KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STRATEGIC PLAN

2025/26 – 2029/30



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KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

KwaZulu-Natal Department of Health

Strategic Plan for 2025/26 – 2029/30

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Abbreviations

Abbreviation	Description
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	Centralised 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
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 Realisation and Maintenance Programme
IMCI	Integrated Management of Child Illnesses
IMHPWS	Integrated Multi-stakeholder Health Promotion and Wellbeing

Abbreviation	Description
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
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
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

Abbreviation	Description
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

1. Statement by the Member of the Executive Committee (MEC) for Health

The health and well-being of the people of KwaZulu-Natal remain at the heart of everything we do as the Department of Health.

Our province has made great strides in improving healthcare access and quality, but the road ahead demands even greater commitment, innovation, and collaboration.

This Strategic Plan for 2025/26–2029/30 represents our renewed dedication to building a healthier KwaZulu-Natal; one where no one is left behind and where quality healthcare is not a privilege, but a fundamental right for all.

The healthcare challenges we face are complex and ever evolving. Our province carries a high burden of disease, including HIV/AIDS, tuberculosis, non-communicable diseases, and maternal and child health concerns. In addition, the increasing prevalence of mental health challenges and lifestyle-related illnesses such as diabetes and hypertension poses a major public health risk. As a Department, we recognise that true progress will not come from treating diseases alone, but from preventing them before they take hold.

Our approach must be proactive and make certain that every citizen—regardless of background or socio-economic status—has the information, tools, and access that are needed to take charge of their own health.

One of the most powerful weapons that we have in the fight against disease is prevention. This means encouraging healthy lifestyles, ensuring that individuals have access to regular screening and testing, and promoting vaccinations as a critical defence against preventable illnesses. Equally important is ensuring that those who have been diagnosed with chronic conditions adhere to their treatment regimens and receive the necessary support to do so.

As a province, we must break the stigma around seeking medical care, particularly in areas such as mental health, HIV/AIDS, and non-communicable diseases. Too many lives are lost due to late diagnoses and poor adherence to treatment. We will continue to work closely with communities, traditional leaders, faith-based organisations, and civil society to spread awareness and encourage early health-seeking behaviour.

The guiding principles of this Strategic Plan are deeply rooted in the National Health Act, which mandates us to provide equitable, accessible, and high-quality healthcare services.

Over the next five years, we will focus on the following key priorities:

- Enhancing the Patient Experience: We are committed to improving service delivery, responsiveness, and accountability in all healthcare facilities to ensure that patients receive dignified and compassionate care.
- Strengthening Primary Healthcare and Disease Prevention: Investing in preventative healthcare by expanding community-based health initiatives and promoting early detection and intervention.
- Reducing the Burden of Disease: Prioritising interventions that target maternal and child health, HIV/AIDS, TB, non-communicable diseases, and the prevention of gender-based violence and substance abuse.

- Supporting and Empowering Healthcare Workers: Providing our frontline workers with the necessary resources, training, and infrastructure to perform their duties effectively.
- Leveraging Technology for Better Healthcare: Expanding digital health solutions to improve efficiency, enhance service delivery, and ensure seamless patient care.

At the heart of all these priorities is a simple yet powerful goal: to increase life expectancy and improve the quality of life for every person in KwaZulu-Natal. This can only be achieved if we work together—government, healthcare professionals, civil society, and individuals.

Each and every one of us has a role to play in building a better and healthier future. Whether it is through getting vaccinated, going for regular check-ups, adopting healthier habits, or supporting a loved one on their treatment journey, every small action contributes to the bigger picture.

As the KwaZulu-Natal Department of Health, we endorse this Strategic Plan with utmost commitment and determination. We will work tirelessly to build a resilient, responsive, and people-centred healthcare system—one that puts the needs of our people first and ensures that no one is left behind.

Ensuring that patients receive timely, respectful, and high-quality care is one of our key priorities.

Long waiting times, poor staff attitudes, and inadequate communication can undermine public confidence in our healthcare system and discourage people from seeking care when they need it most.

To address this, we must continue to develop and implement measures to streamline patient flow, improve queue management, and reduce unnecessary delays at our facilities. Additionally, we must strengthen our staff training programmes to reinforce the importance of professionalism, compassion, and patient-centred care.

Every interaction between a healthcare worker and a patient should be characterised by dignity, empathy, and efficiency.

We must hold our staff accountable, in order to ensure that every person who enters our facilities is treated with the respect and urgency they deserve.

Together, we can turn this whole vision into reality and create a province where health is truly a foundation for a better life.





Ms Nomagugu Simelane

MEC for Health: KwaZulu-Natal Department of Health

2. Statement by the Accounting Officer

Our overarching goal at the KwaZulu-Natal Department of Health is to achieve a significant increase in life expectancy for all our residents. This impact is driven by two critical outcomes: reducing morbidity and mortality and improving the client experience of care.

These outcomes are fundamentally linked to our pursuit of Universal Health Coverage (UHC). UHC serves as the culmination of all our efforts, integrating every service and initiative to enhance patient care and reduce the burden of disease.

Our strategic direction is guided by a clear vision: a long and healthy life for every individual and community in KwaZulu-Natal. Our mission is to protect, promote, improve, and maintain health through an integrated, multi-sectoral, sustainable, and comprehensive health system, accessible at all levels.

Underpinning our work are core values that define our organizational culture and drive our actions:

- **Integrity and Trustworthiness:** We uphold the highest ethical standards in all our dealings.
- **Innovation and Continuous Learning:** We embrace new ideas and constantly seek to improve our practices.
- **Social Justice and Responsiveness:** We are committed to equity and addressing the needs of all our communities.
- **Open Communication and Consultation:** We foster transparent and collaborative relationships.
- **Accountability, Professionalism and Respect:** We take responsibility for our actions and maintain the highest standards of conduct.
- **Commitment to Quality and Compassion:** We are dedicated to delivering excellent care with empathy and understanding.

Our province, KwaZulu-Natal (KZN), is a critical economic and demographic hub in South Africa, contributing approximately 16% to the national Gross Domestic Product (GDP) and housing about 12.5 million people, the second-largest provincial population. This represents 20% of the country's population, with a growth rate slightly above the national average at 1.9% between 2011 and 2022.

Key Demographic and Economic Trends:

- **Population Dynamics:** We are observing a significant shift in our population's age distribution, with a notable increase in older adults and a decrease in younger age groups. This trend will necessitate an increased focus on chronic disease management and geriatric healthcare, as well as continued reproductive and mental health services for young adults. We also have a higher fertility rate than the national average, at 2.53 compared to 2.34.
- **Economic Drivers:** KZN's economy is anchored by manufacturing, agriculture (particularly sugar cane), and the aluminum and coal industries. Richards Bay plays a crucial role in international coal exports.
- **Infrastructure and Access:** We have made strides in improving access to basic services: 77% of households now have piped water access, and 58.9% have flush toilets, though this is below the

national average of 70.8%. Electricity access for lighting is high at 96.7%. However, significant disparities remain across districts and municipalities.

- **Healthcare Access:** A critical challenge is the low medical aid coverage, with only 10.4% of our population having private health insurance, significantly below the national average of 15.7%. This places immense pressure on our public health system.

Epidemiological Profile and Health Challenges:

- **Mortality Trends:** We are witnessing a shift from communicable to non-communicable diseases as the primary causes of death. Diabetes Mellitus and cerebrovascular diseases are now leading causes[1].
- **HIV/AIDS and TB:** While we have made progress in HIV treatment, with 97-87-82 performance against the UNAIDS targets, gaps remain, particularly for men and children. TB remains a concern, with a 4% positivity rate.
- **Non-Communicable Diseases:** Hypertension and diabetes are prevalent, requiring robust management strategies.
- **Maternal and Child Health:** While we have seen improvements in child and neonatal mortality, maternal mortality remains a concern.
- **Gender Based Violence (GBV):** GBV remains a serious issue, with KZN having a 14% rate of partnered women experiencing physical violence. We are focused on improving forensic services and support for victims.

Vulnerable Populations and Strategic Focus:

- We must prioritize vulnerable populations, including women, youth, and people with disabilities, through targeted interventions and programs.
- Our department is committed to broad-based black economic empowerment (BBBEE) compliance and supporting local emerging contractors.
- We are strengthening community-based services and integrating health services with other government initiatives through programs like Operation Sukuma Sakhe and Operational Vula.

Strategic Implications:

- We must strengthen our public health infrastructure to address the increasing burden of non-communicable diseases and the low medical aid coverage.
- Targeted interventions are needed to improve HIV/AIDS and TB outcomes, particularly for men and children.
- Addressing social determinants of health, such as access to water and sanitation, is crucial for improving overall health outcomes.
- We must increase our focus on the vulnerable populations.
- We must improve the forensic medicine services and increase the number of qualified personnel.

[1] COVID-19 was a leading cause of mortality in 2020 but no longer appears to be one of the leading causes.

- We must continue to improve the access to care for the populations in the rural areas.

Our strategic focus remains on enhancing healthcare delivery across KwaZulu-Natal, ensuring quality, safety, and accessibility for all residents. Key to this is the IKhemisi Eduze Nawe/ Centralized Chronic Medication Dispensing and Distribution (CCMDD) program, which brings medication closer to our communities, reducing congestion and improving patient convenience. We are also extending essential services to high-risk areas like truck stops and taxi ranks, facilitating timely interventions for HIV, TB, and other chronic conditions.

Primary Healthcare (PHC) and Hospital Services:

- We continue to provide comprehensive nurse-driven PHC services through fixed and mobile clinics. However, PHC utilization rates have plateaued, indicating a need to strengthen our referral systems and redirect patients from hospitals to PHC facilities.
- KZN leads the nation in PHC expenditure per capita, particularly in districts with high HIV burdens. We are committed to maintaining and improving the Ideal Clinic status of our PHC facilities, currently at 97.9%.
- Our hospital network, from district to central hospitals, provides essential inpatient and outpatient services. We are addressing the increasing OPD headcount of non-referred patients to optimize hospital resources.
- We are increasing outreach services from level 2 and 3 hospitals, to improve access to quality clinical management at lower levels of care.

Emergency Medical Services (EMS) and Support Services:

- EMS faces resource constraints, which we are addressing through strategic infrastructure investments, vehicle management improvements, and optimized staffing.
- We are strengthening Forensic Pathology Services and Clinical Forensic Medicine, especially in addressing Gender-Based Violence.
- We are focused on improving access to medicine through proactive supply chain management and optimized stock distribution.

Referral Pathways and Quality of Care:

- Our tiered referral system, from PHC clinics to central hospital, ensures patients receive appropriate care at each level.
- We are committed to improving patient experiences, addressing complaints, and enhancing patient safety.
- We are implementing a Service Delivery Improvement Plan (SDIP) to address identified service gaps.

Organizational Capacity and Performance:

- We are strengthening planning, governance, and oversight, including risk management and internal audit functions.

- We are investing in human resource management, including recruitment, retention, and skills development.
- We are working to improve our operational management, by mapping business processes, and standardizing operating procedures.
- While some programs have achieved high performance, we are addressing challenges in areas like EMS through targeted interventions.
- We are committed to gender mainstreaming, ensuring equitable representation and economic empowerment for women.
- We have achieved unqualified audit opinions for two consecutive years, demonstrating our commitment to financial accountability.
- We are actively combating fraud and corruption through robust policies and training programs.
- We are addressing the effects of climate change through our disaster management plan, including flood recovery and green building initiatives.

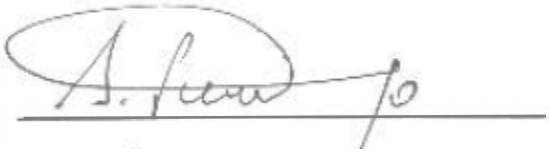
Strategic Priorities:

Our priorities are clear:

- 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.

By focusing on these priorities, we are committed to delivering a more effective, equitable, and resilient healthcare system for the people of KwaZulu-Natal."





Mrs TP Msimango

Acting HOD: KwaZulu-Natal Department of Health

3. Official Sign-off

It is hereby certified that this Strategic Plan was developed by the management of the KwaZulu-Natal Department of Health under the guidance of Ms Nomagugu Simelane, MPL and it takes into account all relevant policies, legislation and other mandates for which the KwaZulu-Natal Department of Health is responsible.

Accurately reflects the impact and outcomes which the KwaZulu-Natal Department of Health

will endeavour to achieve over the period 2025 - 2030.



Mr M Zungu

DDG: National Health Insurance (NHI), Facility Accreditation and Compliance



Dr TD 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



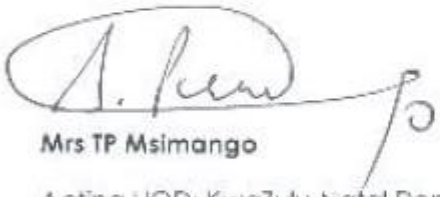
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Mrs TP Msimango

Acting HOD: KwaZulu-Natal Department of Health

Approved by:



Ms Nomagugu Simelane

MEC for Health

Part A: Our mandate

4. 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.

5. Legislative And Policy Mandates (National Health Act and Other Legislation)

5.1 LEGISLATION FALLING UNDER THE DEPARTMENT OF HEALTH'S PORTFOLIO

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

In May 2024, the President of the Republic of South Africa signed into law the 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.

The overall 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 sterilizations, 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.

5.2 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.

6. Health Sector Policies and Strategies Over the Five-Year Planning Period

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

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
		therapeutic intervention for HIV. **Goal 2**: Progressively improve TB prevention and cure **Goal 3**: Maternal Mortality <100 per 100 000 live births, Infant mortality < 20 per 1000 live births. **Goal 4:** Reduce prevalence on non-communicable chronic diseases by 28% **Goal 5**: Reduce Injury, accidents and violence by 50 percent from 2010 levels.	**3.7 Ensure universal access to sexual and reproductive health-care services,** **By 2030, reduce by one third premature mortality from non-communicable diseases** **3.5 Strengthen the prevention and treatment of substance abuse,** **3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents** **3.7 Ensure universal access to sexual and reproductive health-care services,** **3.9 Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination**	implementing the 95-95-95 strategy **Outcome**: Improve financial management	**NHI package of service:** **Maternal and newborn care and services for people living with HIV, those with TB and those suffering from non-communicable diseases.** **Strengthen the health system and improve the quality of care** **Improve maintenance of existing health facilities and construction of new hospitals and clinics** **Supporting the victims of gender-based violence at Thuthuzela Care Centres**	medicines and hot line for reporting 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 131) Mentions DDM indaba

6.2 NATIONAL DEVELOPMENT PLAN: VISION 2030

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



Part B: Our strategic focus

7. Vision

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

8. 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.

9. Values

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

10. 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 km² 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.

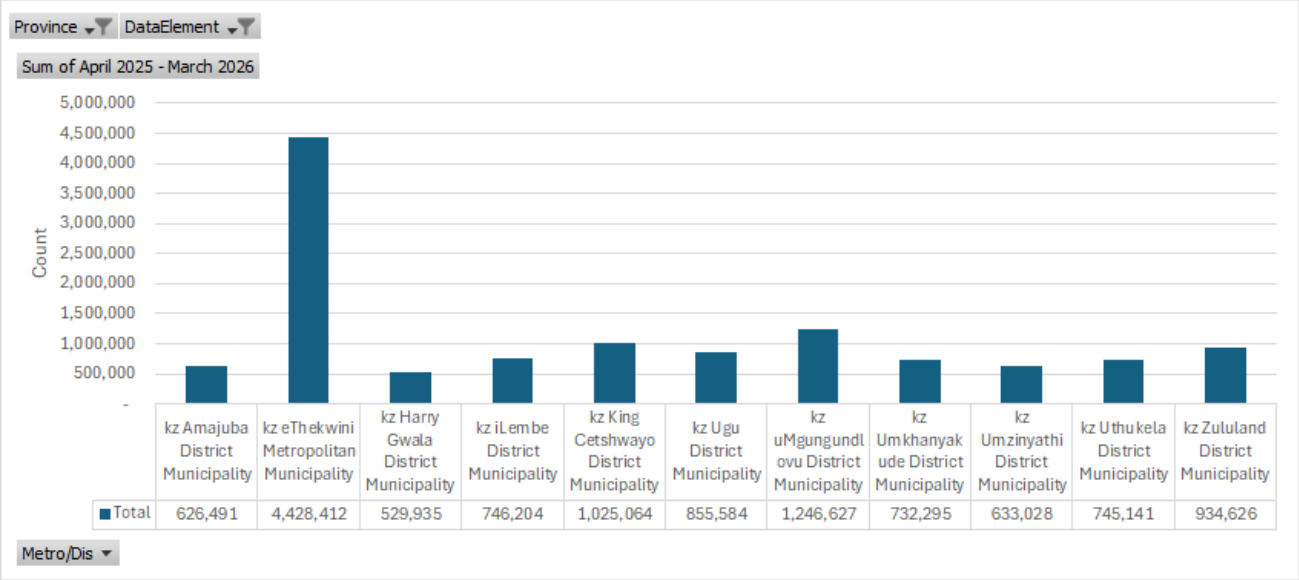
The province contributes about 16% to the Gross Domestic Product (GDP) of the country (1). The province's manufacturing sector is the largest in terms of contribution to GDP. Richards Bay is the center of operations for South Africa's aluminum industry. The Richards Bay Coal Terminal is instrumental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

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.

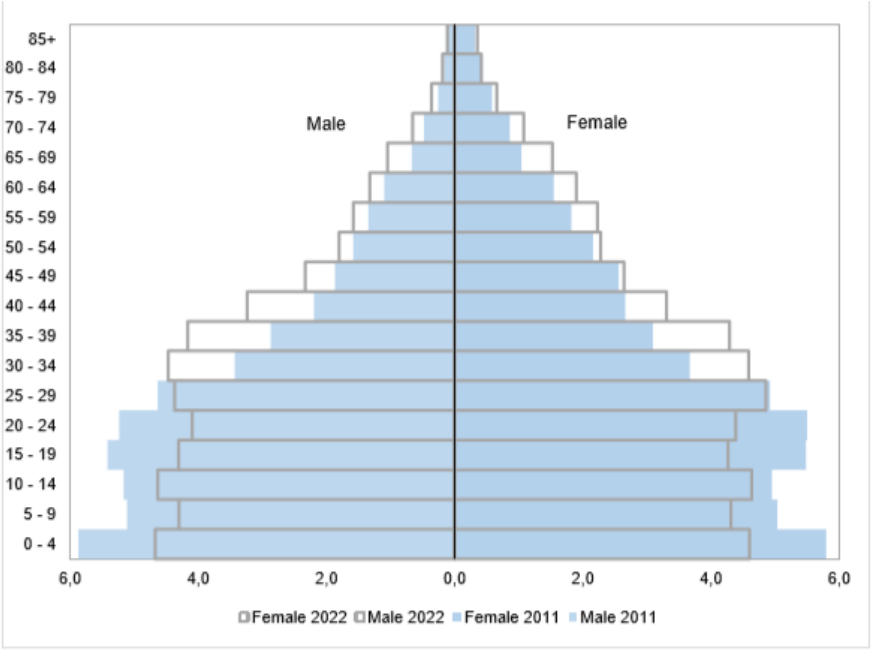
Graph 1: Population distribution per district- KwaZulu-Natal (2025/26)



Source: Statistics South Africa

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.

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

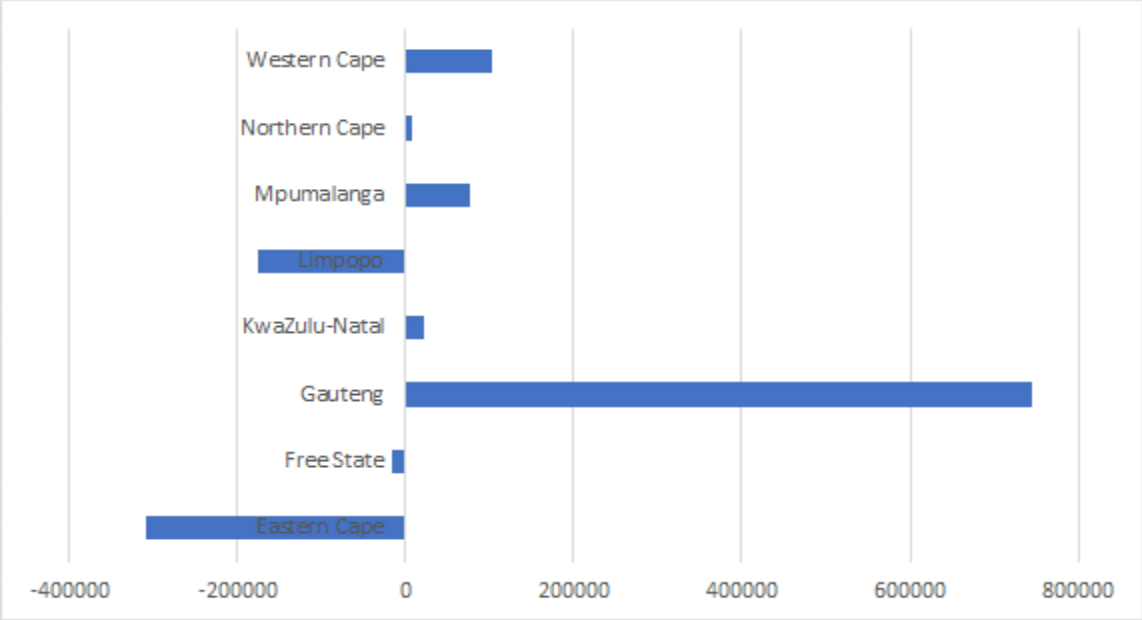


Source: Census 2022 Provincial Profile: KwaZulu-Natal

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 20-24year 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.

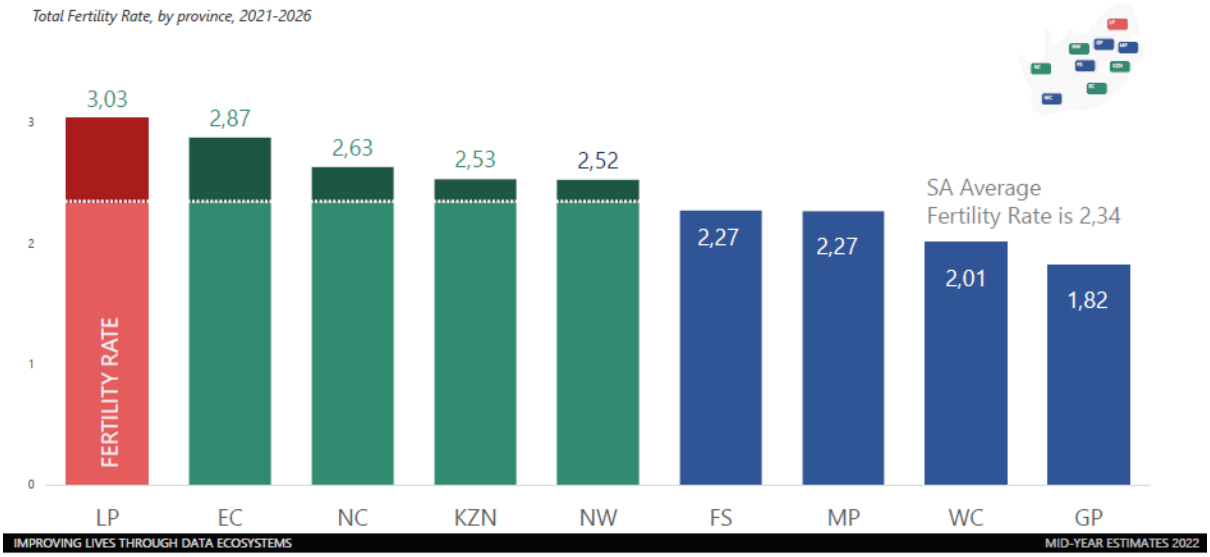
Graph 3: Estimated net migration: 2021-2026



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.

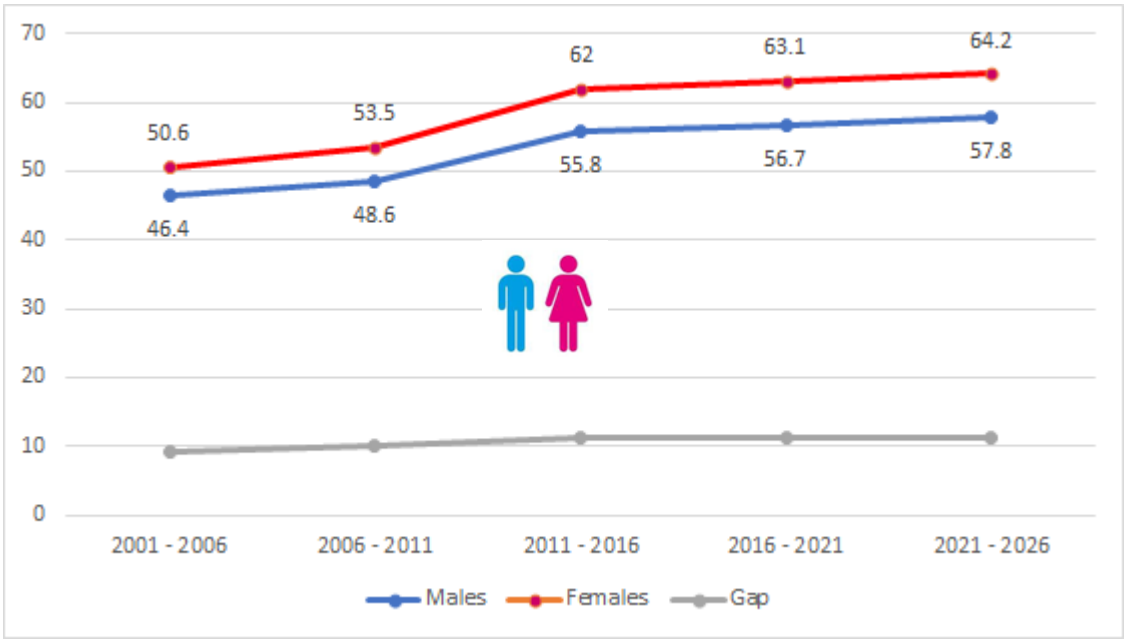
Graph 4: Total Fertility Rates by Province



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.

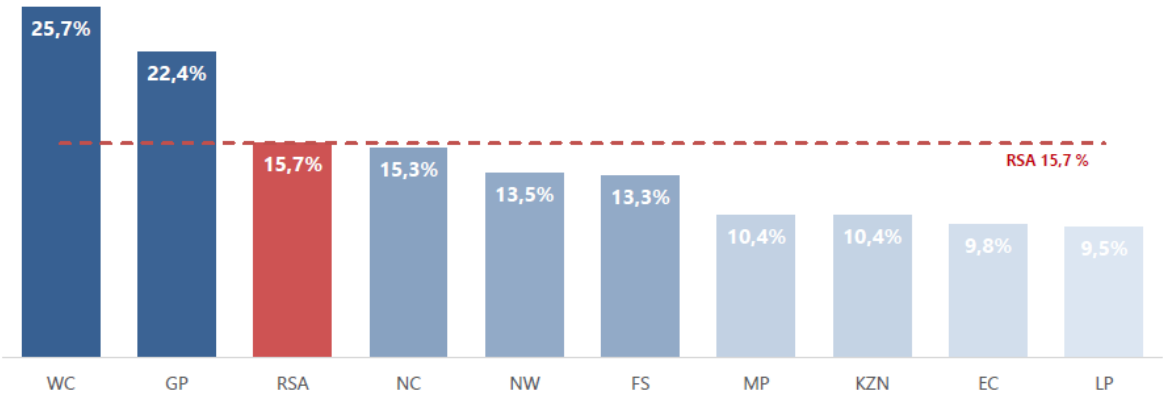
Graph 5: Life expectancy by sex over time, 2001–2026



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 2001/6 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), eThekwini 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 eThekwini 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 eThekwini 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.

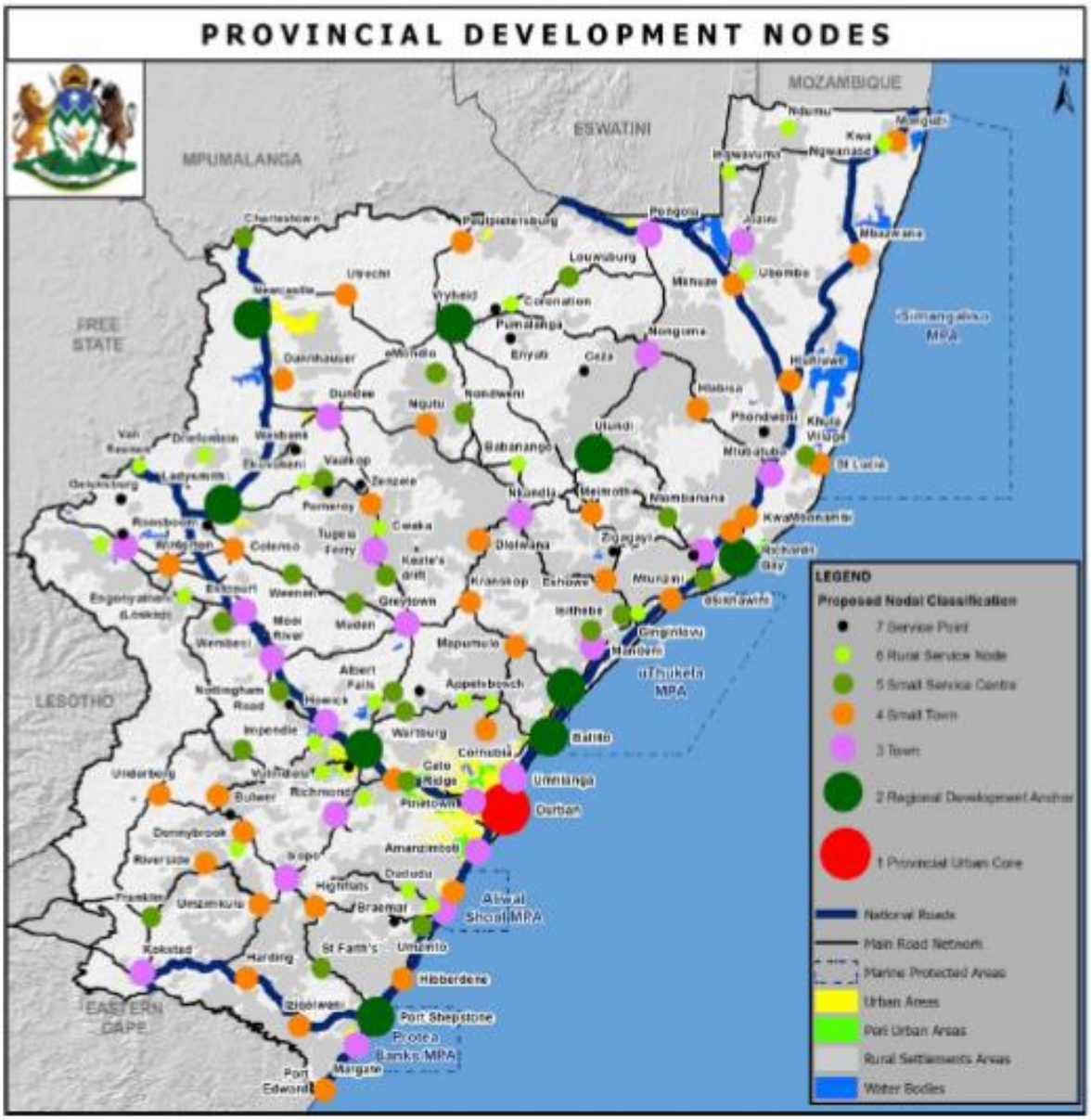
Unemployment in KZN

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

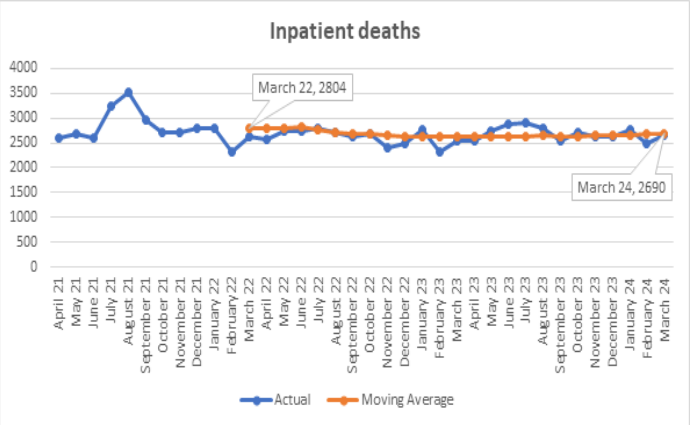


EPIDEMIOLOGICAL PROFILE

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

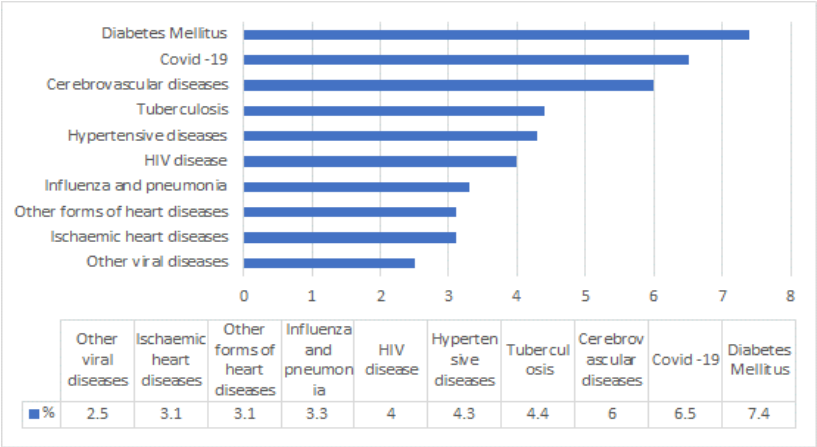


Source: WebDHIS

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



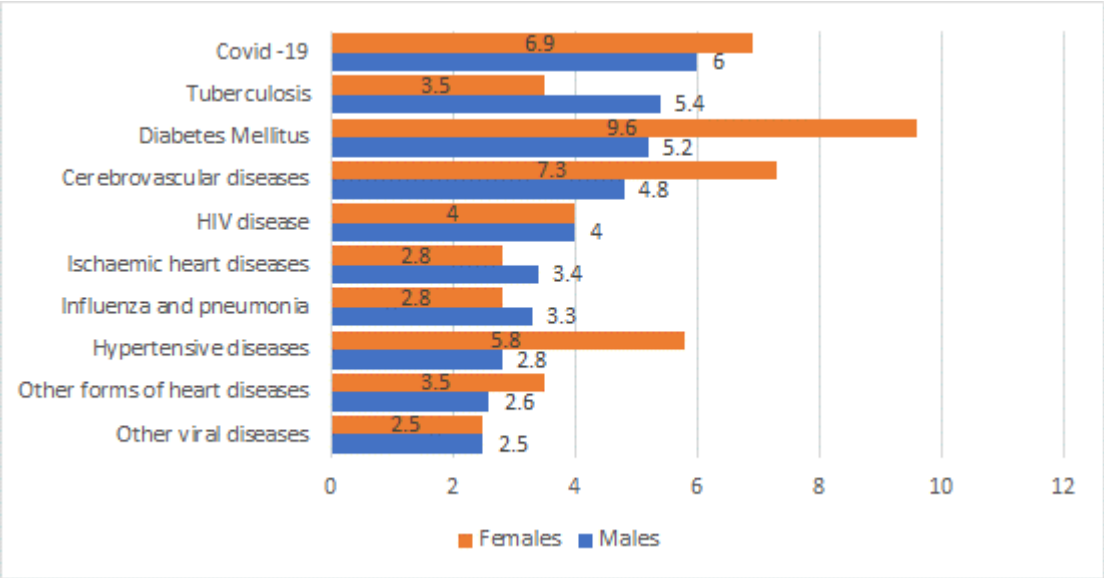
	Other viral diseases	Ischaemic heart diseases	Other forms of heart diseases	Influenza and pneumonia	HIV disease	Hypertensive diseases	Tuberculosis	Cerebrovascular diseases	Covid -19	Diabetes Mellitus
%	2.5	3.1	3.1	3.3	4	4.3	4.4	6	6.5	7.4

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

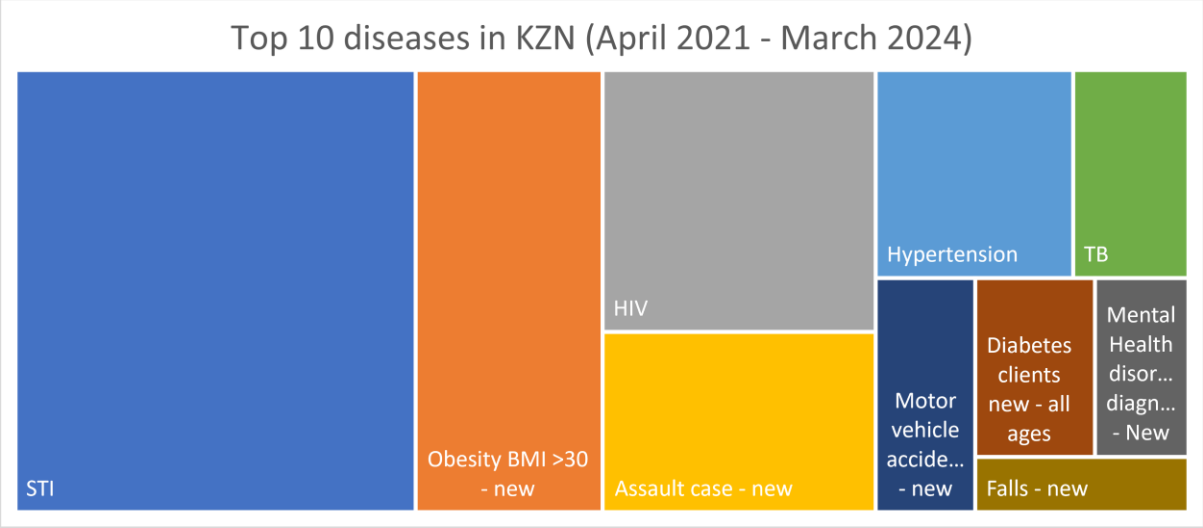
The graph above shows that females outnumber males in five of the ten underlying natural causes of death (50%), and the sexes are equal in two others. While males lead in most communicable diseases, COVID-19 is an exception.

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
eThekwini	**%**	**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		

Disease is defined as any harmful deviation from the normal structure or functional state of an organism (Britannica). 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.

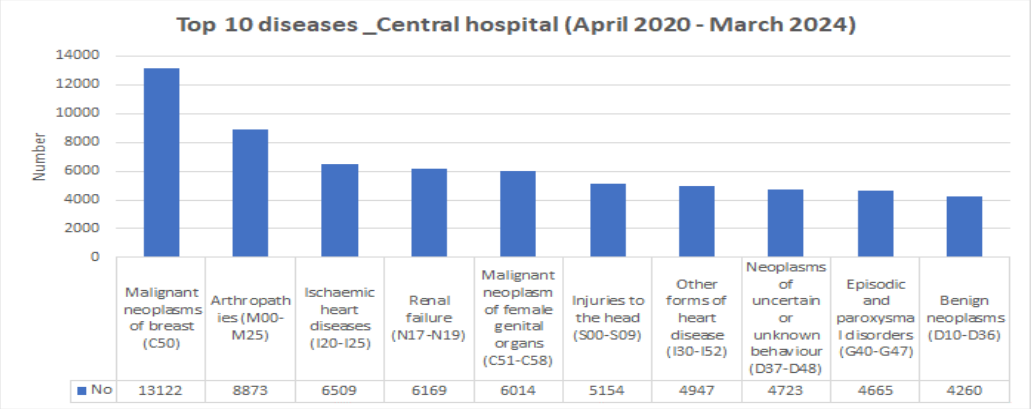
Graph 10: Top 10 diseases



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.

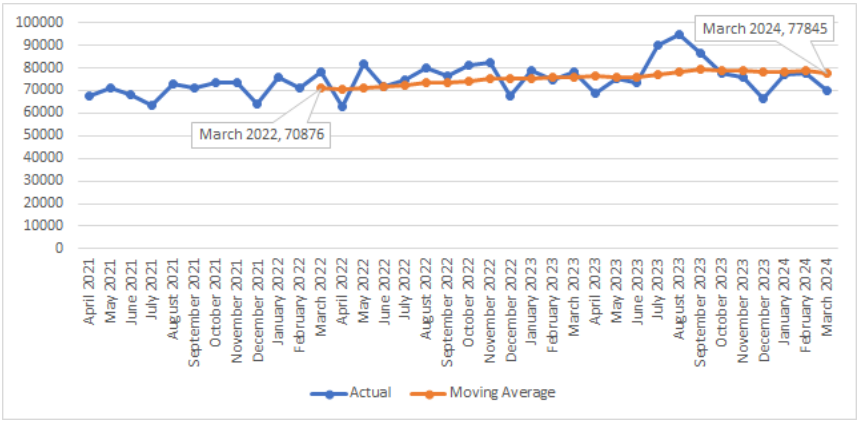
Graph 11: Top 10 diseases from the ICD -10 system



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



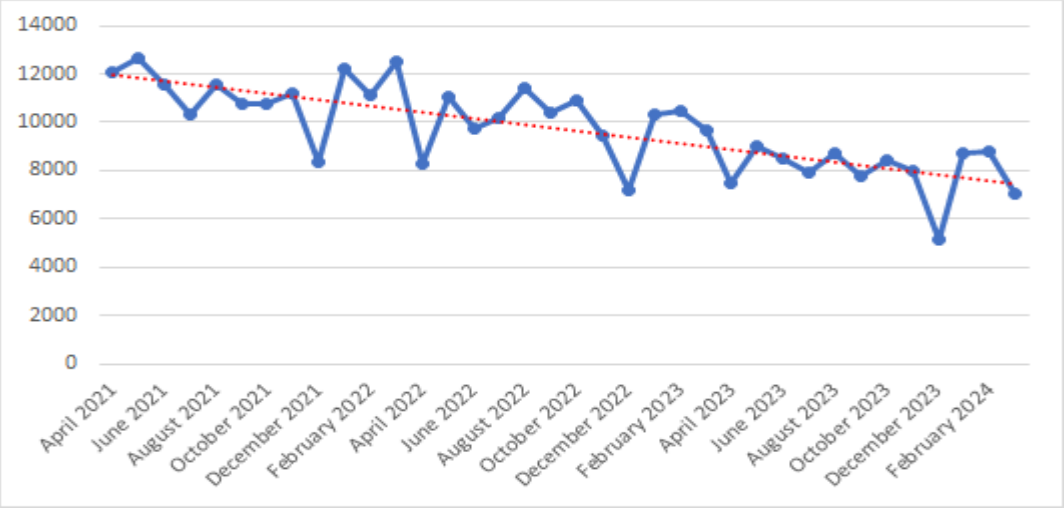
Source: WebDHIS

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).

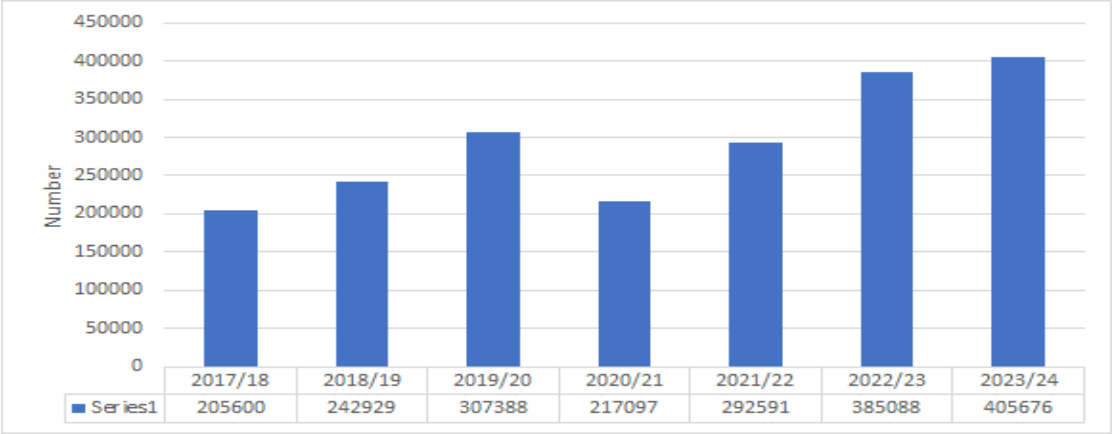
Prevention

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. The department has made strides towards streamlining of health messages for easier consumption by the health care users.

Graph 14: Number of clients accessing services at HTA sites



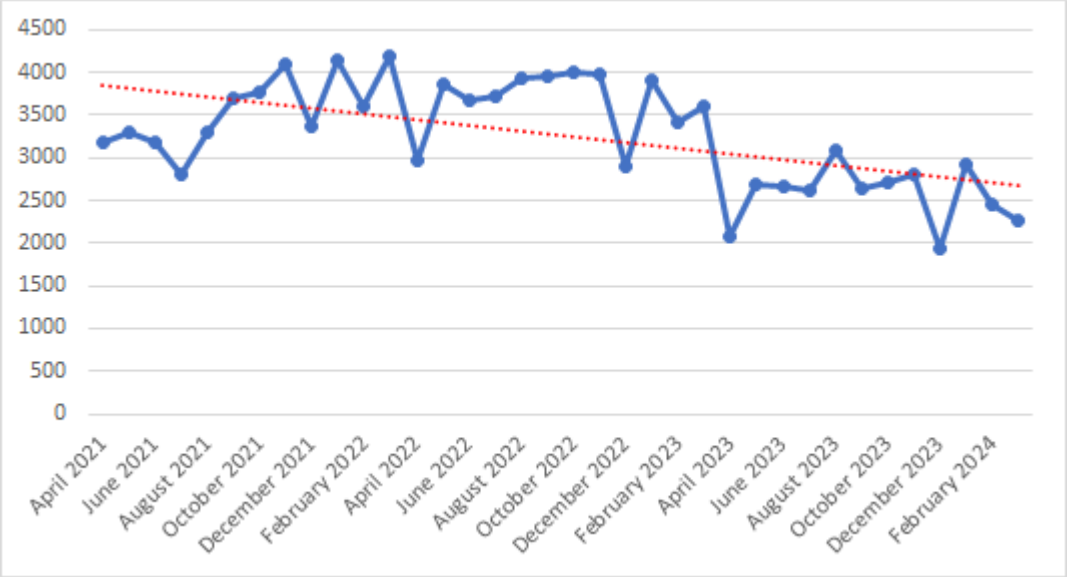
Source: KZN Annual CCMT Evaluation Report – 2023/24

Sexually Transmitted Infections (STI)

The STI programme aims 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

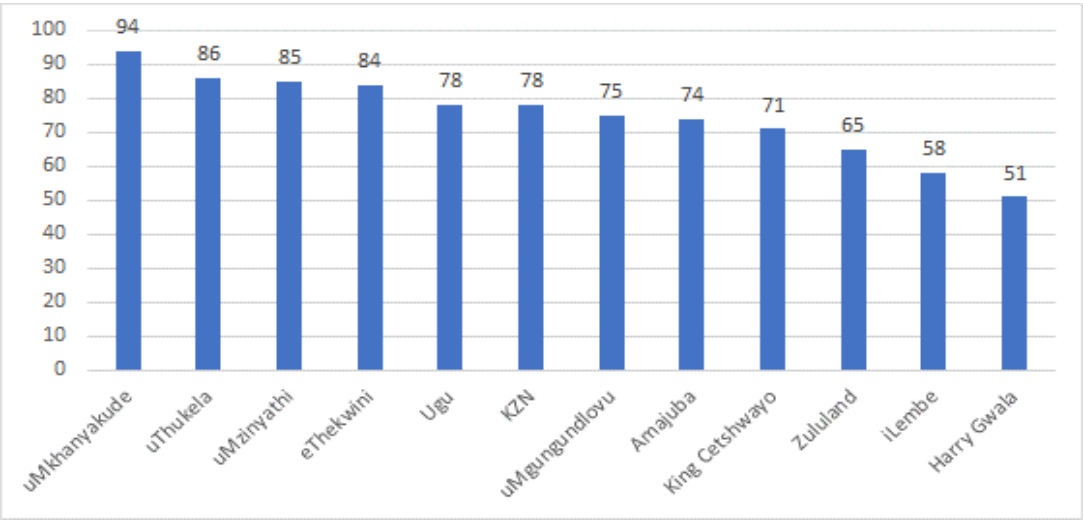
Graph 15: New drug-sensitive TB confirmed cases (April 2021 – March 2024)



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



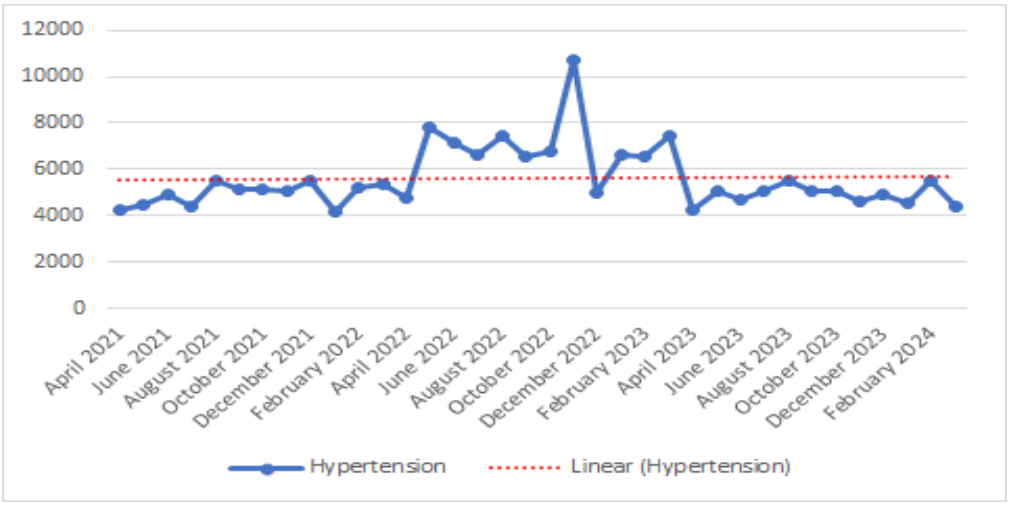
Source: TB Control Conditional Grant Feedback Report (2023/24)

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)

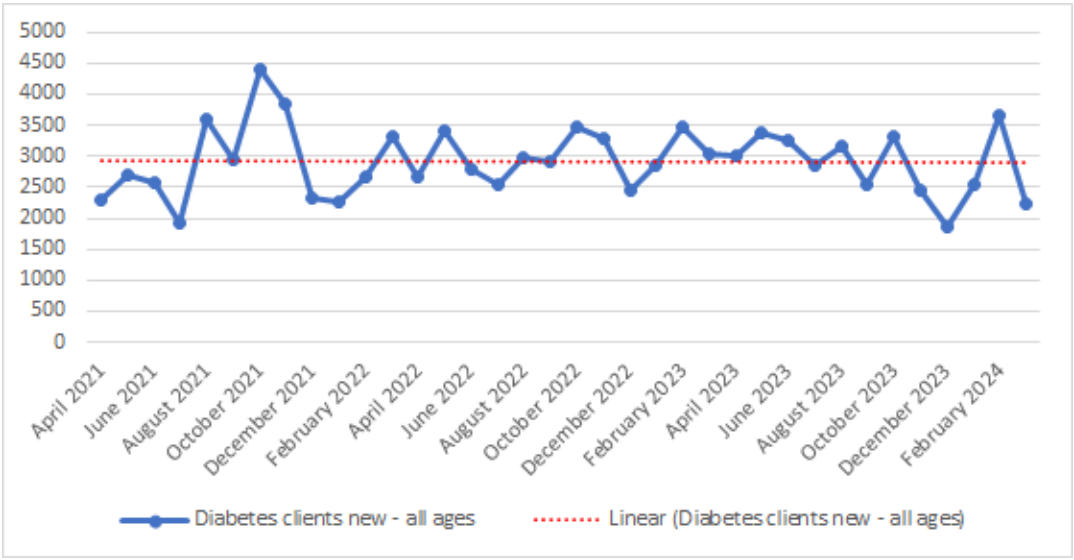


Source: WebDHIS

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)

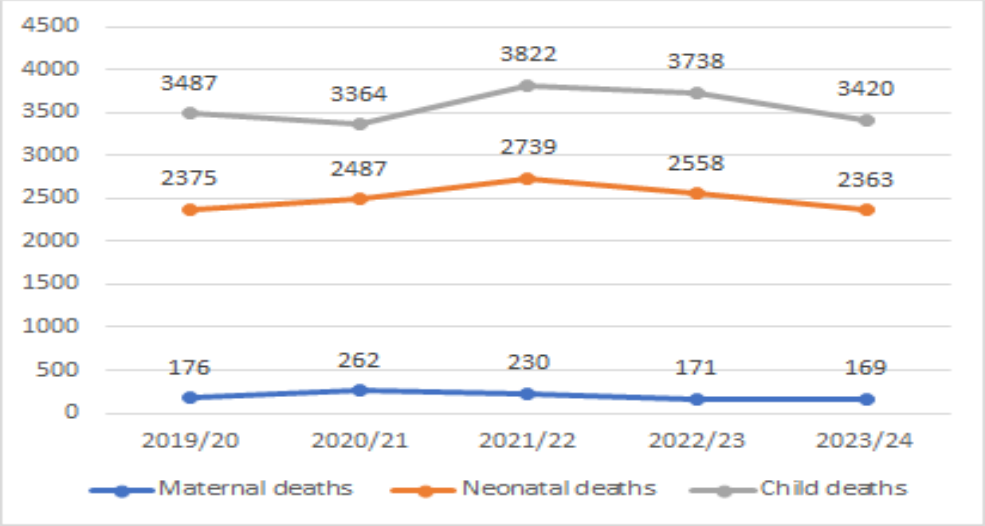


Source: WebDHIS

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

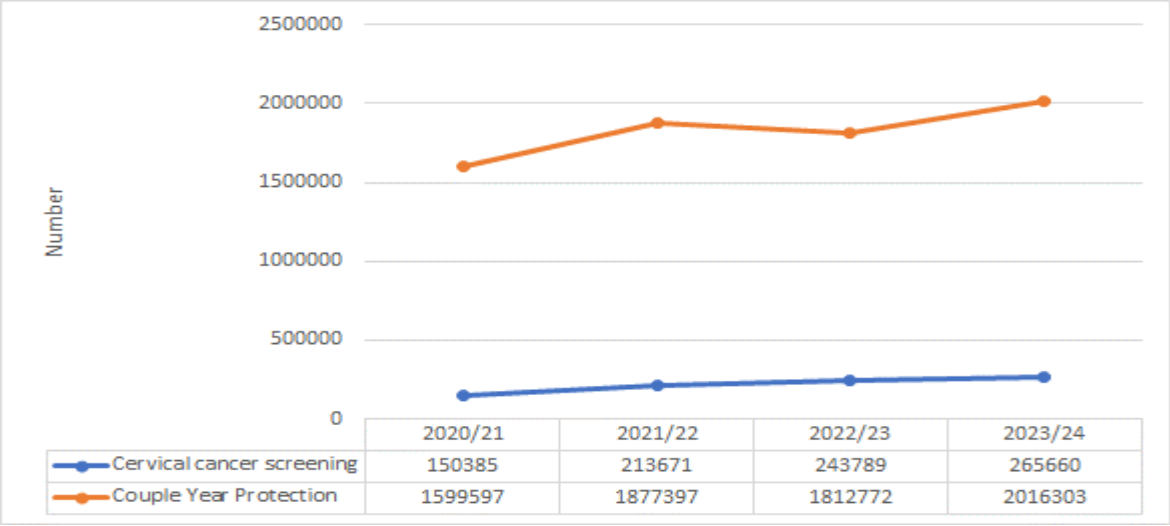
The number of child deaths is on the decrease following an increase in the 2021/22 financial year. The decrease is attributed to the implementation of the COVID-19 vaccination programme and the establishment of Onsite Midwife-led Birth Units (OMBUs). The number of neonatal deaths is decreasing due to 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	eThekwini	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
External Stakeholders				
Tertiary Academic Institutions	Low	High	Generating knowledge for all sectors of society. They prepare students for employment.	• Meetings • Forums • Written and formal communications • Formal hearings/ presentations • Internet & intranet • Tele - & video conferencing & Skype for business
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	• Various inter – Governmental Forums • Provincial Consultative Health Forum • Provincial Health Council (PHC) meetings
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 to B-BBEE, 2023/24 Annual report

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** ***(include a discussion on your response and indicate what measures have been taken to comply)***
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	Yes[2]	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).

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

[2] 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 nit 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.

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 , 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 the 9th 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 must be trained, 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 MTDP	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.
	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.

Opportunities	Threats
	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	The neonatal death rate management is suboptimal
Using the current baseline of men's health services, to expand to other health facilities	The management of HAST Patients is suboptimal. This is largely due to poor disclosure of HIV status and leading to

Strengths	Weaknesses
	poor management of children. The implementation of literacy classes needs to be improved
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)

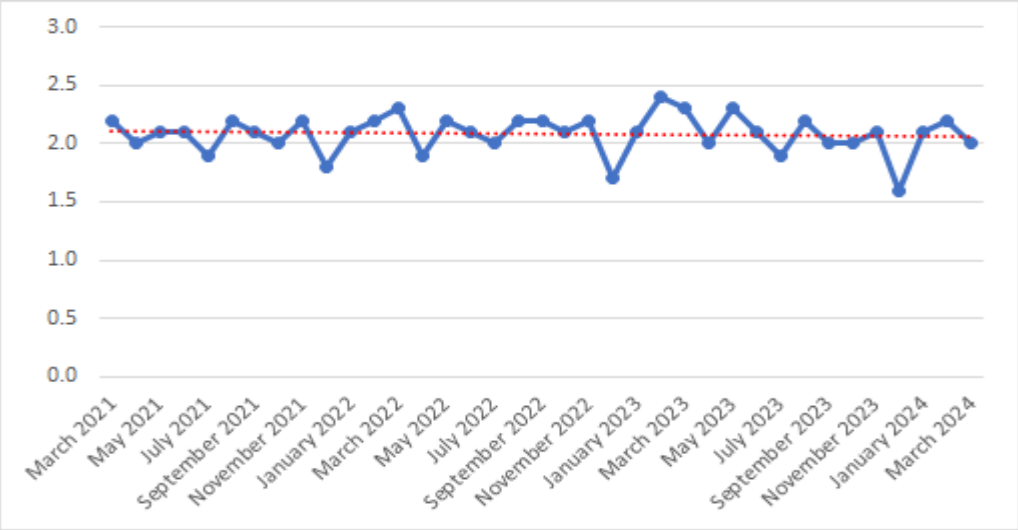
District	Fixed Clinics (Provincial and Local Authority)	Community Health Centers	Mobiles
Ugu	52	2	16
uMgungundlovu	49	3	18
uThukela	36	1	16
uMzinyathi	53	1	13
Amajuba	25	1	8
Zululand	75	1	27
uMkhanyakude	59	1	21
King Cetshwayo	63	1	16
iLembe	34	2	11
Harry Gwala	38	2	16
eThekwini	105	8	19

District	Fixed Clinics (Provincial and Local Authority)	Community Health Centers	Mobiles
KZN Total	**589**	**23**	**181**

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.

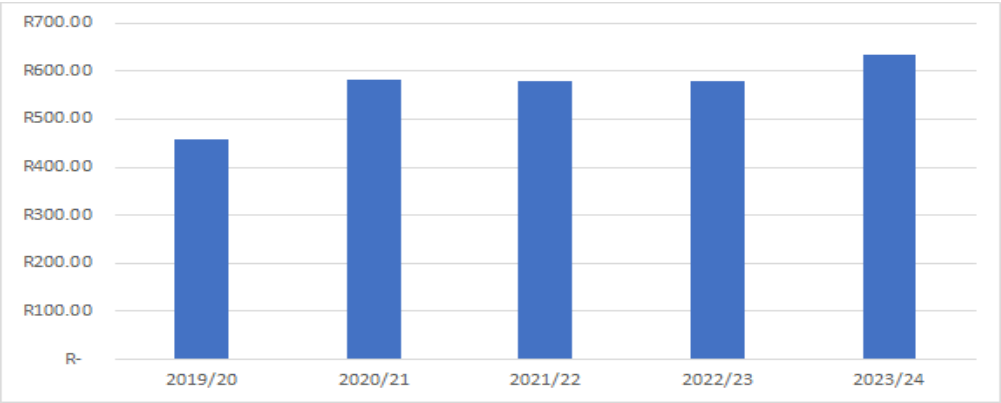
Graph 21: PHC utilization (2021/22 – 2023/24)



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 22 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.

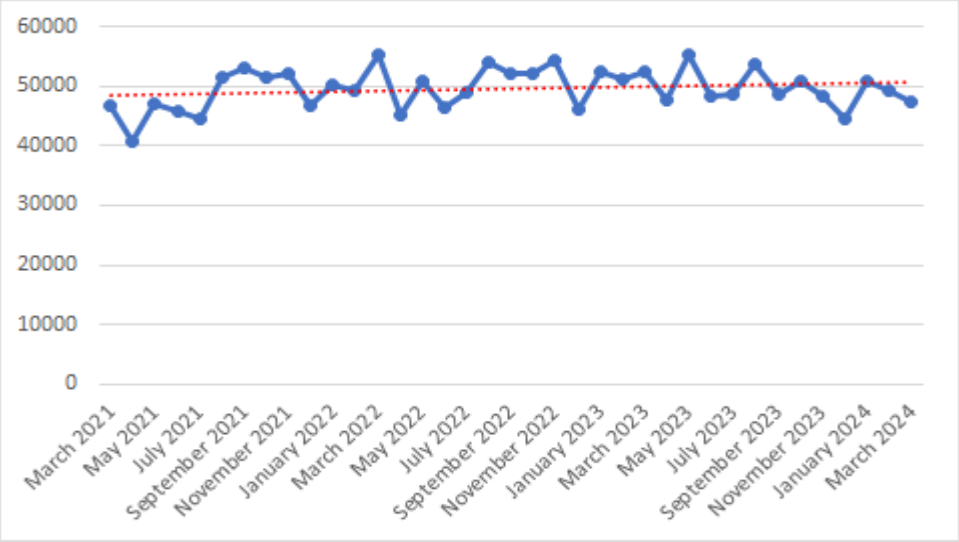
Table 10: Hospitals per District

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
eThekwini	5	5	1	1	0	1	1	1
KZN Total	**42**	**13**	**3**	**1**	**3**	**1**	**5**	**1**

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

Graph 23 below, shows that the OPD (Outpatients Department) 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 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 (Patient Day Equivalent), and OPD headcounts

Hospital type	Indicator	2021/22	2022/23	2023/24
District	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
Regional	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
Central	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
Tertiary	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

As discussed under the section on Gender Based Violence and Femicide, 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	eThekwini	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 511complaints in the 2023/24 financial year (Table 10). 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

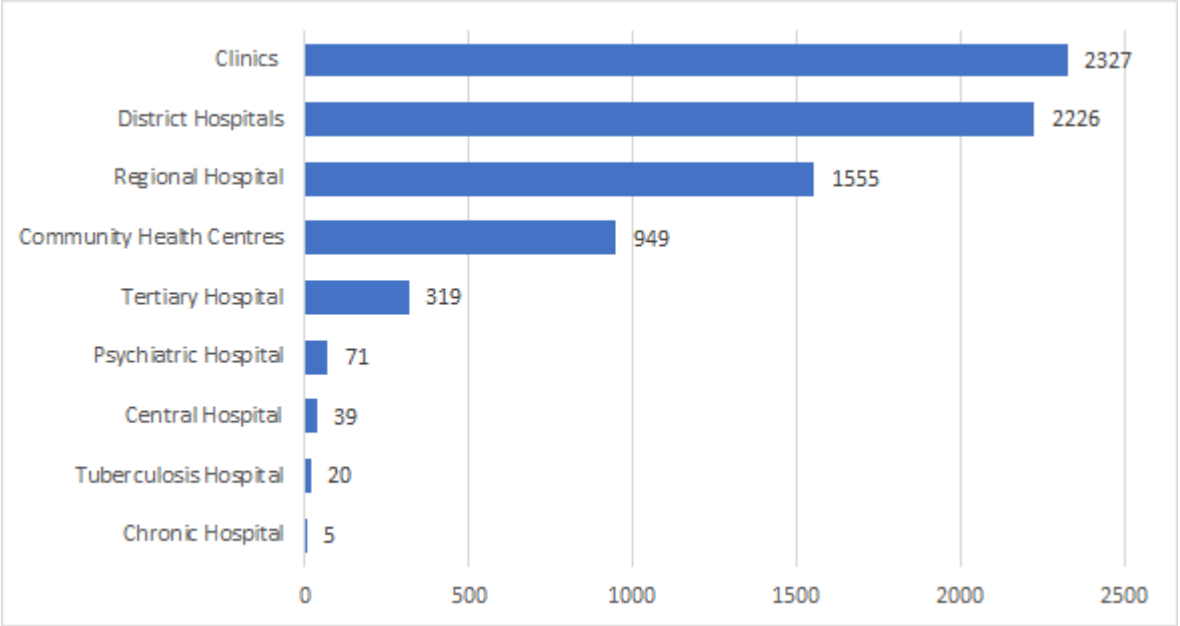
Table 13: Categories of complaints received, including complaints resolution performance (2023/24)

	KwaZulu-Natal	Amajuba	eThekwini	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	eThekwini	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

	KZN	Amajuba	eThekwini	Harry Gwala	iLembe	King Cetshwayo	Ugu	uMgungundlovu	uMkhanyakude	uMzinyathi	uThukela	Zululand
Other	1256	32	573	63	16	140	25	137	120	25	41	84
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 (SDIP)

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

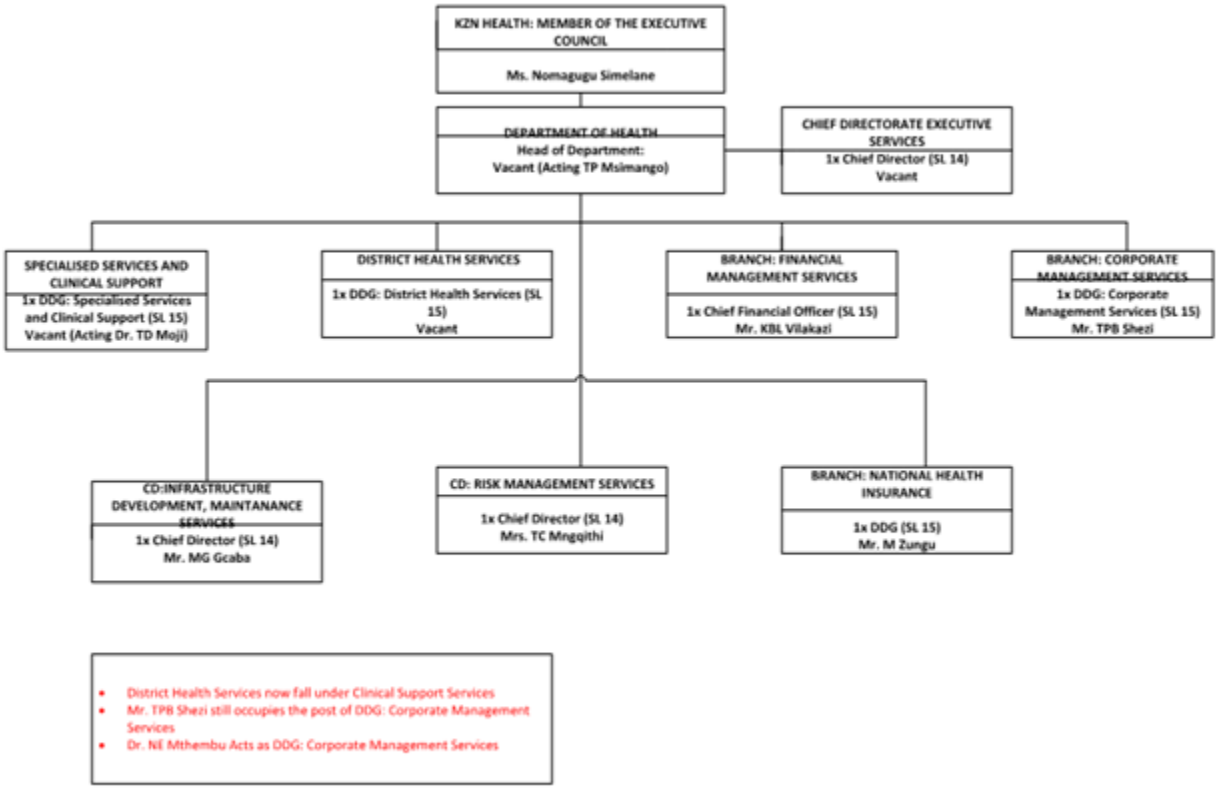
g) A Service Delivery Improvement Plan referred to in Regulation 38.

Complaints lodged against the department are used as the basis for identifying services to be included in the SDIP. More details will be in the Service Delivery Improvement Plan 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[3]



Source: Organizational Efficiency Services

INSTITUTION'S CAPACITY TO DELIVER ON ITS MANDATE[4].

Department Overview

The department, in terms of the decision-making powers and oversight, has an Acting 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.

[3] The post for the Deputy Director General: National Health Insurance is not on the approved structure
[4] 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 the 2023/24 financial year, Programme 3 was the worst performing with 0% achievement on the performance measures. Various resource constraints including human resources, vehicles (specifically operational ambulances), base infrastructure & budget contributed towards poor performance. Some of the interventions to turn around the poor performance included the allocation of infrastructure budget to increase number of customized built bases, strategic placement of satellite bases, engagements with vehicle management service providers to increase the pool of service providers, improved fleet supervision, revised staff rosters to reduce expenditure on overtime and attempt to employ additional staff.

All other programmes achieved between 52% to 100% on performance indicators. Programmes 6, 7 and 8 all achieved on 100% of performance indicators. For programme 6, funding was redirected from the post-basic nurse training provisions resulting in 160 bursaries being awarded to first year nursing students against a target of 120. For programme 7, Both Pharmaceutical Services "Tracer Medicine Stock-Out" targets were achieved through:

- Rationing stock of products with supply constraints.
- Mitigated risks for transitioning into new contracts.

In respect of Programme 8, there were 73 capital infrastructure projects completed. There were 3 510 Expanded Public Works Programme (EPWP) jobs created from April 2023 to March 2024, against a target of 2 500 (2023/24 Annual Report KZN DOH).

Overall, funding pressures still exist. The department was projecting a 2.9% over expenditure as of 31 December 2024 even with the implementation of the savings plan that has contributed positively (KZN DOH Fincom Feb 2024).

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 Office of The Premier (OTP) on 10 May 2023 and acknowledged by the DPSA on the same date (23/24 Annual Report)

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 were male (39%) and 98 (61%) were females and all 160 students were 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 with findings, 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:

- *Departmental hotline e-mail* *fraudline@kznhealth.gov.za*

- *Departmental fax number 033 346 6434*
- *Departmental Call Centre 0800 005 133*
- *National Anti-Corruption Hotline (NACH) 0800 701 701*

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

11. Institutional performance information

Impact statements

Impact	Impact Indicator	Baseline (2023/24)	Five-year target (2029/30)
Increased life expectancy at birth	Life expectancy at birth	61 years	70 years

Life expectancy at birth has continually been increasing between 2002 and 2024 for both males and females. The life expectancy at birth for the 2021 – 2026 period, is 64.2 for females and 57.8 for males.

Measuring our outcomes

Table 15: Outcomes, Outcome Indicators and Targets[5]

Outcome	Outcome Indicator	Baseline (2023/24)	Five-year target (2029/30)
Reduced morbidity and mortality	Inpatient deaths ***	2 695	1 620
	Disease occurrence ***	77 857	59 902
	Delivery 15 - 19 years in facility	30 055	27 779
	Maternal Mortality Ratio	93,6/ 100 000	85.2/100 000
	Death in facility under 5 years rate	4.2%	3.6%
Improved Client Experience of Care	Complaints ***	627	115
	Compliments ***	1 876	2 276
	Patient Safety Incidents ***	552	110

[5] ***Baseline and targets are in a form of moving average

Explanation of planned performance over the five-year planning period

Figure 3: Theory of Change

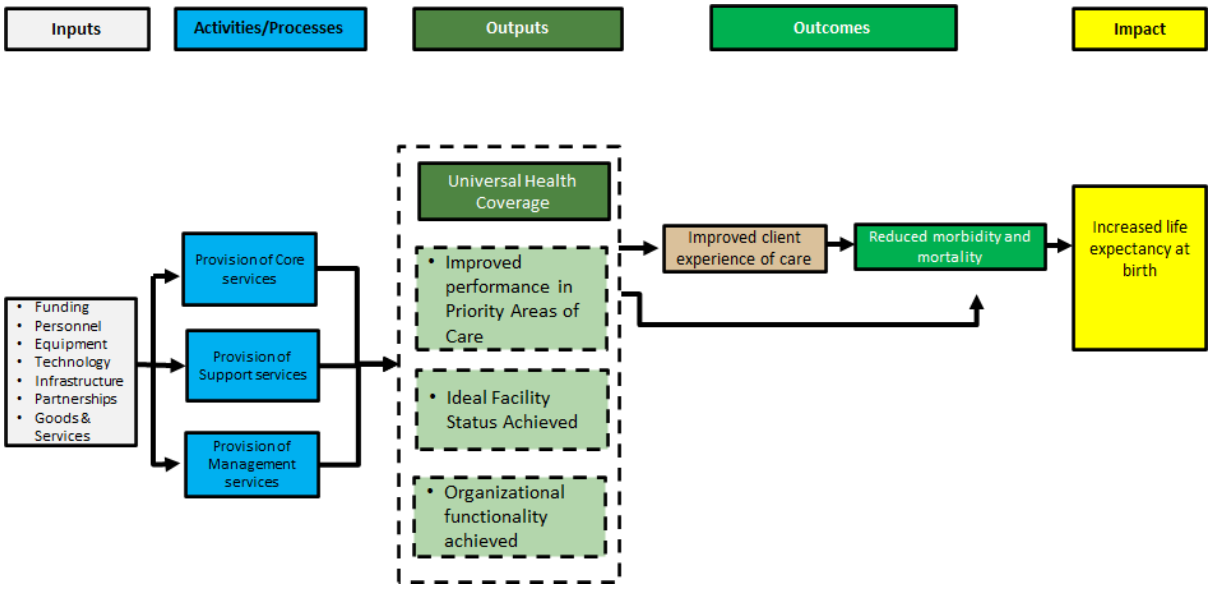


Figure 3 above, illustrates the causal pathway linking inputs, activities, and outputs to desired outcomes and impact. Mortality, the primary determinant of life expectancy, has an inverse relationship with it: higher mortality rates correspond to lower life expectancy. Morbidity, a key precursor to mortality, suggests that reducing disease prevalence will subsequently lower the number of deaths. Improved client experience of care is crucial, both as a positive outcome for service beneficiaries and as a contributing factor to reduced morbidity and mortality. The causal pathway is further illustrated in Table 17 below.

Table 16: Outcome-impact causal pathway

Impact	Outcome	Contribution towards achieving the impact	Enablers intended to assist with achieving the five-year targets.
Increased life expectancy at birth	Reduced morbidity and mortality	Deaths are the main determinant of life expectancy. Reducing the incidence of diseases leads to the decrease in deaths.	Availability of requisite resources Supervision Operations Management
	Improved client experience of care	The manner in which clients are treated is the core of the quality of care critical in the management and prevention of diseases, which subsequently determine the life expectancy.	

KEY RISKS & MITIGATION STRATEGIES

Table 17: Key Risks and Mitigation Strategies

Key Risks	Risk Mitigation
Outcome: Reduced morbidity & mortality and Improved Client Experience of Care	
Laboratory & Blood Services: Increasing cost of Laboratory Tests	• Monitor the effectiveness of the system following the user training • Quarterly Monitoring of the functioning of Laboratory Committees • Collaborate with IT in the implementation of Laboratory Services module on eHealth.
EMS: Non-adherence to vehicle replacement policy	• Procurement of new vehicles • Motivate for filling of vacant posts
FPS: Inability to provide a Forensic Pathology Service in line with the National health Act, thus compromising the quality of medical legal chain of evidence.	• Develop the new Institutions / Facilities at Vryheid, Mtubatuba and Jozini.
Pharmaceutical Services: Inadequate administration and management of Pharmaceutical Stock	• Implement Rx Solution Stock Management System at PHC Clinics • Monitor compliance of Pharmaceuticals and Therapeutics Committees (PTCs) at Institutional, District and Provincial Level.
Pharmaceutical Services : Inadequate Staffing PPSD	• Development of a suitable Organizational Structure.
Strategic Health Programs: Inability to reduce the burden of disease from HIV	• Targeted testing for HIV • Provider Initiated counselling, testing and treatment adherence strategies through differentiated care
Strategic Health Programs: Inability to reduce the burden of disease from TB	• Targeted testing for TB • Treatment adherence strategies through patient treatment support
DHS: Increase in demand of health services	• To establish MOU for cross-boundaries • Engage NDoH on the status of cross border issues • Development of public health emergency response plan (contingency plan)
DHS: Escalating Medico Legal Litigation claims against the Department	• Implement PSI guidelines
ATM: Lack of synergy between conventional Health Workers and Traditional Health Practitioner's (THPs)	• Develop a policy on the role of traditional medicine in Primary Health Care
Nursing Management Services: Insufficient number, categories of nurses allocated to perform nursing duties. Nursing categories Critical	• Monitor the progress of facilities in absorbing the lower categories of nurses. • Monitoring and evaluation of continuous implementation of staff developmental programmes of all clinical care. • Continuous Professional Development of all categories of nurses

Key Risks	Risk Mitigation
Outcome: Reduced morbidity & mortality and Improved Client Experience of Care	
Hospital Management services: Limited infrastructure to accommodate package of services	• Ongoing monitoring of the implementation of facility maintenance plan. • Facilitate the finalization for approval of plans for Mental Health Care Units
Hospital Management Services: Inadequate/ Poor Clinical Governance	• Monitor the functionality of governance structures • Monitor essential basic equipment requirements
State Aided Institutions: Funding provided to state aided institutions - Possible failure to realize full returns	• Conduct regular oversight visits to state aided institutions • Implement remedial measures whenever areas of non-compliance are identified.
HRMS: Inability to fill vacant posts	• Motivate for additional funding on Compensation of Employees (COE) • All Institutions to develop a Recruitment plan
Labour Relations : Delays in finalization of disciplinary cases	• Rollout of Labour Relations Case Management System through the Office of the Premier
Legal Services: Inadequate resources (filling space and IT)	• To request for additional storage space and fireproof for the existing storage space.
Legal Services: Lack of capacity within Legal Services Unit	• To motivate for the filling of vacant posts
Legal Services: Lack of understanding of protocol for routing of cases (from Institution to Head Office)	• 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.
SCM Asset Management: Poor management of the Asset Register between Institutions and Head Office.	• Implement LOGIS system • Motivation for the appointment of staff with more skills in Asset Management

Part D: Technical indicator descriptions (TIDs)

Indicator Title	Definition	Source of Data	Method of calculation	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Desired performance	Indicator Responsibility
Inpatient deaths	Moving average (12 month) of deaths recorded against admitted inpatients, including deaths of patients admitted earlier on the same day. This indicator aims to monitor the occurrence of deaths as a measure of quality of care.	WebDHIS	Moving average (Calculation: It involves dividing a sum of 12 months' worth of data by 12, starting from April 2021 and repeating the process for each successive month)	Unannounced, sporadic confirmation of reported data is done to ensure reliability of information	N/A	All Districts	Lower than baseline	KZN Department of Health Management
Disease Occurrence[6]	Moving average (12 month) of the total sum of new diseases recorded in the webDHIS and Tier.Net against patients seen in	WebDHIS and Tier.Net	Moving average (Calculation: It involves dividing a sum of 12 months' worth of data by 12, starting from	Unannounced, sporadic confirmation of reported data is done to ensure reliability of information	N/A	All Districts	Lower than baseline	KZN Department of Health Management

[6] The following conditions constitute this indicator: HIV, TB, STI, Diabetes, Hypertension, Assault, Bilharzia, Bites, Falls, Gunshots, Malaria, Mental Health Disorders, Moderate Acute Malnutrition, Severe Acute Malnutrition, Motor Vehicle Accidents, Sexual Assault, Pedestrian Vehicle Accidents, Sports Related Trauma, Substance Abuse Disorder, Total Needle Stick Injuries and Obesity (BMI >30). This list is not exhaustive but is used as a proxy.

Indicator Title	Definition	Source of Data	Method of calculation	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Desired performance	Indicator Responsibility
	the facilities (clinics, Community Health Centres, and hospitals). This indicator aims to identify patterns, trends, and changes in the epidemiological profile.		April 2021 and repeating the process for each successive month)					
Delivery 15 - 19 years in facility	Delivery where the mother is 15-19 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff. Multiple births should be counted as 1 delivery and 2 (or more) births irrespective of the method of delivery. In the case of multiple births, where 1	Birth Register	Count	None	N/A	N/A	As per Targets above	SHP

Indicator Title	Definition	Source of Data	Method of calculation	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Desired performance	Indicator Responsibility
	(or more) infant neonate(s) is a vaginal delivery and 1 (or more) by Caesarean section- count/report the more complex method i.e., Caesarean delivery. On average, expect multiple births to be around 15 percent of the total-usually higher in referral hospitals and lower in Midwife Obstetrics Units due to referral of clients expecting twins or triplets							
Maternal Mortality Ratio	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days	PHC Comprehensive Tick Register Ward; Tick register OPD Delivery and ICU Register, Midnight	Maternal deaths in facility divided by Live births in facility + born alive before arrival /100 000	None	N/A	N/A	As per Targets above	SHP

Indicator Title	Definition	Source of Data	Method of calculation	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Desired performance	Indicator Responsibility
	of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility. This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned							

Indicator Title	Definition	Source of Data	Method of calculation	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Desired performance	Indicator Responsibility
	pregnancies, antenatal care, delivery and postnatal services							
Death in facility under 5 years rate	Children under 5 years who died during their stay in the facility as a proportion of inpatient separations under 5 years.	Midnight census; Admission, discharge & death registers	Deaths in facility under 5 years divided by inpatient separations under 5 years multiplied by a hundred	None	N/A	N/A	As per Targets above	SHP
Complaints	Moving average(12 month) of the number of complaints received from the clients. This indicator aims to identify aims to monitor complaints received as well as identify areas of improvement.	Ideal Clinic Monitoring System	Moving average (Calculation: It involves dividing a sum of 12 months' worth of data by 12, starting from April 2021 and repeating the process for each successive month)	Unannounced, sporadic confirmation of reported data is done to ensure reliability of information	N/A	All Districts	Lower than baseline	KZN Department of Health Management
Compliments	Moving average (12 month) of the number of compliments received from	Ideal Clinic Monitoring System	Moving average (Calculation: It involves dividing a sum of 12	Unannounced, sporadic confirmation of reported data is done to ensure	N/A	All Districts	Higher than baseline	KZN Department of Health Management

Indicator Title	Definition	Source of Data	Method of calculation	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Desired performance	Indicator Responsibility
	the clients. This indicator aims to identify patterns, trends, and changes in meeting customer expectations.		months' worth of data by 12, starting from April 2021 and repeating the process for each successive month	reliability of information				
Patient Safety Incidents	Moving average (12 month) of the number of patient safety incidents occurring. This indicator aims to identify aims to monitor the occurrence of adverse events affecting the patients as well as identify areas of improvement.	Ideal Clinic Monitoring System	Moving average (Calculation: It involves dividing a sum of 12 months' worth of data by 12, starting from April 2021 and repeating the process for each successive month	Unannounced, sporadic confirmation of reported data is done to ensure reliability of information	N/A	All Districts	Lower than baseline	KZN Department of Health Management

Annexures to the Strategic Plan

Annexure A: District Development Model

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
Demographic Change/People Development.	Improve the Quality of Life and overall well-being of people living fundamentally and radically in the district with an emphasis on vulnerable and marginalized groups	iLembe District Municipality	Within the District	Sector government departments Local government, communities, Hospitals Boards and Labour Unions
Economic Positioning.	To define the strategic role of the district in the national economy and build a resilient and transformed regional economy			
Spatial Restructuring and Environmental Sustainability.	To develop a transformed, efficient, and sustainable spatial form as dynamic platform for economy and integrated human settlements.			
Infrastructure Engineering.	Mobilize, target, align and manage investment in infrastructure in a sustainable way supporting the economic positioning and transformed spatial structure. Madundube Clinic - Construct New Medium Clinic (on hold) Mambulu Clinic (Kranskop)- Construction of a New Clinic (on hold) Driefontein clinic – Construction of new clinic MEC project (on hold)			
Integrated Service Provisioning.	Enable residents to experience reliable, cost effective, viable, sustainable and seamless provisioning of services in functioning places			
Governance and Financial Management.	Improve the performance of all three spheres of government and in relation to district/metro developmental impact			

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
Electricity	Installation of a standby generator set	eThekwini	(29.861) 31.040	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Electricity	Installation of new generator sets in 2 Central Laundries	eThekwini	(29.955) 30.937	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Electricity	Installation of a standby generator set	eThekwini	(29.740) 30.879	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Electricity	Installation of a new generator set	eThekwini	(29.936) 30.957	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Electricity	Replace 7 standby generators	eThekwini	(29.955) 30.937	Local Government, communities, other Government Departments, Hospital Board and Labour Unions
Not provided	Upgrading and Additions	Harry Gwala	Not provided	Not provided
Not provided	Upgrading and Additions	Harry Gwala	Not provided	Not provided
Not provided	Upgrading and Additions	Harry Gwala	Not provided	Not provided
Not provided	Upgrading and Additions	Harry Gwala	Not provided	Not provided
Not provided	Upgrading and Additions	Harry Gwala	Not provided	Not provided
Not provided	Rehabilitation, Renovations & Refurbishment	Harry Gwala	Not provided	Not provided

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
Not provided	Replace existing septic tank (2,4m)	Harry Gwala	Not provided	Not provided
Not provided	Upgrading old structure inherited from SAPPI Replacement of guard house, Installation of new 3 prefabs as consulting rooms, patient waiting areas	Harry Gwala	Not provided	Not provided
Not provided	Replace existing septic tank (2,4m)	Harry Gwala	Not provided	Not provided
Not provided	New Clinic	Harry Gwala	Not provided	Not provided
Not provided	New Clinic	Harry Gwala	Not provided	Not provided
Not provided	New Clinic	Harry Gwala	Not provided	Not provided
Not provided	Conversion to Regional Hospital (70m) Phase 1 Starting with New theater & critical care	Harry Gwala	Not provided	Not provided
Not provided	Upgrade of Sewer	Harry Gwala	Not provided	Not provided
Not provided	New Accommodation	Harry Gwala	Not provided	Not provided
Not provided	New Maternity	Harry Gwala	Not provided	Not provided
Not provided	New Forensic, Observation, Staff Accommodation, parking & road	Harry Gwala	Not provided	Not provided

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
infrastructure	Staff Accommodation	King Cetshwayo	-28.7387387 32.0773765	Staff
infrastructure	Construction of a New Hospital (Phase 1)	King Cetshwayo	-28.72952 31.892506	Patients
infrastructure	Construction of New Medium Clinic	King Cetshwayo	-28.9354345 31.1954135	Patients
infrastructure	Construction of New EMS Wash Bay	King Cetshwayo	-28.6243 31.0867	Patients
infrastructure	New HR Offices, additional clinical space, guardhouse & general waste	King Cetshwayo	-28°39'55.7 32°01'20.6	Patients
infrastructure	Construction of New Orthotics and Prosthetics Centre with Parking Area	King Cetshwayo	-28°46'42.3 31°51'57.5	Patients
infrastructure	Nkungumathe - New Health Post	King Cetshwayo	-28.7387387 32.0773765	Patients
Access to PHC	Nyavini Clinic	Ugu	-30.505170 30.599217	Department of Health
Interns' accommodation	Murchison Mission houses staff accommodation.	Ugu	-30.727799 30.343463	Department of Public Works
Water	Installation of the borehole & purification plant	Ugu	-30.565792 30.421760	Not provided
Water	Bore hole and purification plant	Ugu	-30.570764 30.477416	Not provided
Access to PHC	New rehab center	Ugu	-30.505170 30.599217	Not provided
Water	construction of mega water storage and retaliation	Ugu	-30.289019 30.745364	Not provided
Structural repairs	construction waste Centre	Ugu	-30.289019 30.745364	Not provided
Access to PHC	helipad	Ugu	-30.289019 30.745364	Not provided
Burden of disease	psych ward construction	Ugu	-30.289019 30.745364	Not provided
Fire protection	security guard house at main entrance	Ugu	-30.289019 30.745364	Not provided

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
Burden of disease	rehab block	Ugu	-30.289019 30.745364	Not provided
Burden of disease	additional medical and surgical wards	Ugu	-30.289019 30.745364	Not provided
Burden of disease	Construction of New Clinic	Ugu	-30.226621 30.724312	Not provided
Burden of disease	New MOU	Ugu	-30.606644 30.349821	Not provided
Access to PHC	Construction of New Clinic	Ugu	-30.930110 30.248972	Not provided
Fire protection	Fire compliant / emergency exit for child health	Ugu	-30.810596 30.333430	Not provided
HVAC Systems	Replace HVAC air conditioners	Ugu	-30.810596 30.333430	Not provided
Water	Additional high level water tank	Ugu	-30.971750 30.235388	Not provided
Water	Installation of the borehole & purification plant	Ugu	-30.971750 30.235388	Not provided
Water	Extension of septic tank & borehole	Ugu	-30.868643 30.283287	Not provided
Access to PHC	Phase 3	Ugu	-30.810596 30.333430	Not provided
Access to PHC	Upgrade and additions to Rehabilitation facilities	Ugu	-30.810596 30.333430	Not provided
rationalization of services	New MOU	Ugu	-30.910340 30.245205	Not provided
EMS Base	New small base	Ugu	-30.007629 30.244842	Not provided
Access to PHC	Construction of New Clinic	Ugu	-30.573216 30.575018	Not provided
Access to PHC	Construction of New Clinic	Ugu	-30883169 29.877286	Not provided
Access to PHC	Construction of new CHC	Ugu	-30.746968 30.429141	Not provided
Access to PHC	Construction of replacement Clinic	Ugu	-30.863310 30.368251	Not provided

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
Access to PHC	Construction of Replacement MDR unit	Ugu	-30.727799 30.343463	Not provided
Access to PHC	Construction of Replacement Main OPD	Ugu	-30.727799 30.343463	Not provided
Burden of disease	Upgrade and additions to Rehabilitation facilities	Ugu	-30.727799 30.343463	Not provided
Fire protection	Installation of an emergency gate	Ugu	-30.727799 30.343463	Not provided
Electricity	Additional generator 500KVA	Ugu	-30.727799 30.343463	Not provided
Structural repairs	Repurpose boiler house	Ugu	-30.727799 30.343463	Not provided
Burden of disease	Murchison Hospital - Upgrade Neonatal Nursery and Waste Centre	Ugu	-30.727799 30.343463	Not provided
Structural repairs	Refurbishment of MDR OPD Park homes	Ugu	-30.727799 30.343463	Not provided
EMS Base	New EMS Construction	Ugu	-30.851224 30.097071	Not provided
Water	Installation of the borehole with purification plant	Ugu	-30.646639 30.121281	Not provided
Access to PHC	New nurses' home	Ugu	-30.86084 30.15111	Not provided
Water	Installation of the borehole with purification plant	Ugu	-30.797446 30.041465	Not provided
Dilapidation	Replace Clinic	Ugu	-30.868079 30.304527	Not provided
Access to PHC	Construction of replacement Clinic	Ugu	-30.971695 30.235390	Not provided
Access to PHC	Construction of replacement Clinic	Ugu	-31.046835 30.210944	Not provided
EMS base	Upgrade and additions to large base	Ugu	-30.75438 30.43043	Not provided
Access to PHC	Upgrades and additions to existing clinic	Ugu	-30.737437 30.443259	Not provided

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
Dilapidation	Upgrading of Campus	Ugu	-30.727799 30.343463	Not provided
Access to PHC	New 28 bedded Psychiatric Unit	Ugu	-30.743310 30.451123	Not provided
Access to PHC	create renal dialysis unit	Ugu	-30.743310 30.451123	Not provided
Access to PHC	erection of urology and ENT unit	Ugu	-30.743310 30.451123	Not provided
Water	Installation of a reservoir and a borehole	Ugu	-30.743310 30.451123	Not provided
Access to PHC	erection of management block and rehabilitation unit	Ugu	-30.743310 30.451123	Not provided
Access to PHC	covert the current 5th floor admin for patient care clinical services	Ugu	-30.743310 30.451123	Not provided
compliance	erection of general archival for registry with proper shelving	Ugu	-30.743310 30.451123	Not provided
Dilapidation	upgrade the hospital roofing with slab and install IRB sheeting due to storm damage	Ugu	-30.743310 30.451123	Not provided
Structural repairs	cater for emergencies ramp patient use in terms of disaster mx	Ugu	-30.743310 30.451123	Not provided
access to care	erect multi story accommodation unit at Jan Smuts nursing home for interns	Ugu	-30.743310 30.451123	Not provided
access to care	Construction of new clinic Sthoyeni area	Ugu	-30.743310 30.451123	Not provided
access to care	Construction of new clinic Kwanguza area	Ugu	-30.743310 30.451123	Not provided
access to care	Construction of replacement Clinic	Ugu	-30.800603 30.411830	Not provided
access to care	Construction of replacement Clinic	Ugu	-30.678328 30.505552	Not provided
access to care	New small base	Ugu	-30.259701 30.201932	Not provided

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
access to care	Construction of New Clinic	Ugu	-30.685320 30.152470	Not provided
access to care	Construction of New Clinic	Ugu	-30.146281 30.451969	Not provided
access to care	Construction of replacement Clinic	Ugu	-30.719512 30.473369	Not provided
access to care	Construction of New CHC (Phase 1)	Ugu	-30.304363 30.667602	Not provided
access to care	Replacement for Pennington	Ugu	-30.382388 30.639650	Not provided
EMS Base	Sawoti Umzinto	Ugu	-30.304363 30.667602	Not provided
access to care	New clinic	Ugu	-30.257826 30.421560	Not provided
access to care	New Clinic	Ugu	-30.194189 30.509855	Not provided
rationalization of services	Gateway Clinic replacement pre fabs	Ugu	-30.289019 30.745364	Not provided
access to care	New clinic	Ugu	-30.209342 30.695451	Not provided
access to care	New clinic	Ugu	-30.144547 30.564299	Not provided
access to care	Construction of replacement Clinic	Ugu	-30.529689 30.201916	Not provided
Com serve & Interns accommodation	Com serve accommodation	Ugu	-30.575716 29.889760	Not provided
Burden of disease profiling	Upgrade seclusion ward for mental health patients	Ugu	-30.575716 29.889760	Not provided
Burden of disease profiling	renovate ablutions of all the wards and staff residence	Ugu	-30.575716 29.889760	Not provided
Burden of disease profiling	Upgrade mortuary cold room	Ugu	-30.575716 29.889760	Not provided
access to care	Upgrade Existing Child / Maternity / neonatal and KMC ward	Ugu	-30.575716 29.889760	Not provided

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
access to care	Merge St Andrews gateway with Harding clinic	Ugu	-30.574806 29.883252	Not provided
access to care access to care	Weza replacement clinic-Kwa Botha clinic	Ugu	-30.619783 29.785794	Not provided
Structural repairs	construction of emergency exit for HR block, female ward, admin block & laundry	Ugu	-30.575716 29.889760	Not provided
Fire protection	Fire compliance	Ugu	-30.575716 29.889760	Not provided
Disability access	Disability access training center and HR	Ugu	-30.575716 29.889760	Not provided
Water	Upgrade borehole	Ugu	-30.575716 29.889760	Not provided
Water	Additional high level water tank	Ugu	-30.575716 29.889760	Not provided
Reticulation	Installation of medical air	Ugu	-30.575716 29.889760	Not provided
Nurse call system	Install nurses bedside call system	Ugu	-30.575716 29.889760	Not provided
Oxygen reticulation	Additional oxygen points and vacuum points	Ugu	-30.575716 29.889760	Not provided
Communication system	Install PA System in the facility	Ugu	-30.575716 29.889760	Not provided
Water	Installation of borehole & purification plant	Ugu	-30.633699 29.796340	Not provided
Water	Installation of borehole & purification plant	Ugu	-30.684085 29.879013	Not provided
Water	Installation of borehole & purification plant	Ugu	-30.526740 30.024934	Not provided
Structural repairs	Shelter for government vehicles and staff	Ugu	-30.575716 29.889760	Not provided
Electricity	Additional Electricity backup / Solar and invertors	Ugu	-30.575716 29.889760	Not provided
Structural repairs	Repair steel ramp to A Ward	Ugu	-30.575716 29.889760	Not provided

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
Water	Ladysmith Hospital - 72 hr Water and Fire Storage Upgrade	uThukela	-28.557 29.766	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
Sanitation	Ladysmith Hospital - Replacement of Sewer Reticulation	uThukela	-28.557 29.766	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	uThukela	Site to be confirmed	Local government, communities, other Government Departments, Hospitals Boards and Labour Unions
Infrastructure	KwaGwebu Clinic: New Ideal Clinic and accommodation Construction	Zululand	-27 35''36.64212 30 54'6.77988	Department of Public Works
Infrastructure	Vryheid Hospital - Condition Assessment, Masterplan and Project Briefs	Zululand	-27,75835283 30,7970875	Department of Public Works
Infrastructure	Vryheid Medico-Legal Mortuary - Construction of a New Medico-Legal Mortuary	Zululand	-27,75835283 30,7970875	Department of Public Works
Infrastructure	Mandlakazi Clinic-Construction of new clinic	Zululand	-27.757019 31.887856	Department of Public Works
Infrastructure	Benedictine Hospital - Construction of new staff accommodation - Phase 2	Zululand	-27.892740 31.639300	Department of Public Works
Water	Benedictine Hospital - Upgrade water reticulation	Zululand	-27.892740 31.639300	Department of Public Works
Infrastructure	Nkonjeni Hospital - Build a new Neonatal facility & renovate existing	Zululand	-28,62450283 31,08683367	Department of Public Works

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
Infrastructure	EDumbe EMS Base - Construction of New EMS Wash Bay	Zululand	-27,4100745 30,82455917	Department of Public Works
Infrastructure	eDumbe CHC - Condition Assessment, Masterplan and Project Briefs	Zululand	-27,4100745 30,82455917	Department of Public Works
	Thulasizwe Clinic - Construction of a Small Clinic	Zululand	-27,95223821 31,3660331	Department of Public Works
	Ceza Hospital - Refurbishment of existing Nurses Accommodation	Zululand	-27,99607383 31,37718817	Department of Public Works
	Benedictine Hospital - Replace roof, gutters, and down pipes	Zululand	-27.892740 31.639300	Department of Public Works
uMzinyathi District	Mortuaries - Category C (Minor Projects Outsourced)	uMzinyathi	-28.16539763116984, 30.24164919713312	N/A
CJM Hospital	Category C (Minor Projects Outsourced)	uMzinyathi	-28.211693536944797, 30.673453705625626	N/A
CJM Hospital	Upgrades water, sewer, signage, staff parking and helipad	uMzinyathi		N/A
Church of Scotland Hospital	Category C (Minor Projects Outsourced)	uMzinyathi	-28.74577592330185, 30.449644624135143	N/A
Church of Scotland Hospital	Renovations and Upgrades to existing burnt Mental Health Spaces and Ablutions.	uMzinyathi	-28.74577592330185, 30.449644624135143	Public works
Cwaka Clinic	New Replacement Clinic	uMzinyathi	-28.737244492308527, 30.4637823221414	N/A
Douglas Clinic	Replacing of Existing Sewer System	uMzinyathi	-28.525381437429232, 30.28356851152349	N/A
Dundee Hospital	Assessment and Upgrade of HVAC System	uMzinyathi	-28.17310656400437, 30.22950727993739	N/A
Dundee Hospital	Dundee Hospital - Category C (Minor Projects Outsourced)	uMzinyathi	-28.17310656400437, 30.22950727993739	N/A
Dundee Hospital	Upgrade Sewer Reticulation	uMzinyathi	-28.17310656400437, 30.22950727993739	N/A

Area of intervention	5-year planning period			
	Project description	**District / Municipality**	**Location: GPS co-ordinates**	**Social Partners**
Dundee Regional Laundry	Upgrade steam reticulation	uMzinyathi	-28.16849640875168, 30.253486546869183	N/A
Greytown Hospital	Category C (Minor Projects Outsourced)	uMzinyathi	-29.060214305318944, 30.600524545504204	N/A
Greytown TB Hospital	Extractor Fans at Male TB ward x6	uMzinyathi	-29.0705781237831, 30.58246643155339	N/A
Greytown TB Hospital	Category C (Minor Projects Outsourced)	uMzinyathi	29.0705781237831, 30.58246643155339	N/A
Greytown TB Hospital	Pave Parking Area and Build New Guard House	uMzinyathi	29.0705781237831, 30.58246643155339	N/A
Nondweni Clinic	Replacing of Existing Sewer system	uMzinyathi	-28.19444463322988, 30.81735769528199	N/A
Umzinyathi District EMS	Construction of 3 Ambulance Base Wash-bays	uMzinyathi	-28.10077070894522, 30.224788060188835	N/A
Mazabeko	Replacing of Existing Sewer system	uMzinyathi	-28.534066567356174, 30.585542498996524	N/A
Mandleni Clinic	Replacing of Existing Sewer system	uMzinyathi	-28.72355146151841, 30.35759628365856	N/A
Hlathi Dam Clinic	Replacement of Existing Sewer System	uMzinyathi	-28.23734955390729, 30.54337675665929	N/A
Collessie Clinic	Replacement of Existing Sewer System	uMzinyathi	-28.681995972126714, 30.522576504557215	N/A
Umzinyathi District Clinics	Category C (Minor Projects Outsourced)	uMzinyathi	-28.16539763116984, 30.24164919713312	N/A
Greytown Hospital	NHI Greytown MC24 maintenance project	uMzinyathi	-29.060214305318944, 30.600524545504204	N/A

Annexure B: Annual Performance Plan Linkage to Strategic Plan and MTDP Priorities

Outcome (5 Year Strategic Plan)	Outputs	Linkage to MTDP/ PGDS Priority
Reduced morbidity & mortality and Improved Client Experience of Care	**Programme 1**	MTDP Strategic Priority 2: Reduce poverty and tackle the high cost of living - Outcome: Improved access to affordable and quality healthcare
	Audit outcome for regulatory audit expressed by AGSA for the previous financial year	
	Supplier invoices paid within 30 days	
	Programme 2	
	Improved quality of care provided in Primary Health Care facilities	
	Severity assessment code (SAC) 1 incident reported within 24 hours (PHC)	
	Severity assessment code (SAC) 1 incident reported within 24 hours (District Hospital)	
	DS-TB Notifications	
	RR-TB Notifications	
	All DS-TB client successfully completed treatment	
	ART adult remain in care - total (ART quarterly outcome indicator)	
	ART child remain in care - total (ART quarterly outcome indicator)	
	Couple Year Protection	
	Prevent Adolescent Pregnancy	
	Increase Percentage (80%) of pregnant women attend ANC before 20 weeks	
	Increase Percentage (80%) of mothers attend postnatal care between 0 – 6 days	
	90% of children are fully immunised by one year of age	
	95% of children receive two doses of measles containing vaccine	
	Prevent Cervical Cancer	
	PHC mental disorders treated	
	Programme 3	
	EMS P1 urban response under 30 minutes	
	EMS P1 rural response under 60 minutes	
	Programme 4	
	Severity Assessment Code (SAC) 1 incidence reported within 24 hrs (Regional Hospitals)	
	Severity Assessment Code (SAC) 1 incidence reported within 24 hrs (Tuberculosis Hospitals)	
	Severity Assessment Code (SAC) 1 incidence reported within 24 hrs (Psychiatric Hospitals)	
	Severity Assessment Code (SAC) 1 incidence reported within 24 hrs (Sub-acute, Step down and Chronic Medical Hospitals)	

Outcome (5 Year Strategic Plan)	Outputs	Linkage to MTDP/ PGDS Priority
	Programme 5	
	Severity Assessment Code (SAC) 1 incidence reported within 24 hrs (Tertiary Hospitals)	
	Severity Assessment Code (SAC) 1 incidence reported within 24 hrs (Central Hospital)	
	Programme 6	
	Provision of funding to address skills shortage and improve performance	
	Programme 7	
	Uninterrupted supply of essential medicines	
	Programme 8	
	Provision of preventative infrastructure maintenance to prevent failure	
	Completion of renovation and refurbishing projects	

BIBLIOGRAPHY

1. https://census.statssa.gov.za/#/province/5/2
2. https://www.kzntreasury.gov.za/ResourceCenter/Annual%20Report/KZN%20Provincial%20Treasury%20Annual%20Report%202023.2024.pdf
3. https://www.statssa.gov.za/publications/P03093/P030932020.pdf
4. http://www.statssa.gov.za/publications/03-19-05/03-19-052019.pdf
5. https://www.statssa.gov.za/publications/P0211/Presentation%20QLFS%20Q4_2020.pdf

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