



Province of the
EASTERN CAPE
HEALTH



ANNUAL PERFORMANCE PLAN 2024/25

Together, moving the health system forward



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ABBREVIATIONS AND ACRONYMS

ACSM	Advocacy Communication and Social Mobilisation	CP	Cerebral Palsy
AIP	Audit Intervention Plan	CPD	Continuous Personal Development
ALOS	Average Length of Stay	CT	Cape Town
APP	Annual Performance Plan	CUP	Contracting Units for Primary Health Care
APC	Adult Primary Care	CSSD	Central Sterile Supply Department
ARP	Annual Recruitment Plan	CSTL	Care and Support for Teaching and Learning
ART	Antiretroviral Therapy	DCST	District Clinical Specialist Team
BANC	Basic Ante-Natal Care	DDG	Deputy Director-General
BoD	Burden of Disease	DHIS	District Health Information System
BUR	Bed Utilisation Rate	DHIMS	District Health Information Management System
CCMDD	Central Chronic Medicine Dispensing and Distribution	DHP	District Health Plan
CCOD	Compensation / Commissioner for Occupational Disease	DHS	District Health Services
CFR	Case Fatality Rate	DM	District Municipality
CHCs	Community Health Centres	DMT	District Management Team
CHE	Council for Higher Education	DOE	Department of Education
CMH	Cecilia Makiwane Hospital	DOH	Department of Health
CHW	Community Health Workers	DOJ	Department of Justice
CETU	Clinical Education and Training Unit	DSD	Department of Social Development
COE	Compensation of Employees	DS -TB	Drugs Susceptible Tuberculosis
COIDA	Compensation of Occupational Injuries and Diseases Act	DR - TB	Drug Resistant Tuberculosis
COVID -19	Corona Virus 19		

DRDAR	Department of Rural Development and Agrarian Reform	GPS	Global Positioning System
		GIAMA	Government Immovable Asset Management Act
DSRAC	Department of Sport Recreation Arts and Culture	GP	General Practitioner
		HAIs	Hospital Acquired Infection
EAP	Employee Assistance Programme	HAP	Health Action Plan
		HAST	HIV / AIDS, STI and TB Control
EC	Eastern Cape	HBB	Helping Babies Breathe
ECD	Eastern Cape Department	HCSS	Health Care Support Services
ECDoH	Eastern Cape Department of Health	HDI	Human Development Index
ECAC	Eastern Cape AIDS Council	HFM	Health Facilities Management
ECCOEC	Eastern Cape College of Emergency Care	HIV/AIDS	Human Immuno - Deficiency Virus/Acquired Immune Deficiency Syndrome
ECSECC	Eastern Cape Socio-Economic Consultative Council	HMS	Hospital Management System
EDR-TB	Extreme Drug Resistance Tuberculosis	HOD	Head of Department
		HP	Health Promotion
EMS	Emergency Medical Services	HPCSA	Health Professional Council of South Africa
EPI	Expanded Programme on Immunisations	HPRS	Health Patient Registration System
EPWP	Expanded Public Works Programme	HST	Health Sciences and Training
EPRE	Estimate of the Provincial Revenue and Expenditure	HPTD	Health Professionals Training and Development (Grant)
ESMOE	Essential Steps in the Management of Obstetric Emergencies	HPV	Human Papilloma Virus
		HRM	Human Resource Management
ETR	Electronic TB Register	HRD	Human Resource Development
EXCO	Executive Council	HRH	Human Resources for Health
GBV	Gender based Violence.	HT	Health Technology

HVAC	Heating Ventilation and Conditioning	MBOD	Medical Bearuea for Occupational Diseases
ICC	Institutional Consultative Committee	MCWHN	Maternal Child Women's Health and Nutrition
ICRM	Ideal Clinic Realisation and Maintenance	MDGs	Millennium Developmental Goals
ICSM	Integrated Clinical Services Management	MDR-TB	Multi-Drug Resistant TB
ICT	Information, Communications and Technology	MEC	Member of the Executive Council
IDMS	Infrastructure Delivery Management System	METROs	Medical Emergency Transport and Rescue Organizations
IDIP	Infrastructure Delivery Improvement Programme	MLSIP	Medico-Legal Strategy Implementation Plan
IDPs	Integrated Development Plans	MMR	Maternal Mortality Rate
IGR	Inter Governmental Relations	MOU	Maternal Obstetric Unit
IHR	International Health Regulation	MOP	Medical Orthotic and Prosthetic
IMAM	Integrated Management of Children with Acute Malnutrition	MPL	Member of Provincial Legislature
IMCI	Integrated Management of Childhood Illnesses	MRC	Medical Research Council
IMR	Infant Mortality Rate	MRI	Magnetic Resonance Imaging
IPC	Infection Prevention and Control	MSSN	Management of Small and Sick Neonates
ISHP	Integrated School Health Programme	MTCT	Mother-To-Child-Transmission
IT	Information Technology	MTSF	Medium -Term Strategic Framework
LEDIS	Local Economic Development Implementation Strategy	MTEF	Medium -Term Expenditure Framework
MAC	Ministerial Advisory Committee	N/A	Not Applicable
		NCCEMD	National Committee on Confidential Enquiry on Maternal Deaths

NCDs	Non-Communicable Diseases	OTP	Office of the Premier
NCS	National Core Standards	PAJA	Promotion of Administrative Justice Act
NDHSC	National District Health Service Committee	PAIA	Promotion of Access to Information Act
NDoH	National Department of Health	PCR	Polymerase Chain Reactive
NDP	National Development Plan	PDE	Patient Day Equivalent
NGO	Non-Governmental Organisation	PDMT	Provincial District Management Team
NHA	National Health Act	PDP	Provincial Development Plan
NHI	National Health Insurance	PEC	Patient Experience of Care
NHLS	National Health Laboratory Services	PET	Positron Emission Tomography
NHP	National Health Plan	PFMA	Public Finance Management Act
NMAH	Nelson Mandela Academic Hospital	PEPFAR	President's Emergency Plan for Aids Relief
NMM	Nelson Mandela Metro	PERSAL	Personnel and Salaries System
NMU	Nelson Mandela University	PGDP	Provincial Growth and Development Plan
NPI	Non-Pharmaceutical Interventions	PHC	Primary Health Care
PMDS	Performance Management Development System	PMB	Prescribed Minimum Benefits
PDE	Patient Day Equivalent	PMTCT	Prevent Maternal to Child Transmission
NTSG	National Tertiary Services Grant	POA	Programme of Action
OD	Organisational Development	PrEP	Pre-exposure prophylaxis
O&P	Orthotic and Prosthetic	PT	Provincial Treasury
OHH	Outreach Households	PUP	Pick Up Points
OHS	Occupational Health and Safety	QIP	Quality Improvement Plan
OPD	Outpatient Department	RAF	Road Accident Fund

SADC	South African Development Community
SAHRC	South Africa Human Rights Council
SAM	Severe Acute Malnutrition
SDM	Service Delivery Model
SyNCH	Synchronised National Communication in Health
SAHRC	South Africa Human Rights Council
SADC	South African Development Community
STI	Sexual Transmitted Infection
TPT	TB Preventative Therapy
UNAIDS	United Nations Programme on HIV/AIDS
WBOT	Ward Based Outreach Teams
WBPHCOT	Ward-Based Primary Health Care Outreach Teams

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EXECUTIVE AUTHORITY STATEMENT

It is with great honour and a profound sense of responsibility that I present the Annual Performance Plan (APP) for the Eastern Cape Department of Health for the fiscal year 2024/25. This document encapsulates our collective vision, strategies, and objectives aimed at improving healthcare delivery and outcomes across our province.

As we about to end our 6th administration and in the same vain celebrate 30 years of our democracy, we are reminded of the words of the President of the African National Congress Oliver Tambo when he said “Comrades, you might think that it is very difficult to wage a liberation struggle. Wait until you are in power. I might be dead by then. At that stage, you will realise that it is actually more difficult to keep the power than to wage a liberation war. People will be expecting a lot of services from you. You will have to satisfy the various demands of the masses of our people”

These word encouraged us as leaders of the democratic government to work tirelessly and diligently knowing that our people are expecting us to deliver on the promises of our Freedom Charter without fail. It is imperative therefore to reflect on the progress we have made and the challenges that lie ahead. The few past years has been marked by unprecedented global challenges, from the enduring impacts of the COVID-19 pandemic to the persistent socio-economic disparities that continue to affect our communities. Despite these obstacles, the Eastern Cape Department of Health remains steadfast in its commitment to providing equitable, accessible, and high-quality healthcare services to all residents.

The passing of National Health Insurance Bill is a big feature and a huge achievement towards total emancipation and improved quality healthcare. Central to the NHI is our resolve to uphold the principles of inclusivity, ensuring that every citizen, regardless of background or circumstance, has access to the healthcare they need and deserve. Through a comprehensive approach that encompasses preventive care, health promotion, and disease management. It is our mission as Eastern cape Department of Health to work tirelessly to address the root causes of ill-health and empower individuals and communities to take charge of their well-being.

This APP serves as a roadmap for achieving our goals, outlining key priorities, targets, and initiatives for the year ahead. From expanding access to primary care services in underserved areas to strengthening our response to emerging public health threats, each objective is rooted in evidence-based practices and informed by the needs of our population.

Furthermore, we recognize that the success of our endeavors depends on the dedication and expertise of our healthcare workforce. As such, we remain committed to investing in their professional development, providing the necessary resources and support to enable them to deliver services of the highest caliber.

I would be remiss if I did not express my sincere gratitude to all those who have contributed to the development of this plan, including our dedicated staff, partner organizations, and community stakeholders. Your unwavering commitment and collaboration are essential to our collective success.

In closing, I am confident that with unity, determination, and innovation, we will overcome the challenges that lie ahead and continue to make meaningful strides towards our vision of a healthier, more resilient Eastern Cape. Together, let us embark on this journey with renewed vigor and a steadfast commitment to the well-being of all our citizens.

Yours in quality healthcare

A handwritten signature in blue ink, appearing to read 'N. Capa', is written over a horizontal line.

Hon. N. Capa, MPL

Member of the Executive Council

30 July 2024

STATEMENT BY THE HEAD AND ACCOUNTING OFFICER OF THE DEPARTMENT

This Annual Performance Plan is developed as the last segment towards achieving the policy priorities of the sixth administration. It allows us to reflect on the dreams and aspirations that we and our stakeholders had at the start of the sixth administration. An important commitment was undertaken at the start of the administration to strive to deliver the promise of providing quality health services to the people of the Province, informed by the National Development Plan (NDP), Medium-Term Strategic Framework (MTSF), Provincial Development Plan (PDP) and Provincial -Medium Strategic Framework (PMTSF).

As we reflect in the past four years, we are reminded of an unprecedented event of our lifetime, the global Covid-19 pandemic and its negative impact on health care. The gains made in the health sector towards achieving the Sustainable Development Goals (SDG) were reversed by the Covid-19 pandemic. However the Department developed and is implementing the Turn Around Strategy towards the renewal of the departmental programme of action. A need to rationalise the service delivery platform to improve effectiveness and efficiency within the sector has been identified and post Covid-19 lessons in the implementation of hub and spoke model is undertaken. Rehabilitation Centres of Excellence are also implemented through the hub and spoke model. The Departmental Task Team (DTT) - organized labour with management, supported by the Office of the Premier (OTP) and Department of Public Service and Administration (DPSA) experts- kicked off the service delivery review and realignment to the National Health Insurance (NHI) and District Development Model (DDM).

The Department has stemmed the haemorrhage of funds from the budget through the upfront, lump sum medico-legal settlements by launching two critical legal defence strategies - the Stay of Writs and Public Health Defence medico-legal strategies. The Department thus spent less than R500m total expenditure across the last two financial years since the implementation of the health turnaround strategy. This is significantly less than the projected two billion rand (R2 bil) outflow to settle cases on the court rolls for these years, had the coordinated legal defences not been mounted.

The National Development Plan 2030 (NDP 2030) has envisaged that in 2030, South Africa has a life expectancy rate of at least 70 years for men and women. The NDP further acknowledges that there has been a significant shift in equity, efficiency, effectiveness, and quality of health care provision. The Department is working on ensuring the healthy communities and better health outcomes through the coordinated approach in service delivery. The Department has embraced the UNAIDS 959595 Human Immuno-deficiency Virus (HIV) and Tuberculosis (TB) strategy which means 95% of all people with HIV know their status, 95% of all people with diagnosed HIV infection receive sustained treatment, and 95% of all people receiving treatment will have viral load suppression.

The Department is committed to the control of Non Communicable Diseases through adoption of an integrated, person-centred approach, strengthen our health systems for NCDs, establish coordinated and cohesive

engagements with stakeholders at all levels of care and promote the introduction and strengthening of care cascades for hypertension and diabetes. With Regards to mental health services, the Department is experiencing high re-admission rates as patients default treatment and are not fully re-integrated into the society. The province intends to strengthen community mental health services with a focus on improving skills and knowledge of the existing staff, expanding community based services and appointing district specialist mental health teams. Hospitals interventions are aimed at strengthening 72 hours observations and provision of acute mental health beds,

Despite the continuing challenges on multiple fronts, especially the constrained fiscal environment, natural disasters and increasing medico legal liability, the department is resolute on delivering on its constitutional mandate as encapsulated in section 27 of the Constitution of the Republic of South Africa (Act 108, 1996). The following priorities find expression in the department's APP 2024/25 as the Department envisions the way in which it provides health and care to the people it serves:

- Implementing the digitalisation, e-health strategy, new technologies and rolling out the HMS², Pharmacy Management and Emergency Medical Services call taking systems.
- Service delivery optimisation utilising the hub and spoke model to ensure efficiency and effective use of the available resources across the health value chain.
- Interventions to promote financial well-being of the Department by obtaining a clean audit, introducing cost-containment measures and efficiencies, expanding revenue generating initiatives and focusing on pro-active and preventative maintenance of health technology and equipment.
- Stemming the outflow of funds through medico-legal settlements and an integrated approach to managing and preventing medico-legal claims.
- Implementation of Pandemic Prevention Preparedness and Response by establishing Public Health Emergency Operations Centre (PHEOC) and intensify strategies for public health surveillance.
- Strengthening research activities through provincial research agenda and coordinate clinical research platform to improve health outcomes and generate new knowledge to inform policy and decision making.
- Finalisation and implementation of the Human Resources for Health (HRH) strategy as outlined in the department's 5-year strategy and the revised service delivery platform. The Department will also finalise the resultant staff migration plan that will ensure that staff are placed where they are most needed, in line with their skills and competencies.

Lastly, I implore the stakeholders of the Department to work together with us to accomplish better health outcomes for all and successful implementation of National Health Insurance towards Universal Health Coverage.



Ms M. Nokwe

Acting HOD for Health

30 July 2024

OFFICIAL SIGN-OFF OF THE ANNUAL PERFORMANCE PLAN 2024/25

It is hereby certified that this Annual Performance Plan:

Was developed by the management of the Eastern Cape Department of Health under the guidance of MEC for Health, Hon. N. Capa, MPL, takes into account all the relevant policies, legislations, and other mandates for which the Eastern Cape Province is responsible. Accurately reflects the outcomes and outputs which the Eastern Cape Department of Health will endeavour to achieve over the period 2024/ 25 financial year.



Ms. N. Maseko

Acting Programme Manager: 1, 6, & 8

30 July 2024



Ms. S. Tywabi

Acting Programme Manager 2

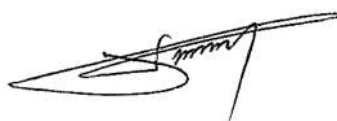
30 July 2024



Mr. G.G. Mhlanga

Acting Chief Financial Officer

30 July 2024



Dr. M. Xhamlashe

Programme Manager: 3, 4, 5 & 7

30 July 2024



Prof. S.T. Moko

Head Official Responsible for Planning

30 July 2024



Ms M. Nokwe

Acting Accounting Officer

30 July 2024

Approved by:



Hon. N. Capa, MPL

Member of the Executive Council

30 July 2024

PART A

OUR MANDATE



PART A - OUR MANDATE

I. HEALTH SECTOR POLICIES AND STRATEGIES

There are no new updates on the relevant legislatives and policy mandate

Constitutional Mandate

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

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

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

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care. People also have the right to access information if it is required for the exercise or protection of a right. This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment.

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.

2. **LEGISLATIONS FALLING UNDER THE DEPARTMENT OF HEALTH'S PORTFOLIO**

National Health Act, 2003 (Act No. 61 of 2003)

Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial, and local governments with regard to health services. The objectives of the National Health Act (NHA) are to: unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa; provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services; establish a health system based on decentralized management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation; promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

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

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

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

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

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

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

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

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

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

Choice on Termination of Pregnancy Act, 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 No. 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

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

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

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

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

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

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

Other legislation applicable to the Department:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Disaster Management Act 2002 (No. 57 of 2002) – establish framework to prevent, reduce the risk of disasters, mitigating the severity of disaster, emergency preparedness, rapid and effective response to disasters and post – disaster recovery through establishment of National, Provincial and municipal disaster management centre.

UPDATES ON HEALTH SECTOR POLICIES AND STRATEGIES

National Health Insurance (NHI) Bill

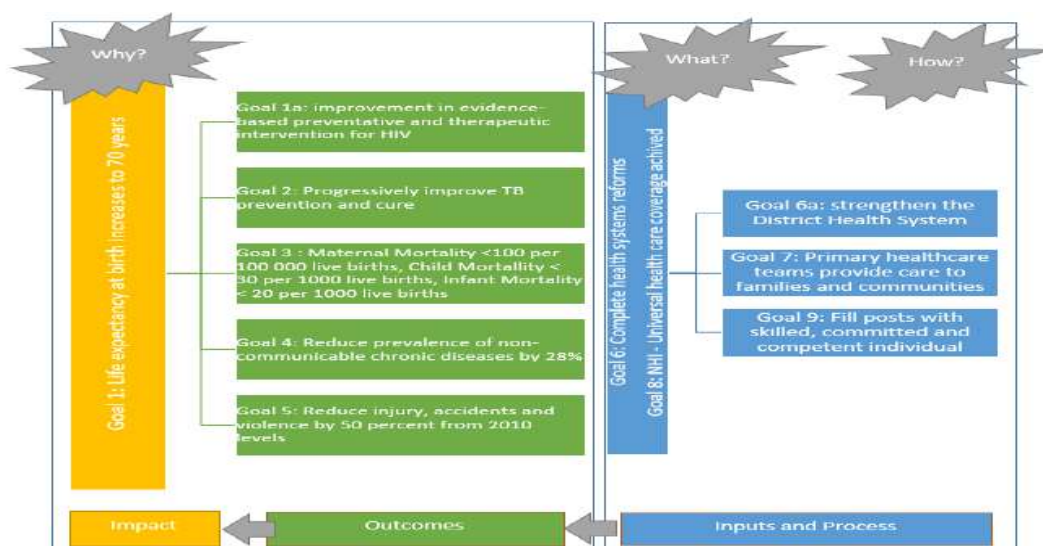
The National health insurance bill was passed by both houses of parliament (National Assembly and National Council of Provinces) in 2023. The phased implementation of National Health Insurance (NHI) is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate, efficient, affordable, and quality health services.

The bill will improve the operations of the department through Ideal Clinic Realisation and Maintenance (ICRM) model which will improve our infrastructure and quality improvement services and the enrolment of Contracting Units of Primary Health Care (PHC) which is at the initiation stage of the Re-engineering of Primary Health Care to improve health outcomes through Integrated School Health Programme (ISHP), Ward-Based PHC Outreach Teams, District Clinical Specialist Teams (DCSTs) and General Practitioners (GP) contracting services.

National Development Plan (NDP): Vision 2030

South African Government is entering its last 5 year cycle towards the 2030 vision. The overarching goal that measures impact is “Average male and female life expectancy at birth increased to at least 70 years”. The NDP goals measure health outcomes, requiring the health system to reduce premature mortality and morbidity. Also tracking the health system that essentially measure inputs and processes to derive outcomes.

Fig 1: National Development Plan



Sustainable Development Goals

The Department is committed in implementing Goal 3 of the Sustainable Development Goals (2030) - to ensure healthy lives and promote well-being for all at all ages, particularly focussing on the following:

- Reduction of the maternal mortality ratio to less than 70 per 100,000 live births.
- End preventable deaths of new-borns and children under 5 years of age, aiming to reduce neonatal mortality and under-5 mortality.
- Reduce the impact of the epidemics of HIV/AIDS, Tuberculosis, Malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases like COVID-19.
- Reduce premature mortality from non-communicable diseases through prevention and treatment and

promotion of mental health and well-being, deaths and injuries from road traffic accidents.

- Achieve Universal Health Coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

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

The plan comprehensively responds to the priorities identified by the cabinet of the 6th administration of democratic South Africa, which are embodied in the Medium-Term Strategic Framework (MTSF) for the period 2019-2024. It is aimed at eliminating avoidable and preventable deaths (*survive*); promoting wellness, preventing and managing illness (*thrive*); and transforming health systems, the patient experience of care, and mitigating social factors determining ill health (*transform*), in line with the United Nation's three broad objectives of the Sustainable Development Goals (SDGs) for health. The table 1 below outlines the MTSF impact, outcomes, and pillars from the Presidential and Provincial Summit.

Table 1: Alignment of MTSF Impact, Outcomes and Pillars from Presidential and Provincial summit

	Impact	Outcomes	Presidential Health Summit Compact Pillars	Provincial Health Summit Pillars
Survive and Thrive	Universal Health Coverage for all South Africans progressively achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030.	Progressive improvement in the total life expectancy of South Africans Reduce maternal and child mortality	N/A	Pillar 6: Strengthen service delivery through strengthened intergovernmental collaborative government model, (Thuma mina, Operation Masiphathisane and addressing social determinants of health)
Transform		Universal Health Coverage for all South Africans achieved	Pillar 4: Engage the private sector in improving the access, coverage, and quality of health services	Pillar 1. Rationalisation of health service delivery platform to facilitate National Health Insurance realisation and to address access to appropriate health services
			Pillar 6: Improve the efficiency of public sector financial management systems and processes	
			Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on primary health care.	Pillar 9: Quality and safety of health services will be prioritised towards accreditation of health facilities for NHI.
			Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability, and health system performance at all levels	Pillar 7: Governance, leadership, monitoring & evaluation with emphasis on creation of a culture of accountability and participation by all members

	Impact	Outcomes	Presidential Health Summit Compact Pillars	Provincial Health Summit Pillars
			Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care	Pillar: 2 Strengthen implementation of mental health services through innovative planning, focusing on mainstreaming the mental health services and ensuring that all mental health teams are multidisciplinary at all levels.
			Pillar 1: Augment Human Resources for Health Operational Plan	Pillar: 5 Human resources for health to address the staff shortages and appropriate skills mix
			Pillar 2: Ensure improved access to essential medicines, vaccines, and medical products through better management of supply chain equipment and machinery	Pillar 3: Infrastructure planning, delivery, medical equipment, and maintenance
			Pillar 6: Improve the efficiency of public sector financial management systems and processes	Pillar 8: Small business development, financial management and innovative ways of revenue generation
			Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed, and well-maintained health facilities	Pillar 3: Infrastructure planning, delivery, medical equipment, and maintenance
			Pillar 9: Develop an Information System that will guide the health system policies, strategies, and investments	Pillar 4: Development of ICT platforms, automation, and digitization of the sector through improving capacity, systems integration, disaster recovery and information security planning systems

3. PROVINCIAL PLANS

3.1 Provincial Medium-Term Strategic Framework and Mandate Paper

Eastern Cape Department of Health (ECDoH) continues to put emphasis on the Medium-Term Strategic Framework (MTSF) Priority area of Education, Skills and Health and the Provincial Development Plan (PDP) goal of Human Development through the interventions which seek to improve the health profile of the province. The Department's plan highlights the interventions that will be implemented towards achieving the key integration areas within the provincial plan as follows:

Table 2: Key integration areas and planned interventions

Impact	Apex indicator	Key Integration area	Planned Interventions	Roles played by other stakeholders
Thriving citizens	Human Development Index - Life expectancy - Education attainment - Per capita income	1. Inclusive Early Childhood Development	Implement 1 st 1000 days' interventions.	STC Cluster role: - Improved School Readiness of Learners. - Increased development of young children to their full potential
		2. Gender Based Violence and Femicide	Roll-out implementation of Post Exposure Prophylaxis to all facilities Support all the eleven Thuthuzela Centres and strengthen hospital socio-psychological care for those admitted and after discharge. Offer health dialogues on bullying at schools.	Safety: - Police oversight and crime prevention DSRAC: - Social cohesion and nation building DSD: - Psycho-social support, advocacy and awareness
		3. Non Communicable Diseases and Mental Health	Roll out a health quality improvement plan in public health services. Disease-prevention strategies at a community level. Strengthening the prevention of mental disorders, substance, drug, and alcohol abuse to reduce unnatural deaths.	DSD, DOE: - Strengthen integration in mental health management. - Stakeholder to have well defined MOUs, role clarification and collaborations for

Impact	Apex indicator	Key Integration area	Planned Interventions	Roles played by other stakeholders
				prevention, management, and rehabilitation of mental health care users. DSD Discharge centre post admission DSRAC: • Move for health projects DOE Inclusion of nutrition education in the curriculum
		4. Anti-poverty programmes	Implement and Coordinate Anti-poverty programmes/initiatives (Quintile approach used) Expand access to Primary Health Care services through PHC WBOT.	OTP • Monitor and evaluate the multidimensional collaborative approaches in poverty alleviation, food and nutrition security. DSD • Coordinate food security & nutrition interventions in the province. DRDAR • Collaborative efforts geared towards improving food security and nutrition.
		5.Youth development	Reduction of teenage pregnancy. Department of Health in partnership with TB/HIV Care and	All STC Departments Youth empowerment

Impact	Apex indicator	Key Integration area	Planned Interventions	Roles played by other stakeholders
			roll out the implementation of the Nzululwazi model. Establishment of youth zones to increase access to sexual and reproductive health services among youth. Disease prevention through healthy lifestyles. Prevention of substance abuse.	and delopmental programs
		6. Skills Development and training	Internship programme. Artisan training and development.	STC Role
		7 Broadband and integrated infrastructure coordination and delivery	Maintenance of buildings and equipment. Provision and maintenance of good health infrastructure. Implementation of connectivity to all facilities.	OTP & STC Role Broadband roll out

4. UPDATES TO RELEVANT COURT RULINGS (List)

The Noyila public health defense judgment released on 7 February 2023, found in favour of the ECDOH, sets an important precedent in the Eastern Cape. The judgment opens the door for the ECDOH to raise the public healthcare remedy and undertake to pay remedy in pending and future medical negligence cases against it. The ruling will lead to the improvement of rehabilitation services of the department.

The Noyila matter is being appealed, as such similar matters are reserved pending the outcome of the appeal process.

PART B

STRATEGIC FOCUS



PART B: STRATEGIC FOCUS

1. VISION

Optimal health outcomes for the people of the Eastern Cape Province.

2. MISSION

To attain Universal Health Coverage (UHC) for the people of the Eastern Cape Province, through Primary Health Care (PHC) approach utilising resources efficiently, to enable present and future generations to achieve optimal health outcomes and quality.

3. VALUES

The department's activities will be anchored on the following values in the next five years and beyond:

- Equity of both distribution and quality of services.
- Service excellence.
- Customer and patient satisfaction.
- Fair labour practices.
- High degree of accountability.
- Transparency (maintaining confidentiality).
- Respect.

4. UPDATED SITUATION ANALYSIS

4.1 External environmental analysis

4.1.1 Overview of the Province

The Eastern Cape is spread over an area of 168,966 km² and constitutes 13.8 percent of the South African land area and is located on the east coast of South Africa between the Western Cape and KwaZulu-Natal provinces. Inland, it borders the Northern Cape and Free State provinces, as well as Lesotho. The province is the fourth largest Province in the country after Western Cape, Kwa Zulu Natal and Gauteng. The region is known for its remarkable natural diversity, rugged coastline, and scenic mountains, ranging from the semi-arid Great Karoo to the forests of the Wild Coast and the Keiskamma Valley, the fertile Lang Kloof, and the mountainous southern Drakensberg region.

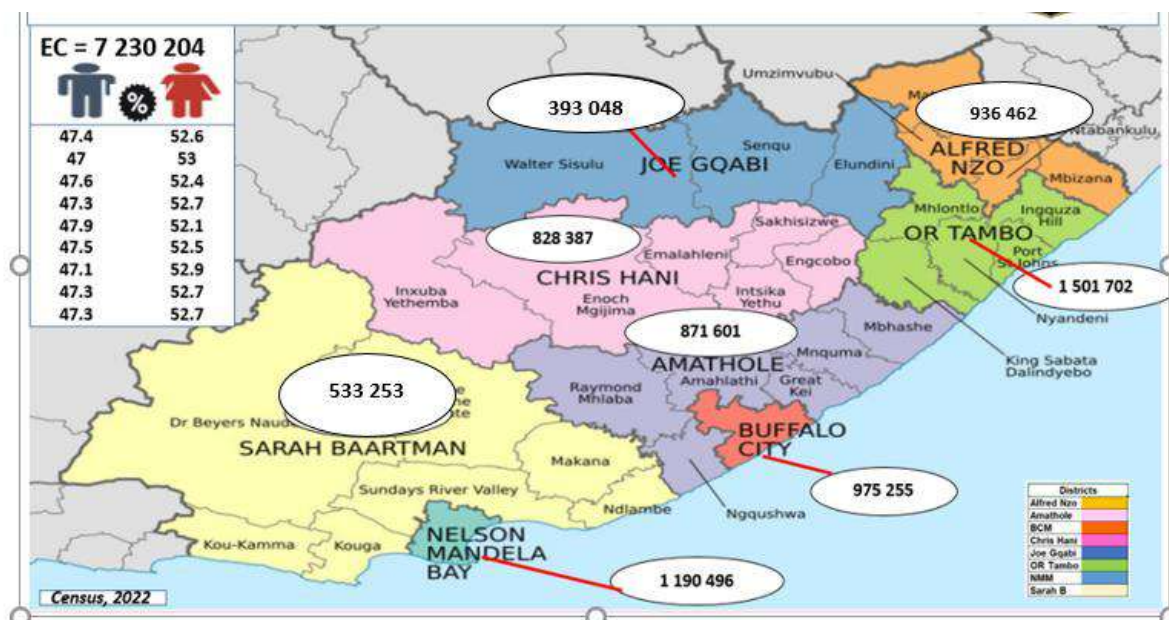
The province is divided into two metropolitan municipalities (Buffalo City Metropolitan Municipality and Nelson Mandela Bay Metropolitan Municipality) and six district municipalities, which are further subdivided into 31 local municipalities. Five districts (Alfred Nzo, Amathole, Chris Hani, Joe Gqabi and OR Tambo) fall under SEQ 1 which means are mostly deprived with only 1 district and 2 metros outside of this category. (Sarah Baartman, Buffalo City and Nelson Mandela)

4.1.2 Demographic profile of the province

The figures 2 and 4 below show that the Eastern Cape has a population of over 7.2 million people, with the most populous district being O.R. Tambo with 1.5 million people and the least populous district is Joe Gqabi, with a population of 393 048 people. Females constitute 52.6% (3 806 162) while males are at 47.4% (3 424 042).

The distribution according to race is 85% of the total population is black African, 7.6% is coloured, 5.6% is white and Asian comprises less than half a percent. The age distribution is as follows: children under the age of 15 – 33%; Young adults (15-59) at 60.2% while the elderly constitute 6.7% and has seen a significant drop from 11.6% in 2016, this may be attributed to Covid19 impact to the elderly .

Fig.2: EC population distribution by Districts, Sex – in 2022

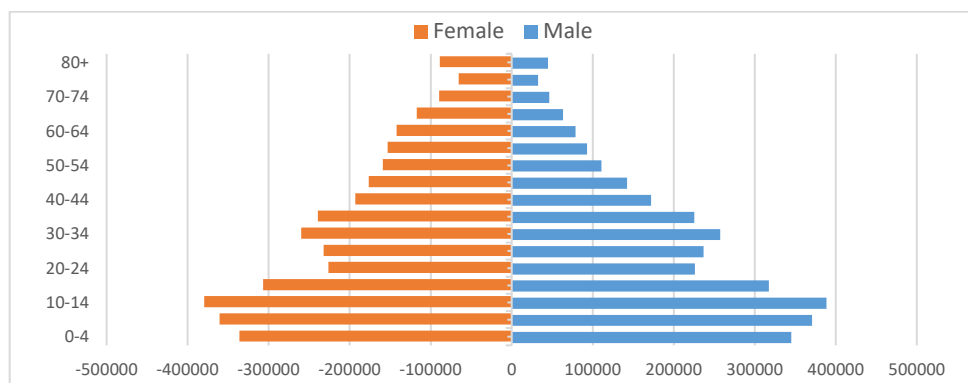


Source: Stats SA 2022

Youth and elderly form a significant segment of the provincial population, beckoning higher demands for basic services as a result, the capacity of the EC province is usually overstretched due to high demand of basic services like education, health care services, social services, employment opportunities and housing. These challenges are further exacerbated by the historical backlogs that were a result of the previous apartheid and homeland governments especially in the OR Tambo and Alfred Nzo districts with more than a quarter of the provincial population for the province.

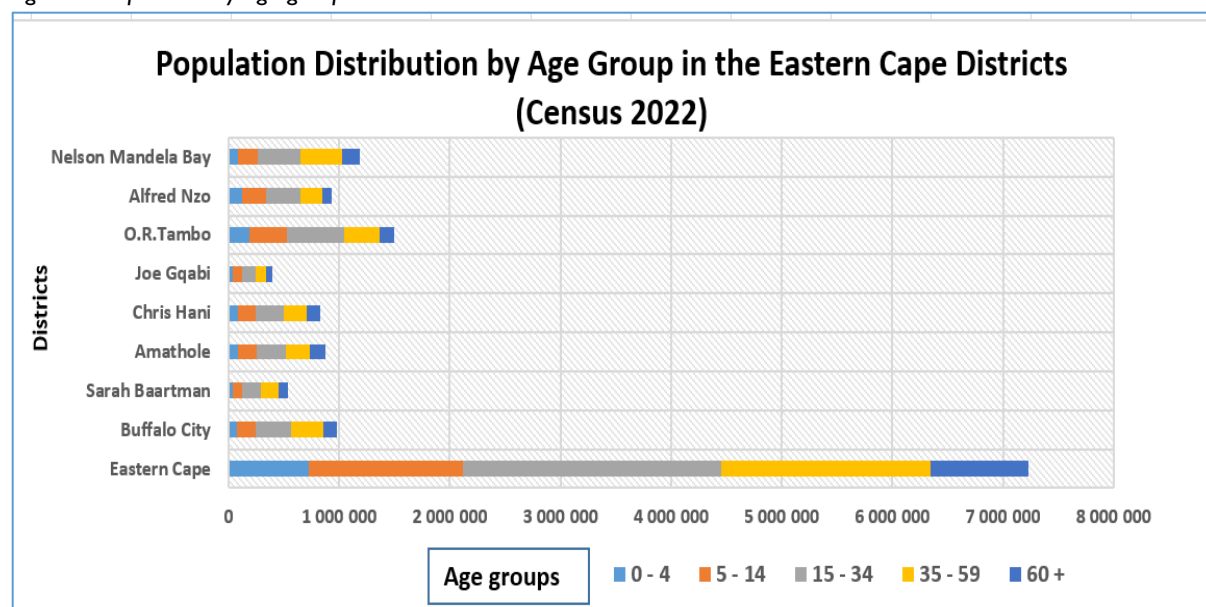
Population Pyramid

Fig. 3: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2022)



Source: Stats SA 2022

Figure 4: Population by age group in EC districts



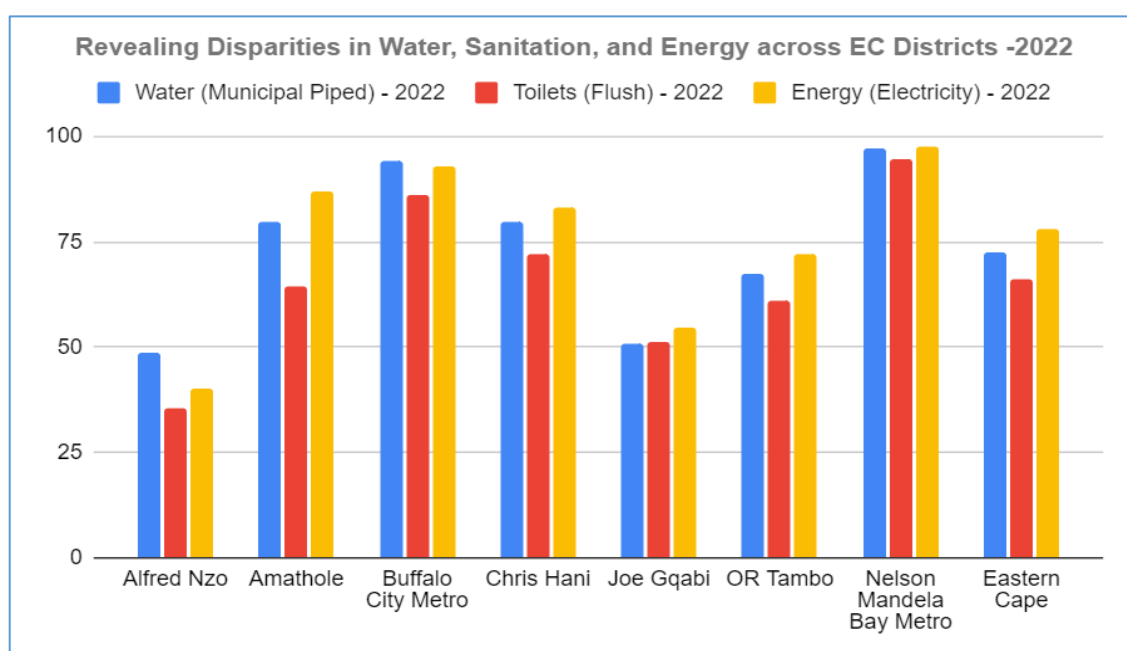
Total Fertility Rate and Life Expectancy at birth

The 2022 mid-year population (Stats SA) estimates that the fertility rate of Eastern Cape to be around 2.86, has shown a decline over the decade from 3.14, and with the interventions implemented a further 0.05% drop is projected over the next years. Life expectancy at birth is improving after the interruptions by the SARS-CoV-2 pandemic, for females, it is at 66 while for males it is estimated at 59.8 years.

4.1.3 Social Determinants of Health for the Province

Poverty, unemployment, poor education, housing, poor access to piped water, and sanitation are the social determinants of health that characterize the Eastern Cape Province. The figure 5 below reveals significant discrepancies in basic needs throughout the districts of Eastern Cape. Although the Nelson Mandela Bay Metro has achieved almost complete coverage of piped water, sewage, and electricity, areas such as Alfred Nzo and Joe Gqabi still face challenges, with just 50% having access to piped water and 56% having access to electricity. The uneven distribution of resources emphasizes a need for prioritized efforts to address these disparities and ensure that all individuals have fair and equal access to essential services for their health and well-being.

Fig 5: Disparities in Water , Sanitation and Energy across EC Districts – 2022



Source: Stats SA (2022)

Economic growth and employment

According to the South African Reserve Bank, the country's economic conditions remain poor and the real GDP growth for the near term is projected to average 1.4 percent from 2023 to 2025, which is lower than the initial projections of 1.6 percent as contained in the 2022 Medium Term Budget Policy Statement, mainly due to energy and logistical constraints binding South Africa's growth outlook.

According to Provincial Treasury, Budget Guidelines Economic and Fiscal Outlook, June 2023, the Eastern Cape Province recorded a consecutive decrease in unemployment where the percentage dropped drastically from 47.9% in quarter 4 of 2020 to 42.1% in quarter 4 of 2022, which symbolises an economic recovery. Notwithstanding a drop in the unemployment figures, unemployment remains high, and it is above the national level of 32.7%. The Province has an annual per capita income by population of R53 000 compared to Western Cape of R100 000 followed by Gauteng of R98 000 with Limpopo Province having

the lowest per capita income of R45 800 (IHS Markit Regional explorer. 2022). This may have an impact on the nutritional and health status of the province.

Medical Aid Coverage

The figure 6 below indicates that the proportion of beneficiaries to medical aid in South Africa is 15.2 % with the Western Cape having more beneficiaries at 25.1% and the Eastern Cape having a 10.5% of population on medical aid. The public health system in the province services almost 90 % of the population.

Fig 6 Medical aid coverage per Province



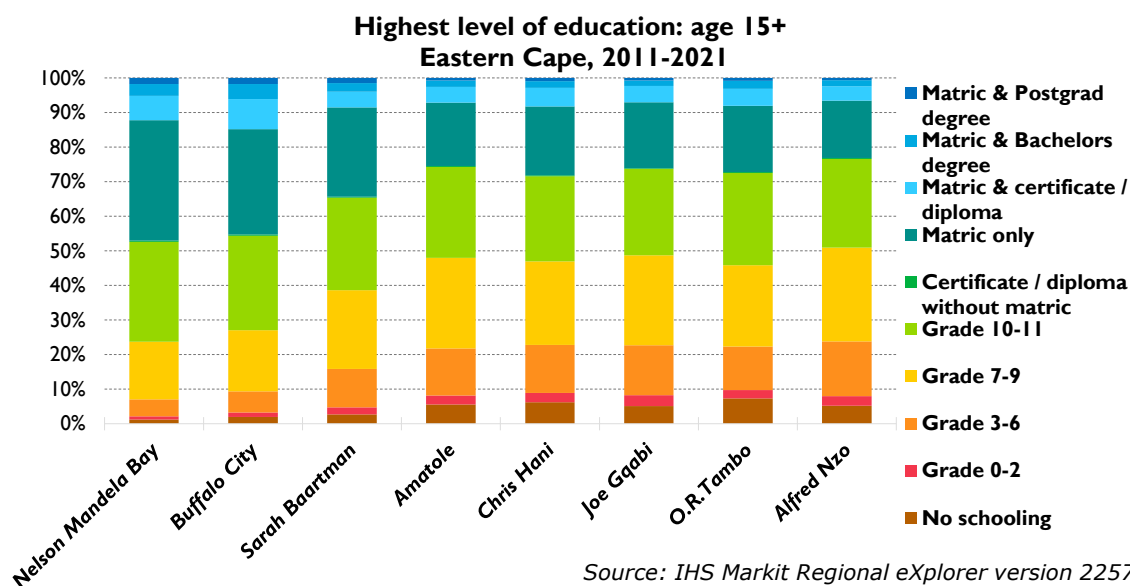
Source: General Household survey 2020

Schooling

The figure 7 below illustrates the education attainment in the province:

About 65 % of the EC population across districts has secondary education with some districts e.g. OR Tambo, Chris Hani with about 10 % of people reporting no schooling and grade 0-2. About 10% of the population reported that they have a post-secondary qualification. Level of education especially for women is directly correlated to the health status of the children.

Fig 7: Highest level of education in the Province



4.1.4 Epidemiology and Quadruple Burden of Disease (BOD)

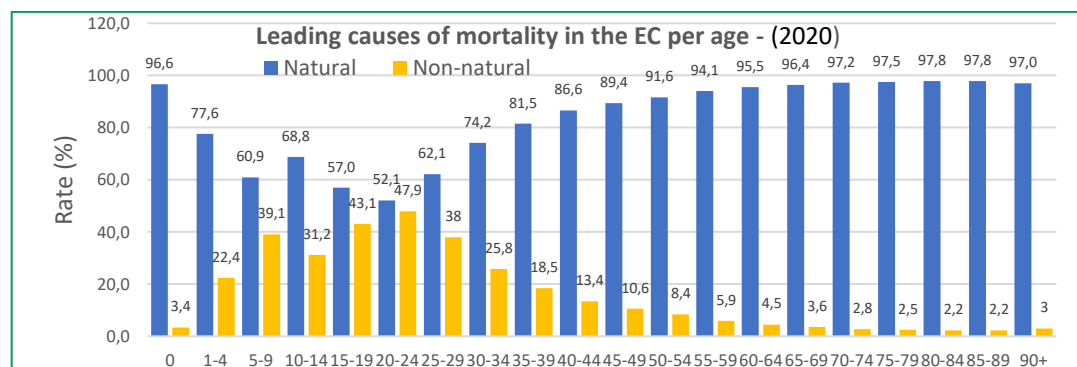
The Province is experiencing high burden of disease and the service platform is overburdened due to social determinants of health that the Department has no control over. The intervention that the Department had put in place is Inter-Governmental Relations (IGR) collaboration and integrated planning across sectors.

Epidemiologically, the country continues to be confronted with a quadruple Burden of Disease (BOD) of HIV and TB, high maternal and child morbidity and mortality, rising non-communicable diseases, mental health and high levels of violence and trauma.

The leading causes of mortality

In figure 9 below, leading causes of death in the early ages are attributed to natural causes, and death due to natural causes declined with an increase in age among the less than 12 months to less than 25 years. The ages of 15-19 and 20-24 years are mostly affected by non-natural causes at 43.1% and 47.9% respectively. This informs the health sector life course approach and resource allocation for targeted interventions as per the age categories.

Fig 9: Natural versus non-natural causes of mortality

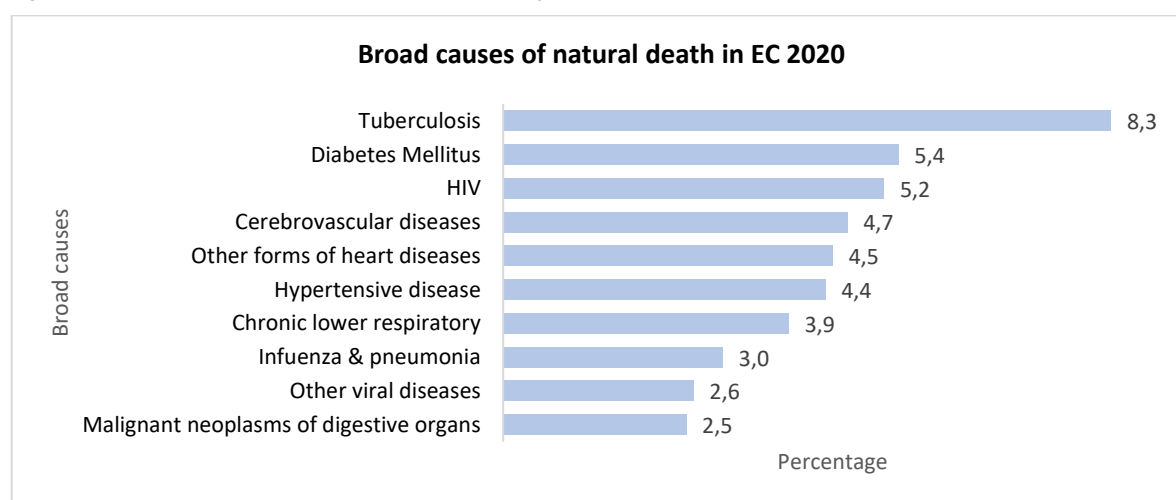


Source : Stats SA 2020

As depicted in the figure 10 below, Tuberculosis (TB) remains a leading cause of natural deaths and is followed by Diabetes Mellitus. In the overall TB and HIV followed by non-communicable diseases remain the top leading causes of death in the Eastern Cape. The order of the top ten causes of death is changing and reflects the massive effort and expenditure on the HIV epidemic in the last two decades, which have reduced the contribution of deaths due to HIV in the province. The success of antiretroviral treatment programme, with focus on early initiation of treatment in the course of the disease has resulted in an improvement in life expectancy in the province.

Eastern Cape is experiencing an increasing burden of non-communicable diseases and mental health disorders as well as preventable risk factors such as the changing lifestyles (reduced physical activity and increasing consumption of foods high in salt and sugar and other factors) as well as ageing of the population.

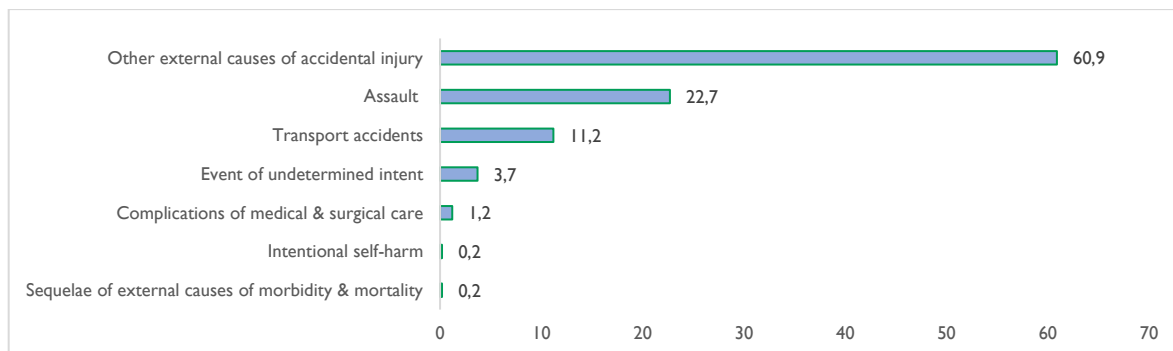
Fig 10 : Broad causes of natural death in Eastern Cape



Source : Stats SA 2020

The figure 11 below shows that accidental injuries , assaults and transport accidents are leading causes of non- natural deaths in the EC. This may impact negatively the accident and emergency units within the province.

Fig 11: Non-Natural causes of deaths

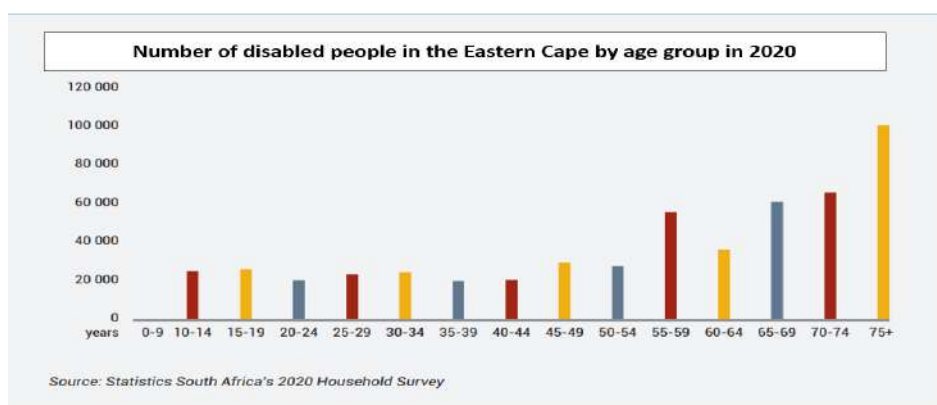


Source: Stats SA , 2021

Disability

Disability rates are generally rising as people become older, with the youngest age groups having the lowest rates. The prevalence of disabilities appears to increase dramatically between the ages of 60 and 64. The working age groups of 25-54 have very stable disability rates ranging from 20,000 to 40,000. Overall, the results show that older people in the province have significantly more disabilities than younger people, which is most likely attributable to age-related decline. This emphasizes the necessity for specific assistance programs for older and disabled persons.

Fig 12: Number of disabled in the EC by age in 2020



4.2 Internal Environmental Analysis

4.2.1 Service Delivery Platform/ Public Health services

The EC service delivery platform has 1091 facilities as listed below in Table 3 :

Table 3: Facility type per district

Org Unit Type	Alfred Nzo DM	Amathole DM	Buffalo City MM	Chris Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	S Baartman DM	Grand Total
Clinic	72	143	74	152	52	39	142	60	734
Community Health Centre	3	5	5	7	-	9	11	3	43
District Hospital	6	12	2	14	11	1	9	10	65
EMS Station	7	11	3	18	10	4	9	23	85
Mobile Service	9	23	11	28	13	7	12	26	129
National Central Hospital	-	-	-	-	-	-	1	-	1
Provincial and Tertiary Hospital	-	-	1	-	-	2	-	-	3
Regional Hospital	-	-	1	1	-	1	2	-	5
Satellite Clinic	-	-	2	-	2	3	-	2	9
Specialised Clinic	-	-	-	-	-	1	-	-	1
Specialised Hospital	1	2	1	1	-	2	-	4	11
Grand Total	98	196	100	221	88	69	186	128	1086

Source of data: DHIS, 2023

Seven hundred and seventy-seven (777) fixed PHC facilities exist across the province, which are made up of 734 Clinics and 43 Community Health Centres (CHCs). PHC facilities are the entry points to the health systems and provide PHC package relevant for each level; and are referral points for the community-based services. The EC has 85 hospitals, the highest number in the country, despite being the fourth-largest province by population and second-largest by land mass. The province is implementing service delivery optimisation to improve efficiencies in the service delivery platform to address the 19 hospitals, which have less than 50 beds and do not fit the formal definition of a district hospital in terms of "Policy on Management of Public Hospitals (2012). Three TB hospitals are also under the process of service delivery optimisation.

The Primary Health Care utilisation rate has picked up to above 2 visits provincially, with at least five districts out of eight with a range of 2.1 to 2.6. The steady utilisation rate coincides with the increase in community-based activities in the form of Thuma Mina campaigns that includes health promotion and prevention programs.

The cost per PHC visit remains high at R547.33 in 2021/22 and R508.50 in 2022/23. The Expenditure per capita for the uninsured population is also highly associated with the socio-economic state of the populations served. On average expenditure per capita in 2021/22 was at R1 242,85 and R1 190,52 in 2022/23.

PHC facilities Quality Improvement Initiative

Ideal Clinic Realization and Maintenance Program

All districts conducted the Status Determinations as per the Ideal Clinic Realisation and Maintenance Monitoring Framework to continuously improve towards Ideal status. The final Status Determination was done during the fourth quarter through Peer Review updates, which marked the outcomes for 2022/23 Financial year (FY).

Out of seventy (70) clinics assessed forty-two (42) clinics achieved ideal status. The average performance score obtained was 76% with the district's score ranging from 63% to 89% which showed a progressive improvement in facilities towards Ideal status.

Table 4: Ideal clinic Status Determination Peer Review updates outcomes per district

District	# Facilities	# Facilities that conducted SD	Average % scored	# Facilities with new IC status	% of Facilities with IC status
Eastern Cape Province	734	70	76%	42	6%
Alfred Nzo	72	8	63%	2	3%
Amathole	143	30	77%	17	12%
Buffalo City Metropolitan	74	9	89%	8	11%
Chris Hani	152	14	71%	7	5%
Joe Gqabi	52	1	86%	1	2%
Nelson Mandela Bay	39	1	76%	1	2.5%
Oliver Tambo	142	4	71%	3	3%
Sarah Baartman	60	3	75%	3	5%
Average / Total	734	70	76%	42	6%

Source: Ideal health facility report

Patient Experience of Care (PEC)

In improving the quality of health services and ensuring that Patient Experience of Care in fixed public health facilities improves facilities are required to conduct surveys on the Patient Experience of Care where several satisfied responses are calculated against the total number of responses. During 2022/23, the clinics managed to achieve 85% which translates to a total number of 304 824 satisfied responses, while with CHCs a patient satisfaction rate of 75.7% which translates to 20 972 satisfied responses, was achieved for the province.

Contracting Unit for Primary Health Care:

NHI Bill, Clause 37, makes provision for the establishment of the Contracting Unit for Primary Health Care (CUP). The Contracting Unit is the organisational unit with which the fund contracts for the provision of primary health care services within a specified geographical sub-district area. During the financial year 2023/24, CUP for Primary Health Care is implemented at Ingquza Hill. The CUP is the organisational unit with which the fund contracts for the provision of PHC services within a specified geographical sub-district catchment area. The newly built Flagstaff CHC was identified as the health facility to implement CUP.

Hospital Care

According to the District Health Barometer (DHB 2022/23), the province has an average of 22 beds for 10 000 population compared to the national average of 20.3 beds per 10 000 population. With Alfred Nzo having the lowest ratio of 13 beds per 10 000 population while Buffalo City has 33 beds per 10 000 population.

This analysis is irrespective of type of bed. EC is prioritising the implementation of the full Regional Hospital packages to ensure access and equity to specialist services. The hub and spoke model is adopted to improve effectiveness and efficiencies within the provincial referral system.

The district hospital Patient Day Equivalent (PDE) declined by 21% from 2021/22 to 2022/23 and this contributed to the increase in expenditure per PDE to R3 819 where the province moved from being the lowest-spending province to fifth place in spending. This may partly explain the increase in PHC headcount which also resulted in a decline in PHC expenditure per headcount from R655 in 2021/22 to R600 in 2022/23. It is evident that the province relies more on the PHC service platform with its utilisation rate per uninsured person at 2.3 visits, which is above the national average of 2.0 visits. However, a concern is that the PHC expenditure per capita and per headcount remains below the national average (DHB 2022).

Hospital efficiencies

Tables 5 & 6 below outlines the hospital efficiencies for different levels of hospital care, the district hospitals continue to be inefficient with low Bed Utilisation Rate (BUR) below 50%. Average Length of Stay (ALOS) in the hospitals have remained consistent through the years especially in the Central Hospitals. This high ALOS is attributed to the longer stay of spinal orthopaedics and neurosurgical clients. Establishment of a rehabilitation centre in the eastern part of the Province may alleviate the challenge. The central hospital has the highest caesarean section rate at 94%. The EC is undertaking a project to strengthen the surrounding district hospitals to offer safe caesarean sections to alleviate the situation.

The Outpatient Department (OPD) new client not referred rate is decreasing across different levels of hospital care except the tertiary hospitals. A high OPD new client not referred rate value could indicate overburdened PHC facilities or a sub-optimal referral system. In light of the National Health Insurance Policy, a PHC level is the first point of contact with the health system and it is key in ensuring health system sustainability. If PHC works well and the referral system is seamless, it will result in fewer visits to specialists in referral hospitals and emergency rooms. High ALOS high in Regional, Tertiary, and Central hospitals, coupled with low bed utilisation rates are a concern. There is an urgent need to rationalise the number of beds in district hospitals.

Hospital efficiencies

Table 5 : Hospital efficiencies

Eastern Cape Province	OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
Hospital Type	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
District Hospital	62.2	20.2	60.2	4.4	4.5	4.7	42.2	45.9	46.2
Regional Hospital	51.1	47.3	42.0	5.7	5.8	6.2	60.9	68.2	69.4
Provincial Tertiary Hospital	17.2	18.3	20.5	5.7	5.6	6.8	60.4	65.2	68.8
National Central Hospital	11.5	5.5	6.7	6.6	8.3	6.9	65.5	81.1	72.0

Source of data: DHIS, 2023

Table 6 : Hospital Quality indicators

Eastern Cape Province	Inpatient crude death rate			Delivery by Caesarean section rate		
Hospital Type	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
District	8,1	6.6	6.0	25,5	26	26.8
Regional	8	7	6.7	41,8	44.2	47.1
Provincial Tertiary	6,5	5.7	6.4	54	55.2	58.5
National Central	6,2	6	6.0	86,4	94	83.8

Source of data: DHIS, 2023

HIV and AIDS & STI

The Department is consolidating its efforts towards the implementation of the 95-95-95 UNAIDS targets where 95% of all people living with HIV will know their status, 95% of people diagnosed with HIV will receive sustained ART and 95% of people receiving ART will have viral load suppression, HIV pandemic remains among the leading causes of morbidity and mortality in the province.

Provincial Cascade - Public and Private Sector

The Eastern Cape is at 92-74-90 in terms of performance against the 95-95-95 targets across its total population using data available in the Public & Private sectors. Data available from the private sector suggest that a total of 35 034 clients receive ART through private medical aid schemes in Eastern Cape. For Adult Females and Adult Males, this number is 23 810 and 10 805 respectively.

Results for each of the sub-populations vary with adult females being at 93-78-91, adult males at 91-67-91, and children (<15) at 82-78-68. There are gaps across the cascade for adults & children. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions in this sub-population.

To achieve 95-95-95 targets, Eastern Cape must increase the number of clients on ART with 196 058. For adult females the required increase is 108 559, whereas an increase of 80 241 ART adult males are required. Operation Phuthuma is implemented to address the challenges.

Figure 13: 95-95-95 Provincial Cascade - Public and Private Sector

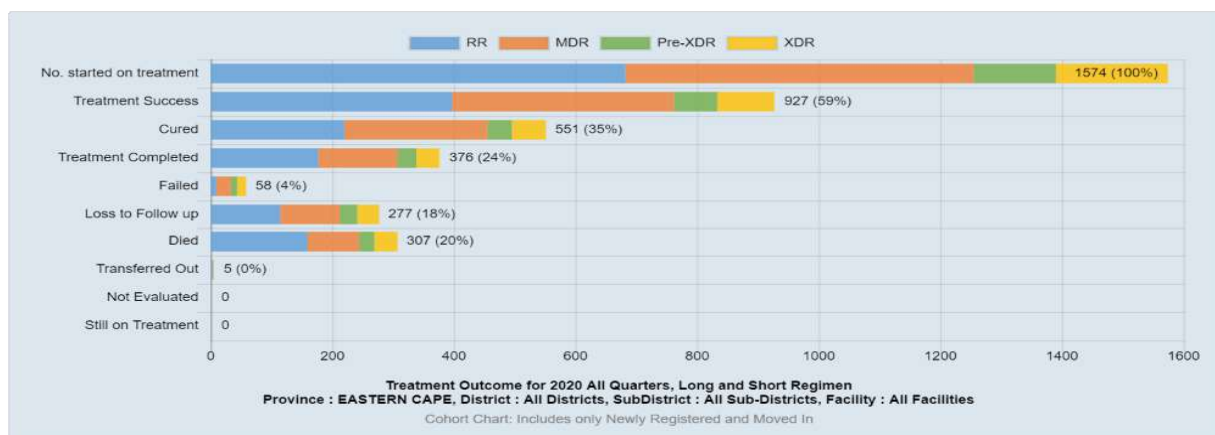


Source : NDOH, 2023

Tuberculosis (TB)

TB remains one of the leading causes of death amongst people living with HIV in South Africa. However, more interventions are implemented to prevent unnecessary deaths and to improve TB outcomes. Eastern Cape is challenged with increasing TB disease, and the department is on the verge of finding the missing undiagnosed people with the aim of putting them on treatment. The figure 14 below depicts that the total number started on treatment was 1 574 with a success rate 59% of 1 574. The following challenges are noted; high lost to follow up and high death rate. The Province plans to conduct mortality and clinical audits in districts and Multi-Drug Resistant TB (MDR TB) decentralized sites; continuous monitoring done and conduct district support visits.

Fig 14: TB Treatment outcomes for 2020

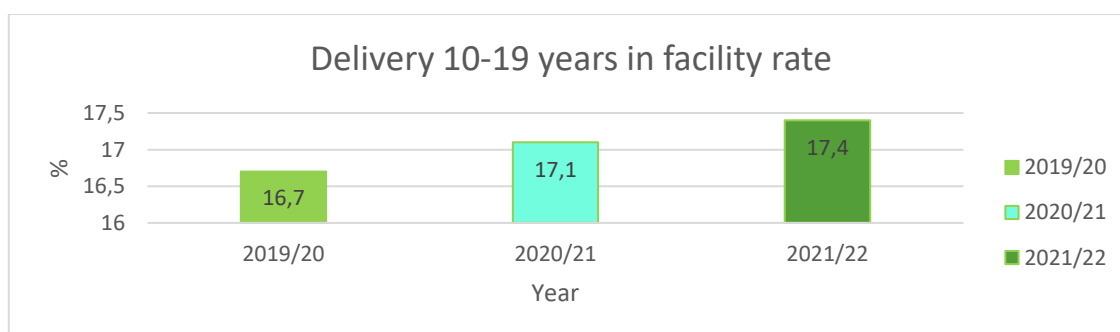


Source: DHIS, 2020

Maternal and Women's Health

Prevention of unwanted pregnancies remain one of the key strategies in improving maternal and womens health. According to EC Health, (2021), couple year protection rate is not improving, in 2020 (41.5%) to 41.6 % in 2021. This challenge of low couple year protection may lead to unwanted pregnancies; this is concerning when considering that teenage pregnancy is increasing over the period. The delivery in 10-19 years in facility rate which is defined as deliveries where the mothers of 10-19 years old conducted by a trained health care worker in a health facility.

Fig 15 : Delivery in facility 10-19 years



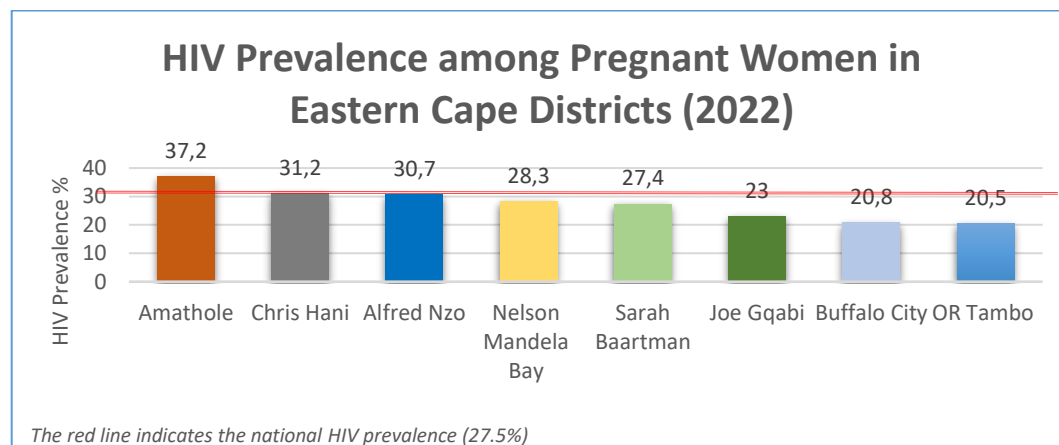
Source DHIS 2021

The department is also increasing access to sexual reproductive health and rights of young girls and boys, by establishing youth zones throughout the province, which provides a package of services available in clinics with a specific focus on Sexual reproductive health and HIV related services.

Ante Natal Care

Fig 16 below depicts four out of eight districts in the Province are above the National HIV prevalence among pregnant women (27,5%) i.e. Amathole, Chris Hani, Alfred Nzo and Nelson Mandela Bay.

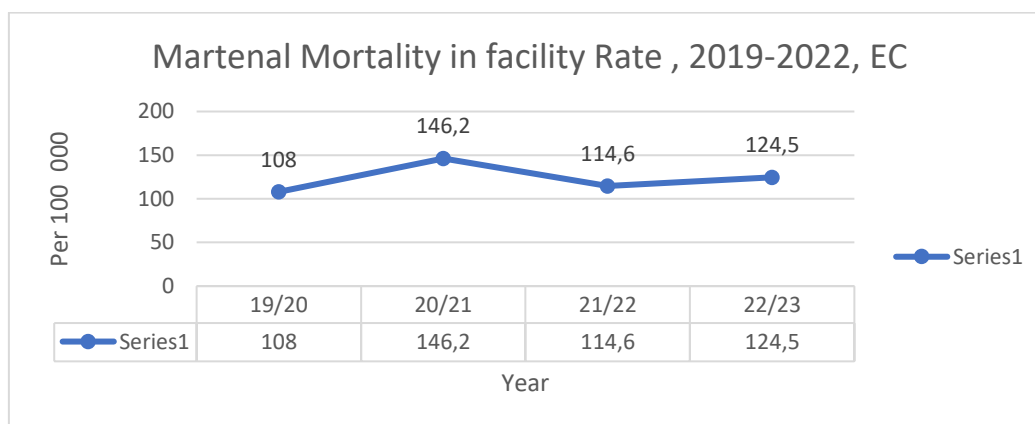
Fig 16: HIV Prevalence among pregnant women in EC



Martenal mortality

An increase of martenal mortality in facility rate was noted in 21/22 (114,6/100 000 live births) to 22/23 (124,5/ 100 000 live births).

Fig 17: Provincial Maternal mortality trends in facility ratio/100 000 FY 2019 - 2022/23



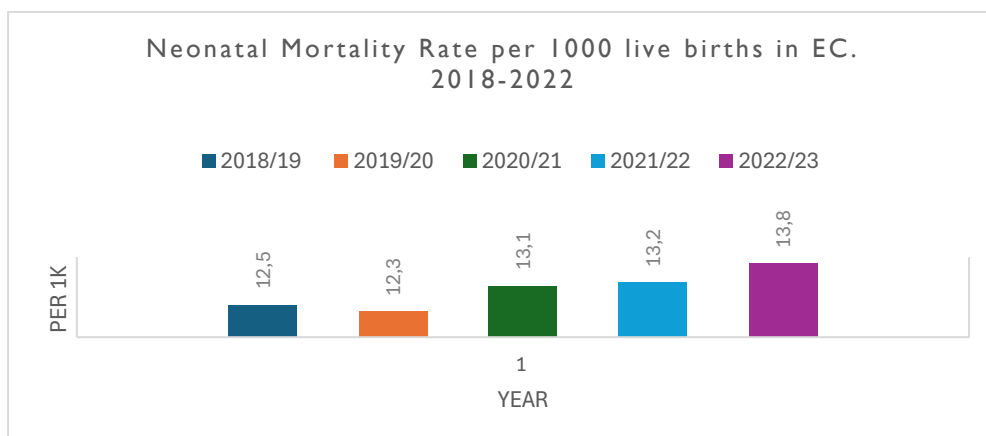
Source: DHIS 2022

Child Health

Neoantal Deaths

Neonatal deaths in facility rate which contributes to infant mortality, showed an increase from 12.5 per 1000 live births in 2018/19 to 13.8 per 1000 live births in 2022/23 (figure 25).

Fig 18: Neonatal deaths in facility rate (per 1000 live births), 2018/19 – 2022/23



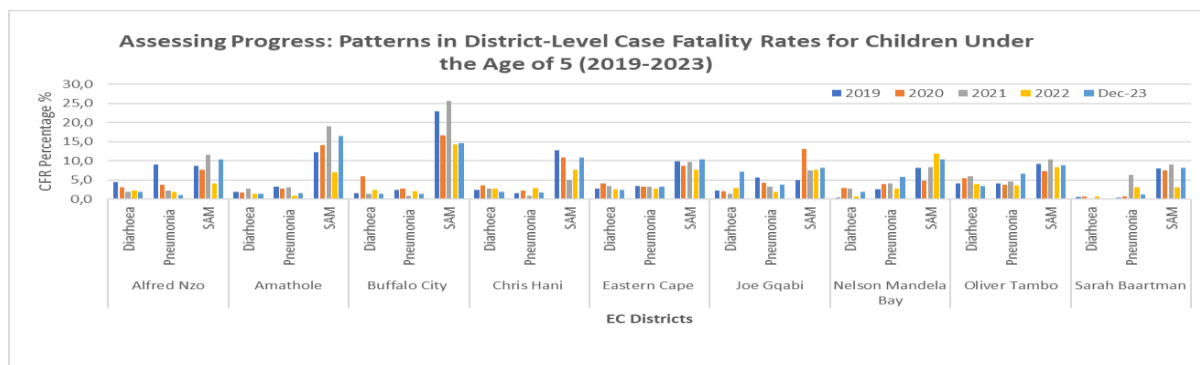
Source: DHIS 2022

Under-5 mortality

The case fatality rate due to diarrhoea, pneumonia, and severe acute malnutrition among children under 5 years has generally been showing decline in the province, which might be associated with the child health intervention programmes. The diarrhoeal and pneumonia case fatality rate had been fluctuating between three and four percent over the five-year period under review

The ECDoH acknowledges the report from the “*Human Rights Commission*” about child malnutrition in the province. The report emphasizes a reduction in the number of fatalities caused by severe acute malnutrition, which may be attributed to the collaborative efforts of government departments and stakeholders. Nevertheless, some districts, like Amathole and Buffalo City, see consistently elevated rates of Severe Acute Malnutrition (SAM) and sudden increases in cases of diarrhea. This implies that current initiatives may not be effective and equitably reaching all groups, maybe due to the influence of socioeconomic factors.

Fig 19: Case Fatality rates for Children under 5 (2019-2023)



Non communicable disease

The global trend of escalating non-communicable diseases is evident in South Africa and the Province. Diseases of lifestyle such as obesity, hypertension, and diabetes result, inevitably, in costly hospital admissions for complications such as stroke, renal failure, heart disease and blindness. COVID-19 pandemic has escalated the importance of dealing with non-communicable diseases and co-morbidities.

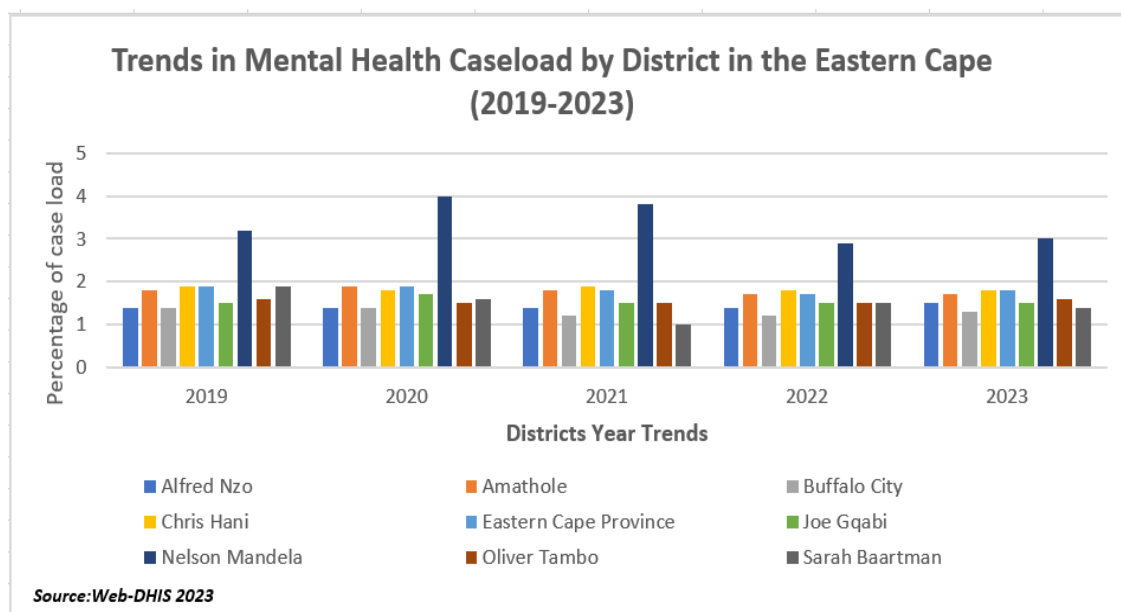
According to South African Demographic Health Survey (SADHS) 2016, 13% of women and 8% of men 15 years and older are diabetic in South Africa, while hypertension prevalence was shown to be 46 % and 44% for women and men respectively.

The province plans to establish a surveillance system for non-communicable diseases. Strengthen the digitalisation of information management in NCDs management e.g. Vula app; SYNCH etc. The Department in partnership with Department of Sport Recreation Arts and Culture have started a partnership in implementing a “Move for Health” project.

Mental

Overall, the mental health case load appears to be relatively stable across all districts over the years. Nelson Mandela district consistently has the highest case load, while Sarah Baartman district has the lowest. There was a slight increase in case load for Alfred Nzo and Joe Gqabi districts in 2023

Fig 20: Trends in Mental health case load by District in the EC.



The province's service delivery model is focusing on strengthening community based services, district health services, provision of mental health services in general hospitals, specialised mental health services that provides for acute, sub acute, chronic rehabilitations services, substance abuse as well as forensic services. In addition the province has strengthened the mental health child and adolescent services in Fort England Hospital with additional 14 beds unit to manage acute and subacute mentally challenged children in the province.

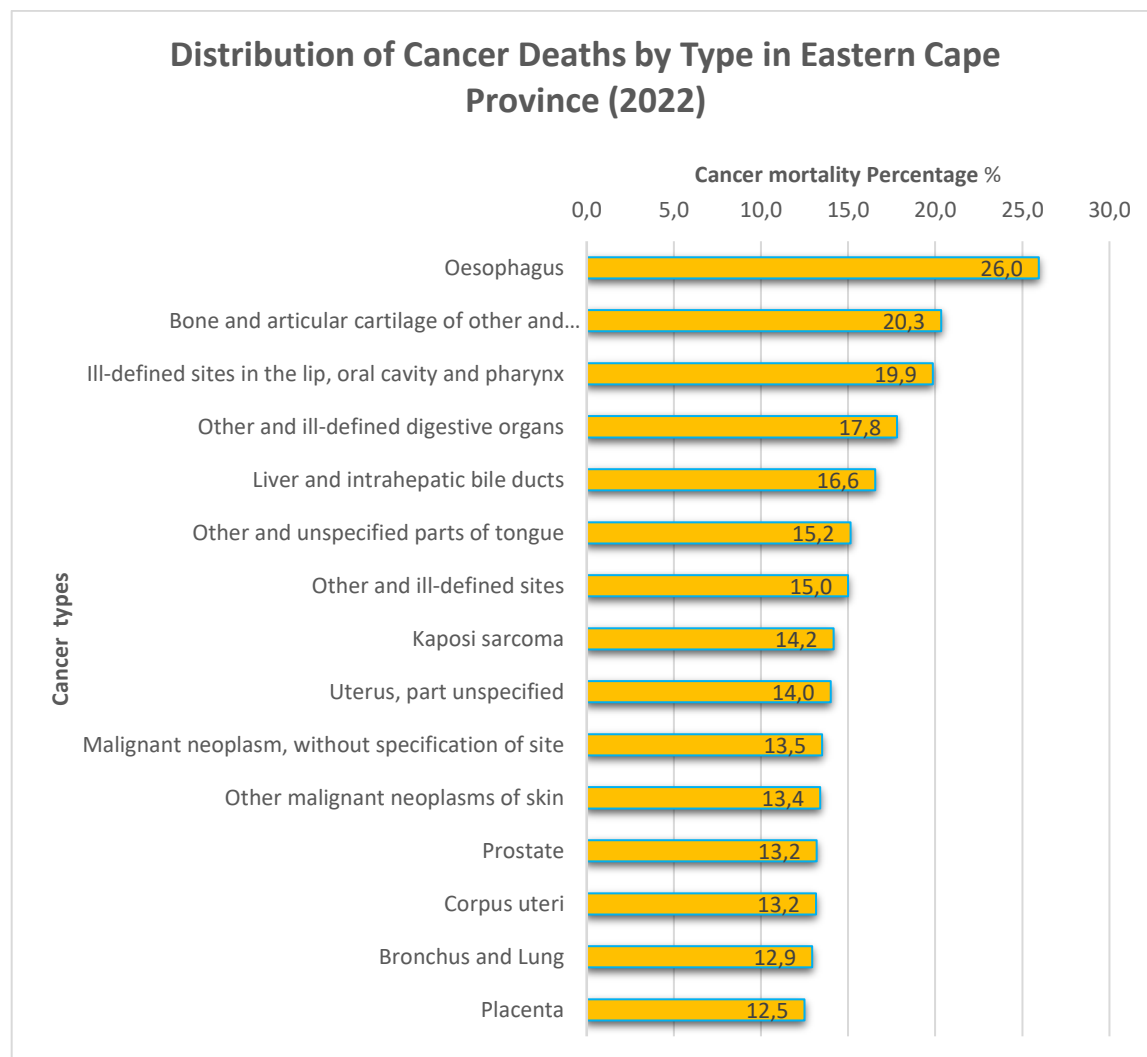
Mental illness associated with substance abuse is a public health concern and partnerships will be explored to render the relevant services to prevent and treat substance abuse effectively. The burden of disease has shown a radical increase in substance abuse in the province and the country, thus increasing a need for social service and rehabilitation services. There is a critical need of facilities offering rehabilitation services to augment the – 440 beds in public and 962 private sector.

Cancer

Esophageal cancer is the leading cause of death in Eastern Cape Province, accounting for a significant 26.0% of all cancer-related fatalities. Esophageal cancer is not the only challenge in the fight against digestive system malignancies. Other poorly defined digestive organs, liver and bile ducts, and even tongue cancers are also among the top ten deadliest forms of cancer. Furthermore, there is a worrisome 14% of cancers whose origin is unclear, highlighting the need for further studies. Although there are less common types of cancer such as Kaposi sarcoma, uterine, and placental cancers, the prevalence of esophageal and digestive system malignancies needs urgent attention.

This data presents a clear and striking image, however, knowledge serves as the first weapon in this battle. Early identification, preventive measures such as social and behavior change interventions and immunizations, improved access to health care, and allocation of resources towards research are essential measures for overcoming cancer in Eastern Cape Province.

Fig 21: Distribution of Cancer Deaths by Type in EC



Source: SAMRC 2022

Pharmaceutical Services

Medicine availability has improved to achieve 84.3% of essential medicine availability.

Centralised Chronic Medication Dispensing and Distribution (CCMDD) programme forms part of the department's flagship programmes and it continues to be the departmental strategy to reduce patient numbers at health facilities. The programme achieved a steady increase of clients throughout the year while retaining the old clients on the programme. There were 419 270 (December 2023) active patients who collected their medicines packs through the CCMDD programme.

The department has systems for monitoring medicine availability. The system uses a mobile phone-based Stock Visibility Solution (SVS) and a desktop application RxSolution. These systems strengthen inventory management within health facilities. These can report stock levels for ARVs, TB medication and vaccines.

4.3 Organisational Environment

The Department is on the process of reviewing the service delivery model (SDM) to ensure that the Department has an organizational structure that is fit for purpose and also displays functional alignment between Micro-Macro Structure. An Organogram Steering Committee was established to conduct physical site verification visits at districts and institutions on identified unique parameters.

As the Department is finalising organogram realignment, this process has incorporated rationalisation and service optimisation interventions. The interventions incorporate lessons learnt from response to the COVID-19 pandemic especially in relation to the use of the hub & spoke method to ensuring adequate resourcing of targeted facilities (hubs) in order to support surrounding facilities (spokes). Physical headcount exercise which is a critical change management process central to the implementation of the organogram, has been piloted successfully.

The status of Human Resources in the department

The vacancy rate for the department is reduced from 13% (2022) to 7.7% (2023) below the provincial norm of 10%. The department set out key priority areas to focus on to ensure improvement in the services rendered to the people of the province.

Through the advertised posts the department is further striving to address employment equity under-representation, youth employment and to achieve the 50/50 % target for women and men at Senior Management Service (SMS) level. The department has a total of 76 SMS members of which 47.6% are women and 52.4% are men.

The department has been experiencing a challenge of attracting critical skills. This is further compounded by the shrinking Compensation of Employees (COE) budget over this period which has resulted in the non – implementation and or non-funding of Annual Recruitment Plans. The fiscal consolidation measures will make it very difficult to recruit new employees in the 2024/25 financial year.

Resignations and death have also played a role in the decrease of the staffing compliment. The top 6 critical skills the department needs currently are: Speciality Nurses – areas such as Maternity & Labour wards, Medical Specialists – (All disciplines especially Psychiatrists); Psychologists; Artisans – to assist in the maintenance of our health facilities and equipment; Paramedics and general workers.

Human resources will, over the next years, focus on improving productivity through the development and implementation of the 2030 Human Resource for Health Strategy; becoming agile and responsive to client needs; automating the recruitment process to address turnaround times; and improving training and development model of health professionals and ensure proper skills mix within the organisation. In the coming Medium-Term Expenditure Framework (MTEF), the department will undertake a skills audit, person to post matching as well as organisational culture and climate study.

Employee Wellness Programme

The year 2022/ 23 was the recovery period post COVID-19 pandemic which had a lingering negative impact on the health workforce with COVID-19. The infections and reinfections continued despite vaccination, boosters and a rising number of incapacity cases showing post Covid-19, fatigue, physical and mental illness. Analysis of Employee Wellness programme utilisation revealed that there is a sharp increase of work-related conflict, physical and mental illness, and substance abuse, all of which raises red flags that the department is a workforce needing serious psychosocial support.

Ex-mineworkers Intervention Program

The Eastern Cape Province through the National Department of Health Medical Bearuea for Occupational Disease/ Compensation/ Commissioner for Occupational diseases MBOD/CCOD support, in 2016 initiated a track and tracing project that resulted in a ground-breaking model of community based Occupational Health Services (implemented through Services-on-Wheels Outreach Model). As case study culminating from rollout of the above-mentioned pilot, the National Department of Health rolled out this model to South African Development Community (SADC), based on these best practices.

Following this initiative, Nelson Mandela University submitted a proposal on behalf of Premier's Provincial Steering Committee and Eastern Cape Department of Health, to the National Department of Health (National Health Insurance) to the value of R 413 million to ensure that this ex-mineworker intervention objectives are realized and the related challenges are addressed in totality.

According to the TEBA records (Fig 29), it is estimated that there are 922 888 Ex-mineworkers in South Africa with Eastern Cape having 281 553 (31%) followed by North West Province with 168 171 (18%) and Gauteng with 160 530 (17%).

The Eastern Cape accounts for a total of 31% Ex-mineworkers across the country. This demonstrate that the province was and still a high labour sending area when it comes to working in the mines.

Fig 22: Ex mineworkers per province

Province	Total	%
Eastern Cape	281553	31
North West	168171	18
Gauteng	160530	17
Free State	112077	12
KwaZulu-Natal	92092	10
Limpopo	75527	8
Mpumalanga	27264	3
Northern Cape	4987	1
Western Cape	687	
Total	922888	

Compensable Disease	Total	Not Paid	Amount
Silicosis	33 045	8 993	588m
Tuberculosis	108 883	61 310	308m
Asbestos Related Diseases	13 688	5 289	196m
Obstructive Airways Disease	5 084	1 701	126m
Pneumoconiosis	10 914	1 807	126m

Source: TEBA data, The ex-Mineworkers per provinces (1984 -2013)

The intervention seeks to deal with lung diseases such as Tuberculosis, Silicosis, and Lung Cancer etc. Tuberculosis remains to be a challenge amongst the Ex-mineworkers as vulnerable group hence it will be attended in the mines within the program of action.

The Eastern Cape Health working with Office of the Premier, Ex-mineworkers Council decided to have a Project Management Office within the department.

The Project Management unit will be working closely with Nelson Mandela University and Walter Sisulu University on a built operate and transfer (BOT) for a period of three years. The intervention will look at setting up Occupational Health Centres at Sir Henry Elliot Hospital and Bisho Hospital. The program will focus on services on wheels with all four streams.

- Occupational Health Care Services & Data Management Systems
- Community-Based Health Programmes & HAST Services
- Research, Innovation & Investigative Health Services
- Resource Mobilisation and Capacity Building

HEALTH TURNAROUND STRATEGY

The Department continues to implement its Health Turnaround Strategy to guide the implementation of the healthy communities, families and individuals interventions. This will be achieved through digitally enabled, data driven, quality health and care service that, through strategic partnerships and collaboration, promotes health, prevents disease, and provides quality curative, rehabilitative and palliative care. These turn around plan initiatives include financial sustainability; integrated medico-legal interventions; service delivery optimization; leveraging of digitalization and e-Health; and interventions to guarantee healthier communities.

The turnaround is supported by a performance-driven organizational culture that has three layers –

- the first being effective leadership, capable teams and valued employees;
- the second, institutionalized performance reporting and management systems; and
- the third, progressive change management, stakeholder engagement and communication.

The department is implementing its turnaround strategy focussing on five pillars. The following interventions were implemented:

Pillar 1: Towards Financial Sustainability:

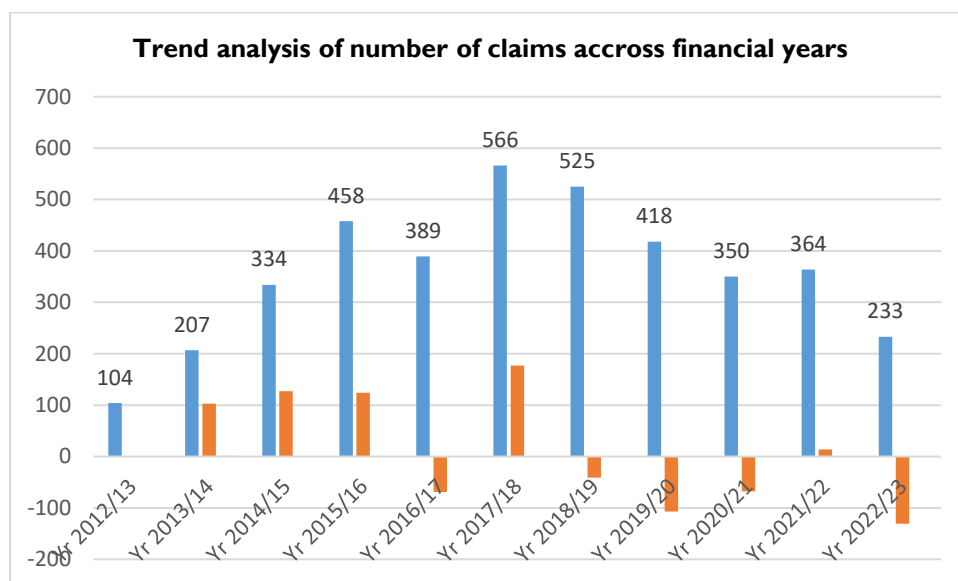
The Department has stemmed the haemorrhage of funds from the budget through the upfront, lump sum medico-legal settlements by launching two critical legal defence strategies - the Stay of Writs and public health defence medico-legal strategies. The Department thus spent less than R500m total expenditure across the last two financial years since the implementation of the health turnaround. This is significantly less than the projected two billion rand (R2bil) outflow to settle cases on the court rolls for these years, had the coordinated legal defences not been mounted.

Pillar 2: Integrated Medical Legal Strategy

The department held a medico-legal seminar September/October 2023. The said seminar revelled the need for the review of the whole Provincial medico-legal strategy, in particular Pillar I (stop the haemorrhage of funds).

There has been a reduction in the number of medico-legal claims year on year, with the biggest drop observed in the last two years, illustrated in the table and Fig 23 below:

Fig 23: Medico legal Claims



YEAR	Number of claims	Variance Yr on Yr	
		No	%
Yr 2012/13	104		
Yr 2013/14	207	103	99%
Yr 2014/15	334	127	61%
Yr 2015/16	458	124	37%
Yr 2016/17	389	-69	-15%
Yr 2017/18	566	177	46%
Yr 2018/19	525	-41	-7%
Yr 2019/20	418	-107	-20%
Yr 2020/21	350	-68	-16%
Yr 2021/22	364	14	4%
Yr 2022/23	233	-131	-36%

As can be seen in the table above:

- There were 233 new claims registered in 2022/23 vs 364 in the 2021/22 year.
- This is a 36% reduction in new claims registered in 2022/23 compared with the previous year
- And a 58% reduction compared to the peak number of 566 claims in 2017/18

The Noyila public health defence judgment released on the 7 February 2023, found in favour of the ECDOH, sets an important precedent in the Eastern Cape. The judgment opens the door for the ECDOH to raise the public healthcare remedy and undertaking to pay remedy in pending and future medical negligence cases against it. In future cases, the ECDOH will not have to prove that the law should be developed in each and every case. Instead, it will be able to raise the remedies as alternatives to a once-and-for all lump sum damages award. The Plaintiff has been granted leave to appeal to the Supreme Court of Appeal (SCA) whilst the Department has been granted permission to proceed with implementing the order, whilst the appeal runs its course in the year.

Rehabilitation Centres of Excellence

From within the 43 facilities currently providing CP services, the department has prioritised facilities in all eight districts and are expected to operate using the hub and spoke model to promote the efficient use of resources.

The Department has invested in training therapists on Cerebral Palsy (CP) Management, basic and intermediate level of wheelchair seating. This training is one of the key expertise required to be able to prescribe and issue a wheelchair to the cerebral palsy patient.

Turnaround times on Promotion of Access to Information Act (PAIA) have improved with information gathered from facilities and scanned to the system. The Records Management Strategy will see the department focusing on securing registries, whilst improving the existing registry infrastructure across highly litigated facilities as priority as the next focus area. Through the hub and spoke approach, clinical teams led by our specialists are playing a very critical part in formulating our defense.

Pillar 3: Service Delivery Optimisation

The Departmental Task Team (DTT) - organized labour with management, supported by the OTP and DPSA experts- kicked off the service delivery review and realignment to the NHI and District Development Model. This will lead to an updated, single organogram that incorporates a rationalized, repurposed service delivery platform..

The Human Resources for Health summit held in August 2022 recognizes the financial situation of the Department and the need for organizational stability and a strengthening of labour relations. A programme of action to give effect to this commitment will be drafted for the year ahead. The appointed task team is to meet to identify those matters that may be considered for tabling at the Bargaining Chamber.

Pillar 4: Digitalisation and e –health

Roll out of HMS2

The eHealth intervention comprises several deliverables that are divided into two implementation phases. The system being deployed is the in-house developed system HMS2, with zero licensing costs for the Department, which is now being extended to the Free State Province.

The Department has made significant progress in implementing the eHealth intervention, having implemented Phase 1 in 20 hospitals and the full Phase 2 modules were implemented as part of an initial pilot at Frere Hospital. The original target completion date for phase 1 modules at the 28 priority

facilities was 31 March 2024 but based on the status of implementation, completion is estimated around October to November 2024.

One of the key deliverables of the eHealth intervention is the electronic PAIA and medico-legal modules, which provide a centralized solution for storing and reporting on all PAIA and medico-legal claims. All such claims are now electronically stored in respective registers and reported on as part of routine reporting and data analytics. Additionally, the Department has begun establishing an electronic data warehouse where routine data National Health Laboratory Services (NHLS), South African National Blood Services (SANBS), and Persal are provided to facilities for improved decision-making and interventions where required.

Call & Dispatching System, Digitising EMS Services

The Department has completed the customisation of the Call and Dispatching System in EMS and invested in the necessary infrastructure in 2022/23. The department had increased the number of call taking staff in the EMS communication centres around the province. A total of 54 call centre staff were recruited in the 2022/23 financial year. This staff will assist in the effective utilization of the call taking and dispatch system.

Connectivity & Broadband Access

From the original 28 priority hospitals, 50% have been equipped with broadband, while the remaining 50% are utilizing the National RT (Transversal Term contract) contract to access Long Term Evolution (LTE) connectivity. The department has established a provincial eHealth Steering Committee, which is driving the project implementation with good interdepartmental support from Provincial Treasury and OTP. The committee comprises various business units representing the Department in all areas of core business, including clinical, finance, supply chain management, facilities management, risk management etc.

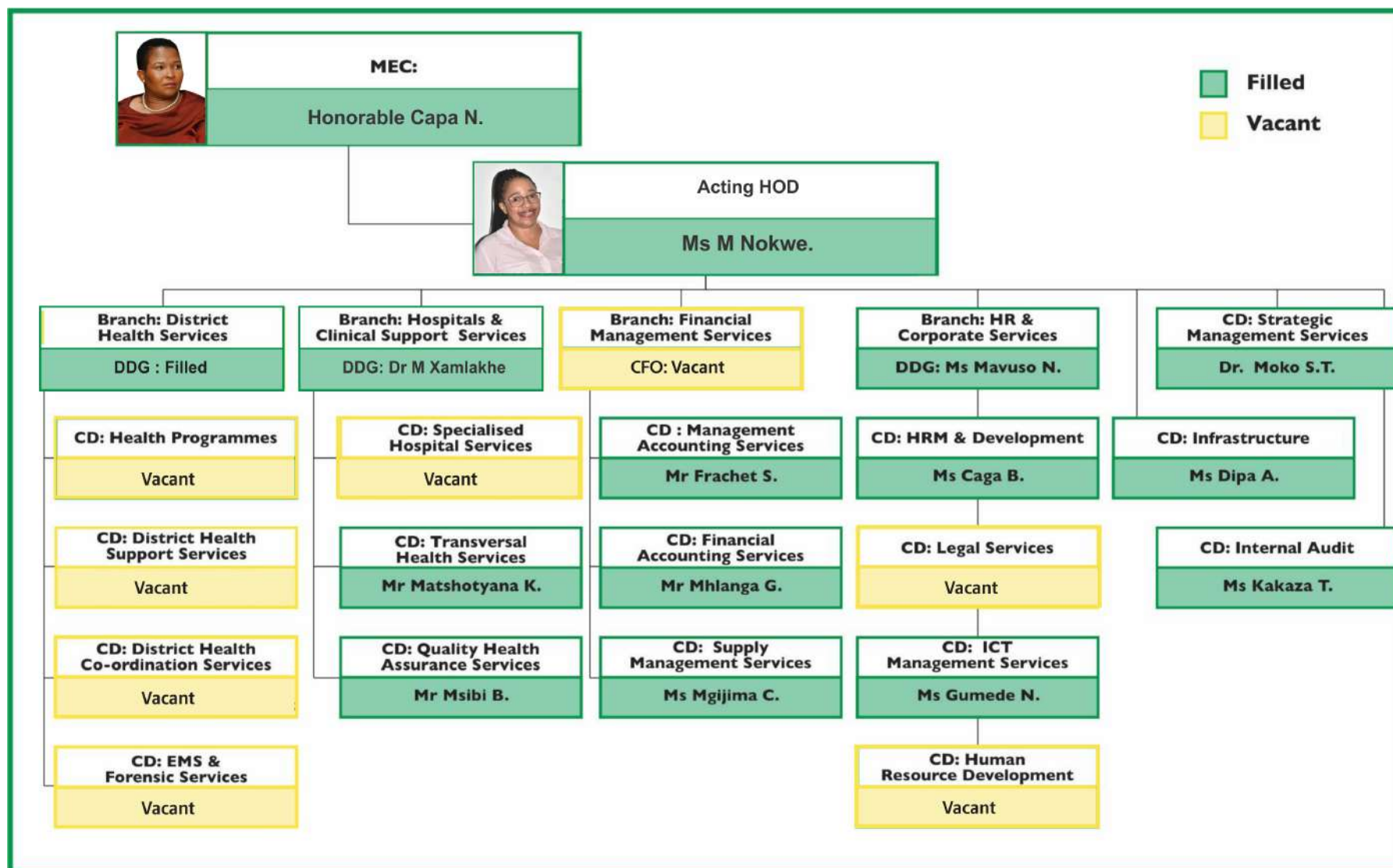
Pillar 5: Building Healthy Communities

A significant reduction in maternal mortality rates in the third quarter to 85,8 per 100,000 live births and 112 deaths per 100,000 live births in the fourth quarter compared to around 157 deaths per 100,000 live births during Covid-19 and the lowest rate of around 108 per 100,000 pre-Covid-19.

Reduction child under 5 years deaths and a reduction in deaths due to diarrhoea, severe acute malnutrition (SAM) and pneumonia in children under 5 years with Immunization Under 1-year coverage remaining above 82%, in the main due to the catch-up campaigns launched.

Achieved HIV/AIDS 92: 73: 90 and TUBERCULOSIS: 96: 93: 75 -Operation Phuthuma is a quality improvement approach that encourages prioritization in monitoring the poor performing indicators of all the health programmes including HAST.

Fig 24: Organisational Structure



4.4 Resource Considerations

HIV/AIDS, STI & TB Control ((HAST) is funded through District Health Programmes Grant, Comprehensive HIV/AIDS Component that covers both HIV/AIDS and TB. An approved business plan for 2024/25 covers all the planned activities to achieve the targets set in the 2024/25 Annual Performance Plan (APP).

The resources will be utilized to fulfil the following:

- Procurement of ARVs and TB (including DR-TB) medication, Condoms (Male and Female)
- Ensure seamless laboratory services by the NHLS for all HIV and TB tests
- Compensation of employees for programme management and support.
- Procurement of tools of trade (computers, test kits, medical equipment, etc.)
- Procurement of venues, facilities and accommodation for programme review meetings, trainings, support visits and roll-out of Operation Phuthuma nerve centers
- Procurement of registers and job aids printing in line with guidelines update
- Scaling up Advocacy Communication and Social Mobilization (ACSM) activities to educate and inform communities on Welcome Back campaign for patients that are lost to follow up.
- Undetectable = Untransmutable (U=U) campaign to encourage adherence to treatment, safe circumcision and special events on significant calendar days relating to HIV, STI and TB

To reduce maternal, neonatal, infant and child mortality rate the resources will be required to perform the following:

- Continuous capacitation of clinicians (nurses and doctors) on Essential Steps in the Management of Obstetric Emergencies (ESMOE), K2, Management of Small and Sick Neonates) for better management of pregnant women, intra/ post-partum management and neonates.
- Capacitation of clinicians on Integrated Management of Childhood Illnesses (IMCI) and Integrated Management of Children with Acute Malnutrition (IMAM) guidelines.
- Training of clinicians on family planning methods to increase couple year protection rate. These include insertion of long term contraceptives, intra-uterine devices and implants.
- Procurement of tool of trades (computers, printers, medical equipment etc.).
- Procurement of venues, facilities and accommodation for trainings and support visits.
- Printing of maternity case records, road to health booklets and required registers and stationery

4.4.1 MTEF budgets

Table 7: Summary of payment estimates by programme: Health

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
1. Administration	590 629	716 793	773 703	798 917	802 452	780 131	988 331	944 840	968 548	26.7
2. District Health Services	15 075 401	15 094 877	15 077 221	14 188 408	14 757 701	15 649 758	15 588 003	15 585 451	16 802 937	(0.5)
3. Emergency Medical Services	1 272 048	1 353 522	1 452 877	1 507 873	1 519 807	1 381 840	1 582 632	1 634 533	1 845 837	13.1
4. Provincial Hospital Services	3 980 365	3 686 353	3 826 710	3 896 714	4 253 816	4 196 026	4 231 168	4 360 841	4 489 405	0.8
5. Central Hospital Services	4 845 403	4 751 526	4 713 574	4 943 073	5 130 576	5 044 911	5 036 282	5 764 522	5 388 633	(0.2)
6. Health Sciences And Training	720 097	774 759	985 706	1 245 542	1 249 721	921 291	1 165 111	1 078 011	1 110 459	26.5
7. Health Care Support Services	152 387	112 986	115 053	175 171	199 900	131 833	248 787	248 420	250 787	88.7
8. Health Facilities Management	1 357 890	1 087 913	1 071 575	1 393 941	1 203 339	1 165 081	1 306 528	1 363 247	1 430 895	12.1
Total payments and estimates	27 994 218	27 578 729	28 116 419	28 139 339	29 117 112	29 270 871	30 106 843	31 029 965	31 887 301	2.9

Table 8: Summary of provincial payments and estimates by economic classification

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
Current payments	25 437 621	26 074 390	26 295 225	26 505 072	27 361 386	27 373 253	28 168 388	29 244 417	30 046 439	2.9
Compensation of employees	17 991 168	18 478 837	18 712 758	19 022 415	20 028 901	20 028 901	20 011 717	20 872 439	20 799 348	(0.1)
Goods and services	7 491 027	7 589 769	7 543 539	7 482 657	7 332 485	7 332 485	8 156 671	8 271 977	9 247 060	11.2
Interest and rent on land	55 428	4 684	38 867	—	—	11 867	—	—	—	(100.0)
Transfers and subsidies to:	1 028 660	332 597	519 529	270 569	371 722	513 614	352 565	368 384	416 825	(31.4)
Provinces and municipalities	—	—	—	—	—	—	—	—	—	—
Departmental agencies and accounts	—	13 075	18 866	14 970	14 970	14 970	14 401	20 905	21 867	(3.8)
Higher education institutions	—	—	—	—	—	—	—	—	—	—
Foreign governments and international organisations	—	—	—	—	—	—	—	—	—	—
Public corporations and private enterprises	—	—	—	—	—	—	—	—	—	—
Non-profit institutions	8 495	—	26 528	35 541	41 729	41 729	35 942	17 108	29 874	(13.9)
Households	1 020 165	319 522	476 135	220 058	315 023	456 915	302 222	350 371	366 094	(33.9)
Payments for capital assets	1 427 937	1 171 742	1 301 665	1 363 698	1 384 064	1 384 004	1 585 889	1 397 164	1 424 937	14.6
Buildings and other fixed structures	933 763	575 252	461 114	533 635	379 237	379 237	602 057	523 388	594 802	58.8
Machinery and equipment	494 174	596 490	840 551	830 063	1 004 767	1 004 767	983 832	873 766	829 235	(2.1)
Heritage Assets	—	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—	—
Total economic classification	27 994 218	27 578 729	28 116 419	28 139 339	29 117 112	29 270 871	30 106 843	31 029 965	31 887 301	2.9

Tables 7 and 8 above shows the summary of payments and budget estimates per programme and economic classification from 2020/21 to 2026/27. The total payments increased from R27.994 billion in 2020/21 to a revised estimate of R29.270 billion in 2023/24. In 2024/25, the budget is growing by 2.9 per cent from R29.270 billion in 2023/24 to R30.106 billion as a result of additional funding allocated to the department.

Compensation of employees shows a decrease of 0.1 per cent from R20.028 billion 2023/24 revised estimate to R20.011 billion in 2024/25 budget allocations due to fiscal consolidation measures implemented in 2024/25 as well as post community services contracts that will be terminated by end of the 2023/24 financial year.

Good and services show a positive growth of 11.2 per cent from R7.332 billion in 2023/24 to R8.156 billion in 2024/25 when compared to the revised estimate due to additional funding allocated for medicine to cater for dollar/exchange rate and cost pressures on medical supplies and diesel for non-exempted facilities during load shedding. A further growth is expected in 2025/26 and 2026/27 due to medicine to cater for dollar/exchange rate and cost pressures on medical supplies, fleet and diesel for non-exempted facilities during load shedding.

Transfers and subsidies show a negative growth of 31.4 per cent from R513.614 million to R352.565 million when compared to the 2023/24 revised estimate due to high revised estimate as a result of payment of medico legal claims. In 2025/26 and 2026/27, the department received additional allocation for the payment of medico legal claims.

Payments for capital assets show a positive growth of 14.6 per cent from R1.384 billion to R1.585 billion when compared to the 2023/24 revised estimate due to additional allocation on the NTSG and Health Facility Revitalisation Grant

PART C

MEASURING OUR PERFORMANCE



Province of the
EASTERN CAPE
HEALTH

PROGRAMME 1

HEALTH ADMINISTRATION AND MANAGEMENT



Province of the
EASTERN CAPE
HEALTH

PART C – MEASURING OUR PERFORMANCE

PROGRAMME I: HEALTH ADMINISTRATION AND MANAGEMENT

The Health Administration and Management programme comprises of two main components: The Administration component, which refers to the Executive Authority and lies with the Office of the Member of Executive Council (MEC); and the second component, which is the Management of the organisation and is primarily the function of the Office of the Head of Department.

I.1 Sub-Programme: Health Administration - Office of the MEC

Sub - programme purpose

To provide political and strategic direction to the Department by focusing on transformation and change management.

IMPACT STATEMENTS

Impact	Long, healthy and quality life for the people of the Eastern Cape

The standardised indicators are marked as per colour in the legend where's Provincial Indictors are not marked

Legend	Standardised indicators colour

Table 9: Outcomes, Outputs and Output indicators and targets for the next MTEF for the Office of the MEC

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
9. Leadership and governance in the health sector enhanced to improve quality of care	Statutory document submitted	9.1.2 Number of statutory documents tabled at Legislature	8 statutory documents	8 statutory documents	7 statutory documents	4 statutory documents	10 statutory documents	1	2	1	6	8 statutory documents	8 statutory documents

I.2 Sub-Programme: Health Management

Sub-Programme Purpose

To manage human, financial, information and infrastructure resources. This is where all the policy, strategic planning and development, coordination, monitoring and evaluation, including regulatory functions of head office, are located.

The management component under the Head of Departments' supervision is comprised of four branches with their sub-components (clusters) as listed below:

Finance Branch

- Financial Management Services
- Integrated Budget Planning and Expenditure Review
- Supply Chain Management (SCM)

Human Resource & Corporate Services Branch

- Information, Communication and Technology (ICT)
- Integrated Human Resource Management (IHRM)
- Human Resource Development (HRD)
- Corporate Services
- Infrastructure
- Internal Audit
- Strategy & Organisational Performance

Hospital and Clinical Support Management Branch

- Hospital Services
- Clinical Support Services
- Emergency Medical Services and Forensic Services
- Quality Care Assurance Services

District Health Services Management Branch

- District Health Support
- District Management Coordination
- Communicable Diseases
- Health Programmes

Table 10: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Management

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performanc e	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
7. Improve financial management	Audit opinion of provincial DOH achieved	7.1.1 Audit opinion of Provincial DoH	Qualified	Qualified	Qualified	Qualified	Unqualified	-	Unqualified	-	-	Unqualified	Unqualified
	Approved procurement plan in place	7.1.2 Approved Annual Procurement Plan	Signed Final 2021/22 Procurement Plan submitted to Provincial Treasury	Signed Final 2022/23 Procurement Plan submitted to Provincial Treasury	2023/24 Approved Annual Procurement Plan submitted to Treasury before 31 March 2023	2024/25 2 nd Draft Annual Procurement Plan submitted to Provincial Treasury	2025/26 Approved Annual Procurement Plan	-	1 st draft Annual Procurement Plan	2 nd Draft Annual Procurement Plan	2025/26 Approved Annual Procurement Plan	2026/27 Approved Annual Procurement Plan	2027/28 Approved Annual Procurement Plan
	Increased revenue collection	7.1.3 Amount Revenue generated (R)	145.2 mil	74 mil	186,7mil	51.6 mil	324.8 mil	50.3 mil	80,3 mil	94,8 mil	99,4 mil	339,3 mil	356,3 mil

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Approved costed HRH Strategy to create share vision to realise NHI	6.4.1 Holistic Human Resources for Health (HRH) strategy approved	New Indicator	Draft HRH Strategy	New Indicator	New Indicator	Approved HRH Strategy	-	-	-	Approved HRH Strategy	-	-
8. Reduced causes of medical legal claims in facilities by 80%	Medico legal claims reduced	8.1.1 Contingent liability of medico – legal cases	New Indicator	New Indicator	R26,508bn	R33,064bn	R23,857bn	-	-	-	R23,857bn	R21,471bn	R19,324bn
6. Quality of Health Services Improved	Improved connectivity in health facilities	6.7.1 Percentage of Hospitals with connectivity	New Indicator	New Indicator	26.9%	41.5%	52.8%	-	-	-	52.8%	64%	64%
		Numerator			24	37 (15 new)	47 (10 new)				47 (10 new)	57 (10 new)	57 (10 new)

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator			89	89	89				89	89	89
		6.7.2 Percentage of fixed PHC facilities with connectivity	New Indicator	New Indicator	13.4%	25.6%	32%	-	-	-	32%	38.5%	38.5%
		Numerator			104	199 (97 new)	249 (50 new)				249 (50 new)	299 (50 new)	299 (50 new)
		Denominator			776	775	777				777	777	777

Explanation of planned performance over the medium-term period

Audit improvement: The audit outcomes have improved. The department will continue to implement an audit improvement plan (AIP) which outlines the strategies to be undertaken in order to achieve the desired audit outcome of unqualified audit opinion. The qualifications emanate mainly from the unauthorised expenditure due to the challenges of medico legal contingency liability.

Human Resource Management: Annually, the department develops the Annual Recruitment Plan (ARP) based on the prioritised critical, new and replacement posts during the financial year. The current vacancy rate is 7.7 % (norm is 10%), with 6 108 posts that are vacant and unfunded. The department has implemented interventions to curb Compensation of Employees (CoE) expenditure. Rationalisation & Service Optimization Project as a Strategic Intent of the Department to ensure maximisation of efficiencies negatively affected filling of vacant posts within the stipulated periods. Furthermore, the Department had to be mindful of the risk of advertising and filling the posts meanwhile the post may be filled through the process of person to post matching within the available resources and the organogram review process.

Medico legal

The Department of Health (DOH), Office of the Premier (OTP), and Provincial Treasury (PT) are working on a joint medico legal strategy that outlines the responsibilities of the 3 parties in the fight against medico legal claims. As part of a tripartite team of provincial government departments mandated by Executive Council (EXCO), their role is to oversee the management of medico legal cases in the Eastern Cape with responsibilities broadly allocated as follows:

DOH – clinical and administrative interventions where the department is pursuing the public health care defence strategy. The aim is to convince the courts that DoH, through its medical institutions, is able to provide adequate level of care to its patients (in particular, the Cerebral Palsy (CP) patients).

OTP – take-over of the medico legal defence, working with the Office of State Attorney and other agencies; and

Provincial Treasury (PT) – investigation of suspected fraudulent medico legal claims as well as funding for medico legal settlements, launched application to provide for staggered payments instead of lump sum payments.

In pursuit of the implementation of the strategies, there are various structures where reports are being made to check if the three departments are still on track and also adhere to the deliverables as expected.

Through the hub approach, our clinical teams led by our specialists are playing a very critical role in formulating the department's defence. The department is working tirelessly to ensure that all CP units and Centres of Excellence in Dora Ngizwa, Cecilia Makiwane and Frere Hospitals are ready to serve and have all the necessary capabilities. The project will be rolled out to other facilities.

Digitisation: The Department of Health is in the process of aligning its enterprise architecture to the National Department eHealth strategy. This will set in motion the development and implementation of various eHealth initiatives across all levels of care that will seamlessly interface with the National Department of Health eHealth systems and strategy to enable systems interoperability. eHealth should give the department qualitative and timely health information to assist health care facilities in improving quality patient care. It should enable health care access to remote areas of the province through tele-medicine, and collaboration with specialists. Information Communication Technology (ICT) plays a vital role as an eHealth enabler.

Poor ICT infrastructure (equipment) in health facilities is the primary focus for ICT strategy to avoid downtime and not to dynamically drive ICT solutions within the eHealth spectrum. 87% of hospitals within the ECDoH has very limited to zero penetration of ICT networks and computer infrastructure provision have been made for the implementation of the eHealth project for the ECDoH over three (3) years to 28 highly litigated healthcare facilities. HMS2 electronic medical record system key features included patient registration that is integrated to the National Health Patient Registration System (HPRS), billing, and revenue management. A total of 532 of health facilities will be connected in the first phase of the project which is currently in progress over the Medium-Term Expenditure Framework (MTEF). The department has strengthened the strategic alliance with State Information Technology Agency (SITA) in leveraging the on-site prioritisation and timing together with SITA.

Revenue generation

Revenue generation // Cost Recovery takes place at the public health institutions where services are rendered. Public health revenue generation is a value chain that involves multi-stakeholders, namely patient administration (patient registration, patient records, ward clerks), clinical (consultation with patients and diagnosis thereof, recording of healthcare services rendered, pharmaceuticals) and finance (billing, and coding of services rendered, claims submission, debt management, cash management).

Revenue management at hospital level is a back end function, mainly dependent on inputs and activities from patient administration and clinical departments. The need to harmonise the stakeholders in this value chain is noteworthy.

The Department collects most of its revenue from patient fees for health care services rendered to the public. The fees are minimal for indigent patients and full tariffs are charged to funded patients including inter alia Road Accident Fund (RAF), Medical Aid Schemes, Correctional Services, SAPS,

Department of Justice (DOJ) and Compensation of Occupational Injuries and Diseases Act (COIDA). Of the above, most fees are collected from the RAF and DOJ.

There is a need to strengthen collections from the RAF, Medical Aid Schemes and other streams which are often missed due to incorrect classification of patients, prescription due to late billing, insufficient information to conclude claims and in some instances revenue due is not collected because of the inability to identify billable services.

The Department approved the implementation of the HMS² electronic medical record system in 2020. The HMS² system is currently being rolled out to 28 of the highest revenue collection hospitals as a patient administration and billing system. It is a free and open platform solution, developed in-house by the Information Technology Unit of the Department. Over time the HMS² system will be further extended to more hospitals in the Department.

Enhanced Revenue Collection

A number of events have converged to focus attention on government own revenue and, in particular, on the Eastern Cape Department of Health which is one of the departments that are showing the greatest potential to maximise provincial own revenue through inter alia: -

Revenue Source	Reference to Revenue Study
Patient fees: Enhanced billing - identification of patients for means test.	Efficiencies in collection of current revenue sources.
Healthcare establishment licensing applications	Registration (once off), licence renewal (annually) and annual inspection fees charged to all private hospitals / EMS in a province.
Enhanced amenities	Enhanced Amenities / Enhanced billing by ECDoH as designated service provider (DSP) – to Government Employees Medical Scheme (GEMS).
Rehabilitation Centres	The treatment of Road Accident Fund (RAF) patients in the public vs private health sector.
Enhanced Billing at Emergency Medical Services - road and air ambulance	Enhanced collections pre hospitalization / admittance from transporting of patients – targeted RAF patients.
Designated Service Providers	A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc.) that is a medical scheme's first choice when its members need diagnosis, treatment or care for a Prescribed Minimum Benefits (PMB) conditions. Enhanced billing is needed as there is demand from the medical aid schemes.
Psychiatric services	Increase the number of available Psycho-Legal evaluation beds in the province There is primarily only one hospital that conducts the majority of psycho-legal evaluations in the province.

Revenue Source	Reference to Revenue Study
High value equipment	Obtain revenue streams by renting out / leasing High Value Medical Equipment in non-peak hours. High Value equipment with maintenance contracts including Cardiology, Oncology, Haematology. CT Scanners, MRIs etc. could be rented in non-peak times to generate revenue.

1.3 Programme Resource Consideration

Table 11: Summary of payments and estimates by sub-programme: Programme 1: Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
1. Office Of The MEC	7 259	7 576	8 252	8 937	14 058	15 434	8 965	14 783	9 999	(41.9)
2. Management	583 330	709 217	765 451	789 960	788 394	784 697	979 366	930 077	958 579	28.1
Total payments and estimates	590 629	716 793	773 703	798 917	802 452	780 131	988 331	944 840	968 548	26.7

Table 12: Summary of payments and estimates by economic classification: Programme 1: Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
Current payments	589 302	657 247	658 648	728 756	731 496	707 964	915 089	868 620	888 822	29.3
Compensation of employees	423 044	397 632	396 013	469 796	472 331	414 911	507 133	509 509	530 274	22.2
Goods and services	165 669	257 042	259 724	259 960	259 165	293 053	407 956	359 111	358 548	39.2
Interest and rent on land	589	2 573	2 911	-	-	-	-	-	-	-
Transfers and subsidies to:	-2 938	10 257	4 200	2 072	2 072	3 283	2 107	2 201	2 302	(35.8)
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	-2 938	10 257	4 200	2 072	2 072	3 283	2 107	2 201	2 302	(35.8)
Payments for capital assets	4 265	49 289	110 855	68 989	68 884	68 884	71 135	74 019	77 424	3.3
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	4 265	49 289	110 855	68 989	68 884	68 884	71 135	74 019	77 424	3.3
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	590 629	716 793	773 703	798 917	802 452	780 131	988 331	944 840	968 548	26.7

Tables 11 and 12 above shows the summary of payments and estimates from 2020/21 to 2023/24 and over the 2024 MTEF period per sub-programme and economic classification. The programme's total expenditure increased from R590.629 million in 2020/21 to a revised estimate of R780.131 million in 2023/24. In 2024/25, the budget increases by 26.7 per cent from R780.131 million to R988.331 million when compared to the 2023/24 revised estimate due to additional funding for wage agreement and reprioritisation to fund the Digitation of E-Health and payment of Norton Rose for the legal services rendered in respect of medico legal claim.

Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of employees shows a positive growth of 22.2 per cent from R414.911 million revised estimate to R507.133 million when compared to the 2023/24 due additional funding for wage agreement.

Goods and services shows a positive growth 39.2 per cent from R293.053 million to R407.956 million when compared to the 2023/24 revised estimate due internal reprioritisation for the Digitisation of ie-Health and payment of Norton Rose for the legal services rendered in respect of medico legal claim

Transfers and subsidies show a negative growth of 35.8 per cent from R3.283 million to R2.107 million when compared to the 2023/24 revised estimate due high revised estimate resulting from the payment of leave gratuities.

Payments for capital assets show a positive growth of 3.3 per cent from R68.884 million to R71.135 million when compared to the 2023/24 revised estimate due to low revised estimate.

I.4 Key Risks

The table below outlines the key risks.

Table 13: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
- Leadership and governance in the health sector enhanced to improve quality of care - Improve financial management - Reduced causes of medical legal claims in facilities by 80% - Quality of Health Service Improved	- Non-payment of creditors within 30 days - Budget cuts due to shrinking economy and increase in exchange rate for medicines and medico legal claims (not able to budget for) - Inadequate management of revenue - Inadequate provision of ICT (Information communication technology) services to support service delivery - Perpetration of fraudulent and corrupt activities - Delays in recruitment and inadequate retention of staff	- Monitor and strengthen implementation of Supplier Payment Plan. - Strengthen support visits and training. - Effective implementation and regular reporting on the audit improvement strategy. - Provincial and District Cost Containment Committee structures implementation of the resolutions of the Cost Containment meetings. - Allocation of resources as far as the budget allows, strengthen fees collection value chain, training and monitoring. - Maintain approval threshold. - Filling of vacant funded posts. - Monitoring compliance with the policies, procedures and SOPs. - Influence the prioritisation of the connectivity of health institutions with OTP. - Continued Improvement of consequence management. - Enforce compliance with the policies, procedures and SOPs. - Implementation of the resolutions of the meetings. - Conduct continuous staff training. - Software to validate patient income levels. - HR delegations register monitored monthly. - Recruitment time reduced to 3 months.

Outcome	Risk	Mitigating factors
		• HR Management Information System (HR MIS) in place. • Annual intake plan fully functional and updated annually. • Implementation of interventions to address staff attitude. • Maintain lower vacancy rate. • Strengthening deadline compliance for all reports and plans. • Staff are replaced within three months. • Registrar program remains operational. • The Special Employee Relations Training Unit is fully functional. • PILIR management outsourced to Metropolitan and SOMA. • Alignment of PERSAL to the organogram.
	Employees whose benefits are not paid within 3 months.	• Fast track payment of employee benefits • Ensure continuous trainings on capped leave are conducted at all districts. • Ensure timeous implementation of the statistical results detailed on the reports. • Implementation of meetings action list.
	Transition from the old to the new organogram.	• Conduct consultations with the relevant stakeholders. • Full implementation of migration plan and its terms of reference - ensure correct implementation of the organogram. • Approval of micro organogram.
	Lack of 100% Occupational Health and Safety compliance with statutory structures (H&S Reps and H&S Committees).	• Appointment of statutory structures (16.2 appointments, safety reps, fire. • Ensure compliance with employee wellness framework and reporting tool. • Programme marketing. • Ensure training and capacitation. • Ensure compliance with OHS policies and SOP's. • Develop OHS correction plan.
	Increased litigation	• Appointment of paralegal secretaries for deployment at districts and the targeted highly litigated facilities. • Contracting of medico legal expert firm to defend the cases in court.

Outcome	Risk	Mitigating factors
		- Contracting of the Special Investigation Unit (SIU) to investigate elements of fraud and corruption relating to theft of files. - Strengthen the quality of reports (adverse events reports). - Implementation of meetings action list.
	Inadequate contract management leading to medico legal claims	- Filling of vacant funded posts. - Communicating renewal of expiring contracts. - Implementation of meetings action lists - Enforce compliance with the Policies, Procedures and SOPs - All contracts must have SLAs. - Continuous monitoring and reporting on the existing contracts - Ensure proper management of contractual disputes. - Continuous monitoring and reporting on the existing Contracts and Dispute Registers. - Maintain updated contracts and dispute registers.
	Inadequate reporting of Contingent Liability	- Recruitment of staff. - Enforcement of the Service Level Agreement (SLA) between OTP and ECDOH, as well as State Attorney and Service Provider. - Develop an Accounting Policy Framework regarding the measurement and recognition of the Contingent Liability. - Implementation of meetings action list.

PROGRAMME 2

DISTRICT HEALTH SERVICES (DHS)



PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Programme purpose

To ensure the delivery of primary health care services through the implementation of the District Health System.

Programme description

The District Health Services (DHS) programme is responsible for the management of health services in the six (6) districts and two (2) metropolitans of the Province. The services offered are mainly preventive and minor curative, maternal, child and women's health and nutrition, HIV and AIDS, STI and TB (HAST), prevention and control of chronic diseases, public health / other community-based services such as waste management and coroner services. These are offered through the following service delivery platforms: Community Health Clinics, Community Health Centres (CHCs) and District Hospitals.

Based on the current structure, the DHS programme is composed of nine sub-programmes, namely:

- 2.1 District Management
- 2.2 Community Health Clinics
- 2.3 Community Health Centres (CHCs)
- 2.4 Community-Based Services
- 2.5 Other Community Based Services - Public Health
- 2.6 HIV & AIDS - STI and TB (HAST) Control
- 2.7 Maternal, Child and Women's Health & Nutrition
- 2.8 Coroner Services
- 2.9 District Hospitals

2.1 Sub – Programme: District Management

Sub-Programme purpose

The sub-programme manages the effectiveness, functionality and the coordination of health services, referrals, supervision, planning, monitoring & evaluation and reporting as per provincial and national policies and requirements.

Table 14: Outcomes, Outputs and Output indicators and targets for the next MTEF for District Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
9. Leadership and governance in the health sector enhanced to improve quality of care	District performance reviews conducted quarterly	9.1.1 Number of districts conducted quarterly performance reviews	New Indicator	New Indicator	New Indicator	7	8	8	8	8	8	8	8

2.2 Sub-Programme: Community Health Clinics

Sub- Programme purpose

The sub-programme manages the implementation of the comprehensive Primary Health Care Service Package which is the provision of preventive, promotive, curative and rehabilitative care, in the 6 districts and 2 metros.

Table 15: Outcomes, Outputs and Output indicators and targets for the next MTEF for Community Health Clinics

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Aual performance				Estimate d Performa nce	MTEF Targets					
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	PHC facilities that qualify as Ideal increased	6.2.1 Ideal clinic status obtained rate	2.5%	5.3%	24.7%	30.4%	38%	-	-	-	38%	45%	49%
		Numerator	18	39	192	245 (53 new)	292 (100 new)	-	-	-	292 (100 new)	349 (54 new)	380 (31 new)
		Denominator	732	734	776	775	777	-	-	-	777	777	777

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Aual performance			Estimate d Performa nce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Patient experience of care in fixed public health facilities improved	6.1.1 Patient experience of care satisfaction rate	87.2%	85.2%	85%	86%	86.3%	-	86.3%	-	-	87%	87.3
		Numerator	563 594	476 161	304 824	709 878	309 270		309 270			311 778	312 854
		Denominator	646 682	558 955	358 366	823 932	358 366	-	358 366	-	-	358 366	358 366
	Patient safety improved	6.3.8 Severity Assessment Code (SAC)I incident reported within 24 hours rate	New Indicator	New Indicator	New Indicator	83%	86%	86%	86%	86%	86%	87%	88%
		Numerator				20	24	6	6	6	6	22	21
		Denominator				24	28	7	7	7	7	26	24

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Aual performance			Estimate d Performa nce	MTEF Targets						
			2020/21	2021/22	2022/23		2023/24	2024/25	2024/25 Quarterly Targets				2025/26
						Q1			Q2	Q3	Q4		
		6.3.17 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	89.2%	88%	88%	88%	88%	88%	89%	90%
		Numerator				50	28	7	7	7	7	27	25
		Denominator				56	32	8	8	8	8	30	32

2.3 Sub – Programme: Community Health Centers (CHCs)

Sub – Programme purpose

The sub-programme renders 24-hour health services, maternal health at midwifery units, provision of trauma services and the integration of community-based mental health services within the down referral system.

Table 16: Outcomes, Outputs and Output indicators and targets for the next MTEF for Community Health Centers (CHCs)

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient experience of care in public health facilities improved	6.1.2 Patient experience of care satisfaction rate	83.7%	81.2%	75.7%	79%	83%	-	83%	-	-	84%	85%
		Numerator	58 848	52 165	20 972	79 053	22 996		22 996			23 273	23 550
		Denominator	70 308	64 206	27 706	99 773	27 706	-	27 706	-	-	27 706	27 706
	Patient safety improved	6.3.9 Severity Assessment Code (SAC) I incident reported within 24 hours rate	New Indicator	New Indicator	New Indicator	47.3%	60%	60%	60%	60%	60%	65%	70%
		Numerator				9	12	3	3	3	3	13	14
		Denominator				19	20	5	5	5	5	20	20

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		6.3.18 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator				28	24	6	6	6	6	22	24
		Denominator				28	24	6	6	6	6	22	24

Explanation of Planned Performance over the Medium-Term Period:

Strengthen District Health Governance, Leadership & Management

- Monitor and facilitate compliance with the District Health Planning and Monitoring Standard Framework (DHPs & District Performance Reviews).
- Participation of District Health Management Team (DMT) in the District Development Plan (DDM) in each District Municipality to maximise integrated planning for delivery of services with high impact in communities.
- Governance of District Health System in the province will continue through District Management Teams, Provincial District Management Team (PDMTs) and participation by the department in the National District Health Steering Committee (NDHSC).
- Strengthened accountability, through establishment and functioning of District Health Council and Provincial Health Council, as well as clinic committees to enhance community involvement and participation in district health planning.
- Strengthening supervision of fixed PHC facilities through appointed supervisors, transport and ICT to enable continuous monitoring and reporting.

Improve Quality of Health Services in PHC facilities

- Health systems strengthening program will continue through the implementation of an Ideal Clinic status determinations on quarterly basis to enhance quality improvement plans (QIPS).
- Patient experience of care survey will be conducted in 80% of the facilities with focus on the six priority areas, (waiting times, cleanliness, infection control, safety and security, availability of medicine, staff attitudes) and development of QIPs.

Access to Primary Health Care Service package

- Improve access to medical doctor services at PHC facilities through the NHI health practitioner grant.
- Improve service package of CHCs by resourcing the clinical support services (rehabilitation services) in identified CHCs with spaces.
- Provision of mobile clinics in hard to reach communities.

2.4 Sub-Programme: Community Based Services – Disease Prevention and Control (Non-Communicable Diseases)

Sub – Programme purpose

The Community-based Services Sub-programme manages the implementation of the Community-Based Health Services. This includes:

- Implementation of disease-prevention strategies at a community level.
- Providing chronic and geriatric services including rehabilitation as a supportive service.
- Providing oral health services at a community level (including schools and old age homes).
- Strengthening the prevention of mental disorders, substance, drug, and alcohol abuse to reduce unnatural deaths.

Table 17: Outcomes, Outputs and Output indicators and targets for the next MTEF for Community Based services – Disease Prevention and control Non communicable diseases

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performa nce	MTEF Targets					
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
4. Morbidity and Premature mortality due to non- Communicable diseases reduced	Clients early detection of illness and prevention.	4.2.1 Positivity rate for hypertension 18 - 44 years	New Indicator	New Indicator	New Indicator	0.6%	< 2%	< 2%	< 2%	< 2%	< 2%	< 2.0%	< 1.8%
		Numerator				14 823	13 554	3 388	3 389	3 389	3 388	13 554	12 199
		Denominator				2 505 838	677 724	168 431	168 431	168 431	168 431	677 724	677 724
		4.2.2 Positivity rate for hypertension ≥ 45 years	New Indicator	New Indicator	New Indicator	1.6%	<2%	< 2%	< 2%	< 2%	< 2%	< 2%	< 1.8%
		Numerator				20 608	9 973	2 493	2 493	2 494	2 493	9 973	8 976
		Denominator				1 293 218	498 671	124 668	124 668	124 667	124 668	498 671	498 671
		4.3.1 Positivity rate for diabetes 18 - 44 years	New Indicator	New Indicator	New Indicator	0.6%	< 2%	< 2%	< 2%	< 2%	< 2%	< 2%	< 1.8%
		Numerator				13 625	22 698	5 674	5 675	5 675	5 674	22 698	20 428

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performa nce	MTEF Targets					
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator				2 398 195	1 134 880	283 720	283 720	283 720	283 720	1 134 880	1 134 880
		4.3.2 Positivity rate for diabetes ≥ 45 years	New Indicator	New Indicator	New Indicator	0.9%	< 2%	< 2%	< 2%	< 2%	< 2%	< 2%	< 1.8%
		Numerator				15 826	16 701	4 175	4 175	4 176	4 175	16 701	150 128
		Denominator				1 740 541	834 047	208 761	208 762	208 762	208 762	834 047	834 047
	Prevention and early detection of mental illness	4.4.1 PHC Mental disorders treatment rate new	0.06%	0.07%	0.1%	0.03%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
		Numerator	7 722	9 562	12 663	1128	28 235	7 058	7 059	7 059	7 059	28 235	28 235
		Denominator	12 950 671	13 692 661	14 117 664	3 262 024	14 117 664	3 539 416	3 539 416	3 539 416	3 539 416	14 117 664	14 117 664
	Reduction of blindness	4.5.1 Cataract surgery rate	54.6 /1 000 000	231.1/1 000 000	181.8/1 000 000	433/1 000 000	350/1 000 000	350/1 000 000	350/1 000 000	350/1 000 000	350/1 000 000	380/1 000 000	400/1 000 000

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets					
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Numerator	362	1 552	1 092	2 600	2 102	2 102	2 102	2 102	2 102	2 283	2 403
		Denominator	6 624 088	6 714 789	6 006 715	6 004 621	6 006 715	6 006 715	6 006 715	6 006 715	6 006 715	6 006 715	6 006 715

Explanation of planned performance over the medium-term period

Non-communicable diseases (NCDs) continue to increase in the country as a result of changing lifestyles (reduced physical activity and increasing consumption of alcohol, foods high in salt and sugar). Both diabetes and hypertension contribute directly to the development of cardio- and cerebrovascular diseases which are becoming increasingly major causes of death in the Province. Eye health challenges which result from aging population and complications from NCDs are also noted to be prevalent in younger ages. Cataract and refractive errors contribute to poverty and poor economic development. The increasing cataract targets will be reached due to partnership with the Non-Governmental Organisations (NGOs) to support the cataract tours planned for the 2024/25 financial year. Youth, women and people with disabilities are inclusive in age groups 18 - 44 and 45 years and above for NCDs.

The National Strategy on Prevention and Control of NCDs 2022-2027, introduced NCD Cascade of 90 60 50 for hypertension and diabetes.:

- 90% of all people 18 years and over will know whether or not they have raised blood pressure and /or raised blood glucose.
- 60% of people with raised blood pressure or blood glucose will receive intervention.
- 50% of people receiving interventions are controlled.

Provincial targets issued by National Department of Health (NCDs) for NCD cascade are 90, 60, 50

Based on the National Indicator Data Set (NIDS) 2022, new indicator of positivity rate, which is calculated by the system was introduced. Positivity rate, which is the element of the 2nd cascade of 60% has a numerator of clients 18-44 years and 45 years and above (separately) screened and requiring / referred for hypertension and diabetes treatments, reported separately, with the denominator of clients screened each for different age bracket, which must be recorded once a month for statistics purposes. The target from 2023 is 5% as against the National target of 50%. Challenges include the following:

- The numerator of positivity rate is the new data element in the new National Indicator Data Set (NIDS) 2022.
- Duplicate recording of the screening element instead of once a month, according to NIDS definition.
- Inadequate data collecting tools.
- E-register challenged by network problems.
- Photocopying in some facilities make the register to be squeezed in an A 3 paper, thus reducing the columns and becoming faint resulting to improper recording.
- Poor understanding of the new data element (clients screened and requiring/ referral for treatment).
- Improper application of Adult Primary Care (APC) guidelines by nurses on the new data element (clients screened and requiring/ referral for treatment).

Planned interventions to manage these challenges include integrated management of NCDs (Community Health Workers (CHWs), Health Promotions, Nutrition, Training, etc in order to change individual behaviour towards

better health, screening and early detection, and those detected with the disease must be initiated on treatment and retained in care. The Universal Health Coverage will be significantly facilitated where health promotion and prevention of illness is able to increase awareness about the NCDs, reduce the numbers of people needing health interventions, and where good quality and person-centred care is provided within an integrated, effective and efficiently functioning health care system.

The cataract surgeries are done in established eye health units (Frontier, PE Provincial, CMH and NMA hospitals and some district hospitals through cataract surgeries outreach program. The support from the partners - South African National Council for the Blind (SANCB) and Grace Vision providing their resources (equipment, surgical consumables and medication) to improve cataract surgery rate for a period of 3 years. The cataract surgery rate target remains low and easily achieved by the department through the support of the SANCB. The challenge is that, the cataract surgery rate cannot be increased as the SANCB was not allocated any funding by their funders during 2023/24 financial year and the departmental eye units and district hospitals are not adequately funded to prioritise the eye care to procure cataract consumables, surgical and equipment for ease of outreach programs.

Planned intervention to manage eye health is to allocate enough funds for cataract consumables, procured centrally and distributed to eye units and some district hospitals where outreach will be offered.

The school going children and adults will be offered prescribed spectacles and readers through the approved provincial tender for a 3-year period in areas where the optometrists are appointed and also the support of Ke Ready organization contracted with the Department of Health for 6 districts.

2.5 Sub-Programme: Other Community Based Services - Public Health

Sub- Programme purpose

The Other Community Services sub-programme manages the devolution of municipal health service from the Department of Health to the districts and metropolitan municipalities, (health care waste management and other hazardous substances control).

Table 18: Outcomes, Outputs and Output indicators and targets for the next MTEF for Other Community Base Services – Public Health

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Hospitals comply with health care risk waste norms and standards	6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	60.7%	65%	69.6%	74.1%	79%	79%	79%	79%	79%	82%	85%
		Numerator	54	58	62	66	70	70	70	70	70	73	76
		Denominator	89	89	89	89	89	89	89	89	89	89	89

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Community engagement improved	Households advocate for accessibility to health services increased	6.4.6 Number of CHWs on Stipend	New Indicator	New Indicator	New Indicator	3823	4373	4103 (280 new)	4373 (270 new)	-	-	4393(20 new)	4593(200 new)

Explanation of Planned Performance over the Medium-Term Period

South Africa made its intentions clear to have a health system that provides universal access to healthcare. This system is based on the approach of keeping people healthy and caring for themselves when they are in poor health.

The government committed to strengthening the effectiveness of the health system highlighting the need to overhaul the health services delivery platform from one that is based on curative, high-cost care model, to one that promotes cost-effective PHC services that are delivered as close to communities and households as possible, and is centred around health promotion, prevention and community involvement. During the MTEF, the sub programme through its Ward-Based Primary Health Care Outreach Teams (WBPHCOTs) will perform the following duties which are aligned to the voted budget: in addition to the voted budget allocated for this sub programme, there will be assistance from the developmental partners for the following activities:

- Mobilising communities for screening (contact tracing).
- Visit households and advocate for accessibility to health services.
- Identify households with children, pregnant women, chronic and refer them to health facilities.
- Identify individuals who default treatment and refer to clinics in a welcome back campaign.

- Providing adherence support.
- Screening and testing for Non - Communicable Diseases (NCD) like hypertension and diabetes.
- Conduct testing in communities to identify pregnancy and refer them.
- Strengthen referral pathways to relevant services.

2.6 Sub-Programme: HIV & AIDS, STI & TB (HAST) Control

Sub – Programme purpose

To control the spread of HIV infection, reduce and manage the impact of the disease to those infected and affected in line with Provincial Development Plan (PDP) goals, and to control the spread of TB, manage individuals infected with the disease and reduce the impact of the disease in the communities.

Table 19: Outcomes, Outputs and Output indicators and targets for the next MTEF for HAST

/Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
3. Morbidity and premature mortality due to communicable diseases reduced	HIV new cases identified and initiated on ART	3.1.1 HIV test done – sum	1 513 548	1 701 524	1 896 429	1 568 222	1 697 542	424 385	424 386	424 386	424 385	1 782 419	1 871 539
		3.1.3 HIV Test positive around 18 months rate	New Indicator	New Indicator	New Indicator	0.4%	<1.2%	<1.2%	<1.2%	<1.2%	<1.2%	<1%	<0.8%
		Numerator				134	551	138	138	138	137	459	367
		Denominator				30 570	45 935	11 483	11 484	11 484	11 484	45 935	45 935

/Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		3.1.2 HIV positive 15-24 years (excl. ANC) rate	New Indicator	2.2%	2%	1.7%	1.8%	1.8%	1.8%	1.8%	1.8%	1.5%	1.4%
		Numerator		12 355	12 245	8641	10 083	2 520	2 521	2 521	2 521	8 822	8 646
		Denominator		553 802	616 736	518 997	560 188	140 047	140 047	140 047	140 047	588 198	617 607
		3.2.1 ART client naïve start ART during month – sum	50 059	50 541	48 808	34 194	50 832	12 708	12 708	12 708	12 708	49 907	44 916
	People living with HIV retained on care	3.2.2 ART adult remain in care rate [12 months]	38%	62.3%	63%	63.5%	72%	72%	72%	72%	72%	75%	80%
		Numerator	526 288	30 103	27 972	21 585	35 141	8 634	8 949	8 456	9 102	34 256	40 665
		Denominator	1 375 785	48 302	44 391	33 950	48 808	11 991	12 429	11 745	12 643	45 675	46 200
		3.2.3 ART child remain in care rate [12 months]	25%	73.4%	73.8%	74.3%	77%	77%	77%	77%	77%	78%	80%
		Numerator	17 284	838	745	577	1 047	231	252	266	298	887	1 220

/Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator	68 397	1 142	1 009	776	1 360	300	327	345	388	1 137	1 525
	People viral load undetected	3.2.7 ART Adult viral load suppressed rate (below 50) [12 months]	87.7%	88.5%	89%	82.3%	88%	88%	88%	88%	88%	92%	94%
		Numerator	53 622	19 632	18 142	12 960	42 952	10 552	10 938	10 336	11 126	42 021	43 428
		Denominator	61 129	22 186	20 385	15 747	48 808	11 991	12 429	11 745	12 643	45 675	46 200
		3.2.8 ART Child viral load suppressed rate (below 50) [12 months]	62.3%	64%	62%	48.3%	60%	60%	60%	60%	60%	65%	70%
		Numerator	986	376	310	194	816	180	196	207	233	739	1068
		Denominator	1 583	588	500	401	1 360	300	327	345	388	1 137	1 525
	TB/HIV co-infected clients	3.2.9 TB/HIV co-infected client on ART rate	93.5%	92.6%	93.3%	94.3%	95%	95%	95%	95%	95%	96%	97%

/Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	identified and initiated	Numerator	12015	13 724	14 051	13 205	14 310	3 578	3 577	3 577	3 578	14 460	14 611
		Denominator	12 855	14 816	15 063	13 996	15 063	3 765	3 766	3 766	3 766	15 063	15 063
	TB Positive clients initiated and cured	3.3.1 TB test 5 years and older using Nucleic Acid Amplification Test	New indicator	New indicator	New indicator	New indicator	351 440	87 860	87 860	87 860	87 860	369 019	387 470
		3.3.2 DS – TB treatment start 5 years and older rate	93%	92.7%	93.1%	90.5%	95%	95%	95%	95%	95%	96%	97%
		Numerator	23 393	32 658	36 741	9 032	37 492	9 373	9 373	9 373	9 373	37 886	38 281
		Denominator	25 164	35 244	39 465	9 983	39 465	9 866	9 867	9 866	9 866	39 465	39 465
		3.3.10 All DS – TB client death rate	New Indicator	New Indicator	New Indicator	5.1%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
		Numerator				2 296	2 266	567	567	566	566	2 266	2 266
		Denominator				45 313	45 272	11 124	10 674	12 156	11 318	45 725	46 182

/Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		3.3.4 All DS -TB client treatment success rate	77.5%	77.5%	76.7%	72.3%	78%	78%	78%	78%	78%	79%	80%
		Numerator	32 893	25 482	27 189	27 715	35 312	8 677	8 326	9 482	8 828	36 123	36 946
		Denominator	42 421	32 881	35 436	45 313	45 272	11 124	10 674	12 156	11 318	45 725	46 182
		3.3.5 TB Rifampicin resistant/Multidrug - Resistant treatment success rate	New Indicator	New Indicator	New Indicator	49%	60%	60%	60%	60%	60%	63%	65%
		Numerator				720	856	228	202	244	182	899	928
		Denominator				1 473	1 427	380	336	407	304	1 427	1 427
		3.3.6 TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	New Indicator	New Indicator	New Indicator	17%	<15%	<15%	<15%	<15%	<15%	<13%	<10%
		Numerator				250	214	57	50	61	46	186	143
		Denominator				1 473	1 427	380	336	407	304	1 427	1 427

/Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		3.3.7 TB Pre-XDR treatment success rate	New Indicator	New Indicator	New Indicator	53%	59%	59%	59%	59%	59%	62%	64%
		Numerator				62	77	19	18	22	18	82	84
		Denominator				117	132	33	31	37	31	132	132
		3.3.8 TB Pre-XDR loss to follow up rate	New Indicator	New Indicator	New Indicator	15%	<15%	<15%	<15%	<15%	<15%	<13%	<10%
		Numerator				18	20	5	5	5	5	17	13
		Denominator				117	132	33	33	33	33	132	132
	Lost clients tracked and re-initiated	3.3.9 All DS – TB client lost to follow – up rate	14.2%	14.1%	14.7%	17%	<12%	<12%	<12%	<12%	<12%	<10%	<10%
		Numerator	6 030	4 622	5 194	7 703	5 432	1 335	1 281	1 458	1 358	4 572	4 618
		Denominator	42 421	32 881	35 436	45 313	45 272	11 124	10 674	12 156	11 318	45 725	46 182

/Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Prevention and early detection of malaria cases managed	4.6.1 Malaria deaths reported	New Indicator	New Indicator	1	0	0	0	0	0	0	0	0

Explanation of planned performance over the medium-term period

The programme was meant to achieve 90-90-90 targets by end of March 2023 and transition to 95-95-95 from April 2023 as per UNAIDS goals, however these targets were missed by a significant margin due to various reasons of which the main was shortage of programme management staff at provincial and district levels.

Appointment for HIV programme management has been done, however, TB program still experiencing gross shortage at provincial and sub district level. Inputs have been submitted for incorporation to 2024/25 Annual Recruitment Plan (ARP). TB programme has adjusted the targets for 2024/25 based on the baseline for 2022/23. The 1st and 2nd 90s of the TB programme have been reached and targets have been adjusted to 95%, however, the 3rd 90 is still below 80%, therefore the baseline has been used to guide the targets.

The provincial HAST programme has intensified support to districts in the implementation of Operation Phuthuma (nerve centres), this approach facilitates data-driven and focused quality improvement therefore scaling up implementation of the case finding & retention strategies for TB, HIV and STIs.

TB Recovery Plan to address the discrepancies that happened during Covid-19 era is being implemented across the province. The plan focuses on upscaling 5 pillars: Communicate and Advocate; Find and Link; Treat and Retain; Prevent and Prepare; Monitor and Assess.

The programme plans to implement updated guidelines for both HIV and TB to improve clinical management of patients and programme performance to reach the 95-95-95 targets.

- 1st 95: Scaling up implementation of the case finding strategies for TB, HIV and STIs in order to close the minor gap by implementing Operation Phuthuma and TB Recovery Plan, the programme will ensure that demand creation takes place through communication and advocacy; intensify finding the missing TB and HIV cases through screening in health facilities and communities (TB health-check, HIV self-screening, and digital chest x-ray) and link them to care. Continue to improve diagnostic yield by implementing the use of GeneXpert Ultra and of Lipoarabinomannan Assay Policy (LAM) policies for TB as well as Index Testing and HIVSS for HIV to improve the expected positivity rate. In the TB sub-programme, key populations who are regarded as high risk are tested despite

TB screening results and comprise of all household TB contacts including adolescents and adults, ex-TB patients, HIV positive, pregnant women, ex-miners and uncontrolled diabetics. For HIV positive people where TB is excluded, the implementation of TB Preventative therapy (TPT) will be intensified and has been extended to 14 weeks HIV positive clients, which is an addition to adults and adolescents to prevent the progression of latent TB to active TB. TB-HIV integration program ensures that all TB diagnosed patients know their HIV status, the HIV positive diagnosed are started on ARV treatment for comprehensive care. The HIV diagnosed clients are screened for TB and tested using GeneXpert test irrespective of TB symptoms, TB positive diagnosed clients are started on TB treatment.

- 2nd 95: The focus is to have 95% of people with confirmed HIV or drug susceptible TB (DS-TB) initiated on treatment, whether confirmed clinically or bacteriologically. For multidrug resistant TB (MDR), Bedaquilline, Pretonamide, Lenozinade and Levofloxacin (BPAL-L) have been introduced as the shortened 6 months regimen following the successful study conducted in Nelson Mandela Metro and Buffalo City Metro. . BPAL-L roll-out to other districts is planned for 2024/25 financial year, the regimen is hoped to increase retention on treatment due to less pill burden and reduced treatment course.
- The World Health Organization (WHO) proposed that it be implemented worldwide as the recommended regimen and was first launched and implemented on the 1st of September 2023 in Nelson Mandela Metro. Adherence counseling at each encounter and patient education through media engagements are offered.
- Tracking and tracing the lost to follow up clients through the community-based intervention teams, monitoring of indicator performance in partnership with various stakeholders.
- 3rd 95: The province will strengthen intervention to ensure good treatment outcome for both TB and HIV that will achieve 95% treatment successes. Treatment success will be monitored by strengthening management of viral load and sputum tests on scheduled intervals in line with the guidelines.
- Patients on ART that are treated successfully, with suppressed viral load will be enrolled into Differentiated Models of Care (DMC), to collect their medication either in Facility Pick-up Points, Community Pick-up Points or Adherence Clubs. This intends to reduce the facility congestion where stable patients can access their medication outside the facilities.

2.7 Sub – Programme: Maternal, Child and Women’s Health and Nutrition (MCWH&N)

Sub – Programme purpose

To reduce mother, new born and child mortality through strengthened maternal and child as well as nutrition health services across the Eastern Cape Province.

Table 20: Outcomes, Outputs and Output indicators and targets for the next MTEF for MCWH&N

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
mI. Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	I.1.1 IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device)	New Indicator	New Indicator	New Indicator	New Indicator	2 000	500	500	500	500	2 072	2 176
	Increased ANC visits before 20 weeks	I.1.2 Antenatal 1 st visit before 20 weeks rate	62.5%	63%	63.5%	62.4%	66%	66%	66%	66%	66%	67%	68%
		Numerator	78 855	76 980	71 748	47 114	74 523	18 630	18 631	18 631	18 631	75 651	76 781

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets							
			2020/21	2021/22	2022/23		2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
									Q1	Q2	Q3	Q4		
		Denominator	126 241	122 229	112 913	75 525	112 913	28 229	28 228	28 228	28 228	112 913	112 913	
	Increased uptake of ART by antenatal client	1.1.3 Antenatal client start on ART rate	91.8%	90.4%	89.8%	98.4%	95%	95%	95%	95%	95%	96%	97%	
		Numerator	8 893	7 827	6 269	3 756	9 794	2 448	2 449	2 449	2 448	9 896	9 999	
		Denominator	9 692	8 662	6 981	3 817	10 309	2 577	2 577	2 577	2 577	10 309	10 309	
	Increase access to family planning by teenagers	1.1.4 Delivery in 10 – 14 years in facility	New Indicator	New Indicator	New Indicator	New Indicator	335	83	84	84	84	318	302	
	Maternal mortality reduced	1.1.5 Maternal mortality in facility ratio - Per 100 000 live births	147.9/10 0 000	114.6/1 00 000	124.5/100 000	<120/100 000	<120/10 0 000	120/10 0 000	120/10 0 000	120/10 0 000	<120/1 00 000	<120/100 000	<120/100 000	
		Numerator	127	136	133	103	128	32	32	32	32	128	128	
		Denominator	85 854	118 711	107 025	85 854	107 025	26 756	26 756	26 756	26 756	107 025	107 025	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23		2023/24	2024/25	2024/25 Quarterly Targets				2025/26
						Q1			Q2	Q3	Q4		
	Low birth weight reduced	1.2.1 Live birth under 2500g in facility rate	135.7/1 000	14.3%	14.9%	15.8%	12%	12%	12%	12%	12%	12%	12%
		Numerator	14 896	15 839	14 783	10 793	11 940	2 985	2 985	2 985	2 985	11 940	11 940
		Denominator	109 775	110 833	99 503	68 367	99 503	24 875	24 876	24 876	24 876	99 503	99 503
	Postnatal care coverage increased	1.2.2 Mother postnatal visit within 6 days rate	71.2%	78.6%	80.7%	81.3%	82%	82%	82%	82%	82%	83%	85%
		Numerator	7 543	85 685	80 488	55 734	81 930	20 482	20 482	20 483	20 483	82 929	84 928
		Denominator	107 469	108 975	99 915	68 553	99 915	24 978	24 979	24 979	24 979	99 915	99 915
	Mother-to-child transmission eliminated	1.3.2 Infant PCR test positive around 6 months rate	New Indicator	New Indicator	New Indicator	0.7%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
		Numerator				52	100	25	25	25	25	100	100
		Denominator				7 428	9 992	2 498	2 498	2 498	2 498	9 992	9 992

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets							
			2020/21	2021/22	2022/23		2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
									Q1	Q2	Q3	Q4		
	Child fully immunised	1.3.3 Immunisation under 1 year coverage	69.3%	88.7%	82.1%	58%	89%	89%	89%	89%	89%	90%	91%	
		Numerator	111 911	116 122	108 031	76 423	116 779	116 779	116 779	116 779	116 779	118 091	119 403	
		Denominator	161 497	130 901	131 213	131 611	131 213	131 213	131 213	131 213	131 213	131 213	131 213	
		1.3.4. Measles 2 nd dose 1 year coverage	66.3%	83.3%	81.6%	58.7%	85%	85%	85%	85%	85%	86%	87%	
		Numerator	107 772	111 128	106 690	76 550	110 947	110 947	110 947	110 947	110 947	112 252	113 557	
		Denominator	162 542	133 378	130 526	130 331	130 526	130 526	130 526	130 526	130 526	130 526	130 526	
		Child mortality reduced	1.3.5 Death under 5 years against live birth rate	New indicator	2%	2.1%	<2.2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
			Numerator		2 181	2 095	1 528	1 990	497	497	498	498	1 990	1 990

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator		110 833	99 503	68 368	99 503	24 875	24 876	24 876	24 876	99 503	99 503
		1.3.6 Neonatal death in facility rate (Per 1000 live births)	13.1/1 000	13.2/10 00	13.8/1000	14.9/1000	12/1000	12/100 0	12/100 0	12/100 0	12/1000	11/1000	10/1000
		Numerator	1 441	1 464	1 374	1 017	1 192	298	298	298	298	1 094	995
		Denominator	109 775	110 833	99 503	68 367	99 504	24 876	24 876	24 876	24 876	99 504	99 504
		1.3.8 Still Birth in facility rate (per 1000 births)	New Indicato r	New Indicato r	New Indicator	New Indicator	18/1000	18/100 0	18/100 0	18/100 0	18/1000	17/1000	17/1000
		Numerator					1 798	449	450	450	449	1 699	1 699
		Denominator					99 915	24 978	24 979	24 979	24 979	9 9915	9 9915
2. Stunting among children reduced	Micro and macro nutrient malnutrition reduced	1.3.7 Vitamin A dose 12-59 months coverage	49%	63.7%	75.1%	55.8%	76%	76%	76%	76%	76%	77%	78%
		Numerator	645 728	706 625	809 978	593 439	822 486	822 486	822 486	822 486	822 486	833 308	844 130

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator	1 317 266	1 109 626	1 082 218	1 061 760	1 082 218	1 082 218	1 082 218	1 082 218	1 082 218	1 082 218	1 082 218
		1.3.9 Child under 5 years diarrhoea case fatality rate	4%	3.4%	2.6%	2.3%	2.5%	2.5%	2.5%	2.5%	2.5%	2.4%	2.4%
		Numerator	127	152	119	77	112	28	28	28	28	109	109
		Denominator	3 166	4 489	4 539	3 231	4 539	1 134	1 135	1 135	1 135	4 539	4 539
		1.3.10 Child under 5 years pneumonia case fatality rate	3.3%	3.3%	2.8%	3.2%	2.4%	2.4%	2.4%	2.4%	2.4%	2.3%	2.3%
		Numerator	98	117	139	95	120	30	30	30	30	116	116
		Denominator	2 955	3 592	5 049	2 949	5 049	1 262	1 263	1 262	1 262	5 049	5 049
		1.3.11 Child under 5 years severe acute malnutrition case fatality rate	8.5%	9.7%	7.6%	10.4%	7.5%	7.5%	7.5%	7.5%	7.5%	7.4%	7.3%

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Numerator	72	127	98	76	96	24	24	24	24	95	93
		Denominator	838	1 314	1 287	724	1 287	321	322	322	322	1 287	1 287
4. Morbidity and Premature mortality due to Non- Communicable diseases reduced	Clients early detection of illness and prevention.	4.3.3 Cervical cancer screening coverage	New Indicator	New Indicator	New Indicator	New Indicator	43%	43%	43%	43%	43%	44%	45%
		Numerator				73196	698 036	698 036	698 036	698 036	698 036	714 270	730 503
		Denominator					1 623 340	1 623 340	1 623 340	1 623 340	1 623 340	1 623 340	1 623 340

Explanation of planned performance over the medium-term period

The sub-programme is continuously dedicated to provide equitable maternal, neonatal, child health, nutrition and sexual reproductive health services to all targeted groups regardless of sex, age and disability status. The Department has reduced maternal deaths as a result intervention to improve the skills of health professionals like Essential Steps in Managing Obstetric Emergencies (ESMOE), Basic Antenatal Care (BANC) and K2 trainings which covered a significant number of clinicians in all districts.

In recent years, hypertension has been a leading cause of maternal deaths but that has since changed due to implementation of management of hypertension during and post pregnancy guidelines. Currently the leading causes of maternal deaths as per the recent audited report include HIV and TB.

To address this challenge there is an increased effort to screen all women of reproductive age at a community and facility level to boost early booking of pregnant women before 20 weeks. This will be done to achieve early identification of pregnant and HIV infected women to minimise pregnancy-associated complications, identify congenital birth defects, Prevent Mother-to-Child Transmission (PMTCT) and promote early access to termination of pregnancy services.

Strengthening of access to quality antenatal care services by pregnant mothers is critical for the early enrolment of HIV positive mothers to antiretroviral therapy programme. All pregnant mothers are screened for TB to reduce complications that could result from the infection. The HIV negative pregnant women are encouraged to take pre-exposure prophylaxis (PrEP) to prevent infection during pregnancy stage

The Province has clustered district hospitals to conduct safe caesarean sections to assist with resource sharing, reduction of distances travelled by inter-facility obstetric ambulances to reduce the mortalities. Furthermore, the following interventions are planned for the next five years; Improving and maintaining effective clinical skills levels through structured skills training and mentoring and proper placement and retention of competent clinical staff.

The Department will link interventions to strong clinical accountability and governance through the District Clinical Specialist Teams. Primary level and community-based services are intended to impact directly on the demand side of patient care-seeking behavior in terms of educating mothers or caregivers to make use of preventive and curative services to improve health

The Province is planning to increase access to neonatal units to reduce overcrowding in the existing units and also strengthen outreach services by neonatologists and neonatal nurses. There is equipment that has been procured to boost functioning of neonatal units. Helping Babies Breathe(HBB) project in O.R Tambo district funded by Prof Sithembiso Velaphi is continuing covering five hospitals(St. Barnabas, Dr. Malizo Mpehle, St. Elizabeth, Mthatha General and Nelson Mandela Academic Hospitals).

In an effort to reduce teenage pregnancy, family planning is key in curbing the challenge including risks associated with unwanted teenage pregnancies. This will be achieved through collaborating with tertiary institutions to improve access to sexual reproductive health services by students on campus. A signed memorandum of understanding (MOU) is in place between Department of Health and Institutions Higher learning.

Sexual reproductive health trainings will be conducted in all six districts and two metros to capacitate clinicians in all facilities. The Province is establishing youth zones in health facilities to improve the appeal of Sexual Reproductive Health services to the youth. The department is currently working with United Nations Population Fund Agency (UNFPA) and Beyond Zero (NGO) to improve sexual reproductive health services and to revive the Nzululwazi project in Alfred Nzo District.

In an effort to reduce under five child mortality rate, Expanded Programme on Immunisation (EPI) catch-up drives are conducted to improve immunisation coverage. The Province will further continue with supporting the districts that are underperforming including hard to reach areas, and monitor effective analysis and verification of data.

There has been significant changes in the EPI schedule introduced by the National Department of Health with effect from January 2024. In pregnant women, Tetanus Toxoid (ATT) vaccine has been replaced by Tdap to boost antibodies that will be passed to unborn babies to prevent possible infection. In children under the age of five years, measles vaccine to measles and rubella combined vaccine. Hepatitis B vaccine has also been introduced as a vaccine for administration at birth to babies birthed by Hepatitis positive mothers during pregnancy.

Cold chain management will continue to be improved by ensuring proper storage of available vaccines through procurement of specialised vaccination refrigerators and continuous temperature monitoring devices. Integration of EPI and HIV is implemented in the facilities to improve management of children on antiretrovirals.

The department will continue facilitating Integrated Management of Childhood Illnesses (IMCI) and Integrated Management of Children with Acute Malnutrition (IMAM) trainings to reduce child mortality rate. To address social determinants of health associated with malnutrition and diarrhoea, inter-sectoral collaboration will be strengthened.

Child malnutrition continues to be a problem in the Eastern Cape Province due to poverty and high unemployment rate. While that is the case, case fatality rate due to severe acute malnutrition (SAM) was reduced from 8.6% to 7.6% in the financial years 2020/21 to 2022/23 respectively. This indicated better management of sick SAM cases admitted in hospitals, however the number of children diagnosed with malnutrition remains high.

The child malnutrition incident rate in the Province compelled South Africa Human Rights Council(SAHRC) to hold an enquiry to establish causes and role of various departments in reducing and managing child malnutrition. The inquiry was conducted in August 2022 with relevant departments including Social Development, Department

of Rural Development and Agrarian Reform (DRDAR), Basic Education, Home Affairs, Gogta and others. Post the inquiry, SAHRC released a report with recommendations for all relevant departments. As part of the recommendations, the Department of Health had to strengthen early identification of children at all levels of care, strengthen interventions targeting Early Childhood Development (ECD) programmes, availing child malnutrition database for children with child malnutrition for easy access by stakeholders for their planned interventions.

Inter-sectoral collaboration is critical in addressing social determinants of health associated with child malnutrition. Currently Department of Social Development is facilitating all relevant sector departments to address the underlying causes of food insecurity and poverty, through anti-poverty and mother-child development programme. There are also health education activities covering important elements (nutrition in pregnancy, hygiene, handwashing, breastfeeding and infant feeding) which influence the adoption of healthy practices. In the Eastern Cape, teenage pregnancy and HIV infection contribute to the exclusive breastfeeding rate that are consistently below 50% which is a target set by World Health Organisation. The Mother Baby Friendly Initiative (MBFI) programme will be strengthened to improve breastfeeding rates in an effort to reduce child malnutrition.

2.8 Sub-Programme: Coroner Services

Sub-Programme Purpose

- To strengthen the capacity and functionality of forensic pathology institutions within the province and facilitate access to forensic pathology services at all material times.
- The Coroner Services sub-programme renders forensic pathology services in order to establish the circumstances and causes surrounding unnatural deaths.

Table 21: Outcomes, Outputs and Output indicators and targets for the next MTEF for Coroner Services

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	All post mortem cases finalised	6.4.5 Percentage of post – mortem performed within 72 hours	96.9%	97.7%	95%	95%	98%	98%	98%	98%	98%	98%	98%
		Numerator	9 538	2 905	10 354	3 387	10 679	2 669	2 670	2 670	2 670	10 679	10 679
		Denominator	9 839	2 972	10 897	3 579	10 897	2 724	2 725	2 724	2 724	10 897	10 897

Explanation of Planned Performance over the Medium-Term Period

Coroner services will improve capacity of the staff through recruitment of forensic pathologists and training of medical officers and forensic pathology officers. Expansion of forensic pathology service sites across the province (new dissecting facility at Ngcobo, opening of holding facilities at Dutywa, Port Alfred, Thafalofefe and Molteno) with procurement of disaster truck per region, additional body collecting vehicles and installation of Lodox Machines.

Infrastructure improvements include redesigning and reconstruction of frontline offices at all dissecting facilities, construction of visitor's holding/waiting rooms and counselling facilities and installation of technological and innovative features to control body movement and prevent body loss. The forensic pathology suites need to increase security and install maximum-security features. Forensic officers deal with major trauma and provision of trauma debriefing services and counsel is a priority. Improve cooperation and coordination of un-identified and unclaimed bodies through stakeholder's management and facilitate paupers' burial processes

2.9 Sub Programme: District Hospitals

Sub-Programme Purpose

To provide comprehensive and quality district hospital services to the people of the Eastern Cape Province through implementation of the District Hospital Package.

Table 22: Outcomes, Outputs and Output indicators and targets for the next MTEF for District Hospitals

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.3 Patient experience of care satisfaction rate	81.4%	81%	77%	77.7%	79%	-	79%	-	-	80%	81%
		Numerator	81 389	42 016	61 600	70 607	63 298		63 298			64 100	64 901
		Denominator	99 996	51 881	80 125	90 801	80 125		80 125			80 125	80 125
	Patient Safety Improved	6.3.1 Severity assessment code (SAC) I incident reported within 24 hours rate	68%	55%	74.4%	91.7%	75%	75%	75%	75%	75%	76%	77%
		Numerator	62	205	346	343	348	87	87	87	87	352	357

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator	91	371	465	374	464	116	116	116	116	464	464
		6.3.10 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	91.5%	89.8%	91.7%	91.7%	91.7%	91.7%	91.7%	91.8%	92%
		Numerator			1 114	796	1 116	279	279	279	279	1 117	1 119
		Denominator			1 217	886	1 216	304	304	304	304	1 216	1 216
	Hospital efficiencies improved	6.7.1 Average Length of Stay	4.3 days	4.5 days	4.7 days	4.8 days	4.5 days	4.5 days	4.5 days	4.5 days	4.5 days	4.5 days	4.5 days
		Numerator		1 012 207		811 108	1 012 207	253 051	253 052	253 052	253 052	1 012 207	1 012 207
		Denominator		2 215 975		1 672 89	224 934	56 233	56 234	56 234	56 233	2 215 975	2 215 975
		6.7.6 Inpatient (usable) bed utilisation rates	New Indicator	New Indicator	46.2%	48.4%	48%	48%	48%	48%	48%	48.3%	48.5%
		Numerator			1 032 948	811 108	1 073 743	268 436	268 436	268 436	268 435	1 080 454	1 084 928
		Denominator			2 236 965	1 676 598	2 236 965	559 241	559 241	559 242	559 241	2 236 965	2 236 965
		6.7.11 Expenditure per PDE	New indicator	R3,288.8	R3,826.4	R4,500.4	R3,826	R3,826	R3,826	R3,826	R3,826	R3,826	R3,826

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Numerator	-	R5 184 555 657		R5 259 889 007	6 031 374 421	1 507 842 860	1 507 842 861	1 507 842 860	1 507 842 860	6 031 374 421	6 031 374 421
		Denominator	-	1 576 417		1 168 754	1 576 417	394 105	394 104	394 104	394 104	1 576 417	1 576 417
I. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	I.1.6 Maternal mortality in facility ratio	79.7/100 000	44.8/100 000	65.1/100 000	38/100 000	63.4/100 000	63.4/100 000	63.4/100 000	63.4/100 000	63.4/100 000	63/100 000	63/100 000
		Numerator	50	28	37	24	36	9	9	9	9	35	35
		Denominator	62 744	62 528	56 813	62 528	56 813	14 203	14 204	14 203	14 203	56 813	56 813
	Child mortality reduced	I.3.12 Child under 5 years diarrhoea case fatality rate	3.1%	2.4%	2%	2.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.7%	1.6%
		Numerator	65	74	64	49	60	15	15	15	15	55	52
		Denominator	2 111	3 143	3 246	2 430	3 246	8 11	8 12	8 12	8 11	3 246	3 246
		I.3.13 Child under 5 years' pneumonia case fatality rate	2.3%	2.2%	1.7%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.5%	1.4%
		Numerator	35	45	52	30	48	12	12	12	12	48	43
		Denominator	1 533	2 019	3 097	1 855	3 096	774	774	774	774	3 097	3 097

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Micro and macro nutrient malnutrition reduced	1.3.14 Child under 5 years severe acute malnutrition case fatality rate	9.7%	10,8%	4.7%	10.2%	9.9%	9.9%	9.9%	9.9%	9.9%	9.7%	9.6%
		Numerator	52	93	44	58	92	23	23	23	23	90	89
		Denominator	538	863	928	566	928	232	232	232	232	928	928
	Child mortality reduced	1.3.15 Death under 5 years against live birth rate	1.3%	1.5%	1.5%	1.6%	1.4%	1.4%	1.4%	1.4%	1.4%	1.3%	1.2%
		Numerator	777	873	797	588	744	186	186	186	186	691	638
		Denominator	58 675	58 152	53 133	35 412	53 133	13 284	13 283	13 283	13 283	53 133	53 133

Explanation of planned performance over the medium-term period

The bed utilisation rate is affected by the decline in burden of diseases such as TB which is now manageable at community level. The patients are not keen to go to smaller hospitals where there are no specialists medical interventions. It has declined gradually over the past years. Currently the province has a high number of district hospitals with poor efficiencies and thinly spread resources with direct referral into the expensive higher-level facilities.

To increase maternity waiting beds for high risk patients so that they are closely observed until delivery. Improvement will be sought through finalisation of the optimisation process.

Patient Experience of Care survey is a critical initiative to source feedback from the service users to establish the level of satisfaction. There has been non-compliance with regards to six ministerial priority areas especially Infection Prevention & Control. The department is concentrating on improving laundry services, availability of hand wash facilities, procurement of linen patient clothing and hand wash facilities is part of the endeavours to improve patient satisfaction.

Handwash drives is one of the strategies to ensure that health personnel are aware of the impact of proper handwashing to prevent health acquired infections that can result in medico legal lawsuits

Patient Safety Incidents reporting has improved significantly through strengthening of Clinical Governance, inculcating the culture of timeous reporting and management of Patient Safety Incidents when they arise. Continuous trainings will be conducted, and overseeing that clinical audits are conducted to prevent occurrence and recurrence of patient safety incidents.

To fully utilise the Ideal hospital realisation tool as an important vehicle for the hospitals to assess performance periodically, identify gaps and develop turnaround strategies for poor/non-performance.

To improve maternal and child health through constant vigilance by conducting clinical audit as part of prevention strategy to curb the mortality rate and reduce Patient Safety Incidents.

Increasing the number of maternal waiting beds for high risk pregnant women will be key for close observation and management before delivery.

Enhancing growth monitoring through clinical governance structures within the facility by prioritising essential equipment. Forging relations with PHC facilities in the catchment population for community engagement and education regarding malnutrition and childhood illnesses.

2.10 Programme Resource Consideration

Table 23: Summary of payments and estimates by sub-programme: Programme 2: District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
1. District Management	1 233 777	1 107 030	1 084 075	980 928	1 032 141	1 049 007	1 080 408	1 086 510	1 152 356	3.0
2. Community Health Clinics	2 995 236	3 196 102	2 942 147	2 775 795	2 797 660	3 310 229	2 903 549	3 010 115	3 262 693	(12.3)
3. Community Health Centres	1 276 808	1 417 103	1 409 766	1 376 780	1 482 766	1 554 176	1 533 299	1 579 790	1 637 406	(1.3)
4. Community Based Services	471 870	585 025	819 164	823 645	849 577	807 989	864 597	860 977	915 389	7.0
5. Other Community Services	54 342	77 412	208 015	48 700	51 569	69 287	75 956	80 774	84 550	9.6
6. HIV/AIDS	3 082 132	2 851 055	2 795 630	2 743 167	2 664 744	2 664 744	2 833 287	2 859 629	3 130 880	6.3
7. Nutrition	36 816	30 100	31 097	40 067	40 067	28 778	38 720	39 304	41 111	34.5
8. Coroner Services	124 823	137 156	132 697	115 226	133 394	145 057	116 596	126 307	131 511	(19.6)
9. District Hospitals	5 638 597	5 693 894	5 654 230	5 283 108	5 705 783	6 020 491	6 121 592	5 952 045	6 247 041	1.7
Total payments and estimates	15 075 401	15 094 877	15 077 221	14 188 408	14 757 701	15 649 758	15 568 004	15 595 451	16 602 937	(0.5)

Table 24: Summary of payments and estimates by economic classification: P2- District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
Current payments	14 468 614	14 810 440	14 663 863	13 895 685	14 412 159	15 192 483	15 232 877	15 332 920	16 317 280	0.3
Compensation of employees	9 835 966	10 117 843	10 137 436	10 025 841	10 570 066	10 819 790	10 824 105	11 081 033	11 110 695	0.0
Goods and services	4 602 676	4 691 268	4 504 824	3 868 844	3 842 093	4 365 078	4 408 572	4 251 887	5 198 595	1.0
Interest and rent on land	29 972	1 329	21 603	—	—	7 625	—	—	—	(100.0)
Transfers and subsidies to:	462 984	113 038	286 649	118 094	164 282	276 005	149 950	134 683	151 920	(45.7)
Provinces and municipalities	—	—	—	—	—	—	—	—	—	—
Departmental agencies and accounts	—	—	—	—	—	—	—	—	—	—
Higher education institutions	—	—	—	—	—	—	—	—	—	—
Foreign governments and international organisations	—	—	—	—	—	—	—	—	—	—
Public corporations and private enterprises	—	—	—	—	—	—	—	—	—	—
Non-profit institutions	6 495	—	26 528	35 541	41 729	41 729	35 942	17 108	29 874	(13.9)
Households	454 489	113 038	270 121	82 553	122 553	234 276	114 051	117 575	122 046	(51.3)
Payments for capital assets	143 803	171 398	116 709	174 529	181 250	181 260	185 333	127 848	133 727	2.2
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—	—
Machinery and equipment	143 803	171 398	116 709	174 529	181 250	181 260	185 333	127 848	133 727	2.2
Heritage Assets	—	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—	—
Total economic classification	15 075 401	15 094 877	15 077 221	14 188 408	14 757 701	15 649 758	15 568 003	15 595 451	16 602 937	(0.5)

Tables 23 and 24 above show the summary of payments and estimates for District Health Services per sub-programme and economic classification. The programme's total expenditure increased from R15.075 billion in 2020/21 to a revised estimate of R15.649 billion in 2023/24. In 2024/25, the budget decreases by 0.5 per cent from R15.649 billion to R15.568 billion when compared to the 2023/24 revised estimate due to fiscal consolidation.

Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of employees shows no growth from R10.819 billion to R10.824 billion when compared to the 2023/24 revised estimate due to high revised estimate as a result of wage agreement, as well as 2024/25 additional funding for wage agreement and appointment of Post Community Services Worker.

Goods and services show a positive growth of 1 per cent from R4.365 billion to R4.408 billion when compared to the 2023/24 revised estimate due to high revised estimate resulting from payments of accruals and payables, as well as additional funding for Medicine, Fleet and Medical Supplies.

Transfers and subsidies show a negative growth of 45.7 per cent from R276.005 million to R149.993 million when compared to the 2023/24 revised estimate due to high revised estimates in 2023/24 as a result of payment of medico legal claims.

Payments for capital assets show a positive growth of 2.2 per cent from R181.260 million to R185.333 million when compared to the 2023/24 due to funds reprioritised for medical equipment to monitor high risk pregnancies, new-borns and children such as incubators, CPAP compressors and diagnostic sets.

2.11 Key Risks

The table below outlines the key risks.

Table 25: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
- Leadership and governance in the health sector enhanced to improve quality of care - Quality of health services improved. - Morbidity and Premature mortality due to non-Communicable diseases reduced - Community engagement improved - Morbidity and premature mortality due to communicable diseases reduced - Maternal, Neonatal, Infant and Child Mortality reduced. - Stunting among children reduced	- Lack of leadership in coordination of Primary Health Care Services at sub district level - Non adherence to National Guidelines and Policies on management of TB, HIV & AIDS and STI patients resulting to inadequate management of client with HIV, TB & STI	- Filing of funded strategic posts In the ARP. - Strengthened Infection Prevention and Control strategies. - Conduct monitoring support visits to districts and facilities quarterly. - Twelve decentralised sites to be converted to fully fledged MDR sites with the necessary resources. - Conduct HAST awareness campaign roadshows in all districts/metros. - Conduct a comprehensive training of HAST Programmes for the Outreach Teams. - Enforce compliance with policies, procedures and SOPs. - Continuous monitoring and analysis of patient data reports.
	High Maternal and Perinatal Mortality Rate	- Implementation of the quarterly community mobilisation and education in each district. - Revive & strengthen District Hospital Neonatal units (increase resources and training). - Establishment of rehabilitation units for children with Cerebral Palsy in priority hospitals. - Implementation of prioritised posts in Annual Recruitment Plan.

Outcome	Risk	Mitigating factors
		Conduct monitoring support visits and continuously monitoring the trends from the analysis reports. • Implementation of meetings action list
	• High Child Mortality Rate	• Continuous training and capacitation of staff personnel on Child Health Policy Guidelines. • Monitoring the implementation of immunisation catch-up campaigns. • Conduct monitoring support visits to priority Institutions. • Ensure monitoring and implementation of the Annual Recruitment Plan. • Implementation of meetings actions list.
	• Challenges with prevention, early detection and management of Non-Communicable and Chronic Diseases.	• Continuous training and capacitation of staff on management of chronic diseases. • Implementation of meetings actions list.

PROGRAMME 3

EMERGENCY MEDICAL SERVICES (EMS)



Province of the
EASTERN CAPE
HEALTH

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 Programme Purpose

To render quality and efficient prehospital emergency services, inter-hospital transfers and planned patient transport services. Based on the current structure, Emergency Medical Services has two sub-programs.

Sub-Programme 3.1: Emergency Transport: The sub-program is solely for emergency incidents (prehospital care and inter-hospital transfer) and has components that underpin its functionality:

- Communication Services: Call taking and dispatching of emergency calls.
- Road ambulances and Aeromedical Services: modes of patient transport to definitive care.
- Specialised Services: Medical Rescue and Disaster Management.
- Inter facility transfers of patients between health facilities

Sub-Programme 3.2: Planned Patient Transport: The sub-program deals with non-emergency transport of booked outpatients to referral centre and patients referred to step-down facilities.

- This includes all ECDOH outpatient referral pathways: inter-district, intra-district and inter-provincial referrals.
- Pre booking is essential to map out drop off and pick up points for outpatients.

Sub-Programme: Emergency Transport

Sub-Programme Priorities

- Increase number of licensed ambulances and bases in accordance with EMS regulations (Ideal EMS status).
- Rollout of computer aided dispatch system and monitoring of call escalation rate.
- Maintain functional multi- sectoral committee for disaster management.
- Continue implementation of record emergency calls management systems.
- Ensure optimal utilisation of air ambulance services

Sub-Programme: Planned Patient Transport

Sub-Programme Priorities

- Deployment or appointment of dedicated planned patient transport staff.
- Implementation of optimal fleet management system

Table 26: Outcomes, Outputs and Output indicators and targets for the next MTEF for Emergency Medical Services (EMS)

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets							
			2020/21	2021/22	2022/23		2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
									Q1	Q2	Q3	Q4		
6. Quality of health services improved	EMS response time adhered to	6.5.1 EMS PI urban response under 30 minutes rate	48%	48.2%	55.2%	65.9%	56%	56%	56%	56%	56%	58%	61%	
		Numerator	21 910	26 228	23 555	16 864	23 882	5 970	5 970	5 971	5 971	24 735	26 014	
		Denominator	45 618	54 436	42 647	25 579	42 647	10 661	10 662	10 662	10 662	42 647	42 647	
		6.5.2 EMS PI rural response under 60 minutes rate	64%	65.8%	64.4%	63.1%	65%	65%	65%	65%	65%	66%	67%	
		Numerator	60 742	72 893		40 283	72 040	18 010	18 010	18 010	18 010	63 148	74 257	
		Denominator	94 913	110 831		63 824	110 831	27 707	27 708	27 708	27 708	110 831	110 831	
	Functional PTVs available	6.5.4 Number of Patients transported on the PTV services	10 571	40 688	192 616	69 721	193 000	48 250	48 250	48 250	48 250	193 000	193 000	

Explanation of planned performance over the medium-term period

The programme has developed a plan to improve performance in the response rate for priority one calls, inter-facility transfers, and planned patient transport services. These three components of the programme rely on a functional communication system, availability of adequately skilled staff in the category of emergency care officers, and appropriate equipment for management of patients, and the availability of appropriately configured vehicles for emergency medical care.

Improving response times for priority I calls in both rural districts and urban metropolitan municipalities has a direct contribution to the provincial goal of improving the quality of health care for all residents of the Eastern Cape. The priority I calls mainly include the maternal and neonatal care, cardiac related incidents, and trauma incidents. The ability to respond to these incidents by qualified emergency care practitioners, with appropriate equipment will ensure that the quality of health care provided to the community and residents of the Eastern Cape is of the highest standard. Since the majority of priority I cases required advanced skills in emergency care, the department will invest in increasing the number of paramedics that have specialised skills to manage emergencies. The placement of these paramedics will prioritise the rural districts such as Alfred Nzo, Joe Gqabi, Amathole, OR Tambo, and Sarah Baartman.

Other resources allocated to improve response times to priority I calls include the air ambulance (helicopter ambulance and the fixed wing aircraft). The helicopter will operate from Nelson Mandela Metro, Buffalo City Metro, and OR Tambo district. These locations will be the main points while the service would be available for the whole province, western districts, central/northern districts, and eastern districts respectively. The service will be despatched to highly critical emergencies especially in hard to reach parts of the province where road transfer would take longer hence compromising the outcomes of care. The programme will also utilize a fixed wing air ambulance service on an ad hoc basis to transfer patients to specialist hospitals in the Western Cape and Kwa-Zulu Natal provinces.

Decentralisation of ambulances resources closer to communities is also planned for expansion in the medium term. This strategy is guided by the national norm of one ambulance to a population of 10 000. The programme has started utilizing global positioning system (GPS) that coordinates to review current location of EMS bases around the province. This analysis seeks to link the EMS bases with the community and the referral health facility. The next phase will then consider the rational location of bases to ensure proximity to the communities and referral health facilities. In addition to the population, the programme is including the geographical size of the area as this also has an impact on the response time. Once the implementation of this strategy is completed, then the response time will be shorter as ambulances when dispatched will be from the local base closer to communities.

A second approach to decentralization involves the allocation of dedicated ambulances at priority hospitals for inter-facility transfers. The programme has started the process of placing ambulances at high volume hospitals to deal with referrals (upwards and downwards) and discharges. Inter-facility transfers account for the largest volume of cases handled by EMS, often greater than 30% per quarter. These cases are mainly patients being referred to the next level of care and also discharges from higher levels of care to district hospitals. An increase in inter-facility transfer cases leads to a delay in responding to pre-hospital emergencies from the community. The programme has introduced an approach to allocate ambulances at selected hospitals to respond exclusively to inter-facility transfer cases. Already there is an ambulance placed at Nelson Mandela Academic Hospital for referrals between NMAH, Mthatha Regional Hospital, and Bedford Orthopaedic Hospital. A similar service is provided in health centres in Gqebera to move critical patients from the health centre to either Livingstone Tertiary or Dorah Nginza Regional hospitals. Over the medium term, the programme will expand the service to other hospitals in the 28 priority hospitals list, starting in this financial year with Butterworth, Bhisho and Grey and Tafalofefe hospitals.

The programme is planning to improve the coordination and planning of the planned patient transport services which moves stable patient for reviews and assessment to regional, tertiary and specialised hospitals. There is a need to make the booking system and route planning to be electronic hence making it visible to all clinical users. The Planned Patient Transport (PPT) service remains an essential component in bringing patients to services.

The rollout of the electronic call taking and dispatch solution will be completed in this financial year. The programme has invested in the computer equipment and infrastructure, and customising the solution for the electronic call taking and dispatch solution over the past year. Additional call takers were appointed and trained on call taking and dispatch at the EMS College in Gqebera. Network connectivity challenges, both local and wide area network have been addressed at the identified locations for the rollout. Interoperability with other applications such as the vehicle tracker has been completed. The remaining period of this project will then be dedicated to rolling out the solution and deal with possible maintenance requirements. Call takers and dispatchers at the EMS communication centres will continue to be trained on the solution and also supported to efficiently provide the quality customer care and provision of EMS resources to the community.

The frequent telephone network outages due to power blackouts and cable theft tend to compromise the community access to the EMS communication centres. The programme will formalize a system to divert calls when there are network disruptions to the shared contact centres of the department, and also explore the utilization of the SA Police Services lines and the disaster management call centres at respective districts. This is done to ensure minimal inconvenience to the community when they need an ambulance. Long term solutions to the power outages and cable theft problem will be explored broadly as part of the government interventions.

The programme is also taking significant strides to ensure compliance with the Emergency Medical Services regulations (Health Act 61 of 2003 as amended). Over the medium term, the department will allocate resource to refurbish the EMS stations to provide appropriate wash bays and compliance with occupational health and safety standards. The upskilling of staff from the basic life support category to higher levels will be supported by the human resource development programme.

The successful achievement of the targets in programme 3 also required cooperation with such stakeholders as local community leaders and the police to protect the staff when responding to emergencies.

The programme has been recording an increase in the number of calls for ambulances and this is putting pressure on the limited resources available. The department will embark on a programme to educate communities about utilization of ambulance services and the type of cases and incidents that should require an ambulance. This will also reduce the number of non-emergency cases that are referred to the ambulance services

The programme is planning to improve the coordination and planning of the planned patient transport services which moves stable patient for reviews and assessment to tertiary and specialised care. There is a need to make the booking system and route planning to be electronic hence making it visible to all clinical users. The PPT service remains an essential component in bringing patients to services. The programme will engage with programme 4 and 5 to increase the number of outreach services which bring specialist care to the patients in their local communities. The chronic medicines dispensing and distribution (CCMDD) will make medicines accessible closer to the patients without having the patient travelling long distances to collect their refills of prescribed medicines,

The successful achievement of the targets in programme 3 also required cooperation with such stakeholders as local community leader and the police to protect the staff when responding to emergencies.

3.2 PROGRAMME RESOURCE CONSIDERATION

Table 27: Summary of payments and estimates by sub-programme: Programme 3: Emergency Medical Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
1. Emergency Transport	1 041 760	1 089 966	1 209 639	1 244 784	1 244 184	1 089 152	1 289 079	1 349 126	1 346 769	18.4
2. Planned Patient Transport	230 286	263 556	243 238	262 889	275 423	292 688	273 553	285 407	298 868	(6.5)
Total payments and estimates	1 272 046	1 353 522	1 452 877	1 507 673	1 519 607	1 381 840	1 562 632	1 634 533	1 645 637	13.1

Table 28 Summary of payments and estimates by sub-programme: Programme 3: Emergency Medical Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
Current payments	1 173 637	1 219 692	1 264 249	1 383 462	1 396 354	1 237 703	1 436 326	1 502 568	1 507 661	18.0
Compensation of employees	980 226	998 795	1 022 603	1 079 637	1 091 571	1 059 381	1 163 141	1 190 083	1 141 642	9.8
Goods and services	193 411	211 607	241 646	303 855	304 783	178 322	273 185	312 485	365 959	53.2
Interest and rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	1 921	3 971	3 028	4 145	4 012	3 980	4 216	4 405	4 608	5.9
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	1 921	3 971	3 028	4 145	4 012	3 980	4 216	4 405	4 608	5.9
Payments for capital assets	96 488	138 549	185 600	120 036	119 241	140 157	122 090	127 560	133 428	(12.9)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	96 488	138 549	185 600	120 036	119 241	140 157	122 090	127 560	133 428	(12.9)
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	1 272 046	1 353 522	1 452 877	1 507 673	1 519 607	1 381 840	1 562 632	1 634 533	1 645 637	13.1

Tables 27 and 28 above show the summary of payments and estimates for Emergency Medical Services per sub-programme and economic classification. The programme's total expenditure increased from R1.272 billion in 2020/21 to a revised estimate of R1.381 billion in 2023/24. In 2024/25, the budget increased by 13.1 per cent from R1.381 billion to R1.562 billion when compared to the 2023/24 revised estimate due to low revised estimate and 2024/25 additional funding for wage agreement.

Compensation of employees shows a growth of 9.8 per cent from R1.059 billion to R1.163 billion when compared to the 2023/24 revised estimate due to additional funding for wage agreement.

Goods and services show a growth 53.2 per cent from R178.322 million to R273.185 million when compared to the 2023/24 revised estimate due to low revised estimate attributed to reprioritisation of funds from Goods and services in 2024/25 to alleviate cost pressures on fleet management under Capital.

Transfers and subsidies show a growth of 5.9 per cent from R3.980 million to R4.216 million when compared to the 2023/24 revised estimate due to low revised estimate as a result of reduced payments made for leave gratuities.

Payments for capital assets show a negative growth of 12.9 per cent from R140.157 million to R122.090 million when compared to the 2023/24 revised estimate due to high revised estimate attributed to fleet management payments.

3.3 Key Risks

The table below outlines the key risks.

Table 29: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved.	- Inadequate EMS Services - Delayed repairs - Poor road infrastructure - Attacks on EMS umbalance crew	- Filling of funded strategic posts. - Ensure the implementation of the electronic call taking dispatch system. - Increase the number of functional vehicles suitable for the rural terrain. - Integrated quarterly management and human capital (supervision, labour relations, development). - Establish a formal memorandum of understanding between DOH/EMS and provincial SAPS and Transport.

PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES



Province of the
EASTERN CAPE
HEALTH

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

4.1 Programme Purpose

To provide cost-effective, good quality secondary hospital services and specialised services, which include psychiatry and TB hospital services.

Sub-Programme 4.1 - General (Regional) Hospitals

General (Regional) Hospital Services: Rendering of hospital services at general specialist level and providing a platform for research and the training of health workers:

- Cecilia Makiwane
- Frontier
- St Elizabeth
- Dora Nginza
- Mthatha

Sub-Programme 4.2 - Tuberculosis (TB) Hospitals

TB hospital Services: To convert current tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalization under conditions that allow for isolation during the intensive phase of treatment, as well as the application of the standard multi-drug resistant (MDR) protocols:

- Jose Pearson
- Nkqubela
- Majorie Parish
- PZ Meyer
- Majorie Parks
- Winter Berg
- Khotsong

Sub-Programme 4.3 - Psychiatric / Mental Hospitals

Psychiatric Mental Hospital Services: Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for training of health workers and research:

- Elizabeth Donkin Psychiatric hospital
- Komani Psychiatric hospital

- Tower Psychiatric hospital – provide long-term.
- Cecilia Makiwane hospital acute psychiatric Unit
- Holy Cross hospital acute psychiatric Unit
- Mthatha Regional hospital acute psychiatric Unit
- Dora Nginza hospital: 72-hour observation Unit

Table 30: Outcomes, Outputs and Output indicators and targets for the next MTEF for Regional Hospitals

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.4 Patient experience of care satisfaction rate	73.7%	69.4%	72%	78%	74%	-	74%	-	-	76%	78%
		Numerator	32 858	15 483	27 614	23 642	28 442		28 442			29 211	29 980
		Denominator	44 594	22 317	38 436	30 442	38 436		38 436			38 436	38 436
	Patient Safety Improved	6.3.2 Severity Assessment Code (SAC) I incident reported within 24 hours rate	87.8%	75%	90%	96.7%	90%	90%	90%	90%	90%	91%	92%
		Numerator	394	458	624	446	624	156	156	156	156	633	640
		Denominator	449	610	696	461	696	174	174	174	174	696	696

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		6.3.1.1 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	93.4%	98.5%	95%	95%	95%	95%	95%	96%	97%
		Numerator				594	476	119	119	119	119	480	485
		Denominator				603	500	125	125	125	125	500	500
	Efficiency indicators improved	6.7.2 Average length of stay	5.6 days	5.8 days	6.2 days	6.4 days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days
		Numerator		518 553		407 079	488 070	122 017	122 018	122 018	122 017	488 070	488 070
		Denominator		88 740		63 713	88 740	22 185	22 185	22 185	22 185	88 740	88 740
		6.7.7 Inpatient (usable) bed utilisation rates	New Indicator	New Indicator	68.4%	72.4%	70%	70%	70%	70%	70%	71%	72%
		Numerator			527 157.5	407 079	539 654	134 913	134 914	134 914	134 913	547 363	555 073
		Denominator			770 934.1	561 979	770 934	192 733	192 734	192 734	192 733	770 934.1	770 934.1

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		6.7.12 Expenditure per PDE	New indicator	R3,921	R3,984	R4,113.9	R4,804	R4,804	R4,804	R4,804	R4,804	R4,804	R4,804
		Numerator		R2 726 081 943	2 878 883	2 343 969 785	3 471 773 936	867 943 484	867 943 484	867 943 484	867 943 484	3 471 773 936	3 471 773 936
		Denominator		695 292	722 684	569 768	722 684	180 671	180 671	180 671	180 671	722 684	722 684
I. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	I.1.7 Number of maternal deaths in facility	59	52	50	22	38	9	10	10	9	29	22
	Child mortality reduced	I.3.16 Child under 5 years diarrhoea case fatality rate	3%	3%	2.3%	2.7%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2%
		Numerator	17	25	17	12	16	4	4	4	4	16	15
		Denominator	575	836	746	443	744	186	186	186	186	744	744

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		I.3.17 Child under 5 years' pneumonia case fatality rate	3.2%	3.9%	2.9%	4.2%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.6%
		Numerator	30	46	39	27	36	9	9	9	9	36	34
		Denominator	925	1167	1 329	644	1 328	332	332	332	332	1 328	1 328
	Micro and macro nutrient malnutrition reduced	I.3.18 Child under 5 years severe acute malnutrition case fatality rate	2.3%	6,2%	13.3%	12.8%	10.7%	10.7%	10.7%	10.7%	10.7%	9.7%	9.7%
		Numerator	6	25	40	17	32	8	8	8	8	29	29
		Denominator	253	403	300	133	300	75	75	75	75	300	300

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Child mortality reduced	1.3.19 Number of death in facility under 5 years	655	735	735	557	550	137	137	138	138	540	520
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Clients early detection of illness and prevention.	4.3.6 Cervical cancer screening	New Indicator	New Indicator	New Indicator	New Indicator	500	125	125	125	125	525	550

4.2 Sub – Programme: Tuberculosis (TB) Hospitals

Table 31: Outcomes, Outputs and Output indicators and targets for the next MTEF for Tuberculosis (TB) Hospitals

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimate d Performa nce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.5 Patient experience of care satisfaction rate	86.6 %	86.2%	81%	88%	86%	-	86%	-	-	88%	90%
		Numerator	5 889	6 095	7 109	5 797	7 526	-	7 526	-	-	7 701	7 876
		Denominator	6 798	7 074	8 752	6 599	8 752		8 752			8 752	8 752
	Patient Safety Improved	6.3.3 Severity Assessment Code (SAC)I incident reported within 24 hours rate	0%	50%	75%	75%	83%	83%	83%	83%	83%	87.5%	87.5%
		Numerator		1	6	3	5	5	5	5	5	7	7
		Denominator		2	8	4	6	6	6	6	6	8	8

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimate d Performa nce	MTEF Targets							
			2020/21	2021/22	2022/23		2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
									Q1	Q2	Q3	Q4		
		6.3.12 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	98%	89.2%	83%	83%	83%	83%	83%	83%	83%	
		Numerator				58	5	5	5	5	5	5	5	
		Denominator				65	6	6	6	6	6	6	6	
	Hospital efficiencies improved	6.7.3 Average length of stay	44 days	41 days	42.4 days	36.4 days	40 days	40 days	40 days	40 days	40 days	40 days	40 days	
		Numerator		113 797	26.9%	98 942	111 040	27 760	27 760	27 760	27 760	111 040	111 040	
		Denominator		2 776	129 296	2 715	2 776	694	694	694	694	2 776	2 776	
		6.7.8 Inpatient (usable) bed utilisation rates	New Indicator	New Indicator	26.9%	31.6%	30%	30%	30%	30%	30%	30%	30%	
		Numerator			129 296	98 942	144 446	36 111	36 112	36 112	36 111	144 446	144 446	
		Denominator			481 487.8	312 930	481 488	120 372	120 372	120 372	120 372	481 487.8	481 488	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimate d Performa nce	MTEF Targets						
							2024/25	2024/25 Quarterly Targets				2025/26	2026/27
			2020/21	2021/22	2022/23	2023/24		Q1	Q2	Q3	Q4		
		6.7.13 Expenditure per PDE	New indicator	R3 887.5	R3 286.2	R3,300	R3,800	R3,800	R3,800	R3,800	R3,800	R3,800	R3,800
		Numerator		R458 255 800.5		334 871 064	447 944 000	111 986 000	111 986 000	111 986 000	111 986 000	111 986 000	111 986 000
		Denominator		117 880		101 463	117 880	29450	29450	29450	29450	117 880	117 880

4.3 Sub – Programme: Psychiatric / Mental Hospitals

Sub- Programme Priorities

- Development of District Mental Health Specialist Teams.
- Creating mental health units in district, regional and tertiary hospitals.
- Screening of mental health patients at PHC and district levels.
- Re capacitation of the clinical health professionals on mental health programmes.

Table 32: Outcomes, Outputs and Output indicators and targets for the next MTEF for Psychiatric / Mental Hospitals

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.6 Patient experience of care satisfaction rate	78.9%	77%	82%	84%	85%	-	85%	-	-	86%	87%
		Numerator	5 037	2 604	4 998	4 671	5 154		5 154			5 215	5 275
		Denominator	6 383	3 384	6 064	5 558	6 064		6 064			6 064	6 064
	Patient Safety Improved	6.3.4 Severity Assessment Code (SAC) I incident reported within 24 hours rate	100%	80%	93.3%	80%	88%	88%	88%	88%	88%	88%	91%

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets							
			2020/21	2021/22	2022/23		2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
									Q1	Q2	Q3	Q4		
		Numerator	4	4	28	16	28	7	7	7	7	28	29	
		Denominator	4	5	30	20	32	8	8	8	8	32	32	
		6.3.13 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	98.5%	100%	97%	97%	97%	97%	97%	97%	98%	
		Numerator				117	132	33	33	33	33	135	137	
		Denominator				117	136	34	34	34	34	140	140	

Explanation of planned performance over the medium-term period

The vacant and critical leadership positions of two regional hospital chief executive officers at regional hospitals (Dora Nginza and St Elizabeth hospitals) pose a threat to leadership and governance. Governance and leadership will be improved through the appointments and filling of these vacant posts including clinical governance management heads at regional hospitals.

Furthermore, community engagements will be improved with the establishment of all hospital boards in line with the revised guidelines for the next 3 years according to the hospital board policy.

The migration processes towards the reclassification of Albertina Oliver Tambo district hospital into a regional hospital in lieu of regulations relating to categories of hospitals gazette. This in turn would require funds to follow the programme function, and the hospital budget be re-allocated under the programme 4.1 BAS Budget Sub-Programme Allocation.

Similar alignment would have to be configured in all the transversal systems, and the reporting structure would fall under the Chief director Hospitals Services within the Regional Hospitals. Re-establishment of clinical training platforms in hospitals will be prioritized so as to strengthen clinical training for nurses.

4.5 PROGRAMME RESOURCE CONSIDERATION

Table 33: Summary of payments of estimates: Programme 4 – Provincial Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
1. General (Regional) Hospitals	3 093 261	2 748 880	2 909 523	2 719 261	3 048 687	3 115 104	3 063 292	3 218 559	3 272 775	(1.7)
2. TB Hospitals	348 096	382 771	387 954	489 100	489 100	418 316	473 078	495 883	519 745	13.1
3. Psychiatric Mental Hospitals	539 008	554 702	629 233	678 353	716 029	662 606	694 796	666 499	696 885	4.9
Total payments and estimates	3 980 365	3 686 353	3 926 710	3 886 714	4 253 816	4 196 026	4 231 168	4 380 941	4 489 405	0.8

Table 34: Summary of payments and estimates by economic classification: P4 – Provincial Hospitals

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
Current payments	3 650 814	3 646 650	3 787 684	3 836 937	4 173 984	4 071 586	4 100 126	4 314 742	4 420 627	0.7
Compensation of employees	2 829 001	2 979 731	3 056 817	2 951 602	3 248 704	3 327 369	3 085 561	3 284 312	3 356 235	(7.3)
Goods and services	801 650	666 224	728 650	864 335	925 280	743 275	1 014 565	1 030 430	1 064 362	36.5
Interest and rent on land	20 163	595	12 217	–	–	942	–	–	–	(100.0)
Transfers and subsidies to:	318 971	25 773	120 207	36 426	68 426	113 934	60 991	53 063	55 037	(48.0)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–	–
Households	318 971	25 773	120 207	36 426	68 426	113 934	60 991	53 063	55 037	(48.0)
Payments for capital assets	11 180	14 630	8 819	12 351	11 406	11 406	70 051	13 136	13 741	514.2
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	–
Machinery and equipment	11 180	14 630	8 819	12 351	11 406	11 406	70 051	13 136	13 741	514.2
Heritage Assets	–	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–	–
Total economic classification	3 980 365	3 686 353	3 926 710	3 886 714	4 253 816	4 196 926	4 231 168	4 380 941	4 488 405	0.8

Tables 33 and 34 above show the summary of payments and estimates for Provincial Hospital Services per sub-programme and economic classification. The programme's total expenditure increased from R3.980 billion in 2020/21 to a revised estimate of R4.196 billion in 2023/24. In 2024/25, the budget shows an increase of 0.8 per cent from R4.196 billion to R4.231 billion when compared to the 2023/24 revised estimate due to additional funding for wage agreement and cost pressures on non-CoE.

Compensation of employees shows a negative growth of 7.3 per cent from R3.327 billion to R3.085 billion when compared to the 2023/24 revised estimate resulting from the 2023/24 wage agreement.

Goods and services show a growth of 36.5 per cent from R743.275 million to R1.014 billion when compared to the 2023/24 revised estimate due to additional funding of core items and internal reprioritisation to fund cost pressures for National Health Laboratory Services (NHLS), medical supplies, municipal services and chronic psychiatric care.

Transfers and subsidies show a negative growth of 46 per cent from R113.034 million to R60.991 million when compared to the 2023/24 revised estimate due to a high revised estimate resulting from payment of Medico Legal Claims.

Payments for capital assets show a growth of 514.2 per cent from R11.406 million to R70.051 million when compared to the 2023/24 revised estimate, due to low revised estimate.

4.6 Key Risks

The table below outlines the key risks.

Table 35: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
- Quality of health services improved. - Maternal, Neonatal, Infant and Child Mortality reduced	Non-adherence to policies and guidelines on referrals and services between Primary, Secondary and Tertiary Services.	- Implementation of the referral policy / protocol. - Strengthen the clinical services platform.

Outcome	Risk	Mitigating factors
Morbidity and Premature mortality due to Non-Communicable diseases reduced		- Ensure timeous filling of critical and replacement posts. - Enforcement of policies and SOPs. - Implementation of the meeting resolutions. - Strengthen the quality of reports. - Procurement of appropriate healthcare technology as per APP.

PROGRAMME 5

CENTRAL & TERTIARY HOSPITALS



Province of the
EASTERN CAPE
HEALTH

PROGRAMME 5: CENTRAL & TERTIARY HOSPITAL SERVICES

Sub-programme 5.1: Central Hospital Services

Central Hospital: Nelson Mandela Academic Hospital

Sub-Programme Purpose

To strengthen and continuously develop the modern tertiary services platform to adequate levels to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There are two Tertiary Hospitals (Frere and Livingstone hospitals) and one Central hospital (Nelson Mandela Academic) in the Eastern Cape Province:

Table 36: Outcomes, Outputs and Output indicators and targets for the next MTEF for Central Hospital Services

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.7 Patient experience of care satisfaction rate	69%	81.6%	84%	84%	86%	-	86%	-	-	87%	88%
		Numerator	69	2 896	3 057	1 659	3 117		3 117			3 153	3 190
		Denominator	100	3 548	3 625	1 966	3 625		3 625			3 625	3 625

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performan ce	MTEF Targets					
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Patient Safety improved	6.3.5 Severity Assessment Code (SAC) I incident reported within 24 hours rate	100%	63%	85%	89%	87%	87%	87%	87%	87%	87%	88%
		Numerator	1	135	205	50	208	52	52	52	52	209	212
		Denominator	1	215	241	56	240	60	60	60	60	240	240
		6.3.14 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	99%	100%	98%	98%	98%	98%	98%	98%	99%
		Numerator				56	212	53	53	53	53	212	215
		Denominator				56	216	54	54	54	54	216	216
	Hospital efficiencies improved	6.7.4 Average length of stay	6.6days	8.3 days	8.4 days	8.8days	8days	8days	8days	8days	8days	8days	8days
		Numerator		220 348		159 201	212 840	53 210	53 210	53 210	53 210	212 840	212 840
		Denominator		26 605		18 008	26 605	6 651	6 651	6 652	6 651	26 605	26 605

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets							
			2020/21	2021/22	2022/23		2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
									Q1	Q2	Q3	Q4		
		6.7.9 Inpatient (usable) bed utilisation rates	New Indicator		73.4%	76.6%	83%	83%	83%	83%	83%	83%	83%	83%
		Numerator			203 213	159 201	229 661	57 415	57 415	57 416	57 415	229 661	229 661	
		Denominator			276 700.3	207 525	276 700	69 175	69 175	69 175	69 175	276 700	276 700	
		6.7.14 Expenditure per PDE	New Indicator	R4 831	R5,436	R6,938	R6,800	R6,800	R6,800	R6,800	R6,800	R6,800	R6,800	
		Numerator		R1 425 746 512	R1 502 623 451	R1 508 056 418	R1 879 554 000	R469 888 500	R469 888 500	R469 888 500	R469 888 500	R1 879 554 000	R1 879 554 000	
		Denominator		295 148	276 405	217 361	276 405	69 101	69 101	69 101	69 101	276 405	276 405	
I. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	1.1.8 Number of maternal deaths in facility	46	43	35	27	30	8	8	7	7	25	20	
		1.3.20 Child under 5 years diarrhoea case fatality rate	9.8%	17%	9.6%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.3%	
		Numerator	40	52	32	16	28	7	7	7	7	28	17	
	Child	Denominator	405	309	333	193	332	83	83	83	83	332	332	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	mortality reduced	1.3.21 Child under 5 years' pneumonia case fatality rate	7.8%	14%	17.1%	21.3%	13%	13%	13%	13%	13%	9.7%	7.3%
		Numerator	29	26	42	35	32	8	8	8	8	24	18
		Denominator	368	187	246	164	246	61	61	62	62	246	246
	Micro and macro nutrient malnutrition reduced	1.3.22 Child under 5 years severe acute malnutrition case fatality rate	28%	26%	29.3%	7.1%	20%	20%	20%	20%	20%	18%	15%
		Numerator	11	8	12	1	8	2	2	2	2	7	6
		Denominator	39	31	41	14	40	10	10	10	10	40	40
	Child mortality reduced	1.3.23 Number of death in facility under 5 years	386	403	366	250	320	80	80	80	80	300	280

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performan ce	MTEF Targets					
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Clients early detection of illness and prevention.	4.3.6 Cervical cancer screening	New Indicator	New Indicator	New Indicator	New Indicator	130	32	32	33	33	135	140

Sub-Programmes 5.2: Provincial Tertiary Hospital Services

- Livingstone hospital
- Frere hospital

Sub-Programme Purpose

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There are two tertiary hospitals in the Eastern Cape Province:

Table 37: Outcomes, Outputs and Output indicators and targets for the next MTEF for Provincial Tertiary Hospital Services

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.8 Patient experience of care satisfaction rate	72.7%	80.2%	74%	78%	75%	-	75%	-	-	77%	79%
		Numerator	9 396	13 807	33 885	28 256	34 572		34 572			35 494	36 416
		Denominator	12 917	17 200	46 096	36 282	46 096		46 096			46 096	46 096

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Patient safety improved	6.3.6 Severity Assessment Code (SAC) I incident reported within 24 hours	0%	72%	88%	61.7%	89%	89%	89%	89%	89%	91%	92%
		Numerator	0	34	130	111	132	33	33	33	33	135	136
		Denominator	0	47	148	180	148	37	37	37	37	148	148
		6.3.15 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	93%	99.1%	94%	94%	94%	94%	94%	96%	97%
		Numerator				428	264	66	66	66	66	269	272
		Denominator				432	280	70	70	70	70	280	280
	Hospital efficiencies improved	6.7.5 Average length of stay	6 days	5.6 days	6.8 days	6.8 days	6 days	6 days	6 days	6 days	6 days	6 days	6 days
		Numerator		430 324		359 156	460 698	115 174	115 174	115 175	115 175	460 698	460 698

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator		76 783		52 958	76 783	19 195	19 196	19 196	19 196	76 783	76 783
		6.7.10 Inpatient (usable) bed utilisation rates	New Indicator	New Indicator	68.8%	74.9%	76%	76%	76%	76%	76%	77%	78%
		Numerator			447 638	359 156	494 380	123 595	123 595	123 595	123 595	500 885	507 390
		Denominator			650 501.3	479 662	650 501	162 625	162 626	162 625	162 625	650 501.3	650 501.3
		6.7.15 Expenditure per PDE	New Indicator	R3 522	R4,021	R4,738	R5,006	R5,006	R5,006	R5,006	R5,006	R5,006	R5,006
		Numerator		R 671 922 270	R2 607 184 998	2 457 718 105	R3 015 287 850	R753 821 962	R753 821 963	R753 821 963	R753 821 962	R3 112 5 55 200	R3 112 5 55 200
		Denominator		758 675	648 449	518 724	648 449	162 112	162 112	162 113	162 112	648 449	648 449
I. Maternal, Neonatal, Infant and	Maternal mortality reduced	I.1.9 Number of maternal deaths in facility	15	9	9	20	15	3	4	4	4	11	8

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
Child Mortality reduced		I.3.24 Child under 5 years diarrhoea case fatality rate	6.7%	0.5%	2.8%	0%	1.9%	1.9%	1.9%	1.9%	1.9%	1.4%	0.9%
		Numerator	5	1	6	0	4	1	1	1	1	3	2
	Child mortality reduced	Denominator	75	201	214	165	214	53	53	54	54	214	214
		I.3.25 Child under 5 years' pneumonia case fatality rate	3.1%	0%	1.6%	1%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
		Numerator	4	0	6	3	8	2	2	2	2	7	7
		Denominator	129	219	377	286	377	94	94	94	95	377	377
		I.3.26 Child under 5 years severe acute malnutrition case fatality rate	37.5%	6%	11.1%	0%	6%	6%	6%	6%	6%	5%	4%

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performan ce	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Numerator	3	1	2	0	1	1	1	1	1	1	1
	Micro and macro	Denominator	8	17	18	11	18	18	18	18	18	18	18
	nutrient malnutrition reduced	1.3.27 Number of death in facility under 5 years	143	143	154	115	120	30	30	30	30	115	110
4. Morbidity and Premature mortality due to Non- Communica ble diseases reduced	Clients early detection of illness and prevention.	4.3.6 Cervical cancer screening	New Indicator	New Indicator	New Indicator	New Indicator 306	400	100	100	100	100	425	450

Explanation of planned performance over the medium-term period

The vacant and critical leadership positions of chief executive officers at central and tertiary hospitals pose a threat to leadership and governance. The Department is in the process of filling the leadership positions including the clinical governance of the institutions. Furthermore, community engagements is sustained through effective and functional hospital boards.

The department has continued procuring advanced health technology equipment to improve the quality of life of the Eastern Cape Province. There is significant progress regarding the development of oncology and radiotherapy services at the Nelson Mandela Academic hospital in Mthatha.

The award for the construction of the oncology project, and support facilities inclusive of the procurement of the state of the art Linear Accelerator machine and other related equipment, has been awarded and the architectural designs for plumbing being finalised. The construction onsite is expected in May 2024. Meanwhile the provision of chemotherapy services is functional at the NMAH Centre of Excellence Sir Henry Site and plans are underway to strengthen and further extend outreach to identified sites in the surrounding OR Tambo and Alfred Nzo districts. This will drastically reduce the number of patients that have to travel from Mthatha to be assessed and seen at Frere hospital in East London.

Nelson Mandela Academic Hospital remains committed in working toward providing a full package of a central hospital through continuous development of sub-specialties . Flagship programmes i.e. cochlear implant surgical services and rehabilitation as well as cathlab services are still running well . A clinical technologist has been appointed to ensure full utilization of cathlab.

Some of the projects in progress include:

- building of a state of the art dental lab currently under construction to ensure provision of full dental lab service package
- Repurpose an identified space for embryology laboratory .
- Building oncology complex that will take care of in/out patients and offer chemotherapy and radiation services .
- Records management (a memorandum of understanding has been signed with National Department of Public Works and Infrastructure for utilisation of Mthatha Airport Hangers for archiving of medical records).
- Collaboration with other stake holders (memorandum of understanding between ECDoH and Operation Smile for cleft palate repair has been signed). 24 cases have been operated in 2023/24.
- Accessibility of radiology images has been extended to all identified workstations .

Sub-Programmes 5.3: Specialised Tertiary Hospital

- Specialised Tertiary Hospitals
- Fort England (Specialised Psychiatric Hospital)

Sub-Programme Purpose

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There is one specialised tertiary hospital in the Eastern Cape Province:

Table 38: Outcomes, Outputs and Output indicators and targets for the next MTEF for Specialised Tertiary Hospital

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.9 Patient experience of care satisfaction rate	86.7%	84.1%	0%	83%	88%	-	88%	-	-	90%	90%
		Numerator	1 369	1 130	0	1 292	1 182		1 182			1 209	1 209
		Denominator	1 578	1 343	0	1 561	1 343		1 343			1 343	1 343

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performa nce	MTEF Targets							
			2020/2 1	2021/2 2	2022/23		2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
									Q1	Q2	Q3	Q4		
	Patient safety improved	6.3.7 Severity Assessment Code (SAC)I incident reported within 24 hours rate	100%	100%	93.3%	100%	100%	100%	100%	100%	100%	100%	100%	
		Numerator	58	3	28	3	13	3	3	4	3	12	12	
		Denominator	58	3	30	3	13	3	3	4	3	12	12	
		6.3.16 Patient Safety Incident (PSI) case closure rate	New Indicato r	New Indicato r	98.4%	100%	100%	100%	100%	100%	100%	100%	100%	
		Numerator				64	80	20	20	20	20	80	80	
		Denominator				64	80	20	20	20	20	80	80	

Explanation of planned performance over the medium-term period

Fort England hospital has newly appointed chief executive officer since October 2023. The Department will continue strengthening the clinical governance platform and fill critical vacant positions within the fiscal consolidation measures to enhance financial prudence. Community participation will be strengthened through hospital board effectiveness.

5.6 PROGRAMME RESOURCE CONSIDERATION

Table 39: Summary of payments and estimates by sub-programme: Programme 5: Central Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
1. Central Hospital Services	1 636 775	1 521 690	1 702 835	1 498 009	1 945 590	1 725 126	1 685 569	1 869 827	1 674 749	(2.3)
2. Provincial Tertiary Services	3 208 626	3 229 836	3 010 739	3 445 064	3 494 966	3 319 785	3 350 893	3 894 695	3 713 884	0.9
Total payments and estimates	4 845 403	4 751 526	4 713 574	4 943 073	5 130 576	5 044 911	5 036 282	5 764 522	5 388 633	(0.2)

Table 40: Summary of payments and estimates by economic classification: Programme 5: Central Hospital Service

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
Current payments	4 564 792	4 657 936	4 812 638	4 761 070	4 921 122	4 952 780	4 752 835	5 827 818	6 138 990	(2.1)
Compensation of employees	3 277 916	3 409 840	3 196 308	3 463 701	3 584 753	3 675 900	3 374 193	3 916 863	3 630 632	(8.2)
Goods and services	1 282 084	1 247 909	1 314 174	1 297 369	1 336 369	1 173 580	1 378 642	1 610 655	1 508 358	17.5
Interest and rent on land	4 702	187	2 156	—	—	3 300	—	—	—	(100.0)
Transfers and subsidies to:	173 977	23 202	37 772	16 452	46 679	50 272	68 418	60 461	63 263	36.1
Provinces and municipalities	—	—	—	—	—	—	—	—	—	—
Departmental agencies and accounts	—	—	—	—	—	—	—	—	—	—
Higher education institutions	—	—	—	—	—	—	—	—	—	—
Foreign governments and international organisations	—	—	—	—	—	—	—	—	—	—
Public corporations and private enterprises	—	—	—	—	—	—	—	—	—	—
Non-profit institutions	—	—	—	—	—	—	—	—	—	—
Households	173 977	23 202	37 772	16 452	46 679	50 272	68 418	60 461	63 263	36.1
Payments for capital assets	106 724	70 388	163 164	165 551	162 775	141 859	215 629	176 523	186 380	51.6
Buildings and other fixed structures	3 849	—	17 509	15 959	15 959	15 959	48 171	—	—	201.8
Machinery and equipment	102 875	70 388	145 655	149 592	146 816	125 900	166 858	176 523	186 380	32.5
Heritage Assets	—	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—	—
Total economic classification	4 845 403	4 751 526	4 713 574	4 943 073	5 130 576	5 044 911	5 036 282	5 764 522	5 388 633	(0.2)

Tables 39 and 40 above show the summary of payments and estimates for Central Hospital Services per sub-programme and economic classification. The programme's total expenditure increased from R4.845 billion in 2020/21 to a revised estimate of R5.044 billion in 2023/24. In 2024/25, the budget decreases by 0.2 per cent from R5.044 billion to R5.036 billion when compared to the 2023/24 revised estimate due to fiscal consolidation reduction to CoE.

Compensation of employees shows a negative growth of 8.2 per cent from R3.675 billion to R3.374 billion when compared to the 2023/24 revised estimate fiscal consolidation reduction to CoE.

Goods and services show a growth 17.5 per cent from R1.173 billion to R1.378 billion when compared to the 2023/24 revised estimate due to additional funding allocated for medicine to cater for dollar/exchange rate and cost pressures on medical supplies and diesel for non-exempted facilities during load shedding.

Transfers and subsidies shows a positive growth of 36.1 per cent from R50.272 million to R68.418 million when compared to the 2023/24 revised estimate due to additional funding resulting to payment of Medico Legal Claims.

Payments for capital assets show a positive growth of 51.6 per cent from R141.859 million to R215.029 million when compared to the 2023/24 revised estimate due reprioritisation to fund procurement of medical equipment in Provincial Tertiary Hospitals.

5.7 Key Risks

The table below outlines the key risks.

Table 41: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
- Quality of health services improved. - Maternal, Neonatal, Infant and Child Mortality reduced - Morbidity and Premature mortality due to Non-Communicable diseases reduced.	Non -adherence to policies and guidelines on referrals and services between Primary, Secondary and Tertiary Services.	- Implementation of the referral policy / protocol - Strengthen the clinical services platform - Ensure timeous filling of critical and replacement posts. - Enforcement of Policies and SOPs. - Implementation of the meeting resolutions. - Strengthen the quality of reports. - Procurement of appropriate healthcare technology as per APP.

PROGRAMME 6

HEALTH SCIENCES
AND TRAINING (HST)



Province of the
EASTERN CAPE
HEALTH

PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 Programme Purpose

To develop a capable health workforce for the Eastern Cape provincial health system as part of a quality people value stream.

HRD Chief Directorate is comprised of the following services

- Lilitha Training Colleges
- Eastern Cape College of Emergency Care (ECCOEC)
- Bursaries
- Other Training :
Health Professionals Training & Specialist Development, Generic Training and Development services and Health Professionals Education and Training

Strategies to reach the targets over the three-year period

- Research the current priority competencies that are available within the Department.
- Identify the competencies per selected occupational categories that are critical for effective service delivery at primary, secondary and tertiary levels of care.
- Profile the current competencies within the department against the required competencies identified and to identify critical education, training and development strategies.
- Education, training and development needs of health and support professionals in the Department are indicated through the continued engagement with all the appropriate Higher Education Institutions (HEIs) in South Africa.

Table 42: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Science and Training (HST)

Outcome (as per SP 2020/21- 2024/25)		Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
				2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
									Q1	Q2	Q3	Q4		
6. Quality of health services improved		Completed training and qualification obtained	6.7.1 Number of students completed the 4 - year comprehensive course	New Indicator	New Indicator	386	380	96	-	-	-	96	25	-
			6.7.2 Number of EMS Practitioners completed Emergency Care Qualification	9	6	8	6	9	-	-	-	9	9	9
			6.7.3 Number of registrars qualified as specialist	11	24	13	20	20	-	-	-	20	25	25
			6.7.4 Number of bursary students completed training	New Indicator	New Indicator	102	65	74	-	-	-	74	19	6
		Youth programme conducted	6.7.5 Number of youth placed on youth programs	1548	1028	1087	1250	1350	-	-	-	1350	1450	1460

Explanation of planned performance over the medium-term period

The Skills Development Programme is planning to implement a range of capacity development programmes for existing workforce such as NQF aligned/and or Continuous Professional Development (CPD) points aligned skills development programmes, and bursaries for existing workforce in order to obtain qualifications and specialist clinical skills, and also youth development programmes to create a pool of qualified individuals from which the department can recruit by implementing learnerships, internships, traineeships' programmes and bursaries for unemployed youth.

The Performance Management Development System (PMDS) programme is intended to have all officials and employees of the department contracted by the 31st May each year, to be able to and attain 100% compliance. Those who have qualified for a Performance Incentive are employees on levels 1- 12 and SMS Members who have gone through the PMDS moderation and have been found to have performed within required standards and therefore awarded performance incentives as a token of appreciation for their contribution to improved service delivery and organisational performance.

The Eastern Cape College of Emergency Care (ECCOEC) will not have its own accreditation for the diploma program in Emergency Medical Care during the 2023 academic year. The existing plan is to allow staff to study on full time bursaries at accredited institutions towards the Diploma in Emergency Care. For the Higher Certificate in Emergency Care (H Cert: EMC), the ECCOEC is planning to present the program in conjunction with Nelson Mandela University, as soon as accreditation is received. The Council for Higher Education (CHE) has conditionally accredited the Higher Certificate: EMC. An intake for this program seems plausible provided that external processes such as SAQA registration and HPCSA accreditation is concluded on time. The ECCOEC is working closely with Nelson Mandela University to make this a reality.

The Department of Higher Education and Training has introduced changes or transformation processes on education and training by all colleges including Nursing Education Institutions (NEI) within the country. Lilitha College of Nursing is amongst these NEIs, this includes development of new programmes bended at higher education level and accreditation process of the new programs viz: - 3-year Diploma in Nursing, 1- Year Higher Certificate in Nursing, and a number of Post Graduate Diplomas in nursing (NQF 8). Presently the 3-Year Diploma received full accreditation from all accreditation bodies and commenced in March 2023.

The Higher certificate has received provisional accreditation from SANC and is with CHE for accreditation and submission to SAQA for final registration. Advanced Diploma in Midwifery (NQF 7) has been submitted to SANC for accreditation. The Post Graduate Diplomas of different speciality areas (which are still to be developed) will also be provided once the course regulatory process has been completed successfully.

The Bursary Programme is monitoring students on the database, the projections indicated on the table are for students who will be completing their final year of study during the next financial year and for the two outer years within the MTEF. The student bursars who are enrolled for Medical and Pharmacy Bachelor's programmes will, after completing university study years, be appointed by the department as interns, where in medical students will be appointed for a period of two years, whilst pharmacy students will only be appointed for one year. All other students in the Allied Health and Nursing Professions will be appointed in a community service programme for one year, straight after passing their final year, whilst the medical and pharmacy bursary students will be appointed into Community Services after they have completed their Internship programme.

The Registrar Programme is conducted in 3 Tertiary Institutions (Frere, Nelson Mandela Academic, Livingstone) 3 Regional Institutions (Dora Nginza, Cecilia Makiwane, Mthatha Regional) and 2 Psychiatric facilities (Fort England, and Elizabeth Donkin hospitals) through the Eastern Cape Department of Health. The programme is being funded under the Statutory Human Resource and Development Grant, Equitable Share and National Tertiary Services Grant in the various facilities.

6.2 PROGRAMME RESOURCE CONSIDERATION

Table 43: Summary of payments and estimates by sub-programme: Programme 6: Health Sciences and Training

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
1. Nursing Training Colleges	275 481	258 301	237 777	335 232	333 144	240 719	336 558	372 316	384 142	39.8
2. EMS Training College	9 892	11 960	10 522	15 110	16 046	16 120	33 717	14 250	14 987	109.2
3. Bursaries	72 463	179 132	49 152	89 008	89 008	66 706	69 054	117 013	122 432	3.5
4. Other Training	362 261	324 366	688 255	806 192	811 523	597 746	725 762	574 432	588 898	21.4
Total payments and estimates	720 097	774 759	985 706	1 245 542	1 249 721	921 291	1 165 111	1 078 011	1 110 459	26.5

Table 44: Summary of payments and estimates by economic classification: Programme 6: Health Sciences and Training

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
Current payments	639 598	606 611	917 679	1 125 307	1 135 406	826 613	1 089 925	928 726	964 222	36.8
Compensation of employees	581 706	483 560	809 225	904 809	908 908	627 596	930 502	850 494	975 624	48.3
Goods and services	77 892	123 051	108 264	220 498	226 498	198 017	149 523	78 231	76 588	(24.5)
Interest and rent on land	—	—	—	—	—	—	—	—	—	—
Transfers and subsidies to:	74 263	196 311	67 689	91 130	95 136	66 673	66 840	133 581	139 695	6.4
Provinces and municipalities	—	—	—	—	—	—	—	—	—	—
Departmental agencies and accounts	—	13 075	16 866	14 970	14 970	14 970	14 401	20 905	21 887	(3.8)
Higher education institutions	—	—	—	—	—	—	—	—	—	—
Foreign governments and international organizations	—	—	—	—	—	—	—	—	—	—
Public corporations and private enterprises	—	—	—	—	—	—	—	—	—	—
Non-profit institutions	—	—	—	—	—	—	—	—	—	—
Households	74 263	183 236	40 723	76 160	70 160	51 603	52 439	112 646	117 828	1.6
Payments for capital assets	6 236	11 837	10 638	29 105	29 105	29 105	18 248	15 735	16 542	(37.3)
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—	—
Machinery and equipment	6 236	11 837	10 538	29 105	29 105	29 105	18 248	15 735	16 542	(37.3)
Heritage Assets	—	—	—	—	—	—	—	—	—	—
Speciated military assets	—	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—	—
Total economic classification	720 097	774 759	985 706	1 245 542	1 249 721	921 291	1 165 111	1 078 011	1 110 459	26.5

Tables 43 and 44 above show the summary of payments and estimates for Health Sciences and Training per sub-programme and economic classification. The programme's total expenditure increased from R720.097 million in 2020/21 to a revised estimate of R921.291 million in 2023/24. In 2024/25, the budget increases by 26.5 per cent from R921.291 million to R1.165 billion when compared to the 2023/24 revised estimate due to wage agreement addition for the compensation of employees.

Compensation of employees shows a positive growth of 48.3 per cent from R627.596 million to R930.502 million when compared to the 2023/24 revised estimate due to wage agreement addition and reprioritisation of funds for appointment of Medical Interns.

Goods and services show a negative growth of 24.5 per cent from R198.017 million to R149.523 million when compared to the 2023/24 revised estimate due to reprioritisation for the reimbursement of Walter Sisulu University Joint Staff Establishment and Health Resource Centres.

Transfers and subsidies show a positive growth of 0.4 per cent from R66.573 million to R66.840 million when compared to the 2023/24 revised estimate due to reprioritisation of funds to fund cost pressures on leave gratuities.

Payments for capital assets show a negative growth of 37.3 per cent from R29.105 million to R18.246 million when compared to the 2023/24 revised estimate due to higher revised estimate.

6.3 Key Risks

The table below outlines the key risks.

Table 45: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved	- Inadequate number of registrars trained. - Inadequate number of nurses trained on Post Basic Courses. - Delayed accreditation of new programmes	- Ensure timeous filling of critical and replacement posts. - Enforcement of policies and SOPs. - Implementation of the meeting resolutions. - Intercession by the Executive Management of the department of delayed accreditation process. - Strengthen the quality of reports. - Create, implement and maintain a clear training plan for registrars and nurses. - Have an SLA and good working relationship with institutions of higher learning.

PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)



Province of the
EASTERN CAPE
HEALTH

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 Programme Purpose

To render quality, effective and efficient transversal health (orthotic & prosthetic, rehabilitation, laboratory, social work services and radiological services) and pharmaceutical services to the communities of the Eastern Cape. Health Care Support Services consist of two sub-programmes: Transversal Health Services and Pharmaceutical Services.

Transversal Health Services consists of:

- The orthotic & prosthetic (O&P) services sub-programme, which has three existing O&P centres. The centres are based within the three hospitals namely the PE Provincial hospital, in East London at Frere hospital, and in Mthatha at Bedford Orthopaedic hospital. The prescriptions received from medical professionals and the referrals especially from the outreach programme determine the need for the service.
- Rehabilitation, laboratory, social work and radiological services are rendered at all hospitals and/or community health centres.
- Rehabilitation services is provided in 61 hospitals and 13 primary health care services throughout the province. The service have been rolled out to three PHC facilities (Flagstaff CHC, Lisikisiki village clinic and Baziya clinic) in OR Tambo to support NHI project with Flagstaff CHC having full complement of rehabilitation services.

Pharmaceutical Services is responsible for

- Coordination of the full spectrum of the Pharmaceutical Management Framework including medicine selection, supply, distribution, and utilization.
- Pharmaceutical standards development and monitoring for health facilities and the two medical depots are coordinated under this programme.
- Promote rational use of essential medicines and medical products.

Strategies to reach the targets over the three-year period

- Resource mobilization to strengthen the management of the Cerebral Palsy (CP) cases as part of the medico legal mitigation strategy.
- Fully establish centres of excellence for the management of Cerebral Palsy (are you fully establishing or continuously establish or maintaining the existing ones).
- Develop the capacity of the rehabilitation health professionals on such skills as wheelchair seating, Cerebral Palsy management, early childhood screening to establish normal or abnormal child development.
- Strengthen rehabilitation services at district hospitals, primary health care facilities and at community level.
- Strengthen partnerships with private, not-for-profit organizations and promote interdepartmental collaboration to support the achievement of rehabilitation programme outcomes.
- Establishment of wheelchair repair centres to improve cost effectiveness and efficiency in the provision of wheelchairs.
- Outreach services for the Medical Orthotist and Prosthetics (MOP) to improve access to prostheses and orthoses for people with disabilities to maintain their dignity.
- Introduce efficiencies in the blood and blood products and laboratory service utilization.
- Strengthen the functioning of the provincial pharmaceutical and therapeutics committee to promote rational use of medicine and pharmaceutical products.
- Expand the Central Chronic Medication, Dispensing and Distribution (CCMDD) programme to reach more clients in more wards around the province.
- Promoting compliance to relevant legislation e.g. South African Pharmacy Council, Office of Health Standards Compliance,
- Strengthen and promote efficiency in the medicines supply chain management.

Table 46: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Care Support Services (HCSS)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Availability of assistive devices in primary health care	6.4.9 Wheelchair issued adult 19 years and older rate	63.5%	59,3%	34.2%	40.3%	60%	10%	20%	40%	60%	60%	60%
		Numerator	1397	1 483	1 483	1694	2100	350	700	1400	2100	1800	1800
		Denominator	2200	2 500	4 340	4200	3500	3500	3500	3500	3500	3000	3000
		6.4.10 Wheelchair issued child 0-18 years rate	103%	165,6%	41.6%	59.8%	100%	20%	40%	70%	100%	100%	100%
		Numerator	310	497	373	478	300	60	120	210	300	200	200
		Denominator	300	300	897	800	300	300	300	300	300	200	200
		6.4.11 Hearing aid issued adult 19 years and older rate	113.72%	85,3%	67.6%	76.5%	70%	10%	30%	50%	70%	70%	70%
		Numerator	1251	1 030	1 362	1 148	1050	150	450	750	1050	1050	1050
		Denominator	1100	1 200	2 016	1 500	1 500	1 500	1 500	1 500	1 500	1 500	1 500

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		6.4.12 Hearing aid issued child 0-18 years rate	26.5%	68,4%	54.6%	100%	100%	15%	30%	60%	100%	100%	100%
		Numerator	239	342	459	376	400	60	120	240	400	300	300
		Denominator	900	500	840	376	400	400	400	400	400	300	300
6. Quality of health services improved	Availability of medicine in depots and facilities	6.4.13 Percentage Order fulfilment for essential drugs at depot	76.2%	76.15%	70%	64.8%	82%	82%	82%	82%	82%	82%	83%
		Numerator	374 422	438 502	367 893	107 282	428 212	107 053	107 053	107 053	107 053	428 212	433 434
		Denominator	491 347	575 736	522 210	165 540	522 210	130 552	130 552	130 553	130 553	522 210	522 210
		6.4.14 Percentage of availability of essential medicine at facilities.	88,8%	86.1%	82.9%	77.5%	85%	85%	85%	85%	85%	86%	87%
		Numerator	71	68.9	63.3	62	68	68	68	68	68	68.8	69.6
		Denominator	80	80	80	80	80	80	80	80	80	80	80

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		6.4.15 Number of active patients on CCMDD	283 353	283 525	304 424	419 270	445 500	375 000	398 500	422 000	445 500	490 050	539 055

Explanation of planned performance over the medium-term period

The health care support programme is critical in the delivery and provision of quality health services in the province. The programme focuses on ensuring an uninterrupted availability of medicines, laboratory services and blood products. It is also responsible for the provision of rehabilitation services which is also a mitigating factor in public health care defense, as well as radiology accessible to all patients.

The programme endeavours to contribute to improved quality health care through the provision of effective rehabilitative services and the rational use of essential medicines.

The availability of assistive devices, adequately skilled personnel and access to rehabilitation services are essential inputs to the quality of care provided to persons with disabilities. The Eastern Cape province has seen an increase in demand for assistive devices due to high cases of trauma and injury, and the prevalence of chronic diseases such as diabetes. The programme provides/issues assistive devices, to people who have been clinically assessed by qualified rehabilitation professionals, orthotic and prosthetic and orthopaedic and ear, nose, throat (ENT) specialists in the hospitals. Physiotherapy, occupational therapy, speech therapy, audiology services and orthotic and prosthetic services are provided to eligible clients by the multi-disciplinary team of registered professionals at various levels of care.

The provision of comprehensive care for children with Cerebral Palsy (CP) remains a priority intervention of the department as part of the medico-legal mitigation strategy. The programme continues to build capacity at various institutions to provide care and treatment to children with Cerebral Palsy. The province is currently providing services to about 2 812 children with CP at 43 health facilities. The department of health continues to establish partnership with various organisation to expand services to children with CP. Over the medium term, the programme will invest resources to ensure that appropriate equipment, skilled staff and suitable infrastructure are available for the management of Cerebral Palsy. A multi-disciplinary team of clinicians and rehabilitation professionals will be available at selected facilities to provide a higher level of care to patients.

The program continues to build leadership to improve accountability and quality of service through the inclusion and appointment of Deputy Directors: Therapeutic and Medical Support services and Assistantant Directors (ADs) as case managers in the current year Annual Recruitment Plan (ARP).

Laboratory services and blood products are amongst the major cost drivers in the department. The programme will work with clinicians, and the blood and laboratory service providers (National Health Laboratory Services (NHLS) and South African National Blood Services (SANBS) to introduce efficiencies which include the improved implementation of the electronic gate keeping (e-Gatekeeping) system, enforcement of the essential laboratory list, and establishment of the Blood and Laboratory Users committees at all regional and tertiary hospitals. With the frequent power outages around the province, the programme will work with SANBS to secure the blood products storage and protect them from the

impact of the power outages. Wastage of blood supply and laboratory services will be reduced significantly through interventions which include capacity building of clinicians and other measures which will be developed by each institutional clinical governance forum. Inventory management of laboratory commodities will also be prioritized as the wastage and misuse of laboratory commodities has been identified as an area of financial inefficiency.

The uninterrupted availability and rational use of medicines remains a key input of the programme towards achieving quality health care targets in programmes 2, 4 and 5. The achievement of health outcomes rests on the department's ability to efficiently procure, warehouse, distribute and dispense quality assured medicines for the management of common health conditions. The current fiscal space forces the department to consider various efficiency measures in the procurement and supply chain management of essential medicines to the clinics and hospitals around the province. The programme will work to realign the medicines procurement and ensure there is value for money and compliance with public procurement regulations in the medicines procurement and distribution. Stock management at health facilities, especially in clinics will be strengthened.

Availability of skilled pharmacy personnel remains an important input in our efforts to achieve the goal of uninterrupted availability of essential medicines. Human resources such as the community service pharmacists placed at district hospitals and increased number of pharmacist assistants for clinics are the main personnel related interventions over the medium term. The programme will work with programme 6 to develop the skills of all pharmacy personnel in stock management and promoting rational use of medicines.

The rollout of RxSolution application for inventory management will be fast tracked at hospitals, linking it to the broadband rollout of the province. The stock visibility system (SVS) will be used to track stock levels at clinics and make decision on resupply and redistribution. Staffing at the depots will also be improved with focus on lower level cadres in the category of warehouse assistants and pharmacist assistants. The availability of the appropriate number of personnel at the depot is important to ensure that orders are processed and released to facilities to prevent stock outs.

7.2 PROGRAMME RESOURCE CONSIDERATION

Table 47: Summary of payments and estimates by sub-programme: Programme 7: Health Care Support Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
1. Orthotic & Prosthetic Services	92 668	50 920	53 386	101 934	143 334	68 100	68 872	62 206	65 501	1.1
2. Medicine Trading Account	59 719	62 066	61 667	73 237	56 566	63 733	74 915	78 236	81 529	17.5
3. Medico-Legal Compensatory Services	-	-	-	-	-	-	105 000	107 978	103 757	
Total payments and estimates	152 387	112 986	115 053	175 171	199 900	131 833	248 787	248 420	250 787	88.7

Table 48: Summary of payment and estimates by economic classification: Programme 7: Health Care Support Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
Current payments	151 460	110 469	109 355	169 473	182 898	115 487	224 938	228 075	230 427	94.8
Compensation of employees	64 908	69 782	70 240	71 669	95 338	71 444	79 845	83 374	85 758	11.8
Goods and services	86 552	40 687	39 115	97 804	88 580	44 043	145 093	144 701	144 838	229.4
Interest and rental on land	-	-	-	-	-	-	-	-	-	
Transfers and subsidies to:	76	39	31	250	1 121	465	-	-	-	(100.0)
Provinces and municipalities	-	-	-	-	-	-	-	-	-	
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	
Higher education institutions	-	-	-	-	-	-	-	-	-	
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	
Non-profit institutions	-	-	-	-	-	-	-	-	-	
Households	76	39	31	250	1 121	465	-	-	-	(100.0)
Payments for capital assets	851	2 478	5 667	5 448	15 881	15 881	23 849	20 345	20 360	50.2
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	
Machinery and equipment	851	2 478	5 667	5 448	15 881	15 881	23 849	20 345	20 360	50.2
Heritage Assets	-	-	-	-	-	-	-	-	-	
Specialised military assets	-	-	-	-	-	-	-	-	-	
Biological assets	-	-	-	-	-	-	-	-	-	
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	
Software and other intangible assets	-	-	-	-	-	-	-	-	-	
Payments for financial assets	-	-	-	-	-	-	-	-	-	
Total economic classification	152 387	112 986	115 053	175 171	199 900	131 833	248 787	248 420	250 787	88.7

Tables 47 and 48 above show a summary of payments and estimates for Health Care Support Services per sub-programme and economic classification. The programme's total expenditure decreased from R152.387 million in 2020/21 to a revised estimate of R131.833 million in 2023/24. In 2024/25, the budget increased by 88.7 per cent from R131.833 million to R248.787 million when compared to the 2023/24 revised estimate due to additional funding for wage agreement and funds reprioritised from other programmes to fund the new sub-programme "medico legal compensatory services".

Compensation of employees shows a growth of 11.8 per cent from R71.444 million to R79.845 million when compared to the 2023/24 revised estimate due to additional funding for wage agreement.

Goods and services show a growth 229.4 per cent from R44 million to R145.093 million when compared to the 2023/4 revised estimate due to funds reprioritised from other programmes to fund the new sub-programme "medico legal compensatory services".

Transfers and subsidies show a negative growth of 100 per cent from R465 thousand to R0 when compared to the 2023/24 revised estimate due to no provision made on leave gratuities.

Payments for capital assets show a positive growth of 50.2 per cent from R15.881 million to R23.849 million when compared to the 2023/24 revised estimate due reprioritisation for procurement of medical equipment.

7.3 Key Risks

The table below outlines the key risks.

Table 49: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved.	- Interrupted inventory supply and availability (medicine and medical supplies) - Inadequate Inventory Management. - Inadequate number of wheelchairs issued.	- Implement capacity building and staff development. - Recruitment of pharmaceutical posts at depots and institutions. - Roll out Remote Demander Module for electronic medicines and consumables ordering. - Continual Medicine Supply Chain training. - Monitor Contract Management of Medicine suppliers. - Establish a provincial contract for certain essential medicines and supplies that are not on national contract. - Expansion of Direct Delivery to hospitals. - Continue employment of pharmacy assistants. - Continue roll out of RXSolution to all hospitals and support full functionality. - Enforcement of policies and SOPs. - Implementation of the meeting resolutions. - Strengthen the quality of reports. - Ensure adequate procurement of wheel chairs as per APP.

PROGRAMME 8

HEALTH FACILITIES MANAGEMENT (HFM)



Province of the
EASTERN CAPE
HEALTH

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 Programme Purpose

To improve access to health care services through provision of new health facilities, upgrading and revitalisation, as well as maintenance of existing facilities, including the provision of appropriate health care equipment.

The programme comprises of four (4) directorates to ensure that it delivers to its mandate effectively and efficiently. These directorates are:

- Infrastructure Planning
- Infrastructure Programme Delivery
- Health Technology
- Engineering & Technical Support Services

The programme has 5 sub-programmes, which it supports namely:

- Community Health Facilities
- Emergency Medical Services
- District Hospital Services
- Provincial Hospital services
- Other facilities

Table 50: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Facilities Management (HFM)

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Planning and provision of Health facilities	6.6.1 Number of planned health facility projects with initiation reports	New Indicator	New Indicator	111	7	45	13	18	9	5	45	50
	Health care facilities maintained	6.6.2 Number of health care facilities with active scheduled maintenance contracts concluded	New Indicator	New Indicator	92	0	15	4	4	4	3	20	25
	Health facilities with major refurbishment or rebuild	6.6.7 Percentage of health facilities with completed capital infrastructure project	New Indicator	New Indicator	75%	50%	100%	38%	48%	76%	100%	100%	100%
		Numerator				6	21	8	10	16	21	22	25
		Denominator				12	21	21	21	21	21	22	25

Explanation of planned performance over the medium-term period

Health Facilities Management (Programme 8) has the responsibility of improving access to health care services through the provision of new health care facilities, upgrading and revitalisation and maintenance of existing facilities. In the Programme's effort to deliver on these expectations, the programme has planned to initiate 50 projects over the MTEF and 45 projects in 2024/25 will be initiated across the province. Amongst the planned projects, there is construction of a new clinic in Mpozolo, repairs, renovations, and refurbishments of but not limited to Thanga clinic, Taylor Bequest hospital in Matatiele and Madzikane ka Zulu in Mt Frere.

In pursuit of ensuring that health facilities are in a habitable state, a total of **20** capital infrastructure projects are planned to be completed in 2024/25 financial year. The planned capital infrastructure projects include completion of SS Gida hospital - renovations & refurbishments in Amathole, Maclear hospital repairs and renovations, Taylor Bequest hospital: new 30 bed isolation facility and Steynsburg hospital: completion contract refurbishment and maintenance in Joe Gqabi. In addition, a project on security upgrades is planned to be completed in 2024/25 in Nelson Mandela Bay, Sarah Baartman, Joe Gqabi and Buffalo City Metro, furthermore there are Alternative Building Technology (ABT) projects that have been planned to be completed in the OR Tambo district.

In ensuring that the facilities are functioning optimally in providing – improved health care services, the programme implements scheduled/preventative maintenance programmes for short-term and medium-term scheduled servicing. The objective of such programmes will also be to prevent unnecessary breakdowns and asset failures, as well as to prevent high maintenance costs related to deferred maintenance. Records of maintenance schedules must be kept, indicating the scope, scheduling, and actual execution of all preventative maintenance programmes. Scheduled/preventative maintenance is normally carried out by dedicated maintenance teams. Dedicated maintenance teams will consist of trained or specialized labour e.g. artisans. In 2024/25, the programme has planned to conclude 30 maintenance contracts which will be implemented to maintain major equipment that is utilised for optimal functioning of health facilities in the province.

8.2 PROGRAMME RESOURCE CONSIDERATION

Table 51: Summary of payments and estimates by sub-programme: Programme 8: Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
1. Community Health Facilities	158 188	186 906	215 004	399 368	212 191	221 003	375 013	411 411	497 768	69.7
2. Emergency Medical Rescue Service	–	–	–	16 000	3 000	3 000	4 000	14 000	–	33.3
3. District Hospital Services	707 280	595 470	567 534	660 149	789 122	718 846	586 763	610 660	544 281	(18.4)
4. Provincial Hospital Services	459 877	275 833	287 279	292 194	171 874	201 253	298 429	288 744	333 326	48.3
5. Other Facilities	32 565	29 704	1 758	26 130	27 152	20 979	42 323	58 431	55 520	101.7
Total payments and estimates	1 357 890	1 087 913	1 071 575	1 393 841	1 203 339	1 165 081	1 306 528	1 383 247	1 430 895	12.1

Table 52: Summary of payments and estimates by economic classification: P8 – Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates			% change from 2023/24
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27	
Current payments	299 494	374 636	371 209	606 352	407 887	369 627	426 372	541 249	568 460	15.4
Compensation of employees	16 401	22 754	24 157	56 360	58 150	32 510	47 237	56 771	60 458	45.3
Goods and services	261 063	351 761	347 052	546 992	351 737	337 117	379 135	484 477	526 002	12.5
Interest and rent on land	–	–	–	–	–	–	–	–	–	–
Transfers and subsidies to:	6	5	53	–	–	2	–	–	–	(100.0)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–	–
Households	6	5	53	–	–	2	–	–	–	(100.0)
Payments for capital assets	1 056 390	713 373	700 313	788 489	795 452	795 452	880 156	841 998	842 435	10.6
Buildings and other fixed structures	928 914	575 252	443 605	517 676	363 278	363 278	553 686	523 398	594 802	52.5
Machinery and equipment	128 476	138 121	256 708	270 813	432 174	432 174	326 270	318 600	247 633	(24.5)
Heritage Assets	–	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–	–
Total economic classification	1 357 890	1 087 913	1 071 575	1 393 841	1 203 339	1 165 081	1 306 528	1 383 247	1 430 895	12.1

Tables 51 and 52 above show the summary of payments and estimates for Health Facilities Management per sub-programme and economic classification. The programme's total expenditure decreased from R1.357 billion in 2020/21 to a revised estimate of R1.165 billion in 2023/24. In 2024/25, the budget increases by 12.1 per cent from R1.165 billion to R1.306 billion when compared to the 2023/24 revised estimate due to additional funding for the Health Facility Revitalisation Grant.

Compensation of employees shows a positive growth of 45.3 per cent from R32.510 million to R47.237 million when compared to the 2023/24 revised estimate resulting from delays in filing of posts and wage agreement addition.

Goods and services show a positive growth of 12.5 per cent from R337.117 million to R379.135 million when compared to the 2023/24 revised, attributable estimate, attributable to delays in payment of contractors within delayed projects as well as additional funding allocated in the Health Facility Revitalisation Grant.

Payments for capital assets show a positive growth of 10.6 per cent from R795.452 million to R880.156 billion when compared to the 2023/24 revised estimate due to the additional funding on Health Revitalisation Facilities Grant.

8.3 Key Risks

The table below outlines the key risks.

Table 53: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved.	Unsuitable infrastructure.	- Improve human resource capacitation within the unit in the build environment profession. - Strengthen and monitor compliance to the terms of the SLA. - Enforce compliance with the policies and SOPs. - Implementation of the resolutions of the meetings. - Strengthen the quality of reports.
	Inadequate Management of Infrastructure Projects and Maintenance	- Continuously follow-up with Public Works on their state of readiness to implement the maintenance program. - Gradually handover some of the maintenance functions to DPW. - Implementation of meetings action list

9. PUBLIC ENTITIES

Not applicable

10. INFRASTRUCTURE PROJECTS

Table 54: B5 Infrastructure projects

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
1	Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the hospitals in Amathole	Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in Amathole Bedford Hospital Adelaide Hospital	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	500 000	6 152 725	6 521 889
2	Elliot Hospital Infrastructure Improvements (Phase 1)	General repairs and maintenance to the building including roof repairs & health professional accommodation.	District Hospital Services	Programme 8 : Health Facilities Management	01/05/2018	31/05/2025	1 500 000	3 000 000	10 000 000
3	Construction of a New CHC in Unit P Mdantsane	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	10/12/2026	500 000	10 000 000	16 000 000
4	Frontier Hospital - OPD Casualty Project - Commissioning and Recommissioning	Frontier Hospital - OPD Casualty Project - Commissioning and Recommissioning	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2019	30/11/2027	500 000	-	-
5	Frontier Hospital - Health Professionals Accommodation	Health Professional Accommodation Repairs, renovations & reconfiguration of existing Health Professional Accommodation	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2019	30/11/2027	19 000 000	13 000 000	-
6	PVC Water tanks Chris Hani/ Joe Gqabi	Supply and install water tanks in Chris Hani and Joe Gqabi	Community Health Facilities	Programme 8 : Health Facilities Management	01/05/2018	30/10/2025	2 000 000	4 000 000	20 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
7	PVC Water tanks Buffalo City Metro/Amathole	Supply and install water tanks in Buffalo City and Amathole	Community Health Facilities	Programme 8 : Health Facilities Management	01/05/2018	30/10/2025	2 000 000	3 500 000	20 000 000
8	Newlands Clinic- Construction of a New Clinic in Newlands	Replacement of a Mud Structure	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	01/03/2024	700 000	10 000 000	17 500 000
9	Upgrading of Forensic Mortuaries	Upgrading of Security systems at Forensic Motuaries	Other Facilities	Programme 8 : Health Facilities Management			250 000	-	-
10	Completion of Nokhatsile Clinic	Completion of municipality donated clinic, new staff accommodation, water reticulation and provision of electrical supply.	Community Health Facilities	Programme 8 : Health Facilities Management	01/06/2018	28/02/2023	3 000 000	5 000 000	15 000 000
11	Cofimvaba Hospital Infrastructure Improvements - Phase I	Cofimvaba Hospital Infrastructure Improvements - Phase I	District Hospital Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	1 000 000	3 000 000	-
12	Repairs and Renovations to Forensic Pathology Facilities, Lilitha Colleges in Joe Gqabi and Chris Hani and Alfred Nzo District	Repairs and Renovations to Forensic Pathology Facilities, Lilitha Colleges in Joe Gqabi District	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	250 000	-	-
13	Repairs and Renovations to Forensic Pathology Facilities, Lilitha Colleges in Buffalo City Metro and Amathole OR Tambo	Repairs and Renovations to Forensic Pathology Facilities in Buffalo City Metro.	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	500 000	-	-
14	Construction of a New Clinic at Xhora Mouth	Construction of a New Clinic at Xhora Mouth	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	500 000	5 000 000	16 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
15	Construction of a New Clinic in Mpozolo	Construction of a New Clinic in Mpozolo	Community Health Facilities	Programme 8 : Health Facilities Management			500 000	8 000 000	-
16	Construction of Balfour Clinic	Construction of a replacment Clinic at Balfour Clinic	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	14 200 000	10 000 000	-
17	Nelson Mandela Academic Hospital Oncology	Provision of Radiation Oncology (To be Implmented through NTSG Grant- HFM to provide budget for the bunker)	Provincial Hospital Services	Programme 8 : Health Facilities Management	22/10/2018	31/11/2023	200 000	3 000 000	-
18	72 hour Psychiatric observation unit Joe Gqabi	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2023/10/01	2025/03/30	1 000 000	3 000 000	-
19	Ndofela Clinic Phase 2 - Upgrade and Additions to the Clinic	General maintenance and repair work and additional space requirements for ideal clinic	Community Health Facilities	Programme 8 : Health Facilities Management	01/07/2017	2022/06/06	2 000 000	6 152 725	-
20	Bedford Hospital - minor renovations, renovations of Doctors house, construction of fencing	Renovations of Doctors house, construction of fencing perimeter fecning at the hospital and Renovations to the Facility	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	10 000 000	500 000	10 000 000
21	Grey Hospital- Repairs and renovations to staff accomodation	Grey Hospital Renovations & Refurbishments	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/05/2022	1 000 000	-	-
22	Molteno Hospital X-ray room improvements	Renovations to existing rooms in accordance with the design guidelines suitable for the installation of the new X-Ray machines.	District Hospital Services	Programme 8 : Health Facilities Management	2021/10/01	2022/07/30	-	6 152 725	10 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
23	Stutterheim Hospital - Upgrading of Hospital	Construction of new fencing and guardhouse , Paeditirc Ward, Staff Accommodation, Maternity and upgrading of Motuary Services	District Hospital Services	Programme 8 : Health Facilities Management	TBC	TBC	1 000 000	6 000 000	-
24	72 hour Psychiatric observation unit Amathole	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	TBC	2025/03/30	1 000 000	4 590 000	-
25	All Saints Hospital Kitchen and Laundry Refurbishments	Construction of Kitchen and Laundry servcies at All Saints including replcement of machinery and equipment	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/15	2023/10/15	2 000 000	-	-
26	Conditional Assesments to all Health Facilities - Alfred Nzo	Conditional Assesments to all Health Facilities	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	2 500 000	3 300 000	3 618 000
27	Conditional Assesments to all Ideal Clinics - Alfred Nzo	Conditional Assesments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	3 000 000	2 300 000	5 618 000
28	Conditional Assesments to all Ideal Clinics - OR Tambo	Conditional Assesments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	3 000 000	2 300 000	5 618 000
29	Conditional Assesments to all Health Facilities - OR Tambo	Conditional Assesments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	3 000 000	2 300 000	5 618 000
30	Conditional Assesments to all ideal Clinics - Amathole	Conditional Assesments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	3 000 000	2 300 000	5 618 000
31	Conditional Assesments to all Health Facilities - Amathole	Conditional Assesments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	3 000 000	2 300 000	5 618 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
32	Conditional Assesments to all Health Facilities - Joe Ggabi	Conditional Assesments to all Health Facilities	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	1 000 000	3 180 000	3 370 800
33	Conditional Assesments to all ideal Clinics - Joe Ggabi	Conditional Assesments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	3 000 000	2 300 000	5 618 000
34	Conditional Assesments to all Health Facilities - Chris Hani	Conditional Assesments to all Health Facilities	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	1 000 000	3 180 000	3 370 800
35	Conditional Assesments to all ideal Clinics - Chris Hani	Conditional Assesments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	3 000 000	2 300 000	5 618 000
36	Conditional Assesments to all Health Facilities - Sarah Baartman	Conditional Assesments to all Health Facilities	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	1 000 000	3 180 000	3 370 800
37	Conditional Assesments to all ideal Clinics - Sarah Baartman	Conditional Assesments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	2 000 000	1 240 000	4 494 400
38	Flagstaff CHC	Commissioning	Community Health Facilities	Programme 8 : Health Facilities Management	05/05/2017	31/03/2026	500 000	-	-
39	St Elizabeth Hospital : New Core block construction & Refurbshment and renovations to hospital and staff accommodation.	New Core block construction & Reconfiguration and renovation of existing staff houses, and addition of new Health Professionals Accomodation.	District Hospital Services	Programme 8 : Health Facilities Management	05/05/2017	31/03/2026	15 000 000	15 000 000	30 000 000
40	Construction of New Rabule Clinic	Construction of a New Clinic at Rhabule Mouth	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	300 000	7 000 000	24 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
41	Construction of a new Clinic in Cebe Village	Construction of a New Clinic at Cebe.	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2026/03/30	3 000 000	2 300 000	16 000 000
42	Middle Terrace & Virginia Shumane Clinics - Alterations and additions	Clinic renovation to relocate pharmacy. Extension to accommodate additional ablution and waiting area. New Guardhouse. Reconstruction of Retaining Wall at Virginia Shumane	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2026/03/30	-	2 000 000	5 000 000
43	Goodhope Clinic Phase 2	Construction of a new Clinic and Nurses home, including associated works.	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	15/10/2025	4 000 000	2 000 000	-
44	Molteno Town Clinic - Maintenance & improvements	Replacement ABT Structure on Molteno Hospital Site	Community Health Facilities	Programme 8 : Health Facilities Management	2021/10/01	2023/03/30	289 000	2 071 000	-
45	Construction of New Lower Didimane Clinic	New Building including accommodation, site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	500 000	-	-
46	Construction of a new CHC in NUI4	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	10/12/2027	500 000	3 156 000	-
47	Construction of Greenfields Clinic in Robby de Lange Village	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	10/12/2026	800 000	5 000 000	8 000 000
48	Upgrading of Kwazakhele CHC	Reconfiguration of the facility to create more space	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	15/06/2026	5 500 000	4 062 000	-
49	Upgrading of Motherwell CHC	Reconfiguration of the facility to create more space	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	15/06/2026	1 500 000	2 500 000	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
50	St Lucy's Hospital Upgrade Phase 2 - Refurbishments and Costruction on New Hospital Buildings	Refurbishment, Renovation and Upgrade of Hospital Buildings	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/15	15/10/2026	6 200 000	-	-
51	Sir Henry Elliot Hospital - Renovations, Refurbishments and alterations.	Sir Henry Elliot Hospital - Renovations, Refurbishments and alterations of existing wards for NMAH	Provincial Hospital Services	Programme 8 : Health Facilities Management	Sir Henry Elliot Hospital - Renovations, Refurbishments and alterations of existing wards for NMAH	DPW&I	3 000 000	-	-
52	Frere Hospital Extension of the Orthopaedic theatre, construction of the Orthopaedic wards and the completion of maternity wards	extension of the Orthopaedic Theatre, construction of the orthopaedic wards and the compeletion of the maternity wards	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/06/2017	31/08/2026	7 000 000	12 000 000	13 000 000
53	Cerebral Palsy Centres Commissioning(CMH, SHE, DNH, FRONTIER, BUTTERWORTH, SEH, AN, NMAH,UPH, Madzikane Kazulu	Procurement of Medical Equipment for Cerebral Palsy Centres (CMH, SHE, DNH, FRONTIER, BUTTERWORTH, SEH, AN, NMAH,UPH, Madzikane Kazulu	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/06/2017	31/08/2026	500 000	3 000 000	3 000 000
54	CMH Level I Psychiatric Unit- Alterations and additions, including Cerebral Palsy Centre for excellence	CMH Level I- Upgrading of Cecilia Makiwane Hospital-Infrastructure Improvements,alterations and additions to accommodate the Cerebral Palsy, Family medicine,	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/06/2017	31/08/2026	7 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
		Mental Health and Nurse training Units							
55	All Saints Hospital Water & Sanitation	Sewage Inlet works, Maturartion Ponds refurbishment, pipe reticulation and Raw water pump station supply lines and security structuring	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	30/11/2019	15 000 000	9 000 000	2 000 000
56	Bhisho Hospital Water & Sanitation	Supply and install the biological contactor and electrical machines. Connection of piping system to the ponds.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2024	5 000 000	10 600 000	-
57	Taylor Bequest Mt Fletcher Hospital Water & Sanitation	Water Supply and providing continuous pressure requirements	District Hospital Services	Programme 8 : Health Facilities Management	01/06/2018	28/02/2024	15 000 000	-	-
58	St Barnabas Hospital Water & Sanitation	Refurbishment water and wastewater treatment plant	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	30/03/2019	2 500 000	5 000 000	-
59	Tafalofefe Hospital Accommodation - Commisisoning	Comissionng of Accommodation Project	District Hospital Services	Programme 8 : Health Facilities Management	04/02/2016	31/03/2026	1 000	-	-
60	Tafalofefe Hospital Water & Sanitation	Refurbishment water and wastewater treatment plant	District Hospital Services	Programme 8 : Health Facilities Management	04/02/2016	31/03/2026	9 000 000	13 780 000	-
61	NG Dlukulu Clinic Renovations and Extentions to Consulting Rooms, Pharmacy,	Renovations and Extentions to Consulting Rooms, Pharmacy, waiting areas and ablutions	Community Health Facilities	Programme 8 : Health Facilities Management	01/06/2018	2022/06/26	-	500 000	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
	waiting areas and ablutions								
62	Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	Other Facilities	Programme 8 : Health Facilities Management	01/07/2018	30/05/2024	500 000	4 770 000	-
63	Holy Cross Water and Wastewater	Holy Cross & Greenville Water & Waste Water Treatment Works	Other Facilities	Programme 8 : Health Facilities Management	01/05/2018	30/11/2024	8 000 000	8 480 000	-
64	PVC Water tanks Alfred Nzo/ OR Tambo	Supply and install water tanks in Alfred Nzo and OR Tambo	Community Health Facilities	Programme 8 : Health Facilities Management	01/05/2018	30/10/2025	6 500 000	6 890 000	-
65	PVC Water tanks NMB/Sarah Baartman	Supply and install water tanks in the Nelson Mandela Metro and Sara Baartman	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	30/10/2025	3 700 000	3 922 000	-
66	Major refurbishment at Illinge Clinic in Chris Hani	Repairs to Internal & External walls, floors, roof & ceiling repairs & plumbing repairs	Community Health Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	100 000	-	-
67	Provincial and Tertiary Hospital Facilities- Buildings Maintenance under Delivery Directorate in Head Office	Provincial and Tertiary Hospital Facilities- Buildings Maintenance	Provincial Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	45 861 409	14 278 847	14 278 847
68	Community Health Facilities- Building Maintenance-Buildings Maintenance Under	Community Health Facilities- Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	64 833 050	25 100 000	25 100 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
	Delivery Directorate in Head Office								
69	District Health Facilities- Buildings Maintenance under Delivery Directorate in Head Office	District Health Facilities- Buildings Maintenance	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	10 000	30 100 000	30 100 000
70	Operations and Management of Wet Services at Health Facilities	Management of Water and Sanitation Plants across the province	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/15	2025/03/30	3 051 250	6 711 875	-
71	Butterworth Hospital - Repairs and Renovations	Fencing of the new Site, Construction of additional accommodation units, vertical circulation improvement, paediatric upgrade, new emergency & pharmacy, new stores & parking (phase 1 + Maternity Phase 2, repairing of the steel bridge linking	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	31/10/2026	1 000 000	-	-
72	Fort Beaufort Hospital- Upgrading of the Hospital	Planning for the construction of an OPD, Casualty and general maintenance of buildings at Fort Beaufort Hospital. Upgrading of water reticulation system and plumbing works and repairs and renovations to Staff Accommodation.	District Hospital Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	100 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
73	Nessie Knight Hospital Phase 7 - Refurbishment of Existing Wards, Support buildings and Lilitha College, including external works	Refurbishment of Existing Wards, Support buildings and Lilitha College, including external works	District Hospital Services	Programme 8 : Health Facilities Management	01/06/2025	30/03/2028	30 000 000	14 720 000	13 483 200
74	Greenville Hospital (Staff accommodation -Minor repairs to building items, internal & external painting	Minor repairs to building items, internal & external painting	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	-	100 000	-
75	Repairs and Renovations to EMS Bases in Alfred Nzo District	Repairs and Renovations to EMS Bases in OR Tambo District	Emergency Medical Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	4 000 000	14 000 000	-
76	Repairs and Renovations to Forensic Pathology Facilities, Lilitha Colleges in NMB and SB District	Repairs and Renovations to Forensic Pathology Facilities, Lilitha Colleges in Sarah Baartman District	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	7 000 000	25 652 725	27 000 000
77	Nelson Mandela Academic Hospital - Repairs & Renovations	Nelson Mandela Academic Hospital - Repairs & Renovations of floors, roofs, bumper rails, windows etc.	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/06/2018	31/07/2025	15 000 000	-	-
78	Ugie Clinic - Phase I - Construction of temporary structures	Construction of temporary structures	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2026/03/30	3 500 000	-	-
79	72 hour Psychiatric observation unit Alfred Nzo	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2023/10/01	2025/03/30	1 000 000	1 590 000	-
80	72 hour Psychiatric observation unit Chris Hani	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2023/10/01	2025/03/30	1 000 000	1 590 000	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
81	72 hour Psychiatric observation unit Sarah Baartmann	Reconfiguration to accommodate 72 hour Psychiatric Ward - Andries Vosloo Hospital- 72 Hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2021/10/01	2025/03/30	1 000 000	1 590 000	-
82	72 hour Psychiatric observation unit OR Tambo	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2023/10/01	2025/03/30	1 000 000	1 590 000	-
83	Lady Grey Hospital : Medium term intervention- Reconfiguration and upgrading of the existing hospital	Construction of new entrance, guardhouse, pharmacy, OPD and A&E	District Hospital Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	8 000 000	6 000 000	1 000 000
84	Infrastructure Improvements to Health Care facilities Alfred Nzo District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Alfred Nzo District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	8 000 000	2 000 000	5 300 000
85	Infrastructure Improvements to Health Care facilities Amathole District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Amathole District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	12 000 000	4 000 000	7 420 000
86	Infrastructure Improvements to Health Care facilities Buffalo City District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Buffalo City Metro District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	3 000 000	3 943 000	7 359 580
87	Infrastructure Improvements to Health Care facilities Chris Hani District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Chris Hani District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	9 000 000	2 000 000	6 360 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
88	Infrastructure Improvements to Health Care facilities Joe Gqabi District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Joe Gqabi District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	3 000 000	10 000 000	-
89	Infrastructure Improvements to Health Care facilities Nelson Mandela District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Nelson Mandela District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	10 000 000	2 000 000	6 360 000
90	Infrastructure Improvements to Health Care facilities OR Tambo District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in OR Tambo District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	6 000 000	1 000 000	3 180 000
91	Infrastructure Improvements to Health Care facilities Sarah Baartman District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Sarah Baartman District	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	10/12/2025	3 000 000	10 000 000	-
92	72 hour Psychiatric observation unit Buffalo City Metro	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	1 000 000	6 000 000	6 360 000
93	72 hour Psychiatric observation unit Nelson Mandela Metro including Uitenhage Prov Hospital	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	8 000 000	6 000 000	6 360 000
94	Tower Hospital: Upgrading and Renovations Phase I	Upgrading and Renovations Phase I	Provincial Hospital Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	1 000 000	11 000 000	11 660 000
95	Cwele Clinic - New Building including site works and bulk services	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	01/07/2012	31/03/2026	500 000	7 000 000	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
96	SS Gida Hospital - Commissioning of Renovations & refurbishments	Commissioning of Renovations & refurbishments	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/06/06	4 000 000	-	-
97	SS Gida Hospital - Renovations & refurbishments	Renovations & refurbishments	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/06/06	8 000 000	-	-
98	Upgrading of Security in Amathole Project 1	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	1 000 000	-	-
99	Upgrading of Security in Amathole Project 2	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	1 000 000	-	-
100	Upgrading of Security in Alfred Nzo Project 1	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	1 000 000	-	-
101	Upgrading of Security in NMB/Sarah Baartman Project 1	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	1 000 000	-	-
102	Upgrading of Security in Alfred Nzo(No.1)	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	1 000 000	-	-
103	Upgrading of Security in BCM (No.1)	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	1 000 000	-	-
104	Upgrading of Security in BCM (No.2)	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	1 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
105	Upgrading of Security in ADM and BCM(No.2)	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	1 000 000	-	-
106	Upgrading of Security in NMB/Sarah Baartman Project 2	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	5 000 000	10 000 000	6 000 000
107	Upgrading of Security in Joe Gqabi District	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management			1 000 000	-	-
108	Upgrading of Security in Chris hani District	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management			1 000 000	-	-
109	Upgrading of Security in Livingstone Hospital	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	6 000 000	10 000 000	6 000 000
110	Nontyatyambo CHC - Repairs & Renovations	Health Facilities Renovations & refurbishments	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	30/03/2023	1 500 000	-	-
111	Meje CHC - Commissioning	Meje CHC- Commissioning of the CHC	Community Health Facilities	Programme 8 : Health Facilities Management	01/08/2013	2023/06/06	500 000	-	-
112	Greenville Hospital- Construction of a New 100 District Bed Hospital	Construction of a New 100 bedded facility, bulk earthworks, electrical works, civil works, staff accommodation and completion of the Gateway Clinic and Guardhouse in Winnie Mandela Municipality.	District Hospital Services	Programme 8 : Health Facilities Management	01/12/2021	31/05/2026	25 000 000	15 000 000	10 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
113	Madwaleni Hospital - Upgrading of OPD, MOU	Upgrades and additions to theatres, maternity, pharmacy and accommodation.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2027	40 000 000	29 000 000	64 015 330
114	Mthatha General Hospital - Accommodation Project: Rehabilitation of Mthatha Nursing Accomodation & Depot	Renovations, reconfiguraton & refurbishment of exisging Nursing Accomodation multi-storey building and Medical Depot	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/08/2017	30/03/2024	8 000 000	-	-
115	All Saints Hospital Phase I & 2- Health Professional & student accomodation upgrade, improvements to existing buildings for use a Gateway Clinic,	Health Professional & student accomodation upgrade, improvements to existing buildings for use a Gateway Clinic	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	2025/06/06	1 000 000	-	-
116	Isilimela Hospital: Repairs and Renovatipns	Isilimela Hospital: Repairs and Renovatipns	District Hospital Services	Programme 8 : Health Facilities Management	01/08/2018	02/02/2020	1 285 080	-	-
117	Empilisweni Hospital - Phase I (Emergency Accommodation)	Park homes for Emergency Accommodation for Staff and Students, associated bulk services (electrical and civils),Demolish Condemned Buildings	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2019	2024/06/06	3 000 000	-	-
118	Maclear Hospital Hospital Repairs and Renovations	Health Facilities Renovations & refurbishments	District Hospital Services	Programme 8 : Health Facilities Management	02/02/2015	2022/06/06	1 000 000	-	-
119	Cradock Hospital - Infrastructure Improvements including roof replacement	Maintenance work to existing facility - Infrastructure Improvements including roof replacement	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	2023/06/06	1 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
120	Bhongweni Clinic Renovations and Extensions to Pharmacy, waiting areas and ablutions	Health Facilities Renovations & refurbishments (6%	Community Health Facilities	Programme 8 : Health Facilities Management	01/06/2019	31/03/2024	3 500 000	2 796 739	-
121	Replacement of electrical equipment, including transformers, MV switchgear and standby generators	Replacement of electrical equipment, including transformers, MV switchgear and standby generators	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	31 624 390	7 000 000	-
122	Replacement of HVAC, including Orthopedic Theatre A/C Plant, Casualty and X-Ray Basement, Urology, C Block and D Block	Replacement of HVAC, including Orthopedic Theatre A/C Plant, Casualty and X-Ray Basement, Urology, C Block and D Block	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	5 000 000	-	-
123	Replacement of Laundry, cold room and mortuary Equipment	Replacement of Laundry, cold room and mortuary Equipment	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	14 750 000	-	-
124	Upgrading of Security in OR Tambo Phase 2	Construction of new fencing & guard houses at various facilities	District Hospital Services	Programme 8 : Health Facilities Management	2024/10/01	2026/03/30	1 500 000	7 000 000	-
125	Livingstone Hospital - NMB District - Upgrade of the Cath Lab and CSSD areas I PE Provincial Hospital	NMB District - Upgrade of the Cath Lab and CSSD areas	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	30/06/2026	13 000 000	-	-
126	Bhisho Hospital Repairs and Renovations	Painting, fix leaking roofs, glazing etc)	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/05/2022	600 000	3 500 000	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
127	Taylor Bequest Hospital Mt Fletcher - Commissioning of staff accommodation	Commissioning of Staff Accommodation and Isolation Ward	Community Health Facilities	Programme 8 : Health Facilities Management	2022/04/01	2026/01/31	2 000 000	-	-
128	Taylor Bequest Hospital Mt Fletcher - Provision of staff accommodation	Construction of Health Professionals Accommodation- 23 New X 2 Bedrooms Units, 50 New X 1 Bedroom room units	Community Health Facilities	Programme 8 : Health Facilities Management	2022/04/01	2026/01/31	8 000 000	-	-
129	Compensation of Employees	Compensation of employees	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	42 237 106	44 771 332	47 457 612
130	Existing Hospitals Commissioning and Recommissioning - Alfred Nzo	Procurement of new medical equipment and furniture for Alfred Nzo hospitals	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	21 375 153	31 094 072	32 016 800
131	District Hospitals Medical Equipment Maintenance - Alfred Nzo	Medical Equipment repairs and maintenance - Alfred Nzo District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	2 042 250	2 217 203	-
132	Lift Replacement - Nelson Mandela Bay	Refurbishment, modifications and replacement of the Lifts	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	4 316 500	2 500 000	10 000 000
133	Lift Replacement - Buffalo City Metro	Refurbishment, modifications and replacement of the Lifts	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	4 066 500	2 000 000	-
134	Lift Replacement - Chris Hani	Refurbishment, modifications and replacement of the Lifts	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	3 239 900	1 500 000	-
135	Existing Clinics Commissioning and Recommissioning - Alfred Nzo	HT Commissioning for Alfred Nzo Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	2 000 000	8 947 500	5 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
136	Clinics Medical Equipment Maintenance - Alfred Nzo	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	1 500 000	-	-
137	Medical Gas Systems - Alfred Nzo	Intallations of new medical compressed air, oxygen, vacuum and vacuum systems	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	-	5 000 000	6 500 000
138	Electricification and water connections - Alfred Nzo	Refurbishment of Solar Installations,New Grid Connections/Conversions,Water Storage,Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	1 750 000	625 000	662 500
139	Maintenance and repairs - District Hospitals Alfred Nzo	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	4 800 000	1 414 775	1 499 662
140	Maintenance and repairs - Regional Hospitals (Frontier Hospital)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	6 400 000	6 383 800	6 766 828
141	Maintenance and repairs - Regional Hospitals Nelson Mandela Metro(DNH)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	-	12 000 000	13 000 000
142	Maintenance and repairs - Regional Hospitals Buffalo City Metro(CMH)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	-	12 000 000	13 000 000
143	Maintenance and repairs - Regional Hospitals OR Tambo- Mthatha Regional Hospital	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	29 651 000	39 204 254	41 556 509

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
144	Maintenance and repairs - Regional Hospitals OR Tambo St Elizabeth)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	-	12 000 000	13 000 000
145	Maintenance and repairs - Regional Hospitals Alfred NZO(ORATH)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	-	13 465 997	12 014 888
146	Maintenance and repairs - Central Hospitals (NMAH)	Maintenance and repairs of Central Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	6 625 000	25 000 000	26 500 000
147	Maintenance and repairs - Provincial /Tertiary Hospitals (Ngqubela TB Hospital)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	2 500 000	3 500 000	3 710 000
148	Maintenance and repairs - Provincial /Tertiary Hospitals (LIVINGSTONE/PE PROVINCIAL)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	6 624 000	22 000 000	23 320 000
149	Maintenance and repairs - Provincial /Tertiary Hospitals (KOMANI HOSPITAL)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	2 500 000	3 500 000	3 710 000
150	Maintenance and repairs - Provincial /Tertiary Hospitals (ELIZABETH DONKIN HOSPITAL)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	2 500 000	3 500 000	3 710 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
151	Maintenance and repairs - Provincial /Tertiary Hospitals (FORT ENGLAND HOSPITAL)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	2 500 000	3 500 000	3 710 000
152	Maintenance and repairs - Provincial Tertiary Hospitals(FRERE)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	30 500 000	30 500 000	32 330 000
153	Maintenance and repairs - District Hospitals Amathole	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	5 000 000	2 061 588	2 185 283
154	Maintenance and repairs - District Hospitals Joe Gqabi	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	5 000 000	2 061 588	2 185 283
155	Maintenance and repairs - District Hospitals Buffalo City Metro	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	5 000 000	2 061 588	2 185 283
156	Maintenance and repairs - District Hospitals Chris Hani	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	5 000 000	2 061 588	2 185 283
157	Maintenance and repairs - District Hospitals Sarah Baartmann	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	5 000 000	2 061 588	2 185 283
158	Maintenance and repairs - District Hospitals OR Tambo	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	5 000 000	2 061 588	2 185 283
159	Scheduled Maintenance to Boilers in Alfred Nzo and OR Tambo	Scheduled Maintenance to Boilers in Alfred Nzo and OR Tambo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 500 000	6 050 000	7 018 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
160	Scheduled Maintenance to Boilers in Chris Hani and Joe Gqabi	Scheduled Maintenance to Boilers in Chris Hani and Joe Gqabi	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	4 180 000	4 598 000	5 333 680
161	Scheduled Maintenance to Boilers in Amathole and BCM	Scheduled Maintenance to Boilers in Amathole and BCM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 500 000	6 050 000	7 018 000
162	Scheduled Maintenance to Boilers in Sarah Baartman and Nelson Mandela Bay	Scheduled Maintenance to Boilers in Sarah Baartman and Nelson Mandela Bay	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 000 000	4 235 000	4 912 600
163	Scheduled Maintenance to Generators Alfred Nzo	Scheduled Maintenance to Generators Alfred Nzo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 000 000	3 872 000	4 491 520
164	Scheduled Maintenance to Generators Amathole	Scheduled Maintenance to Generators Amathole	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 000 000	4 235 000	4 912 600
165	Scheduled Maintenance to Generators Buffalo City	Scheduled Maintenance to Generators Buffalo City	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 000 000	4 356 000	5 052 960
166	Scheduled Maintenance to Generators Chris Hani	Scheduled Maintenance to Generators Chris Hani	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 000 000	4 356 000	5 052 960
167	Scheduled Maintenance to Generators Joe Gqabi	Scheduled Maintenance to Generators Joe Gqabi	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 500 000	3 025 000	3 509 000
168	Scheduled Maintenance to Generators Nelson Mandela Bay	Scheduled Maintenance to Generators Nelson Mandela Bay	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 500 000	3 025 000	3 509 000
169	Scheduled Maintenance to Generators OR Tambo	Scheduled Maintenance to Generators OR Tambo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 000 000	3 630 000	4 210 800

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
170	Scheduled Maintenance to Generators Sarah Baartman	Scheduled Maintenance to Generators Sarah Baartman	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	3 500 000	3 025 000	3 509 000
171	Scheduled Maintenance to Laundry Equipment Alfred Nzo	Scheduled Maintenance to Laundry Equipment Alfred Nzo	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 500 000	2 420 000	2 807 200
172	Scheduled Maintenance to Laundry Equipment Amathole	Scheduled Maintenance to Laundry Equipment Amathole	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 500 000	3 025 000	3 509 000
173	Scheduled Maintenance to Laundry Equipment Buffalo City	Scheduled Maintenance to Laundry Equipment Buffalo City	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 000 000	3 025 000	3 509 000
174	Bhisho Hospital- Conversion of steam systems into electrical systems at Bhisho Hospital	The Conversion of steam systems to electrical systems at Bhisho Hospital	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	-	3 025 000	-
175	Scheduled Maintenance to Laundry Equipment Chris Hani	Scheduled Maintenance to Laundry Equipment Chris Hani	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 000 000	3 630 000	4 210 800
176	Scheduled Maintenance to Laundry Equipment Joe Gqabi	Scheduled Maintenance to Laundry Equipment Joe Gqabi	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 500 000	2 420 000	2 807 200
177	Scheduled Maintenance to Laundry Equipment Nelson Mandela Bay	Scheduled Maintenance to Laundry Equipment Nelson Mandela Bay	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 000 000	3 630 000	4 210 800
178	Scheduled Maintenance to Laundry Equipment OR Tambo	Scheduled Maintenance to Laundry Equipment OR Tambo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 000 000	4 235 000	4 912 600

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
179	Scheduled Maintenance to Laundry Equipment Sarah Baartman	Scheduled Maintenance to Laundry Equipment Sarah Baartman	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 500 000	2 420 000	2 807 200
180	Scheduled Maintenance to Kitchen Equipment Alfred Nzo	Scheduled Maintenance to Kitchen Equipment Alfred Nzo	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 500 000	2 420 000	2 807 200
181	Scheduled Maintenance to Kitchen Equipment Amathole	Scheduled Maintenance to Kitchen Equipment Amathole	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	500 000	2 783 000	3 228 280
182	Scheduled Maintenance to Kitchen Equipment Buffalo City	Scheduled Maintenance to Kitchen Equipment Buffalo City	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 000 000	3 025 000	3 509 000
183	Scheduled Maintenance to Kitchen Equipment Chris Hani	Scheduled Maintenance to Kitchen Equipment Chris Hani	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 200 000	2 420 000	2 807 200
184	Scheduled Maintenance to Kitchen Equipment Joe Gqabi	Scheduled Maintenance to Kitchen Equipment Joe Gqabi	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 500 000	2 420 000	2 807 200
185	Scheduled Maintenance to Kitchen Equipment Nelson Mandela Bay	Scheduled Maintenance to Kitchen Equipment Nelson Mandela Bay	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 000 000	3 025 000	3 509 000
186	Scheduled Maintenance to Kitchen Equipment OR Tambo	Scheduled Maintenance to Kitchen Equipment OR Tambo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 000 000	3 630 000	4 210 800
187	Scheduled Maintenance to Kitchen Equipment Sarah Baartman	Scheduled Maintenance to Kitchen Equipment Sarah Baartman	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	1 650 000	1 815 000	2 105 400
188	Scheduled Maintenance to Medium Voltage Facilities Frere, Bisho, Nelson Mandela	Scheduled Maintenance to Medium Voltage Facilities Frere, Bisho, Nelson Mandela Academic, Mthata	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 000 000	2 606 813	3 023 902

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
	Academic, Mthata General, Cecilia Makiwane and Greenville Hospital	General, Cecilia Makiwane and Greenville Hospital							
189	Scheduled Maintenance to Medium Voltage Facilities Cradock, Frontier, Komani, Burgersdorp, Victoria, Tower and All Saints Hospital	Scheduled Maintenance to Medium Voltage Facilities Cradock, Frontier, Komani, Burgersdorp, Victoria, Tower and All Saints Hospital	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	1 000 000	2 606 813	3 023 903
190	Scheduled Maintenance to Medium Voltage Facilities Dora Nginza, Livingstone, PE Provincial Hospital	Scheduled Maintenance to Medium Voltage Facilities Dora Nginza, Livingstone, PE Provincial Hospital	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	2 000 000	2 606 813	3 023 903
191	Scheduled Maintenance to Medium Voltage Facilities Andries Vosloo, Humansdorp, Fort England, Settlers Hospital	Scheduled Maintenance to Medium Voltage Facilities Andries Vosloo, Humansdorp, Fort England, Settlers Hospital	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	1 000 000	2 606 812	3 023 903
192	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Alfred Nzo DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Alfred Nzo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	650 000	1 815 000	2 105 400
193	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Amathole DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Amathole DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	169 090	2 385 999	2 767 759

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
194	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Buffalo City DM	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	169 090	2 385 999	2 767 759
195	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - Chris Hani DM	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	169 090	2 385 999	2 767 759
196	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - Joe Gqabi DM	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - Joe Gqabi DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	169 090	2 385 999	2 767 759
197	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - Nelson Mandela Bay DM	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	169 090	2 385 999	2 767 759
198	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - OR Tambo DM	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	169 090	2 385 999	2 767 759
199	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - Sarah Baartman DM	Scheduled Maintenance to Various Autoclave, Serilizer and Bed Pan Washer Equipment - Sarah Baartman DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	169 090	2 385 999	2 767 759

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
200	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Alfred Nzo DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Alfred Nzo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	74 858	2 172 344	2 519 919
201	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Amathole DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Amathole DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	751 555	3 026 710	3 510 984
202	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Buffalo City DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	1 974 858	2 172 344	2 519 919
203	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Chris Hani DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	1 760 715	3 036 786	3 522 672
204	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Joe Gqabi DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Joe Gqabi DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	1 974 858	2 172 344	2 519 919
205	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Nelson Mandela Bay DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	1 974 858	2 172 344	2 519 919
206	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - OR Tambo DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	1 974 858	2 172 344	2 519 919

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
207	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Sarah Baartman DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Sarah Baartman DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	74 858	2 172 344	2 519 919
208	Bhisho Hospital Theatre HVAC	Replacement of Theatre HVAC System	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	31/03/2015	1 974 858	2 172 344	-
209	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Alfred Nzo DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Alfred Nzo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	2 172 344	2 519 919
210	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Amathole DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	237 500	1 361 250	1 579 050
211	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Buffalo City DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	2 172 344	2 519 919
212	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Chris Hani DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	237 500	1 361 250	1 579 050
213	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Joe Gqabi DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	15 079	2 216 586	2 571 239
214	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas	Scheduled Maintenance to Various Vacuum and Compressed Medical	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	1 303 406	1 511 951

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
	Supply - Nelson Mandela Bay DM	Gas Supply - Nelson Mandela Bay DM							
215	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - OR Tambo DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	I 303 406	I 511 951
216	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Sarah Baartman DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	I 329 951	I 542 744
217	PE Central Clinic - Minor repairs to building items, internal & external painting	Minor repairs to building items, internal & external painting	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2020	31/03/2027	500 000	-	-
218	Scheduled Maintenance to Various Fire Detection and Prevention - Alfred Nzo DM	Scheduled Maintenance to Various Fire Detection and Prevention - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 209 047	I 329 951	I 542 744
219	Scheduled Maintenance to Various Fire Detection and Prevention - Amathole DM	Scheduled Maintenance to Various Fire Detection and Prevention - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 375 000	I 512 500	I 754 500
220	Scheduled Maintenance to Various Fire Detection and Prevention - Buffalo City DM	Scheduled Maintenance to Various Fire Detection and Prevention - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 184 915	I 303 406	I 511 951
221	Scheduled Maintenance to Various Fire Detection	Scheduled Maintenance to Various Fire Detection and Prevention - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 375 000	I 512 500	I 754 500

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
	and Prevention - Chris Hani DM								
222	Scheduled Maintenance to Various Fire Detection and Prevention - Joe Gqabi DM	Scheduled Maintenance to Various Fire Detection and Prevention - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 209 047	I 329 951	I 542 744
223	Scheduled Maintenance to Various Fire Detection and Prevention - Nelson Mandela Bay DM	Scheduled Maintenance to Various Fire Detection and Prevention - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 184 915	I 303 406	I 511 951
224	Scheduled Maintenance to Various Fire Detection and Prevention - OR Tambo DM	Scheduled Maintenance to Various Fire Detection and Prevention - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 184 915	I 303 406	I 511 951
225	Scheduled Maintenance to Various Fire Detection and Prevention - Sarah Baartman DM	Scheduled Maintenance to Various Fire Detection and Prevention - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 209 047	I 329 951	I 542 744
226	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Alfred Nzo DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 209 047	I 329 951	I 542 744
227	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Amathole DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	I 237 500	I 361 250	I 579 050

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
228	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Buffalo City DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	1 184 915	1 303 406	1 511 951
229	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Chris Hani DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	1 237 500	1 361 250	1 579 050
230	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Joe Gqabi DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	1 209 047	1 329 951	1 542 744
231	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Nelson Mandela Bay DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	1 184 915	1 303 406	1 511 951
232	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - OR Tambo DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	1 184 915	1 303 406	1 511 951
233	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Sarah Baartman DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	1 209 047	1 329 951	1 542 744

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
234	Scheduled Maintenance to Various Theater HVAC - Alfred Nzo DM	Scheduled Maintenance to Various Theater HVAC - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	224 125	3 546 537	4 113 983
235	Scheduled Maintenance to Various Theater HVAC - Amathole DM	Scheduled Maintenance to Various Theater HVAC - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	100 000	1 210 000	1 403 600
236	Scheduled Maintenance to Various Theater HVAC - Buffalo City DM	Scheduled Maintenance to Various Theater HVAC - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	369 830	2 606 813	3 023 903
237	Scheduled Maintenance to Various Theater HVAC - Chris Hani DM	Scheduled Maintenance to Various Theater HVAC - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	100 000	1 210 000	1 403 600
238	Scheduled Maintenance to Various Theater HVAC - Joe Gqabi DM	Scheduled Maintenance to Various Theater HVAC - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	418 093	2 659 903	3 085 487
239	Scheduled Maintenance to Various Theater HVAC - Nelson Mandela Bay DM	Scheduled Maintenance to Various Theater HVAC - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	369 830	2 606 813	3 023 903
240	Scheduled Maintenance to Various Theater HVAC - OR Tambo DM	Scheduled Maintenance to Various Theater HVAC - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	369 830	2 606 813	3 023 903
241	Scheduled Maintenance to Various Theater HVAC - Sarah Baartman DM	Scheduled Maintenance to Various Theater HVAC - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	412 372	2 659 903	3 085 487

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
242	Scheduled Maintenance to Various Central HVAC Systems - Alfred Nzo DM	Scheduled Maintenance to Various Central HVAC Systems - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	2 659 903	3 085 487
243	Scheduled Maintenance to Various Central HVAC Systems - Amathole DM	Scheduled Maintenance to Various Central HVAC Systems - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	1 210 000	1 403 600
244	Scheduled Maintenance to Various Central HVAC Systems - Buffalo City DM	Scheduled Maintenance to Various Central HVAC Systems - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	2 606 813	3 023 903
245	Scheduled Maintenance to Various Central HVAC Systems - Chris Hani DM	Scheduled Maintenance to Various Central HVAC Systems - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	2 662 000	3 087 920
246	Scheduled Maintenance to Various Central HVAC Systems - Joe Gqabi DM	Scheduled Maintenance to Various Central HVAC Systems - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	2 659 903	3 085 487
247	Scheduled Maintenance to Various Central HVAC Systems - Nelson Mandela Bay DM	Scheduled Maintenance to Various Central HVAC Systems - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	2 606 813	3 023 903
248	Scheduled Maintenance to Various Central HVAC Systems - OR Tambo DM	Scheduled Maintenance to Various Central HVAC Systems - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	2 606 813	3 023 903
249	Scheduled Maintenance to Various Central	Scheduled Maintenance to Various Central HVAC Systems - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	2 659 903	3 085 487

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
	HVAC Systems - Sarah Baartman DM								
250	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Alfred Nzo DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	612 062	1 773 268	2 056 991
251	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Amathole DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	1 058 750	1 228 150
252	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Buffalo City DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	579 886	1 737 875	2 015 935
253	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Chris Hani DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	-	1 058 750	1 228 150
254	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Joe Gqabi DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	612 062	1 773 268	2 056 991
255	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Nelson Mandela Bay DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	579 886	1 737 875	2 015 935
256	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - OR Tambo DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	1 579 886	1 737 875	2 015 935

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
	Plumbing and WWTS - OR Tambo DM								
257	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Sarah Baartman DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	612 062	1 773 268	2 056 991
258	Supply of Coal for Boilers	Supply of Coal for Boilers	Other Facilities	Programme 8 : Health Facilities Management	2024/10/01	2026/03/30	10 529 950	11 529 950	15 000 000
259	Khutsong Hospital - Procurement of new medical equipment and furniture	Procurement of new medical equipment and furniture	Provincial Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2023/03/2024	100 000	-	-
260	Close out of historical projects	Close out of historical projects	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	2 000 000	-	-
261	Radiology Equipment and Services	Procurement and installation of new medical imaging equipment and services for Chris Hani health facilities	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	23 000 000	83 237 266	32 200 366
262	District Hospitals Medical Equipment Maintenance - OR Tambo	Medical Equipment repairs and maintenance - OR Tambo District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	5 418 400	5 000 000	5 000 000
263	District Hospitals Medical Equipment Maintenance - Chris Hani	Medical Equipment repairs and maintenance - Chris Hani District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	-	5 000 000	5 000 000
264	District Hospitals Medical Equipment Maintenance - Joe Gqabi	Medical Equipment repairs and maintenance - Joe Gqabi District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	5 111 800	5 000 000	5 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
265	District Hospitals Medical Equipment Maintenance - Amathole	Medical Equipment repairs and maintenance - Amathole District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 318 000	5 000 000	5 000 000
266	District Hospitals Medical Equipment Maintenance - Buffalo City Metro	Medical Equipment repairs and maintenance - Buffalo City Metro	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 313 800	9 911 000	5 000 000
267	District Hospitals Medical Equipment Maintenance - Nelson Mandela Metro	Medical Equipment repairs and maintenance - Nelson Mandela Metro	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	4 142 250	5 000 000	5 000 000
268	District Hospitals Medical Equipment Maintenance - Sarah Baartman	Medical Equipment repairs and maintenance - Sarah Baartman	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 142 250	5 000 000	5 000 000
269	Existing Clinics Commissioning and Recommissioning - OR Tambo	HT Commissioning for OR Tambo Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	9 605 575	10 000 000
270	Existing Clinics Commissioning and Recommissioning - Chris Hani	HT Commissioning for Chris Hani Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	8 947 500	10 000 000
271	Existing Clinics Commissioning and Recommissioning - Joe Gqabi	HT Commissioning for Joe Gqabi Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	8 947 500	10 000 000
272	Existing Clinics Commissioning and Recommissioning - Amathole	HT Commissioning for Amathole Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	8 947 500	10 000 000
273	Existing Clinics Commissioning and	HT Commissioning for Buffalo City Metro Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	8 947 500	10 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
	Recommissioning - Buffalo City Metro								
274	Existing Clinics Commissioning and Recommissioning - Nelson Mandela Metro	HT Commissioning for Nelson Mandela Metro Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	8 947 500	10 000 000
275	Existing Clinics Commissioning and Recommissioning - Sarah Baartmann	HT Commissioning for Sarah Baartman Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	8 947 500	10 000 000
276	Provincial Hospitals Medical Equipment Maintenance - OR Tambo	Medical equipment repairs and maintenance on high risk equipment	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 719 900	2 394 245	2 394 245
277	Provincial Hospitals Medical Equipment Maintenance - Chris Hani	Medical equipment repairs and maintenance on high risk equipment	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 719 900	660 022	2 394 245
278	Provincial Hospitals Medical Equipment Maintenance - Buffalo City Metro	Medical equipment repairs and maintenance on high risk equipment	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 339 400	2 394 245	2 394 245
279	Provincial Hospitals Medical Equipment Maintenance - Nelson Mandela Metro	Medical equipment repairs and maintenance on high risk equipment	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 306 450	2 765 892	2 394 245
280	Sipetu Hospital - New Building including site works and bulk services - HT	Procurement of new medical equipment and furniture	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	2 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
281	Clinics Medical Equipment Maintenance - OR Tambo	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	6 391 166	2 394 245
282	Clinics Medical Equipment Maintenance - Chris Hani	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	2 394 245	2 394 245
283	Clinics Medical Equipment Maintenance - Joe Gqabi	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	517 475	517 475
284	Clinics Medical Equipment Maintenance - Amathole	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	517 475	517 475
285	Clinics Medical Equipment Maintenance - Buffalo City Metro	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	517 475	517 475
286	Clinics Medical Equipment Maintenance - Nelson Mandela Metro	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	517 475	517 475
287	Clinics Medical Equipment Maintenance - Sarah Baartman	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 450 000	517 475	517 475
288	Technicians Training	Clinical and Facilities Maintenance Engineering Workshops	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	2025/03/30	2 000 000	5 000 000	5 000 000
289	Electricification and water connections - OR Tambo	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	2025/03/30	500 000	2 025 000	5 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
290	Electricification and water connections - Amathole	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	2025/03/30	1 000 000	2 924 729	5 000 000
291	Electricification and water connections - Chris Hani	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	500 000	625 000	5 000 000
292	Electricification and water connections - Joe Gqabi	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	31/03/2025	500 000	2 500 000	5 000 000
293	COE - Clinical Engineering Services	Creation of Work Opportunities through general facilities maintenance.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	5 000 000	12 000 000	13 000 000
294	Cecilia Makiwane Hospital - Level I - Commissioning of Health Technology , Medical equipment and IT	New medical equipment , furniture, IT equipment, and organizational development services (OD)	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2026	1 000	-	-
295	Office Capacitation - Goods and Services HFRG	Goods & services for employees	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	7 793 000	5 793 000	5 793 000
296	Clinical Engineering Technicians Training	Provision of In service training for tertiary students	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	31/03/2025	5 000 000	10 000 000	25 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
297	Office Capacitation - Machinery and Equipment	Office equipment for employees	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	3 565 000	5 898 900	6 252 834
298	DPW close out of projects	Payment of contractors and consultants final accounts	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	1 500 000	-	-
299	St Elizabeth Hospital Commissioning	Commissioning	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2026	1 000	-	-
300	Nessie Knight Hospital Renovations and Refurbishments - HT Commissioning	Commissioning	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/07/2025	5 000 000	-	-
301	Electricification and water connections - BCMM	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	1 500 000	8 256 000	10 000 000
302	Victoria Hospital Commissioning	Commissioning	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/08/2022	600 000	-	-
303	Electricification and water connections - Sarah Baartman	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	1 407 965	7 062 488	10 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
304	Dora Nginza Hospital – Improvements to existing buildings to accommodate the Cerebral Palsy Rehab Centre, Casualty Centre and related clinical services, including Mental Health in terms of the revised Service Delivery Model.	Improvements to existing buildings to accommodate the Cerebral Palsy Rehab Centre, Casualty Centre and related clinical services, including Mental Health in terms of the revised Service Delivery Model.	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2026	27 000 000	15 000 000	45 000 000
305	Canzibe Hospital Phase 2 - Renovation and Addition of Health Professional Accommodation	Renovation and additions to four existing staff houses, construction of new 5nos of two bedroomed houses, single storeyed block of 7nos of single bedroomed units, double storeyed block of 14nos units of two bedroomed units, new guard house, associated electrical installation and external works and services.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2026	6 000 000	8 062 000	-
306	Butterworth Hospital - Upgrading of Hospital - new fencing	Fencing of the new Site, Construction of additional accommodation units, vertical circulation improvement, paediatric upgrade, new emergency & pharmacy, new stores & parking (phase 1 + Maternity Phase 2, repairing of the steel bridge linking	District Hospital Services	Programme 8 : Health Facilities Management	TBC	TBC	2 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
307	Empilweni Hospital - Improvements to existing buildings to accommodate the District Hospital Clinical Services	Empilweni Hospital - Improvements to existing buildings to accommodate the District Hospital Clinical Services, including Level I Maternity Services, Casualty Centre and related clinical services, including Mental Health in terms of the revised Service Delivery Model of the NMB District Scope Area 1 - Infrastructure Improvements to existing buildings to accommodate Level I Maternity Services & ; Scope Area 2 - Alterations & Additions for an Accident & Emergency Centre; Scope Area 3 - Alterations & Additions for theatres; Scope Area 4 - Infrastructure Improvements to balance of existing buildings (Clinical & Support Services)	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	31/03/2026	1 000 000	10 000 000	-
308	Jose Pearson TB Hospital - Improvements to existing buildings to accommodate the Clinical Services in terms of the revised Service Delivery Model of the NMB District	Improvements to existing Paediatric ward, Admissions Areas, provision of piped oxygen, diesel storage capacity and electrical installations.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	31/03/2026	2 008 672	8 000 000	20 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
309	Livingstone Hospital - Improvements to existing buildings to accommodate certain Level I District Hospital Clinical Services in terms of the revised Service Delivery Model of the NMB District	Improvements to existing buildings to accommodate certain Level I District Hospital Clinical Services and related support services buildings	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	31/03/2026	2 000 000	13 000 000	160 334
310	PE Provincial Hospital: - Improvements to existing buildings to accommodate certain Clinical Services in terms of the revised Service Delivery Model of the NMB District	Scope Area 1 - Improvements to existing buildings to accommodate certain Clinical Services; Scope Area 2 - Improvements to related support services buildings	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	31/03/2026	2 000 000	40 000	5 000 000
311	Other Facilities- Buildings Maintenance in Head Office	Other Facilities- Buildings Maintenance	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	31/03/2026	19 534 733	35 000 000	9 000 000
312	Project Management Services- Maintenance	Project Management Services	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	7 630 000	7 913 459	8 520 000
313	PMU Program Management Services	PMU Program Management Services at GSA Cluster level and Head Office	District Hospital Services	Programme 8 : Health Facilities Management			13 000 000	11 189 000	32 912 000
314	Asbestos material removal at Facilities across the province	The assessment, safe removal and disposal	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	7 500 000	1 500 000	15 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
315	Thembisa Clinic - Phase I - Construction of temporary structures	Construction of temporary structures	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	6 700 000	5 000 000	3 000 000
316	Bedford Orthopaedic Hospital - Urgent Repairs, renovations and alterations including staff accomdation. Submersible pumps refurbishment or renewal. Connection of diesel generator to the pumps.	Bedford Orthopaedic Hospital - Renovations, refurbishments and modification of the hospital building and staff accomdation including replacement of submersible pumps and connection of diesel generator.	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	31/08/2025	4 750 000	4 886 000	31 829 842
317	EPVVP	Provision of Work Opportunities in Infrastructure related activities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2023	31/03/2024	2 010 000	-	-
318	Andries Vosloo Roof Replacement; Repairs and Renovations	Andries Vosloo Roof Replacement; Repairs and Renovations	Community Health Facilities	Programme 8 : Health Facilities Management			13 000 000	519 553	-
319	Construction of New dedicated Electricity direct Line to Butterworth	Construction of New dedicated Electricity direct Line to Butterworth	Community Health Facilities	Programme 8 : Health Facilities Management			2 000 000	3 000 000	-
320	Construction of New dedicated Electricity direct Line to Mthatha	Construction of New dedicated Electricity direct Line to Mthatha	Community Health Facilities	Programme 8 : Health Facilities Management			1 500 000	3 000 000	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
321	Construction of New dedicated Electricity direct Line to St Elizabeth	Construction of New dedicated Electricity direct Line to St Elizabeth	Community Health Facilities	Programme 8 : Health Facilities Management			1 500 000	3 000 000	-
322	Grey Hospital- Repairs & Renovations	Grey Hospital- Repairs & Renovations	District Hospital Services	Programme 8 : Health Facilities Management			-	5 000 000	8 000 000
323	HT Preventive Maintenance for Chris Hani District Hospitals	HT Preventive Maintenance for Chris Hani District Hospitals	District Hospital Services	Programme 8 : Health Facilities Management			880 400	5 000 000	5 000 000
324	Nessie Knight Hospital - Removal of Medical Waste	Nessie Knight Hospital - Removal of Medical Waste	District Hospital Services	Programme 8 : Health Facilities Management	01/06/2025	30/03/2028	10 779 319	-	-
325	NG Dlukulu, Middle Terrace, V. Shumane, Raglan Road: Repairs and Renovations	NG Dlukulu, Middle Terrace, V. Shumane, Raglan Road: Repairs and Renovations	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2026/03/30	12 000 000	-	-
326	PE Medical Depot - Repairs & Renovations	PE Medical Depot - Repairs & Renovations	Other Facilities	Programme 8 : Health Facilities Management			2 500 000	5 000 000	5 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
327	Project Management Services Equitable Share	Project Management Services Equitable Share	Other Facilities	Programme 8 : Health Facilities Management			9 793 002	3 000 000	8 520 000
328	St Barnabas Hospital: Upgrades & additions to Laundry Building	St Barnabas Hospital: Upgrades & additions to Laundry Building	District Hospital Services	Programme 8 : Health Facilities Management			4 500 000	-	-
329	St Elizabeths Hospital - Refurbishment and Renovations to Hospital and Staff Residential Houses	St Elizabeths Hospital - Refurbishment and Renovations to Hospital and Staff Residential Houses	Community Health Facilities	Programme 8 : Health Facilities Management			100 000	-	-
330	Steynsburg Hospital Pharmacy Upgrade	Steynsburg Hospital Pharmacy Upgrade	Community Health Facilities	Programme 8 : Health Facilities Management			1 400 000	-	-
331	Thanga Clinic: Repairs and Renovations	Thanga Clinic: Repairs and Renovations	Community Health Facilities	Programme 8 : Health Facilities Management			4 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
332	Upgrading of Security at Tower Hospital	Construction of new fencing & guard houses at Tower Hospital	Provincial Hospital Services	Programme 8 : Health Facilities Management			5 000 000	-	-
333	Provision of Alternative Renewable Energy Supplies at Health Care Facilities in the Eastern Cape	Provision of Alternative Renewable Energy Supplies at Health Care Facilities in the Eastern Cape	Community Health Facilities	Programme 8 : Health Facilities Management			10 000 000	-	-
334	Radiology Equipment	Procurement and installation of new medical imaging equipment and services for various health facilities	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2027/03/30	78 496 000	-	-
335	Livingstone Hospital - Fluoroscope	Livingstone Hospital - Fluoroscope	Provincial Hospital Services	Programme 8 : Health Facilities Management			1 000	-	-
336	Mjanyana Hospital Infrastructure Projects Commissioning	Mjanyana Hospital Infrastructure Projects Commissioning	Provincial Hospital Services	Programme 8 : Health Facilities Management			1 200 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
337	HT Commissioning - PE PROVINCIAL HOSPITAL	HT Commissioning - PE PROVINCIAL HOSPITAL	Provincial Hospital Services	Programme 8 : Health Facilities Management			2 400 000	-	-
338	HT Commissioning - EMS BASE PORT ELIZABETH	HT Commissioning - EMS BASE PORT ELIZABETH	Provincial Hospital Services	Programme 8 : Health Facilities Management			2 800 000	-	-
339	Commissioning of Laetaicia Bam CHC	Commissioning of Laetaicia Bam CHC	Community Health Facilities	Programme 8 : Health Facilities Management			400 000	-	-
340	Isilimela Hospital Maintenance Phase 02	Isilimela Hospital Maintenance Phase 02	Community Health Facilities	Programme 8 : Health Facilities Management			100 000	5 000 000	5 000 000
341	Taylor Bequest Hospital: New 30 Bed Isolation Facility	Taylor Bequest Hospital: New 30 Bed Isolation Facility	Community Health Facilities	Programme 8 : Health Facilities Management			500 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
342	Construction of New Manzana Clinic in Debera Village	Construction of New Manzana Clinic in Debera Village	Community Health Facilities	Programme 8 : Health Facilities Management			500 000	-	-
343	Elizabeth Donkin Hospital Repairs and Renovations	Elizabeth Donkin Hospital Repairs and Renovations	Other Facilities	Programme 8 : Health Facilities Management			3 000 000	-	-
344	Framework contract for the provision of Geotechnical and Geohydrological Services to the ECDoH	Provision of Geotechnical and Geohydrological(Underground Water Survey, Yield and Quality Testing) Services to the ECDoH	District Hospital Services	Programme 8 : Health Facilities Management			2 500 000	2 000 000	2 000 000
345	Upgrading of Ntsele Clinic	Upgrading of Ntsele Clinic to meet Ideal Clinic Standards	Community Health Facilities	Programme 8 : Health Facilities Management			500 000	5 000 000	7 500 000
346	Nelson Mandela Academic Hospital- Construction of a Dental Laboratory	Construction of a Dental Laboratory	Provincial Hospital Services	Programme 8 : Health Facilities Management			3 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27
347	Disaster and Climate Change response	Adhoc Response to unforeseen negative impacts on Infrastrucrure, severe weather storms, underground water exploration and general minimising the impact of climate	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	28 522 540	33 000 236	28 000 000
TOTAL							1 428 137 000	1 562 504 354	1 641 133 585

II . PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

The current PPP for Humansdorp contract is ending on the 31st March 2024. The private party has given notice to the department of the termination of the contract PPP within the Port Alfred and Settlers Districts Hospitals.

PART D

APP TIDS FOR PROVINCIAL DOH



PART D: APP TIDS FOR PROVINCIAL DOH

N:B Population based indicators are not divided by 4 when it comes to quarterly targets

Table 55: Technical Indicator Data Set

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
Output Indicator														
PROGRAMME I: HEALTH ADMINISTRATION														
x	9.1.2 Number of statutory documents tabled at Legislature	Statutory documents submitted and tabled at the Provincial Legislature	Departmental website Head Office	Statutory documents submitted	Not applicable	Head Office - Copies of the documents Submission letters	Accuracy dependent of submission of valid information	Not applicable	Not applicable	Cumulative year - end	Quarterly	Higher	Office of the MEC	1
x	7.1.1 Audit opinion of Provincial DoH	Improvement of Audit opinion for Provincial Department of Health for financial performance	Auditor General South Africa (AGSA) final report	Audit outcome expressed by AGSA 2023/24 financial year	Not applicable	AGSA Management letter	Accuracy dependent of submission of valid documents	Not applicable	All Districts	Non - cumulative	Annual	Unqualified Audit Opinion	Chief Financial Officer	1

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	7.1.2 Approved Annual Procurement Plan	List of projects according to capital budget	SCM	Procurement plan submitted	Not applicable	SCM office: Final approved procurement plan	Accuracy dependent of submission of valid documents	Not applicable	Not applicable	Cumulative year end	Quarterly	Annual procurement plan approved	Manager: Supply Chain Management	I
x	7.1.3 Amount Revenue generated (R)	Amount of revenue to be collected by districts	Financial management system	Amount of revenue collected	Not applicable	Financial management system	Client affordability	Not applicable	All districts	Cumulative year end	Quarterly	Higher	Manager: Financial Management	I
	6.4.1 Holistic Human Resources for Health (HRH) strategy approved	Approved HRH strategy for Health	HRH strategy	HRH strategy approved	Not applicable	HRH strategy	Strategy developed and approved	Not applicable	Not applicable	Non cumulative	Annual	Higher	HRM manager	I
x	8.1.1 Contingent liability of medico – legal cases	Total rand value of the medico legal claims for all backlog cases that were on the case register as at	Medico-legal case management system	Total rand value of the medico legal claims for all backlog cases that were on the case register as at	Not Applicable	Medico-legal case management system	Accuracy dependent of reporting of data into the system	Not Applicable	All Districts	Non-cumulative	Annual	Lower	Legal Services	I

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		31 March 2024		31 March 2024										
x	6.7.1 Percentage of hospitals with connectivity	Provision of Hospitals with alternative connectivity or broad band	Rollout report (spreadsheets) for sites that are live or with alternative connectivity	Total Number of hospitals with minimum 2 Mbps connectivity	Total Number of Hospitals	Reports (spreadsheets) for sites that are live or with alternative connectivity of data connectivity in hospitals	Depending on Provincial broadband Provision of departmental alternative connectivity	Not applicable	All districts	Non-cumulative	Annual	Higher	ICT Directorate / Chief Directorate	I
x	6.7.2 Percentage of fixed PHC facilities with connectivity	Provide all fixed PHC facilities with alternative connectivity or broad band	Rollout report (spreadsheets) for sites that are live or with alternative connectivity	Total Number of fixed PHC facilities with minimum 1Mbps connectivity	Total Number of fixed PHC Facilities	Reports (spreadsheets) for sites that are live or with alternative connectivity of data in fixed PHC facilities	Depending on Provincial broadband Provision of departmental alternative connectivity	Not applicable	All districts	Non-cumulative	Annual	Higher	ICT Directorate / Chief Directorate	I
PROGRAMME 2: DISTRICT HEALTH SERVICES														

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number	
				Numerator	Denominator										
SUB PROGRAMME 2.1: DISTRICT MANAGEMENT															
x	9.1.1 Number of Districts conducted quarterly performance reviews	Districts conducting performance reviews per quarter	District reports	Number of Districts conducted quarterly performance reviews	Not applicable	Reports Attendance register	Accuracy dependent of submission of valid data for the performance reviews	Not applicable	All Districts	Non-cumulative	Quarterly	Higher	DHS Manager	2	
SUB PROGRAMME 2.2: COMMUNITY HEALTH CLINICS															
x	6.2.1 Ideal Clinic status obtained rate	Fixed PHC health facilities that obtained Ideal Clinic status (silver, gold, platinum) as a proportion of fixed PHC clinics and CHCs and or CDCs	Ideal clinic monitoring tools	Fixed PHC health facilities have obtained Ideal Clinic status, as determined by PPTICRM (PRs) or Peer Reviews Updates (PRUs)	Fixed PHC clinics or fixed CHCs and or CDCs Formula: Total number of clinics + Total number of CHCs and or CDCs	Ideal Health Facility software, ICS report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2	

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	6.1.1 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module WebDHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2
	6.3.8 Severity assessment code I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Quality Assurance	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
	6.3.17 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	2
SUB PROGRAMME 2.3: COMMUNITY HEALTH CENTERS (CHC)														
x	6.1.2 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module WebDHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
	6.3.9 Severity assessment code (SAC) I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	2
	6.3.18 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	2
SUB PROGRAMME 2.4: COMMUNITY BASED SERVICES: DISEASE PREVENTION AND CONTROL (DPC)														

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
	4.2.1 Positivity rate for hypertension 18 - 44 years	Number of clients 18 - 44 years screened for hypertension and who will require being put on treatment for hypertension	PHC Comprehensive Tick Register; OPD Tick Register	Number of clients 18 - 44 years screened for hypertension and requiring/referred for treatment for hypertension	Total number of clients 18 - 44 years screened for hypertension	DHIS report PHC Comprehensive Tick Register; OPD Tick Register and Accident and Emergency (Casualty) and Trauma unit Register	Accuracy dependent of submission of valid documents	Not Applicable	All Districts	Non - cumulative	Quarterly	Higher	Health programmes	2
	4.2.2 Positivity rate for hypertension ≥ 45 years	Number of clients > 45 years screened for hypertension and who will require being put on treatment for hypertension	PHC Comprehensive Tick Register; OPD Tick Register	Number of clients ≥ 45 years screened for hypertension and requiring/referred for treatment for hypertension	Total number of clients ≥ 45 years screened for hypertension	PHC Comprehensive Tick Register; OPD Tick Register and Accident and Emergency (Casualty)a	Accuracy dependent of submission of valid documents	Not Applicable	All Districts	Non - cumulative	Quarterly	Higher	Health programmes	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
						and Trauma unit Register								
	4.3.1 Positivity rate for diabetes 18 - 44 years	Number of clients 18 - 44 years screened for diabetes and who will require being put on treatment for diabetes	PHC Comprehensive Tick Register; OPD Tick Register	Number of clients 18 - 44 years screened for diabetes and requiring/referred for treatment for diabetes.	Total number of clients 18 - 44 years screened for diabetes.	PHC Comprehensive Tick Register; OPD Tick Register and Accident and Emergency (Casualty) and Trauma unit Register	Accuracy dependent of submission of valid documents	Not Applicable	All Districts	Non - cumulative	Quarterly	Higher	Health programmes	2
	4.3.2 Positivity rate for diabetes ≥ 45 years	Number of clients > 45 years screened for diabetes and who will require being put on	PHC Comprehensive Tick Register; OPD Tick Register	Number of clients ≥ 45 years screened for diabetes and requiring/referred for treatment for diabetes	Total number of clients ≥ 45 years screened for diabetes	PHC Comprehensive Tick Register; OPD Tick Register and Accident and Emergency	Accuracy dependent of submission of valid documents	Not Applicable	All Districts	Non - cumulative	Quarterly	Higher	Health programmes	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		treatment for diabetes				(Casualty) and Trauma unit Register								
x	4.4.I PHC Mental disorders treatment rate new	Clients treated for the first time for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide attempt, developmental disorders, behavioural disorders and substance abuse/addiction disorders) as a proportion of total PHC headcount	PHC Comprehensive tick register	PHC client treated for mental disorders - new	PHC headcount – total Formula: PHC headcount under 5 years + PHC headcount 5-9 years] + PHC headcount 10-14 years] + PHC headcount 15-19 years + PHC headcount 20 years and older]	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non - Cumulative	Quarterly	Higher	Health programmes	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	4.5.1 Cataract surgery rate	Clients who had cataract surgery per 1 million uninsured populations.	Theatre Register	Cataract surgery -total	Total uninsured population (80% of total population) Formula: Total population minus 20% of total population (MedicAid)	Theatre Register	Accuracy dependent on quality of data from health facilities	Not applicable	Districts	Non - Cumulative	Quarterly	Higher	Hospital Services Manager	2
SUB PROGRAMME 2.5: OTHER COMMUNITY SERVICE - PUBLIC HEALTH														
x	6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	This measure hospitals that dispose waste in line with SANS 10248 regulation as a proportion of the total health facilities	Waste disposal management system	Number of Hospitals that dispose waste in line with SANS 10248 regulation at a given reporting period	Total number of Hospitals.	Waste Disposal Certificate	Accuracy dependent of policy compliance	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	Manager health programmes	2
	6.4.6 Number of	Visit to households	Persal	Number of CHWs	Not applicable	Persal	Depend on	Not applicable	All districts	Non-cumulative	Quarterly	Higher	Programmes	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
	CHWs on Stipend	and advocate for accessibility to health services Monitors and support individual health problems at household level		contracted by the department			assessment, availability of budget and need						Manager for reengineering of Primary health	
SUB PROGRAMME 2.6: HIV & AIDS, STI & TB (HAST) CONTROL														
x	3.1.1 HIV test done - sum	Total number of HIV Tests done in all age groups	HTS Register	HIV test done – sum Formula: Antenatal HIV 1st test+Antenatal client HIV re-test+HIV test 19-59 months+HIV test 5-14	None	HTS register	Dependent on the accuracy of facility register	Not applicable	Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
				years (excl ANC)+ HIV test 15 years and older (excl ANC) + HIV test 15-24 years female (excl ANC)+ HIV test 15-24 years male + HIV test 25-49 years (excl ANC) + HIV test 50 years and older										
x	3.1.3 HIV Test positive around 18 months rate	HIV test positive at 18 months (18-24) as a proportion of the total deliveries	PHC Comprehensive Tick Register HTS register or HCT module in Tier.net	HIV test positive around 18 months	HIV tests done around 18 months	PHC Comprehensive Tick Register HTS register or HCT module in Tier.net	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non Cumulative	Quarterly	Lower rate	PMTCT Programme	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	3.1.2 HIV positive 15-24 years (excl ANC) rate	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of children who were tested for HIV in this age group.	HTS register	HIV positive 15-24 years (excl ANC) Formula: HIV positive test 15-24 years female (excl ANC) + HIV positive test 15-24 years male	HIV test 15-24 years (excl ANC) Formula: HIV test 15-24 years female (excl ANC) + HIV test 15-24 years male	HTS register	Dependent on the accuracy of facility register	Not applicable	Districts	Non Cumulative	Quarterly	Lower	HIV/AIDS Programme Manager	
x	3.2.1 ART client naïve start during month – sum	Total naïve clients who started life-long ART Include the following: - Clients who have never been exposed to ART for more than 30 days in total - Pregnant	ART clinical records captured in TIER.Net; SMARTER	ART client naïve start ART during month – sum Formula: ART adult naïve start ART in month + ART child under 15 years naïve	None	ART clinical records captured in TIER.Net; SMARTER	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		women enrolled onto life-long ART (Option B+) This also includes clients initiated on life-long triple therapy from the: - PEP programme - dual PMTCT programme		start ART in month										
x	3.2.2 ART adult remain in care rate [12 months]	ART adults remain in care - total as a proportion of ART adult start minus cumulative transfer out	ART clinical records captured in TIER.Net; SMARTER	ART adult remain in care – total Formula: ART adult on first-line regimen + ART adult on second-line regimen + ART adult on	ART adult start minus cumulative transfer out Formula: ART adult naive start (TOT) - ART adult cumulative transfer out	ART clinical records captured in TIER.Net; SMARTER	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
				third-line regimen + ART adult stop treatment										
x	3.2.3 ART child remain in care rate [12 months]	ART child remain in care - total as a proportion of ART child start minus cumulative transfer out	ART clinical records captured in TIER.Net; SMARTER	ART child remain in care – total Formula: ART child on first-line regimen + ART child on second-line regimen + ART child on third-line regimen + ART child stop treatment	ART child start minus cumulative transfer out Formula: ART child under 15 years naive start - ART child cumulative transfer out	ART clinical records captured in TIER.Net; SMARTER	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2
x	3.2.7 ART Adult viral load suppressed	ART adult viral load under 50 as a proportion of	ART clinical records captured in	ART adult viral load under 50	ART adult viral load done	ART clinical records captured in	Accuracy dependent on quality of data	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
	rate (below 50) [12 months]	ART adult viral load done	TIER.Net; SMARTER			TIER.Net; SMARTER	submitted by health facilities							
x	3.2.8 ART Child viral load suppressed rate (below 50) [12 months]	ART child viral load under 50 as a proportion of ART child viral load done	ART clinical records captured in TIER.Net; SMARTER	ART child viral load under 50	ART child viral load done	ART clinical records captured in TIER.Net; SMARTER	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2
x	3.2.9 TB/HIV co-infected client on ART rate	TB/HIV co-infected client on ART as a proportion of all HIV positive TB clients.	Clinical stationery	TB/HIV co-infected client on ART Formula: Count of all TB/HIV co-infected client on ART	ALL DS-TB client known HIV positive Formula: Count of ALL DS-TB client known HIV positive	TIER.Net;	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2
x	3.3.1 TB test 5 years and older using Nucleic Acid	TB symptomatic and asymptomatic	TB identification register	TB test 5 years and older using Nucleic Acid	Not Applicable	TB identification register	Accuracy dependent on quality of data	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	TB	2

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				Numerator	Denominator									
	Amplification Test	client 5 years and older who was tested using Nucleic Acid Amplification Test		Amplification Test			submitted by health facilities						Programme Manager	
x	3.3.2 DS - TB treatment start 5 years and older rate	Proportion of DS-TB client 5 years and older started on DS-TB treatment out of those bacteriologically confirmed and clinically diagnosed	Clinical strationery	DS - TB treatment start 5 years and older Formula: Count All (DS-TB treatment start 5 years and older)	Sum of DS-TB clinically diagnosed and DS-TB bacteriologically confirmed 5 years and older Formula: Count of all (DS-TB clinically diagnosed 5 years and older) + (DS-TB bacteriologically confirmed 5 years and older)	TB identification register	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	TB Programme Manager	2

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				Numerator	Denominator									
x	3.3.10 All DS – TB client death rate	All TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and subsequently died as a proportion of all those who started DS TB treatment	Clinical stationery	All DS-TB client death Formula: Count of all DS-TB client death	All DS TB treatment start Formula: Count of all DSTB treatment start	Clinical stationery TB register TIER.Net;	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Lower	TB Programme Manager	2
x	3.3.4 All DS - TB client treatment success rate	All TB clients who started drug susceptible tuberculosis (DS TB) treatment and subsequently successfully completed treatment as a proportion of all those who	Clinical stationery	All TB client successfully completed treatment Formula: Count of all DS -TB clients successfully completed treatment	All DS TB Treatment Start Formula: Count of all DS-TB treatment start	Tier .net	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	TB Programme Manager	2

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				Numerator	Denominator									
		started DS-TB treatment												
x	3.3.5 TB Rifampicin resistant/Multidrug - Resistant treatment success rate	TB Rifampicin Resistant/Multidrug Resistant clients successfully completed treatment as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment	Patient folder/EDRWeb	TB Rifampicin resistant/Multidrug Resistant successfully completed treatment Formula: Count of TB Rifampicin resistant/Multidrug Resistant successfully completed treatment	TB Rifampicin Resistant/Multidrug Resistant client started on treatment Formula: Count of TB Rifampicin resistant/Multidrug Resistant client started on treatment	EDRWeb report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	Higher	TB Programme Manager	2
x	3.3.6 TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	TB Rifampicin Resistant/Multidrug Resistant clients lost to follow-up as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment	Patient folder/EDRWeb	TB Rifampicin Resistant/Multidrug Resistant client lost to follow-up Formula: Count of TB Rifampicin Resistant/Multidrug Resistant client lost to follow-up	TB Rifampicin Resistant/Multidrug Resistant client started on treatment Formula: Count of TB Rifampicin Resistant/Multidrug Resistant client started on treatment	EDRWeb report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative year to date	Quarterly	Lower	TB Programme Manager	2

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				Numerator	Denominator									
		idrug Resistant clients started on treatment		Count of TB Rifampicin Resistant/Multidrug Resistant client loss to follow-up	Resistant/Multidrug Resistant client started on treatment									
x	3.3.7 TB Pre-XDR treatment success rate	TB Pre-XDR clients successfully completed treatment as a proportion of TB Pre-XDR clients started on treatment	Patent folder EDRWeb	TB Pre-XDR client who successfully completed treatment Formula: Count of TB Pre-XDR client who successfully completed treatment	TB Pre-XDR client started on treatment Formula: Count of TB Pre-XDR client started on treatment	EDRWeb report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher success rate	TB Programme Manager	2
x	3.3.8 TB Pre-XDR loss to follow up rate	TB Pre-XDR clients who are loss to follow up as a proportion of TB Pre-XDR	Patent folder EDRWeb	TB Pre-XDR client who are loss to follow up	TB Pre-XDR client started on treatment	EDRWeb report	Accuracy dependent on quality of data submitted	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower loss to follow up rate	TB Programme Manager	2

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				Numerator	Denominator									
		clients started on treatment					by health facilities							
x	3.3.9 All DS - TB client lost to follow - up rate	ALL TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who were subsequently lost to follow-up as a proportion of all those who started DS TB treatment	Clinical Stationery	All DS-TB client lost to follow-up	All DS TB Treatment Start	TIER.Net;	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non - Cumulative	Quarterly	Lower lost to follow up rate	TB Programme Manager	2
x	4.6.1 Malaria deaths reported	Malaria deaths reported in South Africa. The death resulting from primary malaria diagnosis at	Midnight census	Malaria deaths reported	Not applicable	Malaria Information System	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative year -end	Quarterly	Lower	Communicable Diseases	2

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				Numerator	Denominator									
		the time of death												
SUB – PROGRAMME 2.7: MCWH&N														
x	1.1.1 IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device)	The Intra Uterine Contraceptive Device (IUCD) inserted into a women aged 15-49	PHC Comprehensive Tick Register Delivery Register, OPD Register	Number IUCD Inserted	Not applicable	PHC Comprehensive Tick Register Delivery Register, OPD Register	Accuracy dependent on quality of data submitted health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	Higher	MCYWH&N Programme	2
x	1.1.2 Antenatal 1 st visit before 20 weeks rate	Women who have a first visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1 st visits	PHC Comprehensive Tick Register Tick register OPD	Antenatal 1 st visit before 20 weeks	Antenatal 1 st visit- total Formula: Antenatal 1 st visit 20 weeks or later + Antenatal 1 st visit before 20 weeks	PHC Comprehensive Tick Register Tick register OPD	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative year-end	Quarterly	Higher	MCW&H Programme Manager	2
x	1.1.3 Antenatal	Antenatal clients who	PHC Comprehensive	Antenatal start on ART	Antenatal known HIV positive but	ART clinical	Accuracy dependent	Females	All Districts	Non - cumulative	Quarterly	Higher	MCW&H	2

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				Numerator	Denominator									
	client start on ART rate	started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART	nsive Tick Register Tick register OPD		NOT on ART at 1st visit Formula: Antenatal known HIV positive but NOT on ART at 1st visit + Antenatal HIV 1st test positive + Antenatal HIV re-test positive	record captured in Tier.net	on quality of data submitted by health facilities						Programme Manager	
x	1.1.4 Delivery in 10 - 14 years in facility	Delivery where the mother is 10-14 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff	Midnight census, Inpatient sick neonatal admission register (ISNAR) Birth register, Peads register	Number Delivery 10-14 years in facility	Not applicable	Health Facility Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative year-end	Quarterly	Lower	MCW&H Programme Manager	2

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				Numerator	Denominator									
x	1.1.5 Maternal Mortality in facility ratio - Per 100 000 live births	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	PHC Comprehensive Tick Register Ward; Tick register OPD delivery and ICU Register, Midnight census	Maternal death in facility	Live births known to facility Formula: Live births in facility + Born alive before arrival in facility	PHC Comprehensive Tick Register Ward; Tick register OPD delivery and ICU Register, Midnight census, Tick register casualty	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Non- Cumulative	Quarterly	Lower rates	MCWH&N Programme	2

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				Numerator	Denominator									
x	1.2.1 Live birth under 2500g in facility rate	Infants born alive weighing less than 2500g as proportion of total Infants born alive in health facilities (Low birth weight)	Delivery register	Live birth under 2500g in facility	Live birth in facility	Delivery register	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non cumulative	Quarterly	Lower rates	MCWH&N Programme	2
x	1.2.2 Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	PHC Comprehensive Tick Register, Post-natal register, Maternity Register, OPD register	Mother postnatal visit within 6 days after delivery	Delivery in facility – total Formula: Delivery 10-14 years in facility + delivery 15-19 years in facility + delivery 20 years and older in facility	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register,	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-end)	Quarterly	Higher rates	MCWH&N Programme	2
x	1.3.2 Infant PCR test positive	Infant PCR test positivity around 6months among infants	PHC registers, paediatric	Infant PCR test positive around 6months	Infant HIV PCR test around 6 months	PHC registers, paediatric	Accuracy dependent on quality of data submitted	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rate	PMTCT Programme	2

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				Numerator	Denominator									
	around 6 months rate	born to HIV positive mothers	registers, Tier.net			registers, Tier.net	by health facilities							
x	1.3.3 Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year	PHC Comprehensive Tick Register	Immunised fully under 1 year new	Population under 1 year Formula Female under 1 year + Male under 1 year	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher coverage	EPI Programme manager	2
x	1.3.4. Measles 2nd dose 1 year coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.	PHC Comprehensive Tick Register	Measles 2nd dose	Target population 1 year Formula Male 1 year + Female 1 year	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher coverage	EPI Programme manager	2

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				Numerator	Denominator									
x	1.3.5 Death under 5 years against live birth rate	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register	Death in facility under 5 years total Formula: Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months	Live birth in facility	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower rate	MCW&H Programme Manager	2
x	1.3.6 Neonatal death in facility rate (Per 1000 live births)	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility.	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register,	Neonatal deaths (under 28 days) in facility Formula: Death in facility 0-6 days] + [Death in	Live birth in facility	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register,	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Lower rate	MCW&H Programme Manager	2

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				Numerator	Denominator									
			Paeds Register	facility 7-28 days		Paeds Register								
	1.3.8 Still birth in facility rate (per 1000 births)	Infants born still as proportion of total infants born in health facilities	Delivery register	Still Birth in facility	Total births in facility Formula: Live birth in facility + still birth in facility	Delivery register, Midnight report	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non – cumulative	Quarterly	Lower rates	MCWH&N Programme	2
x	1.3.7 Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	PHC Comprehensive Tick Register OPD Tick register,	Vitamin A dose 12-59 months Formula Vitamin A dose 12-59 months + COS Vitamin A dose 12-59 months	Target population 12-59 months * 2 Formula (Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2	PHC Comprehensive Tick Register OPD Tick register, CHW Daily Activity Tracker	PHC register is not designed to collect longitudinal record of patients. The assumption is the that the calculation proportion of children would have	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher coverage	MCWH&N Programme	2

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				Numerator	Denominator									
							received two doses based on this calculation							
x	1.3.9 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Paediatric Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	2
x	1.3.10 Child under 5 years pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	2

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				Numerator	Denominator									
		in health facilities												
x	1.3.11 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	2
x	4.3.3 Cervical cancer screening coverage	Cervical smears in women 30 years and older as a proportion of the female population 30-50 years (80% of these women should be screened	PHC Comprehensive Tick Register; OPD tick register, Inpatient register	Cervical cancer screening done Formula: Cervical cancer screening in non HIV woman 30-50 years + Cervical	[(80% women aged 30-50yrs/10)+(20% women aged 20 years and above /3)	PHC Comprehensive Tick Register ;OPD tick register, Inpatient register	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher Rate of Servical Cancer Screening	MCWH&N Programme	2

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				Numerator	Denominator									
		for cervical cancer every 10 years and 20% must be screened every 3 years) which should be included in the denominator because it is estimated that 20% of women 20 years and older are HIV positive		cancer screening in HIV positive woman 20 years and older										
SUB-PROGRAMME 2.8: CORONER SERVICES														
x	6.4.5 Percentage of post – mortem performed within 72 hours	Measures number of post-mortems performed by Forensic Pathologists within a period of 3 days of receiving the body from the SAPS as a	Post - mortem management system	Number of cold bodies with post-mortem performed within 72 hrs. of receipt of body	Total number of cold bodies received from SAPS	Post-mortem form Register	Accuracy dependent of turn around time for post moterm performed	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher rate	Hospital services Programme Manager	2

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				Numerator	Denominator									
		percentage of the total number of bodies received												
SUB – PROGRAMME 2.9: DISTRICT HOSPITALS														
x	6.1.3 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module WebDHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	2
x	6.3.1 Severity assessment code I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Quality Assurance	2

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				Numerator	Denominator									
		assessment code 1 incident reported												
x	6.3.10 Patient Safety Incident case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	2
x	6.7.1 Average Length of Stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of	Midnight Census	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient separations Formula: Inpatient deaths - total + inpatient discharges - total + inpatient	Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Hospital manager	2

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				Numerator	Denominator									
		Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities			transfers out - total									
x	6.7.6 Inpatient (usable) bed utilisation rates	Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialities	Midnight Census, Bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, Bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Hospital manager	2
x	6.7.11 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients *	Accident and Emergency unit (Casualty) and Trauma	Expenditure - total	Patient Day Equivalent – Total Formula:	Accident and Emergency unit (Casualty) and Trauma	Accuracy dependent on quality of data submitted	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	2

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				Numerator	Denominator									
		0.5 + (Emergency headcount + OPD headcount total) * 0.3333333	unit register, Midnight Census, Management – BAS report, Ambulatory register		Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Casualty headcount - Emergency x 0.3333333])+([Casualty headcount - non-emergency x 0.3333333])	unit register, Midnight Census, Management – BAS report, Ambulatory register	by health facilities							
x	1.1.6 Maternal Mortality in facility ratio	Maternal death is death occurring during	Maternal death register (Maternal	Maternal death in facility	Live births known to facility (Live birth in facility plus baby	Maternal death register,	Accuracy dependent on quality of data	Females	All Districts	Non – cumulative	Quarterly	Lower rates	MCWH&N Programme	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	Morbidity and Mortality Audit System), Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS		born alive before arrival at facility)	Delivery Register	submitted by health facilities							
x	1.3.12 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a	Paediatric Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		proportion of diarrhoea separations under 5 years in health facilities					by health facilities							
x	1.3.13 Child under 5 years' pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	2
x	1.3.14 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	2

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		5 years in health facilities												
x	1.3.15 Death under 5 years against live birth rate	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight Report	Death in facility under 5 years total Formula: Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months	Live birth in facility	Midnight Report	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non - cumulative	Quarterly	Lower rates	MCWH&N Programme	2
PROGRAMME 3: EMERGENCY MEDICAL SERVICES														
x	6.5.1 EMS PI urban response under 30 minutes rate	EMS PI calls in urban locations with response times under	EMS Province specific data collections	EMS PI urban response under 30 minutes	EMS PI urban response	EMS Province specific data collections	Accuracy dependent on quality of data from	Not Applicable	All Districts	Non-Cumulative	Quarterly	Higher response rate under 30 min	Programme 3 Manager	3

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		30 minutes as a proportion of EMS PI urban responses	tools CHW daily activity tracker			tools CHW daily activity tracker	reporting EMS station							
x	6.5.2 EMS PI rural response under 60 minutes rate	EMS PI calls in rural locations with response times under 60 minutes as a proportion of EMS PI rural responses	EMS Province specific data collections tools CHW daily activity tracker	EMS PI rural response under 60 minutes	EMS PI rural response	EMS Province specific data collections tools CHW daily activity tracker	Accuracy dependent on quality of data from reporting EMS station	Not Applicable	All Districts	Non-Cumulative	Quarterly	Higher response rate under 60 min	Programme 3 Manager	3
x	6.5.4 Number of Patients transported on the PTV services	Patients transported on the PTV referred to the next level of care	EMS province specific data collection tool.	Number of Patients transported on the PTV services	Not applicable	Logbook	Accuracy dependent of valid on the road PTVs and patients to be transported	Not applicable	All districts	Non - cumulative	Quarterly	Lower	Programme 3 Manager	3
PROGRAMME 4														

Provincial Annual Performa nce Plan 2023/2024 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiary es (where applicable)	Spatial Transform ation (where applicable)	Calculatio n Type (Cumulati ve year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
				Numerator	Denominator									
Output Indicator														
SUB-PROGRAMME 4.1: GENERAL (REGIONAL) HOSPITALS														
x	6.1.4 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey. questionnaire s	National PEC Surveys Module WebDHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non- cumulative	Annual	Higher	Quality Assurance	4
x	6.3.2 Severity assessment code- (SAC) I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non - cumulative	Quarter ly	Higher	Quality Assurance	4

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	6.3.1 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	4
x	6.7.2 Average length of stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and	Midnight Census	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient separations Formula: Inpatient deaths - total + inpatient discharges - total + inpatient transfers out - total	Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Hospital manager	4

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		Inpatient transfers out. Include all specialities												
x	6.7.7 Inpatient (usable) bed utilisation rates	Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialities	Midnight Census, Bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, Bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Hospital manager	4
x	6.7.12 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census,	Expenditure - total	Patient Day Equivalent – Total Formula: Sum ([Inpatient days total x 1]) + ([Day patient total x 0.5]) + ([OPD	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census,	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	4

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		headcount total) * 0.33333333	Management – BAS report, Ambulatory register		headcount not referred new x 0.33333333)+ SUM([OPD headcount referred new x 0.33333333]+([OPD headcount follow-up x 0.33333333]+([Casualty headcount - Emergency x 0.33333333]+([Casualty headcount - non-emergency x 0.33333333]))	Management – BAS report, Ambulatory register								
x	I.1.7 Number of Maternal deaths in facility	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman	Maternal death register (Maternal Morbidity and Mortality Audit System),	Maternal death in facility	Not applicable	Maternal death register, Delivery Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Annual	Lower rates	Programme 4 Manager	4

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS											
x	1.3.16 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years	Paediatric Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	4

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		in health facilities												
x	1.3.17 Child under 5 years' pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	4
x	1.3.18 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	4

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	1.3.19 Number of Death under 5 years	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight Report	Death in facility under 5 years total Formula: Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months	Not applicable	Midnight Report	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non - cumulative	Quarterly	Lower rates	Programme 4 Manager	4
	4.3.6 Cervical cancer screening	Cervical smears in women 30 years and older	PHC Comprehensive Tick Register ;OPD	Number Cervical Cancer Screening done	Not Applicable	DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher Number of Cervical Cancer Screening	MCWH&N Programme	4
SUB-PROGRAMME 4.2: TUBERCULOSIS (TB) HOSPITALS														

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	6.1.5 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module WebDHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	4
x	6.3.3 Severity assessment code I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Hospital Manager	4

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	6.3.12 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	4
x	6.7.3 Average length of stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and	Midnight Census	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient separations Formula: inpatient deaths - total + inpatient discharges - total + inpatient transfers out - total	Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	4

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		Inpatient transfers out. Include all specialities												
x	6.7.8 Inpatient (usable) bed utilisation rates	Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialities	Midnight Census, bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	4
x	6.7.13 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census,	Expenditure - total	Patient Day Equivalent – Total Formula: Sum ([Inpatient days total x 1]) + ([Day patient total x 0.5]) + ([OPD	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census,	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	4

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		headcount total) * 0.33333333	Management – BAS report, Ambulatory register		headcount not referred new x 0.33333333]+ SUM([OPD headcount referred new x 0.33333333]+([OPD headcount follow-up x 0.33333333]+([Casualty headcount - Emergency x 0.33333333]+([Casualty headcount - non-emergency x 0.33333333])	Management – BAS report, Ambulatory register								
SUB-PROGRAMME 4.3: PSYCHIATRIC / MENTAL HOSPITALS														
x	6.1.6 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of	National PEC Surveys Module WebDHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		Care survey. questionnaires												
x	6.3.4 Severity assessment code (SAC) I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	5
x	6.3.13 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		the reporting month												
PROGRAMME 5: CENTRAL & TERTIARY HOSPITAL SERVICES														
SUB PROGRAMME 5.1- CENTRAL														
x	6.1.7 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey. questionnaires	National PEC Surveys Module WebDHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	5
x	6.3.5 Severity assessment code (SAC) I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Quality Assurance	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		code 1 incident reported												
x	6.3.14 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	5
x	6.7.4 Average length of stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient	Midnight Census	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient separations Formula: Inpatient deaths - total + inpatient discharges - total + inpatient transfers out - total	Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Hospital manager	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		discharges, Inpatient deaths and Inpatient transfers out. Include all specialities												
x	6.7.9 Inpatient (usable) bed utilisation rates	Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialities	Midnight Census, Bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, Bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Hospital manager	5
x	6.7.14 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 +	Accident and Emergency unit (Casualty) and Trauma unit	Expenditure - total	Patient Day Equivalent – Total Formula: Sum ([Inpatient days total x	Accident and Emergency unit (Casualty) and Trauma unit	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		(Emergency headcount + OPD headcount total) * 0.33333333	register, Midnight Census, Management – BAS report, Ambulatory register		1))+([Day patient total x 0.5])+([OPD headcount not referred new x 0.33333333])+SUM([OPD headcount referred new x 0.33333333])+([OPD headcount follow-up x 0.33333333])+([Casualty headcount - Emergency x 0.33333333])+([Casualty headcount - non-emergency x 0.33333333])	register, Midnight Census, Management – BAS report, Ambulatory register								
x	1.1.8 Number of Maternal deaths in facility	Maternal death is death occurring during pregnancy, childbirth and	Maternal death register (Maternal Morbidity and	Maternal death in facility	Not applicable	Maternal death register, Delivery Register	Accuracy dependent on quality of data submitted	Females	All Districts	Cumulative (year-to-date)	Annual	Lower rates	MCWH&N Programme	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	Mortality Audit System), Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS				by health facilities							
x	1.3.20 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea	Paediatric Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		separations under 5 years in health facilities												
x	1.3.21 Child under 5 years' pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5
x	1.3.22 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		health facilities												
x	1.3.23 Number of death in facility under 5 years	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight Report	Death in facility under 5 years total Formula: Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months	Not applicable	Midnight Report	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non - cumulative	Quarterly	Lower rates	MCWH&N Programme	5
	4.3.5 Cervical cancer screening	Cervical smears in women 30 years and older	PHC Comprehensive Tick Register ;OPD	Number Cervical Cancer Screening done	Not Applicable	DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher Number of Cervical Cancer Screening	MCWH&N Programme	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
Output Indicator														
SUB-PROGRAMME 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES														
x	6.1.8 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module WebDHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	5
x	6.3.6 Severity assessment code (SAC) I incident reported within 24 hours	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	6.3.15 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	5
x	6.7.5 Average length of stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and	Midnight Census	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient separations Formula: Inpatient deaths - total + inpatient discharges - total + inpatient transfers out - total	Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Hospital manager	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		Inpatient transfers out. Include all specialities												
x	6.7.10 Inpatient (usable) bed utilisation rates	Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialities	Midnight Census, Bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, Bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Hospital manager	5
x	6.7.15 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census,	Expenditure - total	Patient Day Equivalent – Total Formula: Sum ([Inpatient days total x 1]) + ([Day patient total x 0.5]) + ([OPD	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census,	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		headcount total) * 0.33333333	Management – BAS report, Ambulatory register		headcount not referred new x 0.33333333)+ SUM([OPD headcount referred new x 0.33333333]+([OPD headcount follow-up x 0.33333333]+([Casualty headcount - Emergency x 0.33333333]+([Casualty headcount - non-emergency x 0.33333333]))	Management – BAS report, Ambulatory register								
x	I.1.9 Number of Maternal deaths in facility	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman	Maternal death register (Maternal Morbidity and Mortality Audit System),	Maternal death in facility	Not applicable	Maternal death register, Delivery Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Annual	Lower rates	MCWH&N Programme	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS											
x	1.3.24 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years	Paediatric Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		in health facilities												
x	1.3.25 Child under 5 years' pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5
	1.3.26 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	1.3.27 Number of death in facility under 5 years	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight Report	Death in facility under 5 years total Formula: Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months	Not applicable	Midnight Report	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non - cumulative	Quarterly	Lower rates	MCWH&N Programme	5
	4.3.6 Cervical cancer screening	Cervical smears in women 30 years and older	PHC Comprehensive Tick Register ;OPD	Number Cervical Cancer Screening done	Not Applicable	DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher Number of Cervical Cancer Screening	MCWH&N Programme	5
SUB-PROGRAMME 5.3: SPECIALISED TERTIARY HOSPITAL														

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	6.1.9 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module WebDHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	5
x	6.3.7 Severity assessment code I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Quality Assurance	5

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	6.3.1.6 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	5
PROGRAMME 6: HEALTH SCIENCES AND TRAINING														
x	6.7.1 Number of students completed the 4 - year comprehensive course	Nurses trained on four year diploma to improve service delivery	Training database	Number of students trained	Not applicable	Attendance Registers and Completion register	Dependant on practitioners not dropping out the study course	Not Applicable	All Districts	Non - Cumulative	Annual	Higher	Human Resources Development Programme Manager	6
x	6.7.2 Number of EMS Practitioners completed Emergency	EMS practitioners trained on emergency	Training database	Number of EMS practitioners trained	Not applicable	Attendance Registers and	Dependant on practitioners not dropping	Not applicable	All district	Non - Cumulative	Annually	Higher	Programme Manager – Health	6

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
	Care Qualification	care qualification				Completion register	out the study course						Science and training	
x	6.7.3 Number of registrars qualified as specialist	Specialist doctors trained to improve clinical care	Training database	Number of registrars trained	Not applicable	Attendance Registers and Completion register	Dependant on practitioners not dropping out the study course	Not applicable	All district	Non - Cumulative	Annually	Higher	Programme Manager – Health Science and training	6
x	6.7.4 Number of bursary students completed training	Bursary awarded to qualified applicants for training purposes	Training database	Number of students awarded bursaries	Not applicable	Attendance Registers and Completion register	Dependant on practitioners not dropping out the study course	Not applicable	All district	Non - Cumulative	Annually	Higher	Programme Manager – Health Science and training	6
x	6.7.5 Number of youth placed on youth programs	Youth placed in different youth programmes	Training database	Number of youth placed in youth programmes	Not applicable	Attendance Registers and Completion register	Dependant on practitioners not dropping out the	Not applicable	All district	Non - Cumulative	Annually	Higher	Programme Manager – Health Science and training	6

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
							study course							
PROGRAMME 7: HEALTH CARE AND SUPPORT														
x	6.4.9 Wheelchair issued adult 19 years and older rate	Wheelchairs issued as a proportion of the applications for wheelchairs received for adults 19 years and older	PHC comprehensive tick register, Tick register OPD	Wheelchairs issued to adults 19 years and older within the reporting month	Wheelchairs required 19 years and older	Health Care and Support Database	Depending on assessment and specialised need	1650 of 19 years and older for both females and males	All districts	Cumulative year end	Quarterly	Higher	Clinical support manager	7
x	6.4.10 Wheelchair issued child 0-18 years rate	Wheelchairs issued as a proportion of the applications for wheelchairs received for	PHC comprehensive tick register, Tick register OPD	Wheelchairs issued children 0 - 18 years within the reporting month	Wheelchairs required by children 0 - 18 years	Health Care and Support Database	Depending on assessment and specialised need	700 of 0-18 years and older for both females and males	All districts	Cumulative year end	Quarterly	Higher	Clinical support manager	7

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		children 0-18 years												
x	6.4.11 Hearing aid issued adult 19 years and older rate	Hearing aids issued as a proportion of the applications for hearing aids received for children 0-18 years	PHC comprehensive tick register, Tick register OPD	Hearing aid issued to adults 19 years and older within the reporting month	Hearing aid required by adults 19 years and older	Health Care and Support Database	Depending on assessment and specialised need	900 of 19 years and older for both females and males	All districts	Cumulative year end	Quarterly	Higher	Clinical support manager	7
x	6.4.12 Hearing aid issued child 0-18 years rate	Hearing aid issued to adults 19 years and older	PHC comprehensive tick register, Tick register OPD Health Care and Support Database	Hearing aid issued to children 0 - 18 years within reporting month	Hearing aid required by children 0 - 18 years	Health Care and Support Database	Depending on assessment and specialised need	300 of 0-18 years and older for both females and males	All districts	Cumulative year end	Quarterly	Higher	Clinical support manager	7

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	6.4.13 Percentage Order fulfilment for essential drugs at depot	Drug orders fulfilled completely	MEDSAS	Number of order fulfilled completely	Number of orders received x 100	MEDSAS report	Poor maintenance of stock levels by the depot	Not applicable	All districts	Cumulative year end	Quarterly	Higher	Clinical support manager	7
x	6.4.14 Percentage of availability of essential medicine at facilities.	Manage number of essential medicines on stock	MEDSAS	Number of essential medicines available on stock	Total number of essential medicines	MEDSAS report	Poor maintenance of essential medicines stock levels at the depot	Not applicable	All districts	Cumulative year end	Quarterly	Higher	Clinical support manager	7
x	6.4.15 Number of active patients on CCMDD	CCMDD clients who opted to collect their patient medicine parcels from CCMDD contracted external pick up points	CCMDD database	CCMDD Client collecting medicine parcel from contracted external pick up points (PUP)	Not applicable	CCMDD register	Poor maintenance of essential medicines stock levels at the depot	Not applicable	All districts	Non - Cumulative	Annual	Higher	Clinical support manager	7

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number	
				Numerator	Denominator										
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT															
x	6.6.1 Number of planned health facility projects with initiation reports	Primary Health Care facilities planned with initiation reports	Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	Total number of planned PHC facilities with initiation reports	Not applicable	Initiation Report / Project Request Form (PRF)	Accuracy dependent on reliability of information captured on project lists.	Not applicable	All districts	Non - Cumulative	Quarterly	Higher	Manager Health facilities	8	
x	6.6.2 Number of health care facilities with active scheduled maintenance contracts concluded	Scheduled maintenance contracts for health care facilities	Capital infrastructure project list, professional day to day maintenance and management contract project list	Number of health care facilities with active scheduled maintenance	Not applicable	Job card / invoice and delivery note	Accuracy dependant on reliability of information captured on project list	Not applicable	All Districts	Non-cumulative	Quarterly	Higher	Manger Health facilities	8	

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
x	6.6.7 Percentage of Health facilities with completed capital infrastructure projects	Number of health facilities with completed capital infrastructure projects (i.e. Practical Completion or equivalent achieved for projects categorised as New & Replacement, Upgrade & Additions or Rehabilitation, Renovations & Refurbishments) expressed as a percentage of the number of health facilities planned to	Project Management Information System	Total number of health facilities with completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) issued	Total number of health facilities planned to have completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) planned to be issued	Project list (B5) and Practical Completion Certificates (or equivalent)	Project Management Information System is updated frequently and accurately	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher percentage of Health facilities with completed capital infrastructure projects	Provincial Head of Infrastructure Unit	8

Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
				Numerator	Denominator									
		have completed capital infrastructure projects.												

ANNEXURES TO THE ANNUAL PERFORMANCE PLAN



Province of the
EASTERN CAPE
HEALTH

ANNEXURE A : AMENDMENT OF STRATEGIC PLAN 2020/21 – 2024/25

The following indicators have been amended.

Table 56: Strategic Plan 2020/21 – 2024/25 Amendment of targets and Outcome Indicators

Outcome	No.	Strategic Plan Outcome Indicators (Original)	No.	Strategic Plan Outcome Indicators (Amendment)	Provincial Five Year Target (2024/ 25)		Reason for amendments
					Old Target	New Target	
1. Maternal, Neonatal, Infant and Child Mortality reduced	1.2	Neonatal death in facility rate	1.2	No indicator change	<10 per 1,000 live births	12/1 000	The amendment is to revise the five year target based on the actual and estimated performance that shows no improvement
3. Morbidity and Premature mortality due to Communicable diseases reduced	3.1	HIV positive 15-24 years (excl. ANC) rate	3.1	No indicator change	1.5%	1.8%	
4. Morbidity and Premature mortality due to non-Communicable diseases reduced	4.4	Mental disorders treatment rate new	4.4	No indicator change	0.3%	0.2%	

ANNEXURE B: CONDITIONAL GRANTS

Table 57: Conditional Grants

Name conditional grant	Purpose of the grant	Outputs	Current Annual Budget (R thousand)	Period of Grant
Human Resource and Training	- To appoint statutory positions in the health sector for systematic realisation of the human resources for health strategy and phased in of National Health Insurance; - Support provinces to fund service cost associated with clinical training and supervision of health science trainee on the public service platform	- Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources - Number and percentage of registrar's posts funded from this grant (per discipline) and other funding sources - Number and percentage of specialist's posts funded from this grant (per discipline) and other funding sources - Number and percentage of other health professionals (clinical and allied) appointed (total by district, category and discipline)	581,770	MTEF
District Health Programme Grant	To enable the health sector to develop and implement an effective response to HIV/AIDS Prevention and protection of health workers from exposure to workplace To enable the health sector to develop and implement an effective response to a TB	HIV positive new clients identified and initiated; People living with HIV retained on care; HIV new cases identified and tested (adults and children) TB co-infected positive clients initiated and cured;	3,077,003	MTEF
National Tertiary services	Ensure the provision of tertiary health services in South Africa To compensate tertiary facilities for the additional costs associated with the provision of these services	•Number of inpatient separations •Number of day patient separations •Number of outpatient first attendances •Number of outpatient follow-up attendances •Number of inpatient days •Average length of stay by facility (tertiary) •Bed utilisation rate by facility (all levels of care)	1,255,448	MTEF
Health Facility Revitalization Grant	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including health technology (HT). Organisational design (OD) systems and quality assurance (QA) To enhance capacity to deliver health infrastructure	Health care facilities upgraded, rehabilitated, maintained to provide better access to clients. Quality of care at health care facilities improved Appointment of staff with requisite skills and qualifications to ensure that health infrastructure is delivered properly in line with norms and standards	789,942	MTEF

Name conditional grant	Purpose of the grant	Outputs	Current Annual Budget (R thousand)	Period of Grant
National Health Insurance Grant	To achieve Universal Health Access through the phased implementation of National Health Insurance (NHI) and to improve access to quality health care services.	- No. of District Health Professionals Appointed - No. Mobile healthcare Units Procured - No. of CHC Rehabilitative Sites Commissioned - No. of Dental Service Sites Commissioned - No. of Professional Service groups Contracted - Commissioning of an Oncology Radiotherapy Bunker - No. of Decentralised Chemotherapy Sites Commissioned - No. of Mental Health Service Professionals Appointed	63,501	MTEF
Expanded Public Works Programme - Integrated	To create work opportunities related to Infrastructure Development	Number of people employed and receiving income through the EPWP Increased average duration of the work opportunities created	2,010	2024/25
Expanded Public Works Programme – Social Cluster	To incentivize the provincial Social sector Departments identified in 2015 Social Sector EPWP Log frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential	- Number of beneficiaries benefiting from the Grant - Increased number of people cracked and traced back to the system - Improved and strengthened referral pathways - Decreased number of people who are lost to follow - Adherence to treatment improved - Improved access to health services	10,720	2024/25

Annexure C: Consolidated Indicators

Table 58: Consolidated Outputs Indicators for Quality Assurance, Child Health and Womans health in facility in Primary Health Caer and Hospitals

Institution	Output Indicator (As per approved Standardised Indicators)	Annual Target 2024/25	Q1 target	Q2 target	Q3 target	Q4 target	Data Source
District Health Management (Clinics, CHCS & District Hospitals)	Patient Experience of Care Satisfaction Rate	85%	-	85%	-	-	National PEC Surveys Module
	<i>Numerator</i>	395 564		395 564			
	<i>Denominator</i>	466 197		466 197			
	Severity Assessment Code (SAC) 1 incident reported within 24 hours rate (Prog 4 Combined)	75%	75%	75%	75%	75%	Patient safety incident register
	<i>Numerator</i>	384	96	96	96	96	
	<i>Denominator</i>	512	128	128	128	128	
	Patient safety Incident (PSI) case closure rate	92%	92%	92%	92%	92%	Patient safety incident register
	<i>Numerator</i>	1 168	292	292	292	292	
	<i>Denominator</i>	1 272	318	318	318	318	
Provincial Hospital Services (Regional, TB & Psychiatric Hospitals)	Patient Experience of Care Satisfaction Rate	77%	-	77%	-	-	National PEC Surveys Module
	<i>Numerator</i>	41 122		41 122			
	<i>Denominator</i>	53 252		53 252			
	Severity Assessment Code (SAC) 1 incident reported within 24 hours rate (Prog 4 Combined)	90%	90%	90%	90%	90%	Patient safety incident register
	<i>Numerator</i>	656	164	164	164	164	
	<i>Denominator</i>	732	183	183	183	183	
	Patient safety Incident (PSI) case closure rate	96%	96%	96%	96%	96%	Patient safety incident register
	<i>Numerator</i>	614	153	154	154	153	
	<i>Denominator</i>	642	160	160	161	161	
	Number of maternal death in facility	38	9	10	10	9	PHC Comprehensive Tick Register; Tick register OPD; Delivery

Institution	Output Indicator (As per approved Standardised Indicators)	Annual Target 2024/25	Q1 target	Q2 target	Q3 target	Q4 target	Data Source
							and ICU Register, Midnight Census
	Diarrhoea death under 5 years (Combined Prog 4)	16	4	4	4	4	Paediatric Ward register
	Pneumonia deaths under 5 years - (Prog 4 Combined)	36	9	9	9	9	Paediatric Ward register
	Severe Acute Malnutrition deaths under 5 years - (Prog 4 Combined)	32	8	8	8	8	Paediatric Ward register
	Death in facility under 5 years Total (Combined Prog 4)	550	137	137	138	138	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register
	Cervical screening - Prog 4 Combined	500	125	125	125	125	PHC Comprehensive Tick Register ;OPD
Central, Tertiary & Specialised Tertiary Hospitals	Patient Experience of Care Satisfaction Rate	76%		76%			National PEC Surveys Module
	<i>Numerator</i>	38971		38971			
	<i>Denominator</i>	51064		51064			
	Severity Assessment Code (SAC) 1 incident reported within 24 hours rate (Prog 4 Combined)	88%	88%	88%	88%	88%	Patient safety incident register
	<i>Numerator</i>	353	88	89	88	88	
	<i>Denominator</i>	402	100	101	101	100	
	Patient safety Incident (PSI) case closure rate	96%	96%	96%	96%	96%	Patient safety incident register
	<i>Numerator</i>	496	124	124	124	124	
	<i>Denominator</i>	515	128	129	129	129	
	Number of maternal death in facility	45	11	11	12	11	PHC Comprehensive Tick Register; Tick register OPD; Delivery and ICU Register, Midnight Census
	Diarrhoea death under 5 years (Combined Prog 5)	36	9	9	9	9	Paediatric Ward register
	Pneumonia deaths under 5 years - (Prog 5 Combined)	40	10	10	10	10	Paediatric Ward register

Institution	Output Indicator (As per approved Standardised Indicators)	Annual Target 2024/25	Q1 target	Q2 target	Q3 target	Q4 target	Data Source
	Severe Acute Malnutrition deaths under 5years - (Prog 5 Combined)	9	2	2	3	2	Paediatric Ward register
	Death in facility under 5 years Total (Combined Prog 5)	440	110	110	110	110	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register
	Cervical screening - Prog 5 Combined	530	132	133	133	132	PHC Comprehensive Tick Register ;OPD

ANNEXURE D: DISTRICT DEVELOPMENT MODEL

Table 59: DDM Projects

#	WORK STREAMS	Project Name	Scope	Budget Programme Name	DISTRICT	Latitude	Longitude	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27	Project Leader	Social Partner
1.	Water Treatment & Sanitation	PVC Water tanks Chris Hani/ Joe Gqabi	Supply and install water tanks in Chris Hani and Joe Gqabi	Community Health Facilities	Joe Gqabi	Various Facilities	Various Facilities	R2 000 000	R4 000 000	R20 000	Manager Infrastructure	DPW & LG
2.	Water Treatment & Sanitation	PVC Water tanks Buffalo City Metro/Amathole	Supply and install water tanks in Buffalo City and Amathole	Community Health Facilities	Buffalo City Metro	Various Facilities	Various Facilities	R2 000 000	R3 500 000	R20 000 000	Manager Infrastructure	DPW & LG
3.	Water Treatment & Sanitation	All Saints Hospital Water & Sanitation	Sewage Inlet works, Maturation Ponds refurbishment, pipe reticulation and Raw water pump station supply lines and security structuring	District Hospital Services	Chris Hani	28,04657282	-31,65975371	R15 000 000	R9 000 000	R2 000 000	Manager Infrastructure	DPW & LG
4.	Water Treatment & Sanitation	Bhisho Hospital Water & Sanitation	Supply and install the biological contactor and electrical machines. Connection of piping system to the ponds.	District Hospital Services	Buffalo City Metro	27,45507813	-32,82769775	R5 000 000	R10 600 000	-	Manager Infrastructure	DPW & LG
5.	Water Treatment & Sanitation	Taylor Bequest Mt Fletcher Hospital Water & Sanitation	Water Supply and providing continuous pressure requirements	District Hospital Services	Joe Gqabi	28,50970459	-30,68939209	R15 000 000	-	-	Manager Infrastructure	DPW & LG
6.	Water Treatment & Sanitation	St Barnabas Hospital Water & Sanitation	Refurbishment water and wastewater treatment plant	District Hospital Services	OR Tambo	29,11732138	-31,56507835	R2 500 000	R5 000 000	-	Manager Infrastructure	DPW & LG
7.	Water Treatment & Sanitation	Tafalofefe Hospital Water & Sanitation	Refurbishment water and wastewater treatment plant	District Hospital Services	Amathole	28,47413048	-32,42978698	R9 000 000	R13 780 000	-	Manager Infrastructure	DPW & LG

#	WORK STREAMS	Project Name	Scope	Budget Programme Name	DISTRICT	Latitude	Longitude	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27	Project Leader	Social Parter
8.	Water Treatment & Sanitation	Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	Other Facilities	Amathole	27,92245227	-32,20457114	R500 000	R4 770 000	-	Manager Infrastructure	DPW & LG
9.	Water Treatment & Sanitation	Holy Cross Water and Wastewater	Holy Cross & Greenville Water & Wastewater Treatment Works	Other Facilities	OR Tambo	30,10888672	-30,93157959	R8 000 000	R8 480 000	-	Manager Infrastructure	DPW & LG
10 .	Water Treatment & Sanitation	PVC Water tanks Alfred Nzo/ OR Tambo	Supply and install water tanks in Alfred Nzo and OR Tambo	Community Health Facilities	Alfred Nzo	Various Facilities	Various Facilities	R6 500 000	R6 890 000	-	Manager Infrastructure	DPW & LG
11 .	Electrical & Mechanical (Upgrades)	PVC Water tanks NMB/Sarah Baartman	Supply and install water tanks in the Nelson Mandela Metro and Sara Baartman	Community Health Facilities	Nelson Mandela Metro	Various Facilities	Various Facilities	R3 700 000	R3 922 000	-	Manager Infrastructure	DPW & LG
12 .	Electrification and water connections	Electrification and water connections - Alfred Nzo	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Alfred Nzo	26,29413545	-32,70035211	R1 750 000	R625 000	R662 500	Manager Infrastructure	DPW & LG
13 .	Electrification and water connections	Electrification and water connections - OR Tambo	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	OR Tambo	Various Facilities	Various Facilities	R500 000	R2 025 000	R5 000 000	Manager Infrastructure	DPW & LG

#	WORK STREAMS	Project Name	Scope	Budget Programme Name	DISTRICT	Latitude	Longitude	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27	Project Leader	Social Partner
14	Electrification and water connections	Electrification and water connections - Amathole	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Amathole	Various Facilities	Various Facilities	R1 000 000	R2 924 729	R5 000 000	Manager Infrastructure	DPW & LG
15	Electrification and water connections	Electrification and water connections - Chris Hani	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Chris Hani	Various Facilities	Various Facilities	R500 000	R625 000	R5 000 000	Manager Infrastructure	DPW & LG
16	Electrification and water connections	Electrification and water connections - Joe Gqabi	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Joe Gqabi	Various Facilities	Various Facilities	R500 000	R2 500 000	R5 000 000	Manager Infrastructure	DPW & LG
17	Electrification and water connections	Electrification and water connections - BCMM	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Buffalo City Metro	Various Facilities	Various Facilities	R1 500 000	R8 256 000	R10 000 000	Manager Infrastructure	DPW & LG

#	WORK STREAMS	Project Name	Scope	Budget Programme Name	DISTRICT	Latitude	Longitude	Revised Final 2024/25	Revised Final 2025/26	Revised Final 2026/27	Project Leader	Social Parter
18	Electrification and water connections	Electrification and water connections - Sarah Baartman	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Sarah Baartman	Various Facilities	Various Facilities	R1 407 965	R7 062 488	R10 000 000	Manager Infrastructure	DPW & LG

ANNEXURE E: PROCESS FOR DEVELOPING THE 2024/25 ANNUAL PERFORMANCE PLAN (APP)

In preparing for the development of the 2024/25 Annual Performance Plan, the Department conducted an internal and external environment scanning to inform the situation analysis. A strategic planning session was hosted with internal and external stakeholders to ensure that the department addresses appropriate strategic issues of the Department. These sessions included the following: -

- The departmental strategic planning session was held at BCM District Boardroom physically from 04-05 December 2024 to review the departmental five-year Strategic Plan (2020/21- 2024/25) progress. The department collectively reflected on the 2022/23 overall performance with special focus on a number of new mandates, International, National, and Provincial imperatives that the department is implementing and also looking at National and International obligations we are required to implement as a department.
- The Strategic Planning unit conducted the consultation session with programme managers to develop the Draft 2024/25 APP. The draft 2024/25 was updated with 2022/23 actual performance and 2023/24 nine-months' data. The consultation session took place from 13 – 29 February 2024 . The following programme and sub- programme managers were consulted in order to finalise the 2024/25 Annual Performance Plan:
 - ✓ District Health Services: District Management, Clinics, Community Health Centres, Non – Communicable disease –NCD, Health Programmes, MCWH & N, HAST and District Hospitals
 - ✓ Health Care Clinical Support Services
 - ✓ Emergency Medical Services
 - ✓ Provincial Hospital services: Regional, TB Hospitals and Mental Hospitals
 - ✓ Central and Tertiary Hospitals Services
 - ✓ Health Science and Training
 - ✓ Health Facilities Management
- The department hosted a vetting session to allow executive and top management an opportunity to confirm alignment with outcomes of the strategic planning session and final budget allocation including outstanding information in order to finalise the development of 2024/25 APP.

ANNEXURE F:

PROGRAMME OUTPUTS RELATING TO WOMAN, YOUTH AND PEOPLE WITH DISABILITIES

Table 60: Woman, Youth and people with disabilities

Output Indicator	Programme / Sub Programme	Annual Target
Output for Elderly and Children		
Cataract surgery rate	Sub program 2.4	350/1 000 000
Output for women		
IUCD Uptake	Sub program 2.7	2 000
Antenatal 1 st visit before 20 weeks rate	Sub program 2.7	66%
Antenatal client start on ART rate	Sub program 2.7	95%
Delivery in 10 –14 years in facility	Sub program 2.7	335
Maternal mortality in facility ratio	Sub program 2.7	<120/100 000
Live birth under 2500g in facility rate	Sub program 2.7	12%
Mother postnatal visit within 6 days rate	Sub program 2.7	82%
Cervical cancer screening coverage	Sub program 2.7	43%
Output for Children		
Infant PCR test positive around 6 months rate	Subprogram 2.7	<1%
Immunisation under 1 year coverage	Subprogram 2.7	89%
Measles 2 nd dose 1 year coverage	Subprogram 2.7	85%
Death under 5 years against live birth rate	Subprogram 2.7	<2%
Neonatal death in facility rate	Subprogram 2.7	10/1000
Vitamin A dose 12-59-months coverage	Subprogram 2.7	76%
Child under 5 years diarrhoea case fatality rate	Subprogram 2.7	2.5%
Child under 5 years pneumonia case fatality rate	Subprogram 2.7	2.4%
Child under 5 years severe acute malnutrition case fatality rate	Subprogram 2.7	7.5%
Outputs for youth		
Number of students completed the 4 - year comprehensive course	Programme 6	111
Number of EMS Practitioners completed Emergency Care Qualification	Programme 6	9
Number of registrars qualified as specialist	Programme 6	20
Number of bursary students completed training	Programme 6	74
Number of youth placed on youth programs	Programme 6	1350
Outputs for disability		
Wheelchair issued adult 19 years and older rate	Programme 7	60%
Wheelchair issued child 0-18 years rate	Programme 7	100%
Hearing aid issued adult 19 years and older rate	Programme 7	70%
Hearing aid issued child 0-18 years rate	Programme 7	100%

CONCLUSION

This is the Final 2024/25 Annual Performance Plan of the Department, which stands as a proposal to accelerate service delivery towards the achievement of its vision and mission as set out in the 2020/21 – 2024/25 Strategic Plan of the Department. The department is committed to its mantra of “ready; able and capable “- the year of decisive action to advance the people’s health interests.

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