089</b>

Programme 5 is allocated 11% of the Vote 7 budget and is 5.9% less than the 2024/25 revised estimate.

## **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 42: Health Sciences and Training Outputs, Output Indicators and Targets**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Provision of funding to address skills shortage and improve performance	<b>1. Number of Bursaries awarded to first year nursing students</b>	101	160	160	120	240	240	240
	<b>2. Number of internal employees awarded bursaries</b>	369	360	462	480	240	240	240

**Table 43: Programme 6: Output Indicator Quarterly and Annual Targets**

Indicator Name	2025/26 Period				
	Annual Targets	Q1	Q2	Q3	Q4
<b>QUARTERLY INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. Number of Bursaries awarded to first year nursing students</b>	<b>240</b>	-	-	-	<b>240</b>
<b>2. Number of internal employees awarded bursaries</b>	<b>240</b>	-	-	-	<b>240</b>

***EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD***

Outcome	Output	Explanation of how the output links with the outcome
Reduced morbidity & mortality and improved patient experience of care	Provision of funding to address skills shortage and improve performance	The Department of health requires highly skilled workforce to deliver on the outcomes of reducing morbidity and mortality. The Department ensures the supply of the skills by continually providing financial assistance to its employees and nursing students.

**PROGRAMME RESOURCE CONSIDERATIONS**

**Table 44: Budget allocation Estimates (R'000) (Programme 6)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Nursing Training Colleges	212,037	211,895	229,952	238,491	252,056	231,912	257,571	258,699	270,340
EMS Training Colleges	22,326	23,680	23,391	36,788	32,258	30,560	34,437	36,205	37,834
Bursaries	74,129	43,573	25,360	145,354	127,717	119,746	113,648	123,977	129,556
Primary Health Care Training	33,505	30,879	32,588	49,212	38,529	39,651	45,852	48,217	50,387
Training Other	1,020,190	1,028,879	1,029,331	1,082,405	1,051,937	1,058,959	1,138,455	1,191,897	1,265,087
<b>Sub-Total</b>	<b>1,362,187</b>	<b>1,338,906</b>	<b>1,340,622</b>	<b>1,552,250</b>	<b>1,502,497</b>	<b>1,480,828</b>	<b>1,589,963</b>	<b>1,658,995</b>	<b>1,753,204</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>1,362,187</b>	<b>1,338,906</b>	<b>1,340,622</b>	<b>1,552,250</b>	<b>1,502,497</b>	<b>1,480,828</b>	<b>1,589,963</b>	<b>1,658,995</b>	<b>1,753,204</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>1,267,526</b>	<b>1,277,569</b>	<b>1,298,950</b>	<b>1,380,783</b>	<b>1,365,735</b>	<b>1,352,851</b>	<b>1,456,618</b>	<b>1,517,410</b>	<b>1,605,248</b>
Compensation of employees	1,230,693	1,234,400	1,240,496	1,298,433	1,262,731	1,257,240	1,351,091	1,414,938	1,498,167
Goods and services	36,833	43,168	58,454	82,350	103,004	95,611	105,527	102,472	107,081
Interest and rent on land	0	1	0	0	0	0	0	0	0
<b>Transfers and subsidies</b>	<b>92,096</b>	<b>59,295</b>	<b>39,440</b>	<b>157,779</b>	<b>128,074</b>	<b>124,311</b>	<b>119,043</b>	<b>126,626</b>	<b>132,324</b>

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	2025/26
Provinces and municipalities	0	0	0	0	0	0	0	0	0
Departmental agencies and accounts	23,248	23,248	25,436	26,581	26,581	26,581	27,772	29,050	30,357
Higher education institutions	0	0	0	0	0	0	0	0	0
Foreign governments and international organisations	0	0	0	0	0	0	0	0	0
Public corporations and private enterprises	0	0	0	0	0	0	0	0	0
Non-profit institutions	0	0	0	0	0	0	0	0	0
Households	68,848	36,047	14,004	131,198	101,493	97,730	91,271	97,576	101,967
<b>Payments for capital assets</b>	<b>2,564</b>	<b>2,042</b>	<b>2,232</b>	<b>13,688</b>	<b>8,688</b>	<b>3,666</b>	<b>14,302</b>	<b>14,959</b>	<b>15,632</b>
Buildings and other fixed structures	0	0	0	0	0	0	0	0	0
Machinery and equipment	2,564	2,042	2,232	13,688	8,688	3,666	14,302	14,959	15,632
Heritage assets	0	0	0	0	0	0	0	0	0
Specialised military assets	0	0	0	0	0	0	0	0	0
Biological assets	0	0	0	0	0	0	0	0	0
Land and sub-soil assets	0	0	0	0	0	0	0	0	0
Software and other intangible assets	0	0	0	0	0	0	0	0	0

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Payments for financial assets	1	0	0	0	0	0	0	0	0
<b>Total</b>									
	1,362,187	1,338,906	1,340,622	1,552,250	1,502,497	1,480,828	1,589,963	1,658,995	1,753,204

Programme 6 is allocated 3% of the Vote 7 budget.

## **PROGRAMME 7: HEALTH CARE SUPPORT SERVICES**

### **Programme Purpose**

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

#### ***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.

**Table 45: Programme 7: Outputs, Output Indicators and Targets**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Uninterrupted supply of essential medicines	<b>1. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)</b>	<b>6.8%</b>	<b>3.9%</b>	<b>2.5%</b>	<b>0.4%</b>	<b>2.4%</b>	<b>2.3%</b>	<b>2.2%</b>
	<i>Number of medicines out of stock</i>	63	<b>36</b>	<b>23</b>	<b>4</b>	22	21	20
	<i>Total number of tracer medicines expected to be in stock</i>	924	<b>924</b>	<b>924</b>	<b>924</b>	924	924	924
	<b>2. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)</b>	<b>1.7%</b>	<b>1.4%</b>	<b>1.9%</b>	<b>1.8%</b>	<b>1.6%</b>	<b>1.4%</b>	<b>1.2%</b>
	<i>Number of Tracer medicines stock out in bulk store</i>	10 709	8 160	12 812	10 576	12 171	11 563	10 985
	<i>Number of tracer medicines expected to be stocked in the bulk store</i>	616 162	577 068	687 906	602 508	749 577	816 777	890 001

**Table 46: Programme 7: Output Indicator Quarterly and Annual Targets**

Indicator Name	2025/26				
	Annual targets	Q1	Q2	Q3	Q4
<b>QUARTERLY INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)</b>	<b>2.4%</b>	<b>2.6%</b>	<b>2.6%</b>	<b>2.5%</b>	<b>2.4%</b>
<i>Number of medicines out of stock</i>	22	6	12	17	22
<i>Total number of tracer medicine expected to be in stock</i>	924	231	462	693	924
<b>2. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)</b>	<b>1.6%</b>	<b>1.6%</b>	<b>1.6%</b>	<b>1.6%</b>	<b>1.6%</b>
<i>Number of Tracer medicines stock out in bulk store</i>	12 171	3 043	6 086	9 129	12 171
<i>Number of tracer medicines expected to be stocked in the bulk store</i>	749 577	187 395	374 789	562 183	749 577

***EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD***

<b>Outcome</b>	<b>Output</b>	<b>Explanation of how the output links with the outcome</b>
Reduced morbidity & mortality and improved patient experience of care	Uninterrupted supply of essential medicines	The prevention of deaths and management of diseases always require availability of essential medicines

**PROGRAMME RESOURCE CONSIDERATIONS**

**Table 47: Budget allocation Estimates 2025/26 (R'000) (Programme 7)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Medicine Trading Account	70,219	69,028	86,930	82,210	82,210	83,995	89,683	93,810	98,030
Laundry Services	188,976	178,194	209,979	217,900	210,942	211,054	229,468	240,026	250,828
Orthotic and Prosthetic Services	58,964	63,114	59,302	71,124	67,124	65,463	75,588	79,064	82,620
<b>Sub-Total</b>	<b>318,159</b>	<b>310,336</b>	<b>356,211</b>	<b>371,234</b>	<b>360,276</b>	<b>360,512</b>	<b>394,739</b>	<b>412,900</b>	<b>431,478</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>318,159</b>	<b>310,336</b>	<b>356,211</b>	<b>371,234</b>	<b>360,276</b>	<b>360,512</b>	<b>394,739</b>	<b>412,900</b>	<b>431,478</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>309,839</b>	<b>307,649</b>	<b>351,910</b>	<b>357,642</b>	<b>357,642</b>	<b>357,669</b>	<b>380,539</b>	<b>398,046</b>	<b>415,955</b>
Compensation of employees	161,735	165,124	174,011	184,034	178,034	176,142	199,154	208,315	217,689
Goods and services	148,104	142,525	177,898	173,608	179,608	181,527	181,385	189,731	198,266
Interest and rent on land	0	0	0	0	0	0	0	0	0
<b>Transfers and subsidies</b>	<b>803</b>	<b>782</b>	<b>1,603</b>	<b>991</b>	<b>991</b>	<b>1,160</b>	<b>1,035</b>	<b>1,083</b>	<b>1,132</b>
Provinces and municipalities	0	0	0	0	0	0	0	0	0

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	2021/22	2022/23	2023/24				2024/25		2025/26
Departmental agencies and accounts	0	0	0	0	0	0	0	0	0
Higher education institutions	0	0	0	0	0	0	0	0	0
Foreign governments and international organisations	0	0	0	0	0	0	0	0	0
Public corporations and private enterprises	0	0	0	0	0	0	0	0	0
Non-profit institutions	0	0	0	0	0	0	0	0	0
Households	803	782	1,603	991	991	1,160	1,035	1,083	1,132
<b>Payments for capital assets</b>	<b>7,516</b>	<b>1,905</b>	<b>2,664</b>	<b>12,601</b>	<b>1,643</b>	<b>1,683</b>	<b>13,165</b>	<b>13,771</b>	<b>14,391</b>
Buildings and other fixed structures	0	0	0	0	0	0	0	0	0
Machinery and equipment	7,516	1,905	2,664	12,601	1,643	1,683	13,165	13,771	14,391
Heritage assets	0	0	0	0	0	0	0	0	0
Specialised military assets	0	0	0	0	0	0	0	0	0
Biological assets	0	0	0	0	0	0	0	0	0
Land and sub-soil assets	0	0	0	0	0	0	0	0	0
Software and other intangible assets	0	0	0	0	0	0	0	0	0
<b>Payments for financial assets</b>	<b>1</b>	<b>0</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates			
	R'000	2021/22	2022/23				2023/24	2024/25		2025/26
<b>Total</b>		<b>318,159</b>	<b>310,336</b>	<b>356,211</b>	<b>371,234</b>	<b>360,276</b>	<b>360,512</b>	<b>394,739</b>	<b>412,900</b>	<b>431,478</b>

Programme 7 is allocated 0.7% of the Vote 7 budget.



## **PROGRAMME 8: HEALTH FACILITIES MANAGEMENT**

### **Programme Purpose**

Provision of new health facilities and the refurbishment, upgrading and maintenance of existing health facilities.

### ***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 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 48: Programme 8: Outputs, Output Indicators and Targets**

Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Period		
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>								
Provision of preventative infrastructure maintenance to prevent failure	<b>1. Percentage of preventative maintenance expenditure</b>	<b>37.1%</b>	<b>49.9%</b>	<b>46.7%</b>	<b>39.2%</b>	<b>47.6%</b>	<b>47.6%</b>	<b>47.6%</b>
	<i>Expenditure on Preventative Maintenance Activities (R '000)</i>	R 82 172	R 131 667	R 115 000	88 240	R 105 000	R 105 000	R 105 000
	<i>Expenditure on Preventative Maintenance plus Day-to-day Maintenance (R '000)</i>	R 221 219	R 263 781	R 246 312	225 381	R 220 760	R 220 760	R 220 760
Completion of renovation and refurbishing projects	<b>2. Number of Capital Infrastructure Projects completed</b>	<b>66</b>	<b>147</b>	<b>100</b>	<b>160</b>	<b>40</b>	<b>40</b>	<b>40</b>
Improve resource management by optimizing human resources and healthcare infrastructure and implementing a single electronic record	<b>3. Number of public health facilities (clinics, hospitals, nursing colleges, EMS base station) maintained or refurbished</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>600</b>	<b>600</b>	<b>600</b>	<b>600</b>
	<b>4. Number of Renovations, Refurbishment &amp; Rehabilitation projects completed</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>Not monitored</b>	<b>10</b>	<b>12</b>	<b>42</b>	<b>65</b>

**Table 49: Programme 8: Output Indicator Quarterly and Annual Targets**

Indicator Name	2025/26				
	Annual Targets	Q1	Q2	Q3	Q4
<b>QUARTERLY INDICATORS</b>					
<b>OUTCOME: REDUCED MORBIDITY &amp; MORTALITY AND IMPROVED CLIENT EXPERIENCE OF CARE</b>					
<b>1. Percentage of preventative maintenance expenditure</b>	<b>47.6%</b>	<b>47.6%</b>	<b>47.6%</b>	<b>47.6%</b>	<b>47.6%</b>
<i>Expenditure on Preventative Maintenance Activities (R '000)</i>	<i>R 105 000</i>	<i>R 26 250</i>	<i>R 52 500</i>	<i>R 78 750</i>	<i>R 105 000</i>
<i>Expenditure on Preventative Maintenance plus Day-to-day Maintenance (R '000)</i>	<i>R 220 760</i>	<i>R 55 190</i>	<i>R 110 380</i>	<i>R 165 570</i>	<i>R 220 760</i>
<b>2. Number of Capital Infrastructure Projects completed</b>	<b>40</b>	<b>10</b>	<b>20</b>	<b>30</b>	<b>40</b>
<b>3. Number of public health facilities (clinics, hospitals, nursing colleges, EMS base station) maintained or refurbished</b>	<b>600</b>	-	-	-	<b>600</b>
<b>4. Number of Renovations, Refurbishment &amp; Rehabilitation projects completed</b>	<b>12</b>	-	-	-	<b>12</b>

**EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD**

Outcome	Output	Explanation of how the output links with the outcome
Reduced morbidity & mortality and improved patient experience of care	Provision of preventative infrastructure maintenance to prevent failure	The infrastructure that is fit for purpose is crucial for the improvement of health outcomes.
	Completion of renovation and refurbishing projects	

**PROGRAMME RESOURCE CONSIDERATIONS**

**Table 50: Budget allocation Estimates 2024/25 (R'000) (Programme 8)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
Community Health Facilities	294,055	482,804	719,183	630,653	518,655	505,704	620,532	620,761	654,442
District Hospital Services	465,265	529,573	368,081	333,917	381,362	385,615	369,080	409,255	427,672
Emergency Medical Services	-	-	-	-	-	-	-	-	-
Provincial Hospital Services	901,083	570,408	442,925	616,870	540,789	543,295	608,758	603,948	568,699
Central Hospital Services	35,616	60,881	52,967	18,700	66,902	67,289	19,400	21,062	22,010
Other Facilities	246,063	269,010	324,529	371,839	464,271	470,076	435,794	340,450	355,770
<b>Sub-Total</b>	<b>1,942,082</b>	<b>1,912,676</b>	<b>1,907,685</b>	<b>1,971,979</b>	<b>1,971,979</b>	<b>1,971,979</b>	<b>2,053,564</b>	<b>1,995,476</b>	<b>2,028,593</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>1,942,082</b>	<b>1,912,676</b>	<b>1,907,685</b>	<b>1,971,979</b>	<b>1,971,979</b>	<b>1,971,979</b>	<b>2,053,564</b>	<b>1,995,476</b>	<b>2,028,593</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>753,619</b>	<b>810,229</b>	<b>1,100,387</b>	<b>562,397</b>	<b>815,169</b>	<b>815,169</b>	<b>562,554</b>	<b>518,084</b>	<b>609,571</b>
Compensation of employees	96,731	91,730	108,114	96,951	107,367	107,367	108,467	102,502	107,114
Goods and services	656,888	718,499	992,273	465,446	707,802	707,802	454,087	415,582	502,457
Interest and rent on land	0	0	0	0	0	0	0	0	0

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2021/22	2022/23				2023/24	2024/25	
<b>Transfers and subsidies</b>	<b>0</b>	<b>0</b>	<b>130</b>	<b>0</b>	<b>51</b>	<b>51</b>	<b>0</b>	<b>0</b>	<b>0</b>
Provinces and municipalities	0	0	0	0	0	0	0	0	0
Departmental agencies and accounts	0	0	0	0	0	0	0	0	0
Higher education institutions	0	0	0	0	0	0	0	0	0
Foreign governments and international organisations	0	0	0	0	0	0	0	0	0
Public corporations and private enterprises	0	0	0	0	0	0	0	0	0
Non-profit institutions	0	0	0	0	0	0	0	0	0
Households	0	0	130	0	51	51	0	0	0
<b>Payments for capital assets</b>	<b>1,188,463</b>	<b>1,102,447</b>	<b>807,168</b>	<b>1,409,582</b>	<b>1,156,759</b>	<b>1,156,759</b>	<b>1,491,010</b>	<b>1,477,392</b>	<b>1,419,022</b>
Buildings and other fixed structures	1,008,097	840,608	662,129	1,358,671	1,115,243	1,115,243	1,458,320	1,472,392	1,413,797
Machinery and equipment	180,366	261,839	145,039	50,911	41,516	41,516	32,690	5,000	5,225
Heritage assets	0	0	0	0	0	0	0	0	0
Specialised military assets	0	0	0	0	0	0	0	0	0
Biological assets	0	0	0	0	0	0	0	0	0
Land and sub-soil assets	0	0	0	0	0	0	0	0	0

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates			
	R'000	2021/22	2022/23				2023/24	2024/25		
Software and other intangible assets	0	0	0	0	0	0	0	0	0	0
<b>Payments for financial assets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>1,942,082</b>	<b>1,912,676</b>	<b>1,907,685</b>	<b>1,971,979</b>	<b>1,971,979</b>	<b>1,971,979</b>	<b>2,053,564</b>	<b>1,995,476</b>	<b>2,028,593</b>	

Programme 8 is allocated 3.5% of the Vote 7 budget.

## KEY RISKS AND MITIGATION FROM THE STRATEGIC PLAN

**Table 51: Key Risks and Mitigation Strategies**

Key Risks	Risk Mitigation
<b>Outcome: Reduced morbidity &amp; mortality and Improved Client Experience of Care</b>	
<b>Laboratory &amp; Blood Services:</b> Increasing cost of Laboratory Tests	<ul style="list-style-type: none"> <li>Monitor the effectiveness of the system following the user training</li> <li>Quarterly Monitoring of the functioning of Laboratory Committees</li> <li>Collaborate with IT in the implementation of Laboratory Services module on eHealth.</li> </ul>
<b>EMS:</b> Non-adherence to vehicle replacement policy	<ul style="list-style-type: none"> <li>Procurement of new vehicles</li> <li>Motivate for filling of vacant posts</li> </ul>
<b>FPS:</b> Inability to provide a Forensic Pathology Service in line with the National health Act, thus compromising the quality of medical legal chain of evidence.	<ul style="list-style-type: none"> <li>Develop the new Institutions / Facilities at Vryheid, Mtubatuba and Jozini.</li> </ul>
<b>Pharmaceutical Services:</b> Inadequate administration and management of Pharmaceutical Stock	<ul style="list-style-type: none"> <li>Implement Rx Solution Stock Management System at PHC Clinics</li> <li>Monitor compliance of Pharmaceuticals and Therapeutics Committees (PTCs) at Institutional, District and Provincial Level.</li> </ul>
<b>Pharmaceutical Services :</b> Inadequate Staffing PPSD	<ul style="list-style-type: none"> <li>To engage HRMS (OES) in the development of a suitable Organizational Structure.</li> </ul>
<b>Strategic Health Programs:</b> Inability to reduce the burden of disease from HIV	<ul style="list-style-type: none"> <li>Targeted testing for HIV</li> <li>Provider Initiated counselling, testing and treatment adherence strategies through differentiated care</li> </ul>
<b>Strategic Health Programs:</b> Inability to reduce the burden of disease from TB	<ul style="list-style-type: none"> <li>Targeted testing for TB</li> <li>Treatment adherence strategies through patient treatment support</li> </ul>
<b>DHS:</b> Increase in demand of health services	<ul style="list-style-type: none"> <li>To establish MOU for cross-boundaries</li> <li>Engage NDoH on the status of cross border issues</li> <li>Development of public health emergency response plan (contingency plan)</li> </ul>
<b>DHS:</b> Escalating Medico Legal Litigation claims against the Department	<ul style="list-style-type: none"> <li>Implement PSI guidelines</li> </ul>
<b>ATM:</b> Lack of synergy between conventional Health Workers and Traditional Health Practitioner's (THPs)	<ul style="list-style-type: none"> <li>Develop a policy on the role of traditional medicine in Primary Health Care</li> </ul>
<b>Nursing Management Services:</b> Insufficient number, categories of nurses allocated to perform nursing duties. Nursing categories Critical	<ul style="list-style-type: none"> <li>Monitor the progress of facilities in absorbing the lower categories of nurses.</li> <li>Monitoring and evaluation of continuous implementation of staff developmental programmes of all clinical care.</li> <li>Continuous Professional Development of all categories of nurses</li> </ul>

Key Risks	Risk Mitigation
<b>Outcome: Reduced morbidity &amp; mortality and Improved Client Experience of Care</b>	
<b>Hospital Management services:</b> Limited infrastructure to accommodate package of services	<ul style="list-style-type: none"> <li>Ongoing monitoring of the implementation of facility maintenance plan.</li> <li>Facilitate the finalization for approval of plans for Mental Health Care Units</li> </ul>
<b>Hospital Management Services:</b> Inadequate/ Poor Clinical Governance	<ul style="list-style-type: none"> <li>Monitor the functionality of governance structures</li> <li>Monitor essential basic equipment requirements</li> </ul>
<b>State Aided Institutions:</b> Funding provided to state aided institutions - Possible failure to realize full returns	<ul style="list-style-type: none"> <li>Conduct regular oversight visits to state aided institutions</li> <li>Implement remedial measures whenever areas of non-compliance are identified.</li> </ul>
<b>HRMS:</b> Inability to fill vacant posts	<ul style="list-style-type: none"> <li>Motivate for additional funding on COE</li> <li>Request Institutions to develop a Recruitment plan</li> </ul>
<b>Labour Relations :</b> Delays in finalization of disciplinary cases	<ul style="list-style-type: none"> <li>Follow up with OTP on the rollout of Labour Relations Case Management System.</li> </ul>
<b>Legal Services:</b> Inadequate resources (filling space and IT)	<ul style="list-style-type: none"> <li>To request for additional storage space and fireproof for the existing storage space.</li> </ul>
<b>Legal Services:</b> Lack of capacity within Legal Services Unit	<ul style="list-style-type: none"> <li>To motivate for the filling of vacant posts</li> </ul>
<b>Legal Services:</b> Lack of understanding of protocol for routing of cases ( from Institution to Head Office )	<ul style="list-style-type: none"> <li>To review Circular G52/2008 Litigation Policy on the procedure to be followed when any legal proceedings are instituted on behalf of or against the Department.</li> </ul>
<b>SCM Asset Management:</b> Poor management of the Asset Register between Institutions and Head Office.	<ul style="list-style-type: none"> <li>Implement LOGIS system</li> <li>Motivation for the appointment of more staff with more skills in Asset Management</li> </ul>

## INFRASTRUCTURE PROJECTS

The department follows the National and Provincial guideline on preferential procurement to ensure the Women, Youth, and persons with disabilities are included. This is also applied to recruitment of staff in the infrastructure unit as well as the Expanded Public Works Programme.

All current capital projects in planning and construction have been designed to ensure that buildings make provision for persons with disabilities in compliance to the National Building Regulations and SANS 10400. This includes wheelchair friendly parking, ramps, and wheelchair accessible ablutions. Lifts are fitted with braille buttons and voice announcements. The use of mirrors in lifts are limited in order that persons with eyesight limitations not get disorientated.

**Table 52: Infrastructure Projects**

No.	Project Name & Description	Programme	District Municipality	Output	Estimated Construction Start Date	Actual Construction Start Date	Estimated Construction End Date	Estimated Total Project Cost	Total Project Expenditure to date
1	Addington Hospital - Replace All Fire Door	Health Facilities Management	eThekwini (ETH)	Replace All Fire Doors and Connect to Existing Fire Surveillance System	8/5/2024	8/12/2024	4/30/2025	2,546,698	-
2	Bethesda Hospital - Flood Damage Recovery 2022	Health Facilities Management	uMkhanyakude (DC27)	Repairs to asbestos Roof sheeting, which is damaged, minor ceiling board damages, minor electrical damages ( On Surgical ward, X-Ray ward and Maternity ward).	7/31/2025	Not started	11/30/2026	7,825,369	-
3	Cato Manor CHC - Replacement of a Generator	Health Facilities Management	eThekwini (ETH)	Cato Manor CHC: Replacement of a Generator	4/1/2025	Not started	11/1/2025	3,423,665	-
4	Cato Manor Regional Laundry - Installation of Laundry Equipment	Health Facilities Management	eThekwini (ETH)	Replacement of laundry Equipment including Tunnel Washers, barrier washers, detergent station and associated linen conveyors.	10/31/2024	11/1/2024	6/23/2025	50,000,000	-
5	Church of Scotland Hospital - Renovation of Existing EMS Wash Bay	Health Facilities Management	uMzinyathi (DC24)	Renovate existing wash bay facility for ambulance	10/1/2023	11/23/2023	2025/04/31	10291663.03	3,917,047

No.	Project Name & Description	Programme	District Municipality	Output	Estimated Construction Start Date	Actual Construction Start Date	Estimated Construction End Date	Estimated Total Project Cost	Total Project Expenditure to date
				comprising sluice and vehicle wash area					
6	Dundee Hospital - Assessment and Upgrade of HVAC System	Health Facilities Management	uMzinyathi (DC24)	Assessment and upgrading of the central HVAC system covering, which supplied Wards A-E, theatres, pharmacy, administration block, casualty, A&E, rehab center, and X-ray.	2/15/2024	2/15/2024	2/13/2026	41,569,647	10,576,236
7	Fort Napier Hospital - Roof and ceiling repairs and stormwater management	Provincial Hospital Services	uMgungundlovu (DC22)	Repairs to roof and ceiling, repairs to carparks and construction of new stormwater structure to manage site stormwater.	5/6/2024	5/6/2024	2025/04/31	748,545	125,395
8	GJGMRH(Stanger) - Upgrade and Replacement of the MV switchgears and upgrade to the distribution syst	Health Facilities Management	iLembe (DC29)	Upgrade and Replacement of the MV switchgears and upgrade to the distribution system	8/1/2024	8/6/2024	5/6/2025	6,039,430	282,176
9	Grey's Hospital - Upgrade and renovation to Nurse's and Doctor's accommodation	Health Facilities Management	uMgungundlovu (DC22)	Grey's Hospital - Upgrade and renovation to Nurse's and Doctor's accommodation	6/13/2022	6/17/2022	12/5/2025	50164964.5	42,506,161
10	Harry Gwala District - Installation Of 7 x 20kl Elevated Water Tanks	Health Facilities Management	0 - All Districts	Installation of 20kl elevated steel water tanks.	8/16/2024	8/16/2024	7/14/2025	5957708.34	1,544,522
11	Hillcrest Hospital - Flood Damage Recovery 2022	Health Facilities Management	eThekweni (ETH)	Flood Damage Recovery 2022 -	7/15/2024	7/26/2024	4/5/2025	2893637.01	1,187,288

No.	Project Name & Description	Programme	District Municipality	Output	Estimated Construction Start Date	Actual Construction Start Date	Estimated Construction End Date	Estimated Total Project Cost	Total Project Expenditure to date
12	Hlabisa EMS Station - Construction of New Wash Bay	Health Facilities Management	uMkhanyakude (DC27)	Construction of New Wash Bay.	11/30/2023	11/30/2023	6/30/2025	10151541.66	9,859,907
13	Hlengisizwe CHC - Supply, Installation and Commissioning of Staff Park homes	Health Facilities Management	eThekwini (ETH)	Supply, Installation and Commissioning of 3 staff Park homes in Hlengisizwe CHC.	9/2/2024	9/2/2024	5/30/2025	4226403.41	245,930
14	PPSD - New Generator Set	Health Facilities Management	eThekwini (ETH)	Supply, install and commission a new generator set for PPSD	11/6/2024	11/6/2024	8/6/2025	7013716.55	-
15	King Cetshwayo District Clinics - Cluster 2 Asbestos Replacement Programme (6 Clinics)	Health Facilities Management	0 - All Districts	Cluster 2: Eradication of asbestos roofs in Catherine Booth hospital, Eshowe hospital, Ntumeni clinic and King Dinuzulu clinic.	5/31/2023	5/31/2023	2025/04/31	79208881.12	74,031,264
16	King Dinuzulu Hospital - New TB Complex (Completion Contract)	Health Facilities Management	eThekwini (ETH)	The project is a completion contract to the TB Complex building where works will include 11 blocks: VCT Unit, Outpatient, Admin, Radiology, Audio, Physio & Occupational Therapy, Pharmacy, Laboratory, Generator Room, Parking, TB Walkways and alterations to the laundry delivery bays,	6/10/2024	7/19/2024	12/31/2025	151,926,208	22,112,091

No.	Project Name & Description	Programme	District Municipality	Output	Estimated Construction Start Date	Actual Construction Start Date	Estimated Construction End Date	Estimated Total Project Cost	Total Project Expenditure to date
17	King Dinuzulu Hospital - Flood Damage Repairs	Health Facilities Management	eThekwi (ETH)	Floods damage repairs on June 2023 flood damages:	9/12/2024	9/12/2024	4/17/2025	3,417,156	2,055,448
18	KwaMagwaza Hospital - New Perimeter fence	Health Facilities Management	King Cetshwayo (DC28)	New Perimeter fence	12/27/2024	11/30/2023	4/28/2025	11,943,077	7,065,689
19	KZN Central provincial Laundry - Epoxy application at PMMH KZNPCL	Health Facilities Management	eThekwi (ETH)	Epoxy application at PMMH KZNPCL	2/16/2024	5/24/2024	4/3/2025	1,906,766	1,270,224
20	KZN Children's Hospital - Generator Installation	Health Facilities Management	eThekwi (ETH)	KZN Children's Hospital - Generator Installation	3/1/2025		8/31/2025	4512594.83	-
21	Madadeni Hospital - Replacement of Reservoir Tank	Health Facilities Management	Amajuba (DC25)	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 sustainable water saving initiatives such as rainwater harvesting for irrigation purposes.	1/21/2022	1/21/2022	6/18/2025	22,601,996	21,458,856
22	Mahatma Gandhi Hospital - Replace Chiller	Health Facilities Management	eThekwi (ETH)	Replacement of one central chiller.	9/2/2024	7/9/2024	10/31/2025	4441593.25	-
23	Mfundo Arnold Lushaba CHC - Construction of New EMS Wash Bay	Health Facilities Management	Ugu (DC21)	Design and construction of new ambulance wash bay comprising	11/22/2023	11/22/2023	5/9/2025	8729752.74	2,097,252

No.	Project Name & Description	Programme	District Municipality	Output	Estimated Construction Start Date	Actual Construction Start Date	Estimated Construction End Date	Estimated Total Project Cost	Total Project Expenditure to date
				sluice, gas storage, equipment store, waste store and vehicle wash area					
24	Midlands Regional Laundry - Major Upgrades and Additions to the Laundry Building	Health Facilities Management	uMgungundlovu (DC22)	Major Upgrades and Additions to the Laundry Building	2/24/2025	10/18/2024	2/23/2026	4186558.72	-
25	Molweni Clinic - Flood Damage Recovery Project 2022	Health Facilities Management	eThekweni (ETH)	Repairs to Molweni Clinic Flood Damages	3/3/2025		5/30/2025	250,000	-
26	Mseleni Hospital - Sewer Upgrade	Health Facilities Management	uMkhanyakude (DC27)	Sewer upgrade on the eastern side of the to eliminate all septic tanks and provide pump to the sewer ponds	2/2/2024	2/2/2024	8/29/2025	21021225.29	6,441,905
27	Mseleni Hospital - 72 Hour Emergency Water Storage	Health Facilities Management	uMkhanyakude (DC27)	Mseleni Hospital - 72-hour emergency water storage for domestic and fire fighting	9/3/2024	9/3/2024	4/28/2025	7466672.41	1,763,794
28	Ndwedwe EMS Station - Construction of New EMS Wash Bay	Health Facilities Management	iLembe (DC29)	Design and construction of new wash bay and additional parking and repair of sewer at EMS station	3/6/2024	3/6/2024	5/9/2025	8486718.4	959,779
29	Newcastle Hospital - Package D-CCTV cameras and access control, heat pumps, fire detection	Health Facilities Management	Amajuba (DC25)	Fitting of CCTV and Access control Electrical compliance of the entire institution Boiler conversion to Heat Pumps	10/3/2022	6/1/2022	5/28/2025	44202902.16	37,958,126
30	Newcastle Hospital - Package E Upgrade to Bulk Sewer, Stormwater, Hot and Cold water reticulation	Health Facilities Management	Amajuba (DC25)	Upgrade to bulk sewer, storm water , Hot and Cold Water Reticulation including repairs to existing fresh air	4/17/2023	4/17/2023	5/31/2025	45345737.38	45,521,922

No.	Project Name & Description	Programme	District Municipality	Output	Estimated Construction Start Date	Actual Construction Start Date	Estimated Construction End Date	Estimated Total Project Cost	Total Project Expenditure to date
				system and comfort heating .					
31	Prince Mshiyeni Hospital - Installation of Treatment Plant	Health Facilities Management	eThekweni (ETH)	Installation of Treatment Plant	2/17/2024	2/17/2024	6/1/2025	10,706,500	1,922,725
32	Prince Mshiyeni Memorial Hospital - Refurbishment of water reservoir	Health Facilities Management	eThekweni (ETH)	Refurbishment of water reservoir at Prince Mshiyeni Memorial Hospital	8/1/2023	8/1/2023	4/2/2025	13882429.63	9,340,206
33	Queen Nandi Hospital - Replacement of a Generator with 2 x larger prime units	Health Facilities Management	King Cetshwayo (DC28)	Replacement of a Generator with 2X larger prime units	3/3/2025		7/31/2025	14123257.07	-
34	Sokhela Clinic - Clinic Expansion to include Hast Unit and Midwife Obstetric Unit	Health Facilities Management	Harry Gwala (DC43)	Clinic Expansion to include Hast Unit and Midwife Obstetric Unit	6/9/2022	6/9/2022	6/30/2025	27478019.61	30,001,682
35	Various Clinics - Programme for the Construction of Guard Houses in 27 Clinics (ICRM Spec) 2025	Health Facilities Management	0 - All Districts	Various Clinics - Programme for the Construction of Guard Houses in 27 Clinics (ICRM Spec) 2025	5/2/2025		3/31/2026	5,000,000	-
36	Various Clinics - Programme for the Construction of Standard Waste Areas in 67 Clinics 2025	Health Facilities Management	0 - All Districts	Programme for the Construction of Standard Waste Areas in 67 Clinics 2025	3/31/2026		3/31/2026	20,000,000	-
37	Various EMS - Programme for the Construction of Standard Waste Areas in 6 EMS Bases 2025	Health Facilities Management	0 - All Districts	Various EMS - Programme for the Construction of Standard Waste Areas in 6 EMS Bases 2025	4/1/2025		3/31/2026	2,000,000	-
38	Various Clinics - Programme for the Upgrading of Sewer Lines & Septic Tanks in 21 Clinics 2025	Health Facilities Management	0 - All Districts	Various Clinics - Programme for the Upgrading of Sewer Lines & Septic Tanks in 21 Clinics 2025	3/31/2026		3/31/2026	4,000,000	-

No.	Project Name & Description	Programme	District Municipality	Output	Estimated Construction Start Date	Actual Construction Start Date	Estimated Construction End Date	Estimated Total Project Cost	Total Project Expenditure to date
39	Various Hospitals - Programme for the Construction of Standard Waste Areas in 5 Hospitals 2025	Health Facilities Management	0 - All Districts	Various Hospitals - Programme for the Construction of Standard Waste Areas in 5 Hospitals 2025	5/2/2025		3/31/2026	2,000,000	-
40	Wentworth Hospital - Generator Replacement	Health Facilities Management	eThekweni (ETH)	Generator O Block - Generator Replacement	2/28/2025		9/30/2025	5396817.75	-

## PUBLIC-PRIVATE PARTNERSHIPS (PPPS)

**Table 53: Public Private Partnerships (PPPs)**

PPP Name	Purpose	Output	Current value of agreement (Current Annual Budget for 25/26)	End-date of agreement
Inkosi Albert Luthuli Central Hospital	Supply of Equipment and Information Management and Technology Systems and Replace the Equipment	Delivery of non-clinical services to IALCH	R914, 733, 000.00 <b>(2024/2025 F/Y)</b>	31 May 2036
The Department is in a partnership agreement with Impilo Consortium 2.0 (RF) (PTY) Ltd	Systems to ensure that they remain fit for purpose.		R955, 713, 000.00 <b>(2025/2026 F/Y)</b>	
	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 replacement schedules.			
	Provide and or Procure Utilities, Consumables and Surgical Instruments.			
	Provide facility management services			

The Inkosi Albert Luthuli Central Hospital (IALCH) Public Private Partnership (PPP) relates to the agreement regulating the provision of Medical Equipment, Information Management & Technology, Facilities Management, entailing primarily the operation and maintenance of the hospital precinct at the Inkosi Albert Luthuli Central Hospital. The agreement was entered into by the KwaZulu-Natal Department of Health (acting for and on behalf of the KwaZulu-Natal Provincial Government) and Impilo Consortium 2.0 (RF) (Pty) Ltd on the 1<sup>st</sup> of June 2024 (the "Project Agreement").

**PART D: TECHNICAL INDICATOR DESCRIPTION (TID) FOR APP**

**APP OUTPUT INDICATORS**

**Table 54: APP Output Indicator Definitions**

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								
<b>1. Audit outcome for regulatory audit expressed by AGSA for the previous FY</b>	Audit opinion for Provincial Departments of Health for financial and performance information	AGSA Findings	Audit opinion for Provincial Departments of Health for financial performance	No denominator	AGSA Findings	Accurate data	None	None	Non-cumulative	Annual	Unqualified audit opinion	Office of the CFO
<b>2. Number of districts capacitated to implement NHI Contracting unit sites</b>	Number of districts qualifying to implement Contracting Units sites <i>(Sites that will assist the NHI fund to: Identify health care services needed; Identify accredited public and private health care service providers; Manage contracts entered into with accredited health care service providers, health establishments, and suppliers; Monitor the disbursement of funds; Ensure the functionality of the user referral system; Improve access to health care services; and facilitate the integration of public and private health care services).</i>	NHI report	Number of districts capacitated to implement NHI Contracting unit sites	N/A	Capacitation workshop reports (including attendance registers)	N/A	N/A	All Districts	Cumulative (year-to-date)	Quarterly	Higher number	NHI

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								
<b>3. Patient Experience of Care survey rate</b>	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	Patient Surveys	Number of facilities where Patient Experience of Survey done	Fixed PHC clinics/fixed CHCs/CDCs plus public hospitals	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher satisfaction survey rate	Quality Assurance
<b>4. Number of school grade R learners screened</b>	Number of grade R learners in the school screened by a nurse in line with the ISHP service package	WebDHIS	Number of school grade R learner screened	N/A	School health register	Accuracy dependent on quality of data submitted by health facilities	Youth	All Districts	Cumulative (year-to-date)	Quarterly	Higher	Primary Health Care
<b>5. HIV positive 5-14 years (excl ANC) rate</b>	Children 5 to 14 years who tested HIV positive as a proportion of children who were tested for HIV in this age group	PHC Comprehensive Tick Register	HIV positive 5-14 years (excl ANC)	HIV test 5-14 years (excl ANC)	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rate	PMTCT Programme
<b>6. HIV positive 15-24 years (excl ANC) rate</b>	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of those who were tested for HIV in this age group	HTS Register (HIV Testing Services) or HTS module in TIER.Net,	HIV positive 15-24 years (excl ANC)	HIV test 15-24 years (excl ANC)	HTS Register (HIV Testing Services) or HTS module in TIER.Net, DHIS	Accuracy dependent on quality of data submitted by health facilities	Youth	All Districts	Cumulative (year-to-date)	Quarterly	Lower rate	HIV/AIDS Programme manager

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								
7. <b>ART adult remain in care rate [12 months]</b>	ART adult remain in care - total as a proportion of ART adult start minus cumulative transfer out	TIER.Net	ART adult remain in care - total	ART adult start minus cumulative transfer out	ART paper Register;; DHIS	Accurate data submitted by health facilities	Cohort	All health facilities in the Province	Cumulative (year-to-date)	Quarterly	Higher or equal to target	HAST
8. <b>ART child remain in care rate [12 months]</b>	ART child remain in care - total as a proportion of ART child start minus cumulative transfer out	TIER.Net;	ART child remain in care - total	ART child start minus cumulative transfer out	ART paper Register; DHIS	Accurate data submitted by health facilities	Children and youth cohort	All health facilities in the Province	Cumulative (year-to-date)	Quarterly	Higher or equal to target	HAST
9. <b>ART adult viral load suppressed rate (below 50) [12 months]</b>	ART adult viral load under 50 as a proportion of ART adult viral load done at 12 months	TIER.Net; DHIS	ART adult viral load under 50 (at 12 months)	ART adult viral load done (at 12 months)	TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher suppressed rate	HIV/AIDS Programme manager
10. <b>ART child viral load suppressed rate (below 50) [12 months]</b>	ART child viral load under 50 as a proportion of ART child viral load done at 12 months	TIER.Net; DHIS	ART child viral load under 50 (at 12 months)	ART child viral load done (at 12 months)	TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Children and adolescent	All Districts	Cumulative (year-to-date)	Quarterly	Higher suppressed rate	HIV/AIDS Programme manager
11. <b>All DS-TB client Treatment Success Rate * (* All DS-TB outcome data is reported 12 months later)</b>	ALL TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and subsequently successfully completed treatment as a proportion of ALL those who started DS TB treatment	TIER.Net; DHIS	All DS-TB successfully completed treatment	All DS-TB Treatment Start	TIER.Net; DHIS	Accuracy dependent on quality of data submitted	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher success rate	TB Programme Manager

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								
						by health facilities						
<b>12. TB - Rifampicin resistant/Multidrug-Resistant Treatment Success Rate (RR/MDR-TB outcome data is reported 12 months later)</b>	TB Rifampicin Resistant/Multidrug Resistant clients successfully completed treatment as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment	EDRWeb , DHIS	TB Rifampicin resistant/Multidrug Resistant successfully completed treatment	TB Rifampicin Resistant/Multidrug Resistant client started on treatment	EDRWeb , DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher success rate	TB Programme Manager
<b>13. Number of DS-TB treatment start 5 years and older</b>	This is a sum of confirmed DS-TB started on treatment and not confirmed DS-TB treatment start (5 years and older). This is a measure of linkage to care	DHIS	DS-TB treatment	No denominator	DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher numbers	TB Programme Manager
<b>14. Number of DS-TB treatment start under 5 years</b>	This is a sum of confirmed DS-TB started on treatment and not confirmed DS-TB treatment start (under 5 years). This is a measure of linkage to care	DHIS	DS-TB treatment	No denominator	DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher numbers	TB Programme Manager
<b>15. TB Rifampicin resistant/Multidrug-Resistant treatment start</b>	TB Rifampicin Resistant/Multidrug-Resistant clients started on treatment as a proportion of TB Rifampicin Resistant/Multidrug-Resistant confirmed clients	EDR Web	RR/MDR-TB Treatment start	No denominator	EDRWeb	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher numbers	TB Programme Manager

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								
16. <b>ART adult remain on ART end of period. (number)</b>	<p>Total adults remaining on ART (Adult TROA) at the end of the reporting month are the sum of the following:</p> <ul style="list-style-type: none"> <li>-Any adult that has a current regimen in the column designating the month you are reporting on.</li> <li>-Any adult client that has a star without a circle (someone who is not yet considered loss to follow-up (LTF) in the column designating the month you are reporting on.</li> </ul> <p>Clients remaining on ART equals [naïve (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]</p>	ART clinical record captured in TIER.Net	ART adult remain on ART end of period.	N/A	Part of routine Data Validation process (using standardized tools)	None	N/A	N/A	Non-cumulative	Monthly & Quarterly	As per Targets above	HAST
17. <b>ART adult remain on ART end of period. (number)</b>	<p>Total children under 15 years remaining on ART (Child TROA) at the end of the reporting month are the sum of the following:</p> <ul style="list-style-type: none"> <li>-Any child under 15 years that has a current regimen in the column designating the month you are reporting on.</li> <li>-Any child under 15 years that has a star without a circle (someone who is not yet considered lost to follow-up (LTF) in the column designating the month you are reporting on.</li> </ul> <p>Clients remaining on ART equals [naïve (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + lost to follow-up (LTF) + Transfer out (TFO)]</p>	ART clinical record captured in TIER.Net	ART adult remain on ART end of period.	N/A	Part of routine Data Validation process (using standardized tools)	None	N/A	N/A	Non-cumulative	Monthly & Quarterly	As per Targets above	HAST

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								
<b>18. Couple year protection rate</b>	Women protected against pregnancy by using modern contraceptive methods,	DHIS	Couple year protection	Population 1549 years female	PHC Comprehensive Tick Register StatsSA	Accurate data submitted by health facilities	Women	All health facilities in the Province	Cumulative (year-to-date)	Quarterly	Equal or higher than target	MCWH
<b>19. Number of Deliveries in 10-14 years in facility</b>	Delivery where the mother is 10-14 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff	DHIS	Number delivery 10 – 14 years in facility	No denominator	Health Facility Register, Delivery/Maternity register	Accurate data submitted by health facilities	Youth, women	All health facilities in the Province	Cumulative (year-to-date)	Quarterly	Equal or lower than target	MCWH
<b>20. Antenatal 1st visit before 20 weeks rate</b>	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	PHC Comprehensive Tick Register	Accurate data submitted by health facilities	Women	All health facilities in the Province	Cumulative (year-to-date)	Quarterly	Higher or equal to target	MCWH
<b>21. Mother postnatal visit within 6 days rate</b>	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	DHIS	Mother postnatal visit within 6 days after delivery	Delivery in facility total	PHC Comprehensive Tick Register	Accurate data submitted by health facilities	Females	All health facilities in the Province	Cumulative (year-to-date)	Quarterly	Higher or equal to target	MCWH
<b>22. Infant 1st PCR test positive at birth rate</b>	Infants tested PCR positive for the first time at birth as proportion of infants PCR tested at birth	PHC Comprehensive Tick Register	Infant 1st PCR test positive at birth	Infant 1st PCR test at birth	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rate	PMTCT Programme
<b>23. Immunisation under 1 year coverage</b>	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 new	Population under 1 year	PHC Comprehensive Tick	Accurate data submitted	Children under 1 years	All health facilities in the Province	Cumulative (year-to-date)	Quarterly	Higher or equal to target	MCWH

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								
						Register StatsSA	by health facilities					
<b>24. MR 2nd dose 1 year coverage</b>	Children 12 months old who received MR 2nd dose, as a proportion of the 1 year population.	PHC Comprehensive Tick Register	MR 2nd dose	Target population 1 year	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher coverage	EPI Programme manager
<b>25. Child under 5 years diarrhoea case fatality rate</b>	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rate	MCWH &N Programme
<b>26. Child under 5 years pneumonia case fatality rate</b>	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rate	MCWH &N Programme
<b>27. Child under 5 years severe acute malnutrition case fatality rate</b>	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	Pediatric Ward register	Severe acute malnutrition (SAM) death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Pediatric Ward register	Accuracy dependent on quality of data submitted	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rate	MCWH &N Programme

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								
						by health facilities						
<b>28. Cervical Cancer Screening Coverage</b>	Cervical smears in women 30 years and older as a proportion of the female population 30-50 years 80% of these women should be screened for cervical cancer every 10 years and 20% must be screened every 3 years which should be included in the denominator because it is estimated that 20% of women 20 years and older are HIV positive	DHIS	Cervical cancer screening done	[(80% women aged 30-50yrs/10)+(20% women aged 20 years and above /3)	PHC Comprehensive Tick Register; OPD Tick register; Inpatient register	Accurate data submitted by health facilities	Females	All health facilities in the Province	Cumulative (year-to-date)	Quarterly	Higher or equal to target	MCWH
<b>29. Malaria case fatality rate</b>	Malaria deaths reported in South Africa. The death resulting from primary malaria diagnosis at the time of death	Malaria Information System	Malaria death reported	Malaria new case reported (Note: All Malaria Cases (cumulative) since new FY)	Malaria Information System	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Lower case fatality rate	Communicable Diseases
<b>30. PHC Mental Disorders Treatment rate new</b>	Clients treated for the first time for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide attempt, developmental disorders, behavioural disorders and substance abuse/addiction disorders) as a proportion of total PHC headcount	PHC Comprehensive Tick Register, DHIS	PHC client treated for mental disorders - new	PHC headcount - Total	DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher detection of new mental cases in the PHC setting	Non-communicable Diseases - Mental Health component
<b>31. Percentage of Community Health Centres (CHCs) with at least one mental</b>	Percentage of Community Health Centres (CHCs) with at least one mental health provider appointed (Psychiatrist, Medical Doctor with a	HR	Number of CHCs with at least one mental health	The number of CHCs in the province	HR	Dependent on absorption of staff	Not applicable	All districts	Non-cumulative	Quarterly	All CHCs to have at least one	Non-communicable

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								
<b>health provider appointed</b>	post-basic diploma in psychiatry, Psychologist, Social Worker, Occupational Therapist, Registered Counsellor, and Psychiatric nurse), calculated as a ratio of the total number of CHCs in the province		care provider appointed			appointed through the NHI grant into the facility organogram					mental health care provider appointed	Diseases - Mental Health component
<b>32. EMS P1 urban response under 30 minutes rate</b>	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	Accurate data submitted	All EMS clients	All 11 districts	Cumulative (year-to-date)	Quarterly [Cumulative year-end]	Higher or equal to target	EMS
<b>33. EMS P1 rural response under 60 minutes rate</b>	Proportion P1 calls in rural locations with response times under 60 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 rural response under 60 minutes	EMS P1 rural responses	EMS Registers	Accurate data submitted	All EMS clients	All 11 districts	Cumulative (year-to-date)	Quarterly [Cumulative year-end]	Higher or equal to target	EMS
<b>34. Number of Bursaries awarded to first year nursing students</b>	Bursaries awarded for first year nursing students as part of implementation of the Human Resource Plan.	Bursary record Database	Number of bursaries awarded for first year nursing students.	Not applicable	Bursary records	Accurate data	60% Female 40% Male bursary holders	All 11 districts	Non-Cumulative	Annual	Higher or equal to target	HRMS
<b>35. Number of internal employees awarded bursaries</b>	Internal employees awarded bursaries as part of implementation of the Human Resource Plan.	Bursary record Database	Number of internal employees awarded bursaries	Not applicable	Bursary records	Accurate data	Internal employees	All 11 districts	Non-Cumulative	Annual	Higher or equal to target	HRMS

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								
<b>36. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)</b>	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 record Database	Number of tracer medicines out of stock	Total number of medicines expected to be in stock	Pharmacy records	Accurate data	All health facility clients	All 11 districts	Cumulative (year-to-date)	Quarterly	Lower or equal to target	Pharmacy
<b>37. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)</b>	Number of tracer medicines out of stock as proportion of medicines expected to be in stock (any item on Tracer Medicine List that had a zero balance in Bulk Store (facilities) on the Stock Control System).	Pharmacy record Database	Number of tracer medicines stock out in bulk store	Number of tracer medicines expected to be stocked in the bulk store	Pharmacy records	Accurate data submitted by health facilities	All health facility clients	All 11 districts	Cumulative (year-to-date)	Quarterly	Lower or equal to target	Pharmacy
<b>38. Percentage of Preventative Maintenance expenditure</b>	This is the Percentage of Preventative maintenance (Category B) expenditure compared to Category A & B expenditure	PO8, BAS, PMIS	Expenditure on Preventative Maintenance Activities (Category B)	Expenditure on Preventative Maintenance plus Day-to-day Maintenance (Category A & B)	Orders issues	Accurate data submitted by health facilities	All health facility clients	All facilities in all 11 Districts	Cumulative (year-to-date)	Quarterly	Higher or equal to target	Infrastructure
<b>39. Number of new and replacement projects completed</b>	New or Replacement projects, upgrade and addition projects, renovation and refurbishment 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	Accurate data submitted by health facilities	All health facility clients	All identified facilities in the Master Infrastructure Plan	Cumulative (year-to-date)	Quarterly	Higher or equal to target	Infrastructure
<b>40. Number of public health facilities (clinics, hospitals, nursing colleges, EMS base station) maintained or refurbished</b>	Number of health facilities with completed infrastructure projects (i.e., practical completion or equivalent achieved for projects categorised as maintenance & refurbishments)	Project Management Information System	Total number of health facilities completed infrastructure projects (i.e., practical completion or equivalent	N/A	Project List (B5) and Practical Completion Certificates or equivalent and PMIS Report	Accurate data submitted by health facilities	None	None	Non-cumulative	Annual	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								
				achieved for projects categorised as maintenance & refurbishments)								
<b>41. Number of Renovations, Refurbishment &amp; Rehabilitation projects completed</b>	Number of completed infrastructure projects (i.e., practical completion or equivalent achieved for projects categorised as rehabilitation & refurbishments)	Project Management Information System	Total number of completed infrastructure projects (i.e., practical completion or equivalent achieved for projects categorised as rehabilitation & refurbishments)	N/A	Project List (B5) and Practical Completion Certificates or equivalent & PMIS Report	Accurate data submitted by health facilities	None	None	Non-cumulative	Annual	Higher or equal to target	Infrastructure



## ANNEXURES

### **ANNEXURE A: AMENDMENTS TO THE STRATEGIC PLAN**

Not Applicable

## ANNEXURE B: CONDITIONAL GRANTS

**Table 55: Conditional Grants for 2025/26**

Name of Grant	Purpose	Outputs	2025/26 allocation
<b>District Health Programmes Grant</b>	See below	See below	R 7 466 119
	<b>Comprehensive HIV/AIDS component</b>		
	1 To enable the health sector to develop and implement an effective response to HIV and IDS 2 Prevention and protection of health workers from exposure to hazards in the workplace	3 Number of new patients started on antiretroviral therapy (ART) 4 Total number of patients on antiretroviral therapy remaining in care 5 Number of male condoms distributed 6 Number of female condoms distributed 7 Number of infants tested through the polymerase chain reaction test at 10 weeks 8 Number of clients tested for HIV (including antenatal) 9 Number of medical male circumcisions performed 10 Number of clients started on Pre-Exposure Prophylaxis	
	<b>TB Component</b>		
	11 To enable the health sector to develop and implement an effective response to TB	12 Number of HIV positive clients initiated on TB preventative therapy 13 Number of patients tested for TB using Xpert 14 Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay 15 Drug sensitive TB treatment start rate (under 5 years and 5 years and older) 16 Number of rifampicin resistant / multi-drug resistant TB patients started on treatment	
	<b>Community Outreach Services Component</b>		
17 To ensure provision of quality community outreach services through WBPHOTs by ensuring community health workers receive remuneration, tools of trade and training in line with scope of work	18 Number of community health workers receiving a stipend 19 Number of community health workers trained 20 Number of HIV clients lost to follow-up traced Number of TB clients lost to follow traced		
21 Malaria Elimination Component			

Name of Grant	Purpose	Outputs	2025/26 allocation
	22 To enable the health sector to develop and implement an effective Malaria response in support of the National Strategic Plan for Malaria Elimination	23 Number of malaria-endemic municipalities with 95 per cent or more indoor residual spray (IRS) coverage 24 Percentage confirmed cases notified within 24 hours of diagnosis in endemic areas 25 Percentage of confirmed cases investigated and classified within 72 hours in endemic areas 26 Percentage of identified health facilities with recommended treatment in stock 27 Percentage of identified health workers trained on malaria elimination 28 Percentage of population reached through malaria information education and communication (IEC) on malaria prevention and early health-seeking behaviour interventions 29 Percentage of vacant funded malaria positions filled as outlined in the business plan 30 Number of malaria camps refurbished and/or constructed	
	<b>HPV Component</b>		
	31 To enable the health sector to prevent cervical cancer by making available HPV vaccinations from grade 5 schoolgirls in all public and special schools and progressive integration of Human Papillomavirus into the integrated school health programme.	32 Percentage of grade five schoolgirls aged 9 years and above vaccinated for HPV first dose 33 Percentage of schools with grade five girls reached by the HPV vaccination team with first dose 34 Percentage of grade five schoolgirls aged 9 years and above vaccinated for HPV second dose 35 Percentage of schools with grade five girls reached by the HPV vaccination team with second dose	
<b>Health Facility Revitalization Grant</b>	36 To help accelerate maintenance, renovations, upgrades, additions, and construction of infrastructure in health 37 To help on replacement and commissioning of health technology in existing and revitalizing health facilities 38 To enhance capacity to deliver health infrastructure 39 To accelerate the fulfilment of the requirements of occupational health and safety	40 Number of PHC facilities constructed or revitalized 41 Number of hospitals constructed or revitalized 42 Number of facilities maintained, repaired, or refurbished	R 1 517 920

Name of Grant	Purpose	Outputs	2025/26 allocation
<b>Human Resources and Training Grant</b>	43 To appoint statutory positions in the health sector for systematic realization of human resources for health strategy and phased-in of National Health Insurance 44 Support Provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform	45 Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources 46 Number and percentage of registrars’ posts funded from this grant (per discipline) and other funding sources Number and percentage of specialists’ posts funded from this grant (per discipline) and other funding sources	R 788 597
<b>National Health Insurance Grant</b>	<b>Health Practitioners contracts Grant Component</b>		R 89 818
47 Implementation of strategic purchasing platform for primary health care services	48 Number of health professionals contracted (per discipline)		
<b>Oncology Grant Component</b>			
49 Enhanced access to health care services for cancer patients	50 Number of patients seen per type of cancer 51 Percentage reduction in oncology treatment including radiation oncology backlog		
<b>Mental Health Grant Component</b>			
52 Strengthen mental healthcare service delivery in primary health care and community-based mental health services 53 Improved forensic mental health services	54 Percentage increase in the number of clients of all ages seen at ambulatory (non-inpatient) services for mental health conditions 55 Percentage reduction in the backlog of forensic mental observations		
<b>National Tertiary Services Grant</b>	56 Ensure the provision of tertiary health services in South Africa 57 To compensate tertiary facilities for the additional costs associated with the provision of these services	58 Number of inpatient separations 59 Number of day patient separations 60 Number of outpatient first attendances 61 Number of outpatient follow –up attendances 62 Number of inpatient days 63 Average length of stay by facility (tertiary) 64 Bed utilisation rate by facility (all levels of care)	R 2 289 556

Name of Grant	Purpose	Outputs	2025/26 allocation
<b>EPWP Integrated Grant for Provinces</b>	65 To incentivize 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: 66 road maintenance and the maintenance of buildings 67 low traffic volume roads and rural roads 68 other economic and social infrastructure 69 tourism and cultural industries 70 sustainable land-based livelihoods 71 waste management	72 Number of people employed and receiving income through the EPWP 73 Number of days worked per work opportunity created 74 Number of full-time equivalents (FTEs) to be created through the grant	R 27 391

**ANNEXURE C: CONSOLIDATED INDICATORS**

Not applicable

**ANNEXURE D: DISTRICT DEVELOPMENT MODEL**

**Table 56: District Development Model - projects**

Area of Intervention	Project Description	Budget Allocation	District Municipality	Location: GPS Co-ordinates	Project Leader	Social Partners
New clinic including services	Ikhwezi Lokusa Clinic- Construction of New Clinic	Not provided	Harry Gwala	Site to be confirmed	Not provided	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
New clinic including services	Mahhehle / Ncakubana Clinic - Construction of a New Clinic with residence	Not provided	Harry Gwala	Site to be confirmed	Not provided	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
New clinic including services	Ofafa/ Ntakama Clinic - Construct New Clinic	Not provided	Harry Gwala	Site to be confirmed	Not provided	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
New clinic including services	Shayamoya Clinic - Construction of a New Small Clinic	Not provided	Harry Gwala	Site to be confirmed	Not provided	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
Electricity	Installation of a standby generator set	R800 000.00	eThekwini	(29.861) 31.040	Department of Health	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Electricity	Installation of new generator sets in 2 Central Laundries	R14 000 000.00	eThekwini	(29.955) 30.937	Department of Health	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Electricity	Installation of standby generator set	R900 000.00	eThekwini	(29.740) 30.879	Department of Health	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Electricity	New generator set	R2 500 000.00	eThekwini	(29.936) 30.957	Department of Health	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Electricity	Replace 7 standby generators	R20 508 662.00	eThekwini	(29.955) 30.937	Department of Health	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Niemeyer Hospital	New Staff Accommodation	Not provided	Amajuba	(27.6617885) 30.3159455	Department of Public Works	Staff, Labour

KWAZULU-NATAL DEPARTMENT OF HEALTH **ANNUAL PERFORMANCE PLAN 2025/26 – 2027/28**

Area of Intervention	Project Description	Budget Allocation	District Municipality	Location: GPS Co-ordinates	Project Leader	Social Partners
Newcastle Hospital	Newcastle Hospital – Package D- CCTV cameras and access control, heat pumps, fire detection	Not provided	Amajuba	(27.763124) 29.935643	DoPW	Patients, Communities
Madadeni Hospital	Construction - New Psychiatric Hospital	Not provided	Amajuba	(27.7635978) 30.0508005	DoPW	Patients, Communities
Madadeni Hospital	Upgrades to Student Accommodation	Not provided	Amajuba	(27.7635978) 30.0508005	DoPW	KZN Nursing College
Electricity	uMkhanyakude District Clinics - Installation of 23 Standby Generator Sets Department of Health	6,918,731.00	uMkhanyakude	Site to be confirmed	Department of Health	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
New clinic including services	Mpukunyoni Clinic - Replacement of Existing Clinic	50,000,000.00	uMkhanyakude	Site to be confirmed	Department of Health	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
Water	Ladysmith Hospital - 72 hr Water and Fire Storage Upgrade	15,530,022.21	uThukela	(28.557) 29.766	Dept of Health	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
Sanitation	Ladysmith Hospital - Replacement of Sewer Reticulation	11,980,671.51	uThukela	(28.557) 29.766	Dept of Health	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
Water	uThukela District - Installation of 15 x 20kl elevated water tanks in 14 Clinic & 1 Mortuary	10,200,000.00	uThukela	Site to be confirmed	Dept of Health	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
New clinic including services	Cwaka Clinic - New Replacement Clinic	87,028,270.00	uMzinyathi	(28.737244492308527) 30.4637823221414	Dept of Health	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
Infrastructure	KwaGwebu Clinic: New Ideal Clinic and accommodation Construction	R5000 00	Zululand	(27 3536.64212) 30 54'6.77988	Khayelihle Buthelezi	Department of Public Works
Infrastructure	Vryheid Hospital - Condition Assessment, Masterplan and Project Briefs	No budget allocated	Zululand	(27,75835283) 30,7970875	Angela Hesketh	Department of Public Works
Infrastructure	Vryheid Medico-Legal Mortuary - Construction of a New Medico-Legal Mortuary	R71000 000	Zululand	(27,75835283) 30,7970875	Amile Ndlovu	Department of Public Works

KWAZULU-NATAL DEPARTMENT OF HEALTH **ANNUAL PERFORMANCE PLAN 2025/26 – 2027/28**

Area of Intervention	Project Description	Budget Allocation	District Municipality	Location: GPS Co-ordinates	Project Leader	Social Partners
Infrastructure	Mandlakazi Clinic-Construction of new clinic	To be confirmed	Zululand	(27.757019) 31.887856	-27.757019 31.887856	Department of Public Works
Infrastructure	Benedictine Hospital - Construction of new staff accommodation - Phase 2	R62 900 000	Zululand	(27.892740) 31.639300	Khayelihle Buthelezi	Department of Public Works
Water	Benedictine Hospital - Upgrade water reticulation	R200 000	Zululand	(27.892740) 31.639300	Khayelihle Buthelezi	Department of Public Works
Infrastructure	Nkonjeni Hospital - Build a new Neonatal facility & renovate existing	R13000 000	Zululand	(28,62450283) 31,08683367	Khayelihle Buthelezi	Department of Public Works
Infrastructure	EDumbe EMS Base - Construction of New EMS Wash Bay	R100 000	Zululand	(27,4100745) 30,82455917	Khayelihle Buthelezi	Department of Public Works
Infrastructure	eDumbe CHC - Condition Assessment, Masterplan and Project Briefs	No budget allocated	Zululand	(27,4100745) 30,82455917	Angela Hesketh	Department of Public Works
infrastructure	Staff Accommodation	R51 733 456	King Cetshwayo	(28.7387387) 32.0773765	Department of Public Works	Staff
infrastructure	Construction of a New Hospital (Phase 1)	R0	King Cetshwayo	(28.72952) 31.892506	Department of Public Works	Patients
infrastructure	Construction of New Medium Clinic	R99 524 991	King Cetshwayo	(28.9354345) 31.1954135	Department of Public Works	Patients
infrastructure	Construction of New EMS Wash Bay	R7 944 885	King Cetshwayo	(28.6243) 31.0867	Department of Public Works	Patients

Area of Intervention	Project Description	Budget Allocation	District Municipality	Location: GPS Co-ordinates	Project Leader	Social Partners
infrastructure	New HR Offices, additional clinical space, guardhouse & general waste	R50 000 000	King Cetshwayo	(28°39'55.7) 32°01'20.6	Department of Public Works	Patients
infrastructure	Construction of New Orthotics and Prosthetics Centre with Parking Area	R98 274 329	King Cetshwayo	(28°46'42.3) 31°51'57.5	Department of Public Works	Patients
infrastructure	Nkungumathe - New Health Post	R14 258 979	King Cetshwayo	(28.7387387) 32.0773765	Department of Public Works	Patients

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**KWAZULU-NATAL PROVINCE**

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