



Province of the
EASTERN CAPE
HEALTH

ANNUAL PERFORMANCE PLAN 2026/27 2028/29

Together, moving the health system forward





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ABBREVIATIONS AND ACRONYMS

AIDC-EC	Automotive Industry Development Centre – Eastern Cape	DM	District Municipality
AIP	Audit Intervention Plan	DMC	Differentiated Models of Care
AIP	Audit Improvement Plan	DMHFs	District Mental Health Forums
ALOS	Average Length of Stay	DMT	District Management Team
APP	Annual Performance Plan	DoCS	Department of Correctional Services
APC	Adult Primary Care	DoT	Department of Transport
ARP	Annual Recruitment Plan	DSD	Department of Social Development
ART	Antiretroviral Therapy	DPWI	Department of Public Works & Infrastructure
BANC	Basic Ante-Natal Care	DOA	Department of Agriculture
BoD	Burden of Disease	DOE	Department of Education
BUR	Bed Utilisation Rate	DOH	Department of Health
CCMDD	Central Chronic Medicine Dispensing and Distribution	DOJ	Department of Justice
CFO	Chief Financial Officer	DPME	Department of Planning Monitoring & Evaluation
CIDB	Construction Industry Development Board	DS -TB	Drugs Susceptible Tuberculosis
CFR	Case Fatality Rate	DSP	Designated Service Provider
CHCs	Community Health Centres	DR - TB	Drug Resistant Tuberculosis
CHE	Council for Higher Education	DSRAC	Department of Sports Recreation, Arts and Culture
CMH	Cecilia Makiwane Hospital	DWS	Department of Water and Sanitation
CHWs	Community Health Workers	EAP	Employee Assistance Programme
CETU	Clinical Education and Training Unit	EC	Eastern Cape
COGTA	Corporate Governance and Traditional Affairs	ECDoh	Eastern Cape Department of Health
COE	Compensation of Employees	ECAC	Eastern Cape AIDS Council
COIDA	Compensation of Occupational Injuries and Diseases Act	ECCOEC	Eastern Cape College of Emergency Care
CP	Cerebral Palsy	ECPACC	Eastern Cape Provincial Art & Culture Council
CPD	Continuous Professional Development	ELIDZ	East London Industrial Development Zone
CUP	Contracting Units for Primary Health Care	ECSECC	Eastern Cape Socio-Economic Consultative Council
CSSD	Central Sterile Supply Department	EDR-TB	Extreme Drug Resistance Tuberculosis
CSTL	Care and Support for Teaching and Learning	ECCOEC	Eastern Cape College of Emergency Care
CQI	Continuous Quality Improvement	EMS	Emergency Medical Services
DCSTs	District Clinical Specialist Teams	EMRs	Emergency Medical Records
DDG	Deputy Director-General	EPI	Expanded Programme on Immunisations
DHA	Department of Home Affairs	EPWP	Expanded Public Works Programme
DHIS	District Health Information System	EPRE	Estimate of the Provincial Revenue and Expenditure
DHIMS	District Health Information Management System		
DHS	District Health Services		

ESMOE	Essential Steps in the Management of Obstetric Emergencies	IDIP	Infrastructure Delivery Improvement Programme
ETR	Electronic TB Register	IDPs	Integrated Development Plans
EXCO	Executive Council	IGR	Inter Governmental Relations
GBV	Gender Based Violence.	IHRs	International Health Regulation
GPS	Global Positioning System	IMAM	Integrated Management of Children with Acute Malnutrition
GIAMA	Government Immovable Asset Management Act	IMCI	Integrated Management of Childhood Illnesses
GP	General Practitioner	IMR	Infant Mortality Rate
HAIs	Hospital Acquired Infection	IPC	Infection Prevention and Control
HAP	Health Action Plan	ISHP	Integrated School Health Programme
HAST	HIV / AIDS, STI and TB Control	IT	Information Technology
HBB	Helping Babies Breathe	LMS	Learner Management System
HCSS	Health Care Support Services	LEDIS	Local Economic Development Implementation Strategy
HEIs	Higher Education Institutions	MAC	Ministerial Advisory Committee
HDI	Human Development Index	MBOD	Medical Bureau for Occupational Diseases
HFM	Health Facilities Management	MCWHN	Maternal Child Women's Health and Nutrition
HIV/AIDS	Human Immuno - Deficiency Virus/Acquired Immune Deficiency Syndrome	MDGs	Millennium Developmental Goals
HMS2	Health Management System 2	MDR-TB	Multi-Drug-Resistant TB
HOD	Head of Department	MEC	Member of the Executive Council
HP	Health Promotion	MOP	Medical Orthotist and Prosthetics
HPCSA	Health Professional Council of South Africa	MLSIP	Medico-Legal Strategy Implementation Plan
HPRS	Health Patient Registration System	MMR	Maternal Mortality Rate
HST	Health Sciences and Training	MOU	Maternal Obstetric Unit
HPV	Human Papilloma Virus	MOP	Medical Orthotic and Prosthetic
HRM	Human Resource Management	MPL	Member of Provincial Legislature
HRD	Human Resource Development	MRC	Medical Research Council
HRH	Human Resources for Health	MRI	Magnetic Resonance Imaging
HR MIS	Human Resource Management Information System	MSSN	Management of Small and Sick Neonates
HT	Health Technology	MTCT	Mother-To-Child-Transmission
HVAC	Heating Ventilation and Conditioning	MTDP	Medium Term Development Plan
ICC	Institutional Consultative Committee	PMTDP	Provincial Medium Term Development Plan
IAS	Integrated Areas	MTEF	Medium -Term Expenditure Framework
IHFRM	Ideal Health Facility Realisation and Maintenance	N/A	Not Applicable
ICSM	Integrated Clinical Services Management	NCCEMD	National Committee on Confidential Enquiry on Maternal Deaths
ICRM	Ideal Clinic Realisation and Maintenance	NCDs	Non-Communicable Diseases
ICT	Information, Communications and Technology	NCS	National Core Standards
IDMS	Infrastructure Delivery Management System	NDHSC	National District Health Steering Committee
		NDoH	National Department of Health

NDP	National Development Plan	PMB	Prescribed Minimum Benefits
NEMWA	National Environment Management Waste Act	PMDS	Performance Management Development System
NGO	Non-Governmental Organisation	PMTCT	Prevention of Mother to Child Transmission
NHA	National Health Act	PLHIV	People - Living with HIV
NHI	National Health Insurance	POA	Programme of Action
NHLS	National Health Laboratory Services	PrEP	Pre-exposure prophylaxis
NHP	National Health Plan	PT	Provincial Treasury
NMAH	Nelson Mandela Academic Hospital	PUP	Pick Up Points
NMHPF	National Mental Health Policy Framework	PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Management
NMM	Nelson Mandela Metro	QIP	Quality Improvement Plan
NMU	Nelson Mandela University	RAF	Road Accident Fund
NPI	Non-Pharmaceutical Interventions	RDP	Reconstruction and Development Programme
NTSG	National Tertiary Services Grant	RPHC	Re-engineering the Primary Health Care
OD	Organisational Development	SADC	South African Development Community
ODIMWA	Occupational Diseases in Mines and Works Act	SAM	Severe Acute Malnutrition
OLD	Occupational Lung Diseases	SDGs	Sustainable Development Goals
O&P	Orthotic and Prosthetic	SCM	Supply Chain Management
OHH	Outreach Households	SITA	State Information Technology Agency
OHS	Occupational Health and Safety	SLA	Service Level Agreement
OPD	Outpatient Department	SOP	Standard Operating Procedure
OTP	Office of the Premier	SAHRC	South Africa Human Rights Commission
OWOB	Overweight or Obesity	SAM	Severe Acute Malnutrition
PAJA	Promotion of Administrative Justice Act	SDM	Service Delivery Model
PAIA	Promotion of Access to Information Act	SyNCH	Synchronised National Communication in Health
PCR	Polymerase Chain Reactive	SDC	Skills Development Committee
PDE	Patient Day Equivalent	Stats SA	Statistics South Africa
PDMT	Provincial District Management Team	STAR	Strategic Tools for Assessing Risk
PDP	Provincial Development Plan	SPCHD	Social Protection, Community and Human Development
PEC	Patient Experience of Care	SANCB	South African National Council for the Blind
PET	Positron Emission Tomography	TB	Tuberculosis
PFMA	Public Finance Management Act	TROA	Total clients remaining on ART
PEPFAR	President's Emergency Plan for Aids Relief	STI	Sexual Transmitted Infection
PERSAL	Personnel and Salaries System	TPT	TB Preventative Therapy
PGDP	Provincial Growth and Development Plan	UHC	Universal Health Coverage
PHC	Primary Health Care	UNAIDS	United Nations Programme on HIV/AIDS
PIAPS	Provincial Integrated Anti-Poverty Strategy	WBPHCOT	Ward-Based Primary Health Care Outreach Teams
		WHO	World Health Organisation

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EXECUTIVE AUTHORITY STATEMENT



I am honoured and privileged to present this 2026/2027- 2028/29 Annual Performance Plan(APP) that outlines our vision, mission and key priorities for the MTEF. The Department continues to drive the vision of ensuring optimum health outcomes for the people of this Province. Health is a fundamental human right as enshrined in section 27 of the Constitution. It is against this mandate that we pursue Universal Health Coverage through the implementation of National Health Insurance. NHI will eliminate user fees at points of care, improve access to the poor, reduce financial burdens, and improve quality of care across the health sector.

The Eastern Cape Department of Health endeavour to improve the quality of life for the people of this Province. Our vision is to build a resilient, responsive, and patient-centred healthcare system that delivers efficient services and promotes healthy communities. We remain resolute to address the increasing demand for public health services, the increasing burden of both communicable and non communicable diseases. We are doing this in the backdrop of global financial constraints and increasing contingent liability resulting in the difficulties to fill vacant posts. Despite these challenges, the department is diligently endeavoring to improve the human resources for health and enhance service delivery through astute clinical governance, intensified intersectoral collaboration, and the optimal utilisation of available resources.

In the 2026/27 financial year, we shall steadfastly advance towards our vision of optimal health outcomes. We aim to enhance the scope of re-engineering primary health care to encompass preventive and promotive services, while simultaneously augmenting access to specialized services in proximity to the communities. Service delivery enhancement through the re purposing and reclassification of facilities continues with the aim of improving access and quality of health care. The hub and spoke model for hospital services continues over this period.

The enhancement of infrastructure and the integration of digital technologies are paramount; hence, we will initiate the rollout of the Health Management System 2 (HMS²) to hospitals and implement electronic medical records in Primary Health Care, prioritizing the Ingquza Hill sub-district as the pilot for the contracting of primary health care units.

As we progress, we reaffirm our unwavering commitment to cultivating a healthcare system that is inclusive, sustainable, and attuned to the needs of our populace. I extend my heartfelt gratitude to the devoted healthcare professionals, administrative personnel, and collaborators who diligently strive to serve our communities. Their unwavering dedication and compassion constitute the very foundation of our healthcare system.

Together, we will continue striving towards a healthier province and a better future for all.

Hon. N. Capa, MPL

Member of the Executive Council

18 March 2026

STATEMENT BY THE HEAD AND ACCOUNTING OFFICER OF THE DEPARTMENT



This 2026/27 Annual Performance Plan (APP) is informed by the 2024-2029 Medium Term Development Plan, which is underpinned by the National Development Plan (2030) that underscores the progressive attainment of Universal Health Coverage (UHC) for all South Africans. The Department is resolutely dedicated to executing the health turnaround strategy aimed at realizing the aspiration of prolonged and healthy lives, facilitated by a health system that is digitally enabled, data-driven, and delivers exemplary health services. This ambition will be realized through critical success factors such as effective leadership, proficient teams, and an engaged and inspired workforce.

The department continues to navigate a precarious operational landscape, beset by persistent service pressures. This precariousness has been exacerbated by diminished budgets and the substantial liabilities associated with historical medico-legal lump sum settlements. The department's vision is to establish a responsive, compassionate health and care that is digitally enabled, data-driven and sustainable. It prioritizes health promotion and disease prevention, while ensuring universal access to quality healthcare, strengthened through strategic partnerships. The overarching goals are to improve the quality of health and care, achieve sustainable financing for health and care, and strengthen health systems.

The current state of the health system is characterized as a "poly-crisis," where multiple, interconnected crises converge and amplify one another, threatening systemic collapse. For instance, the medico-legal claims, which rose from R265 million in 2012/13 to around R5,5 billion paid in settlements by end of 2024/25, are not isolated incidents but rather a direct symptom of clinical risk management shortfalls at the time and a primary driver of the department's financial instability. This financial drain and fiscal consolidation, in turn, prevents the department from filling critical staff vacancies and maintaining essential infrastructure. This further affects service quality and perpetuates a devastating feedback loop.

During 2026/27, our focus will be on incremental improvements, leading to: enhanced patient experience, significant reduction in medico-legal liabilities, restored fiscal stability, a motivated and supported workforce, and resilient, high-quality health system.

Health is everybody's business as it impacts all from the womb to the grave. A whole of society approach with strong partnerships and multi-sectoral collaboration will therefore continue to underpin our public health programmes.

Dr R. Wagner

HOD for Health

18 March 2026

OFFICIAL SIGN-OFF OF THE ANNUAL PERFORMANCE PLAN 2026/27

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, considers 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 2026/ 27 financial year.



Ms. N. Mavuso

Programme Manager: 1, 6, & 8

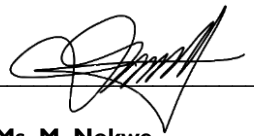
18 March 2026



Dr. M. Xamlashe

Programme Manager: 3, 4, 5 & 7

18 March 2026



Ms. M. Nokwe

Programme Manager: 2

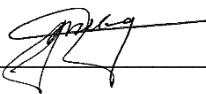
18 March 2026



Prof. S.T. Moko

Head Official Responsible for Planning

18 March 2026



Mr. G.G. Mhlanga

Chief Financial Officer

18 March 2026



Dr. R Wagner

Accounting Officer

18 March 2026

Approved by:



Hon. N. Capa, MPL

Member of the Executive Council

18 March 2026



Province of the
EASTERN CAPE
HEALTH

ANNUAL PERFORMANCE PLAN 2026/27 2028/29

PART



OUR MANDATE

PART A - OUR MANDATE

I. CONSTITUTIONAL MANADATE

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

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

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

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

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

Provides a framework for a structured health system within the Republic, considering the obligations imposed by the Constitution and other laws on the national, provincial, and local governments regarding 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, particularly 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 concerning 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.

Sexual Offences Act 2007 – Ensures that children of certain ages are not held criminally liable for engaging in consensual acts with each other. Also to give presiding officers a discretion to decide in individual cases.

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 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 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 a framework to prevent and reduce the risk of disasters, mitigating the severity of disaster, emergency preparedness, rapid and effective response to disasters and post-disaster recovery through the establishment of national, provincial and municipal disaster management centre.

3. INSTITUTIONAL POLICIES AND STRATEGIES OVER THE FIVE-YEARS

National Health Insurance (NHI) Act

The NHI bill was assented into law by the President of South Africa in May 2024. 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 act will improve the operations of the department through Ideal Health Facility and Maintenance (IHFM) model which will improve our infrastructure and quality improvement of services and the enrolment of Contracting Units of Primary Health Care (CUP) 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 (WBPHCOTs), District Clinical Specialist Teams (DCSTs) and General Practitioners (GP) contracting services.

National Development Plan (NDP): Vision 2030

The South African Government is embarking on its final 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.

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 focusing 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 healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

2024-2029 Medium-Term Development Plan (MTDP)

The plan comprehensively responds to the priorities identified by the cabinet of the 7th administration of government in a democratic South Africa, which are embodied in the Medium-Term Development Plan for the period 2024- 2029.

Strategic Priority 2: Reduce poverty and tackle the high cost of living. The following outcomes and sub-outcomes guide the 2025/26 – 2029/30 planning cycle.

Outcome: Improved access to affordable and quality healthcare

Sub outcomes:

- i Pursue the achievement of Universal Health Coverage, in which everyone in South Africa has equal access to equitable, accessible, quality health services.
- ii Implement the National Health Insurance through, among other things, finalising the implementation of the National Quality Improvement Plan to ensure public and private facilities pass inspection and are accredited to provide health care under the NHI Fund.
- iii Fast-track the strengthening of healthcare infrastructure, employ more personnel and finalise the creation of a single electronic health record.
- iv Strengthen the delivery of Primary Health Care (PHC) and ensure that clinics are well-resourced and appropriately staffed.
- v Strengthen the implementation of the National Drug Master Plan to ensure a South Africa free of substance abuse.

Provincial Medium-Term Development Plan and Mandate Paper

The Eastern Cape Provincial Administration continues to consolidate strategic planning and advocates for government departments to function in a cohesive and integrated manner. The province has delineated nine Integration Areas (IAs). The Department of Health is tasked with formulating comprehensive plans for Integration Area Eight (8) – encompassing Non-Communicable Diseases, Mental Health, and Social Determinants of Health.

Table 1: Integration Priorities with Health interventions

MTDP/ P-MTDP STRATEGIC PRIORITY	PRIORITY FOCUS	INTEGRATION PROGRAMMES	INTERVENTIONS
3. REDUCE POVERTY AND TACKLE THE HIGH COST OF LIVING	Social Security	4. Anti-Poverty & Sustainable Livelihoods	i. Ensure adequacy, availability and access to affordable nutritious food for all. ii. Ensure regular access to adequate and nutritious food against Child Poverty & Malnutrition. iii. Develop sustainable Integrated Community Development interventions and increase economic opportunities towards self-reliant communities.
	Education & Health	1. Inclusive Early Childhood Development and Learner Attainment	i. Universal availability of comprehensive and stage-appropriate quality Early Childhood Development services. ii. Increase Social Support to education for improved learner attainment. iii. Accelerate implementation of three stream.
		8. Non-Communicable Diseases, mental health & social determinants of health	i. Strengthen the implementation of Prevention and Control of Non-Communicable Diseases. ii. Strengthen the implementation of Integrated Mental Health Services.
3. BUILD A CAPABLE, ETHICAL AND DEVELOPMENTAL STATE	DOCS	3. Social cohesion, moral regeneration, community safety & GBVF	I. Community conversations through leaders and heroes having conversations with communities and youth. II. Implement an Incubation programme for the cultural and creative industries. III. Providing Makerspace facilities where young people can explore their creativity and develop craft products that can be sold commercially. IV. Improve coordination of police response for safer communities. V. Improve GBVF provincial response by upscaling early Interventions and Prevention Measures.
1. INCLUSIVE GROWTH AND JOB CREATION	DPWI	5. Infrastructure, human settlements & broadband	i. Respond to ageing infrastructure to meet universal access to basic services and support economic growth. ii. Improve access. iii. Increase access to water, sanitation and electricity for health facilities and schools. iv. Integrated urban space and public transport programme v. Rollout of broadband connectivity to various government facilities across the province vi. Support the development of the electricity transmission grid in the province.

MTDP/ P-MTDP STRATEGIC PRIORITY	PRIORITY FOCUS	INTEGRATION PROGRAMMES	INTERVENTIONS
			vii. Enable pipeline of utility scale energy projects
	DRDAR	6. Food Security, Land reform & agriculture commercialisation	i. Establish inclusive local food value chains to support access to nutritious and affordable food. ii. Supporting self-reliant communities. iii. Accelerate inclusive land reform to drive transformation and increase agriculture production.
I. INCLUSIVE GROWTH AND JOB CREATION	DEDEAT	7. Inclusive Economic Growth	i. Implementation of Provincial Climate Change Response. ii. Revenue generation. iii. Creation of public employment opportunities. iv. Creation of jobs in the economic sectors. v. Skills development for the economy. vi. Entrepreneurship support. vii. Roll out of Black Industrialist programme. viii. Optimum functional industrial parks. ix. Implementation of the corporate international agreements. x. Film Production Support. xi. Support to small-scale fisheries and cooperatives. xii. Marine protection and ocean governance.
3. BUILD A CAPABLE, ETHICAL AND DEVELOPMENTAL STATE	OTP	I. Youth development, skills development & training for the Economy	I. Job Creation. II. Inclusive Economy. III. Development. IV. Food Security.
Cross Cutting Priorities			i. Addressing Social Determinants of Health & Education & Social Development. ii. Strengthen Provincial Coordination and implementation of Provincial Integrated Anti-Poverty Strategy (PIAPS).
Department-specific (but critical) priorities			i. National Health Insurance - Accelerate implementation National Health Insurance. ii. Medico-legal - Strengthen the implementation of Integrated Medico-Legal Strategy to mitigate and manage medico- legal risks.

Theory of change – Health Care Delivery

Problem Statement

The province is experiencing the high burden of disease with increased mortality due to poor access, system inefficiencies and high cost of delivering health services within a constrained fiscal environment.

Impact

The department of health impact is “Long, healthy and quality life for the people of the Eastern Cape”. To achieve the above-mentioned impact, the department will strive to implement the following outcomes. Only high-level outputs that are included in the table below.

Table 2: Theory of change for Health Care Delivery

Theory of change	
Inputs: Resources and Investments	• Human Resources: Trained Healthcare Workers, Community Health Workers, Developmental Partners' workers. • Financial Resources: Equitable share, conditional grants, other funding sources • Infrastructure: Hospitals, clinics, telemedicine platforms, mobile clinics, WBPHCOT. • Health Technology: Electronic Medical Records (EMRs), medical equipment, medicine, mobile apps, health information systems. • Policy & Governance: Health regulations, universal healthcare policies. • Community Engagement: Awareness programs, patient education initiatives, ICROP.
Activities: Key interventions	• Prevention and promotion of healthy living e.g. immunisations, healthy eating, exercises etc. • Implementation of school health services: • Implement re-engineering of Primary Health Care through implementation of Ward Based Primary Health Care Outreach Teams (WBPHCOT), Integrated School Health Programmes. • Increase access to mental health services in Primary Health Care. • Early detection and management of Non-Communicable Diseases. • Implement the 95 95 95 UNAIDS strategy for management of HIV/AIDS and TB. • Prevent childhood illnesses and death. • Promote contraceptives to prevent unwanted pregnancies and reduce maternal deaths. • Strengthening healthcare workforce through training and capacity building for healthcare workers. • Implement digital health solutions for data-driven decision-making. • Improve patient experience of care and curb medico-legal litigations. • Implement universal health coverage through National Health Insurance.
Outputs: High level outputs	• Unwanted and teenage pregnancies prevented. • Early and good quality antenatal care services rendered. • Maternal and neonatal deaths reduced. • Child deaths reduced. • Hypertension and diabetes screening and treatment. • Mental health care services integrated in Primary Health Care. • 95% of people know their HIV/TB status, 95% are on treatment and 95 % are viral

Theory of change	
	suppressed and cured for TB. The above outputs are possible if the health system is strengthened through management of resource like human, material (medication, laboratory, health technology, equipment, digital, information management).
Outcomes: To achieve the Impact	- Reduce maternal, neonatal and child mortality. - Reduced mortality due to Communicable and Non - Communicable Diseases. - Mental health care integrated into Primary Health Care. - Quality of health services improved. - Improved patient experience of care. - Financial management strengthened in the health sector.

4. UPDATES TO RELEVANT COURT RULINGS

- TN obo BN v MEC for Health, Eastern Cape* (2023) judgment is a landmark South African medical negligence ruling that developed the common law to allow the state to pay for future medical costs through in-kind services (public healthcare) or periodic payments, rather than large, upfront lump-sum cash payments to prevent catastrophic cash flow pressures.
- Stay in execution Judgement: Common law and s 173 of state liability act 20 of 1957 attachment of right title and interest to credit balance in bank account of government departments. courts often grant a stay of execution to prevent disruption of essential services.
- MEC for Health, Eastern Cape v A.S obo S.S* (February 2026): This ruling reinforces the "once and for all" rule, preventing the state from forcing patients to accept care in often-under-resourced state facilities instead of private care. The operational implications are the large medico-legal claims which will continue to drain the departmental budget thus creating a cash flow pressure that affects routine health service delivery.



Province of the
EASTERN CAPE
HEALTH

ANNUAL PERFORMANCE PLAN 2026/27 2028/29

PART B

STRATEGIC INTENT AND SITUATIONAL ANALYSIS

PART B: STRATEGIC INTENT AND SITUATIONAL ANALYSIS

The strategic framework of the Eastern Cape Department of Health for addressing the evolving health challenges within the province is articulated in Part B. This section delineates guiding principles and a comprehensive situational analysis that underscores demographic pressures, systemic inequities, and the quadruple burden of disease. It is predicated upon a vision of optimal health and a mission focused on Universal Health Coverage through Primary Health Care. These considerations necessitate an adaptive, forward-thinking approach grounded in collaboration, data-informed planning, and community engagement—transforming insights into actionable priorities.

5. VISION

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

6. 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.

7. VALUES

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

- Professionalism
- Fairness
- Accountability
- Commitment
- Teamwork
- Compassionate
- Responsive

8. EXTERNAL ENVIRONMENT ANALYSIS

8.1 Overview of Eastern Cape

The Eastern Cape covers 168,966 km² and accounts for 13.8% of South Africa's land area. It is situated on the east coast of the country between the Western Cape and KwaZulu-Natal provinces. Inland, it shares borders with Northern Cape, Free State, and Lesotho. The province is the fourth most populous in the country, following the Western Cape, KwaZulu-Natal, and Gauteng. The region boasts many natural landscapes, including the semi-arid Great Karoo, forests of the Wild Coast and Keiskamma Valley, rich Lang Kloof, and mountainous Southern Drakensberg region.

The province has two metropolitan municipalities (Buffalo City and Nelson Mandela Bay), six district municipalities, and 31 local municipalities. Five districts (Alfred Nzo, Amathole, Chris Hani, Joe Gqabi, and OR Tambo) are classified as SEQ I, indicating high levels of deprivation. Only one district and two metros lie outside of this category. (Sarah Baartman, Buffalo City, Nelson Mandela)⁽¹⁾

8.2 Social and Demographic Environment

8.2.1 Demographic Profile and Trends

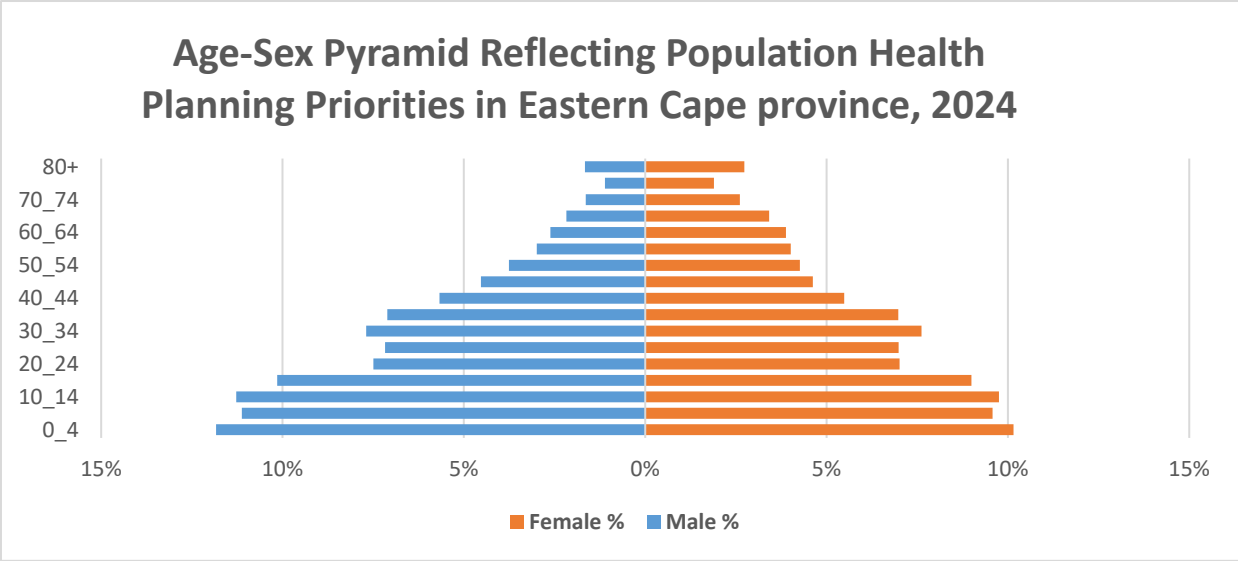


Figure 1: Population Distribution, Eastern Cape Province, 2024:

Source: StatsSA-2025 mid-year estimates

The province has a total population: 7,207,352 as per the 2025 mid-year estimates, with a population growth rate of 1.17% annual growth rate and 5-year projections (2024-2029) an approximately of 168,966 and Population Density: 42.7 people per km².

Demographic Transitions in the Eastern Cape: Age, Gender, and Growth Dynamics (2019 - 2025)

Age								
0-4	358 650	347 608	366 330	353 344	724 979	700 952	-0,0331	
5-9	375 040	349 708	386 340	353 590	761 380	703 298	-0,0763	
10-14	368 010	367 777	376 879	371 215	744 889	738 992	-0,0079	
15-19	291 583	346 393	299 385	344 512	590 967	690 905	0,1691	
20-24	246 936	270 523	252 572	250 964	499 509	521 487	0,0440	
25-29	258 119	252 547	263 271	228 276	521 391	480 823	-0,0778	
30-34	255 791	283 608	257 568	252 043	513 360	535 651	0,0434	
35-39	217 419	269 823	210 454	241 879	427 873	511 702	0,1959	
40-44	183 106	211 287	159 263	194 587	342 369	405 875	0,1855	
45-49	173 519	172 625	131 071	154 448	304 590	327 073	0,0738	
50-54	163 695	164 761	103 770	129 990	267 466	294 750	0,1020	
55-59	159 309	159 117	92 438	102 641	251 747	261 757	0,0398	
60-64	144 091	157 523	79 775	89 811	223 865	247 334	0,1048	
65-69	114 096	142 988	62 422	75 108	176 518	218 096	0,2355	
70-74	85 121	110 257	43 229	56 566	128 350	166 823	0,2998	
75-79	67 360	78 630	33 110	37 940	100 470	116 571	0,1603	
80+	92 179	112 072	40 376	56 626	132 555	168 699	0,2727	
Total	3 554 023	3 797 247	3 158 253	3 293 541	6 712 276	7 090 788	0,0564	
	OM 5M	OM 5M	2M 4M 6M	OM 5M	5M 10M	5M 10M	0,0	0,5
	Female-2019	Female-2025	Male-2019	Male-2025	Total-2019	Total-2025	Growth Rate	

Significant growth in the 65+ population may impact chronic care needs

0-9 age group: prompts review of maternal and child health services

7.78% 25-29 age group: suggests youth out-migration and review of labor force strategies

Positive

Decline

Source: Stats SA Mid-Year Population Estimates, 2019 & 2025

Figure 2: Demographic transitions in EC (2019- 2025)

Figure 2 above shows that the population of the Eastern Cape is growing moderately overall, but the age distribution raises strategic questions: the sharp drop in the 25–29 age group suggests that young people are leaving the province, which could jeopardize the local workforce and reproductive health services; the declining

0–9 age group indicates that birth rates are dropping and that maternal and child health priorities need to be evaluated. The growing number of people aged 65 and over highlights the pressing need for more extensive chronic care services and age-appropriate health interventions. The demographic profile shift has a clear implication for resource allocation within the provincial health planning.

8.2.2 Social Determinants of Health

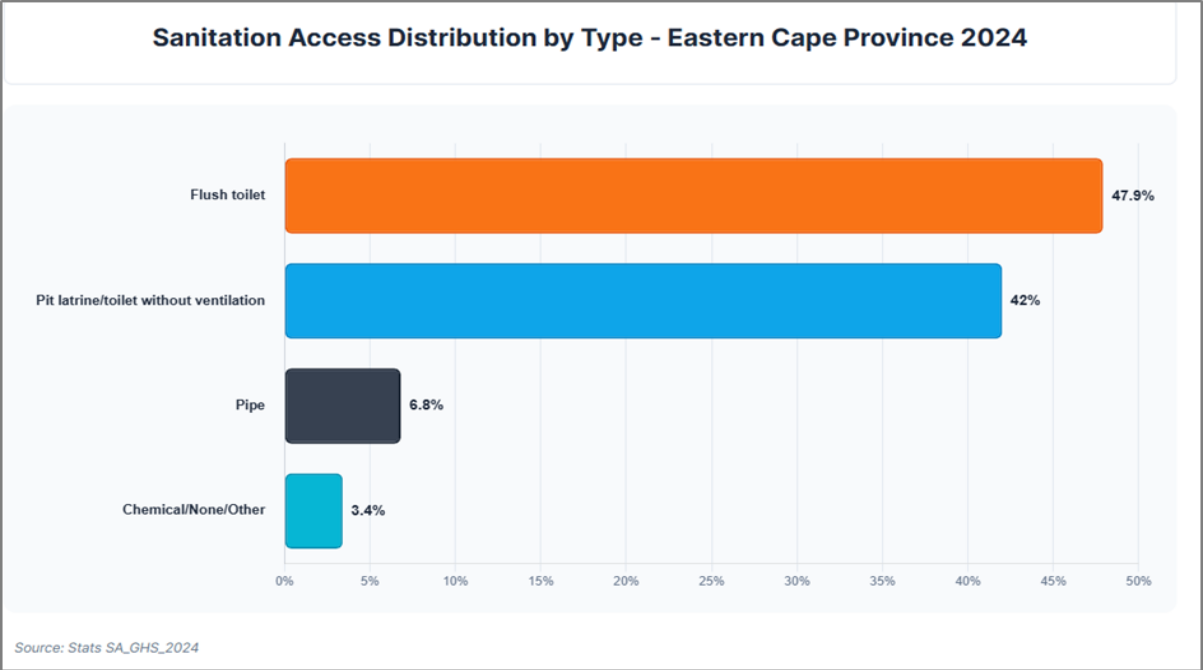


Figure 3: Sanitation access distribution by type, Eastern Cape 2024

The graphic above shows that only 47.9% of households in the Eastern Cape had access to flushed toilets in 2024, indicating significant gaps in the province's sanitation infrastructure. There are major health risks associated with the continued use of pit latrines 42%, many of which are not ventilated, posing a serious health risk, especially in a province faced with severe acute malnutrition and diarrhoea in children under 5 years. Strengthening access to safe sanitation is critical for reducing avoidable childhood illnesses and improving early health outcomes.

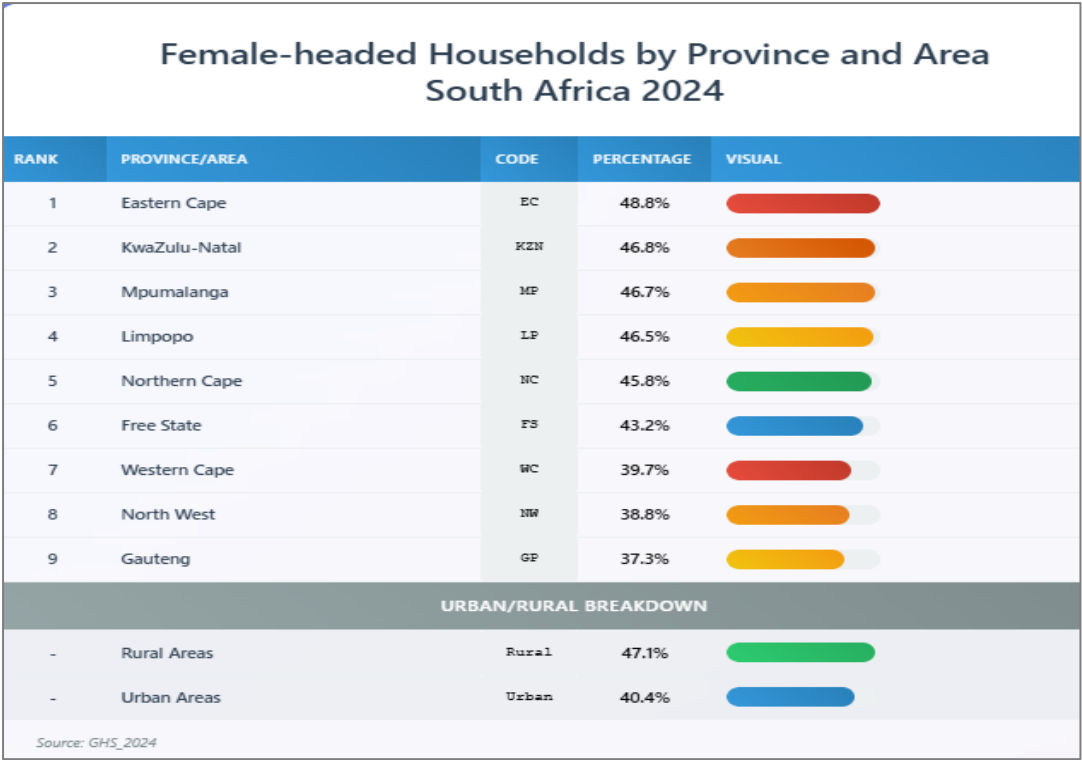


Figure 4: Regional Disparities in Female-Headed Households Across South Africa 2024

The figure 4 above shows substantial geographical disparities in female-headed households across the country, with the Eastern Cape having the highest proportion, 48.8% and Gauteng having the lowest, 37.3%. Rural areas had much higher proportions of female-headed families, 47.1% than metropolitan areas, 40.4%, indicating that geographic and economic variables influence household structure. The provinces with the highest rates—Eastern Cape, KwaZulu-Natal, Mpumalanga, and Limpopo—are largely rural and historically impoverished areas, whereas more economically developed provinces like Gauteng and Western Cape have lower percentages.

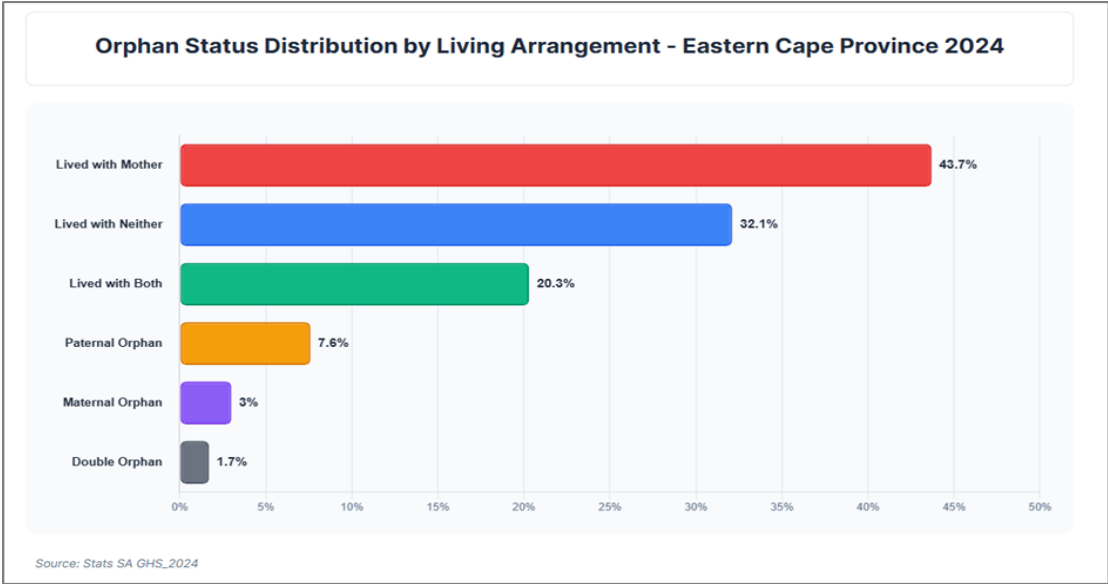


Figure 5: Orphan Status Distribution by Living arrangement - Eastern Cape Province 2024

The figure 5 above reveals that maternal-only households accounted for the largest category of 43.7%, followed by children living with neither parent by 32.1%, nor only 20.3% of children live with both parents. The orphan

burden (paternal, maternal, and double orphans combined) affects about 12.3% of the child population. Paternal orphans (7.6%) are significantly more common than maternal orphans (3.0%), which indicates increased rates of absent fathers through death or due to abandonment⁽³⁾.

Population Health Landscape: Trends, Burden, and Gaps

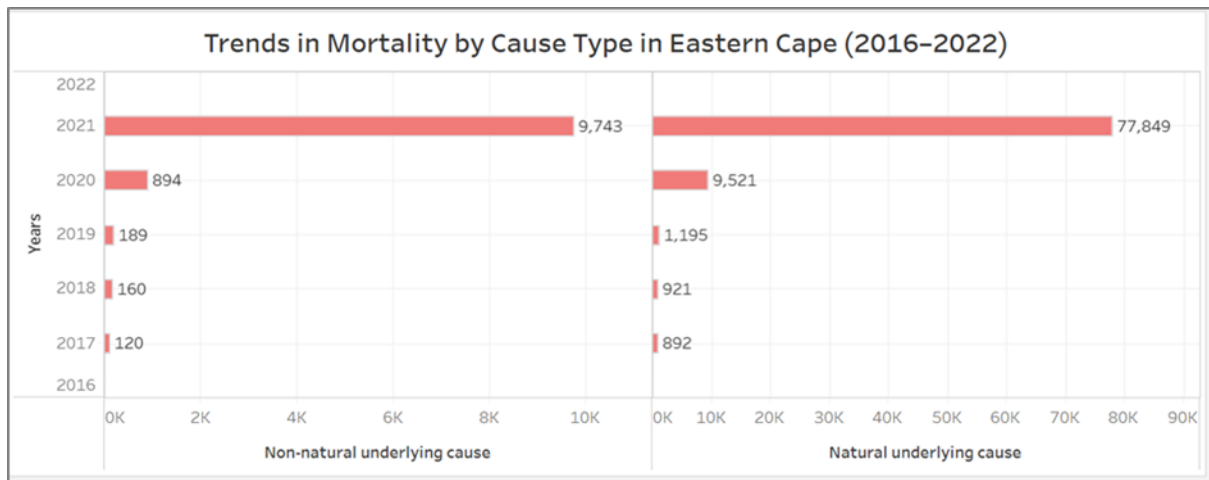


Figure 6: Trend in Mortality by Cause Type in Eastern Cape (2016–2022)

The graphic above illustrates a sharp increase in mortality in 2021, with natural causes escalating by more than eight-fold compared to 2020. This spike likely reveals the impact of COVID-19 and systemic weaknesses in health service delivery. This analysis supports prioritization of surveillance, strengthening of chronic disease, and promote intersectoral prevention strategies in the planning space⁽⁴⁾.

9. INTERNAL ENVIRONMENT ANALYSIS

This section provides an overview of the internal environmental analysis in the developmental health planning context in the Eastern Cape, focusing on the past 3-5 years. The chapter also highlights key strengths and weaknesses of the department in relation to the national landscape. Subsequently, the chapter assesses the health performance, looking at maternal, women's health and neonatal, nutrition, HIV/Aids, tuberculosis, non-communicable diseases and disease surveillance.

Maternal and Women's Health

The section below outlines the provincial maternal and neonatal mortality, child health, nutrition, communicable and non-communicable disease trends

Eastern Cape and Districts Analysis (Apr 2024 - Mar 2025)

Maternal mortality



Figure 7: Maternal Mortality in Facility Ratio Trends

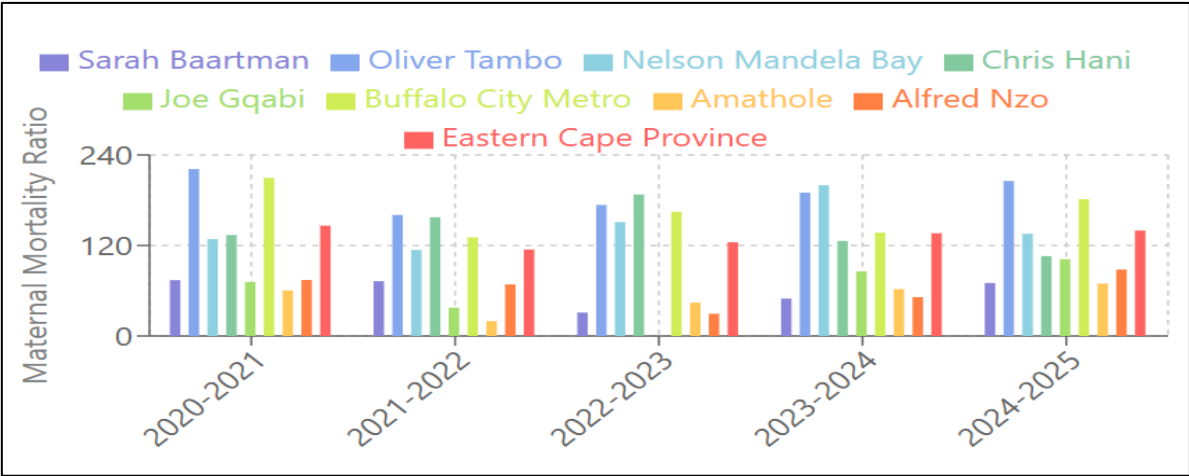


Figure 8: Maternity Mortality Ratio per district (2020-2025)

Source: DHIS 2025

The maternal mortality ratio figure 7 above indicates that the provincial average has remained relatively constant at 115-140 per 100 000 over the past five years. Figure 8 shows Oliver Tambo and Buffalo City Metro as the highest, and Amathole and Sarah Baartman as the lowest, among the districts.

Stillbirths

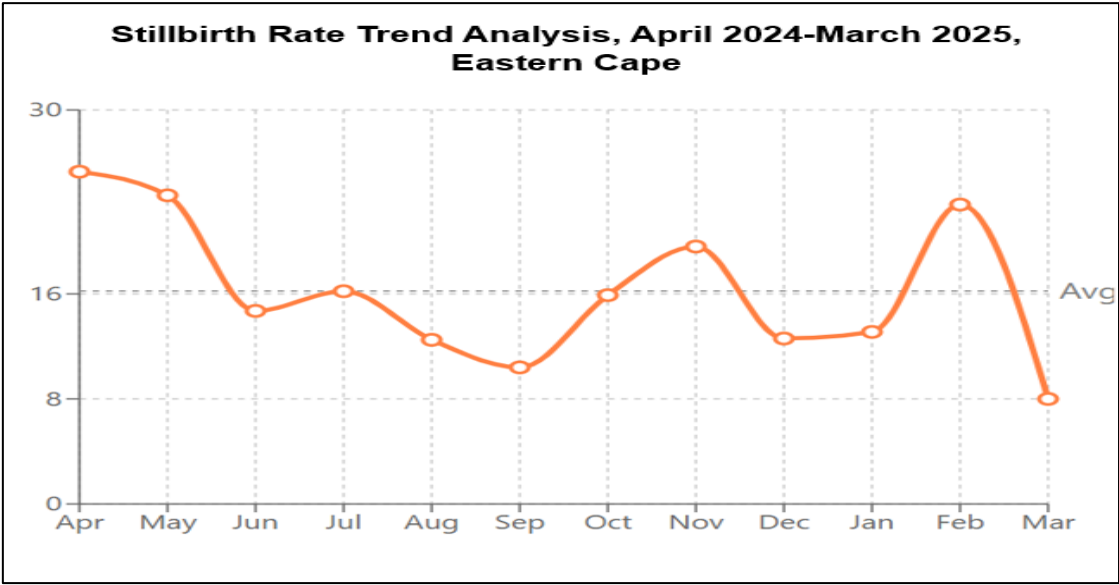


Figure 9: Stillbirth Rate Trend Analysis, April 2024 - March 2025, Eastern Cape

Source: DHIS 2025

The still birth rate is showing a decline in the province as depicted in figure 9 below.

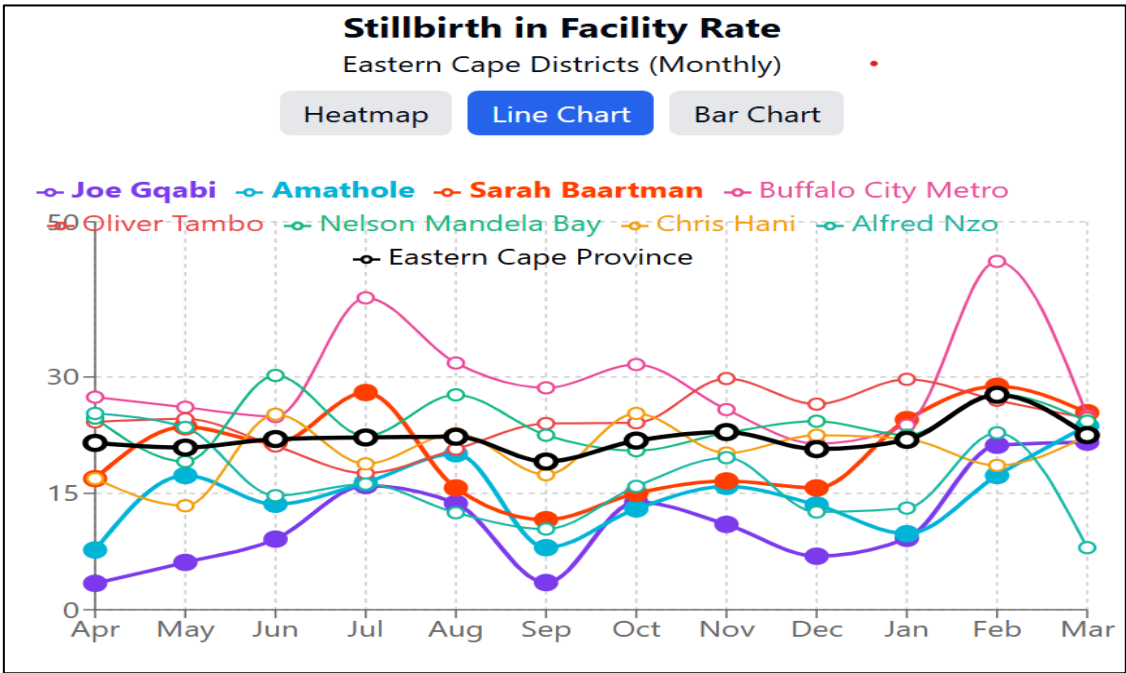


Figure 10: Stillbirth Rate in Facility Rate

Source: DHIS 2025

The Buffalo City Metro exhibits the highest stillbirth rates in the province, with its highest peak at 44.9% in February and 40.2% in July whereas Joe Gqabi and Amathole demonstrates lower rates, particularly in April and September were reported 3.4 - 3.5% as compared to other districts.

Neonatal Deaths

The province still has a challenge of high neonatal deaths at 15.5 per 1000 live births. These death rates range from the lowest 8.9 per 1000 live births in Alfred Nzo to 21.1 per 1000 live births

Table 3: Eastern Cape Neonatal Death in Facility Rate by District, April 2024 - March

Eastern Cape Neonatal Death in Facility Rate by District, April 2024- March 2024 – Arranged by Rate (Lowest to Highest)			
District	Total Deaths	Total Births	Average Rate (per 1000)
Alfred Nzo	82	9335	8.9
Amathole	71	6456	11.1
Chris Hani	99	8418	11.8
Joe Gqabi	42	3493	12.0
Sara Baartman	64	5146	12.7
Buffalo City Metro	173	11522	15.0
Eastern Cape	1246	80772	15.5
Nelson Mandela Metro	280	15614	18.0
OR Tambo	435	20788	21.1

Source: DHIS 2025

Nutrition

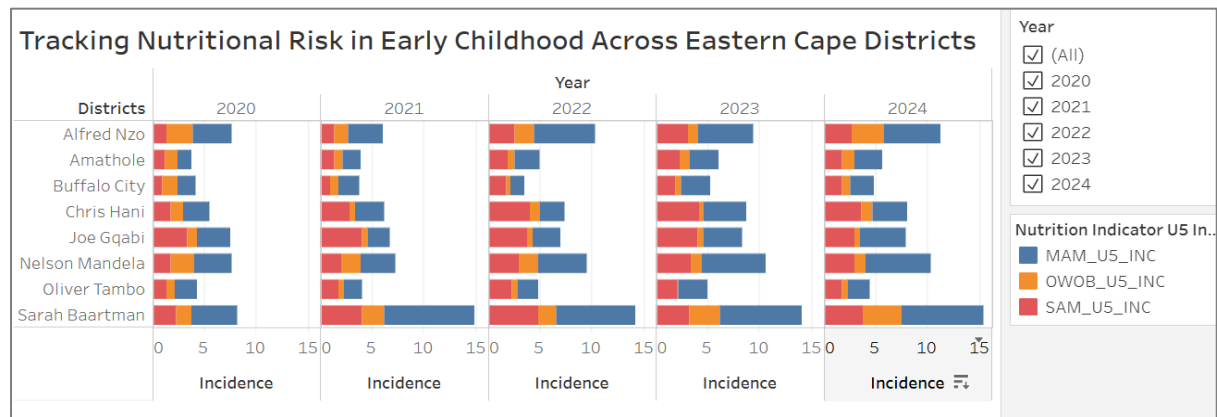


Figure 11: Tracking Nutritional Risk in Early Childhood Across Eastern Cape District

The dashboard above reveals notable disparities in nutrition among children under 5 years across the districts from 2020 to 2024, with Sarah Baartman steadily displaying the highest incidence across all nutrition indicators. This indicates a persistent burden that requires targeted interventions. Even though Overweight or Obesity (OWOB)_U5_INC remains low in most districts, a slight increase in districts like Alfred Nzo and Buffalo City suggests emerging risks associated with dietary shifts. Meanwhile, the rising Severe Acute Malnutrition (SAM)_U5_INC trends in Joe Gqabi and Chris Hani highlight the potential gaps in early identification and provision of nutritional support. This underscores the need to strengthen multisectoral strategies and resource allocation.¹

¹ SAM_U5_INC= Severe Acute Malnutrition Under 5 Incidence
MAM_U5_INC= Moderate Acute Malnutrition Under 5 Incidence

HIV/AIDS TB & STI



Figure 12: 95-95-95 Cascade

As of June 2025, the Eastern Cape exhibits a service coverage of 94-78-93 across the total population engaged through both the Public and Private sectors. The outcomes for each demographic segment are delineated as follows: -

- Adult Females at 95-80-93
- Adult Males at 93-72-93
- Children (<15 years) at 88-75-77

To attain the ambitious 95-95-95 targets, the province must augment the total number of clients receiving ART by 150,660; adult females on ART by 81,494; adult males on ART by 64,679; and children (<15 years) on ART by 4,487.

Tuberculosis

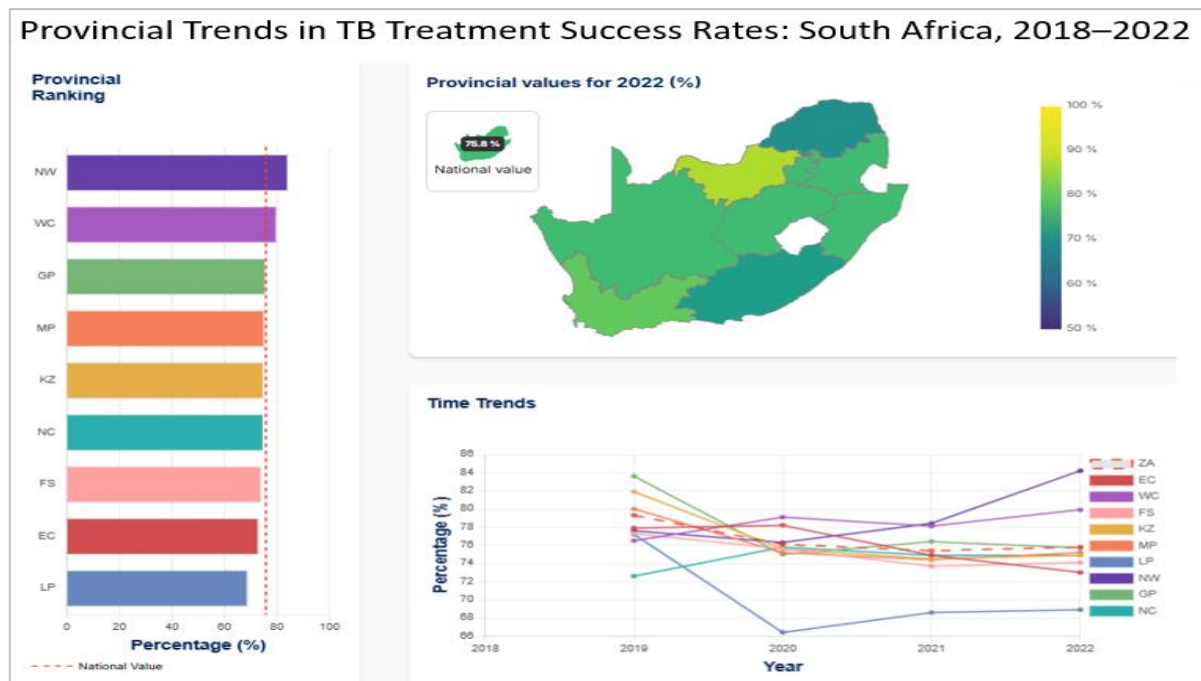


Figure 13: Provincial trends in TB Success rate, South Africa - 2018-2022

Despite tuberculosis (TB) being a preventable and typically curable infectious disease, it remains a leading cause of death worldwide from a single infectious agent. South Africa is one of thirty high TB burden countries which accounted for 87% of the world's TB cases in 2023. The incidence was estimated at 270 000 (427 per 100 000 population) in 2023, with more than half of those cases occurring in HIV-infected people (145 000 cases). The TB mortality rate among HIV-negative individuals was 39 per 100 000, and 49 per 100 000 among people living with HIV (PLHIV). National TB Programme efforts over the past decade have resulted in important gains in TB control. Between 2015 and 2023, overall incidence reduced by 57% and overall mortality by 16%. TB remains one of the leading causes of death in South Africa (DHB,2023).

According to the NICD report (March 2025), South Africa's national TB treatment success rate stood at 71%. The figure below presents a DS-TB Treatment Success South Africa Overview, with Limpopo leading nationally in 2022, while Western Cape trails behind, as illustrated in the provincial bar chart and map. Together, the visuals offer a comprehensive analysis of DS-TB treatment outcomes, spotlighting both provincial disparities and district-level performance within the Eastern Cape. Time trend data shows that Eastern Cape has made gradual progress from 2018 to 2022, yet its success rate remains consistently below the national average. District rankings for 2023 reveal CH, JG, and BCM as top performers, with most districts exceeding 75%, while Amathole ranks lowest in the province.

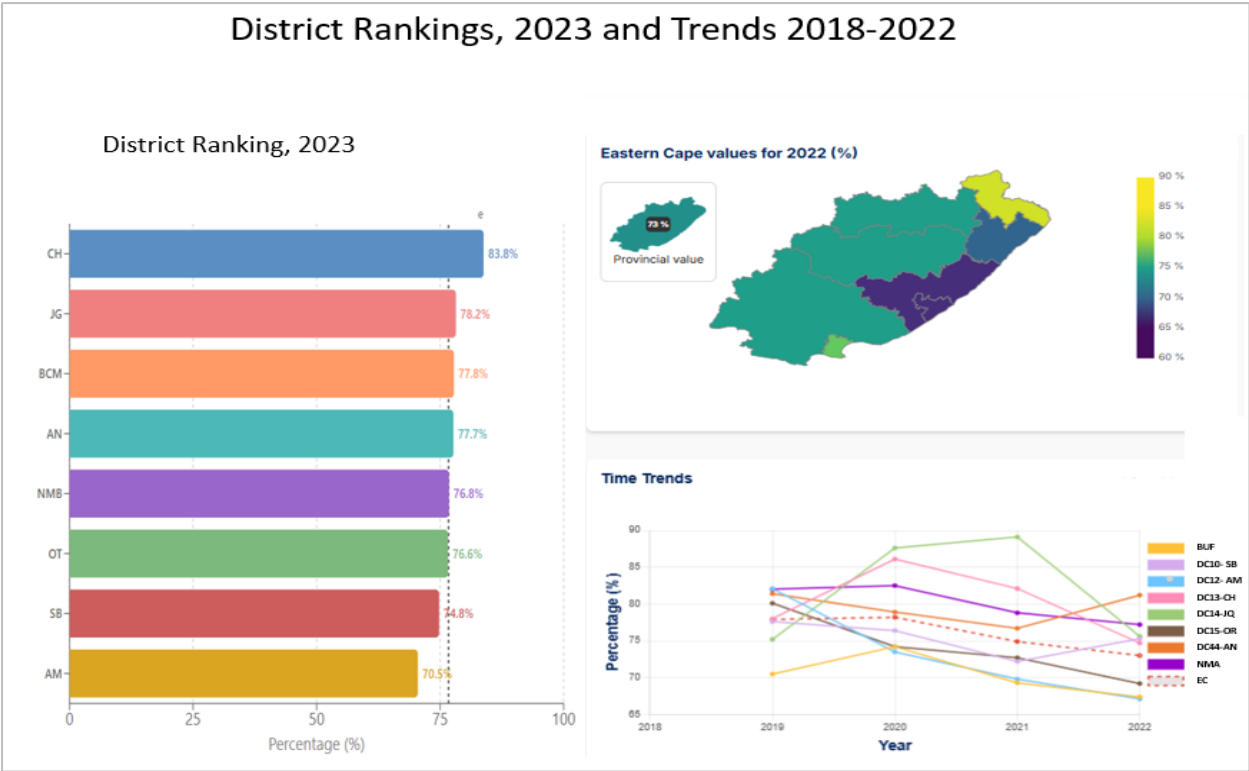


Figure 14: District Rankings for DS-TB Treatment Success South Africa

Non-Communicable Diseases

Deaths due to noncommunicable diseases, comprising **cardiovascular diseases**, **cancer**, **diabetes** and **chronic lower respiratory diseases** increased by 58,7% over 20 years, from a total of 103 428 in 1997 to 164 205 in 2018.

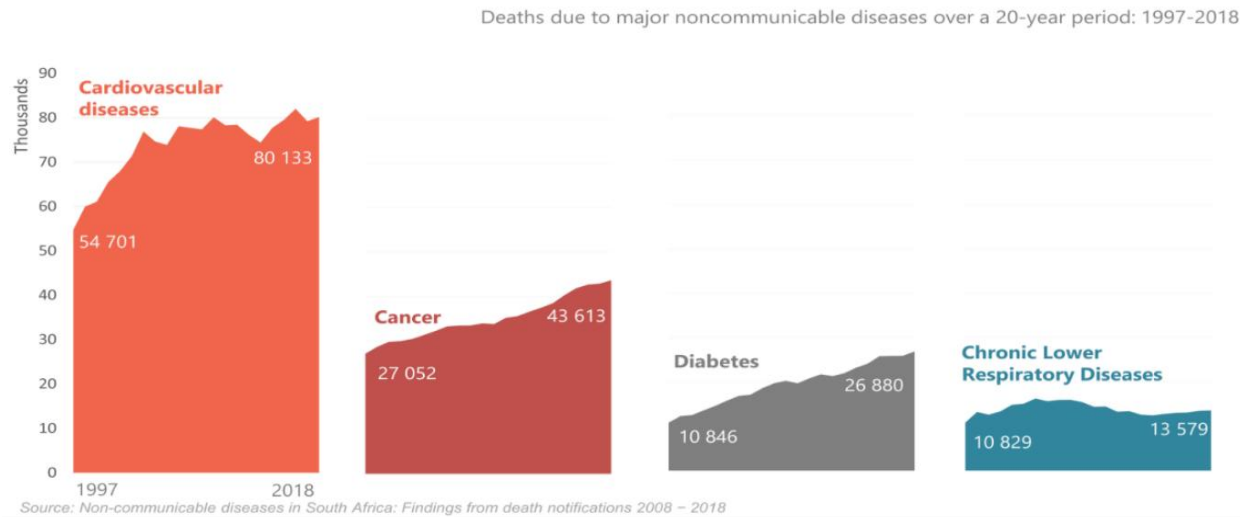


Figure 15: Non-Communicable Diseases, EC (2025)

Source: Stats SA 2025

Non-Communicable Diseases (NCDs) represent a predominant cause of morbidity and mortality on a global scale, responsible for approximately 74% of annual deaths worldwide. NCDs encompass a diverse array of conditions that are non-infectious in nature, exhibit a gradual progression, and necessitate prolonged or lifelong management and care. The burden of NCDs is most pronounced in low- and middle-income nations, encompassing ailments such as cardiovascular diseases, hypertension, chronic respiratory disorders, diabetes, various forms of cancer, and mental health conditions.

Cancer

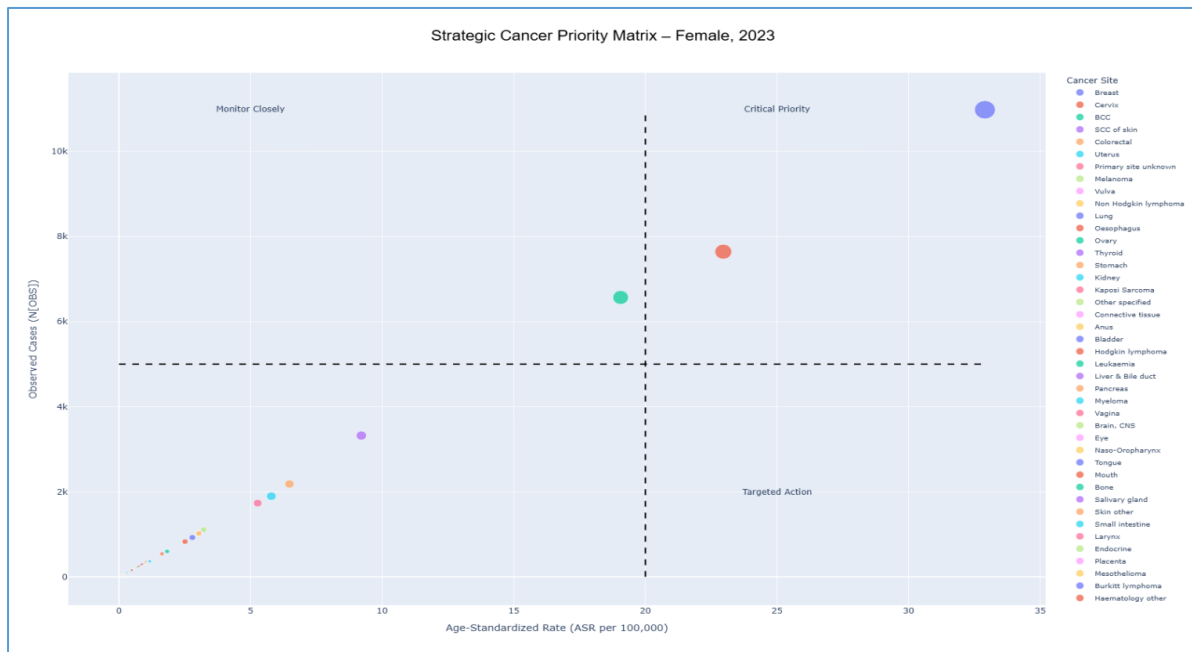


Figure 16: Strategic Cancer Priority Matrix – Female, 2023

Source: NICD Cancer Registry Report 2023

The above visual is based NICD's national cancer registry data for women from all population groups in South Africa. Since the province does not have its own cancer registry yet, and latest updated cancer data in this matrix acts as a proxy to help predict the provincial cancer burden among women. By bringing together incidence rates, case counts, and lifetime risk, the matrix points out which types of female cancer may need the most attention in the meantime. This analysis helps to ensure that planning is proactive, and we are in line with national trends, while also highlighting the need to improve provincial cancer surveillance. Among women population, the predominantly found cancer are breast and cervical cancers, targeted interventions for these needs to be in place.

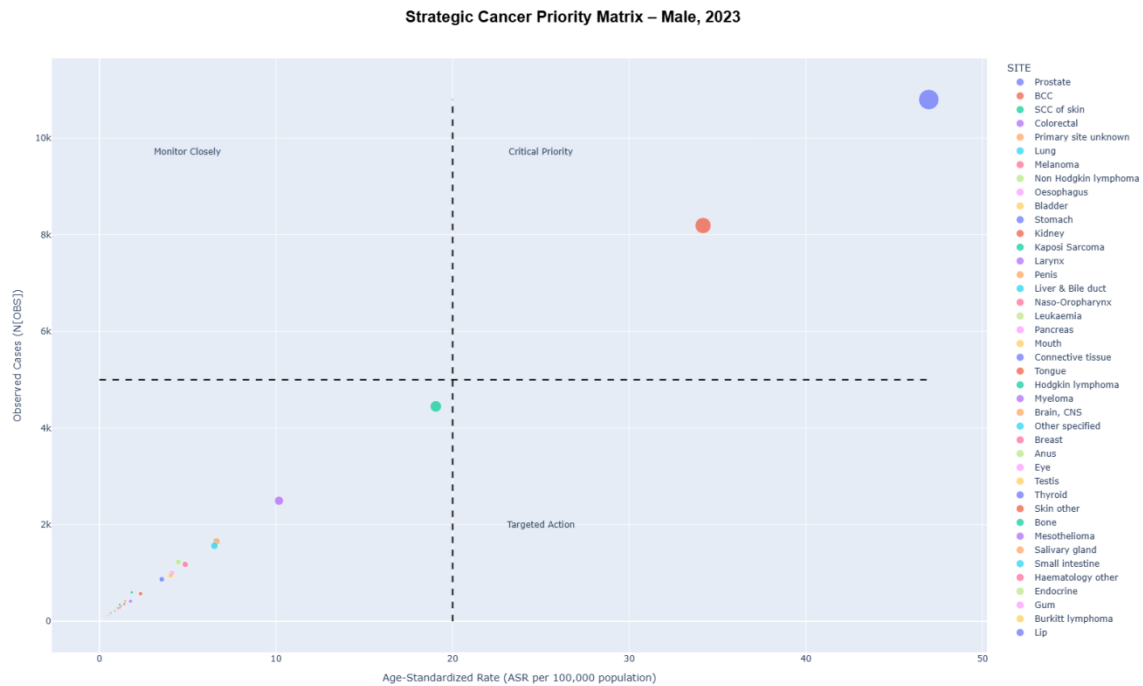


Figure 17: Strategic Cancer Priority Matrix – Male, 2023

Source: NICD Cancer Registry Report 2023

Figure above highlight the predominant cancers among male population, with prostate cancer being the highest.

Epidemiological Analysis: Cancer Mortality in Eastern Cape Province, 2018

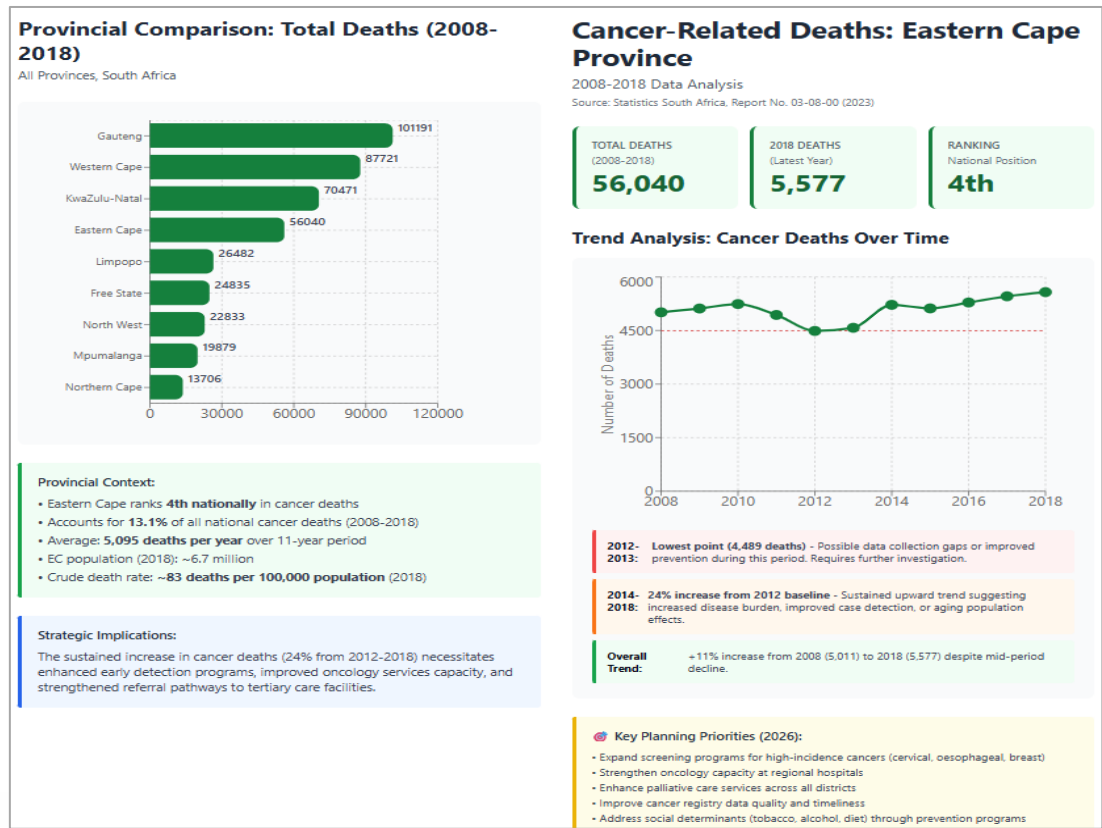


Figure 18: Cancer Mortality in Eastern Cape Province, 2018

The figure above illustrates that the top four leading causes of death due to cancer in 2018 were in Gauteng (101 191), Western Cape (87 721), KwaZulu-Natal (70 471) and Eastern Cape (56 040). Cancer-related deaths were below 27 000 for the rest of the provinces and the Northern Cape had the lowest at 13 706. The leading provinces are also the most heavily populated and therefore the higher number of cancer-related deaths may be a reflect this, rather than risk, which is measured by the mortality rate.

Cancer Mortality by Cancer type in Eastern Cape Province, 2018

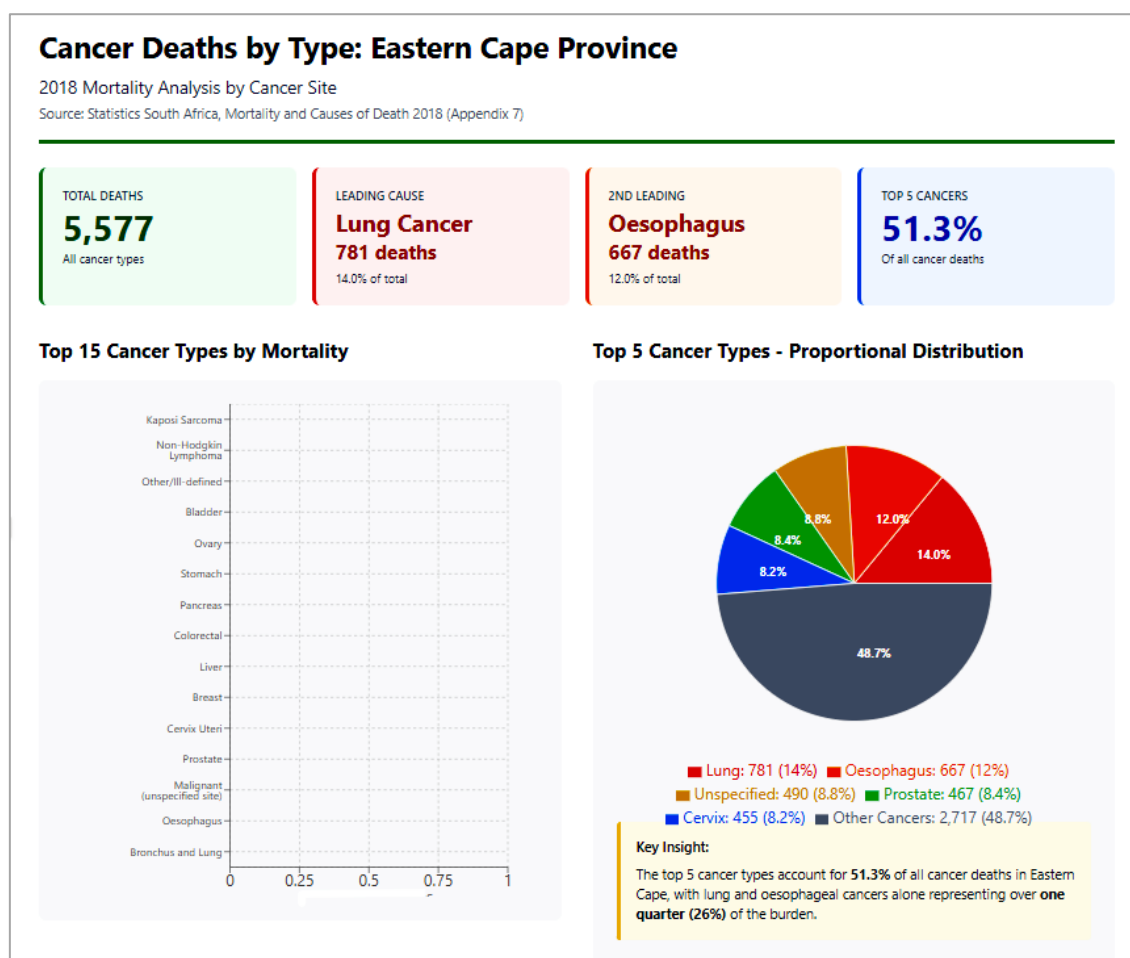


Figure 19: Cancer Deaths by type: Eastern Cape Province

In 2018, the Eastern Cape Province recorded 5,577 cases that died from cancer. The top 5 leading causes of cancer accounted for 51.3% with bronchus and lung cancer accounting for 781 deaths (14.0%) and oesophageal cancer 667 (12.0%). These epidemiological patterns reflect exposure to modifiable risk factors, for example, tobacco smoking, alcohol use, and occupational hazards are mirrored in this. Based on the high reported malignancies, particularly breast and cervical cancer, this indicates the gap in screening and early detection programs. This necessitates the implementation of a comprehensive cancer control strategy that will improve early diagnosis and treatment.

Mental Health

There is considerable under-investment in mental health by the South African government. Despite the National Mental Health Policy Framework and Strategic Plan (NMHPF) stating that 'mental health care services should have parity with general health services,' this is not yet being realised.

According to a national study conducted in 2022, around (25.7%) of individuals in South Africa experienced symptoms associated with a mental health disorder (Craig et. al, 2022). According to this study, the Northern Cape province exhibited the highest rates of both probable depression (38.8%) and anxiety (29.3%) among all

provinces, while the Free State province reports the lowest probable depression prevalence (14.7%), and KwaZulu-Natal reports the lowest probable anxiety.

Public Health Surveillance

Interventions and Strengthening Capacity

To strengthen surveillance capacity and emergency preparedness in the Eastern Cape Province, several key interventions are currently underway.

Event-Based Surveillance (EBS)

The province has successfully launched Event-Based Surveillance (EBS) and implementation in September 2025 in all the eight (8) districts, which enhances traditional indicator-based surveillance by actively detecting unusual health events through community networks, media monitoring, and informal reporting channels for rapid response to potential outbreaks.

Executive Summary: Strategic Risk Assessment

The Eastern Cape province faces a diverse array of hazards spanning biological, climatological, environmental, geophysical, hydrological, societal, and technological categories. In alignment with the International Health Regulations (2005) and national emergency preparedness priorities, the Eastern Cape Department of Health conducted a Strategic Tool for Assessing Risks (STAR) workshop from 9–11 July 2025 in East London. The process aimed to identify, classify, and prioritise hazards to guide resource allocation, preparedness planning, and multi-sectoral coordination.

Using the WHO STAR methodology, 24 hazards were assessed based on likelihood, severity, vulnerability, and coping capacity. The assessment categorised hazards into three (3) very high-risk, nine (9) high-risk, nine (9) moderate-risk, two (2) low-risk, and one (1) very low-risk threats. Very high-risk hazards—Transportation Accidents, Rabies, and Severe Storms—require immediate, targeted preparedness actions. High-risk hazards, including respiratory pathogens with pandemic potential, gastroenteritis/foodborne diseases, schistosomiasis, cholera, and water supply failure, also demand urgent attention through strengthened surveillance, contingency planning, and inter-sectoral collaboration.

Table 4: Risk assessment in the Province

Risk Level	No.	Hazards
Very high	3	Transportation accidents, Rabies, Storm.
High	9	Floods, Schistosomiasis, Forest/wildfires, Measles, Clod wave/Severe winter, Respiratory pathogens with pandemic potential (influenza, coronavirus, orthopox virus, etc.), Gastroenteritis/food-borne diseases, Cholera/ Acute watery Diarrhoea, Water supply failure.
Moderate	9	Tornado, chemical agents, Mpox (formerly monkeypox), Cyber-attack, Fire, Power outage/ or blackout, Violence, Conflicts, Civil unrest.
Low	2	Diphtheria, Drought.
Very low	1	Structural collapse (building collapse, dam/ bridge failures).

Public Health Emergency Operations Centre (PHEOC)

The province is in the process of establishing a Public Health Emergency Operations Centre (PHEOC) to serve as a centralized hub for coordinating emergency preparedness and response activities.

Following the STAR training conducted with provincial and district teams, five priority conditions have been identified for PHEOC interventions based on the risk assessment:

- 1. Rabies (Very High Risk)
- 2. Schistosomiasis (High Risk)

- 3. Foodborne illnesses (High Risk)
- 4. Floods and related health impacts (High Risk)
- 5. Severe Storms (Very High Risk)

The findings will inform the development of a comprehensive multi-hazard preparedness and response plan, hazard-specific contingency plans, and standard operating procedures (SOPs). These plans will be supported by targeted training, periodic simulation exercises, and regular programme-level risk reviews. A proposed geographic vulnerability dashboard will enhance early warning, inter-sectoral coordination, and decision-making. STAR assessments will be updated biennially or sooner in response to significant hazard changes, emergencies, or population displacement events.

This exercise represents the first evidence-based, province-wide risk analysis of this scope in the Eastern Cape, providing a robust foundation for strategic planning, resource mobilisation, and capacity building to strengthen health emergency resilience (EC STAR Report, August 2025).

Disease surveillance

Schistosomiasis

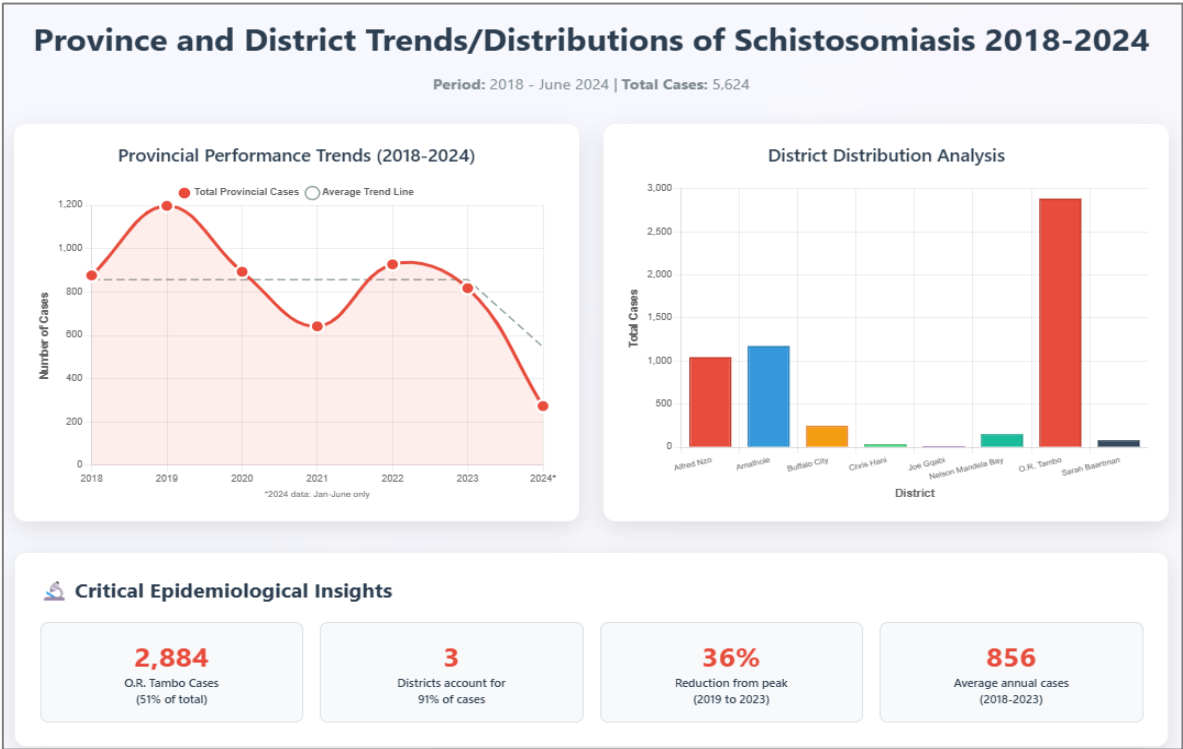


Figure 20: Province and District Trends - Distribution of Schistosomiasis 2018-2024

Source: NICD report, 2025

Schistosomiasis surveillance data suggest that O.R. Tambo district has the highest provincial burden with 2,884 cases, followed by Amathole with 1,174 and Alfred Nzo 1,044. The statistics reveal a peak in 2019, a fall in 2020-2021, then a return in 2023, demonstrating that transmission continues despite control attempts. District-specific emergency response teams, monitoring systems, and resources and intensified interventions in high-burden districts are needed.

Rabies

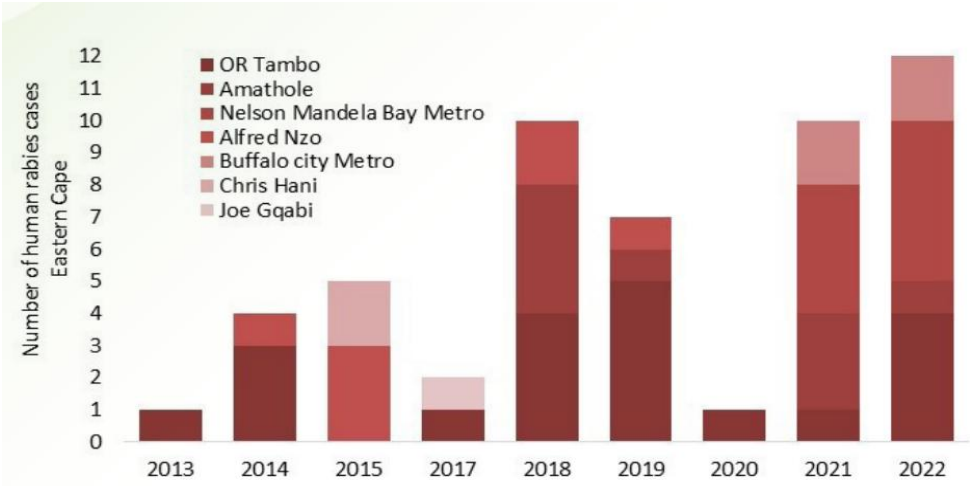


Figure 2. Districts in Eastern Cape Province that have reported human rabies cases from 2013-2022 (source: NHLS-NICD)

Source: Centre for Emerging Zoonotic and Parasitic Diseases, NICD-NHLS; veerlem@nicd.ac.za, jacqueline@nicd.ac.za

Figure 21: Rabies cases in the Eastern Cape peaked in 2022

The figure above shows rabies cases in the Eastern Cape peaked in 2022 but have since declined. Children aged 5-9 years accounted for the highest proportion of cases (30%), followed by 26% of adults aged 40 years. This highlights the need for targeted education and prevention in schools and communities. The following districts display some notable case concentrations: OR Tambo 6 cases, Amathole 6 cases, and Nelson Mandela Bay 9 cases. This indicates geographic hotspots that may be prioritised for intensified surveillance and early response efforts.

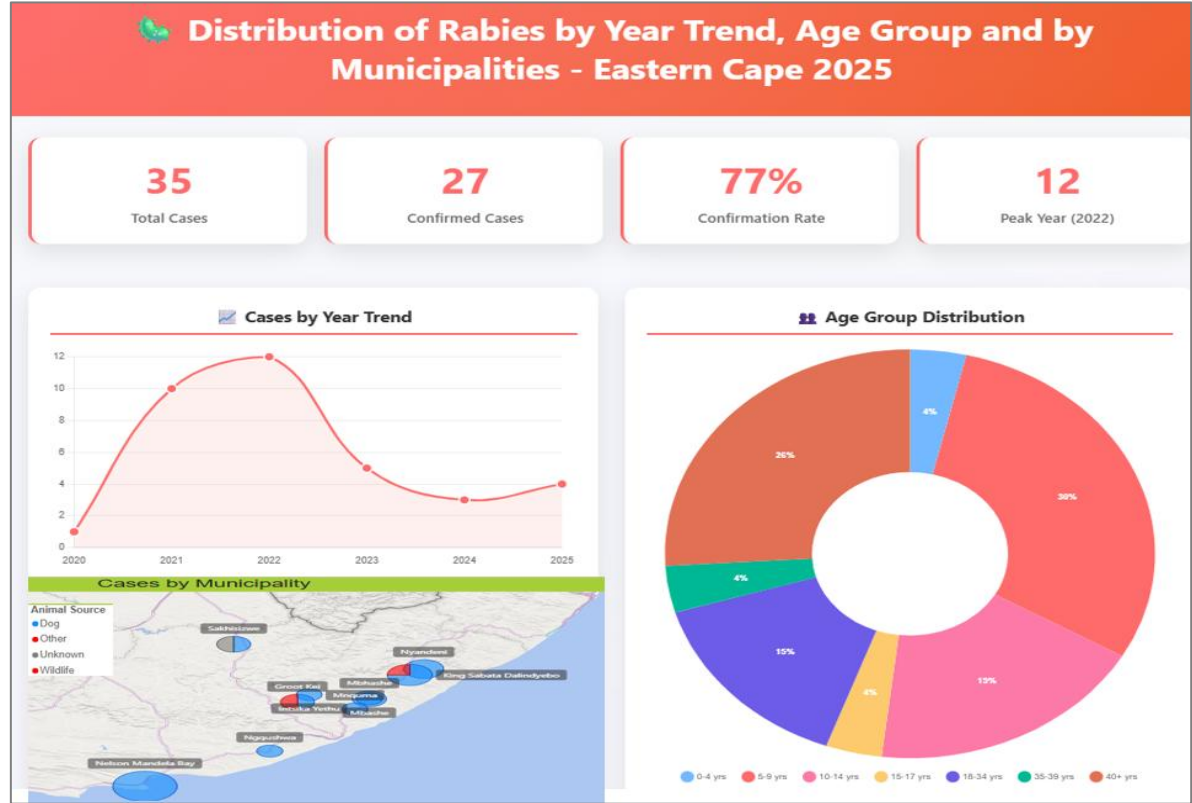


Figure 22: Distribution of Rabies by year Trend, Eastern Cape 2025

Source: NICD report, 2025

Malaria

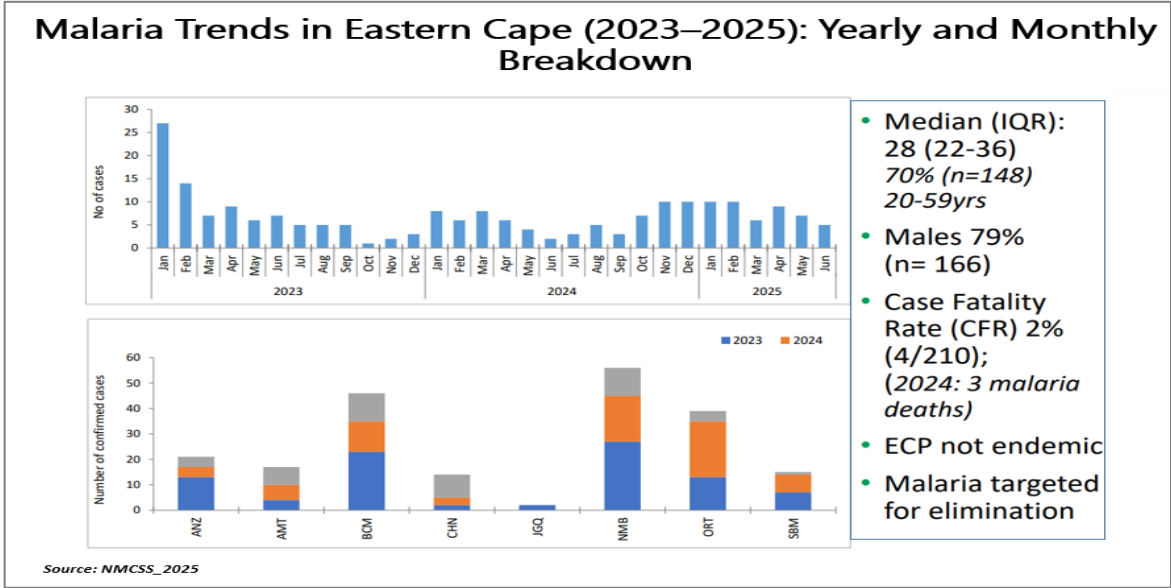


Figure 23: Malaria Trends in Eastern Cape (2023-2025)

The figure above illustrates that malaria case notifications in the Eastern Cape show a seasonal fluctuation, with peaks typically occurring in warmer months—suggesting a strong link between climate and transmission patterns. The year-on-year comparison reveals variations that may reflect changes in the strengthening of surveillance. The trends highlight the need for timely interventions and targeted resource allocation, especially in high-incidence periods and districts that are mostly affected.

Foodborne

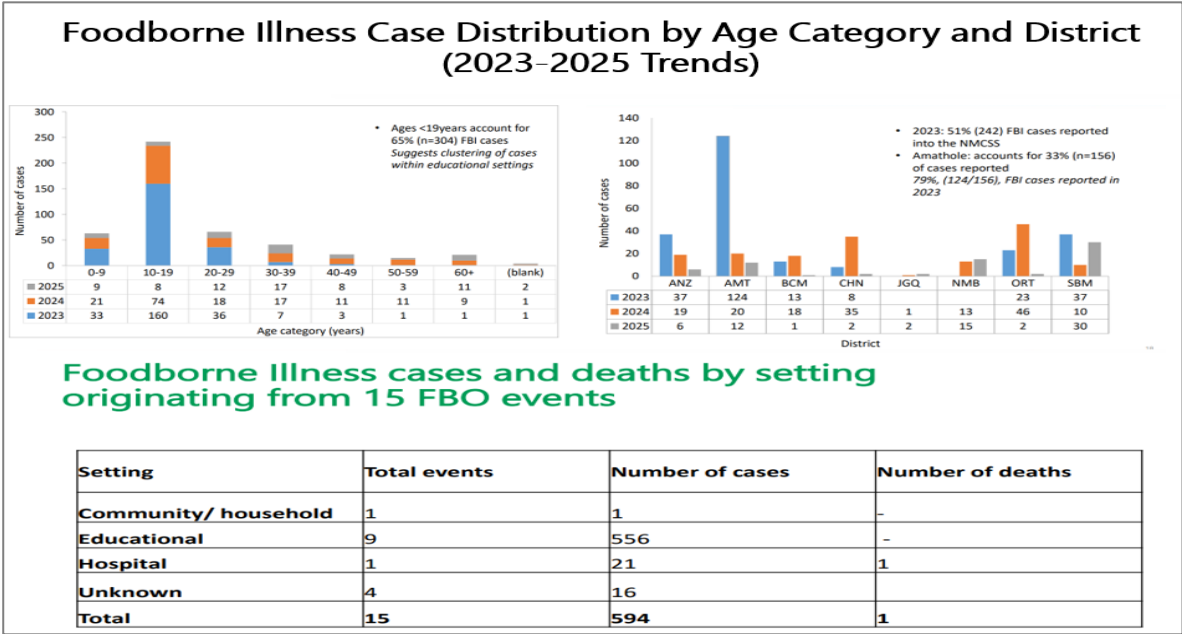


Figure 24: Foodborne illness case distribution by age category and district (2023-2025 trends)

Foodborne illness cases were predominantly among children aged 10–19 years, in 2023 and 2024, over half of the cases were reported consistently, which indicates a link to the school-based setting exposures. The Amathole district emerged as the primary hot spot in 2023, contributing about 33% of all cases, though it shows a decline in the following years. The educational settings were the leading, accounting for 93% of all cases. These results

suggest that the schools are the most affected and vulnerable places for food-borne outbreaks. Targeted interventions in schools and continued surveillance in high-burden districts, such as Amathole, OR Tambo, and Alfred Nzo, are essential for reducing public health threats

Contingency Planning

The department in partnership with World Health Organisation(WHO) and National Department of Health will conduct comprehensive training on contingency planning for these identified priority conditions, which includes:

- Developing preparedness protocols
- Response procedures
- Resource mapping
- Risk assessments
- Coordination mechanisms to ensure the province is equipped to respond effectively to these public health threats

These interventions represent a significant shift toward proactive, event-based surveillance and integrated emergency management that will strengthen the province's capacity to detect, assess, and respond to health emergencies in a timely and coordinated manner.

Hospital Efficiencies

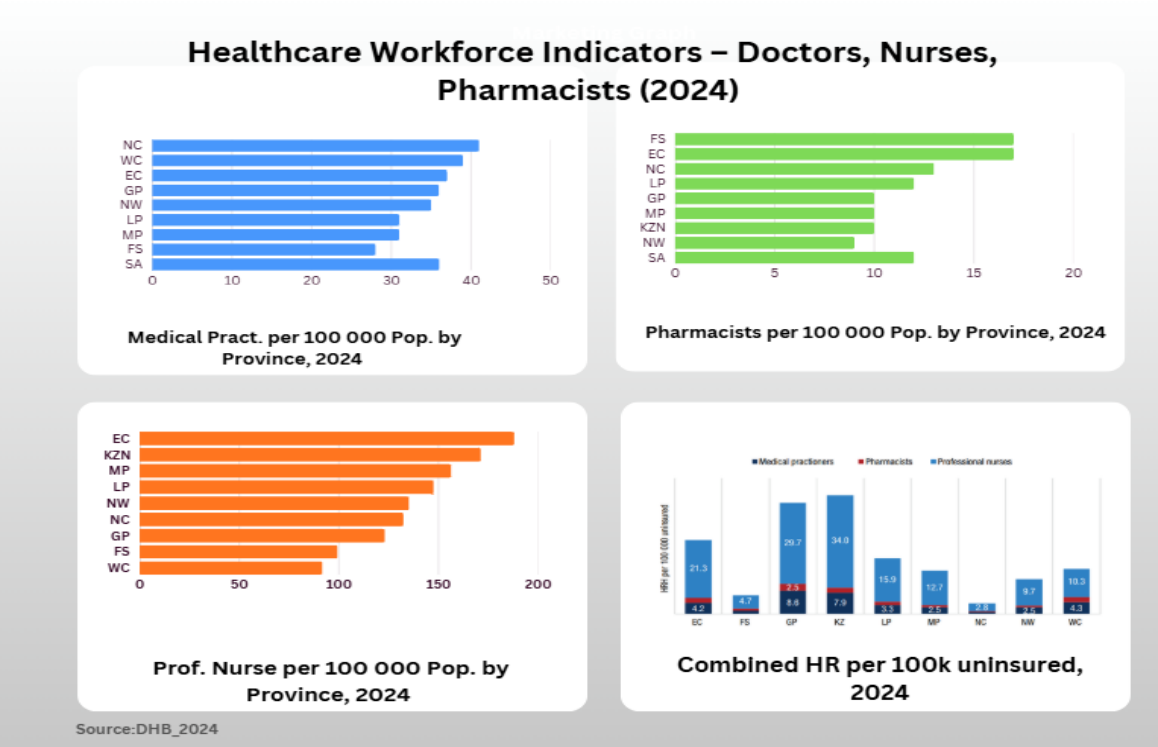


Figure 25: Healthcare Workforce Indicators – Doctors, Nurses and Pharmacists (2024)

This dashboard above demonstrates the significant geographic inequalities in distribution of healthcare workforce across country, with Western Cape (WC) and Northern Cape (NC) bearing higher ratios of medical practitioners and pharmacists per 100,000 populations, while the ECP and KZN are leading in professional nurses but lag in other critical categories. The combined Human Resource per 100,000 uninsured population graphic is particularly concerning, showing that LP province and ECP accounted for the highest burden of uninsured populations with relatively strained healthcare human resources. These highlight that the provinces with the greatest demand of health care services do not have proportionally adequate workforce capacity to meet the demand.

EASTERN CAPE PROVINCE – EFFICIENCY & FINANCE INDICATORS (2023/24)



Figure 26: Eastern Cape Province-Hospital Efficiency &Finance Indicators (2023/24)

The graphic above shows moderate inpatient efficiency, demonstrated by a 48.5% bed utilisation rate, 10.1 beds per 10,000 populations, and an average length of stay of 4.8 days. Human resources are primarily composed of nurses (187.5 per 100,000), with lower ratios for doctors (36.6 per 100,000) and pharmacists (16.6 per 100,000). Financial indicators reveal substantial hospital expenditure per patient day equivalent (R3913) and significant investment in primary healthcare per capita (R1440) and per headcount (R626).

Organisational Environment

The health sector is grappling with a profound imbalance between the escalating demand for healthcare services and the limited resources available to deliver the services. Furthermore, there is a pressing necessity to reconfigure the service delivery platform to more effectively address the evolving burden of diseases. While there is a burgeoning demand for care; fiscal constraints, medico-legal settlements, substantial accruals and payables, along with the rising costs of healthcare on a global scale, are constraining our budgets.

Moreover, we find ourselves operating within a healthcare infrastructure that was conceived for antiquated diseases, relying on outdated service delivery models. The facilities were established when population figures were significantly lower and were not designed to accommodate the needs of individuals residing in remote rural areas of the province.

The systems remain predominantly manual, and where electronic systems are in place, they tend to be fragmented. The immense volume of data is disparate; however, if harnessed effectively, it could enhance our planning. Eastern Cape Department of Health is currently navigating a period of profound distress, characterized not by a single, manageable problem, but by a "poly-crisis"—a state where multiple, interconnected crises converge and amplify one another, threatening systemic collapse.

The stark reality of the department's condition is laid bare by a synthesis of key data points from recent reports. The financial foundation is precarious, burdened by over R7 billion in accruals and payables, a R1 billion bank overdraft. The R900 million deficit to meet employee salaries and benefits as of August 2024 has finally been reduced to virtual break-even point by the end of July 2025. This meant that vacated posts could not automatically be replaced in the last two years for the Department to come within budget in the current 2025/2026 financial year.

State of Health Facilities and Strategic Interventions in the Eastern Cape

The human resources landscape is dire, with a catastrophic shortage of staff manifesting in 7,120 vacant healthcare posts, a 6.4% reduction in employees from June 2024 to June 2025. The cycle begins with inadequate governance especially at district and facility (around 75 SMS positions filled in 2025/2026 compared with the peak of around 201 SMS members in 2004/2005), financial under funding and mismanagement, and leadership instability.

These claims, which have risen to R5.5 billion in settlements by the end of 2024/25, then haemorrhage the department's budget, forcing a diversion of funds from essential goods and services. This budget depletion directly prevents the filling of critical staff vacancies and the maintenance of essential infrastructure and equipment. The resulting chronic staff shortages and dilapidated facilities inevitably lead to further compromises in the quality of care, which in turn generates more adverse events and more medico-legal claims, completing and reinforcing the vicious cycle.

A piecemeal approach that addresses only one part of this loop is therefore destined to fail; the solution must be systemic and integrated, simultaneously targeting governance, finance, and clinical quality to disrupt this cycle of decline. This can be accelerated through the rapid investment in, and implementation of, appropriate technology.

Table 5: The status of human resources in the department for 2024/25 financial year

PROGRAMME	NUMBER OF POSTS ON APPROVED ESTABLISHMENT	NUMBER OF POSTS FILLED	VACANCY RATE (INCLUDES FROZEN POSTS)	NUMBER OF EMPLOYEES ADDITIONAL TO THE ESTABLISHMENT
PRG1: Administration, Permanent	799,00	660,00	17,40	51,00
PRG2: District Health Services, Permanent	26 652,00	22 647,00	15,02	852,00
PRG2: District Health Services, Temporary	21,00	21,00	0,00	0,00
PRG3: Emergency Medical Services, Permanent	2 882,00	2 377,00	17,50	0,00
PRG4: Provincial Hospital Service, Permanent	8 008,00	7 113,00	11,20	194,00
PRG4: Provincial Hospital Service, Temporary	4,00	4,00	0,00	0,00
PRG5: Central Hospital Services, Permanent	6 545,00	5 660,00	13,50	338,00
PRG5: Central Hospital Services, Temporary	15,00	15,00	0,00	0,00
PRG6: Health Sciences & Training, Permanent	939,00	749,00	20,20	262,00
PRG7: Health Care Support Services, Permanent	196,00	166,00	15,30	2,00
PRG8: Health Facilities Management, Permanent	39,00	32,00	17,90	3,00
TOTAL	46 091,00	39 444,00	14,40	1 702,00

Ex mine worker project

The Eastern Cape Department of Health, in collaboration with the Premier Steering Committee (PSC), is an integral component of the provincial initiative aimed at fostering social partnerships. This Social Partnership is founded on the principle of social cohesion, working in concert with the National Government through the National Department of Health. The Ex-Mineworker Intervention Program orchestrates the provision of specialized healthcare and compensation services tailored specifically for former mineworkers. This encompasses:

- **Specialised Health Care Services:**
 - ✓ TB in the mining sector (covering TB and Occupational Lung Diseases (OLD) screening, diagnosis, treatment and care services)
 - ✓ Managing Non Communicable Diseases relating to OLD and other Occupational Diseases and Injuries (ODI) comorbidities.
 - ✓ Coordinate provisioning of occupational health rehabilitation services for ex-mineworkers.
- **Compensation Services:**
 - ✓ Coordinate provisioning of ODIMWA (Occupational Diseases in Mines and Works Act) related occupational compensation services
 - ✓ Coordinate provisioning of COIDA (Compensation for Occupational Injuries and Diseases Act) related occupational compensation services
 - ✓ Coordinate support services to unlock Social Protection Benefits for ex-mineworkers

This particular sub-programme is further intended at optimising capitalisation on occupational compensation and boarder social protection benefits opportunities for addressing social determinants of health.

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ORGANISATIONAL STRUCTURE

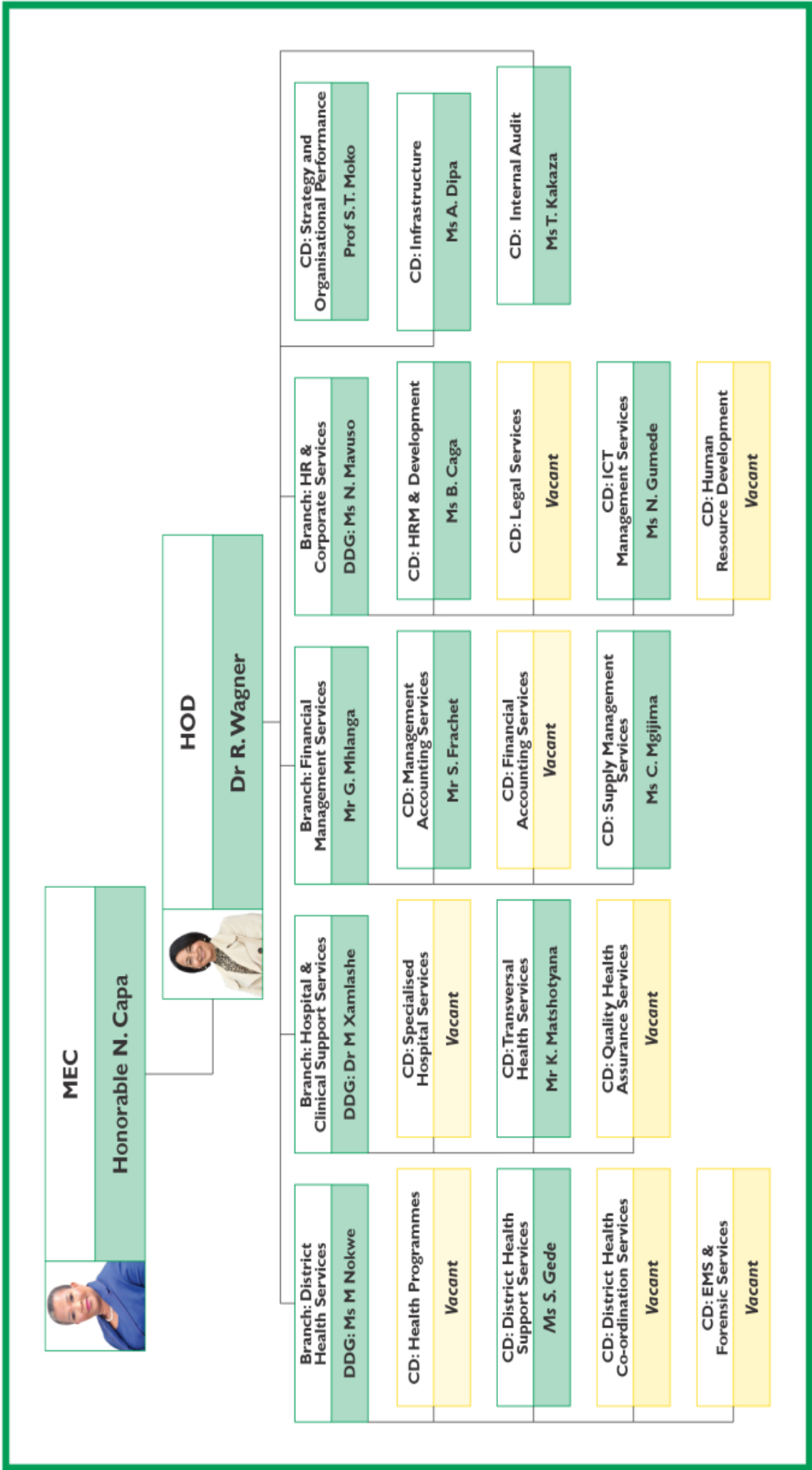


Figure 27: Organisational Structure

10. PROGRAMME RESOURCE CONSIDERATION

Table 6: Summary of payment estimates by programme: Health

Outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates				% change from 2025/26
	2022/23	2023/24	2024/25					2026/27	2027/28	2028/29	
R thousand	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29		
1. Administration	773,703	758,667	678,571	888,753	923,753	769,469	902,827	910,952	965,329	17.3	
2. District Health Services	15,077,221	15,618,193	16,192,604	15,773,326	16,361,975	16,921,426	16,953,079	17,750,896	18,204,237	0.2	
3. Emergency Medical Services	1,452,877	1,360,385	1,526,242	1,638,706	1,670,587	1,634,416	1,717,316	1,801,336	1,860,229	5.1	
4. Provincial Hospital Services	3,926,710	4,253,340	4,443,679	4,701,833	4,975,237	4,949,646	4,856,847	5,107,766	5,222,539	(1.9)	
5. Central Hospital Services	4,713,574	4,928,873	5,153,643	5,760,414	5,835,971	5,777,402	5,667,474	5,589,457	5,713,962	(1.9)	
6. Health Sciences and Training	985,706	1,076,571	921,987	1,186,843	1,074,794	979,334	1,136,263	1,117,047	1,114,800	16.0	
7. Health Care Support Services	115,053	112,696	129,209	248,101	248,646	228,646	251,191	263,640	272,341	9.9	
8. Health Facilities Management	1,071,575	1,018,088	1,263,271	1,454,706	1,524,706	1,524,725	1,498,330	1,421,403	1,520,395	(1.7)	
Total payments and estimates	28,116,419	29,126,813	30,309,206	31,652,682	32,615,669	32,785,064	32,983,327	33,962,497	34,873,832	0.6	

Tables 6 above show the summary of payments and budget estimates by programme. The total payments increased from R28.116 billion in 2022/23 to R32.785 billion in 2025/26 due to additional allocation to COE adjustments for wage agreement and funding for payables and accruals on non-negotiables items. Programmes 2,4 and 5 are showing a negative growth due to pressures on non-negotiables.

Table 7: Summary of provincial payments and estimates by economic classification

R thousand	Outcome	Outcome			Main appropriation			Adjusted appropriation			Revised estimate			Medium-term estimates			% change from 2025/26
		2022/23	2023/24	2024/25				2025/26				2026/27	2027/28	2028/29			
Current payments																	
	Compensation of employees	18,712,799	19,952,151	20,401,409		21,196,760	21,606,130	21,606,130		22,356,818	22,633,006	22,857,212		1.1			
	Goods and services	7,543,539	7,528,082	8,056,620		8,531,178	9,009,996	9,009,996		8,597,486	9,347,620	9,879,410		(4.6)			
	Interest and rent on land	38,887	19,215	84,356		–	–	–		–	–	–					
Transfers and subsidies to:																	
	Provinces and municipalities	–	–	–		–	–	–		–	–	–					
	Departmental agencies and accounts	16,866	14,721	14,401		14,886	14,886	14,886		15,000	22,851	23,879		0.8			
	Public corporations and private enterprises	–	–	–		–	–	–		–	–	–					
	Non-profit institutions	26,528	35,450	35,190		17,892	4,946	4,946		30,938	31,218	32,623		525.5			
	Households	476,135	470,673	505,250		278,478	270,567	439,962		257,623	289,285	310,829		(41.4)			
Payments for capital assets																	
	Buildings and other fixed structures	461,114	352,588	621,875		795,925	740,958	740,958		750,144	967,089	1,056,297		1.2			
	Machinery and equipment	840,551	753,933	590,105		817,562	968,186	968,186		975,319	671,428	713,582		0.7			
	Software and other intangible assets	–	–	–		–	–	–		–	–	–					
Payments for financial assets																	
		–	–	–		–	–	–		–	–	–					
Total economic classification																	
		28,116,419	29,126,813	30,309,206		31,652,682	32,615,669	32,785,064		32,983,327	33,962,497	34,873,832		0.6			

Table 7 above shows the summary of payments and estimates by economic classification. Compensation of employees shows an increase of 3.5 per cent from R21.606 billion in 2025/26 to R22.409 billion in 2026/27 when compared to revised estimates due to reductions and non-allocation for wage increase.

Goods and Services show a negative growth of 4.6 per cent from R9.009 billion in 2025/26 to R8.597 billion in 2026/27 when compared to the revised estimates due to funding for accruals.

Transfers and subsidies show a negative growth of 34 per cent due to high revised estimates emanating from the payment of medico legal claims in 2025/26. Payments for capital assets show a growth of 1 per cent from R1.709 billion in 2025/26 to R1.725 billion in 2026/27 due to low revised estimate in 2025/26 as a result of delays in payment of projects done by public works.



Province of the
EASTERN CAPE
HEALTH

ANNUAL PERFORMANCE PLAN 2026/27 2028/29

PART C

MEASURING OUR PERFORMANCE



Province of the
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HEALTH

ANNUAL PERFORMANCE PLAN 2026/27 2028/29

PROGRAMME

1

HEALTH ADMINISTRATION AND MANAGEMENT

PART C – MEASURING OUR PERFORMANCE

I. 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 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
Legend	Standardised indicators colour

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

Table 8: Outcomes, Outputs and Output indicators and targets for the next MTEF for the Office of the MEC

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
12. Quality of health services improved	Statutory document submitted	12.15.1 Number of statutory documents tabled at Legislature	7 statutory documents	8 statutory documents	6 statutory documents	9 statutory documents	7 statutory documents	1	2	1	3	7 statutory documents	7 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

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

Hospital and Clinical Support Services Branch

- Specialised Hospital Services
- Transversal Health Services
- Quality Health Assurance Services

District Health Services Branch

- Health Programmes
- District Health Support Services
- District Health Co-ordination Services
- Emergency Medical Services & Forensic Services

Table 9: Output indicators and targets for the next MTEF for Health Management

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2022/23	2023/24	2024/25		2025/26	2026/27	2026/27 Quarterly Targets				2027/28	2028/29
									Q1	Q2	Q3	Q4		
10. Financial Management strengthened in the health sector	Audit opinion of provincial DOH achieved	10.1.1 Audit outcome for regulatory audit expressed by AGSA	Qualified	Qualified	Unqualified	Unqualified	Unqualified	-	Unqualified	-	-	Unqualified	Clean Audit	
			New indicator	New indicator	New indicator	52.8%	100%	100%	100%	100%	100%	100%	100%	
			10.1.2 % of valid invoices paid within 30 days											
	Approved procurement plan in place	10.1.3 Approved Annual Procurement Plan	Signed Final 2023/24 Procurement Plan submitted to Provincial Treasury before 31 March 2023	2024/25 Approved Annual Procurement Plan submitted to Treasury by 29 February 2024	2025/26 Approved Annual Procurement Plan submitted to Treasury by 28 March 2025	2nd Draft 2026/27 Annual Procurement Plan (PP) Submitted to Treasury. Q1 and Monthly PP reports submitted to Treasury	2027/28 Approved Annual Procurement Plan	-	1 st draft Annual Procurement Plan	2 nd Draft Annual Procurement Plan	2027/28 Approved Annual Procurement Plan	2028/29 Approved Annual Procurement Plan	2029/30 Approved Annual Procurement Plan	
	Increased revenue collection	10.1.4 Amount Revenue generated (R)	186,7mil	227,6mil	170,9 mil	44,8 mil	355,009 mil	70,208 mil	90,610 mil	95,500 mil	98,691 mil	370,984 mil	387,679 mil	

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
12. Quality of health services improved	Approved costed Human Resource Plan (HRP) to create shared vision to realise NHI	12.1.1 Human Resource Plan approved	New Indicator	New Indicator	New Indicator	Approved Human Resource Plan	-	-	-	Approved Human Resource Plan	Approved Human Resource Plan	Approved Human Resource Plan	
		12.2.1 Contingent liability of medico – legal cases – rand value	R26,345,655bn	R26,442,526bn	R22,234 bn	R21,471bn	R19,324bn	-	-	-	R19,324bn	R17,391bn	R15,652bn
		12.3.1 Percentage of Hospitals with connectivity	New Indicator	50.6%	57.3%	64%	71%	-	-	-	71%	76%	82%
		Numerator		45 (23 new)	51 (7 new)	57 (10 new)	63 (6 new)				63 (6 new)	68 (5 new)	73 (5 new)
		Denominator		89	89	89	89				89	89	89
		12.3.2 Percentage of fixed PHC facilities with connectivity	13.4%	29.7%	38%	40%	-	-	-	40%	42%	44%	
		Numerator	104	230 (126 new)	292 (62 new)	309 (10 new)				309 (10 new)	324 (15 new)	344 (20 new)	
		Denominator	776	775	777	777	777			777	777	777	

Explanation of planned performance over the medium-term period

Audit improvement: The Department received qualified opinion in the past three years and 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.

Medico-legal

The integrated medico-legal strategy is yielding some benefits in that the number of new claims continues to decrease; and the lump sum settlements have decreased significantly since the inception of the strategy. This strategy is driven by the Department of Health (DOH), Office of the Premier (OTP), and Provincial Treasury (PT), working on a joint medico-legal strategy that outlines the responsibilities of the 3 parties in the fight against medico-legal claims. The Department has invested much effort into ensuring that the accounting policy on how to deal with medico-legal claims, aligning court processes with accounting frameworks; and on developing a reliable and accurate eLiability register.

Through the hub and spoke 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 Cerebral Palsy (CP) units and Centres of Excellence in Dora Nginza, Cecilia Makiwane and Frere Hospitals are ready to serve and have all the necessary capabilities. The project has been rolled out to 11 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.

The HMS² system will undergo continuous expansion to all hospitals within the province, ensuring that every facility benefits from its advanced healthcare management capabilities. The rollout will prioritise high-traffic hospitals first, highly litigated facilities, followed by district and rural facilities, ensuring equitable access to streamlined patient management, digital records, and improved operational efficiency. Additionally, ongoing user training and system enhancements will be key focus areas, ensuring that healthcare professionals can maximise the benefits of the system while adapting to evolving healthcare needs. Continuous refinement of reporting and analytics features will further support data-driven decision-making at both hospital and provincial levels. A key priority will also be the strengthening of the Eastern Cape Department of Health's (ECDoH) internal capacity to become self-sustainable in system implementation, as well as in the effective use of business intelligence and artificial intelligence for enhanced decision-making and operational efficiencies.

A critical component of HMS²'s five-year plan will be its close collaboration and integration within the National Health Insurance (NHI) ecosystem. This includes aligning with NHI's digital health strategy to enable seamless data exchange, improving patient referral management, and ensuring interoperability with national health databases. Efforts will also be made to integrate HMS² with other critical healthcare technologies, such as telemedicine platforms and eHealth solutions, to enhance service delivery. Cybersecurity and data protection will remain top priorities, ensuring that patient information remains secure while complying with regulatory standards. By fostering strong partnerships with stakeholders, including hospital administrators, policymakers, and technology providers, HMS² will continue to evolve into a robust, future-ready healthcare management solution.

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 1089 health facilities will be connected 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.

Human Resource Management:

The Department is committed to the implementation of cost-savings and efficiency projects like the service delivery model and optimisation with an appropriate organogram. Annually, the department develops the Annual Recruitment Plan (ARP) based on the prioritised critical, new and replacement posts during the financial year. The vacancy rate increased from 9.7% in 2023/24 to 14.4% in 2024/25 and it is still quite high when compared to the national norm of 5%. The Department is reviewing the implementation of Committed Overtime policy in pursuit of realising savings to fill vacancies and replacement positions. Also, the Department is committed to filling of management and leadership positions at health facilities and head office to strengthen governance and accountability.

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 SMS level. Currently, the Department has a total of 91 SMS members with 46 being female officials (50.5%) and 45 being male officials (49.5%). Employment Equity is also one the key priorities for the department. However, the department is below the target of 2% by 0.24% regarding the number of People Living with Disability at 98. Youth employment is achieved through employment from the developmental program categories such as community service health professionals, learnerships, artisans training etc.

The Department prioritises mentoring and coaching of staff as a valuable tool in supporting professional development, improving performance, and fostering a culture of learning and collaboration. Mentoring involves a more experienced practitioners guiding a less experienced colleague, while coaching focuses on unlocking potential and achieving goals through questioning and inquiry.

Revenue generation

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.

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.

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.

Enhanced Revenue Collection

Several 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) condition. 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 psycho-legal evaluations in the province.
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.

I.3 PROGRAMME RESOURCE CONSIDERATION

Table 10: Summary of payments and estimates by sub-programme: Programme 1: Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25				2026/27	2027/28	
1. Office of the MEC	8,252	12,267	13,283	19,143	15,133	14,529	14,379	15,132	(1.0)
2. Management	765,451	746,400	665,288	869,610	908,620	754,940	888,448	895,820	17.7
Total payments and estimates	773,703	758,667	678,571	888,753	923,753	769,469	902,827	910,952	17

Tables 10 above shows the summary of payments and estimates for Administration from 2022/23 and over the MTEF. The programme's total expenditure decreased from R773.703 million in 2022/23 to R769.469 million in 2025/26. The budget increases by 17 per cent from R769.469 million to R902.827 million when compared to revised estimates due to a low revised estimate.

Table 11: Summary of payments and estimates by economic classification: Programme 1: Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
	2022/23	2023/24	2024/25					2026/27	2027/28	
Current payments	658,648	721,165	627,529	804,533	836,689	737,153	826,558	827,638	878,265	12.1
Compensation of employees	396,013	411,475	413,710	465,219	464,776	425,240	505,022	475,446	478,822	18.8
Goods and services	259,724	305,606	205,651	339,314	371,913	311,913	321,536	352,192	399,443	3.1
Interest and rent on land	2,911	4,084	8,168	—	—	—	—	—	—	—
Transfers and subsidies to:	4,200	3,303	2,572	2,201	2,644	6,735	2,302	2,406	2,514	(65.8)
Provinces and municipalities	—	—	—	—	—	—	—	—	—	—
Households	4,200	3,303	2,572	2,201	2,644	6,735	2,302	2,406	2,514	(65.8)
Payments for capital assets	110,855	34,199	48,470	82,019	84,420	25,581	73,967	80,908	84,550	189.1
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—	—
Machinery and equipment	110,855	34,199	48,470	82,019	84,420	25,581	73,967	80,908	84,550	189.1
Software and other intangible assets	—	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—	—
Total economic classification	773,703	758,667	678,571	888,753	923,753	769,469	902,827	910,952	965,329	17.3

Table 11 above shows the summary of payments and estimates for Administration from 2022/23 to 2025/26 and over 2026 MTEF period per economic classification.

Compensation of employees shows an increase of 18.8 per cent from R425,240 million to R505,022 million when compared to the 2025/26 revised estimates due to a low revised estimate.

Goods and services show a growth of 3.1 per cent from R311,913 million to R321,536 million when compared to a revised estimate due to a low revised estimate.

Transfers and subsidies show a negative growth of 65.8 per cent from R6,735 million in 2025/26 to R2,302 million due to a high revised estimates attributable to payments of leave gratuity.

Payments for capital assets show a growth of 189.1 per cent from 25,581 million to R73,967 million when compared to 2025/26 revised estimates.

I.4 Key Risks

The table below outlines the key risks.

Table 12: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Financial strengthened in the Management health sector	Non-payment of creditors within 30 days	Monitor and strengthen implementation of Supplier Payment Plan.
	Budget cuts due to shrinking economy and increase in exchange rate for medicines and medico-legal claims (not able to budget for)	Develop and implement Audit Improvement Plan Monitoring of contracts and Service Level Agreements (SLA) to strengthen fees value chain Allocation of resources as far as the budget allows, strengthen fees collection value chain, capacitation, training and monitoring. Maintain approval threshold. Monitoring compliance with the policies, procedures and Standard Operating Procedures (SOPs).
	Perpetration of fraudulent and corrupt activities	Continued Improvement of consequence management. Effective implementation and regular reporting on the audit improvement strategy. Enforce compliance with the policies, procedures and SOPs. Develop and implement Audit Improvement Plan
Quality of Health Service Improved	Inadequate provision of ICT (Information Communication Technology) services to support service delivery (poor connectivity, Cyber/ hacking, data backup and integrity)	Influence the prioritisation of the connectivity of health institutions with OTP. Software to validate patient income levels. Improve access to uninterrupted connectivity
	Lack of timeous filling of replacements and funded posts	Early retirement without penalties Filling of vacant funded posts. Enforce compliance with the policies, procedures and SOPs. Implementation of the resolutions of the meetings. Conduct continuous staff training. HR delegations register monitored monthly. Recruitment time reduced to 3 months. HR Management Information System (HR MIS) in place. Annual intake plan fully functional and updated annually. Maintain lower vacancy rate.
	Employees whose benefits are not paid within 3 months.	Ensure continuous trainings on capped leave are conducted at all districts. Fast track payment of employee benefits. Ensure timeous implementation of the statistical results detailed on the reports. Implementation of meetings action list.

Outcome	Risk	Mitigating factors
	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.
	Inadequate Management of Occupational Health and Safety (OHS) Administration on Statutory Appointments.	Appointment of statutory structures (Section 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. 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. Promotion of Access to Information Act (PAIA) procedures request Attend swiftly to letter of demand
	Inadequate contract management	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. Maintain updated contracts and dispute registers.
	Inadequate reporting of Contingent Liability	Updating of contingent liability register by Internal Audit (Consulting Services) Re-development of legal register by Internal Audit (Consulting Services) 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.



Province of the
EASTERN CAPE
HEALTH

ANNUAL PERFORMANCE PLAN 2026/27 2028/29

PROGRAMME

2

DISTRICT HEALTH SERVICES (DHS)

2. 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 13: Outcomes, Outputs and Output indicators and targets for the next MTEF for District Management

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
12. Quality of health services improved	District performance reviews conducted quarterly	12.17.1 Number of districts conducted quarterly performance reviews	New Indicator	6	8	8	8	Q1	Q2	Q3	Q4	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 14: Outcomes, Outputs and Output indicators and targets for the next MTEF for Community Health Clinics

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets								
			2022/23		2023/24		2024/25	2025/26	2026/27	2026/27 Quarterly Targets				2027/28	2028/29
							Q1			Q2	Q3	Q4			
12. Quality of health services improved	PHC facilities that qualify as Ideal increased	12.4.1 Ideal PHC facilities status obtained rate	24.7%	63%	62%	65%	68%	-	-	-	68%	70%	75%		
		Numerator	192	491 (125 new)	485 (63 new)	505 (45 new)	528 (23 new)				528 (23 new)	544 (16 new)	583 (39 new)		
		Denominator	775	777	777	777	777				777	777	777		
		11.1.1 Patient Experience of Care survey rate	New Indicator	New Indicator	New Indicator	99%	90%	-	90%	-	-	92%	95%		
Patient Experience of Care	Patient experience of care in fixed public health facilities improved	Numerator				728	661		661			675	697		
		Denominator				734	734		734			734	734		
12. Quality of health services improved	Patient safety improved	12.6.1 Severity Assessment Code I incident reported within 24 hours rate	New Indicator	71%	60%	50%	66%	66%	66%	66%	66%	73%	80%		
		Numerator		5	9	1	10	10	10	10	10	11	12		
		Denominator		7	15	2	15	15	15	15	15	15	15		
		12.6.2 Patient Safety Incident (PSI) case closure rate	New Indicator	95%	95%	98.9%	96%	96%	96%	96%	96%	98%	98%		

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets							
			2022/23	2023/24		2024/25	2026/27	2026/27 Quarterly Targets				2027/28	2028/29
						Q1		Q2	Q3	Q4			
		Numerator		74	53	93	54	54	54	54	55	55	
		Denominator		78	56	94	56	56	56	56	56	56	

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

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
11. Improved Patient Experience of Care	Patient experience of care in public health facilities improved	11.1.2 Patient Experience of Care survey rate	New Indicator	New Indicator	New Indicator	97.7%	98%	-	-	-	100%	100%	
		Numerator			42	42				43	43		
		Denominator			43	43				43	43		
12. Quality of health services improved	Patient safety improved	12.6.3 Severity Assessment Code I incident reported within 24 hours rate	New Indicator	62%	42%	92.3%	63%	63%	63%	63%	65%	66%	
		Numerator		13	20	12	30	30	30	30	31	32	
		Denominator		21	48	13	48	48	48	48	48	48	

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Explanation of Planned Performance over the Medium-Term Period:

Sub programs	Planned Performance over the Medium-Term Period:
Strengthen District Health Governance leadership and management	Implementation of the district health system strategy and policy framework.
	Facilitate community participation and involvement in health planning and provision through functional health governance structures (Provincial Health Council, District Health Council, Hospital Boards and Primary Health Care Committees) to ensure transparency and accountability.
	Development of an integrated District Health Plan aligned with the department Annual Performance Plan and the Integrated Development Plan for each district.
	Consistent District Quarterly Performance Reviews conducted by each district management team to reinforce integrated coordination of health services, integrated improvement plans that are patient and population health centred.
	Supportive supervision of Primary Health Care facilities through district and sub district teams to reinforce efficient use of resources, quality health care and continuity of care.
Improve Quality of Health Services in PHC facilities	Health System Strengthening program will continue through the implementation of an Ideal Clinic Status Determinations on quarterly basis to enhance quality improvement plans (QIPs) towards provision of a comprehensive PHC service package in six districts and two metros. Patient experience of care surveys 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 to improve the Patient Safety Incident rates.
Access to Primary Health Care Service package	Provision of mobile health clinic services in areas of poor access to fixed facilities. 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 for outreach.

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 16: 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 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
7. Mortality due to NCDs reduced	Clients' early detection of illness and prevention.	7.1.1 Positivity rate for hypertension 18 - 44 years	New Indicator	0.5%	0.7%	1%	1.2%	1.2%	1.2%	1.2%	1.4%	1.6%	
		Numerator		15 513	19 279	6 380	35 725	8 931	8 931	8 931	8 931	41 680	47 635
		Denominator		3 368 187	2 977 125	642 054	2 977 125	744 281	744 281	744 281	744 282	2 977 125	2 977 125
		7.1.2 Positivity rate for hypertension 45 years and older	New Indicator	1.4%	1.9%	2.4%	2.5%	2.5%	2.5%	2.5%	2.5%	2.6%	2.8%
		Numerator		24 993	27 554	7 344	36 288	9 072	9 072	9 072	9 072	37 735	40 638
		Denominator		1 724 382	1 451 535	310 882	1 451 535	362 883	362 884	362 884	362 884	1 451 535	1 451 535
		7.1.3 Positivity rate for diabetes 18 - 44 years	New Indicator	0.4%	0.4%	0.7%	0.9%	0.9%	0.9%	0.9%	0.9%	1.0%	1.2%
		Numerator		13 488	11 823	4 492	25 714	6 482	6 482	6 482	6 482	28 571	34 285
		Denominator		3 232 040	2 857 109	607 857	2 857 109	714 277	714 277	714 277	714 277	2 857 109	2 857 109
		7.1.4 Positivity rate for diabetes 45 years and older	New Indicator	0.8%	1%	1.2%	1.3%	1.3%	1.3%	1.3%	1.3%	1.4%	1.6%
Numerator		17 936	20 780	5 212	26 885	6 721	6 721	6 721	6 721	28 953	33 089		
Denominator		2 350 033	2 068 045	443 124	2 068 045	517 011	517 011	517 011	517 011	2 068 045	2 068 045		
8. Mental Health Care Integrated into Primary health care	Prevention and early detection of mental illness	8.1.1 PHC mental health conditions treatment rate new	0.1%	0.03%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	
		Numerator	12 663	4 440	6 136	3 241	27 215	6 804	6 804	6 804	6 804	27 215	27 215
		Denominator	14 117 664	13 943 191	13 607 520	2 950 975	13 607 520	3 401 880	3 401 880	3 401 880	3 401 880	13 607 520	13 607 520

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2022/23	2023/24	2024/25		2025/26	2026/27	2026/27 Quarterly Targets				2027/28	2028/29
									Q1	Q2	Q3	Q4		
7. Mortality due to NCDs reduced	Reduction of blindness	7.1.5 Cataract surgery rate	181.8/ 1 000 000	513.4/1 000 000	591.5/1 000 000	639/1 000 000	400/1 000 000	400/1 000 000 000	400/1 000 000	400/1 000 000	400/1 000 000	441/1 000 000	441/1 000 000	
		Numerator	1 092	3 083	3 551	4 116	2 400	600	600	600	600	2 647	2 647	
		Denominator	6 006 715	6 004 621	6 003 438	6 450 580	6 003 438	1 500 860	1 500 860	1 500 859	1 500 859	6 003 438	6 003 438	

Explanation of planned performance over the medium-term period

The National Strategy on Prevention and Control of Non-Communicable Diseases (NCDs) 2022-2027 has introduced the NCD Cascade of 90-60-50 for hypertension and diabetes:

- 90% of individuals aged 18 and above will be aware of their elevated blood pressure and/or blood glucose levels.
- 60% of those with high blood pressure or blood glucose levels will receive necessary interventions.
- 50% of individuals receiving interventions will achieve control over their condition.

The prevalence of NCDs in the country is on the rise due to shifting lifestyles characterized by decreased physical activity and increased consumption of alcohol, high-salt, and high-sugar foods. Diabetes and hypertension directly contribute to the onset of cardiovascular and cerebrovascular diseases, which are becoming leading causes of mortality in the region. Eye health issues, stemming from an aging population and NCD-related complications, are increasingly affecting younger individuals. Cataracts and refractive errors contribute to poverty and hinder economic development. The set cataract targets will be met through collaborations with Non-Governmental Organizations (NGOs) to facilitate cataract tours scheduled for the 2025-2030 period. Youth, women, and individuals with disabilities are encompassed in the 18-44 and 45 years and older age groups for NCD interventions.

Cataract surgeries are performed in established eye health facilities such as Frontier, Port Elizabeth (PE) Provincial, Cecilia Makiwane Hospital (CMH), Nelson Mandela Academic Hospital (NMAH), and selected district hospitals through cataract surgery outreach programmes. Partnerships with organizations like the South African National Council for the Blind (SANCB) and Grace Vision provide resources (equipment, surgical supplies, and medications) to enhance the cataract surgery rate over a 3-year timeframe. The cataract surgery rate goal remains modest and easily attainable with the support of SANCB.

Planned strategies to address eye health challenges involve allocating sufficient funds for cataract supplies, procured centrally and distributed to eye units and certain district hospitals offering outreach services. School children and adults will receive prescribed spectacles and reading glasses through the approved provincial tender for a 3-year period in areas where optometrists are stationed, with the assistance of the Ke Ready organization contracted with the Department of Health for six districts.

Interventions planned to tackle these issues encompass integrated management of NCDs (utilizing Community Health Workers, Health Promotion initiatives, nutrition programmes, trainings, etc.) to encourage positive health-related behaviours, promote screening and early detection, as well as ensure individuals diagnosed with NCDs receive proper treatment and continuous care. Universal Health Coverage will be greatly facilitated by promoting health and illness prevention, raising awareness about NCDs, reducing the need for medical interventions, and delivering high-quality, patient-centered care within a well-integrated, efficient healthcare system.

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

Sub- Programme purpose

The Other Community Services sub-programme manages, monitor and evaluate environmental health services in the province (including health care waste management in public health facilities and hazardous substances control).

Table 17: Outcomes, Outputs and Output indicators and targets for the next MTEF for Other Community Base Services – Public Health

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25	2025/26		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
									Q1	Q2	Q3	Q4		
12. Quality of health services improved	Hospitals comply with health care risk waste norms and standards	12.8.1 Percentage of hospitals complying with health care risk waste norms and standards	69.6%	74.1%	70.8%	85%	88%	88%	88%	88%	88%	88%	90%	92%
		Numerator	62	66	63	72	75	75	75	75	75	75	77	78
		Denominator	89	89	89	85	85	85	85	85	85	85	85	85
	Households advocate for accessibility to health services increased	12.9.1 Number of Grade R learners screened	New Indicator	New Indicator	New Indicator	6 934	10 500	3000	2500	3500	1500	11 025	11 200	

Explanation of Planned Performance over the Medium-Term Period

Environmental health services are performed at provincial and municipal levels although the provincial department of health has a responsibility to plan, coordinate, monitor and evaluate the environmental health services rendered by municipalities. The control of hazardous substances according to the Hazardous Substances act 15 of 1973 is to control the selling of these substances that may cause injury or ill-health to or death of human beings. The provincial Department of Health has public health facilities that generate health care waste including medical waste and as such is a major generator as stipulated by the National Environmental Management Waste Act 59 of 2008 (NEMWA). This type of waste should be properly managed according to the NEMWA which also requires the department to have integrated waste management plans. The

department has a responsibility to manage the waste generated by public health facilities as such the department has a tender that assist in managing health risk waste. As the management of the waste is highly legislated the department saw it fit to have a service provider to assist in this regard.

The National Environmental Health Norms and Standards for premises and acceptable monitoring standards for environmental health practitioners talks to the health facility standards which include management of health care waste. It is in the interest of the department to achieve the planned performance to:

- Strengthen of Infection Prevention and Control (IPC) in health facilities.
- Manage and reduce the budget utilised in the collection, transportation, treatment and disposal of health care risk/medical waste.
- Prevent litigations of the department by green scorpions, municipalities and communities due to improper management of health care risk waste.

The planned interventions to manage health care waste are:

- Procurement of central storage areas for health facilities to store health care risk waste while waiting for collection.
- Monitoring the tender on health care risk waste in the department.
- Routine assessments of health facilities to ensure compliance with relevant standards and prescripts.
- Appointment or designation of Health Care Waste officer in health facilities.
- Ensure availability of waste committees or any committees which includes health care waste management in terms of reference.

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 condition.

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

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25	2025/26		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
									Q1	Q2	Q3	Q4		
4. HIV/ AIDS related deaths reduced	HIV new cases identified and initiated on ART	4.1.1 HIV test done – sum	1 896 429	2 061 702	2 133 337	1 455 179	1 827 639	456 909	456 910	456 910	4456 910	1 989 750	2 089 237	
		4.1.2 HIV positive 5-14 years (excl ANC) rate	New Indicator	New Indicator	New Indicator	0.3%	0.58%	0.58%	0.58%	0.58%	0.58%	0.55%	0.58%	
		Numerator				84	660	165	165	165	165	750	830	
		Denominator				29 935	113 698	28 424	28 424	28 425	28 425	135 303	142 068	
		4.1.3 HIV positive 15- 24 years (excl. ANC) rate	2%	1.7%	1.3%	1.2%	1.4%	1.4%	1.4%	1.4%	1.4%	1.5%	1.4%	
People living with HIV retained on care		Numerator	12 245	11 655	9 519	1 953	8 570	2 142	2 142	2 143	2 143	9 545	9 783	
		Denominator	616 736	681 771	717 007	161 652	625 350	156 337	156 337	156 338	156 338	656 618	689 448	
		4.1.4 ART adult remain in care rate [12 months]	63%	63.3%	64.3%	64.3%	73%	73%	73%	73%	73%	75%	78%	
		Numerator	27 972	28 207	26 810	5 128	41 974	10 493	10 493	10 494	10494	33 080	36 123	
		Denominator	44 391	44 590	41 674	7 974	57 498	14 374	14 374	14 375	14 375	44 106	46 312	

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
		4.1.5 ART child remain in care rate [12 months]	73.8%	74.8%	75.9%	80.8%	80%	80%	80%	80%	83%	85%	
		Numerator	745	776	799	139	938	234	234	235	235	747	803
		Denominator	1 009	1 038	1 053	172	1 173	293	293	293	294	900	945
		4.1.6 ART Adult viral load suppressed rate (below 50) [12 months]	89%	82.8%	84.6%	85.4%	88%	88%	88%	88%	88%	90%	93%
	People viral load undetected	Numerator	18 142	16 924	15 628	2 977	50 598	12 649	12 649	12 650	12 650	39 695	43 070
		Denominator	20 385	20 444	18 481	3 486	57 498	14 374	14 374	14 375	14 375	44 106	46 312
		4.1.7 ART Child viral load suppressed rate (below 50) [12 months]	62%	50.2%	56.9%	66.3%	65%	65%	65%	65%	65%	70%	75%
		Numerator	310	271	316	61	763	190	190	191	192	630	709
		Denominator	500	540	555	92	1 173	293	293	293	294	900	945
		TB Positive clients initiated and cured	5.1.1 Number of people tested using TB- NAAT	New indicator	New indicator	New indicator	New indicator	516 089	129 022	129 022	129 023	129 022	619 307
5.1.2 Number of DS – TB treatment start 5 years and older	36 741		38 235	36 630	8 011	41 720	10 430	10 430	10 430	10 430	43 806	45 996	

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
		5.1.3 Number of DS- TB treatment start under 5 years	New indicator	New indicator	New indicator	226	1 258	314	314	315	315	1 321	1 387
		5.2.1 Number of TB Rifampicin resistant /Multidrug - Resistant confirmed client start on treatment	New Indicator	New Indicator	New Indicator	300	536	134	134	134	134	563	591
		6.1.1 All DS -TB client treatment success rate (* All DS-TB outcome data is reported 12 months later)	76.7%	72%	75.9%	71.4%	77%	77%	77%	77%	77%	80%	83%
6. TB Mortality reduced by 10%	TB Positive clients initiated and cured	Numerator	27 189	32 591	34 982	7 865	31 517	7 879	7 879	7 879	7 880	34 382	37 455
		Denominator	35 436	45 098	46 082	11 015	40 931	10 232	10 232	10 233	10234	42 978	45 127
		6.1.2 TB Rifampicin resistant/Multidrug - Resistant treatment success rate (* RR/MDR-TB outcome data is reported 12 months later)	New Indicator	70%	64.5%	76%	73%	73%	73%	73%	73%	75%	78%
		Numerator		754	1 061	232	368	92	92	92	92	402	439
		Denominator		1 082	1 646	305	504	126	126	126	126	536	563

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
9. Malaria related deaths reduced	Prevention and early detection of malaria cases managed	9.1.1 Malaria case fatality rate	New Indicator	New Indicator	New Indicator	New Indicator	0%	-	-	-	0%	0%	0%
		Numerator					0				0	0	0
		Denominator					27				27	27	27

Explanation of planned performance over the medium-term period

The programme has transitioned 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.

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 and scale 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 Lipoarabinomannan Assay (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 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 get back to care for the patients that are missing their appointments. The province is implementing the 1.1 million ART Gap campaign as announced by the President in the 2025 State of the Nation Address (SONA) and subsequently launched by the Minister of Health in Gauteng in February 2025. Implementing this will assist the province in getting back the 148 000 patients estimated as a target towards the national 1.1Million.
- The province through the Provincial Nerve Center has set up Technical Working Groups to support districts and drive performance improvement using the Operation Phuthuma approach and a Catch-Up Plan has been developed and shared with districts, this focused strategy will assist in factoring the desired outputs.
- 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), Bedaquiline, 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 2026/27 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 the BPAL-L be implemented worldwide as the recommended regimen and was first launched and implemented on the 1st of September 2023 in Nelson

Mandela Metro. Adherence counselling 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, newborn and child mortality through strengthened maternal and child as well as nutrition health services across the Eastern Cape Province.

Table 19: Outcomes, Outputs and Output indicators and targets for the next MTEF for MCWH&N

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets							
			2022/23	2023/24		2024/25	2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
1. Maternal Mortality Ratio reduced	Family planning improved	I.1.1 Couple Year Protection Rate	49%	58.4%	New indicator	43.2%	55%	55%	55%	55%	60%	65%	
		Numerator	794 005	949 178		200 118	891 239	222 809	222 810	222 810	972 261	1 053 283	
	Denominator	1 620 419	1 621 783		1 836 591	1 620 435	405 108	405 109	405 109	1 620 435	1 620 435		
	Increased ANC visits before 20 weeks	I.1.2 Antenatal 1 st visit before 20 weeks rate	63.5%	62.8%	65.8%	67.0%	66%	66%	66%	66%	67%	68%	
Numerator		71 748	63 640	55 424	12 098	55 594	13 898	13 898	13 899	56 436	57 278		
	Denominator	112 913	101 354	84 233	18 047	84 233	21 058	21 059	21 058	84 233	84 233		
Increase access to family planning by teenagers		I.1.3 Delivery in 10 – 14 years in facility	New Indicator	New Indicator	396	63	320	80	80	80	300	280	
		I.1.4 Delivery in 15-19 years in facility	New Indicator	New Indicator	New Indicator	3 215	14 500	3625	3625	3625	14000	13500	

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
Postnatal care coverage increased		I.1.5 Mother postnatal visit within 6 days rate	80.7%	82.8%	83.8%	82.5%	84%	84%	84%	84%	85%	86%	
		Numerator	80 488	74 389	68 623	14 917	68 764	17 191	17 191	17 191	69 583	70 401	
		Denominator	99 915	89 881	81 862	18 089	81 862	20 465	20 466	20 466	81 862	81 862	
		I.1.6 Maternal Mortality in facility ratio	124.5/100 000	136.2/100 000	139.7/10 0 000	99.1/100 000	119/100 000	119/100 000	119/100 000	119/100 000	120/100 000	120/100 000	
2. Neonatal deaths (0-28 days) in facility rate reduced		Numerator	133	131	122	19	104	26	26	26	105	105	
		Denominator	107 025	96 157	87 307	19 181	87 307	21 826	21 827	21 827	87 307	87 307	
		2.1.1 Infant PCR test around 6 months uptake rate	New Indicator	New Indicator	New Indicator	0.4%	45%	45%	45%	45%	50%	55%	
		Numerator				18	10 644	2 661	2 661	2 661	12 417	14 342	
Child mortality reduced		Denominator				5 038	23 652	5 913	5 913	5 913	24 835	26 076	
		2.1.2 Neonatal death in facility rate	13.8/1000	15.1/1000	15.7/100 0	15.4/1000	11/1000	11/1000	11/1000	11/1000	11/1000	10.5/1000	
		Numerator	1 374	1 350	1 273	275	892	223	223	223	891	850	
		Denominator	99 503	89137	81 033	17 912	81 033	20 258	20 258	20 258	20 259	81 033	
3. Under 5 mortality rate reduced	Child fully immunised	3.1.1 Immunisation under 1 year coverage	82.1%	78.6%	73.0%	51.4%	87%	87%	87%	87%	89%	90%	
		Numerator	108 031	103 687	96 566	20 193	115 112	115 112	115 112	115 112	117 758	119 081	

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance 2025/26	MTEF Targets							
			2022/23	2023/24		2024/25		2026/27	2026/27 Quarterly Targets				
						2024/25	2024/25		Q1	Q2	Q3	Q4	
		Denominator	131 213	131 611	132 313	155 881	132 313	132 313	132 313	132 313	132 313	2028/29	
		3.1.2 MR 2 nd dose 1 year coverage	81.6%	79.2%	75.8%	48.5%	87%	87%	87%	87%	90%		
		Numerator	106 690	103 524	98 706	19 018	113 276	113 276	113 276	113 276	117 182		
		Denominator	130 526	130 331	130 202	155 626	130 202	130 202	130 202	130 202	130 202		
	Micro and macro nutrient malnutrition reduced	3.1.3 Child under 5 years severe acute malnutrition case fatality rate	7.6%	9.5%	11.0%	7.4%	9.1%	9.1%	9.1%	9.1%	8.6%		
		Numerator	98	109	116	14	96	24	24	24	24	91	
	Child mortality reduced	Denominator	1 287	1 151	1 050	189	1 050	262	262	263	1 050	1 050	
		3.1.4 Death under 5 years against live birth rate	2.1%	2.3%	2.5%	2.3%	2%	2%	2%	2%	2%	1.9%	
		Numerator	2 095	2 079	2 039	404	1 620	405	405	405	405	1 540	
		Denominator	99 503	89 137	81 033	17 912	81 033	20 258	20 258	20 258	20 259	81 033	
7. Mortality due to NCDs reduced	Clients' early detection of illness and prevention.	7.2.1 Cervical cancer screening coverage	New Indicator	New Indicator	49%	45%	46%	46%	46%	47%	48%		
		Numerator			93 419	21 817	87 720	21 930	21 930	21 930	89 627	91 534	
		Denominator			190 695	210 280	190 695	47 673	47 674	47 674	190 695	190 695	

Explanation of planned performance over the medium-term period

The Department is determined to ensure that the outcomes on Maternal, Child, Women's Health and Nutrition (MCWH&N) related outcomes are improved whilst ensuring that quality of life is not compromised. In MCWH & INP sub-programme, the Department has identified the following performance challenges in the previous financial year:

- Maternal Mortality.
- Neonatal Mortality and Child Mortality rates.

The following were identified as contributory factors:

- High low birth weight rate contributed to neonatal death.
- Child severe acute malnutrition further contributed to child under 5 mortality rate.
- High teenage pregnancy also had a contribution in the negative outcomes for both maternal and child health.

Whilst the sub-programme had these performance challenges, it met the set targets for cervical cancer screening, Vitamin A 12-59 months' coverage and mother postnatal visits within 6 days whilst there was also improvement on diarrhoea death rate.

The Department intends to invest more on community interventions focusing on health promotion and early problem identification. Primary Health Care and Community-Based Services (CBS) are intended to impact directly on the demand side of patient care. This will be achieved through health education programmes aimed at women, mothers and children to improve health care seeking behaviour. There is an increased effort to screen all women of reproductive age at community and facility levels. This will improve early booking of pregnant women before 20 weeks. Early booking will assist in early identification of high-risk women to minimise pregnancy-associated complications, congenital birth defects, and reduce Vertical Transmission of HIV and promotion of early access to termination of pregnancy services for clients who need that service. This is in turn expected to reduce maternal mortality rate. Dissemination of knowledge and skills on mid-upper arm circumference measurement (MUAC) to the community and the early childhood development centres is also expected to improve early identification of children that have malnutrition before they reach the stage of Severe Acute Malnutrition. This is expected to reduce child severe acute malnutrition death and further reduce child mortality rate.

The Department has also embarked on a strategy of benchmarks and shared experiences where districts learn from each other and come up with targeted interventions for areas where their performance is challenged. The Department also links interventions to strengthen clinical accountability and governance through the District Clinical Specialist Teams (DCSTs). DCSTs are expected to make use of Perinatal Problem Identification Programme (PIIP) and Child Healthcare Problem Identification Programme (Child PIP) data to identify areas where interventions are needed and to implement them.

In the area of capacity building, the Department is also continuing to improve strategies aimed at reducing maternal, neonatal and child deaths which include improving and maintaining effective clinical skills levels through structured skills training, mentoring, proper placement of competent clinical staff and minimise rotation of skilled personnel. There will be ongoing trainings on Essential Steps in Managing Obstetric Emergencies (ESMOE) and Basic Antenatal Care (BANC), Helping Babies Breathe (HBB), Management of Small and Sick Neonates (MSSN), Integrated Management of Childhood Illnesses (IMCI) and Integrated Management of Children with Acute Malnutrition (IMAM). Programme Managers and area managers are also to be capacitated to monitor and mentor junior staff in their facilities.

The province has clustered all district hospitals to conduct Facility Assessment Supporting Tool (FAST) to improve maternal and neonatal outcomes. The FAST monitors the availability of human resources, material resources and identifies skills gaps that have a potential to compromise maternal and neonatal outcomes.

To reduce teenage pregnancy, education on and availing family planning services is key in curbing the challenge including risks. Education on emergency contraception, and its availability in all health facilities even after hours is key to improve its access. Collaboration of the Department with tertiary institutions to improve students' access to sexual reproductive health services on campus will contribute to improving teenage pregnancy. A signed Memorandum of Understanding (MOU) is in place between Department of Health and Institutions Higher Learning. Campus nurses and their health promotion practitioners are capacitated on contraceptives especially emergency contraceptives. Campuses are attached to the nearest health facilities for the commodities.

The Department is establishing and monitoring the functionality of 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 through behavioural interventions in and out of school.

To improve immunisation coverage, Expanded Programme on Immunisation (EPI) catch-up drives are conducted. The province continues to support the districts that are underperforming (including hard to reach areas), through hiring of vehicles to access those hard-to-reach areas. Cold Chain Management continues 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 antiretroviral.

To address social determinants of health associated with malnutrition and diarrhoea, inter-sectoral collaboration will be strengthened with sector departments and Developmental Partners. This is done through Integrated Community Registration and Outreach Programme (ICROP), Provincial Integrated Anti-Poverty Programme (PIAPS) and Non-governmental Organisations (NGOs). There are also health education activities including Side by Side campaign covering important elements (growth monitoring, nutrition, love and care, protection from diseases) to improve child health outcomes. The Mother Baby Friendly Initiative (MBFI) programme will be strengthened to improve breastfeeding rates 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 to establish the circumstances and causes surrounding unnatural deaths.

Table 20: Outcomes, Outputs and Output indicators and targets for the next MTEF for Coroner Services

Outcome (as per SP 2025/26-2029/30)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets						
						2026/27			2026/27 Quarterly Targets			
			2022/23	2023/24	2024/25	2025/26	Q1	Q2	Q3	Q4	2027/28	2028/29
12. Quality of health services improved	All post-mortem cases finalised	12.10.1 Percentage of post mortem performed within 72 hours	95%	95.5%	93.4%	98%	96%	96%	96%	96%	97%	98%
		Numerator	10 354	9 824	10 285	3 086	2 641	2 641	2 642	2 642	10 676	10 786
		Denominator	10 897	10 303	11 006	3 150	2 751	2 751	2 752	2 752	11 006	11 006

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 Machine.

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

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
	District hospitals attained Ideal hospital status	12.4.2 Ideal Hospitals status obtained rate	New Indicator	New Indicator		5%	9%	-	-	-	9%	9%	11%
		Numerator				3	6 (3new)				6 (3new)	6	7(1 new)
		Denominator				65	65				65	65	65
11. Improved Patient Experience of Care	Patient satisfaction surveys conducted	11.1.3 Patient Experience of Care survey rate	New Indicator	New Indicator		94%	96%	-	96%	-	-	97%	98%
		Numerator				61	62		62			63	64
		Denominator				65	65		65			65	65

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2022/23	2023/24	2024/25		2025/26	2026/27	2026/27 Quarterly Targets				2027/28	2028/29
									Q1	Q2	Q3	Q4		
12. Quality of health services improved	Patient Safety Improved	12.6.5 Severity Assessment Code 1 incident reported within 24 hours rate	74.4%	74%	80.3%	95.4%	77%	77%	77%	77%	77%	78%	80%	
		Numerator	346	444	413	394	396	396	396	396	396	401	411	
		Denominator	465	604	514	413	514	514	514	514	514	514	514	
		12.6.6 Patient Safety Incident case closure rate	91.5%	95%	96.6%	93.1%	97%	97%	97%	97%	97%	98%	98%	
		Numerator	1 114	1 107	975	759	979	979	979	979	979	989	989	
		Denominator	1 217	1 170	1 009	815	1 009	1 009	1 009	1 009	1 009	1 009	1 009	

Explanation of planned performance over the medium-term period

The bed utilisation rate is affected by the decline in number of admissions at hospitals and decant them to be managed Primary Health Care (PHC) facilities at community level. However, patients are not keen to go to smaller hospitals or PHC where there are no specialists' medical interventions. Currently the province has a high number of district hospitals with 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 have 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 audits 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 22: Summary of payments and estimates by sub-programme: Programme 2: District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25				2026/27	2027/28	
1. District Management	1,084,075	1,035,993	1,020,167	1,086,510	1,081,871	1,080,874	1,110,411	1,179,821	2.7
2. Community Health Clinics	2,942,147	3,284,094	3,358,711	3,000,844	3,151,867	3,513,795	3,252,984	3,216,395	(7.4)
3. Community Health Centres	1,409,766	1,541,482	1,562,778	1,579,790	1,599,869	1,615,653	1,665,312	1,883,275	3.1
4. Community Based Services	819,164	789,961	819,467	867,187	925,047	769,546	1,227,229	1,235,701	59.5
5. Other Community Services	208,015	54,756	71,994	87,972	93,534	117,792	92,642	96,001	(21.4)
6. HIV/Aids	2,795,830	2,696,995	2,839,110	2,853,800	2,948,257	2,948,257	2,974,926	3,102,140	0.9
7. Nutrition	31,097	30,355	24,155	38,714	37,646	37,646	40,510	42,316	7.6
8. Coroner Services	132,897	142,661	149,263	126,307	131,802	171,686	146,214	137,111	(14.8)
9. District Hospitals	5,654,230	6,041,896	6,346,959	6,132,202	6,392,082	6,666,177	6,444,237	6,858,136	(3.3)
Total payments and estimates	15,077,221	15,618,193	16,192,604	15,773,326	16,361,975	16,921,426	16,954,465	17,750,896	0.2

Table 22 above shows the summary of payments and estimates for District Health Services from 2022/23 to 2025/26 per sub programme and economic classification. The programmes total expenditure increased from R15,077 billion to a revised estimate of R16,921 billion in 2025/26. In 2026/27, the budget increase by 0.2 per cent from R16,921 billion to R16,954 billion when compared to a revised estimate due to unfunded wage increase, unfunded non negotiables.

Table 23: Summary of payments and estimates by economic classification: P2- District Health Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates	2027/28		2028/29	% change from 2025/26
	2022/23	2023/24	2024/25					2026/27	2027/28	2028/29	
R thousand											
Current payments	14,663,863	15,202,615	15,784,216	15,474,498	15,998,309	16,392,474	16,508,311	17,452,397	17,892,305		0.7
Compensation of employees	10,137,436	10,770,463	11,013,149	11,134,063	11,548,199	11,828,705	12,008,599	12,134,179	12,218,677		1.5
Goods and services	4,504,824	4,424,004	4,759,916	4,340,435	4,450,110	4,563,769	4,499,712	5,318,218	5,673,628		(1.4)
Interest and rent on land	21,603	8,148	11,151	–	–	–	–	–	–	–	
Transfers and subsidies to:	296,649	278,389	287,723	131,354	123,890	233,855	153,864	158,756	165,901		(34.2)
Non-profit institutions	26,528	35,450	35,190	17,892	4,946	4,946	30,938	31,218	32,623		525.5
Households	270,121	242,939	252,533	113,462	118,944	228,909	122,926	127,538	133,278		(46.3)
Payments for capital assets	116,709	137,189	120,665	167,474	239,776	295,097	292,290	139,743	146,031		(1.0)
Buildings and other fixed structures	–	2,257	–	–	–	–	–	–	–	–	
Machinery and equipment	116,709	134,932	120,665	167,474	239,776	295,097	292,290	139,743	146,031		(1.0)
Software and other intangible assets	–	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–		
Total economic classification	15,077,221	15,618,193	16,192,604	15,773,326	16,361,975	16,921,426	16,954,465	17,750,896	18,204,237		0.2

Table 23 above shows the summary of payments and estimates for District Health Services from 2022/23 to 2025/26 and over the 2026 MTEF per economic classification. Compensation of employees and Goods and Services which make up current payments are major cost drivers of the programme. Compensation of employees shows a positive growth of 1.5 per cent from R11.829 billion when compared to 2025/26 revised estimates due to allocation for ministerial allocation.

Goods and Services show a negative growth of 1.4 per cent from R4.564 billion to R4.499 billion when compared to 2025/26 revised estimates due to payment of accruals and payables. Transfers and subsidies show a negative growth of 34.2 per cent from R233 million to R153 million when compared to the 2025/26 revised estimates due to payment of medico legal claims.

2.11 Key Risks

The table below outlines the key risks.

Table 24: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
- HIV/ AIDS related deaths reduced - TB incidence reduced by 10% - TB Mortality reduced by 10% - Malaria related deaths reduced	- Inadequate Primary Health Care Services - Non-adherence to National Guidelines and Policies on communicable diseases (Management of TB, HIV&AIDS, STI, Measles and Malaria)	- Refurbishment of Primary Health Care Facilities (infrastructure). - Continued implementation of HPRS (Health Patient Recording System). - Continuous Implementation of the Ideal Clinic Realisation and Maintenance (ICRM). - Conduct HAST awareness campaign roadshows in all Districts. - Conduct a comprehensive training of HAST Programmes for the Outreach Teams. - Filling of funded strategic posts in the ARP. - Enforce compliance with policies, procedures and SOPs. - Continuous monitoring and analysis of patient data reports. - Implementation of Audit Improvement Plan.
- Maternal Mortality in Facility Ratio reduced - Neonatal deaths (0-28 days) in facility rate reduced	High Maternal and Perinatal Mortality Rate	- Implementation of the quarterly community mobilisation and education in each district. - Establishment of rehabilitation units for children with Cerebral Palsy in priority hospitals. - Conduct monitoring support visits and continuously monitoring the trends from the analysis reports. - Implementation of Audit Improvement Plan.
Death under 5 years against live birth rate reduced	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 Audit Improvement Plan.
- Mortality due to NCDs reduced - Mental Health Care Integrated	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 Audit Improvement Plan.

Outcome	Risk	Mitigating factors
into Primary health care		
Quality of health services improved	Inadequate Radiology services	Recruit & retain skilled radiologists and technicians. Upgrade equipment and ensure regular maintenance. Implement tele-radiology services for remote diagnostics. Optimize scheduling to reduce bottlenecks. Secure additional funding for infrastructure improvements. Capacitation and Trainings. Implementation of Audit Improvement Plan.



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ANNUAL PERFORMANCE PLAN 2026/27 2028/29

PROGRAMME

3

EMERGENCY MEDICAL SERVICES (EMS)

3. PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

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.

3.1 Sub-Programme: Emergency Transport:

Sub-Programme Priorities

- Increase number of licensed ambulances and bases in accordance with EMS regulations (Ideal EMS status).
- Implementation of computer aided dispatch system and monitoring of call escalation rate.
- Ensure optimal utilisation of air ambulance services.
- Support the provincial health disaster management programme.

3.2 Sub-Programme: Planned Patient Transport

Sub-Programme Priorities

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

Table 25: Outcomes, Outputs and Output indicators and targets for the next MTEF for Emergency Medical Services (EMS)

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
12. Quality of health services improved	EMS response time adhered to	12.10.1 EMS PI urban response under 30 minutes rate	55.2%	68.8%	68.3%	63.8%	70%	70%	70%	70%	70%	72%	75%
		Numerator	23 555	25 095	26 561	7 333	27 213	6 803	6 803	6 803	6 804	27 991	29 157
		Denominator	42 647	36 459	38 876	11 494	38 876	9 719	9 719	9 719	9 719	38 876	38 876
		12.10.2 EMS PI rural response under 60 minutes rate	64.4%	62.2%	60.4%	50.6%	62%	62%	62%	62%	62%	65%	67%
		Numerator	54 875	52 502	47 043	6 614	48 312	12 078	12 078	12 078	12 078	50 649	52 208
		Denominator	85 144	84 382	77 922	13 066	77 922	19 480	19 480	19 481	19 481	77 922	77 922
Functional PTVs available	12.10.3 Number of Patients transported on the PTV services	192 616	245 397	352 433	84 762	285 000	85 500	85 500	57 000	57 000	180 000	175 000	

Explanation of planned performance over the medium-term period

The program has devised a strategy to enhance performance in the response rate for priority one calls, inter-facility transfers, and planned patient transport services. These three elements of the program rely on a functional communication system, availability of adequately skilled staff in the category of emergency care officers, and appropriate equipment for managing patients, as well as the availability of suitably configured vehicles for emergency medical care.

The decentralisation of ambulance resources closer to communities is also set for expansion in the medium term. This approach is guided by the national norm of one ambulance per population of 10,000. The programme will also assess the rational location of bases to ensure proximity to the communities and referral health facilities. In addition to the population, the program is factoring in the geographical size of the area as this also affects the response time. Once this strategy's implementation is finalized, the response time will be reduced as ambulances, when dispatched, will originate from the local base closer to communities.

A second method of decentralisation involves assigning dedicated ambulances to priority hospitals for inter-facility transfers. The programme has initiated the placement of ambulances at high-volume hospitals to handle referrals (both upward and downward) and discharges. Inter-facility transfers constitute most cases managed by EMS, often exceeding 30% per quarter. These cases mainly involve patients being referred to the next level of care and discharges from higher levels of care to district hospitals.

An increase in inter-facility transfer cases leads to delays in responding to pre-hospital emergencies from the community. The program has introduced a method to assign ambulances at selected hospitals exclusively for inter-facility transfer cases. Already, an ambulance is stationed at Nelson Mandela Academic Hospital for referrals between NMAH, Mthatha Regional, and Bedford Orthopaedic hospitals. A similar service is provided at health centres in Gqeberha to transport critical patients from the health centres to either Livingstone Tertiary or Dorah Nginza Regional hospitals.

Over the medium term, the programme will expand the service to other hospitals in the list of 28 priority hospitals, commencing in the 2026/27 financial year with Butterworth, Bhisho, Grey, and Tafalofefe hospitals. Enhancing response times for priority I calls in both rural districts and urban metropolitan municipalities directly contributes to the provincial objective of enhancing the quality of healthcare for all Eastern Cape residents.

Priority I calls mainly encompass 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 healthcare quality provided to the community and residents of the Eastern Cape is of the highest caliber. Since most of the priority I cases necessitate advanced emergency care skills, the department will invest in increasing the number of paramedics with specialized skills to manage emergencies. The deployment of these paramedics will prioritize rural districts such as Alfred Nzo, Joe Gqabi, Amathole, OR Tambo, and Sarah Baartman.

Other resources allocated to enhance response times to priority I calls include the air ambulance (helicopter ambulance and fixed-wing aircraft). The helicopter will operate from Nelson Mandela Metro, Buffalo City Metro, and OR Tambo district. These locations will serve as primary points, while the service will be accessible to the entire province, western districts, central/northern districts, and eastern districts respectively.

The service will be dispatched to highly critical emergencies, especially in hard-to-reach parts of the province where road transfer would be time-consuming, potentially compromising care outcomes. Additionally, the program will 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.

The programme plans to refine the coordination and planning of the planned patient transport services, which transport stable patients for reviews and assessments to regional, tertiary, and specialized hospitals. There is a necessity to transition the booking system and route planning to an electronic format, making it visible to all clinical staff who make bookings for patients. The Planned Patient Transport (PPT) service remains a crucial component in facilitating patient access to services.

The programme has invested in computer equipment and infrastructure, as well as customized electronic call-taking and dispatch over the past year. Additional call takers have been recruited and trained on call taking and dispatch at EMS College in Gqeberha. Network connectivity challenges, both local and wide area network, have been addressed at the designated locations for the rollout.

Interoperability with other applications such as the vehicle tracker has been finalized. The remaining project period will be dedicated to implementing the solution and addressing potential maintenance needs. Call takers and dispatchers at the EMS communication centers will continue to receive training on the solution and be supported to deliver efficient customer care and allocate EMS resources effectively to the community.

Frequent telephone network outages due to power interruptions and cable theft often impede community access to the EMS communication centers. The programme will establish a system to divert calls during network disruptions to the department's shared contact centers and explore utilizing the SA Police Services lines and disaster management call centers in respective districts. This is to ensure minimal inconvenience to the community when ambulance services are needed. Long-term solutions to power outages and cable theft issues will be explored comprehensively as part of government interventions.

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

The successful attainment of the targets in program 3 also necessitated collaboration with stakeholders such as local community leaders and the police to safeguard staff responding to emergencies.

The program has observed a rise in ambulance calls, placing strain on the limited available resources. The department will launch an initiative to educate communities on the utilization of ambulance services and the types of cases and incidents warranting ambulance assistance. This initiative aims to reduce the number of non-emergency cases referred to ambulance services.

The programme is planning to refine the coordination and planning of the planned patient transport services, which transport stable patients for reviews and assessments to tertiary and specialized care. The transition of the booking system and route planning to electronic format, making it visible to all clinical users, is imperative. The PPT service remains a vital component in facilitating patient access to services. The programme will collaborate with programs 4 and 5 to expand the outreach services, bringing specialist care to patients in their local communities.

The Central Chronic Medicines Dispensing and Distribution (CCMDD) initiative will make medications more accessible to patients without requiring them to travel long distances for prescription refills.

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.

3.3 PROGRAMME RESOURCE CONSIDERATION

Table 26: Summary of payments and estimates by sub-programme: Programme 3: Emergency Medical Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25				2026/27	2027/28	
1. Emergency Transport	1,209,639	1,069,678	1,215,721	1,350,299	1,382,180	1,302,711	1,416,333	1,485,018	8.7
2. Planned Patient Transport	243,238	290,707	310,521	288,407	288,407	331,705	300,983	316,318	(9.3)
Total payments and estimates	1,452,877	1,360,385	1,526,242	1,638,706	1,670,587	1,634,416	1,717,316	1,801,336	5.1

Table 26 above show the summary of payments and estimates for Emergency Medical Services from 2022/23 to 2025/26 and over the 2026 MTEF per sub-programme. The programmes total expenditure increased R1.452 billion in 2022/23 to R1.540 billion when compared to a revised estimate due to a low revised estimate.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates			% change from 2025/26
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29	
Current payments	1,264,249	1,217,706	1,395,936	1,506,741	1,538,622	1,478,933	1,579,280	1,657,088	1,709,489	6.8
Compensation of employees	1,022,603	1,049,361	1,067,673	1,200,076	1,231,376	1,171,687	1,221,242	1,296,238	1,318,983	4.2
Goods and services	241,646	168,345	328,263	306,665	307,246	307,246	358,038	360,850	390,506	16.5
Interest and rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	3,028	2,846	2,922	4,405	4,405	4,405	4,608	4,815	5,032	4.6
Households	3,028	2,846	2,922	4,405	4,405	4,405	4,608	4,815	5,032	4.6
Payments for capital assets	185,600	139,833	127,384	127,560	127,560	151,078	133,428	139,433	145,708	(11.7)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	185,600	139,833	127,384	127,560	127,560	151,078	133,428	139,433	145,708	(11.7)
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	1,452,877	1,360,385	1,526,242	1,638,706	1,670,587	1,634,416	1,717,316	1,801,336	1,860,229	5.1

Table 27 above shows the summary of payments and estimates for Emergency Medical Services from 2022/23 to 2025/26 and over the 2026 MTEF period per economic classification.

Compensation of employees shows a positive growth of 4.2 per cent which is above projected inflation of 3.6 per cent from R1.172 billion to R1.221 billion when compared to 2025/26 revised estimate.

Goods and Services show a positive growth of 16.5 per cent from R307 million to R358 million when compared to a 2025/26 revised estimate.

Transfers and subsidies show a positive growth of 4.6 per cent from R4.405 million to R4.608 million when compared to a 2025/26 revised estimate due to provision for leave gratuities.

Payments for capital assets show a negative growth of 11.7 per cent from R151.078 million to R133.428 million when compared to a revised estimate due to a low revised estimate attributed to delays in payments in the current financial year.

3.4 Key Risks

The table below outlines the key risks.

Table 28: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved.	Inadequate EMS Services	- Capacitation and Trainings - Contract and SLA - Audit Improvement Plan - Counselling to EMS staff



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ANNUAL PERFORMANCE PLAN 2026/27 2028/29

PROGRAMME

4

**PROVINCIAL HOSPITAL SERVICES
(REGIONAL AND SPECIALISED)**

4. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

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

4.1 Sub-Programme: - General (Regional) Hospitals

Table 29: Outcomes, Outputs and Output indicators and targets for the next MTEF for Regional Hospitals

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2022/23	2023/24	2024/25		2025/26	2026/27	2026/27 Quarterly Targets				2027/28	2028/29
11. Improved Patient Experience of Care	Patient satisfaction surveys conducted	11.1.4 Patient Experience of Care survey rate	New Indicator	New Indicator	New Indicator	100%	100%			100%			100%	100%
		Numerator			5	5			5			5	5	
		Denominator				5	5			5			5	5
12. Quality of health services improved	Patient Safety Improved	12.6.7 Severity Assessment Code 1 incident reported within 24 hours rate	90%	93%	92%	100%	94%	94%	94%	94%	94%	95%	96%	
		Numerator	624	438	375	432	382	95	95	96	96	387	391	
		Denominator	696	472	407	432	406	101	101	102	102	406	406	
		12.6.8 Patient Safety Incident case closure rate	93.4%	97%	97%	99.4%	96%	96%	96%	96%	96%	97%	98%	
		Numerator		661	574	539	567	141	142	142	142	573	579	
		Denominator		679	591	542	591	147	148	148	148	591	591	

4.2 Sub – Programme: Tuberculosis (TB) Hospitals

Table 30: Outcomes, Outputs and Output indicators and targets for the next MTEF for Tuberculosis (TB) Hospitals

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets								
			2022/23	2023/24		2024/25	2025/26	2026/27	2026/27 Quarterly Targets				2027/28	2028/29
									Q1	Q2	Q3	Q4		
11. Improved Patient Experience of Care	Patient satisfaction surveys conducted	11.1.5 Patient Experience of Care survey rate	New Indicator	New Indicator	90%	100%		100%				100%	100%	
		Numerator			9	7		7			7	7		
		Denominator			10	7		7			7	7		
12. Quality of health services improved	Patient Safety Improved	12.6.9 Severity Assessment Code 1 incident reported within 24 hours rate	75%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
		Numerator	6	6	4	2	4	4	4	4	4	4	4	
		Denominator	8	7	4	2	4	4	4	4	4	4	4	
		12.6.10 Patient Safety Incident case closure rate	98%	100%	100%	93.2%	93%	93%	93%	93%	95%	98%	98%	
		Numerator		77	61	41	56	14	14	14	14	57	59	
Denominator		77	61	44	60	15	15	15	15	60	60	60		

4.3 Sub – Programme: Psychiatric / Mental Hospitals

Sub- Programme Priorities

- Development of District Mental Health Specialist Teams.
- Creating Mental Health Units in districts, 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 31: Outcomes, Outputs and Output indicators and targets for the next MTEF for Psychiatric / Mental Hospitals

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25	2025/26		2026/27	Q1	Q2	Q3	Q4	2027/28	2028/29
11. Improved Patient Experience of Care	Patient satisfaction surveys conducted	11.1.6. Patient Experience of Care survey rate	New Indicator	New Indicator	New Indicator	100%	100%	100%		100%			100%	100%
		Numerator				3	3	3		3			3	3
		Denominator				3	3	3		3			3	3
12. Quality of health services improved	Patient Safety Improved	12.6.11 Severity Assessment Code I incident reported within 24 hours rate	93.3%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator	28	34	20	10	19	4	5	5	5	5	19	19
		Denominator	30	34	20	10	19	4	5	5	5	5	19	19
		12.6.12 Patient Safety Incident case closure rate	98.5%	96%	98.7%	96.6%	98%	98%	98%	98%	98%	98%	99%	100%
		Numerator		343	237	144	224	56	56	56	56	56	226	228
		Denominator		356	240	149	228	57	57	57	57	57	228	228

Explanation of planned performance over the medium-term period

The department has finalized the recruitment and selection process for vacant and crucial leadership positions in regional hospitals. The role of Chief Executive Officer (CEO) at Frontier Regional Hospital, recently filled. The department will be advertising and filling the recently vacated position of Cecilia Makhiwane hospital. The position has been included in the Annual Recruitment Plan (ARP) for 2026/27 financial year. In the new financial year, the department is planning to fill the positions of CEOs for St Elizabeth hospital. Clinical leadership will be strengthened to focus on direct clinical care and improved outcomes, particularly through an outreach program aimed at reducing surgical backlogs.

The department has appointed a CEO at Oliver and Adelaide Tambo District Hospital. The institution forms part of the Rural Clinical School established in Lusikisiki where specialists will apply hub and spoke approach to provide critical specialist services to the neighbouring district hospitals and primary health care facilities. The department is introducing specialist services like Obstetrics and Gynecology, General Surgery, Family Medicine, Orthopedics, Pediatrics, and Anesthesiology.

The subsequent phase, expected to be completed within three years, will introduce Internal Medicine, Ophthalmology, and Dermatology. By establishing specialized regional services at OARTH, the necessity for referrals to Nelson Mandela Academic Hospital will be minimized, thereby bringing essential medical services closer to local communities. Additional strategic measures include reallocating funds from Program 2 to Program 4, implementing a more sophisticated organizational structure, and restructuring reporting protocols from the district office to the Chief Directorate of Hospital Services within the Regional Hospitals sub-program.

4.4 PROGRAMME RESOURCE CONSIDERATION

Table 32: Summary of payments of estimates: Programme 4 – Provincial Hospital Services

R thousand	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25	2025/26		2026/27	2027/28	2028/29
1. General (Regional) Hospitals	2,909,523	3,181,458	3,261,195	3,647,846	3,626,931	3,581,693	3,747,991	3,846,961
2. TB Hospitals	387,954	411,707	416,930	494,135	488,756	506,145	531,682	555,475
3. Psychiatric Mental Hospitals	629,233	660,175	765,554	833,256	833,959	769,009	828,093	820,103
Total payments and estimates	3,926,710	4,253,340	4,443,679	4,975,237	4,949,646	4,856,847	5,107,766	5,222,539
								(1.9)

Table 32 above shows the summary of payments and estimates for Provincial Hospital Services from 2022/23 to 2025/26 and over the 2026 MTEF period per sub-programme. The programme's total expenditure increased from R3.926 billion in 2022/23 to a revised estimate of R4.949 billion in 2025/26. In 2026/27, the budget shows a negative growth of to 1.9 per cent from R4.949 billion to R4.856 billion when compared to the 2025/26 revised estimate due to non-funding for the wage agreement and funding for the cost pressures for medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste.

Table 33: Summary of payments and estimates by economic classification: P4 – Provincial Hospitals

R thousand	Outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates	2026/27		2028/29	% change from 2025/26
	2022/23	2023/24	2024/25						2026/27	2027/28		
Current payments	3,797,684	4,103,701	4,281,525		4,635,634	4,836,765	4,755,854	4,735,455	5,035,893	5,147,432		(0.4)
Compensation of employees	3,056,817	3,323,115	3,422,613		3,510,692	3,529,970	3,502,719	3,627,546	3,855,527	3,901,731		3.6
Goods and services	728,650	777,252	858,026		1,124,942	1,306,795	1,253,135	1,107,909	1,180,366	1,245,701		(11.6)
Interest and rent on land	12,217	3,334	886		–	–	–	–	–	–		
Transfers and subsidies to:	120,207	140,192	129,754		53,063	53,063	108,383	55,037	57,514	60,102		(49.2)
Provinces and municipalities	–	–	–		–	–	–	–	–	–		
Departmental agencies and accounts	–	–	–		–	–	–	–	–	–		
Higher education institutions	–	–	–		–	–	–	–	–	–		
Foreign governments and international organisations	–	–	–		–	–	–	–	–	–		
Public corporations and private enterprises	–	–	–		–	–	–	–	–	–		
Non-profit institutions	–	–	–		–	–	–	–	–	–		
Households	120,207	140,192	129,754		53,063	53,063	108,383	55,037	57,514	60,102		(49.2)
Payments for capital assets	8,819	9,447	32,400		13,136	85,409	85,409	66,355	14,359	15,005		(22.3)
Buildings and other fixed structures	–	–	–		–	–	–	–	–	–		
Machinery and equipment	8,819	9,447	32,400		13,136	85,409	85,409	66,355	14,359	15,005		(22.3)

R thousand	Outcome				Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates 2026/27	2027/28	2028/29	% change from 2025/26
	2022/23	2023/24	2024/25								
Heritage Assets	-	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-	-
Total economic classification	3,926,710	4,253,340	4,443,679		4,701,833	4,975,237	4,949,646	4,856,847	5,107,766	5,222,539	(1.9)

Table 33 above shows the summary of payments and estimates for Provincial Hospital Services per economic classification.

Compensation of employees shows a positive growth of 3.6 per cent from R3.503 billion to R3.627 billion in 2026/27 when compared to the 2025/26 revised estimate due to allocations for employment of health professionals.

Goods and services show a negative growth of 11.6 per cent from R1.253 billion to R1.107 billion in 2026/27 when compared to the 2025/26 revised estimate due to cost pressures in the current financial year for the medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste. Transfers and subsidies show a negative growth of 49.2 per cent from R108.383 million to R55.037 million in 2026/27 when compared to the 2025/26 revised estimate due to a high revised estimate attributable to the payment of Medico Legal Claims.

Payments for capital assets show a negative growth of 22.3 per cent from R85.409 million to R66.355 million in 2026/27 when compared to the 2025/26 revised estimate, due to high revised estimate in 2025/26 emanating from reprioritisation during 2026 MTEF for purchase of medical equipment and assistive devices in General Hospitals.

4.5 Key Risks

The table below outlines the key risks.

Table 34: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
- Improved Patient Experience of Care - Quality of health services improved.	Non-adherence to policies and guidelines on referrals and service between primary, secondary and tertiary Service.	- Implementation of the Referral policy / protocol - Strengthen the clinical services platform - Capacitation and Trainings - Management of contracts and SLAs. - Implement Audit Improvem.



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PROGRAMME

5

CENTRAL & TERTIARY HOSPITAL SERVICES

5. PROGRAMME 5: CENTRAL & TERTIARY HOSPITAL SERVICES

5.1 Sub-programme: 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 35: Outcomes, Outputs and Output indicators and targets for the next MTEF for Central Hospital Services

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performan ce	MTEF Targets					
			2022/ 23	2023/24	2024/25	2026/27	2026/27 Quarterly Targets				
							Q1	Q2	Q3	Q4	
11. Improved Patient Experience of Care	Patient satisfaction surveys conducted	11.1.7 Patient Experience of Care survey rate	New Indicator	New Indicator	New Indicator	100%		100%			100%
		Numerator				I		I			I
		Denominator				I		I			I
12. Quality of health services improved	Patient Safety improved	12.6.13 Severity Assessment Code I incident reported within 24 hours rate	85%	92%	93%	100%	94%	94%	94%	94%	96%
		Numerator	205	196	28	30	30	30	30	30	31
		Denominator	241	213	30	32	32	32	32	32	32
		12.6.14 Patient Safety Incident case closure rate	99%	99%	100%	100%	100%	100%	100%	100%	100%

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets								
			2022/ 23	2023/24		2024/25	2025/26	2026/27	2026/27 Quarterly Targets				2027/28	2028/29
									Q1	Q2	Q3	Q4		
		Numerator		211	38	35	36	9	9	9	9	34	32	
		Denominator		213	38	41	36	9	9	9	9	34	32	

5.2 Sub-Programmes: Provincial Tertiary Hospital Services

- Livingstone hospital
- Frere 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 in the Eastern Cape Province:

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

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
11. Improved Patient Experience of Care	Patient satisfaction surveys conducted	11.1.8 Patient Experience of Care survey rate	New Indicator	New Indicator	New Indicator	100%	-	100%	-	-	100%		
		Numerator				3	2	2		2			
		Denominator				3	2	2		2			
12. Quality of health services improved	Patient safety improved	12.6.15 Severity Assessment Code 1 incident reported within 24 hours	88%	68%	92.7%	69.5%	91%	91%	91%	91%	92%	93%	
		Numerator	130	141	244	105	240	60	60	60	60	242	245
		Denominator	148	208	263	151	264	66	66	66	66	264	264
		12.6.16 Patient Safety Incident case closure rate	93%	98%	98.5%	99.3%	100%	100%	100%	100%	100%	100%	100%
		Numerator		556	686	408	696	174	174	174	174	696	696
		Denominator		568	696	411	696	174	174	174	174	696	

Explanation of planned performance over the medium-term period

The department has been acquiring cutting-edge health technology equipment to enhance the quality of life in the Eastern Cape Province. Substantial advancements have been made in the development of oncology and radiotherapy services at the Nelson Mandela Academic Hospital in Mthatha.

To improve tertiary service provision, the department is focusing on the modernisation of tertiary services. This initiative includes upgrading existing services with state-of-the-art healthcare technology to offer highly specialised interventions and improve the quality and efficiency of service delivery. The enhancements will encompass COE, Goods and Services, Capital Equipment, and Computerized Health Systems. Additionally, these improvements will be extended to identified outreach facilities/interventions to expand tertiary services at St. Elizabeth, Madzikane Ka Zulu, and Butterworth.

The department's primary objective is to prioritize the establishment of an Oncology centre at Nelson Mandela Academic Hospital, where such a service was previously unavailable. The allocation for the Oncology grant is currently project-based, with the province planning to utilize it for infrastructure development. In the meantime, chemotherapy services are operational at the NMAH Centre of Excellence, while patients requiring radiation treatment are referred to the Frere oncology unit. Nelson Mandela Academic Hospital remains dedicated to evolving into a comprehensive central hospital by continuously developing sub-specialties.

5.3 Sub-Programmes: Specialised Tertiary Hospital

- Fort England (Specialised Psychiatric 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 is one specialised tertiary hospital in the Eastern Cape Province:

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

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets								
			2022/23		2023/24		2024/25	2025/26	2026/27	Quarterly Targets				2027/28	2028/29
							Q1			Q2	Q3	Q4			
11. Improved Patient Experience of Care	Patient satisfaction surveys conducted	11.1.9 Patient Experience of Care survey rate	New Indicator	New Indicator	New Indicator	100%	100%		100%				100%	100%	
		Numerator				1	1		1			1	1		
		Denominator				1	1		1			1	1		
12. Quality of health services improved	Patient safety improved	12.6.17 Severity Assessment Code 1 incident reported within 24 hours rate	93.3%	100%	71%	100%	100%	100%	100%	100%	100%	100%	100%		
		Numerator	28	3	5	4	8	2	2	2	2	8	8		
		Denominator	30	3	7	4	8	2	2	2	2	8	8		
		12.6.18 Patient Safety Incident case closure rate	98.4%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
		Numerator		84	68	37	64	6	6	6	6	64	64		
		Denominator		85	68	37	64	6	6	6	6	64	64		

Explanation of planned performance over the medium-term period

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 governance structures. To improve specialised tertiary service provision, the department is focusing on modernisation of specialised psychiatric tertiary services.

Planned Improvement Plans for Mental Health services:

Tele-Mental Health: The department will focus on harnessing digital technologies for mental health through procurement of tele-conferencing equipment at Fort England hospital and at another hospital in another district e.g. Komani or Tower hospital. Tele-mental health conferencing aims at closing the gap of resource constraints, be it human resources; finance constraints or transportation to reach remote areas and /or facilities providing mental health services.

By investing on mental health technology, the department will address the skills shortages of psychiatrists and other members of the multi-disciplinary team (MDT) that are a scarce skill in other districts and across the province. The presence of two medical specialists is mandatory for full panel assessment of forensic patients, of which tele-conferencing will aid in complementing the team from both facilities linked.

Mobile tele-mental health services: a mobile service with a fully-fledged tele-conference system is envisaged for remote areas to save on travel time and costs for MDTs, to visit stable patients for follow-up specialist care at the nearest health centres than continued hospitalisation. This service will address the shortage of mental health beds at specialised tertiary hospitals, thereby addressing the long waiting lists for forensic and general psychiatry patients for the province. Patients with custodians, placed successfully on Leave-of- Absence (LOA), do not need continued hospitalisation and can be discharged (conditional discharge or unconditional discharge).

To relieve beds, reclassification of State Patients (SPs) will be done through the courts with support from the periodic reviews conducted by the MDT, with reports submitted to the courts for approval. The re-classified SPs will then be transferred to long-term facilities e.g. Tower hospital.

District mental health services that conduct 72-hour mental health observations (involuntary), will be enhanced through training by in-reach teams from specialised tertiary hospitals. The program will assist towards establishment of District Clinical Specialist Teams (DCSTs) for each district or region and co-ordination of mental health services by existing non-communicable diseases co-ordinators. The above interventions will address the gap between district health services towards an effective and comprehensive community health services.

De-institutionalisation: involves simultaneously increasing discharges, reducing admissions, and scaling up care in the community (WHO,2022). The department will leverage on the Eastern Cape Provincial Government Strategy on Non-Communicable Diseases, Mental Health & Social Determinants of Health i.e. implementation of integrated social mobilisation programmes to mitigate (emerging) social ills (substance abuse), intensifying provision of comprehensive support services for mental health. The Provincial Cluster focus is provision of treatment services; provision of psychosocial & social behaviour change programmes and substance abuse prevention programmes.

Research for mental health: Minimal research has been conducted on mental health in the province, resulting in irrelevant policies and mal-prioritisation. Evidence based mental health research is critical for a successful and effective mental health service. The department will drive research on mental health to inform and adapt policies and strategies on mental health for the unique landscape of the province.

Leveraging on District Mental Health Forums (DMHFs) for multi-sectoral collaborations: The department will collaborate with Department of Social Development on establishment of half-way houses for state patients without custodians. This is currently deemed a department of health responsibility as there is no emphasis on other role players to own their responsibility and accountability towards mental health in the community that is, preventive, promotive and rehabilitative responsibility.

Central Chronic Medicines Dispensing and Distribution (CCMDD) for mental health: The department will pilot CCMDD for stable chronic Mental Health Users (MHCUs) in one district to test the system on mental health services. Currently, the doctor providing outreach services takes medication packaged by pharmacists from a specialised tertiary hospital to the nearest health centre. The programme is meant for patients on specialist medication that is not available at a lower level of care. CCMDD will address the recidivism caused by defaulting treatment and other social determinants of health.

5.4 PROGRAMME RESOURCE CONSIDERATION

Table 38: Summary of payments and estimates by sub-programme: Programme 5: Central Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25				2026/27	2027/28	
1. Central Hospital Services	1,702,835	1,751,326	1,829,990	1,829,053	1,858,749	1,956,372	1,959,572	1,764,136	1,843,314
2. Provincial Tertiary Services	3,010,739	3,177,547	3,323,653	3,931,361	3,977,222	3,821,030	3,707,903	3,825,321	3,870,648
Total payments and estimates	4,713,574	4,928,873	5,153,643	5,760,414	5,835,971	5,777,402	5,667,474	5,589,457	5,713,962
									(1.9)

Tables 38 above shows the summary of payments and estimates for Central Hospital Services from 2022/23 to 2025/26 and over the 2026 MTEF per sub-programme. The programme's total expenditure increased from R4.713 billion in 2022/23 to a revised estimate of R5.777 billion in 2025/26. In 2026/27, the budget decreases by 1.9 per cent from R5.777 billion to R5.667 billion when compared to the 2025/26 revised estimate due to cost pressures for the wage agreement and funding for the medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste.

Table 39: Summary of payments and estimates by economic classification: Programme 5: Central Hospital Service

	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates	2026/27		2027/28	2028/29	% change from 2025/26
	2022/23	2023/24	2024/25					2026/27	2027/28			
R thousand	4,512,638	4,718,032	4,934,718	5,489,126	5,592,913	5,534,344	5,499,208	5,328,580	5,441,346			(0.6)
Current payments	4,512,638	4,718,032	4,934,718									
Compensation of employees	3,196,308	3,465,164	3,601,965	3,874,082	3,893,636	3,835,067	4,047,424	3,791,867	3,843,810			5.5
Goods and services	1,314,174	1,249,219	1,328,070	1,615,044	1,699,277	1,699,277	1,451,785	1,536,713	1,597,536			(14.6)
Interest and rent on land	2,156	3,649	4,683	–	–	–	–	–	–			
Transfers and subsidies to:	37,772	53,869	62,222	49,424	51,588	51,588	43,450	66,110	69,085			(15.8)
Provinces and municipalities	–	–	–	–	–	–	–	–	–			
Households	37,772	53,869	62,222	49,424	51,588	51,588	43,450	66,110	69,085			(15.8)
Payments for capital assets	163,164	156,972	156,703	221,864	191,470	191,470	124,816	194,767	203,531			(34.8)
Buildings and other fixed structures	17,509	14,449	31,705	–	–	–	–	–	–			
Machinery and equipment	145,655	142,523	124,998	221,864	191,470	191,470	124,816	194,767	203,531			(34.8)
Software and other intangible assets	–	–	–	–	–	–	–	–	–			
Payments for financial assets	–	–	–	–	–	–	–	–	–			
Total economic classification	4,713,574	4,928,873	5,153,643	5,760,414	5,835,971	5,777,402	5,667,474	5,589,457	5,713,962			(1.9)

Table 39 above shows the summary of payments and estimates for Central Hospital Services from 2022/23 to 2025/26 and over the 2026 MTEF per economic classification.

Compensation of employees shows a positive growth of 5.5 per cent from R3.835 billion to R4.047 billion in 2026/27 when compared to the 2025/26 revised estimate due to unfunded wage agreement.

Goods and services show a negative growth 14.6 per cent from R1.699 billion to R1.451 billion in 2026/27 when compared to the 2025/26 revised estimate due to a low revised estimate.

Transfers and subsidies show a negative growth of 15.8 per cent from R51.588 million to R43.450 million in 2026/27 when compared to the 2025/26 revised estimate due to a high revised estimate emanating from the payment of Medico Legal Claims.

Payments for capital assets shows a negative growth of 34.8 per cent from R191.470 million to R124.816 million in 2026/27 when compared to the 2025/26 revised estimate due to additional funding for National Tertiary Services Grant to fund the procurement of medical equipment.

5.6 Key Risks

The table below outlines the key risks.

Table 40: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved.	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. - Capacity building and trainings of staff. - Manage contracts and SLAs. - Implement Audit Improvement Plan.



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PROGRAMME

6

HEALTH SCIENCES AND TRAINING (HST)

6 PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

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

- 6.1 Lilitha Training Colleges
- 6.2 Eastern Cape College of Emergency Care (ECCOEC)
- 6.3 Bursaries
- 6.4 Other Training: comprised of:-
 - a. Health Professionals Training & Specialist Development Grant
 - b. Skills Development Levy Fund (HR Utilisation and Capacitation Services)

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

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
12. Quality of health services improved	Completed training and qualification obtained	12.1.1.1 Number of Students completed the 3 – year Nursing Diploma	New Indicator	New Indicator	183	189	-	-	-	189	159	-	
		12.1.1.2 Number of EMS Practitioners completed Emergency Care Qualification	17	6	4	6	20	-	-	-	20	25	25
		12.1.1.3 Number of registrars qualified as specialist	13	23	25	25	37	-	-	-	37	13	07
		12.1.1.4 Number of bursary students completed training	New Indicator	57	82	64	37	-	-	-	37	13	07
	Youth programme conducted	12.1.1.5 Number of youth placed on youth programs	1028	1367	2630	889	2 369	-	-	-	2369	944	574

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 department has partnered with Health and Welfare Sector Education Training Authority (HWSETA) to implement learnerships, specifically the Basic and Post Basic Pharmacy Assistance, but the intake for 2025/26, 2026/27 and 2027/28 there will be no intake due to the changes in the education landscape and the cost of training which has been exacerbated by the fact that there is only one Lab in the country which has been accredited for practical training of the learners which is in Gauteng Province, and they can only accommodate a limited number (100 x Basic and 200 x Post Basic Pharmacy Assistants).

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) is planning for an intake in collaboration with Nelson Mandela University for the Higher Certificate in Emergency Medical Care (HCert:EMC) during the 2026 academic year subject to final approval from the Health Professions Council of South Africa (HPCSA). Due to the shortage of qualified emergency care providers within the ECDOH and limited intake is expected. The college plan implemented in 2024 will be continued in 2025/2026 financial year which is to allow staff to study on full time bursaries at accredited institutions towards the Bachelor's degree in Emergency Medical Care, Diploma in Emergency Care as well as the Higher Certificate in Emergency Medical Care with the aim to address the skill shortage.

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) and Postgraduate Diploma Mental Health (NQF 8) have been submitted to SANC and received conditional accreditation for two years. The College received provisional accreditation from the Council for Higher Education for both postgrads mentioned above. 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 Training grant, Equitable Share and National Tertiary Services Grant in the various facilities.

Lilitha College of Nursing in the next five-year Strategic Period years to develop speciality nurses (Post Graduate level) as aligned with NQF to be responsive to priority service delivery needs. Establish a digitized education and training platform by acquisition of the Learner Management System (LMS). Enhance an academic training platform through infrastructure and teaching and learning technology improvements. Develop capacity of academic and key support staff in alignment with the transitional fundamentals of Higher Education bend.

Strengthen partnerships with key stakeholders in Higher Education Institutions, Clinical Practice Institutions and Social Partners. Align College governance structures with Higher Education legislation.

6.1 PROGRAMME RESOURCE CONSIDERATION

Table 42: Summary of payments and estimates by sub-programme: Programme 6: Health Sciences and Training

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25				2026/27	2027/28	
1. Nursing Training Colleges	237,777	235,211	220,160	239,882	241,882	244,749	236,627	229,063	205,634 (3.3)
2. EMS Training College	10,522	13,248	19,514	27,250	27,250	27,390	34,387	29,723	17,408 25.5
3. Bursaries	49,152	38,549	43,712	80,855	41,806	41,806	42,606	49,964	45,085 1.9
4. Other Training	688,255	789,563	638,601	838,856	763,856	665,389	822,643	808,297	846,673 23.6
Total payments and estimates	985,706	1,076,571	921,987	1,186,843	1,074,794	979,334	1,136,263	1,117,047	1,114,800 16.0

Tables 42 above shows the summary of payments and estimates for Health Sciences and Training from 2022/23 to 2025/26 and over the 2026 MTEF per sub-programme. The programme's total expenditure increased from R979.334 million in 2022/23 to a revised estimate of R1.136 billion in 2026/27. In 2026/27, the budget increases by 16 per cent from R979 billion to R1.136 billion when compared to the 2025/26 revised estimate due to a revised estimate reduction.

Table 43: Summary of payments and estimates by economic classification: Programme 6: Health Sciences and Training

R thousand	Outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25	2024/25				2026/27	2027/28	
Current payments	917,579	1,022,218	863,462	863,462	1,097,197	1,001,148	905,688	1,065,498	1,045,819	1,031,841 17.6
Compensation of employees	809,225	829,418	769,060	769,060	881,942	806,942	711,482	863,068	935,886	947,724 21.3
Goods and services	108,354	192,800	94,402	94,402	215,255	194,206	194,206	202,430	109,933	84,117 4.2
Interest and rent on land	-	-	-	-	-	-	-	-	-	-

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25					2026/27	2027/28	
Transfers and subsidies to:	57,589	41,812	46,951	67,886	51,886	51,886	43,600	53,753	64,697	(16.0)
Departmental agencies and accounts	16,866	14,721	14,401	14,886	14,886	14,886	15,000	22,851	23,879	0.8
Households	40,723	27,091	32,550	53,000	37,000	37,000	28,600	30,902	40,818	(22.7)
Payments for capital assets	10,538	12,541	11,574	21,760	21,760	21,760	27,165	17,475	18,262	24.8
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	10,538	12,541	11,574	21,760	21,760	21,760	27,165	17,475	18,262	24.8
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	985,706	1,076,571	921,987	1,186,843	1,074,794	979,334	1,136,263	1,117,047	1,114,800	16.0

Table 43 above shows the summary of payments and estimates for Health Sciences and Training from 2022/23 to 2025/26 and over the 2026 MTEF per economic classification. Compensation of employees shows a positive growth of 21.3 per cent from R711.482 million to R863.068 million in 2026/27 when compared to the 2025/26 revised estimate due to a low revised estimate.

Goods and services show a negative growth of 4.2 per cent from R194.206million to R202.430 million in 2026/27 when compared to the 2025/26 revised estimate due to reduction in allocation for internal bursaries.

Transfers and subsidies show a negative growth of 16. per cent from R51.866 million to R43.600 million in 2026/27 when compared to the 2025/26 revised estimate due to low reduction from external bursaries over the 2026 MTEF.

Payments for capital assets show a growth of 24.8 per cent from R21.007 million to R27.165 million in 2026/27 when compared to the 2025/26 revised estimate due to a low revised estimates attributable to delays in purchase of medical equipment.

6.2 Key Risks

The table below outlines the key risks.

Table 44: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved	Depletion of nurses (workforce)	- Capacity building and trainings of new nurses - Manage contracts and SLAs - Implement Audit Improvement Plan.



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PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)

7 PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

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 in Gqeberha at PE Provincial, in East London at Frere, and in Mthatha at Bedford Orthopaedic hospitals. The prescriptions received from medical professionals and the referrals especially from the outreach programme determine the need for the service.
- Rehabilitation, laboratory, social work services rendered at all hospitals and/or Community Health Centres. Radiological services are rendered in all hospitals and most Community Health Centres.
- Rehabilitation services are provided in 61 hospitals and 13 Primary Health Care services throughout the province. The services have been rolled out to four PHC facilities (Flagstaff CHC, Lusikisiki Village, Baziya and Mbekweni CHCs) 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.

Medico-legal compensatory services

The new sub-programme is focusing on the departmental medico-legal strategy of Public Health Defence (PHD). Under this sub-programme, the department will:

- Coordinate the implementation of the court orders awarded under the Public Health Defense remedy.
- Procure goods and services as prescribed in the PHD court orders.

Strategies to reach the targets over the three-year period

- Resource mobilization to strengthen the management of children with Cerebral Palsy (CP) as part of the medico-legal mitigation strategy.
- Fully establish centres of excellence for the management of Cerebral Palsy.
- 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 Rehabilitation and Medical Orthotist and Prosthetics (MOP) services to improve access to prostheses and orthoses for people with disabilities to maintain their dignity.
- Introduce efficiencies in 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, and South African Health Products Regulatory Authority.
- Strengthen and promote efficiency in the medicines supply chain management.
- Establish contracts for goods and services required in the implementation of Public Healthcare Defence court orders.

Table 45: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Care Support Services (HCSS)

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2022/23	2023/24	2024/25		2026/27	2026/27 Quarterly Targets				2027/28	2028/29
								Q1	Q2	Q3	Q4		
12. Quality of health services improved	Availability of assistive devices in primary health care	12.12.1 Wheelchair issued adult 19 years and older rate	34.2%	24.3%	71.7%	82.2%	60%	10%	30%	50%	60%	62%	63%
		Numerator	1 483	2 240	2409	2 024	1 800	300	900	1500	1 800	1 860	1 890
		Denominator	4 340	9 389	3417	2 462	3 000	3 000	3 000	3 000	3 000	3 000	3000
		12.12.2 Wheelchair issued child 0-18 years rate	41.6%	27.5%	77.9%	100%	60%	10%	20%	50%	60%	65%	70%
		Numerator	373	594	505	405	300	50	100	250	300	325	350
		Denominator	897	2 158	648	405	500	500	500	500	500	500	500
	Availability of medicine in depots and facilities	12.13.1 Percentage Order fulfilment for essential drugs at depot	70%	62.8%	71%	72%	70%	70%	70%	70%	70%	72%	75%
		Numerator	367 893	379 893	377 707	76 241	372 427	93 106	93 106	93 107	93 107	383 067	399 029
		Denominator	522 210	604 696	532 038	105 877	532 038	133 009	133 009	133 010	133 010	532 038	532 038
		12.13.2 Percentage of availability of essential medicine at facilities.	82.9%	80%	83%	85%	80%	80%	80%	80%	80%	85%	88%
		Numerator	63.3	64	66	68	64	64	64	64	64	68	70
		Denominator	80	80	80	80	80	80	80	80	80	80	80

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
							2026/27	2026/27 Quarterly Targets				2027/28	2028/29	
			2022/23	2023/24	2024/25			Q1	Q2	Q3	Q4			
Management of child disabilities		12.13.3 Number of active patients on CCMDD	304 424	383 761	490 894	536 636	653 520	522 744	571 785	620 826	653 520	753 500	845 200	
		12.14.1 Number of Cerebral Palsy cases managed	New Indicator	New Indicator	New Indicator	6	15	15	15	15	15	-	-	

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 sub-programme orthotic and prosthetic services also focus on ensuring access to laboratory and blood services, in addition to the rehabilitation services activities. The second sub-programme (Medicine Trading Account) is responsible for the medicines and pharmaceutical supply management systems. Lastly the third sub-programme is a new sub-programme which deals with the public health defence, a part of the departmental medico legal strategy.

The key outputs of this programme include improved access and availability of rehabilitation services and assistive devices and technology in primary healthcare, and availability of medicines. The department has developed strategies to achieve these key outputs.

Availability of assistive devices in primary health care

The availability rehabilitation services, assistive devices and technology, 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 and technology due to high cases of trauma and injury, and the prevalence of chronic diseases such as diabetes. The programme provides/issues assistive devices and technology, to people who have been clinically assessed by qualified rehabilitation professionals, orthotic and prosthetic, 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. Services to the blind people are provided through the informal partnership for Orientation and Mobility services through East London Rehab.

The programme has been prioritizing the provision of devices to children of school going age. The provision of wheelchairs and hearing aids to children remains a priority to ensure that the children are able to attend school and progress in their studies. In the financial year 2026/27, the programme plans to provide wheelchairs and hearing aids to 300 children under the age of 18 years. These children will be assessed and issued these devices at our various health facilities. The rehabilitation teams at health facilities will collaborate with the school health programme and the Provincial Department of Education in an effort to reach as many children in need of these devices as possible. The audiology services will be improved with the placement of community service audiology personnel at various hospitals.

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. The programme implements plans to reduce the laboratory and blood services expenditure as part of the provincial cost containment measures. 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 programme will also work with the HMS2 developers to design a module for laboratory order entry which will track all laboratory requests generated from the department and reconcile these with the invoices from NHLS.

Availability of medicine in depots and facilities

The availability rehabilitation services, assistive devices and technology, 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 and technology due to high cases of trauma and injury, and the prevalence of chronic diseases such as diabetes. The programme provides/issues assistive devices and technology, to people who have been clinically assessed by qualified rehabilitation professionals, orthotic and prosthetic, 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. Services to the blind people are provided through the informal partnership for orientation and mobility services through East London rehabilitation.

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Availability of medicine in depots and facilities

The uninterrupted availability and rational use of medicines remain 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 medicine's 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. In the medium term,

the department will ensure that community service pharmacists are assigned the responsibility to supervisor and support medicines availability systems in the clinics within the catchment area of their hospital (community service pharmacists are placed community health centres or hospitals).

The rollout of RxSolution application for inventory management will be fast tracked at hospitals, linking it to the digitalization project of the department. RxSolution is installed in 78 hospitals and all 78 using RxSolution – Inventory Management module. There is a focus to have all these facilities dispensing using this application. 100% regional, tertiary and central hospitals are actively using RxSolution

The stock visibility system (SVS) will be used to track stock levels at clinics and make decision on resupply and redistribution. 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. The department has received support through the health and welfare SETA in the form of 20 pharmacists' experiential learners to support the depot system. In addition, the DG Murray Trust has also placed about 50 candidates working 18 hours a week (through the Presidential Youth Employment Scheme). These resources assist the department to close the staffing gaps in the inventory management and general warehouse activities at the two depots.

The pharmaceutical depots have not yet achieved the accreditation with the SA Health Products Regulatory Authority. This is a gap that the department has been working to address over the past 3 years, mainly focusing on infrastructure challenges at these facilities. The Mthatha pharmaceutical depot is currently undergoing refurbishments which seek to address the gaps identified in the previous inspection by the SAHPRA inspectorate. This refurbishment work is expected to be completed in the first half of the financial year. The Gqeberha (Port Elizabeth) pharmaceutical depot is still on the pipeline to address temperature mapping and other minor alterations to their facility. The department is committed to prioritize the compliance requirements in the next financial year.

The CCMDD programme is one of the main interventions of the department to improve access to essential medicines for all residents of the Eastern Cape. Since the launch of the project as part of the pilot projects for the NHI in the eastern cape, over 490 000 patients have been able to access their medicines conveniently at facility of their choice and without the long waiting lines that have characterised our dispensaries. Patients can either collect their medicine from our fast lane service at public health facilities or the 257 external pick-up points located at shopping centres, retail pharmacies, and many other non-profit or private businesses. In the 2026/27 financial year, the programme plans to have 653 520 benefiting from this service. The external pick-up points will be expanded, and other innovations will be introduced to provide more convenient access to essential medicines. These innovations include the use of smart lockers for medicine pick up at high traffic locations such as shopping centres, providing 24-hour access to medicine collection. Traditional leaders have also expressed an interest to use their local facilities as pick up points in the rural communities. This will be explored and implemented in the 2026/27 financial year.

Compensatory services

The department has allocated a budget for compensatory services and undertaking to pay, which are the key interventions in the provincial medico legal strategy. This budget is allocated to support the implementation of the public health defence court orders. Currently there are 3 children benefiting from this budget, this number is projected to increase over the next year.

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 cerebral palsy management services at 43 health facilities. There are 11 health facilities that have been identified as centres of excellence for the provision of cerebral palsy management on hub and spoke model.

	NAME OF HOSPITAL	DISTRICT	LEVEL OF CARE
1	Madzikane kaZulu Memorial Hospital	Alfred Nzo	District Hospital
2	Butterworth Hospital	Amathole	District Hospital
3	Cecilia Makiwane Hospital	Buffalo City Metro	Regional Hospital
4	Frere Hospital	Buffalo City Metro	Tertiary Hospital
5	Frontier Hospital	Chris Hani	Regional Hospital
6	Aliwal North Hospital	Joe Gqabi	District Hospital
7	Uitenhage Provincial Hospital	Nelson Mandela Metro	District Hospital
8	Dora Nginza Hospital	Nelson Mandela Metro	Regional Hospital
9	Nelson Mandela Academic Hospital	OR Tambo	Tertiary Hospital
10	St Elizabeth Hospital	OR Tambo	Regional Hospital
11	Andries Vosloo Hospital	Sarah Baartman	District Hospital

These facilities are at different stages of development in terms of infrastructure and human resources. Significant progress is being made to address the infrastructure challenges in Nelson Mandela Academic, Dora Nginza, and Cecilia Makiwane hospitals. Twenty-three (23) Physiotherapists, twenty (20) Occupational therapists, six (6) Audiologists and 12 Speech therapists were allocated at these hospitals in the 2025 community services placement. In this financial year, the department will assign officers to serve as case managers in these institutions. These officers have a responsibility to manage and coordinate the care for all children with cerebral palsy that are managed in their institutions.

7.1 PROGRAMME RESOURCE CONSIDERATION

Table 46: Summary of payments and estimates by sub-programme: Programme 7: Health Care Support Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25				2026/27	2027/28 2028/29	
1. Orthotic & Prosthetic Services	53,386	49,762	55,127	61,537	61,537	61,537	64,321	68,424 68,343	4.5
2. Medicine Trading Account	61,667	62,934	64,902	78,586	79,131	79,131	83,113	86,790 90,692	5.0
3. Medico-Legal Compensatory Services	–	–	9,180	107,978	107,978	87,978	103,757	108,426 113,306	17.9
Total payments and estimates	115,053	112,696	129,209	248,101	248,646	228,646	251,191	263,640 272,341	9.9

Tables 46 above shows a summary of payments and estimates for Health Care Support Services from 2022/23 to 2025/26 and over the 2026 MTEF period per sub-programme. The programme's total expenditure increased from R115.053 million in 2022/23 to a revised estimate of R228.646 million in 2025/26. In 2026/27, the budget increased by 9.9 per cent from R228.361 million to R251.191 million when compared to the 2025/26 revised estimate due to a low revised estimate that caters for the new Sub-programme 7.3: Medico-Legal Compensatory Services.

Table 47: Summary of payment and estimates by economic classification: Programme 7: Health Care Support Services

	Outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2025/26
	2022/23	2023/24	2024/25					2026/27	2027/28	
R thousand										
Current payments	109,355	110,619	127,528		217,802	218,347	218,347	229,731	242,363	250,106
Compensation of employees	70,240	71,912	77,409		84,074	84,619	84,619	87,743	93,464	95,845
Goods and services	39,115	38,707	50,119		133,728	133,728	133,728	141,988	148,899	154,261
Interest and rent on land	-	-	-		-	-	-	-	-	-
Transfers and subsidies to:	31	431	601		2,923	2,923	2,923	700	-	-
Provinces and municipalities	-	-	-		-	-	-	-	-	-
Households	31	431	601		2,923	2,923	2,923	700	-	-
Payments for capital assets	5,667	1,646	1,080		27,376	27,376	7,376	20,760	21,277	22,235
Buildings and other fixed structures	-	-	-		-	-	-	-	-	-
Machinery and equipment	5,667	1,646	1,080		27,376	27,376	7,376	20,760	21,277	22,235
Software and other intangible assets	-	-	-		-	-	-	-	-	-
Payments for financial assets	-	-	-		-	-	-	-	-	-
Total economic classification	115,053	112,696	129,209		248,101	248,646	228,646	251,191	263,640	272,341
										9.9

Table 47 above shows a summary of payments and estimates for Health Care Support Services from 2022/23 to 2025/26 and over the 2026 MTEF period per economic classification.

Compensation of employees shows a positive growth of 3.7 per cent from R84,619 million to R87,743 million in 2026/27 when compared to the 2025/26 revised estimate due to a low revised estimate.

Goods and services show a positive growth of 6.2 per cent from R133,728 million to R141,988 million in 2026/27 when compared to the 2025/26 revised estimate due to a low revised estimate.

Transfers and subsidies show a negative growth of 76 per cent from R2.923 million to R700 thousand when compared to the 2025/26 revised estimate due to reprioritisation for the payment of Medico legal claims- and leave gratuities.

Payments for capital assets show a positive growth of 181.5 per cent from R7. 376 million to R20.760 million when compared to the 2025/26 revised estimate due to reprioritisation for the purchase of medical equipment.

7.2 Key Risks

The table below outlines the key risks.

Table 48: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved.	Interrupted Inventory Supply and availability (medicine and medical Supplies)	- Capacity building an 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 Management training. - Manage capacity building and trainings of staff. - Manage contracts and SLAs. - Implement Audit Improvement Plan.
	Bulk of CHCs' not registered with NDoH and Pharmacy Council - 25 out of possible 45 and 8 Hospitals. Also, Medical Depots not registered	- Provide capacity and trainings of staff. - Manage contracts and SLAs - Implement Audit Improvement Plan.



Province of the
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ANNUAL PERFORMANCE PLAN

2026/27
2028/29

PROGRAMME

8

HEALTH FACILITIES MANAGEMENT (HFM)

8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

Programme Purpose

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

Priorities

- Provide building infrastructure support to health care services through constructing new and upgrading existing health facilities.
- Facilitate major and minor building maintenance for health facilities (buildings and health equipment).
- Provide essential health equipment to health facilities.

Table 49: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Facilities Management (HFM)

Outcome (as per SP 2025/26- 2029/30)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets				
			2022/23	2023/24	2024/25	2025/26		2026/27	Quarterly Targets			
									Q1	Q2	Q3	Q4
12. Quality of health services improved	Planning and provision of health facilities	12.5.1 Number of health facilities upgraded	New Indicator	New Indicator	New Indicator	3	8	1	3	1	3	9
	Health care facilities maintained	12.5.2 Number of planned major maintenance completed	New Indicator	New Indicator	New Indicator	1	7	-	-	-	7	12
		12.5.3 Number of planned minor maintenance completed	New Indicator	New Indicator	New Indicator	1	19	-	-	1	4	25
												27
												15

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 complete 34 projects in 2026/27 financial year. The projects constitute of eight (8) facilities where upgrades and additions will be completed.

The following projects will be implemented and monitored during the financial year:

- Construction of Balfour and Cebe Clinic in Amathole.
- Nelson Mandela Academic Hospital - Upgrades and additions of the Oncology Building in OR Tambo.
- Cecelia Makiwane Hospital - Refurbishments for Cerebral Palsy ward and Block H in Buffalo City Metro.
- Haytor Clinic - Repairs & Renovations.
- Frontier Hospital - Staff Accommodation at Chris Hani.
- Ugie Clinic Phase 1 - Construction of Temporary Park Home Structures at Joe Gqabi.
- Lady Grey Hospital - Upgrades and additions to the existing hospital at Joe Gqabi.

To accelerate maintenance in health facilities, Health Facilities Management has established an Infrastructure Improvement Programme which is aimed at implementing both major and minor maintenance through rehabilitating, renovating and refurbishing existing facilities to ensure that they are in a habitable state. In this pool of projects, major maintenance will be implemented to seven (7) projects. These will include disaster and climate change response:

- Nkqubela TB hospital - replacement of asbestos roof and walkway covering at Buffalo City Metro.
- Nessie Knight Hospital Phase 7- Refurbishment of Existing Wards, Support buildings and Lilitha College.
- Repairs, renovations and provision of an ABT at Ntlangaza Clinic in OR Tambo.
- Infrastructure improvements: Holy Cross security improvements in OR Tambo.
- Refurbishment, renovation and repairs at Bala clinic in OR Tambo.
- Port Alfred Town Clinic - Roof repairs and storm water upgrades at Sarah Baartman.
- Kwazakhele CHC -Major maintenance at Nelson Mandela Bay.
- Central CHC - Major maintenance at Nelson Mandela Bay.

Furthermore, an infrastructure improvement programme will be implemented through 19 facilities in all the districts.

8.1 PROGRAMME RESOURCE CONSIDERATION

Table 50: Summary of payments and estimates by sub-programme: Programme 8: Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates	2028/29		% change from 2025/26
	2022/23	2023/24	2024/25					2027/28	2028/29	
1. Community Health Facilities	215,004	207,593	353,963	449,953	478,668	479,001	474,785	377,109	375,457	(0.9)
2. Emergency Medical Rescue Services	–	–	–	10,000	10,000	10,000	26,000	15,625	7,490	160.0
3. District Hospital Services	567,534	621,985	519,225	622,904	578,449	578,953	566,153	677,583	823,513	(2.2)
4. Provincial Hospital Services	287,279	173,426	377,748	360,849	442,089	441,271	422,042	340,286	298,235	(4.4)
5. Other Facilities	1,758	15,084	12,335	11,000	15,500	15,500	9,350	10,800	15,700	(39.7)
Total payments and estimates	1,071,575	1,018,088	1,263,271	1,454,706	1,524,706	1,524,725	1,498,330	1,421,403	1,520,395	(1.7)

Table 50 above shows the summary of payments and estimates for Health Facilities Management from 2022/23 to 2025/26 and over the 2026 MTEF period per sub-programme. The programme's total expenditure increased from R1.071 billion in 2022/23 to a revised estimate of R1.524 billion in 2025/26. In 2026/27, the budget decreases by 1.7 per cent from R1.524 billion to R1.498 billion when compared to the 2025/26 revised estimate due to low revised estimates attributable to under spending on both equitable share and Health Facilities Revitalisation Grant.

Table 51: Summary of payments and estimates by economic classification: P8 – Health Facilities Management

Outcome			Main appropriation		Adjusted appropriation		Revised estimate		Medium-term estimates		% change from 2025/26	
R thousand	2022/23	2023/24	2024/25		2025/26				2026/27	2027/28	2028/29	
Current payments	371,209	403,392	527,471	502,408	593,333	593,333			511,648	390,848	385,838	(13.8)
Compensation of employees	24,157	31,243	35,830	46,612	46,612	46,612			49,204	50,399	51,620	5.6
Goods and services	347,052	372,149	432,173	455,795	546,721	546,721			462,444	340,449	334,218	(15.4)
Interest and rent on land	–	–	59,468	–	–	–			–	–	–	
Transfers and subsidies to:	53	2	22,096	–	–	19			–	–	–	(100.0)
Provinces and municipalities	–	–	–	–	–	–			–	–	–	
Non-profit institutions	–	–	–	–	–	–			–	–	–	
Households	53	2	22,096	–	–	19			–	–	–	(100.0)
Payments for capital assets	700,313	614,694	713,704	952,299	931,373	931,373			986,682	1,030,555	1,134,557	5.9
Buildings and other fixed structures	443,605	335,882	590,170	795,925	740,958	740,958			750,144	967,089	1,056,297	1.2
Machinery and equipment	256,708	278,812	123,534	156,373	190,415	190,415			236,538	63,466	78,260	24.2
Software and other intangible assets	–	–	–	–	–	–			–	–	–	
Payments for financial assets	–	–	–	–	–	–			–	–	–	
Total economic classification	1,071,575	1,018,088	1,263,271	1,454,706	1,524,706	1,524,725			1,498,330	1,421,403	1,520,395	(1.7)

Table 51 above shows the summary of payments and estimates for Health Facilities Management from 2022/23 to 2025/26 and over the 2026 MTEF period per economic classification.

Compensation of employees shows a positive growth of 5.6 per cent from R46,612 million to R49,204 million in 2026/27 when compared to the 2025/26 revised estimate due to low revised estimate.

Goods and services show a negative growth 15.4 per cent from R546.721 million to R462.444 million in 2026/27 when compared to the 2025/26 revised estimate due to low revised estimate.

Payments for capital assets show a positive growth of 5.9 per cent from R931.373 million to R986.682 million in 2026/27 when compared to the 2025/25 revised estimate due to additional funding on Health Facilities Revitalisation Grant.

8.2 Key Risks

The table below outlines the key risks.

Table 52: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved.	Unsuitable infrastructure.	- Improve the human resource capacitation within the Build Environment Profession. - Strengthen and monitor compliance to the terms of the existing Contracts and SLAs. - Update / Review of the SLAs between ECDOH and Implementing Agents to include the previous omitted stages i.e. Communication Stage, IDMS Stages. - Implementation and follow-ups on the resolutions of the meetings. - Inclusion of remedial measures specifically application of penalties for poor performance with regards to Professionals and Implementing Agents. - Implementing the terms of contract for poor performance as provided in the various contracts. - Use of Implementing Agents (variance reports). - Ensure an Infrastructure Representative sits in all Contract Procurement Committees. - Finalize the development of SOPs for Electrical, Mechanical and Maintenance. - Reports - Implementation of Meetings Action list

Outcome	Risk	Mitigating factors
	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.
	Power Outages	- Monitor the implementation of the terms of the Maintenance Agreement. - Ensure sufficient funds are readily available to meet the terms of the Maintenance Agreement through HFRG. - Negotiate SLA with ESKOM/Municipality regarding exemption from load shedding. - Develop SOP for procurement and maintenance material. - Implementation of Meetings Action list.
	Non availability of Water and Sanitation	- Ensure fast tracking the process of installation of back up water. - Enter into SLAs with Municipalities to provide water and sanitation. - Enforce the terms of the SLAs between ECDOH and the Municipalities. - Improve the capacitation of the unit. Appointment of specialist service provider to assist in the management and training of internal staff. - Implementation of Meetings Action list.
	Cable Theft- (Copper Theft)	Install CCTV cameras at facilities.

9. PUBLIC ENTITIES

Not applicable



10. INFRASTRUCTURE PROJECTS

Table 53: B5 Infrastructure projects

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026/27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
1	Close out of historical projects	Programme 8	2016/04/01	2027/03/31	1 350 000	-	-
2	Major Repairs and Renovations to Umlamli Hospital	Programme 8	2025/05/01	31/03/2027	1 000 000	20 000 000	-
10	Ugie Clinic Phase 1: Construction of Temporary Structures	Programme 8	2018/10/01	2026/06/30	5 000 000	-	-
11	Ugie Clinic - Relocation of Prefab , Repairs & Renovations	Programme 8	01/04/2026	31/03/2027	1 000 000	-	-
12	Taylor Bequest Hospital: New 30 Bed Isolation Facility	Programme 8	2021/10/27	2026/06/30	3 000 000	-	-
14	Bedford Orthopaedics - Upgrades & Additions	Programme 8	2024/01/15	2029/03/31	1 800 000	-	-
15	Bhisho Hospital: Urgent Repairs and Renovations	Programme 8	2021/12/03	2031/03/31	1 500 000	15 000 000	24 000 000
16	Taylor Bequest Hospital - Doctor & Health Professional Accommodation	Programme 8	2017/04/01	2033/02/25	300 000	58 000 000	65 000 000
18	Burgersdorp Hospital - Repairs, Renovations and Upgrades to the existing hospital and Services Buildings.	Programme 8	2024/04/01	2032/06/30	1 350 000	2 000 000	-
19	Butterworth Hospital - Repairs and Renovations Phase 2	Programme 8	2021/01/26	2031/07/31	500 000	20 000 000	24 000 000
20	Cacadu Clinic - Construction of a new Clinic	Programme 8	2025/04/01	2031/02/28	450 000	-	-
22	Cacadu Clinic -Develop & Construct of new ABT Clinic	Programme 8	2025/07/01	2027/03/31	450 000	-	-
24	St Barnabas Mental Health Hospital -Upgrade & Additions	Programme 8	2022/04/01	2028/03/31	5 000 000	6 900 000	-

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
25	SS Gida Renovations and refurbishments	Programme 8	2021/11/12	2027/02/25	1 500 000	-	-
26	Sir Henry Elliot Water and Sanitation Upgrade	Programme 8	2025/02/11	2027/03/31	8 000 000	-	-
27	Sir Henry Elliot Hospital- Completion of 100 Bed Ward	Programme 8	01/04/2026	31/03/2027	1 000 000	10 000 000	-
28	Completion of Nokhatsile Clinic	Programme 8	2024/09/27	2028/03/31	2 700 000	10 500 000	-
31	Conditional Assessments to all Health Facilities - Alfred Nzo	Programme 8	2021/07/21	2029/03/31	2 070 000	2 800 000	2 800 000
32	Conditional Assessments to all Health Facilities - Amathole	Programme 8	2021/07/21	2029/03/31	3 300 000	2 800 000	2 800 000
33	Conditional Assessments to all Health Facilities - Buffalo City	Programme 8	2021/07/21	2029/03/31	900 000	1 300 000	1 000 000
34	Conditional Assessments to all Health Facilities - Chris Hani	Programme 8	2021/07/21	2029/03/31	2 100 000	2 000 000	2 090 000
35	Conditional Assessments to all Health Facilities - Joe Gqabi	Programme 8	2021/07/21	2029/03/31	1 233 000	500 000	500 000
36	Conditional Assessments to all Health Facilities - OR Tambo	Programme 8	2021/07/21	2029/03/31	3 527 000	3 500 000	2 090 000
37	Conditional Assessments to all Health Facilities - Sarah Baartman	Programme 8	2021/07/21	2029/03/31	1 357 000	2 000 000	2 090 000
38	Conditional Assessments to all ideal Clinics - Alfred Nzo	Programme 8	2020/11/09	2029/03/31	4 500 000	2 800 000	2 900 000
39	Conditional Assessments to all ideal Clinics - Amathole	Programme 8	2020/11/09	2029/03/31	1 628 000	1 400 000	1 500 000
40	Conditional Assessments to all ideal Clinics - Buffalo City	Programme 8	2020/11/09	2029/03/31	1 628 000	1 400 000	1 500 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
41	Conditional Assessments to all ideal Clinics - Chris Hani	Programme 8	2020/11/09	2029/03/31	3 256 000	2 000 000	2 090 000
42	Conditional Assessments to all ideal Clinics - Joe Ggabi	Programme 8	2020/11/09	2028/03/31	2 356 000	2 800 000	-
43	Conditional Assessments to all Ideal Clinics - OR Tambo	Programme 8	2020/11/09	2029/03/31	2 356 000	2 000 000	2 090 000
44	Conditional Assessments to all ideal Clinics - Sarah Baartman	Programme 8	2020/11/09	2029/03/31	2 245 000	2 000 000	2 090 000
45	Construction of a New Clinic at Xhora Mouth	Programme 8	2020/03/25	2028/01/31	2 250 000	9 500 000	24 500 000
46	Construction of a New Clinic in Cebe Village	Programme 8	2021/04/06	2030/02/15	36 000 000	25 000 000	-
47	Refurbishment of PE Central CHC - Phase 1 : Replacement of Hazardous Roofing Material & Minor External Works (Gqeberha, Nelson Mandela Bay Health District)	Programme 8	2026/01/15	2026/10/15	8 000 000	-	-
49	Conversion of Empilweni TB Hospital into a District Hospital Phase 1: Repairs, Rehabilitation & Refurbishment of existing buildings	Programme 8	2024/04/01	2030/03/31	450 000	1 500 000	5 000 000
50	Cwele Clinic - New Building including site works and bulk services	Programme 8	2012/07/02	2028/03/31	2 700 000	16 000 000	3 000 000
51	Development Contractor- Maintenance Cluster 1	Programme 8	2026/04/01	2027/03/31	8 000 000	-	-
52	Development Contractor- Maintenance Cluster 2	Programme 8	2026/04/01	2027/03/31	8 000 000	-	-
53	Disaster and Climate Change response	Programme 8	2026/04/01	2029/03/31	40 000 000	32 395 000	33 900 000
54	District Health Facilities- Buildings Maintenance under Delivery Directorate	Programme 8	2026/04/01	2029/03/31	9 990 000	9 666 000	12 100 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
56	Dora Nginza Hospital - Improvements to existing buildings - Phase 2: Repairs, Renovations and Refurbishment to Existing Casualty Department (Block P) and Improvements to 72-Hour Assessment Area (Gqeberha, Nelson Mandela Bay Health District)	Programme 8	2023/04/01	2030/11/30	273 000	1 500 000	13 000 000
57	Project Management Services - HFRG	Programme 8	2018/10/01	2029/03/31	10 000 000	5 000 000	5 225 000
59	Dukumbana Building: Refurbishment and Renovations	Programme 8	2025/04/01	2030/03/31	2 250 000	15 000 000	15 000 000
60	E.L Central clinic - Upgrades and Reconfigurations	Programme 8	2024/04/01	2029/03/31	90 000	500 000	2 000 000
63	EMS - Buildings Maintenance	Programme 8	2026/04/01	2029/03/31	4 500 000	5 225 000	5 490 000
64	Port Alfred Clinic - Rehabilitation, renovations and refurbishments Roof and external civil works	Programme 8	2024/01/15	2029/03/31	5 200 000	5 430 000	5 670 000
65	ETS - Community Health Facilities- Building Maintenance-Buildings Maintenance Under Delivery Directorate	Programme 8	2026/04/01	2029/03/31	79 026 000	80 000 000	60 973 000
66	ETS - Community Health Facilities- Provision of Potable Water and Sewer Desludging	Programme 8	2026/04/01	2029/03/31	20 000 000	5 000 000	10 000 000
67	PMU Program Management Services	Programme 8	2024/04/16	2029/03/31	15 787 000	25 817 000	5 783 000
68	Office Capacitation -Machinery and Equipment	Programme 8	2018/04/01	2029/03/31	6 300 000	6 530 000	6 800 000
69	Office Capacitation - Goods and Services HFRG	Programme 8	2026/04/01	2029/03/31	5 800 000	6 050 000	6 300 000
70	ETS - Electrification - Alfred Nzo	Programme 8	2026/04/01	2029/03/31	450 000	300 000	700 000
71	ETS - electrification - Amathole	Programme 8	2026/04/01	2029/03/31	450 000	300 000	700 000
72	ETS - electrification - Chris Hani	Programme 8	2026/04/01	2029/03/31	450 000	300 000	700 000
73	ETS - electrification - Joe Gqabi	Programme 8	2026/04/01	2029/03/31	450 000	300 000	700 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
74	ETS - Electrification - OR Tambo	Programme 8	2026/04/01	2029/03/31	450 000	300 000	700 000
75	ETS - Lift Maintenance - Chris Hani	Programme 8	2022/11/23	2029/03/31	1 350 000	1 600 000	1 700 000
76	ETS - Lift Maintenance - Nelson Mandela Bay	Programme 8	2022/11/23	2029/03/31	4 500 000	5 200 000	3 300 000
77	ETS - Lift maintenance- Buffalo City Metro	Programme 8	2022/11/23	2029/03/31	1 800 000	2 100 000	2 200 000
78	ETS - Operations and Management of Wet Services at Health Facilities	Programme 8	2021/04/05	2029/03/31	2 250 000	2 500 000	1 000 000
79	Nessie Knight Hospital Phase 4D - Refurbishment of Existing Wards, Support buildings and Lilitha College, including external works	Programme 8	2023/06/09	2028/02/25	20 000 000	6 900 000	-
80	Nelson Mandela Academic Hospital- Construction of a Dental Laboratory	Programme 8	2023/12/04	2027/03/31	800 000	-	-
82	Nelson Mandela Academic Hospital - Repairs & Renovations	Programme 8	2021/10/08	2027/03/31	1 000 000	-	-
83	Nelson Mandela Academic Hospital - Upgrades and additions of the Oncology Building -HFRG	Programme 8	2017/10/20	2032/03/31	30 089 000	-	-
85	Mthatha General Hospital- Rehabilitation of Nurses Accommodation and Medical Depot	Programme 8	2017/09/06	2027/03/31	5 000 000	-	-
86	Madwaleni Hospital - Upgrading of OPD, MOU	Programme 8	2023/05/15	2031/03/31	70 000 000	90 000 000	210 000 000
87	Livingstone Hospital - Repairs Renovations and Refurbishment of A& E Holding Area	Programme 8	2026/04/01	2028/03/31	1 826 000	70 000 000	130 000 000
88	Lilitha College in Nelson Mandela Bay - installation of a security fence	Programme 8	2026/04/01	2028/03/31	976 000	50 000	-
89	ETS - Scheduled Maintenance to Generators Alfred Nzo	Programme 8	2025/02/01	2029/03/31	450 000	1 000 000	1 100 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
90	Lady Grey Hospital - Upgrades and additions to the existing hospital	Programme 8	2023/04/03	2030/03/31	19 000 000	15 000 000	5 800 000
91	Kwazakhele CHC - Phase 1: Emergency Minor Maintenance, Security & External Works (Gqeberha, Nelson Mandela Bay Health District)	Programme 8	2025/10/01	2026/10/01	6 500 000	-	- 500 000
92	Jose Pearson TB Hospital - Rehabilitation, repairs & renovations to the Pediatric Ward	Programme 8	2025/10/01	2025/03/01	1 000 000	12 000 000	- 500 000
93	Infrastructure Improvements to Tabankulu Clinic	Programme 8	2023/02/02	2027/03/31	1 000 000	-	- 500 000
94	Infrastructure Improvements to St Patrick's Gateway Clinic	Programme 8	2023/02/02	2027/03/31	1 000 000	-	- 500 000
95	ETS - Scheduled Maintenance to Generators OR Tambo	Programme 8	2024/10/22	2029/03/31	450 000	1 000 000	3 200 000
97	Infrastructure Improvements to ORATH Psychiatric Unit	Programme 8	2023/02/02	2027/03/31	1 000 000	-	- 500 000
98	ETS - Scheduled Maintenance to Kitchen Equipment Alfred Nzo	Programme 8	2020/05/08	2029/03/31	2 000 000	1 000 000	800 000
99	ETS - Scheduled Maintenance to Kitchen Equipment Amathole	Programme 8	2020/05/08	2029/03/31	2 400 000	1 000 000	800 000
100	ETS - Scheduled Maintenance to Kitchen Equipment Buffalo City	Programme 8	2020/05/08	2029/03/31	2 700 000	1 000 000	800 000
101	ETS - Scheduled Maintenance to Kitchen Equipment Chris Hani	Programme 8	2020/05/08	2029/03/31	2 000 000	1 000 000	800 000
102	Infrastructure Improvements to Imizizi Clinic	Programme 8	2023/02/02	2027/03/31	1 000 000	-	- 500 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
103	Infrastructure Improvements to Health Care facilities Alfred Nzo District	Programme 8	2023/02/02	2027/03/31	5 000 000	-	- 500 000
104	Infrastructure Improvements to Amadiba Clinic	Programme 8	2023/02/02	2027/03/31	1 000 000	-	- 500 000
105	ETS - Scheduled Maintenance to Kitchen Equipment Sarah Baartman	Programme 8	2026/04/01	2029/03/31	1 600 000	1 000 000	800 000
106	ETS - Scheduled Maintenance to Laundry Equipment Alfred Nzo ES	Programme 8	2024/10/22	2029/03/31	2 520 000	1 000 000	500 000
107	Infrastructure Improvements to Health Care facilities Nelson Mandela District PHASE 2 (2026/27)	Programme 8	2026/04/01	2028/03/31	2 000 000	3 000 000	-
109	Infrastructure improvements- Hewu	Programme 8	01/04/2026	31/03/2027	500 000	-	-
110	Indwe CHC - Construction of a new CHC	Programme 8	2025/04/01	2032/09/30	1 200 000	5 000 000	10 000 000
111	ICT Fixed Infrastructure:Upgrades to PHC in support of electronic medico records management	Programme 8	2024/11/01	2027/03/31	5 000 000	-	-
113	HT- Commissioning-Cecilia Makiwane Hospital Phase 1: Infrastructure Improvements, Alterations and Additions to Existing Buildings to Accommodate the Rehab Centre of Excellence for the Treatment of Cerebral Palsy Patients	Programme 8	01/04/2026	31/03/2027	3 400 000	-	-
114	ETS - Scheduled Maintenance to Medium Voltage Facilities Andries Vosloo, Humansdorp, Fort England, Settlers Hospital	Programme 8	2026/04/01	2029/03/31	2 000 000	1 050 000	1 500 000
115	ETS - Scheduled Maintenance to Medium Voltage Facilities Cradock, Frontier, Komani, Burgersdorp, Victoria, Tower and All Saints Hospital	Programme 8	2026/04/01	2029/03/31	2 000 000	1 000 000	1 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
116	ETS - Scheduled Maintenance to Medium Voltage Facilities Dora Nginza, Livingstone, PE Provincial Hospital	Programme 8	2026/04/01	2029/03/31	2 000 000	1 000 000	1 000 000
117	ETS - Scheduled Maintenance to Medium Voltage Facilities Frere, Bisho, Nelson Mandela Academic, Mthata General, Cecilia Makiwane and Greenville Hospital	Programme 8	2026/04/01	2029/03/31	2 000 000	1 000 000	1 000 000
118	ETS - Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Chris Hani DM	Programme 8	2020/05/08	2029/03/31	2 000 000	1 800 000	1 000 000
119	ETS - Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Joe Gqabi DM	Programme 8	2020/05/08	2029/03/31	2 000 000	1 000 000	1 000 000
120	ETS - Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Nelson Mandela Bay DM	Programme 8	2020/05/08	2029/03/31	2 000 000	1 000 000	1 000 000
121	ETS - Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - OR Tambo DM	Programme 8	2020/05/08	2029/03/31	2 000 000	1 050 000	1 100 000
122	ETS - Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Sarah Baartman DM	Programme 8	2020/05/08	2029/03/31	2 000 000	2 800 000	1 000 000
123	ETS - Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Alfred Nzo DM	Programme 8	2025/02/01	2029/03/31	2 000 000	1 050 000	1 100 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
124	ETS - Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Amathole DM	Programme 8	2020/05/04	2029/03/31	2 000 000	1 000 000	1 000 000
125	ETS - Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Buffalo City DM	Programme 8	2020/05/08	2029/03/31	2 000 000	1 000 000	1 000 000
126	ETS - Scheduled Maintenance to Various Central HVAC Systems - Alfred Nzo DM	Programme 8	2025/01/31	2029/03/31	450 000	520 000	540 000
127	ETS - Scheduled Maintenance to Various Central HVAC Systems - Amathole DM	Programme 8	2025/01/31	2029/03/31	450 000	520 000	540 000
128	ETS - Scheduled Maintenance to Various Central HVAC Systems - Buffalo City DM	Programme 8	2025/01/31	2029/03/31	450 000	520 000	540 000
129	ETS - Scheduled Maintenance to Various Central HVAC Systems - Chris Hani DM	Programme 8	2025/01/31	2029/03/31	450 000	520 000	540 000
130	ETS - Scheduled Maintenance to Various Central HVAC Systems - Joe Gqabi DM	Programme 8	2025/01/31	2029/03/31	450 000	520 000	540 000
131	ETS - Scheduled Maintenance to Various Central HVAC Systems - Nelson Mandela Bay DM	Programme 8	2025/01/31	2029/03/31	450 000	520 000	540 000
132	ETS - Scheduled Maintenance to Various Central HVAC Systems - OR Tambo DM	Programme 8	2025/01/31	2029/03/31	450 000	520 000	540 000
133	ETS - Scheduled Maintenance to Various Central HVAC Systems - Sarah Baartman DM	Programme 8	2025/01/31	2029/03/31	450 000	520 000	540 000
134	ETS - Scheduled Maintenance to Various Fire Detection and Prevention - Alfred Nzo DM	Programme 8	2025/02/01	2029/03/31	1 350 000	1 050 000	1 100 000
135	ETS - Scheduled Maintenance to Various Fire Detection and Prevention - Amathole DM	Programme 8	2025/02/01	2029/03/31	2 000 000	2 000 000	2 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
I36	ETS - Scheduled Maintenance to Various Fire Detection and Prevention - Buffalo City DM	Programme 8	2025/02/01	2029/03/31	2 000 000	1 000 000	2 000 000
I37	ETS - Scheduled Maintenance to Various Fire Detection and Prevention - Chris Hani DM	Programme 8	2025/02/01	2029/03/31	2 000 000	1 000 000	2 000 000
I38	ETS - Scheduled Maintenance to Various Fire Detection and Prevention - Joe Gqabi DM	Programme 8	2025/02/01	2029/03/31	2 000 000	1 000 000	2 000 000
I39	ETS - Scheduled Maintenance to Various Fire Detection and Prevention - Nelson Mandela Bay DM	Programme 8	2025/02/01	2029/03/31	2 000 000	1 000 000	2 000 000
I40	ETS - Scheduled Maintenance to Various Fire Detection and Prevention - OR Tambo DM	Programme 8	2025/02/01	2029/03/31	3 000 000	2 550 000	1 800 000
I41	ETS - Scheduled Maintenance to Various Fire Detection and Prevention - Sarah Baartman DM	Programme 8	2025/02/01	2029/03/31	2 700 000	1 500 000	1 000 000
I42	ETS - Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Alfred Nzo DM	Programme 8	2025/01/31	2029/03/31	2 000 000	1 523 000	1 000 000
I43	ETS - Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Amathole DM	Programme 8	2025/01/31	2029/03/31	2 000 000	1 523 000	1 000 000
I44	ETS - Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Buffalo City DM	Programme 8	2025/01/31	2029/03/31	2 000 000	1 523 000	1 000 000
I45	ETS - Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Chris Hani DM	Programme 8	2025/01/31	2029/03/31	2 000 000	1 523 000	1 000 000
I46	ETS - Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Joe Gqabi DM	Programme 8	2025/01/31	2029/03/31	2 000 000	1 523 000	1 000 000
I47	ETS - Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Nelson Mandela Bay DM	Programme 8	2025/01/31	2029/03/31	2 000 000	1 523 000	1 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
I48	ETS - Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - OR Tambo DM	Programme 8	2025/01/31	2029/03/31	2 000 000	1 523 000	1 000 000
I49	ETS - Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Sarah Baartman DM	Programme 8	2025/01/31	2029/03/31	2 000 000	1 523 000	1 000 000
I50	ETS - Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Alfred Nzo DM	Programme 8	2021/11/19	2029/03/31	1 350 000	1 000 000	1 000 000
I51	ETS - Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Amathole DM	Programme 8	2021/11/19	2029/03/31	1 350 000	1 000 000	1 000 000
I52	ETS - Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Buffalo City DM	Programme 8	2021/11/19	2029/03/31	1 350 000	1 000 000	1 000 000
I53	ETS - Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Chris Hani DM	Programme 8	2021/11/19	2029/03/31	1 350 000	1 000 000	1 000 000
I54	ETS - Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Joe Gqabi DM	Programme 8	2021/11/19	2029/03/31	1 350 000	1 000 000	1 000 000
I55	ETS - Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Nelson Mandela Bay DM	Programme 8	2021/11/19	2029/03/31	1 350 000	1 000 000	1 000 000
I56	ETS - Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - OR Tambo DM	Programme 8	2021/11/19	2029/03/31	1 350 000	1 000 000	1 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
I57	ETS - Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Sarah Baartman DM	Programme 8	2021/11/19	2029/03/31	1 350 000	1 000 000	1 000 000
I58	ETS - Scheduled Maintenance to Various Theater HVAC - Amathole DM	Programme 8	2025/02/21	2029/03/31	1 800 000	1 000 000	1 500 000
I59	ETS - Scheduled Maintenance to Various Theater HVAC - Buffalo City DM	Programme 8	2025/02/21	2029/03/31	1 800 000	1 000 000	1 500 000
I60	ETS - Scheduled Maintenance to Various Theater HVAC - Chris Hani DM	Programme 8	2025/02/21	2029/03/31	1 800 000	1 000 000	1 500 000
I61	ETS - Scheduled Maintenance to Various Theater HVAC - Joe Gqabi DM	Programme 8	2025/02/21	2029/03/31	1 800 000	1 000 000	1 500 000
I62	ETS - Scheduled Maintenance to Various Theater HVAC - Nelson Mandela Bay DM	Programme 8	2025/02/21	2029/03/31	1 800 000	1 000 000	1 500 000
I63	ETS - Scheduled Maintenance to Various Theater HVAC - OR Tambo DM	Programme 8	2025/02/21	2029/03/31	1 800 000	1 000 000	1 500 000
I64	ETS - Scheduled Maintenance to Various Theater HVAC - Sarah Baartman DM	Programme 8	2025/02/21	2029/03/31	1 800 000	1 000 000	1 500 000
I65	ETS - Scheduled Maintenance to Various Theater HVAC - Alfred Nzo DM	Programme 8	2025/02/21	2029/03/31	1 800 000	1 000 000	1 500 000
I66	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Alfred Nzo DM	Programme 8	2025/01/31	2029/03/31	1 800 000	1 000 000	1 500 000
I67	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Amathole DM ES	Programme 8	2025/01/31	2029/03/31	1 800 000	1 000 000	1 500 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
I68	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Amathole DM HFRG	Programme 8	2025/01/31	2029/03/31	1 800 000	1 000 000	1 000 000
I69	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Buffalo City DM	Programme 8	2025/01/31	2029/03/31	1 800 000	1 000 000	1 000 000
I70	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Chris Hani DM ES	Programme 8	2025/01/31	2029/03/31	1 800 000	1 000 000	1 000 000
I71	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Chris Hani DM HFRG	Programme 8	2025/01/31	2029/03/31	1 800 000	1 000 000	1 000 000
I72	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Joe Gqabi DM	Programme 8	2025/01/31	2029/03/31	1 800 000	1 000 000	1 000 000
I73	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Nelson Mandela Bay DM	Programme 8	2025/01/31	2029/03/31	1 800 000	1 000 000	1 000 000
I74	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - OR Tambo DM	Programme 8	2025/01/31	2029/03/31	1 800 000	1 000 000	1 000 000
I75	ETS - Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Sarah Baartman DM	Programme 8	2025/01/31	2029/03/31	1 800 000	500 000	500 000
I76	ETS - Scheduled Maintenance to Various Wet Services, Plumbing and WWTs - Alfred Nzo DM	Programme 8	2025/01/31	2029/03/31	2 250 000	1 500 000	1 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
177	ETS - Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Amathole DM	Programme 8	2025/01/31	2029/03/31	2 250 000	1 500 000	1 000 000
178	ETS - Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Buffalo City DM	Programme 8	2025/01/31	2029/03/31	900 000	1 023 000	1 000 000
179	ETS - Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Chris Hani DM	Programme 8	2025/01/31	2029/03/31	2 250 000	1 000 000	1 000 000
180	ETS - Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Joe Gqabi DM	Programme 8	2025/01/31	2029/03/31	2 250 000	1 000 000	1 000 000
181	ETS - Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Nelson Mandela Bay DM	Programme 8	2025/01/31	2029/03/31	1 350 000	500 000	1 000 000
182	ETS - Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - OR Tambo DM	Programme 8	2025/01/31	2029/03/31	1 350 000	1 000 000	1 000 000
183	ETS - Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Sarah Baartman DM	Programme 8	2025/01/31	2029/03/31	1 850 000	1 500 000	2 000 000
185	HT - Taylor Bequest Hospital Mt Fletcher - Commissioning of staff accommodation 30 Bed Isolation Ward	Programme 8	2026/04/01	2026/07/01	2 000 000	-	-
186	ETS - Supply of Coal for Boilers	Programme 8	2023/08/14	2029/03/31	4 500 000	3 500 000	2 000 000
188	ETS - Taylor Bequest Hospital - Upgrade & Additions to Water & Sanitation Plant	Programme 8	2024/08/08	2027/03/31	1 900 000	-	-

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
189	Ex-Mine Workers Occupation Health Centres (BHISHO HOSP)	Programme 8	2026/04/01	2029/03/31	450 000	800 000	5 000 000
192	Frere Hospital - Upgrades and Additions to the Orthopaedic Theatres and the Replacement of the Inpatient Ward.	Programme 8	2017/10/06	2031/12/31	13 000 000	15 000 000	-
193	Frere Hospital: Completion of the maternity building contract	Programme 8	2025/04/01	2031/08/31	8 000 000	35 000 000	10 000 000
194	HT - St. Barnabas Hospital - Mental Health Unit - Commissioning and Recommissioning	Programme 8	2025/04/01	2026/01/31	4 000 000	-	-
195	Goodhope Clinic - Construction of a new Clinic and Nurses home	Programme 8	2024/03/25	2031/02/28	5 400 000	15 000 000	10 000 000
197	HT - Radiology Equipment and Services HFRG	Programme 8	2025/04/01	2028/03/31	21 000 000	10 000 000	15 000 000
198	Infrastructure Improvements to Butterworth Hospital	Programme 8	2021/01/26	2031/07/31	1 500 000	-	-
199	Grey Hospital - Repairs & Renovations	Programme 8	2017/04/21	2034/09/15	8 000 000	25 500 000	30 000 000
200	HT - Nessie Knight - Commissioning	Programme 8	2026/04/01	2027/03/31	5 000 000		
201	Holy Cross- Replacement of fire damaged accommodation units	Programme 8	2025/04/01	2028/03/31	5 400 000	5 000 000	-
202	HT - District Hospitals Medical Equipment Maintenance - Amathole	Programme 8	2026/04/01	2029/03/31	2 700 000	3 000 000	1 000 000
203	HT - Clinical Engineering Management Services	Programme 8	2026/04/01	2029/03/31	900 000	3 000 000	2 500 000
204	HT - Clinical Engineering Technicians training	Programme 8	2026/04/01	2029/03/31	900 000	3 000 000	3 000 000
205	HT - Clinics Medical Equipment Maintenance - Alfred Nzo	Programme 8	2026/04/01	2029/03/31	900 000	1 050 000	1 100 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
206	HT - Clinics Medical Equipment Maintenance - Amathole	Programme 8	2026/04/01	2029/03/31	900 000	1 050 000	1 100 000
207	HT - Clinics Medical Equipment Maintenance - BCM	Programme 8	2026/04/01	2029/03/31	900 000	1 050 000	1 100 000
208	HT - Clinics Medical Equipment Maintenance - Chris Hani	Programme 8	2026/04/01	2029/03/31	1 800 000	2 090 000	2 180 000
209	HT - Clinics Medical Equipment Maintenance - Joe Gqabi	Programme 8	2026/04/01	2029/03/31	900 000	1 050 000	1 100 000
210	HT - Clinics Medical Equipment Maintenance - Nelson Mandela Bay Health District	Programme 8	2026/04/01	2029/03/31	900 000	1 050 000	1 100 000
211	HT - Clinics Medical Equipment Maintenance - OR Tambo	Programme 8	2026/04/01	2029/03/31	1 800 000	2 090 000	2 180 000
212	HT - Clinics Medical Equipment Maintenance - Sarah Baartman	Programme 8	2026/04/01	2029/03/31	990 000	1 050 000	1 100 000
213	HT - Madwaleni Hospital Upgrade - Commissioning of the Upgrades Project	Programme 8	2023/05/15	2031/03/31	1 500 000	7 000 000	8 000 000
214	HT – Commissioning Ugie Clinic Phase I: Construction of Temporary Structures	Programme 8	01/04/2026	31/03/2027	1 000 000	-	-
215	HT - Commissioning of Nelson Mandela Academic Hospital- Construction of a Dental Laboratory	Programme 8	01/04/2026	31/03/2027	5 000 000	-	-
217	HT - Commissioning Nelson Mandela Academic Hospital- Oncology	Programme 8	2023/12/04	2027/03/31	70 168 000	-	-
218	HT - Commissioning EMS	Programme 8	2029/03/31	2029/03/31	7 000 000	-	-
219	HT - Commissioning -Dora Nginza Hospital - Improvements to existing buildings. - Phase 3: Upgrade and Additions to Block A & B for Treatment of Cerebral Palsy Patients (Gqeberha,	Programme 8	01/04/2026	31/03/2027	1 000 000	-	-

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
	Nelson Mandela Bay Health District)						
220	HT - Commissioning - Lady Grey	Programme 8	01/04/2026	31/03/2027	4 000 000	-	-
221	HT - District Hospitals Medical Equipment Maintenance - Alfred Nzo	Programme 8	2025/04/01	2029/03/31	2 700 000	2 150 000	2 310 000
222	HT - District Hospitals Medical Equipment Maintenance - Buffalo City Metro	Programme 8	2026/04/01	2029/03/31	2 700 000	2 150 000	2 310 000
223	HT - District Hospitals Medical Equipment Maintenance - Chris Hani	Programme 8	2025/04/01	2029/03/31	2 700 000	2 150 000	2 310 000
224	HT - District Hospitals Medical Equipment Maintenance - Joe Gqabi	Programme 8	2025/04/01	2029/03/31	2 700 000	2 150 000	2 310 000
225	HT - District Hospitals Medical Equipment Maintenance - OR Tambo	Programme 8	2025/04/01	2029/03/31	2 700 000	2 150 000	2 310 000
226	HT - District Hospitals Medical Equipment Maintenance - Sarah Baartman	Programme 8	2026/04/01	2029/03/31	2 700 000	2 150 000	2 310 000
227	HT - Existing Hospitals Commissioning and Recommissioning - Alfred Nzo	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
228	HT - Existing Hospitals Commissioning and Recommissioning - Amathole	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
229	HT - Existing Hospitals Commissioning and Recommissioning - Buffalo City	Programme 8	2017/04/01	2029/04/01	2 700 000	2 650 000	2 310 000
230	HT - Existing Hospitals Commissioning and Recommissioning - Chris Hani	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
231	HT - Existing Hospitals Commissioning and Recommissioning - Joe Gqabi	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
232	HT - Existing Hospitals Commissioning and Recommissioning - Nelson Mandela Bay	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
233	HT - Existing Hospitals Commissioning and Recommissioning - OR Tambo	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
234	HT - Commissioning of SS Gida Hospital	Programme 8	2026/04/01	2027/03/31	2 000 000	-	- 000 000
235	Repairs and Renovations to Hilton Clinic	Programme 8			1 000 000	-	- 000 000
236	HT - Radiology Equipment and Services ES	Programme 8	2025/04/01	2028/03/31	21 600 000	10 000 000	9 000 000
237	Haytor Clinic Alterations & Additions	Programme 8	2018/02/05	2026/10/30	3 000 000	-	- 000 000
239	Greenville Hospital- Construction of a New 100 District Bed Hospital	Programme 8	2022/08/23	2033/03/31	31 700 000	27 333 000	30 895 000
240	Frontier Hospital - Health Professionals Accommodation	Programme 8	2023/02/02	2028/03/31	11 300 000	-	- 000 000
241	ETS - St Barnabas Hospital Water and Sanitation Plant Upgrade	Programme 8	2018/06/16	2028/03/31	12 000 000	14 000 000	2 000 000
242	HT- District Hospitals Medical Equipment Maintenance - Nelson Mandela Metro	Programme 8	2025/04/01	2029/03/31	2 700 000	2 150 000	2 310 000
243	HT- Existing Clinics Commissioning and Recommissioning - Alfred Nzo	Programme 8	2026/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
244	HT- Existing Clinics Commissioning and Recommissioning - Amathole	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
245	HT- Existing Clinics Commissioning and Recommissioning - Buffalo City Metro	Programme 8	2026/04/01	2029/03/31	2 700 000	2 650 000	2 310 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
246	HT- Existing Clinics Commissioning and Recommissioning - Chris Hani	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
247	HT- Existing Clinics Commissioning and Recommissioning - Joe Gqabi	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
248	HT- Existing Clinics Commissioning and Recommissioning - Nelson Mandela Metro	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
249	HT- Existing Clinics Commissioning and Recommissioning - OR Tambo	Programme 8	2017/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
250	HT- Existing Clinics Commissioning and Recommissioning - Sarah Baartmann	Programme 8	2026/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
251	HT- Existing Hospitals Commissioning and Recommissioning - Sarah Baartmann	Programme 8	2026/04/01	2029/03/31	2 700 000	2 650 000	2 310 000
252	HT- Provincial Hospitals Medical Equipment Maintenance - Buffalo City Metro	Programme 8	2025/04/01	2029/03/31	2 700 000	2 150 000	2 300 000
253	HT- Provincial Hospitals Medical Equipment Maintenance - Chris Hani	Programme 8	2025/04/01	2029/03/31	2 700 000	2 150 000	2 300 000
254	HT- Provincial Hospitals Medical Equipment Maintenance - Nelson Mandela Metro	Programme 8	2025/04/01	2029/03/31	2 700 000	2 150 000	2 300 000
255	HT- Provincial Hospitals Medical Equipment Maintenance - OR Tambo	Programme 8	2026/04/01	2029/03/31	2 700 000	2 150 000	2 300 000
256	Humansdorp Hospital Phase I: Expansion of maternity services and casualty at Humansdorp Hospital	Programme 8	2024/04/01	2029/03/31	900 000	10 000 000	1 500 000
257	ETS - Scheduled Maintenance to Laundry Equipment Sarah Baartman	Programme 8	2024/10/22	2029/03/31	2 800 000	1 000 000	1 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
259	ETS - Scheduled Maintenance to Laundry Equipment Nelson Mandela Bay	Programme 8	2024/10/22	2029/03/31	3 000 000	1 000 000	1 000 000
260	Infrastructure Improvements to Health Care facilities Chris Hani District	Programme 8	2024/11/25	2027/03/31	8 400 000	3 000 000	-
261	Infrastructure Improvements to Health Care facilities Chris Hani District PHASE 2 (2026/27)	Programme 8	2026/04/01	2028/03/31	3 200 000	4 000 000	2 000 000
262	ETS - Scheduled Maintenance to Laundry Equipment Joe Gqabi	Programme 8	2024/10/22	2029/03/31	2 800 000	1 000 000	1 000 000
263	ETS - Scheduled Maintenance to Laundry Equipment Chris Hani	Programme 8	2024/10/22	2029/03/31	3 000 000	1 000 000	1 000 000
264	ETS - Scheduled Maintenance to Laundry Equipment Buffalo City	Programme 8	2024/10/22	2029/03/31	3 000 000	1 000 000	1 000 000
265	ETS - Scheduled Maintenance to Laundry Equipment Amathole	Programme 8	2024/10/22	2029/03/31	3 000 000	1 000 000	1 000 000
266	ETS - Scheduled Maintenance to Kitchen Equipment OR Tambo	Programme 8	2026/04/01	2029/03/31	2 000 000	1 000 000	500 000
267	ETS - Scheduled Maintenance to Kitchen Equipment Nelson Mandela Bay	Programme 8	2026/04/01	2029/03/31	2 000 000	1 000 000	500 000
268	ETS - Scheduled Maintenance to Kitchen Equipment Joe Gqabi	Programme 8	2026/04/01	2029/03/31	2 000 000	1 000 000	500 000
269	ETS - Scheduled Maintenance to Generators Sarah Baartman	Programme 8	2024/10/22	2029/03/31	3 500 000	1 000 000	1 000 000
270	ETS - Scheduled Maintenance to Generators Nelson Mandela Bay	Programme 8	2024/10/22	2029/03/31	3 500 000	1 000 000	1 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
271	Infrastructure Improvements to Health Care facilities OR Tambo District - Nxotu, Khalankomo, Kumbusi, Mhlakulo, Mareperepe	Programme 8	2026/02/22	2029/03/31	1 850 000	-	-
272	Infrastructure Improvements to Health Care facilities OR Tambo District -Isilimela Gateway Clinic	Programme 8	2026/02/22	2029/03/31	1 100 000	-	-
273	Ntlangaza- Clinic -Repairs, Renovations and provision of alternative Buildings Technology (ABT)	Programme 8	2026/02/22	2029/03/31	5 000 000	-	-
274	Infrastructure Improvements to Health facilities Tambo District OR Tambo District- Urgent Repairs Mqanduli CHC,	Programme 8	2026/02/22	2029/03/31	650 000	-	-
275	Infrastructure Improvements to Health Care facilities Tambo District -Security Improvements to Holy Cross Hospital & RRR	Programme 8	2026/02/22	2029/03/31	2 000 000	-	-
276	Infrastructure Improvements to Health Care facilities OR Tambo District -Isilimela, Canzibe and Ntibanne clinic	Programme 8	2026/02/22	2029/03/31	1 600 000	-	-
277	Infrastructure Improvements to Health Care facilities OR Tambo District -Majola, Malusi, Makhotiyana, Old Bunting, Mpoza, Good Hope	Programme 8	2025/04/01	2026/03/31	1 400 000	-	-
279	Infrastructure Improvements to Health Care facilities BCM District	Programme 8	2025/04/01	2026/03/31	7 000 000	4 000 000	2 000 000
281	Infrastructure Improvements to Health Care facilities Joe Gqabi District	Programme 8	2024/05/13	2027/03/31	11 000 000	2 000 000	-
282	ETS - Scheduled Maintenance to Generators Joe Gqabi	Programme 8	2024/10/22	2029/03/31	3 500 000	1 000 000	1 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
283	ETS - Scheduled Maintenance to Generators Chris Hani	Programme 8	2024/10/22	2029/03/31	4 000 000	1 000 000	1 000 000
284	ETS - Scheduled Maintenance to Generators Buffalo City	Programme 8	2024/10/22	2029/03/31	4 000 000	1 000 000	1 000 000
285	ETS - Scheduled Maintenance to Generators OR Tambo	Programme 8	01/04/2026	31/03/2027	500 000	-	-
286	ETS - Scheduled Maintenance to Generators Amathole	Programme 8	2024/10/22	2029/03/31	4 000 000	1 000 000	1 000 000
287	ETS - Scheduled Maintenance to Boilers in Sarah Baartman and Nelson Mandela Bay	Programme 8	2024/09/27	2029/03/31	3 000 000	1 000 000	1 000 000
288	Infrastructure Improvements to Health Care facilities Joe Gqabi District PHASE 2 (2026/27)	Programme 8	2026/04/01	2028/03/31	2 000 000	3 000 000	-
289	Infrastructure improvements to Cecilia Makiwane Hospital	Programme 8	2026/04/01	2027/03/31	3 000 000	-	-
290	ETS - Scheduled Maintenance to Boilers in Chris Hani and Joe Gqabi	Programme 8	2024/09/27	2029/03/31	3 000 000	1 000 000	1 000 000
291	ETS - Scheduled Maintenance to Boilers in Amathole and BCM	Programme 8	2024/09/27	2029/03/31	3 000 000	1 000 000	1 000 000
292	ETS - Scheduled Maintenance to Boilers in Alfred Nzo and OR Tambo	Programme 8	2024/09/27	2029/03/31	3 000 000	1 000 000	1 050 000
293	ETS - Replacement of Laundry, cold room and mortuary Equipment	Programme 8	2022/07/01	2029/03/31	20 000 000	-	-
294	ETS - Replacement of Kitchen Equipment	Programme 8	2022/07/01	2029/03/31	1 500 000	10 000 000	5 000 000
295	ETS - Replacement of Generators	Programme 8	2026/04/01	2027/03/31	10 000 000	-	-
296	Infrastructure Improvements to Lilitha College-AN	Programme 8	01/07/2026	31/03/2027	500 000	-	-

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
297	Infrastructure Improvements to Lilitha College-JG	Programme 8	01/07/2026	31/03/2027	500 000	-	-
298	Infrastructure Improvements to Lilitha College-CH	Programme 8	01/07/2026	31/03/2027	500 000	-	-
299	Infrastructure Improvements to Lilitha College-ADM	Programme 8	01/07/2026	31/03/2027	500 000	-	-
300	Infrastructure Improvements to Lilitha College-BCM	Programme 8	01/07/2026	31/03/2027	500 000	-	-
301	Infrastructure Improvements to Lilitha College-NMB	Programme 8	01/07/2026	31/03/2027	500 000	-	-
302	Infrastructure Improvements to Lilitha College-OR	Programme 8	01/07/2026	31/03/2027	500 000	-	-
303	Infrastructure Improvements to Lilitha College-SB	Programme 8	01/07/2026	31/03/2027	500 000	-	-
304	Infrastructure Improvements to Health Care facilities Alfred Nzo District - Taylor Bequest Hospital	Programme 8	2026/04/01	2028/03/31	2 000 000	28 000 000	30 000 000
305	Infrastructure Improvements to Health Care facilities Amathole District	Programme 8	2023/02/02	2027/03/31	12 000 000	-	-
308	Infrastructure Improvements- Victoria Hospital	Programme 8	01/09/2026	31/03/2027	5 000 000	-	-
310	Infrastructure Improvements to Health Care facilities Sarah Baartman District	Programme 8	2025/04/01	2026/03/31	5 000 000	-	-
311	Infrastructure Improvements to Health Care facilities Sarah Baartman District PHASE 2 (2026/27)	Programme 8	2026/04/01	2028/03/31	2 700 000	3 000 000	-
312	Infrastructure Improvements to Health Facilities: NMBM - Sub District A: NU 11 Clinic; Upgrade & Additions	Programme 8	2023/04/03	2027/03/31	900 000	-	-
313	Infrastructure Improvements to Health Facilities: NMBM - Sub District A: NU 11 Clinic; Upgrade & Additions - Phase 2	Programme 8	2023/04/03	2031/03/31	450 000	500 000	5 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
315	Isilimela Hospital: Repairs and Renovations to Main Hospital Building	Programme 8	2017/07/03	2027/03/01	2 700 000	-	-
316	John Dube Clinic - Upgrades to the Existing Clinic	Programme 8	2026/04/01	2031/07/31	450 000	500 000	2 000 000
317	ETS - Provision of Alternative Renewable Energy Supplies at Health Care Facilities in the Eastern Cape	Programme 8	2024/11/06	2029/03/31	28 000 000	5 000 000	5 000 000
319	Khubusi Clinic - Construction of a new clinic	Programme 8	2025/04/01	2027/10/31	4 500 000	2 000 000	-
320	Komani Hospital - Rehabilitation, renovations and refurbishments	Programme 8	2024/01/08	2027/12/15	1 080 000	2 000 000	-
321	Kwazakhele CHC - Phase I: Emergency Minor Maintenance, Security & External Works (Gqeberha, Nelson Mandela Bay Health District)	Programme 8	2025/10/01	2026/10/01	4 500 000	-	-
324	Livingstone PE Provincial Hospital - Moving of Tertiary Obstetric Services from Dora Nginza Hospital to Livingstone PE Provincial Hospital - Phase I	Programme 8	2025/11/01	2029/07/01	900 000	-	-
328	Madzikane Ka Zulu Memorial - Infrastructure Improvements	Programme 8	2028/04/01	2030/03/31	1 500 000	-	500 000
329	Maintenance and repairs - District Hospitals Alfred Nzo	Programme 2	2026/04/01	2029/03/31	9 200 000	9 690 000	10 130 000
330	Maintenance and repairs - District Hospitals Amathole	Programme 2	2026/04/01	2029/03/31	9 660 000	10 180 000	10 640 000
331	Maintenance and repairs - District Hospitals BCM	Programme 2	2026/04/01	2029/03/31	9 660 000	10 180 000	10 640 000
332	Maintenance and repairs - District Hospitals Chris Hani	Programme 2	2026/04/01	2029/03/31	9 660 000	10 180 000	10 640 000
333	Maintenance and repairs - District Hospitals Joe Gqabi	Programme 2	2018/01/15	2029/03/31	8 400 000	8 850 000	9 250 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
334	Maintenance and repairs - District Hospitals Nelson Mandela Bay	Programme 2	2018/01/15	2029/03/31	9 660 000	10 180 000	10 640 000
335	Maintenance and repairs - District Hospitals or Tambo	Programme 2	2026/04/01	2029/03/31	9 660 000	10 180 000	10 640 000
336	Maintenance and repairs - District Hospitals Sarah Baartman	Programme 2	2026/04/01	2029/03/31	9 660 000	10 180 000	10 640 000
337	Maintenance and repairs - Provincial /Tertiary Hospitals (Elizabeth Donkin hospital)	Programme 5	2026/04/01	2029/03/31	2 100 000	2 210 000	2 310 000
338	Maintenance and repairs - Provincial /Tertiary Hospitals (Fort England hospital)	Programme 5	2026/04/01	2029/03/31	2 100 000	2 210 000	2 301 000
339	Maintenance and repairs - Provincial /Tertiary Hospitals (Komani hospital)	Programme 5	2026/04/01	2029/03/31	2 000 000	2 110 000	2 200 000
340	Maintenance and repairs - Provincial /Tertiary Hospitals (Livingstone/PE Provincial)	Programme 5	2023/04/01	2029/03/31	18 050 000	19 010 000	19 870 000
341	Maintenance and repairs - Provincial /Tertiary Hospitals (Nkqubela TB Hospital)	Programme 5	2023/04/01	2029/03/31	2 100 000	2 200 000	2 300 000
342	Maintenance and repairs - Provincial /Tertiary Hospitals (Tower hospital)	Programme 5	2026/04/01	2029/03/31	2 000 000	2 100 000	2 190 000
343	Maintenance and repairs - Provincial Tertiary Hospital (Frere)	Programme 5	2026/04/01	2029/03/31	26 001 000	27 390 000	28 620 000
344	Maintenance and repairs - Provincial Tertiary Hospitals (NMAH)	Programme 5	2026/04/01	2029/03/31	31 036 000	32 676 000	34 150 000
345	Maintenance and repairs - Regional Hospitals OR Tambo- Mthatha Regional Hospital	Programme 4	2026/04/01	2029/03/31	7 875 000	8 300 000	8 670 000
346	Maintenance and repairs - Regional Hospitals OR Tambo St Elizabeth	Programme 4	2026/04/01	2029/03/31	7 875 000	8 300 000	8 670 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
347	Maintenance and repairs - Regional Hospitals (Frontier Hospital)	Programme 4	2026/04/01	2029/03/31	8 400 000	8 850 000	9 250 000
348	Maintenance and repairs - Regional Hospitals Alfred Nzo (ORATH)	Programme 2	2026/04/01	2029/03/31	7 875 000	8 300 000	8 670 000
349	Maintenance and repairs - Regional Hospitals Buffalo City Metro (CMH)	Programme 4	2026/04/01	2029/03/31	8 400 000	8 850 000	9 250 000
350	Maintenance and repairs - Regional Hospitals Nelson Mandela Metro (DNH)	Programme 4	2026/04/01	2029/03/31	8 400 000	8 850 000	9 250 000
351	Matubeni Clinic- Renovation and refurbishment to the entire clinic	Programme 8	2021/04/01	2027/03/31	4 000 000	-	-
352	Molteno Town Clinic ES - Construction of as new clinic	Programme 8	2018/02/05	2031/08/31	1 800 000	2 000 000	10 000 000
355	ETS - All Saints Hospital Water & Sanitation	Programme 8	2022/02/08	2027/03/31	5 000 000	-	-
356	Ndofela Clinic Phase 2 - Upgrade and Additions to the Clinic	Programme 8	2017/07/04	2031/03/31	1 000 000	15 000 000	20 000 000
357	Nelson Mandela Academic Hospital - Upgrades and additions of the Oncology Building -ES	Programme 8	2017/10/20	2032/03/31	25 000 000	27 000 000	30 000 000
358	Empilweni Hospital - General building renovations to Themba Ward	Programme 8	2026/04/01	2028/03/31	894 000	17 000 000	20 000 000
359	Empilweni Hospital - Electrical and mechanical renovations to Themba Ward	Programme 8	2026/04/01	2028/03/31	703 000	2 700 000	20 000 000
360	Elizabeth Donkin Hospital - Repairs, Renovations & Refurbishment of Passages C & E	Programme 8	2026/04/01	2028/03/31	993 000	17 000 000	20 000 000
361	Elizabeth Donkin Hospital - Minor Electrical Reticulation Upgrades and metal works to passages C & E	Programme 8	2026/04/01	2028/03/31	585 000	17 000 000	20 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
362	Newlands Clinic - Construction of a New Clinic Building	Programme 8	2019/11/21	2031/04/30	450 000	500 000	2 000 000
363	Ntshole Clinic Replacement of Existing Facility	Programme 8	2024/08/05	2031/08/31	4 500 000	3 000 000	19 000 000
364	Ntsimbini Clinic - Construction of a new clinic	Programme 8	2025/04/01	2028/02/15	1 800 000	3 000 000	-
365	NU 14 CHC - Construction of a new CHC	Programme 8	2026/04/01	31/02/2033	4 500 000	1 000 000	10 009 000
366	Nyaniso Clinic - Upgrades & Additions	Programme 8	2018/11/19	2031/03/31	2 700 000	1 000 000	10 000 000
367	Dora Nginza Hospital - Improvements to existing buildings. - Phase 3: Upgrade and Additions to Block A & B for Treatment of Cerebral Palsy Patients (Gqeberha, Nelson Mandela Bay Health District)	Programme 8	2023/04/01	2030/05/31	23 000 000	23 000 000	4 000 000
370	Other facilities - Buildings Maintenance	Programme 8	2026/04/01	2029/03/31	7 200 000	8 000 000	8 700 000
372	Construction of Balfour Clinic	Programme 8	2023/03/27	2027/11/15	5 000 000	-	-
373	Completion Steynsburg Hospital Guardhouse and Pharmacy	Programme 8	2017/08/21	2028/03/31	8 500 000	4 000 000	-
375	Project Management Services - ES	Programme 8	2026/04/01	2029/03/31	4 500 000	2 000 000	7 445 000
	Compensation of employees	Programme 8	01/04/2026	31/03/2027	1 653 000	1 971 000	2 035 000
376	Compensation of employees HFRG	Programme 8	2026/04/01	2029/03/31	47 500 000	49 590 000	51 620 000
377	Cofimvaba Hospital Infrastructure Improvements - Phase I	Programme 8	2022/05/03	2032/03/31	6 500 000	15 000 000	20 000 000
378	Provincial and Tertiary Hospital Facilities- Buildings Maintenance under Delivery Directorate	Programme 8	2026/04/01	2029/03/31	23 100 000	6 000 000	7 065 000
379	Provision of underground water and maintenance related services to the ECDoH	Programme 8	2024/08/02	2029/03/30	9 000 000	5 225 000	9 960 000
381	Close out of historical projects	Programme 8	2016/04/01	2029/03/31	10 500 000	8 000 000	7 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
382	Repairs and Renovations to EMS Bases in Alfred Nzo District	Programme 8	2026/04/01	2028/03/31	1 800 000	2 000 000	2 000 000
383	Repairs and Renovations to EMS Bases in Amathole District	Programme 8	2026/04/01	2028/03/31	450 000	1 200 000	-
384	Repairs and Renovations to EMS Bases in Buffalo City Metro	Programme 8	2026/04/01	2028/03/31	450 000	1 200 000	-
385	Repairs and Renovations to EMS Bases in Chris Hani District	Programme 8	2026/04/01	2028/03/31	450 000	1 200 000	-
386	Repairs and Renovations to EMS Bases in Joe Gqabi District	Programme 8	2026/04/01	2028/03/31	8 000 000	1 200 000	-
387	Repairs and Renovations to EMS Bases in Nelson Mandela Bay	Programme 8	2026/04/01	2028/03/31	450 000	1 200 000	-
388	Repairs and Renovations to EMS Bases in OR Tambo District	Programme 8	2026/04/01	2028/03/31	450 000	1 200 000	-
389	Repairs and Renovations to EMS Bases in Sarah Baartman District	Programme 8	2024/04/01	2028/03/31	450 000	1 200 000	-
390	Cecilia Makiwane Hospital Phase 1: Infrastructure Improvements, Alterations and Additions to Existing Buildings to Accommodate the Rehab Centre of Excellence for the Treatment of Cerebral Palsy Patients	Programme 8	2022/10/11	2028/03/31	34 900 000	5 400 000	-
391	Repairs and Renovations Block H Clinic	Programme 8	2026/10/11	2028/11/30	1 000 000	-	-
393	St Barnabas Hospital: Upgrades & additions to Laundry Building	Programme 8	2023/11/15	2030/03/31	1 800 000	10 000 000	15 800 000
394	Andries Vosloo Hospital - Roof repairs	Programme 8	2024/04/01	2029/03/31	5 000 000	22 000 000	13 660 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
395	St Elizabeths Hospital Core Block - Upgrades & Additions	Programme 8	2013/02/01	2035/03/31	11 700 000	-	-
396	St Lucy's Hospital Upgrade Phase 2 - Upgrades & Additions	Programme 8	2015/08/21	2032/03/31	4 500 000	3 000 000	5 000 000
397	St Patricks - Laundry & Mental Health - Upgrades & Additions	Programme 8	2025/04/01	2027/03/31	450 000	-	-
398	Sterkspruit Town Clinic - Upgrade and Additions to the Clinic	Programme 8	2026/11/01	2027/06/02	3 600 000	2 000 000	-
399	All Saints Hospital -Completion Contract for Staff Accommodation and Lilitha	Programme 8	2023/08/04	2029/03/31	5 000 000	15 000 000	20 000 000
400	All Saints Hospital: Kitchen and Laundry upgrades and additions	Programme 8	2024/11/11	2032/10/30	1 500 000	25 000 000	33 000 000
401	Thembisa Clinic - Additions to the Clinic	Programme 8	2023/11/01	2026/02/15	450 000	-	-
403	Repairs and Renovations-Aliwal North Hospital	Programme 8	2026/05/31	2028/02/16	1 000 000	-	-
405	Uitenhage Provincial Hospital - Phase 1: Repairs and renovations to roofs including roofs to ancillary buildings and flat slab roofs.	Programme 8	2024/04/01	2030/03/31	3 000 000	3 000 000	3 000 000
406	Uitenhage Provincial Hospital - Phase 2: Trauma Unit Alterations	Programme 8	2024/04/01	2030/03/31	900 000	500 000	3 000 000
407	Umlamli Gateway Clinic - Infrastructure Improvements, alterations and additions to accommodate patients and staff	Programme 8	2024/04/01	2030/03/31	900 000	-	-
409	Unit P Clinic - Construction of a New Clinic	Programme 8	2026/04/01	2031/04/30	450 000	1 000 000	10 000 000
415	Upgrades and additions to Lilitha Colleges, Forensic Pathology facilities and Mortuaries in Nelson Mandela Bay District	Programme 8	2026/04/01	2029/03/31	2 700 000	2 000 000	2 000 000

No	Project Name	Budget Programme Name	Start Date	Completion Date	Final Appropriation 2026 27 FY-A R0,00	Final Appropriation 2027/28 R0,00	Final Appropriation 2028/29 R0,00
419	Upgrading of Tanga Clinic	Programme 8	2023/06/26	2030/03/31	500 000	18 000 000	2 000 000
420	Upgrading of Fort Beaufort Hospital	Programme 8	2021/08/31	2034/03/31	450 000	1 000 000	5 000 000
430	Willehm Stahl Hospital	Programme 8	2025/04/01	2027/03/31	900 000	3 200 000	2 400 000
431	HT - Balfour Clinic Commissioning	Programme 8	2025/04/01	2028/03/31	3 000 000	1 000 000	-
432	Empilweni Hospital - Phase 1 (Emergency Accommodation)	Programme 8	2018/06/05	2032/06/05	1 500 000	10 000 000	10 000 000
433	Infrastructure Improvements- Provision of ABT Structure- Greenfields Clinic	Programme 8	01/04/2026	2028/06/05	3 500 000	8 500 000	-
434	Infrastructure Improvements - Elizabeth Donkin Hospital-Kitchen	Programme 8	2026/10/01	2027/03/31	1 800 000	-	-
435	Nelson Mandela Academic Hospital - Repairs & Renovations Phase 2	Programme 8	2026/04/31	2029/01/31	900 000	-	-
436	Construction of new CHC in Joe Gqabi	Programme 8	2026/06/31	2029/03/31	1 500 000	-	-
437	Repairs & Renovations - Regional Hospitals (Paediatric ward)	Programme 8	2026/05/31	2029/02/16	900 000	-	-
					1 726 071 000	1 669 905 000	1 740 851 000

11. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

None



Province of the
EASTERN CAPE
HEALTH

ANNUAL PERFORMANCE PLAN 2026/27 2028/29

PART D

APP TIDS FOR PROVINCIAL DOH

PART D: APP TIDS FOR PROVINCIAL DOH**NB: Population based indicators are not divided by 4 when it comes to quarterly targets**

Table 54: Technical Indicator Data Set

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
		Numerator	Denominator													
PROGRAMME I: HEALTH ADMINISTRATION																
		12.15.1 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	Not applicable	Cumulative year - end	Quarterly	Higher	Office of the MEC	I
	x	10.1.1 Audit outcome for regulatory audit expressed by AGSA	Audit opinion for Provincial Department of Health for financial performance	Annual report	Audit outcome for regulatory audit expressed by AGSA for the previous financial year	Not applicable	Auditor General report	Accuracy dependent of submission of valid documents	Not applicable	All Districts	Not applicable	Not applicable	Annual	Unqualified Audit Opinion	Chief Financial Officer	I
		10.1.2 % of valid invoices paid within 30 days	Payment of suppliers using verified invoices within 30 days	BAS	Valid invoices paid within 30 days	Total number of invoices received	Financial management system	Accuracy dependent of submission of valid documents	Not applicable	Not applicable	Not applicable	Non-cumulative	Quarterly	Higher	Manager: Supply Chain Management	I

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Means of verification	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
					Numerator	Denominator									
		10.1.3 Approved Annual Procurement Plan	List of projects according to capital budget	SCM	Procurement plan submitted	Not applicable	Accuracy dependent of submission of valid documents	SCM office: Final approved procurement plan	Not applicable	Not applicable	Cumulative year end	Quarterly	Annual procurement plan approved	Manager: Supply Chain Management	I
		10.1.4 Amount Revenue generated (R)	Amount of revenue to be collected by districts	Financial management system	Amount of revenue collected	Not applicable	Client affordability	Financial management system	Not applicable	All districts	Cumulative year end	Quarterly	Higher	Manager: Financial Management	I
		12.1.1 Human Resource Plan approved	Approved Human Resource Plan for Health	Human Resource Plan	Human Resource Plan approved	Not applicable	Plan developed and approved	HR Plan	Not applicable	Not applicable	Non-cumulative	Annual	Higher	HRM manager	I
		12.2.1 Contingent liability of medico – legal cases – rand value	Total rand value of the medico legal claims for all backlog cases that were on the case register as of 31 March 2025	Medico-legal case management system	Total rand value of the medico legal claims for all backlog cases that were on the case register as of 31 March 2025	Not Applicable	Accuracy dependent of reporting of data into the system	Medico-legal case management system	Not Applicable	All Districts	Non-cumulative	Annual	Lower	Legal Services	I
		12.3.1 Percentage of Hospitals with connectivity	Provision of Hospitals with alternative connectivity or broad band	Rollout report (spreadsheets) for sites that are live or	Total Number of hospitals with minimum 2 Mbps connectivity	Total Number of Hospitals	Depending on Provincial broadband Provision of departmenta	Reports (spreadsheets) for sites that are live or with alternative	Not applicable	All districts	Non-cumulative	Annual	Higher	ICT Directorate / Chief Directorate	I

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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
				Numerator	Denominator									
			with alternative connectivity			connectivity of data in hospitals	alternative connectivity							
	12.3.2 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 1 Mbps 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	1
PROGRAMME 2: DISTRICT HEALTH SERVICES														
SUB PROGRAMME 2.1: DISTRICT MANAGEMENT														
	12.17.1 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														

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or Title	Definition	Source of Data	Method of Calculation/Assessment		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
					Numerator	Denominator								
		12.4.1 Ideal PHC facilities 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 health facility monitoring software	Fixed PHC health facility obtained Ideal status	Fixed PHC clinics or fixed CHCs and or CDCs Formula: Total number of clinics + Total number of CHCs and or CDCs	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2
x		11.1.1 Patient Experience of Care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	National PEC Surveys Module	Facility PEC Survey done	Fixed PHC Clinics + fixed CHCs + fixed CDCs + public hospitals Formula: Total number of Clinics + total number of CHCs + total number of CDCs + total number of public hospitals	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2
		12.6.1 Severity Assessment Code 1 incident reported within 24 hours rate	Severity assessment code 1 incidents reported within 24 hours as a	Patient Safety Incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Accuracy dependent on quality of data submitted	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Quality Assurance	2

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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
				Numerator	Denominator									
		proportion of Severity assessment code 1 incident reported	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
	12.6.2 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
SUB PROGRAMME 2.3: COMMUNITY HEALTH CENTERS														
x	11.1.2 Patient Experience of Care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	National PEC Surveys Module	Facility PEC Survey done	Fixed PHC Clinics + fixed CHCs + fixed CDCs + public hospitals Formula: Total number of Clinics + total number of CHCs + total number of CDCs + total number of public hospitals	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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
				Numerator	Denominator									
	12.6.3 Severity Assessment Code 1 incident reported within 24 hours rate	Severity assessment code 1 incidents reported within 24 hours as a proportion of Severity assessment code 1 incident reported	Patient Safety Incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 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
	12.6.4 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
SUB PROGRAMME 2.4: COMMUNITY BASED SERVICES: DISEASE PREVENTION AND CONTROL (DPC)														
	7.1.1 Positivity rate for hypertension 18 - 44 years	Number of clients 18 - 44 years screened	PHC Comprehensive	Client 18 - 44 years screened for	Total number of clients 18 - 44	DHIS report PHC Comprehensive	Accuracy dependent of	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Health programmes	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or Title	Definition	Source of Data	Method of Calculation/Assessment		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
					Numerator	Denominator								
			for hypertension and who will require being put on treatment for hypertension	Tick Register; OPD Tick Register	hypertension and requiring/referr ed for treatment for hypertension	years screened for hypertension	ive Tick Register; OPD Tick Register and Accident and Emergency (Casualty) and Trauma unit Register							
		7.1.2 Positivity rate for hypertension 45 years and older	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	Client 45 years and older screened for hypertension and requiring/referr ed 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) and Trauma unit Register	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Health programmes	2
		7.1.3 Positivity rate for diabetes 18 - 44 years	Number of clients 18 - 44 years screened for diabetes and who will require being put on	PHC Comprehensive Tick Register; OPD Tick Register	Client 18 - 44 years screened for diabetes and requiring/referr ed 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	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Health programmes	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
			treatment for diabetes				(Casualty) and Trauma unit Register								
		7.1.4 Positivity rate for diabetes 45 years and older	Number of clients ≥ 45 years screened for diabetes and who will require being put on treatment for diabetes	PHC Comprehensive Tick Register; OPD Tick Register	Client 45 years and older screened for diabetes and requiring/referral for treatment for diabetes	Total number of clients ≥ 45 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
x		8.1.1 PHC mental health conditions treatment rate new	Clients treated for the first time for mental conditions (depression, anxiety, dementia, psychosis, mania, suicide attempt, developmental disorders, behavioural disorders and substance	PHC Comprehensive tick register	PHC client treated for mental health conditions - 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 APP 2026/27 (Standardized Indicators)	Indicator or 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; date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme
				Numerator	Denominator									
		abuse/addiction disorders) as a proportion of total PHC headcount												
	7.1.5 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	All Districts	Non - Cumulative	Quarterly	Higher	Hospital Services Manager	2
SUB PROGRAMME 2.5: OTHER COMMUNITY SERVICE - PUBLIC HEALTH														
	12.8.1 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
	12.9.1 Number of Grade R learners screened	Grade R learners in the school screened by a nurse in	Tick register school health	Grade R Learners screened	Not applicable	ISHP register	Accuracy dependent on quality of data from	Children under or equal to 6 years	All districts	Non – Cumulative	Quarterly	Higher	Programmes Manager for	2

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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
Output Indicators				Numerator	Denominator									
		line with the ISHP service package. This excludes follow-up visits and referrals, and each learner should be counted only once per school year					health facilities						reengineering of Primary health	
SUB PROGRAMME 2.6: HIV & AIDS, STI & TB (HAST) CONTROL														
4.1.1 HIV test done – sum	Total number of HIV Tests done in all age groups	HTS Register	HTS Register	HIV test done total Formula: Antenatal HIV 1st test+Antenatal client HIV re-test+HIV test 18 -59 months+HIV test 5-14 years (excl ANC)+ HIV test 15 years and older (excl ANC) + HIV test 15-24 years female	Not applicable	HTS register	Dependent on the accuracy of facility register	Not applicable	Alfred Nzo, BCM, NMBM	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
x		4.1.2 HIV positive 5-14 years (excl ANC) rate	Children 5 to 14 years who tested HIV positive as a proportion of children who were tested for HIV in this age group	PHC comprehensive tick register HTS register	HIV positive 5-14 years (excl ANC)	HIV test 5-14 years (excl ANC)	HTS register	Dependent on the accuracy of facility register	Children 5-14 years	NMBM	Non-cumulative	Quarterly	Lower	HIV/AIDS Programme Manager	2
		4.1.3 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.	HIV Testing Services (HTS) register or HTS module in TIER .Net	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	Youth 15-24 years	NMBM, Saraburgh District	Non-cumulative	Quarterly	Lower	HIV/AIDS Programme Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
x		4.1.4 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 (RIC) Formula: ART adult on first-line regimen + ART adult on second-line regimen + ART adult on third-line regimen + ART adult stop treatment	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	NMBM; Sara Baartman District	Non-cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2
x		4.1.5 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 report SMARTER	Accuracy dependent on quality of data submitted by health facilities	Children and adolescents	NMBM; Sara Baartman District	Non-cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
x		4.1.6 ART Adult viral load suppressed rate (below 50) [12 months]	ART adult viral load under 50 as a proportion of ART adult viral load done	ART clinical records captured in TIER.Net; SMARTER	ART adult viral load under 50	ART adult viral load done	ART clinical records captured in TIER.Net report; SMARTER	Accuracy dependent on quality of data submitted by health facilities	Not applicable	Alfred Nzo, Amathole, NMBM, Sara Baartman District	Non-cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2
x		4.1.7 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 report; SMARTER	Accuracy dependent on quality of data submitted by health facilities	Not applicable	BCM, NMBM, Sara Baartman District	Non-cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2
		5.1.1 Number of people tested using TB- NAAT	TB symptomatic and asymptomatic client under 5 years and 5 years and older who was tested using TB Nucleic Acid Amplification Test (NAAT)	TB Identification register	TB test using TB - Nucleic Acid Amplification test - (TB test under 5 years and 5 years and older years using TB- NAAT)	Not Applicable	TB Identification register	Accuracy dependent on quality of data submitted by health facilities	Not applicable	BCM, NMBM, Sara Baartman District	Non - Cumulative	Quarterly	Higher	TB Programme Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
x		5.1.2 Number of DS – TB treatment start 5 years and older	Clients 5 years and older who were started on DS-TB Treatment	TB identification register	DS – TB treatment start 5 years and older	Not Applicable	Clinical stationery	Accuracy dependent on quality of data submitted by health facilities	Clients 5 years and older	Alfred Ntshong, Amathole, BCMM, Joe Gqabi, NMBM, Oliver Tambo, Sara Baartman District	Non-cumulative	Quarterly	Higher	TB Programme Manager	2
x		5.1.3 Number of DS-TB treatment start under 5 years	Child under 5 years who were started on DS-TB Treatment	TB identification register	DS-TB treatment start under 5 years	Not Applicable	Clinical stationery	Accuracy dependent on quality of data submitted by health facilities	Clients under 5 years	Amathole, BCMM, Chris Hani, NMBM, Oliver Tambo, Sara Baartman District	Non-cumulative	Quarterly	Higher	TB Programme Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
x	5.2.1	Number of TB Rifampicin resistant /Multidrug - Resistance confirmed client start on treatment	TB Rifampicin resistant (RR) and or Multidrug-Resistant (MDR) TB client start on treatment	Patient Folder EDRWEB	TB Rifampicin resistant /MDR confirmed client start on treatment	Not applicable	EDRWEB report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	TB Programme Manager	2
x	6.1.1	All DS - TB client treatment success rate (* All DS-TB outcome data is reported 12 months later)	All TB clients who started drug susceptible tuberculosis (DS TB) treatment and subsequently successfully completed treatment as a proportion of all those who started DS-TB treatment	Clinical stationery TIER .Net	All DS - TB successfully completed treatment Formula: All DS -TB client successfully completed treatment	All DS TB Treatment Start Formula: Count all DS TB treatment start	TIER .Net report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	Amathole District	Non-cumulative	Quarterly	Higher	TB Programme Manager	2
x	6.1.2	TB Rifampicin resistant/Multidrug - Resistant treatment success rate	TB Rifampicin Resistant/Multidrug Resistant clients successfully completed treatment as a	Patient folder EDRWeb	TB Rifampicin resistant/Multidrug Resistant successfully completed treatment Formula:	TB Rifampicin Resistant/Multidrug Resistant client started on treatment Formula:	EDRWeb report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	Joe Gqabi	Non - Cumulative	Quarterly	Higher	TB Programme Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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
				Numerator	Denominator									
	(RR/MDR-TB outcome data is reported 12 months later)	proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment		TB RR /Multidrug Resistant MDR successfully completed treatment	Count of TB Rifampicin resistant/Multidrug Resistant client started on treatment									
x	9.1.1 Malaria case fatality rate	Malaria deaths reported in South Africa. The death resulting from primary malaria diagnosis at the time of death	Malaria Information System Midnight census	Malaria deaths reported Formula: Malaria death reported + MIS Malaria deaths total	Malaria case reported (Note: All new cumulative malaria cases reported (from beginning of FY)	Malaria Information System	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non - Cumulative	Annual	Lower case fatality rate	Communicable Diseases	Commun 2
SUB – PROGRAMME 2.7: MCWH&N														
x	1.1.1 Couple Year Protection Rate	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection	PHC Comprehensive Tick Register Birth Register, Labour, Combined and Postnatal ward Health	Couple year protection Formula: Oral pill cycle + Medroxyprogesterone injection + Norethisterone enanthate injection + IUCD inserted + Male condoms distributed +	Population 15-49 years females: Formula: (Female 15-44 years + Female 45-49 years)	PHC Comprehensive Tick Register Birth Register, Labour, Combined and Postnatal ward Health Facility Register,	Accuracy dependent on quality of data submitted by health facilities	Females 15-49 years	Alfred Nzo, BCM, Oliver Tambo District	Non - Cumulative	Quarterly	Higher rates	MCYW H&N Programme	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
			are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).	Facility Register, Theatre register, Tick register OPD, Delivery register	Sterilisation - male + Sterilisation - female + Female condoms distributed + Sub-dermal implant inserted	Antenatal 1 st visit - total Formula: Antenatal 1 st visit 20 weeks or later + Antenatal 1 st	PHC Comprehensive Tick Register Tick register OPD	Accuracy dependent on quality of data submitted by health facilities	Females	AlfredN zo	Non - Cumulative	Quarterly	Higher	MCW & H Programme Manager	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	PHC Comprehensive Tick Register	Antenatal 1 st visit before 20 weeks	Antenatal 1 st visit - total Formula: Antenatal 1 st visit 20 weeks or later + Antenatal 1 st	PHC Comprehensive Tick Register Tick register OPD								

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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
				Numerator	Denominator									
		of all antenatal 1st visits	Tick register OPD		visit before 20 weeks									
x	I.1.3 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 neonatal admission register (ISNAR), Birth Register, Paeds Register	Delivery 10-14 years in facility	Not applicable	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register	Accuracy dependent on quality of data submitted by health facilities	Females 10- 14 years	All Districts	Non - Cumulative	Quarterly	Lower	MCW&H Programme Manager	2
	I.1.4 Delivery in 15-19 years in facility	Delivery where the mother is 15-19 years old. These deliveries are done in facilities under the supervision of trained medical / nursing staff.	Midnight Census, Inpatient neonatal admission register (ISNAR), Birth Register, Paeds Register	Delivery 15-19 years in facility	Not applicable	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register	Accuracy dependent on quality of data submitted by health facilities	Females 15- 19 years	All Districts	Non - Cumulative	Quarterly	Lower	MCW&H Programme Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
x		1.1.5 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	Non - Cumulative	Quarterly	Higher rates	MCWH & N Programme	2
		1.1.6 Maternal Mortality in facility ratio	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	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	Accuracy dependent on quality of data submitted by health facilities	Females	Alfred Nzo, BCM, Saraah Baartman District	Non - Cumulative	Quarterly	Lower ratios	MCWH Programme Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
x		2.1.1 Infant PCR test around 6 months uptake rate	irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility PCR Test done around 6 months as a proportion of live births to HIV positive mother	PHC registers, paediatric registers, TIER.Net Delivery register Tick register casualty	Infant PCR test around 6 months	Live births to HIV positive mothers Formula (live births to HIV positive mothers subtract/minus (PCR test positive at birth+ PCR test positive around 10 weeks))	PHC registers, paediatric registers, Tier.net	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non - Cumulative	Quarterly	Higher rates	MCWH & N Program me	2
		2.1.2 Neonatal death in facility rate	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 0-28 days death in facility Formula: Death in facility 0-6 days + Death in facility 7-28 days	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	BCMM, NMBM, Oliver Tambo, Saraah Baartman District	Non - Cumulative	Quarterly	Lower rate	MCWH Program me Manager	2

Provincial APP 2026/27 (Standardized Indicators)		Indicator or 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
Output Indicators					Paeds Register	Numerator	Denominator	Paeds Register								
x		3.1.1 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 under 1 year	All Districts	Non - Cumulative	Quarterly	Higher coverage	EPI Programme manager	2
x		3.1.2 MR 2 nd dose 1 year coverage		Children 12 months old who received MR 2 nd dose, as a proportion of the 1-year population. Both measles and MR doses will form part of the numerator to ensure accurate coverage of historical data	PHC Comprehensive Tick Register Hospital Paediatric tick register	MR 2 nd 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 under 1 year	All districts	Non - Cumulative	Quarterly	Higher coverage	EPI Programme manager	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
x	3.1.3 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 (SAM) 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 under 5 years	Alfred Nzo, Amathole, Oliver Tambo District	Non - Cumulative	Quarterly	Lower rate	MCWH & N Programme	2	
	3.1.4 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	Children under 5 years	BCM, NMBM, Oliver Tambo District	Non - Cumulative	Quarterly	Lower rate	MCWH & N Programme	2	
x	7.2.1 Cervical cancer screening coverage	Cervical smears in women 30 years and older	PHC Comprehensive	Cervical cancer screening done Formula: [(80% women aged 30-50yrs/10)+(20%	PHC Comprehensive Tick	Accuracy dependent on quality of	Women		Alfred Nzo, Joe Gqabi,	Non - Cumulative	Quarterly	Higher Rate	MCWH & N	2	

Provincial APP 2026/27 (Standardized Indicators)		Indicator or 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
Output Indicators						Numerator	Denominator				NMBM, Saraah Baartman District				Programme	
				as a proportion of the female population 30-50 years: 80% of these women should be screened for cervical cancer every 10 years and 20% must be screened every 3 years which should be included in the denominator because it is estimated that 20% of women 20 years and older are HIV positive	Tick Register; OPD tick register, Inpatient register	Cervical cancer screening in non-HIV woman 30-50 years + Cervical cancer screening in HIV positive woman 20 years and older + cervical cancer screening 30 years and older + cervical cancer screening HIV positive woman 30 years and older	women aged 20 years and above (3) Formula: (Female 30-34 years + SUM[Female 35-39 years] + SUM[Female 40-44 years + SUM[Female 45-49]SUM[Female 50-54*(0.8)/10) + (((Female 20-24 years + Female 25-29 years + Female 30-34 years + Female 35-39 years + Female 40-44 years + Female 45-49 years + Female 50-54 years + Female 55-59 years) * 0.2) / 3)	Register; OPD tick register, Inpatient register	data submitted by health facilities							
SUB-PROGRAMME 2.8: CORONER SERVICES																
x	12.10.1 Percentage of post – mortem	Measures number of post-mortem	Post - mortem	Number of cold bodies with	Total number of cold bodies	Post-mortem	Accuracy dependent	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher rate	Hospital services	2		

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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
				Numerator	Denominator									
	performed within 72 hours	mortems performed by Forensic Pathologists within a period of 3 days of receiving the body from the SAPS as a percentage of the total number of bodies received	management system	post-mortem performed within 72 hrs. of receipt of body	received from SAPS	form Register	of turnaround time for post mortem performed						Programme Manager	
SUB – PROGRAMME 2.9: DISTRICT HOSPITALS														
	12.4.2 Ideal Hospitals status obtained rate	Health facilities that obtained Ideal status (silver, gold, platinum) as a proportion of fixed Hospitals	ICS	Health facilities obtained Ideal status	Number of hospitals	Ideal Health Monitoring Software	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2
x	11.1.3 Patient Experience of Care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of	National PEC Surveys Module	Facility PEC Survey done	Fixed PHC Clinics + fixed CHCs + fixed CDCs + public hospitals Formula: Total number of Clinics + total	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
		Numerator	Denominator													
				fixed health facilities			number of CHCs + total number CDCs + total number of public hospitals									
		12.6.5 Severity assessment code 1 incident reported within 24 hours rate		Severity assessment code 1 incidents reported within 24 hours as a proportion of Severity assessment code 1 incident reported	Patient Safety Incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 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
		12.6.6 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

Provincial APP 2026/27 (Standardized Indicators)		Output Indicators	PROGRAMME 3: EMERGENCY MEDICAL SERVICES										Indicator Responsibility		Budget programme		
Indicator or 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	
	12.10.1 EMS PI urban response under 30 minutes rate		EMS PI calls in urban locations with response times under 30 minutes as a proportion of EMS PI urban responses	EMS Province specific data collections tools	EMS PI urban response under 30 minutes	EMS PI urban response	EMS Province specific data collections tools	Accuracy dependent on quality of data from reporting EMS station	Not Applicable	All Districts	Non-Cumulative	Quarterly	Higher response rate under 30 min	Emergency Medical Services Manager	3		
	12.10.2 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	EMS PI rural response under 60 minutes	EMS PI rural response	EMS Province specific data collections tools	Accuracy dependent on quality of data from reporting EMS station	Not Applicable	All Districts	Non-Cumulative	Quarterly	Higher response rate under 60 min	Emergency Medical Services Manager	3		
	12.10.3 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	Emergency Medical Services Manager	3		

Provincial APP 2026/27 (Standardized Indicators)		Indicator or 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
Output Indicators																
PROGRAMME 4																
SUB-PROGRAMME 4.1: GENERAL (REGIONAL) HOSPITALS																
x		11.1.4 Patient Experience of Care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	National PEC Surveys Module	Facility PEC Survey done	Fixed PHC Clinics + fixed CHCs + fixed CDCs + public hospitals Formula: Total number of Clinics + total number of CHCs + total number of CDCs + total number of public hospitals	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2	
		12.6.7 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	4	
		12.6.8 Patient Safety Incident case closure rate	Patient Safety Incident (PSI) case closed in	Patient safety	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety	Accuracy dependent on quality of	Not applicable	All Districts	Non-cumulative	Quarterly	Higher	Quality Assurance	4	

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
SUB-PROGRAMME 4.2: TUBERCULOSIS (TB) HOSPITALS															
11.1.5 Patient Experience of Care survey rate		Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	incident register	Facility PEC Survey done	Fixed PHC Clinics + fixed CHCs + fixed CDCs + public hospitals Formula: Total number of Clinics + total number of CHCs + total number of CDCs + total number of public hospitals	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2
12.6.9 Severity Assessment Code I incident reported within 24 hours rate		Severity assessment code I incidents reported within 24 hours as a proportion of Severity	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	4

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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
				Numerator	Denominator									
		assessment code 1 incident reported												
	12.6.10 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	4
SUB-PROGRAMME 4.3: PSYCHIATRIC / MENTAL HOSPITALS														
x	11.1.6. Patient Experience of Care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	National PEC Surveys Module	Facility PEC Survey done	Fixed PHC Clinics + fixed CHCs + fixed CDCs + public hospitals Formula: Total number of Clinics + total number of CHCs + total number of CDCs + total number of public hospitals	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
		12.6.11 Severity Assessment Code 1 incident reported within 24 hours rate	Severity assessment code 1 incidents reported within 24 hours as a proportion of Severity assessment code 1 incident reported	Patient Safety Incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 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
		12.6.12 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	5
PROGRAMME 5: CENTRAL & TERTIARY HOSPITAL SERVICES															
SUB PROGRAMME 5.1 – CENTRAL															
x	11.1.7 Patient Experience of Care survey rate	Fixed health facilities that have conducted Patient	National PEC Surveys Module	Facility PEC Survey done	Fixed PHC Clinics + fixed CHCs + fixed CDCs + public hospitals	Patient Surveys	Accuracy dependent on quality of data	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2	

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or Title	Definition	Source of Data	Method of Calculation/Assessment		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
					Numerator	Denominator								
			Experience of Care Surveys as a proportion of fixed health facilities			Formula: Total number of Clinics + total number of CHCs + total number of CDCs + total number of public hospitals	submitted by health facilities							
		12.6.13 Severity Assessment Code 1 incident reported within 24 hours rate	Severity assessment code 1 incidents reported within 24 hours as a proportion of Severity assessment code 1 incident reported	Patient Safety Incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	5
		12.6.14 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	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - cumulative	Quarterly	Higher	Quality Assurance	5

Provinci al APP 2026/27 (Standar dized Indicato rs)	Output Indicato rs	Indicator or 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
					Numerator	Denominator									
SUB-PROGRAMME 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES															
x	11.1.8 Patient Experience of Care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	National PEC Surveys Module	Facility PEC Survey done	Fixed PHC Clinics + fixed CHCs + fixed CDCs + public hospitals Formula: Total number of Clinics + total number of CHCs + total number CDCs + total number of public hospitals	Patient Safety Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non- cumulative	Annual	Higher	Quality Assurance Manager		2
	12.6.15 Severity Assessment Code 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 APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or Title	Definition	Source of Data	Method of Calculation/Assessment		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		
					Numerator	Denominator										
SUB-PROGRAMME 5.3: SPECIALISED TERTIARY HOSPITAL																
x	1.1.1.9 Patient Experience of Care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	National PEC Surveys Module	Facility PEC Survey done	Fixed PHC Clinics + fixed CHCs + fixed CDCs + public hospitals Formula: Total number of Clinics + total number of CHCs + total number of CDCs + total number of public hospitals	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	Annual	Higher	Quality Assurance Manager	2
	12.6.17 Severity Assessment Code 1 incident reported within 24 hours rate	Severity assessment code 1 incidents reported within 24 hours	Patient Safety Incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted	Not Applicable	All Districts	Non-cumulative	Quarterly	Higher	Quality Assurance			5

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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
				Numerator	Denominator									
		24 hours as a proportion of Severity assessment code 1 incident reported					by health facilities							
	12.6.18 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	5
PROGRAMME 6: HEALTH SCIENCES AND TRAINING														
	12.11.1 Number of students completed the 3-year Nursing diploma	Nurses trained on three 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	

Provincial APP 2026/27 (Standardized Indicators)	Indicator or 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-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme
				Numerator	Denominator									
	12.1.2 Number of EMS Practitioners completed Emergency Care Qualification	EMS practitioners trained on emergency care qualification	Training database	Number of EMS practitioners 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
	12.1.3 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
	12.1.4 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
	12.1.5 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 study course	Not applicable	All district	Non - Cumulative	Annually	Higher	Programme Manager – Health Science and training	6

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Indicator or 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
					Numerator	Denominator									
PROGRAMME 7: HEALTH CARE AND SUPPORT															
	12.12.1 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	Wheelchairs issued as a proportion of the applications for wheelchairs received for children 0-18 years	PHC comprehensive tick register, Tick register OPD	Wheelchair issued 19 years and older Formula: Wheelchair issued adults 19 years and older + wheelchair issued adult within the reporting month	Wheelchair required 19 years and older	Health Care and Support Database	Depending on assessment and specialised need	Adults 19 years and older	All districts	Cumulative year end	Quarterly	Higher	Clinical support manager	7
	12.12.2 Wheelchair issued child 0-18 years rate	Wheelchairs issued as a proportion of the applications for wheelchairs received for children 0-18 years	Wheelchairs issued as a proportion of the applications for wheelchairs received for children 0-18 years	PHC comprehensive tick register, Tick register OPD	Wheelchair issued to children 0 - 18 years Formula: Wheelchair issued to child 0 - 18 years within the reporting month	Wheelchairs required by children 0- 8 years	Health Care and Support Database	Depending on assessment and specialised need	Children 0-18 years	All districts	Cumulative year end	Quarterly	Higher	Clinical support manager	7
	12.13.1 Percentage Order fulfilment	Drug orders fulfilled completely	Drug orders fulfilled completely	MEDSAS	Number of orders fulfilled completely	Number of orders received x 100	MEDSAS report	Poor maintenance of stock	Not applicable	All districts	Cumulative year end	Quarterly	Higher	Clinical support manager	7

Provincial APP 2026/27 (Standardized Indicators)		Indicator or 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
Output Indicators						Numerator	Denominator									
		for essential drugs at depot							levels by the depot							
		12.13.2 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
		12.13.3 Number of active patients on CCMD	CCMD clients who opted to collect their patient medicine parcels from CCMD contracted external pick up points		CCMD database	CCMD Client collecting medicine parcel from contracted external pick up points (PUP)	Not applicable	CCMD register	Poor maintenance of essential medicines stock levels at the depot	Not applicable	All districts	Non - Cumulative	Annual	Higher	Clinical support manager	7
		12.14.1 Number of Cerebral Palsy cases managed	Clinical management of Cerebral Palsy cases managed		Patient files Awarded court orders with a public healthcare remedy	Number of Cerebral Palsy cases managed	Not Applicable	Patient files Awarded court orders with a public healthcare remedy	Depending on assessment and specialised need	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	Clinical support manager	7

Provincial APP 2026/27 (Standardized Indicators)	Output Indicators	Method of Calculation/Assessment		Source of Data	Definition	Indicator or Title	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
		Numerator	Denominator											
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT														
	12.5.1 Number of health facilities upgraded	Number of projects where upgrades or additions have been implemented and completed on existing health facilities	Annual Infrastructure Plan (AIP)/B5	Number of major upgrade projects completed	Not applicable	Practical Completion Certificate	Accuracy dependent on reliability of information captured on project lists.	Not applicable	All districts	Non - Cumulative	Quarterly	Higher	Manager Health facilities	8
	12.5.2 Number of planned major maintenance completed	Number of planned major maintenance projects that have been completed on existing facilities.	Annual Infrastructure Plan (AIP)/B5	Number of planned major maintenance projects completed	Not applicable	Practical Completion Certificate	Accuracy dependent on reliability of information captured on project lists.	Not applicable	All districts	Non - Cumulative	Quarterly	Higher	Manger Health facilities	8
	12.5.3 Number of planned minor maintenance completed	Number of planned minor maintenance projects that have been completed on existing facilities.	Annual Infrastructure Plan (AIP)/B5	Number of planned major maintenance projects completed	Not applicable	Practical Completion Certificate	Accuracy dependent on reliability of information captured on project lists.	Not applicable	All districts	Non - Cumulative	Quarterly	Higher	Manger Health facilities	8

ANNEXURES TO THE ANNUAL PERFORMANCE PLAN

ANNEXURE B: CONDITIONAL GRANTS

Table 55: 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)	623,758	MTEF
District Health Programme Grant	To enable the health sector to develop and implement an effective response to HIV/AIDS	HIV positive new clients identified and initiated; People living with HIV retained on care;	3,243,220	MTEF
	Prevention and protection of health workers from exposure to workplace	HIV new cases identified and tested (adults and children)		
	To enable the health sector to develop and implement an effective response to a TB	TB co-infected positive clients initiated and cured;		
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)	1,402,989	MTEF
Health Facility Revitalization Grant	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including health technology (HT).	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	818,917	MTEF

Name conditional grant	Purpose of the grant	Outputs	Current Annual Budget (R thousand)	Period of Grant
	Organisational design (OD) systems and quality assurance (QA) To enhance capacity to deliver health infrastructure	infrastructure is delivered properly in line with norms and standards		
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	65,703	MTEF
Expanded Public Works Programme - Integrated	To create work opportunities related to Infrastructure Development	- Number of people employed and receiving income through the EPWVP - Increased average duration of the work opportunities created	12,349	2025/26

ANNEXURE C: CONSOLIDATED INDICATORS

Table 56: Consolidated Outputs Indicators for Quality Assurance, Child Health and Woman's health in facility in Primary Health Care and Hospitals

Institution	Output Indicator (As per approved Standardised Indicators)	Annual Target 2026/27	Q1 target	Q2 target	Q3 target	Q4 target	Data Source
District Health Management (Clinics, CHCS & District Hospitals)	Patient Experience of Care survey rate	75%	-	75%	-	-	Patient Surveys
	Numerator	632		632			
	Denominator	842		842			
	Severity Assessment Code (SAC) 1 incident reported within 24 hours rate (Prog 4 Combined)	76%	76%	76%	76%	76%	Patient safety incident register
	Numerator	436	109	109	109	109	
	Denominator	577	144	144	144	145	
	Patient safety Incident (PSI) case closure rate	97%	97%	97%	97%	97%	Patient safety incident register
	Numerator	1 089	272	272	272	273	
	Denominator	1 126	281	281	282	282	
Provincial Hospital Services (Regional, TB & Psychiatric Hospitals)	Patient Experience of Care survey rate	100%	-	100%	-	-	Patient Surveys
	Numerator	15		15			
	Denominator	15		15			
	Severity Assessment Code (SAC) 1 incident reported within 24 hours rate (Prog 4 Combined)	94%	94%	94%	94%	94%	Patient safety incident register
	Numerator	405	101	101	101	102	
	Denominator	430	107	107	108	108	
	Patient safety Incident (PSI) case closure rate	96%	96%	96%	96%	96%	Patient safety incident register
	Numerator	847	211	212	212	212	
	Denominator	879	219	220	220	220	
Central, Tertiary & Specialised Tertiary Hospitals	Patient Experience of Care survey rate	100%	-	100%	-	-	Patient Surveys
	Numerator	4		4			
	Denominator	4		4			
	Severity Assessment Code (SAC) 1 incident reported within 24 hours rate (Prog 4 Combined)	99%	99%	99%	99%	99%	Patient safety incident register
	Numerator	300	75	75	75	75	
	Denominator	304	76	76	76	76	
	Patient safety Incident (PSI) case closure rate	100%	100%	100%	100%	100%	Patient safety incident register
	Numerator	796	199	199	199	199	
	Denominator	796	199	199	199	199	

ANNEXURE D: DISTRICT DEVELOPMENT MODEL

Table 57: DDM Projects

#	Work Streams	Project Name	Scope of Work	Budget Programme Name	District	Latitude	Longitude	Budget 2026/27	Budget 2027/28	Budget 2028/29	Project Leader	Social Partner
1.	Capital Infrastructure	Upgrading of Zithulele District Hospital - Construction of the Main Hospital Complex and Staff Accommodation	Replacement of existing hospital to a Level I District Hospital – Services to include: • 157 Bed Inpatient Facilities • General Male & Female Wards • Obstetric & Basic Gynaecology Inpatient Care • Paediatric Care • Infectious diseases Unit • General Outpatient Services • 24hr Emergency Unit • Clinical Support Services • Rehabilitation and sub-acute services • Gateway Clinic • Staff Accommodation	District Hospital	OR Tambo	32.04918228000	29.06018109000	R223 830 458	R 78 000 000	R 78 000 000	Manager Infrastructure	NDOH, ECDOH & COGTA
2.	Capital Infrastructure	Upgrading of Bambisana District Hospital - Construction of the Main Hospital	Phase I -Clinical Services, Infectious Diseases and General Ward, Theatre, Maternity and	District Hospital	OR Tambo	31.45045408000	29.45394919000	R102 000 000	R151 593 028	42 000 000	Manager Infrastructure	NDOH, ECDOH & COGTA

#	Work Streams	Project Name	Scope of Work	Budget Programme Name	District	Latitude	Longitude	Budget 2026/27	Budget 2027/28	Budget 2028/29	Project Leader	Social Partner
		Complex and Staff Accommodation	Clinical Support • Staff Accommodation Phase 2 – Paediatric Ward and Male General Ward Rehabilitation Unit Services Buildings (Laundry, Kitchen, Mortuary, Stores, Workshop and Waste Management									

ANNEXURE E: PROCESS FOR DEVELOPING THE 2026/27 ANNUAL PERFORMANCE PLAN

(APP)

In preparing for the development of the 2026/27 Annual Performance Plan, the Department conducted an internal and external environment scanning to inform the situation analysis. These following activities took place for the development of the 2026/27 Statutory planning documents.

- The retreat towards building leadership cohesion within the department - The target was the Extended Executive Management from 18-20 May 2025. The expected outcomes of the retreat were as follows:
 - ✓ Build a strong leadership & management team
 - ✓ Establish a culture of good governance
 - ✓ Build a team that is agile, responsive, innovative & promotes excellence
 - ✓ Prioritise achievable wins
 - ✓ Build respect, honesty, integrity & trust between leadership, staff and communities
 - ✓ Develop a leadership charter
- Programme and sub programme managers at provincial office were given the templates to start their plans in August 2025.
- Consultation sessions were conducted with relevant programme managers for inputs on the 2026/27 final list of Standardised Indicators for approval by the department during August 2025.
- All programme managers and sub programme managers were engaged for the development of their first draft 2026/27 APP during the month of September.
- Extended Top Management retreat to communicate the revised priorities was held on the 02-03 October 2025. The objectives of the retreat were:
 - ✓ To engage Extended Top Management on the emerging priorities for 2026/27 financial year towards
 - ✓ the development of the first draft 2026/27 Annual Performance Plan and resource allocation
 - ✓ To consider the best strategic options and define core interventions towards improving health
 - ✓ outcomes and increasing life expectancy
 - ✓ To present the road map towards the development of the 2026/27 Annual Performance Plan and
 - ✓ 2026/27 Operational Plan.
- Consolidation of all inputs from Programme managers and sub-programme managers were received and the first draft 2026/27 APP was developed.
- The first draft 2026/27 APP was submitted on the 15 October 2025 at OTP, Provincial Treasury and NDoH.
- Further consultations regarding the targeting in the 2026/27APP were conducted with the programme and sub programmes after the final budget allocation that needed clarity, those were NCD and Infrastructure during the month of February 2026.
- APP - Budget alignment session for the 3rd draft 2026/27 APP was conducted by Strategic Planning and Budget Planning units during the month of February 2026.
- Verification session of the indicators and alignment with TIDS was conducted by Strategic Planning, HIMS and M&E units during the month of February 2026.

- The vetting of the Final Draft 2026/27 APP was conducted by the executive management team during the month of March 2026.

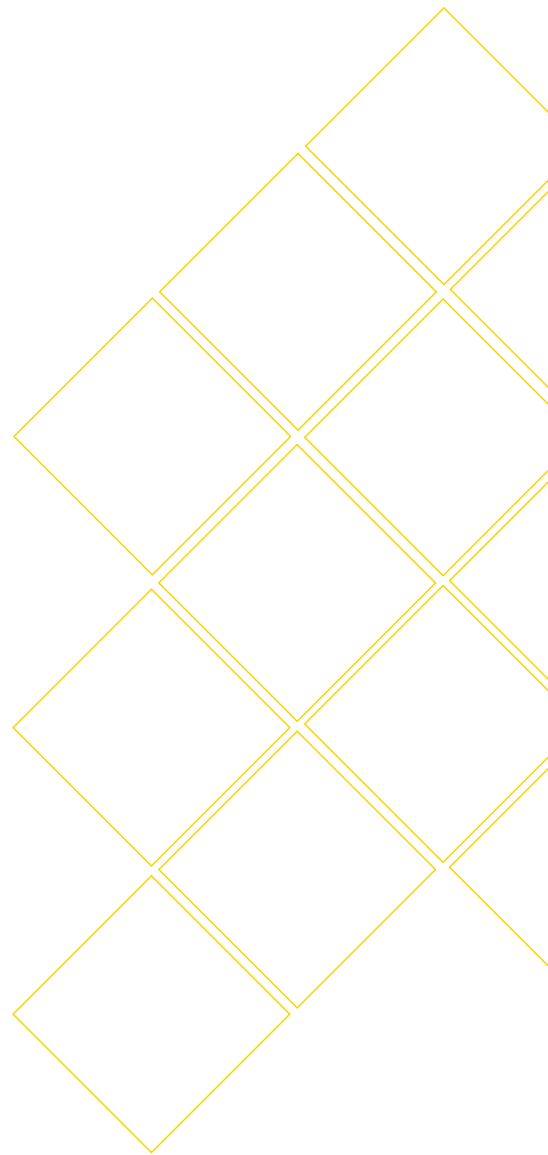
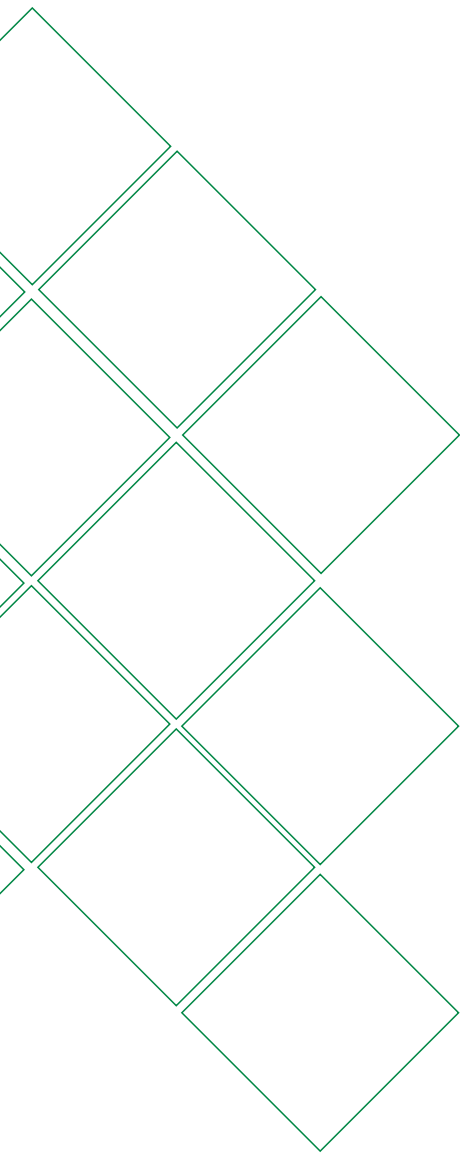
ANNEXURE F: PROGRAMME OUTPUTS RELATING TO WOMAN, YOUTH AND PEOPLE WITH DISABILITIES

Table 58: Woman, Youth and people with disabilities

Output Indicator	Programme / Sub Programme	Annual Target 2026/27
Output for Elderly and Children		
Cataract surgery rate	Sub program 2.4	400/1 000 000
Output for women		
Couple year protection rate	Sub program 2.7	55%
Antenatal 1 st visit before 20 weeks rate	Sub program 2.7	66%
Delivery in 10 – 14 years in facility	Sub program 2.7	320
Delivery 15-19 years in facility	Sub program 2.7	14 500
Mother postnatal visit within 6 days rate	Sub program 2.7	84%
Cervical cancer screening coverage	Sub program 2.7	46%
Output for Children		
Infant PCR test around 6 months uptake rate	Subprogram 2.7	45%
Immunisation under 1 year coverage	Subprogram 2.7	87%
MR 2 nd dose 1 year coverage	Subprogram 2.7	87%
Child under 5 years severe acute malnutrition case fatality rate	Subprogram 2.7	9.1%
Outputs for youth		
Number of students completed the 3 - year Diploma	Programme 6	189
Number of EMS Practitioners completed Emergency Care Qualification	Programme 6	20
Number of registrars qualified as specialist	Programme 6	37
Number of bursary students completed training	Programme 6	37
Number of youth placed on youth programs	Programme 6	2 369
Outputs for disability		
Wheelchair issued adult 19 years and older rate	Programme 7	70%
Wheelchair issued child 0-18 years rate	Programme 7	100%

CONCLUSION

This is the Final 2026/27 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 2025/26 – 2029/30 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.



Province of the
EASTERN CAPE
HEALTH

ANNUAL PERFORMANCE PLAN 2026/27 2028/29

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