









OPERATIONAL PLAN 2021-22

PART A: STRATEGIC FOCUS 8

1. INTRODUCTION AND OVERVIEW 8
2. CORE FUNCTIONS OF THE DEPARTMENT 8
3. VISION 8
4. MISSION 8
5. VALUES 8
6. OVERVIEW OF THE MAIN SERVICES 8
7. DIAGNOSTIC ANALYSIS 11

PART B – MEASURING OUR PERFORMANCE (PROVINCIAL DOH APP (PER BUDGET PROGRAMME)) 15

PROGRAMME 1: HEALTH ADMINISTRATION AND MANAGEMENT 15

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS) 47

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS) 78

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED) 85

PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS 95

PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST) 107

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS) 114

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM) 125

CONCLUSION 132

ABBREVIATIONS AND ACRONYMS

AIP	Audit Intervention Plan
APP	Annual Performance Plan
ART	Antiretroviral Therapy
BANC	Basic Ante Natal Care
BOD	Burden of disease
CCMDD	Central Chronic Medicine Dispensing and Distribution
CEO	Chief Executive officer
CF	Case Fatality
CFO	Chief Financial Officer
CHCs	Community Health Centres
CHW	Community Health worker
CIDB	Construction Industry Development Board
CMH	Cecilia Makhiwane Hospital
COVID 19	Corona Virus
CSSD	Central Sterile Supply Department
CQI	Continuous Quality Improvement
DCSTs	District Clinical Specialist Teams and General Practitioner
DDG	Deputy Director General
DDM	District Development Model
DHIS	District Health Information System
DHIMS	District Health Information Management System
DHS	District Health Services
DM	District Municipality
DMT	District Management Team
DOH	Department of Health
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECAC	Eastern Cape AIDS Council
ECSECC	Eastern Cape Socio-Economic Consultative Council
EDR-TB	Extreme Drug Resistance Tuberculosis
EMS	Emergency Medical Services
EPWP	Expanded programme on public works
ESMOE	Essential Steps in the Management of Obstetric Emergency
ETR	Electronic TB Register
GIAMA	Government Immovable Asset Management Act
GP	General Practitioner
HAST	HIV & AIDS, STI and TB control
HCSS	Health Care Support Services
HFM	Health Facilities Management
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMS	Hospital Management System
HPRS	Health Patient Registration System
HST	Health Sciences and training
HPTD	Health Professionals Training and Development (Grant)
HRM	Human Resource Management
HRD	Human Resource Development
HRH	Human Resources for Health
HT	Health Technology
ICRM	Ideal Clinic Realisation and Maintenance

ICT	Information and Communications Technology
IDMS	Infrastructure Delivery Management System
IDIP	Infrastructure Delivery Improvement Programme
IDPs	Integrated Development Plans
IMCI	Integrated Management of Childhood Diseases
IMR	Infant mortality rate
IPC	Infection prevention and control
ISHP	Integrated School Health Programme
LEDIS	Local Economic Development Implementation Strategy
MDGs	Millennium Developmental Goals
MDR-TB	Multi-drug resistant TB
MEC	Member of the Executive Council
METROs	Medical Emergency Transport and Rescue Organizations
MLSIP	Medico Legal Strategy Implementation Plan
MMR	Maternal mortality ratio
MOU	Maternal Obstetric Unit
MPL	Member of Provincial Legislature
MRC	Medical Research council
MTCT	Mother-To-Child-Transmission
MTSF	Medium Term Strategic Framework
PMTSF	Provincial Medium Term Strategic Framework
MTEF	Medium Term Expenditure Framework
NCCEMD	National Committee on Confidential Evaluation on Maternal Deaths
NCDs	Non-Communicable Diseases
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHA	National Health Act
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NHP	National Health Plan
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OD	Organisational Development
O&P	Orthotic and Prosthetic
OHH	Outreach Households
OHS	Occupational health and safety
OPD	Outpatient Department
OTP	Office of the Premier
PAJA	Promotion of Administration Justice Act
PAIA	Promotion of Access to Information Act
PCR	Polymerase Chain Reactive
PDE	Patient Day Equivalent
PDMT	Provincial District Management Team
PDP	Provincial Development Plan
PEC	Patient experience of care
PEPFAR	Presidential Emergency Programme Fund for Aids Relief
PERSAL	Personnel and Salaries
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMIS	Project Management Information system
PMTCT	Prevention of Mother-To-Child Transmission
PMTSF	Provincial Medium Term Strategic Framework
PPE	Personal protective equipment
PPPs	Public-Private Partnerships

PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Management
PSI	Patient Safety Incident
QIPs	Quality Improvement Plans
RDP	Reconstruction and Development Programme
RPHC	Re-engineering the Primary Health Care System
SADHS	South African Demographic Household Survey
SAHR	South African Human Rights
SARS- Cov	Severe Acute respiratory syndrome corona virus
SD	Status Determinations
SDGs	Sustainable Development Goals
SCM	Supply Chain Management
SIU	Special Investigating Unit
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SOPA	State of the Province Address
SVS	Stock Visibility Solution
Stats SA	Statistics South Africa
TB	Tuberculosis
THIS	TB HIV information system
TROA	Total clients remaining On ART

LIST OF TABLES

Table 1: Summary of payments and estimates by programme
Table 2: Summary of provincial payments and estimates by economic classification
Table 3: Quarterly Targets and planned activities for the Office of the MEC
Table 4: Quarterly Targets and planned activities for Health Management
Table 5: Summary of payments and estimates by sub programme: Programme 1: Administration
Table 6: Summary of payments and estimates by economic classification: P1 – Administration
Table 7: Quarterly Targets and planned activities for District Management
Table 8: Quarterly Targets and planned activities for Clinics
Table 9: Quarterly Targets and planned activities for CHCs
Table 10: Quarterly Targets and planned activities for Non communicable diseases
Table 11: Quarterly Targets and planned activities for Other community base services
Table 12: Quarterly Targets and planned activities for HAST
Table 13: Quarterly Targets and planned activities for MCWH&N
Table 14: Quarterly Targets and planned activities for Coroner Services
Table 15: Quarterly Targets and planned activities for District Hospital
Table 16: Summary of payments and estimates: P2 - District Health Services
Table 17: Summary of payments and estimates by economic classification: P2 - District Health Services
Table 18: Quarterly Targets and planned activities for EMS
Table 19: Summary of payments and estimates: P3 - Emergency Medical Services
Table 20: Summary of payments and estimates by economic classification: P3 - Emergency Medical Services
Table 21: Quarterly Targets and planned activities for Regional Hospital
Table 22: Quarterly Targets and planned activities for Specialised TB Hospital
Table 23: Quarterly Targets and planned activities for Specialised Psychiatric Hospitals
Table 24: Summary of payments and estimates: Programme 4 - Provincial Hospital Services
Table 25: Summary of payments and estimates by economic classification: P4 - Provincial Hospital Services
Table 26: Quarterly Targets and planned activities for Central Hospital
Table 27: Quarterly Targets and planned activities for Tertiary Hospitals
Table 28: Quarterly Targets and planned activities for Specialised Tertiary Hospital
Table 29: Summary of payments and estimates: P5 - Central Hospital Services
Table 30: Summary of payments and estimates by economic classification: P5 - Central Hospital Services
Table 31: Quarterly Targets and planned activities for Health Science and Training
Table 32: Summary of payments and estimates: P6 - Health Sciences and Training
Table 33: Summary of payments and estimates by economic classification: P6 - Health Sciences and Training
Table 34: Quarterly Targets and planned activities for Health care support
Table 35: Summary of payments and estimates: P7 - Health Care Support Services
Table 36: Summary of payments and estimates by economic classification: P7 - Health Care Support Services
Table 37: Quarterly Targets and planned activities for Health facilities management
Table 38: Summary of payments and estimates: P8 - Health Facilities Management
Table 39: Summary of payments and estimates by economic classification: P8 - Health Facilities Management











PART A

STRATEGIC FOCUS

PART A: STRATEGIC FOCUS

1. INTRODUCTION AND OVERVIEW

Summary of departmental allocation

R'000	
To be appropriated by Vote in 2021/22	R26 430 588
Responsible MEC	MEC of Health
Administrating Department	Department of Health
Accounting Officer	Head of Department

2. CORE FUNCTIONS OF THE DEPARTMENT

The core competency of the Provincial Department of Health is the provision of health services, in other words, promotive, preventative, curative and rehabilitative health services

3. VISION

Optimal health outcomes for the people of the Eastern Cape Province

4. MISSION

To attain universal health coverage for the people of the Eastern Cape Province, through primary health care approach utilising resources efficiently, to enable present and future generations to achieve optimal health outcomes and quality.

5. VALUES

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

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

6. Overview of the main services

The Department operates through 8 programmes whose activities are spread out within 3 main branches i.e. Corporate Service Branch, Clinical Branch and Finance Branch. The core business of the Department is driven through Programme 2 (District Health Services), Programme 4 (Provincial Hospital Services) with the remainder of the programmes offering the necessary support. This operational plan is based on the 2021/22 Annual Performance Plan of the Department and reflects the activities that the Department will engage during 2021/22 financial

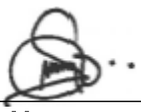
year. Monitoring and evaluation to determine if the targets outlined in the plan have been attained, will be made through quarterly and annual reports including the In- Year monitoring system.

This is 2021/22 Operational Plan for the Eastern Cape Department of Health as approved below:

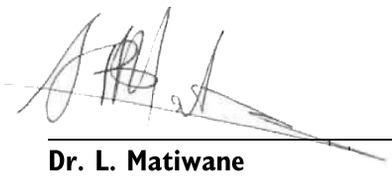
OFFICIAL SIGN-OFF OF THE 2021/22 OPERATIONAL PLAN

It is hereby certified that this Operational Plan:

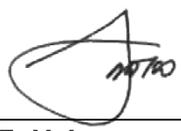
- Was developed by the management of the Eastern Cape Department of Health under the guidance of MEC for Health, Hon. N. Meth, MPL,
- Takes into account all the relevant policies, legislation and other mandates for which the Eastern Cape Province is responsible
- Accurately reflects the Outcomes and Outputs which the Eastern Cape Department of Health will endeavor to achieve over the period 2021/22 financial year



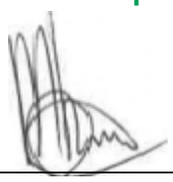
Mrs. N. Mavuso
Programme Manager: 1, 6, & 8



Dr. L. Matiwane
Programme Manager: 2, 3, 4, 5 & 7



Dr. S.T. Moko
Head Official responsible for Planning

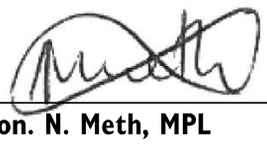


Mr. M. Daca
Chief Financial Officer



Dr. S. Zungu
Acting Accounting Officer

Approved by:



Hon. N. Meth, MPL
Member of the Executive Council

7. DIAGNOSTIC ANALYSIS

Overview of the Province

The Eastern Cape is divided into two metropolitan municipalities (Buffalo City Metropolitan Municipality and Nelson Mandela Bay Metropolitan Municipality) and six district municipalities, which are further subdivided into 31 local municipalities. It is the second-largest province in South Africa by surface area and has the third largest population. According to Stats SA 2020 mid-year estimates, the Eastern Cape has a population of 6 734 001 and covers an area of 168 966km². About 36.6 % of the population are children 15 years and younger. Between the 2011 Census and the 2020 mid-year estimates, the total population of the Eastern Cape increased from 6 562 million to 6.734 million (2.6 %) and constitutes a share of 11.4% to the SA population.

The Eastern Cape's main feature is its spectacular coastline bordering the Indian Ocean. The fertile Lang Kloof Valley in the south-west has enormous deciduous fruit orchards, while the Karoo interior is an important sheep-farming area. The Alexandria-Makhanda area produces pineapples, chicory, and dairy products, while coffee and tea are cultivated at Magwa. People in the former Transkei region are dependent on the farming of cattle, maize, and sorghum.

The economies of Nelson Mandela Bay Metro and Buffalo City Metro are based primarily on manufacturing, the most important industry being motor manufacturing. The province is the hub of South Africa's automotive industry.

4. MTEF budgets

Table 1: Summary of payments and estimates by programme.

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2020/21
R thousand	2017/18	2018/19	2019/20		2020/21		2021/22	2022/23	2023/24	
1. Administration	589 458	694 832	600 813	720 803	687 418	655 476	791 566	724 901	750 329	20,8
2. District Health Services	11 342 496	12 779 800	13 640 040	13 676 205	14 146 639	15 224 347	14 245 892	13 365 504	13 624 995	(6,4)
3. Emergency Medical Services	1 279 087	1 273 093	1 277 761	1 431 884	1 340 520	1 335 394	1 304 848	1 299 392	1 323 625	(2,3)
4. Provincial Hospital Services	3 488 361	3 835 551	4 026 399	3 557 063	3 537 325	3 976 146	3 339 400	3 266 786	3 366 843	(16,0)
5. Central Hospital Services	3 471 073	3 749 152	4 329 290	4 618 025	4 785 653	4 829 547	4 372 654	4 355 280	4 453 642	(9,5)
6. Health Sciences And Training	727 692	776 535	728 562	906 026	863 891	818 221	928 658	912 781	913 911	13,5
7. Health Care Support Services	99 998	110 060	101 329	130 869	188 856	169 241	173 245	127 845	116 489	2,4
8. Health Facilities Management	1 274 514	1 253 296	1 496 307	1 349 703	1 896 076	1 792 052	1 274 325	1 287 515	1 319 655	(28,9)
Total payments and estimates	**22 272 679**	**24 472 319**	**26 200 501**	**26 390 578**	**27 446 377**	**28 800 424**	**26 430 588**	**25 340 004**	**25 869 489**	**(8,2)**

Table 2: Summary of provincial payments and estimates by economic classification.

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2020/21
R thousand	2017/18	2018/19	2019/20		2020/21		2021/22	2022/23	2023/24	
Current payments	**20 347 078**	**22 121 145**	**23 829 297**	**24 568 223**	**24 984 899**	**25 634 125**	**24 673 066**	**23 694 552**	**24 258 589**	**(3,7)**
Compensation of employees	14 558 949	15 980 940	17 154 718	18 348 000	17 584 489	18 404 755	17 116 280	17 098 125	17 654 108	(7,0)
Goods and services	5 784 042	6 110 829	6 650 052	6 220 223	7 400 410	7 228 781	7 556 786	6 596 427	6 604 481	4,5
Interest and rent on land	4 087	29 376	24 527	–	–	589	–	–	–	(100,0)
Transfers and subsidies to:	**689 345**	**1 051 664**	**957 621**	**235 546**	**265 529**	**1 100 089**	**308 056**	**337 902**	**352 769**	**(72,0)**
Provinces and municipalities	313	3 091	–	–	–	–	–	–	–	
Departmental agencies and accounts	11 013	11 856	12 263	13 058	13 058	13 058	10 649	18 844	19 673	(18,4)
Non-profit institutions	7 278	17 566	9 060	8 495	8 495	8 495	-4 336	15 010	15 670	(151,0)
Households	670 741	1 019 151	936 298	213 993	243 976	1 078 536	301 743	304 048	317 426	(72,0)
Payments for capital assets	**1 236 256**	**1 287 172**	**1 413 583**	**1 586 809**	**2 195 949**	**2 066 210**	**1 449 466**	**1 307 550**	**1 258 131**	**(29,8)**
Buildings and other fixed structures	637 152	912 450	1 060 483	935 918	1 385 479	1 330 189	619 937	669 598	653 487	(53,4)
Machinery and equipment	599 104	374 722	353 100	650 891	810 470	736 021	829 529	637 952	604 644	12,7
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**12 338**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**22 272 679**	**24 472 319**	**26 200 501**	**26 390 578**	**27 446 377**	**28 800 424**	**26 430 588**	**25 340 004**	**25 869 489**	**(8,2)**

Table 1 and 2 above show the summary of payments and estimates per programme and economic classification. The total payments grew from R22.272 billion in 2017/18 to a revised estimate of R28.800 billion in 2020/21. In 2021/22, the budget is declining by 8.2 per cent from R28.800 billion to R26.430 billion when compared to the 2020/21 revised estimate due to national and provincial adjustments.

Compensation of employees shows a decrease of 7 per cent from R18.404 billion to R17.116 billion when compared to the 2020/21 revised estimate as a result of 2020 wage freeze reductions and overall fiscal consolidation reductions.

Goods and services show a positive growth of 4.5 per cent from R7.228 billion to R7.556 billion when compared to the 2020/21 revised estimate due to the additional funding allocated for COVID-19 Health Sector Support.

Transfers and subsidies show a negative growth of 72 per cent from R1.100 billion to R308.056 million when compared to the 2020/21 revised estimate due high revised estimate as result of payment of medico legal claims.

Payments for capital assets show a negative growth of 29.8 per cent from R2.066 billion to R1.449 billion when compared to the 2020/21 revised estimate due to overall fiscal consolidation reductions.











PART B

MEASURING OUR PERFORMANCE (PROVINCIAL DOH APP (PER BUDGET PROGRAMME))











PROGRAMME I

HEALTH ADMINISTRATION AND MANAGEMENT

PART B – MEASURING OUR PERFORMANCE (PROVINCIAL DOH OPERATIONAL PLAN PER BUDGET PROGRAMME)

1. PROGRAMME: HEALTH ADMINISTRATION AND MANAGEMENT

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

1.1 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

Table 3: Quarterly Targets and planned activities for the Office of the MEC

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Statutory planning and reporting document published	Statutory document submitted	Development and Submission of Statutory documents	Number of statutory documents tabled at Legislature	Copies of the documents	8 statutory documents	5 statutory documents	8 statutory documents	-	1	2	5

1.2 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 (branches) as listed below:

Finance Branch

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

Corporate Services Branch

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

Hospital and Clinical Support Management Branch

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

District Health Services Management Branch

- District Health Support
- Communicable Diseases
- Health Programmes

Table 4: Quarterly Targets and planned activities for Health Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: CFO, Mr M. Daca											
Unqualified Audit Opinion Achieved	Audit opinion of provincial DOH achieved	Development of Integrated Audit Improvement Strategy (IAIS) and implementation Bi-monthly meetings to report on implementation of the IAIS Monthly reports submitted to Provincial Treasury	Audit opinion	Documented Evidence: Annual Report Auditor General's Report	Unqualified	Unqualified	Unqualified	-	Unqualified	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Improve financial management	Improved access to essential medicines, vaccines and medical products through better management of supply chain accruals reduced	Development of contracts for Procurement of Non-contracted medical & Surgical items Monthly & Quarterly Procurement plan reports	Approved Annual Procurement Plan	Final approved procurement plan & Quarterly Procurement plan reports	New Indicator	1st Draft submitted to Provincial Treasury	Approved Annual Procurement Plan	-	1st draft	2nd draft	Approved Annual Procurement Plan
Quality of health services improved	Increased revenue collection	Enhance revenue collection from the identified sources.	Amount Revenue generated (R)	Financial management system	242 mil	125 mil	284 mil	65 mil	72 mil	72 mil	75 mil
Responsibility Manager: Chief Director CS , Ms N. Maseko											
Health facilities accredited for NHI	Compliance to Occupational health and safety regulations	Ensure compliance to Occupational health and safety regulations	Percentage of Health facilities compliant with Occupational Health and Safety	Ideal facility tool	New Indicator	19.2%	28.6%	21.4%	23.8%	26.2%	28.6%
			Numerator			165	249	186	207	228	249
			Denominator			858	868	868	868	868	868

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Security incidents in health facility reduced	Security incidents reported	Installation of CCTV cameras in health facilities Training of security personnel	Number of security incidents reported	Security incident register or logbook	New Indicator	2	2	2	2	2	2
Contingent liability of medico-legal cases reduced	Medico legal ca reduced	Continuous monitoring of labour Caesarean section intervention for foetal distress Implement electronic record management system	% reduction of Contingent liability of medi -legal cases	Medico-legal case manageme nt system	New Indicator	10%	10%	10%	10%	10%	10%
Responsibility Manager: Chief Director IHRM, Ms B. Caga											
Holistic Human Resources for Health	Approved coste HRH Strategy to creat share vision to r NHI	Facilitate the development and approval of the HRH strategy	Holistic Human Resources for Health(HRH) strategy approv	HRH strategy	New Indicator	Approved HRH Strategy	Approved HRH Strategy	-	-	-	Approved HRH Strategy
			Vacancy rate			12.4 %	12%	-	-	-	12%
						6 211	5 977				5 977

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
(HRH) strategy and plan finalized with costing, and used as the basis for ongoing planning improved						49 810	49 810				49 810
Responsibility Manager: Chief Information Officer, Ms N. Gumede											
Data quality management improved	Invest on HPRS & HMS2 services Procure ICT infrastructure Including servers Procure routers ICT equipment	Identification of sites per district Submission of prescribed forms Implementation, commissioning and monitoring	Percentage of Hospitals with broadband access	Networks reports that confirm availability of broadband or Network rollout report for sites that are not yet live	100%	100%	100%	100%	100%	100%	100%
			Numerator		89	89	89	89	89	89	89
			Denominator		89	89	89	89	89	89	89
			Percentage of fixed PHC facilities with broadband access		56%	97.5%	100%	100%	100%	100%	100%
			Numerator		428	752	775	775	775	775	775
			Denominator		768	771	775	775	775	775	775
CORPORATE SERVICES											

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	To facilitate effective management in order to improve provision of health services	Receive requests for information Respond to requests Notice Of Motion or Application To Compel Provide medical records to attorneys Report statistics to SAHRC / OTP	Compliance with PAIA	Proof of compliance and requests file	60%	60%	100%	100%	100%	100%	100%
		Design of statutory documents Uploading Stat documents on the departmental website.	Number of statutory documents designed	Approved Designed statutory documents	6	2	8	-	1	2	5

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Advise labour on legal matters Sourcing of legal support	% of cases completed within 90 days from initiation	Case Files	100%	100%	100%	100%	100%	100%	100%
	Trend analysis implemented	Analysis of medico legal trends Advise management on trends and recommend solutions Report on statistics Outreach Legal Training	% implementation of trend analysis recommendations	Opinions on legal claims	70%	70%	90%	90%	90%	90%	90%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	PDMS policy implemented,	Submission of work plans and performance agreements on time and loading on persal	% PMDS capturing on Persal	PMDS File	100%	100%	100%	100%	100%	100%	100%
	Compliance to the MISS policy	Screening of shortlisted candidates and service providers Vetting of employees implementation of the MISS outputs as reflected in the SMS handbook	% of compliance to MISS outputs	Screening and Z204 forms & Registers.	100%	100%	100%	100%	100%	100%	100%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Approved Fina disclosure avai	Developing provincial policy linked to the National policy Submission of the policy for approval.	Approved Financial disclosure policy	Approved Policy	New Indicator	New indicator	Approved Plan	1st Draft	2nd Draft	Final Draft	Approved Plan
	Availability of clinical records	Procure clinical records for all PHC facilities Conduct visits to facilities to check the availability of cards Facilitate training on using the cards	Availability of patient clinical records at all PHC facilities	Orders file Attendance register file	New indicator	New Indicator	100%	100%	100%	100%	100%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Appropriate fil system	Developing departmental filing plan Submission of departmental filing plan for approval.	Approved Filing plan	Approved departmental filing plan	New Indicator	New indicator	Approved Plan	1st Draft	2nd Draft	Final Draft	Approved Plan
	Reviewed polic in all facilities	Ensure availability of the RMP in all facilities Printing and distribution of the policy to facilities.	Availability of copies of reviewed RMP in all facility	Approved Records Management Policy	30%	50%	100%	100%	100%	100%	100%
	Compliance to records manage policy	Decanting Archiving Digitization	Number of facilities compliant to records management policy	Digitized records report	0	0	26	6	10	5	5

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Availability of communicatior policy to impro communicatior	Developing provincial policy linked to GCIS policy Submission of the policy for approval.	Approved communicatio n policy	Approved Policy	New Indicator	New indicator	Approved Plan	1st Draft	2nd Draft	Final Draft	Approved Plan
	Availability of approved legal services strateg	Developing provincial policy linked to National policy Submission of the policy for approval	Approved Legal Services Strategy	Approved Policy	New Indicator	New indicator	Approved Plan	1st Draft	2nd Draft	Final Draft	Approved Plan

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Complaints and queries resolve referred	Professional Handling of Inbound & Outbound Calls Quality Monitoring of Agents Performance and SLA Effective Recording and logging, tracing of customer cases Measurement of Customer Satisfaction Index	Number of queries/calls received by Contact Centre	CRM, CCM &Truelog SOP	600 000	800 000	1000 000	250 000	250 000	250 000	250 000
		Track the report of all cases referred for Legal opinion & Ombudsman	% of queries referred	CRM, CCM &Truelog	50%	50%	100%	100%	100%	100%	100%
Special programme : Responsibility Manager: Chief Director Ms A.N. Nkosi											

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Provide ov for the department though advocating accessible and work environmer is responsiv the needs and concerns of the desig groups.	Availability of SPU guidelines	Develop the document on guidelines for SPU Consult with relevant internal and external stakeholders	Approved SPU guidelines	Approved SPU guidelines	New Indicator	New Indicator	Approved SPU guidelines	1st Draft	2nd Draft	Final Draft	Approved SPU guidelines

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Develop and Submit the following reports Progress report on Job access strategy to DPSA x2 Gender strategic framework plan and report X1 Submit quarterly reports to OTP on SPU x 4 Gender equality report to DPSA x2 Youth Accord report to OTP x2 PSWMW report to DPSA x1	Number of mandated SPU reports submitted	Signed Submission letters	11	11	12	5	1	3	3

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Implementation disclosure disability	Visit districts and educate on disability disclosures Workshops Distribution of material on disability disclosures.	Number of campaigns conducted on disability disclosure	Disclosure Forms database Registers and Reports	New Indicator	New Indicator	4	1(H/O)	1 (Chris Hani)	1(BCM)	1(Amathole)
	Disability polic implemented	Visit tertiary institutions for career exposure on disability Develop database on students with disability	Number of disability campaigns conducted	Registers Reports	New Indicator	New Indicator	4	1	1	1	1
		Conduct Imbizos/Dialogues Distribute material on all SPU desks Facilitate services on wheels events	Number of health awareness campaigns conducted	Registers Reports	4	4	4	1	1	1	1

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Compliance to skills developn	Identify the youth in need of skills training and recommend to relevant stakeholders	Number of sessions conducted on youth skills development	Sessions Reports Registers	1	1	1	1	-	-	-
	Compliance to Sexual Harassr policy	Conduct sessions on the policy through district visits. Distribute copies of the policy to all employees	Number Sexual Harassment policy roll out sessions	Reports and Attendance registers	New Indicator	1	4	1	1	1	1
	Platforms for n debate on issue gender created	Creating platforms for men to debate issues of gender based violence in each district.	Number of men's forum launched	Reports from fully functional structure	2	0	3	-	1	1	1

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Conduct sessions on the HOD's 8 point principle plan for women empowerment around the province	Number of sessions conducted	Report and Registers	New Indicator	1	1	-	1	-	-
Quality Assurance & Quality Assurance: Responsibility Manager: Chief Director B. Msibi											
	To promote Customer Care Culture in line with Batho Pele and Patients Charter	Development of SOP's for functional areas, Namely: Service waiting time,	Approved provincial policy on service waiting times management	Availability of Signed SOP"s	New Indicator	New indicator	Approved provincial policy on service waiting times management	1st Draft	2nd Draft	3rd Draft	Approved provincial policy on service waiting times management
		Conduct Batho Pele Change Management and Engagement Program. Prepare information to be distributed.	Number of Batho Pele Change Management Training Sessions.	Report Attendance registers	New Indicator	New indicator	8	-	1	2	5

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Support facilities BathoPele tools for baseline and development of QIPS	Percentage of facilities compliant with BathoPele	Report QIPs	New Indicator	New Indicator	100%	100%	100%	100%	100%
	Facilitate the Implementation Norms & Stand framework for attainment of Q Health Care Se	Facilitate trainings to empower officials for purposes of the development of Quality improvement plans	Number of trainings conducted on Quality improvement plans	List of officials trained, attendance registers and course content outline.	New Indicator	New Indicator	8 Districts trained on IPC	2 districts trained	2 districts trained	2 districts trained	2 districts trained
		Facilitate the development of Quality Learning Centres	Number of quality learning centres established	List of approved facilities Reports	New indicator	New indicator	6	1	2	2	1
		Facilitate the development of district Quality/IPC forums	8 district quality and IPC forums established	Approved memos and appointment letters from the districts	New indicator	New indicator	8 District quality and IPC forums establishe d	2	2	2	2

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Facilitate the development of Quality Learning Centres Technical Working Group for facilities	6 Technical working group established	New indicator	New indicator	New indicator	6	1	2	2	1
		Facilitate the implementation of Infection Prevention and Control (IPC)	% of facilities implementing IPC strategies	Approved Standard Operating Procedures (SOP's) for IPC	5%	35%	100%	100%	100%	100%	100%
		Facilitate the implementation of Infection Prevention and Control (IPC)	Number of IPC risk assessment conducted	Copy of risk assessment reports	10 facilities assessed on risk assessment	10 facilities assessed on risk assessment	40 facilities assessed on IPC risk assessment	10 facilities assessed	10 facilities assessed	10 facilities assessed	10 facilities assessed
		Facilitate the implementation of Infection Prevention and Control (IPC)	Number of IPC trainings conducted	Attendance registers	Master trainers trained	New indicator	8 Districts trained on IPC	2 districts trained	2 districts trained	2 districts trained	2 districts trained

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Development of Clinical Audit tools	Number of Clinical Audit tools developed	Approved tools	New indicator	New indicator	5	1	1	2	1
		Facilitate the implementation of patient safety incident (PSI)reporting	Number of PSI reports generated	Approved PSI reports	New indicator	New indicator	4	1	1	1	1
		Initiate trainings roadshow on PSI identification and reporting by health professionals.	No of districts trained on PSI identification and reporting	Attendance register and training content.	PSI electronic system	- New indicator	8 Districts trained on	2 districts trained	2 districts trained	2 districts trained	2 districts trained
Responsibility Manager: Chief Director SOP, Dr S.T. Moko											

Leadership and governance in the health sector enhanced to improve quality of health care	Statutory documents developed and submitted to legislature.	Conduct environmental and Organisational scanning Facilitate sessions to develop departmental statutory and turn around plans Customize & Distribute the plan's templates. Consolidate the inputs into the plans. Conduct consultation sessions. Prepare tender for final printing. Submit to the Top management for vetting Submit to the Office of the MEC for approval. Print the approved	Number of ISP statutory documents approved	Submission letters Tabling letter	2 App OP	2nd Draft APP submitted	2 APP OP	-	1st Draft APP	2nd Draft APP	2 Approved statutory documents (APP & OP)

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		plans and submit to the legislature.									
Quality of health services improved	Planners forum hosted	Host Provincial Planners, Monitoring, & Evaluation Forum.	No of provincial planners, monitoring and evaluation forum hosted.	Planners and Monitoring & Evaluation forum Report	1 planner's forum hosted	1 planner's forum hosted.	2	-	1	-	1

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Quality of health services improved	2022/23 DHP submitted to National	Offer technical support to district health planning 8 capacity building sessions on revised DHP framework for 8 districts. Circulate Standardized DHP template to all districts. Assessment of 8 DHPs and feedback to the districts	Number of 2022/23 DHPs submitted	Submission letter to NDOH.	2019/20 DHP s for eight districts submitted to NDOH	2022/23 DHP s submitted to NDOH	2022/23 DHP for 8 districts	-	Eight 1st Drafts DHPs submitted	Eight 2nd Drafts DHPs submitted	Eight final DHPs submitted

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Quality of health services improved	To compile, coordinate and submit all mandatory reports on prescribed dates	Development and submission of quarterly reports on prescribed dates to OTP, Treasury and Legislature Take an initiative in preparation of provincial quarterly reviews	Number of Quarterly reports submitted	Signed memos by relevant authorities and documents copies	8	8	12	4	4	4	-
	To coordinate the pre-determined objectives for Quarterly, Mid -year and Annual Reports	Development and submission of Draft Annual Performance Report and Final Annual Report 2020/21 on prescribed dates and submission to Treasury, AGSA and Legislature	Number of M+E Statutory document submitted	Signed memos by relevant authorities and documents copies	2	2	1	Draft Annual Performance Report 2020/21 submitted	Final Approved Annual Performance Report 2020/21 submitted	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
11.Robust and effective health information systems to automate business processes and improve evidence based decision making	To coordinate the pre-determined objectives for Quarterly, Mid -year and Annual Reports 1. Effective Health Information Managements Systems Implemented	Develop templates and facilitate the compilation of portfolio of evidence for Quarterly, Mid-year and Annual Reports. Respond to Internal Audit queries and provide relevant and comprehensive evidence. To communicate audit findings to relevant programme managers Support managers on M & E systems at facility level, To improve quality of data	Number of Programmes submitted Portfolio of Evidence		8	7	8	-	8	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Measure Timeliness, Submission and Completeness of data from Health facilities in compliance with revised facility SOP and NIDS 2020.	Percentage of health facilities reported time	Pre-submission report	94%	96%	98%	95%	96%	97%	98%
		Measure reporti health facilities that complied with absolute validati rules	Percentage of Health Facilities complied with absolute validation rules.	Data validation and outlier report	75%	75%	80%	80%	80%	80%	80%
		Compile Pre-submission data verification report Ensure timely and appropriate response to data request	Number of Pre-submission verification rep compiled	Pre-submission report Evidence of data request	12	12	12	3	3	3	3

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Convene NIDS 2020 and aligned Data Collection Tools training workshops and training of registers	Number of Districts trained on NIDS 2020	Attendance register and reports	8	8	8	2	2	2	2
		Institutionalise DHIMS Policy, SOP's and NIDS by capacitating Programme Managers, Clinicians, CEOs, Operational Managers, Information personnel clerks, EMS and EHS practitioners. Facilitate and prepare logistics for the virtual workshop	Number of workshops conducted	Attendance register and reports	New Indicator	New Indicator	10	2	3	3	2

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Contribution towards achievement of an unqualified audit opinion in 2021/22	- HIMS Audit intervention plan developed	Approved HIMS Audit intervention plan.	Availability of Approved HIMS Audit intervention plan.	Available Approved HIMS Audit Intervention Plan	HIMS Audit intervention plan developed for 2020/2021	HIMS Audit intervention plan developed for 2021/2022	-	-	1	-
Maintain and Provide Information Systems Support	Departmental Information Systems supported and maintained	-Maintain System functionality -Render capacity and training on DHIS, THIS, EVDS, HPRS, DATCOV, Hospital Covid 19 collection System etc.	Information System support provided	-Systems Reports availability -Attendance Registers for capacity building and training	Information Systems Supported and Capacity Rendered	Health Information Systems Supported and Capacity Rendered to users	2 x Capacity Building.	2 sessions Per HIMS 1x Report per System	2 Sesssions Per HIMS 1x Report per System	2 Session Per HIMS 1x Report Per System	2 Session Per HIMS 1x Report Per System

1.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 5: Summary of payments and estimates by sub programme: Programme 1: Administration

R thousand	Outcome 2017/18	2018/19	2019/20	Main appropriation	Adjusted appropriation 2020/21	Revised estimate	Medium-term estimates 2021/22	2022/23	2023/24	% change from 2020/21
1. Office Of The Mec	6 056	9 262	7 800	9 536	10 370	11 447	8 259	8 644	8 808	(27.9)
2. Management	583 402	685 570	593 013	711 267	677 048	644 029	783 307	716 257	741 521	21.6
Total payments and estimates	**589 458**	**694 832**	**600 813**	**720 803**	**687 418**	**655 476**	**791 566**	**724 901**	**750 329**	**20.8**

Table 6: Summary of payments and estimates by economic classification: P1 – Administration

R thousand	Outcome 2017/18	2018/19	2019/20	Main appropriation	Adjusted appropriation 2020/21	Revised estimate	Medium-term estimates 2021/22	2022/23	2023/24	% change from 2020/21
Current payments	**580 128**	**681 305**	**590 647**	**712 215**	**675 036**	**643 986**	**765 006**	**697 291**	**722 168**	**18.8**
Compensation of employees	390 869	414 236	426 063	507 736	427 416	429 791	464 830	424 285	455 580	8.2
Goods and services	188 964	266 664	164 084	204 479	247 620	213 606	300 176	273 006	266 588	40.5
Interest and rent on land	295	405	500	–	–	589	–	–	–	(100.0)
Transfers and subsidies to:	**3 226**	**4 183**	**3 979**	**1 797**	**3 687**	**3 774**	**1 896**	**1 985**	**2 072**	**(49.8)**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	3 226	4 183	3 979	1 797	3 687	3 774	1 896	1 985	2 072	(49.8)
Payments for capital assets	**6 104**	**9 344**	**6 187**	**6 791**	**8 695**	**7 716**	**24 664**	**25 625**	**26 089**	**219.6**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	6 104	9 344	6 187	6 791	8 695	7 716	24 664	25 625	26 089	219.6
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**589 458**	**694 832**	**600 813**	**720 803**	**687 418**	**655 476**	**791 566**	**724 901**	**750 329**	**20.8**

Tables 5 and 6 above show the summary of payments and estimates from 2017/18 to 2020/21 and over the 2021 MTEF period per sub-programme and economic classification. The programme's total expenditure increased from R589.458 million in 2017/18 to a revised estimate of R655.476 million in 2020/21. In 2021/22, the budget increases by 20.8 per cent from R655.476 million to R791.566 million when compared to the 2020/21 revised estimate.

Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of employees shows a positive growth of 8.2 per cent from R429.791 million to R464.830 million when compared to the 2020/21 revised estimate due provision of critical vacant funded posts and pay progression.

Goods and services show a positive growth 40.5 per cent from R213.606 million to R300.176 million when compared to the 2020/21 revised estimate due to provision ICT infrastructure replacement project.

Transfers and subsidies show a negative growth of 49.8 per cent from R3.774 million to R1.896 million when compared to the 2020/21 revised estimate due to reduction in the payment of leave gratuities.

Payments for capital assets show a positive growth of 219.6 per cent from R7.716 million to R24.6644 million when compared to the 2020/21 revised estimate due to payment of ICT accounts in relation to maintenance and replacement of computer equipment, SITA data lines, desktops and computers, network for BAS, LOGIS and PERSAL.











PROGRAMME 2

DISTRICT HEALTH SERVICES (DHS)

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Programme purpose

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

Programme description

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

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

2.1 District Management
2.2 Community Health Clinics
2.3 Community Health Centres (CHCs)
2.4 Community-based Services
2.5 Public Health / Other Community Based Services
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, evaluation and reporting as per provincial and national policies and requirements.

Table 7: Quarterly Targets and planned activities for District Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
9. Leadership and governance in the health sector enhanced to improve quality of care	Districts Quality Improvement; Monitoring and Response Forums established	Districts to establish Quality Improvement; monitoring and Response The Forums to convened quarterly	Number of Districts with Quality Improvement; monitoring and Response Forums formalized and convened quarterly	Reports Attendance register	New Indicator	8	8	8	8	8	8
6. Quality of health services improved	Supervision of fixed PHC facilities.	Develop Provincial PHC supervision guidelines	% of Fixed PHC Facilities Supervised	Reports	New Indicator	97.8%	65%	65%	65%	65%	65%
			Numerator			754	503	503	503	503	503
			Denominator			771	775	775	775	775	775

2.2 Sub-Programme: Clinics

Sub- Programme purpose

The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority health programmes through accessible fixed clinics, outreach services (reengineering of PHC services) and mobile services in 26 sub-districts.

Table 8: Quarterly Targets and planned activities for Clinics

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	PHC facilities that qualify as Ideal clinics increased	Facilitate ICRM status determinations	Ideal clinic status obtained rate	ICS	9.1%	11 %	10.9%	-	-	-	10.9%
			Numerator		66	80	80	-	-	-	80
		Conduct ICRM review meetings	Denominator		727	730	734	-	-	-	734
10. Community engagement improved	Clinic committees for all public health facilities established and trained	Allocate resources for establishment of Clinic Committees Conduct Clinic Committees meetings Pay stipend to committee members	% of Clinics facilities with functional Clinic committee	Attendance Registers of meetings of Clinic committees	New Indicator	12.3%	30%	-	-	-	30%
			Numerator			90	220	-	-	-	220
			Denominator			730	734	-	-	-	734

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Patient experience of care in fixed public health facilities improved	Allocate resources for the PEC survey in all districts. Facilitate and monitor the PEC survey implementation and analysis report.	Patient experience of care satisfaction rate	Patient Surveys	New Indicator	87.2%	90%	-	90%	-	-
			Numerator			563 594	593 654		593 654		
			Denominator			646 682	659 616		659 616		

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 9: Quarterly Targets and planned activities for CHCs

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	PHC facilities that qualify as Ideal CHC increased	Facilitate ICRM status determinations Conduct ICRM review meetings	Ideal CHC status obtained rate	ICS	12%	15%	20%	-	-	-	20%
			Numerator		5	6	8				8
			Denominator		41	41	41				41
10. Community engagement improved	CHC committees for all public health facilities established and trained	Allocate resources for establishment of Clinic Committees Conduct CHCs Committee meetings Pay stipend to committee members	Percentage of CHC facilities with functional CHC committees	Attendance Registers of meetings of CHC committees	New Indicator	39%	44%	-	-	-	44%
			Numerator			16	18				18
			Denominator			41	41				41
6. Quality of health services improved	Patient experience of care in public health facilities improved	Allocate resources for the PEC survey in all districts. Facilitate and monitor the PEC survey	Patient experience of care satisfaction rate	Patient Surveys	New Indicator	84%	85%	-	85%	-	-
			Numerator			58 876	60 957		60 957		

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		implementation and analysis report.	**Denominator**			70 308	71 714		71 714		

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 Framework. 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 10: Quarterly Targets and planned activities for Non communicable diseases

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Clients initiated on treatment and controlled	Avail chronic diseases guidelines and IEC material and basic equipment in Ideal clinics NCD quarterly reviews	Hypertension new client 18 years and older detection rate	DHIS. patient files	New Indicator	1.18%	2%	1.2%	1.5%	1.7%	2%
			Numerator			52 379	88 361	53 016	66 270	75 106	88 361
			Denominator			4 418 057	4 418 057	4 418 057	4 418 057	4 418 057	4 418 057
			Diabetes new client 18 years and older detection rate	DHIS. patient files	New Indicator	2%	3%	2.1%	2.5%	2.8%	3%
			Numerator			72 174	132 542	92 779	110 451	123 706	132 542

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Support training of chronic conditions guidelines Support district in diabetes awareness and hypertension	**Denominator**			4 418 057	4 418 057	4 418 057	4 418 057	4 418 057	4 418 057
	Prevention and early detection of mental illness	Support district in mental illness awareness Support training of chronic conditions guidelines on mental health	Mental disorders treatment rate new	PHC Comprehensive Tick Register, DHIS	New Indicator	0.06%	0.3%	0.3%	0.3%	0.3%	0.3%
			Numerator			6 162	28 817	7 204	7 204	7 205	7 204
			Denominator			9 605 728	9 60 5 728	2 401 432	2 401 432	2 401 432	2 401 432
	Refractive errors corrected	Conduct formalized Cataract outreach services	Cataract surgery rate	Facility registers, patient registers	457/1 000 000	151 / 1 000 000	747/1 000 000	120/ 1 000 000	449/ 1 000 000	518/ 1 000 000	747/1 000 000
			Numerator		2 971	1 004	4 968	795	2 981	3 445	4 968
			Denominator		6 494 701	6 646 193	6 646 193	6 646 193	6 646 193	6 646 193	6 646 193
6. Quality of health services improved	Outreach campaigns conducted	Monitor Outreach campaigns	Number of Districts Conducted outreach campaigns (Thuma Mina).	Reports Attendance register	New Indicator	0	8	2	4	6	8

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

Sub- programme purpose

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

Table 11: Quarterly Targets and planned activities for Other community base services

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Hospitals comply with health care risk waste norms and standards	Delegation of waste officers per hospital Conduct situational analysis on medical waste management in Hospitals	Percentage of hospitals complying with health care risk waste norms and standards	Waste disposal management	New Indicator	54%	65%	65%	65%	65%	65%
			Numerator			48	58	58	58	58	58
			Denominator			89	89	89	89	89	89
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Prevention and early detection of malaria cases managed	Surveillance and monitoring of malaria outbreaks	Malaria cases reported		New Indicator	0	0	-	-	-	0
	Social mobilisation and community engagement	Social mobilization through radio, Thuma Mina campaigns, Billboardsd	Covid-19 positivity rate	COVID 19 reports; Lab trek NICD report	New indicator	27%	<20%	<20%	<20%	<20%	<20%
			Numerator			81 328	195 948	48 987	48 987	48 987	48 987

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Screening of clients Testing of the clients who meet the testing criteria		**Denominator**			301 338	979 739	244 934	244 935	244 935	244 935
		Increase screening & testing Promote Non-Pharmaceutical interventions	Covid-19 incidence rate (per 100k)	COVID epidemiologic report NICD report	New indicator	1 211 per 100k	< 200 per 100 000	< 50 per 100 000	< 50 per 100 000	< 50 per 100 000	< 50 per 100 000
			Numerator			81 328	13 427	3 356	3 357	3 357	3 357
			Denominator			6 713 457	6 713 457	6 713 457	6 713 457	6 713 457	6 713 457
		Avail hospital beds and oxygen Provision of PPE Improved case management	Case Fatality Rate for covid-19	Facility registers NICD report	New indicator	2%	<5 per 100 000	-	-	-	<5 per 100 000
			N**umerator**		11316	1 647	4				4
			Denominator			81 328	81 328				81 328
			Covid - 19 recovery rate	Facility registers NICD report	New indicator		>90%	>90%	>90%	>90%	>90%
			Number of people vaccinated			New indicator	3 874 626	968 656	968 657	968 657	968 656

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
3. Morbidity and Premature mortality due to Communicable diseases reduced	Symptomatic Person under investigation and COVID 19 positive clients admitted for inpatient management	Avail beds and oxygen with points Provide health technology Improve case management Provide ventilators & monitors	Number of inpatients with COVID 19 admitted	Inpatient management register	New indicator	22070	19 863	4965	4965	4965	4965

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 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 12: Quarterly Targets and planned activities for HAST

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	HIV new cases identified and initiated	Facility & Community Based HIV Testing Services.	HIV test done - sum	HTS facility register	2 086 072	1 087 836	1 740 870	435 217	435 218	435 217	435 218
			HIV positive 15-24 years (excl. ANC) rate	DHIS	New Indicator	2,8%	2 ,9%	2,9%	2,9%	2,9%	2,9%
			Numerator			9 307	38 365	9 591	9 591	9 592	9 591
			Denominator			327 647	1 322 957	330 739	320 739	330 740	330 739
		Ensure availability of HTS test kits	ART client naïve start ART during month – sum	ACR register Tier.net,	New Indicator	37 455	69 314	17 328	17 328	17 329	17 329
	People living with HIV retained on care	Provide funds to ensure availability of medicines and adequately trained health care workers.	ART adult remain in care rate	ART Register; Tiered System; DHIS	New Indicator	38%	45%	40%	42%	43%	45%
			Numerator			518 005	652 664	569 474	597 204	624 935	652 664
			Denominator			1 375 785	1 462 655	1 410 669	1 427 992	1 445 327	1 462 655

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Monitor performance by districts through DHIS	ART child remain in care rate	ART Register; Tiered System. DHIS	New Indicator	25%	37%	34%	35%	36%	37%
			Numerator			17 425	27 195	23 729	24 884	26 038	27 195
			Denominator			68 397	73 801	70 274	71 449	72 625	73 801
	Access to condoms	Procure and distribute Male Condoms.	Male condom distributed	Bin/ Stock card	78 817 157	41 302 109	`78 400 000	19 600 000	19 600 000	19 600 000	19 600 000
	Male circumcision performed	Monitor implementation of Service Level Agreement (Right to Care-RTC) as service provider to implement MMC service. Conduct quality assurance /supervision visits to MMC sites Facilitate Monitoring of initiation schools by monitoring team	Medical male circumcision - sum	MMC Report/invoices by RTC and facility data on DHIS; Work hops/training registers; QA/ supervision facility registers;	10 722	1 278	11 443	2 677	2 458	2 423	3 885
			Traditional male circumcision.	Purchase Order/s for hiring of vehicle; & District/ Provincial reports on TMI season.	New Indicator	10 741	17 931	-	7 110	-	10 821

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	People viral load undetected	Facilitate provision of funds for laboratory tests. Provide Human and material resources to districts	ART Adult - viral load suppressed rate	Art clinical record	New Indicator	88%	90%	90%	90%	90%	90%
			Numerator			20 415	587 398	512 527	537 484	562 442	587 398
			Denominator			23 198	652 664	569 474	597 204	624 935	652 664
			ART Child - viral load suppressed rate	Art clinical record	New Indicator	61.5%	90%	90%	90%	90%	90%
			Numerator			375	24 476	21 356	22 396	23 434	24 476
			Denominator			611	27 195	23 729	24 884	26 038	27 195
	TB/HIV co-infected clients identified and initiated	Monitor closely implementation of integrated TB HIV Information system to improve recording and data management in the districts and health facilities.	TB/HIV co-infected client on ART rate	Patient files, Tier.net	74.7%	93.2%	90%	90%	90%	90%	90%
			Numerator		11 668	8 893	14 555	3 638	3 638	3 639	3 639
			Denominator		15 616	9 528	16 172	4 043	4 043	4 043	4 043
	TB Positive clients initiated and cured	Monitor TB screening and TB investigation. Monitor use of	TB investigation done 5 years and older rate	Web dhis, TB Identification Register	New Indicator	89.4%	90%	90%	90%	90%	90%
			Numerator			154 775	328 094	82 023	82 024	82 024	82 023

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		GeneXpert Ultra and the use of Lateral Flow Lipoarabinomannan Analyse and give feedback to the districts monthly	***Denominator***			172 979	364 549	91 137	91 137	91 138	91 137
		Monitor use of GXP alerts to ensure that all diagnosed are initiated them. Analyse and give feedback to the district monthly	DS - TB treatment start 5 years and older rate	Webdhis TB Identification Register	98.3%	90.8%	90%	90%	90%	90%	90%
			Numerator		31 392	16 527	29 321	7 330	7 330	7 330	7 331
			Denominator		31 940	18 196	32 579	8145	8145	814v 5	8144
		Monitor use of GXP alerts to ensure that all diagnosed are initiated them. Analyse and give feedback to the district monthly	TB XDR treatment start rate	EDRweb EDR Register	New Indicator	100%	90%	90%	90%	90%	90%
			Numerator			77	243	60	61	61	61
			Denominator			77	271	67	68	68	68
		Provide IEC material to intensify patient	All DS -TB client treatment success rate	Webdhls	New Indicator	76.5%	77%	77%	77%	77%	77%
			Numerator			22 597	23 200	5 800	5 800	5 800	5 800

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		education. Monitor closely. Analyse and give feedback to the district monthly	***Denominator***			29 539	30 129	7 532	7 533	7 532	7 532
		Provide IEC material to intensify patient education. Monitor closely. Analyse and give feedback to the district monthly	TB Rifampicin Resistant/MDR/pre - XDR treatment success rate	EDRweb EDR Register	New Indicator	63.8%	65%	65%	65%	65%	65%
			Numerator			626	943	235	236	236	236
			Denominator			981	1 451	362	363	363	363
	Lost clients tracked and re-initiated	Provide IEC material to intensify patient education. Monitor closely. Analyse and give feedback to the district monthly	All DS - TB client lost to follow – up rate	Webdhis	New Indicator	15.2%	10%	10%	10%	10%	10%
			Numerator			4 490	3 013	753	753	753	754
			Denominator			29 539	30 129	7 532	7 532	7 532	7 533

2.7 Maternal, Child and Women's Health and Nutrition (MCWH&N)

Sub – programme purpose

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

Table 13: Quarterly Targets and planned activities for MCWH&N

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Chief Director, Ms M. Nokwe											
1. Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	Training of all health personnel on expanded methods of contraception and guidelines (this includes doctors). Improve social mobilization on family planning & teenage pregnancy	Couple year protection rate	Facility registers, patient records	57%	30.3%	65%	65%	65%	65%	65%
			Numerator		1 101 342	591 540	1 233 581	1 233 581	1 233 581	1 233 581	1 233 581
			Denominator		1 931 211	1 952 556	1 897 817	1 897 817	1 897 817	1 897 817	1 897 817
	Early booking for Antenatal clients visit increased	Community mobilisation through campaigns and WBOTs	Antenatal 1st visit before 20 weeks rate	Facility registers, patient records	63.7%	62.8%	65%	65%	65%	65%	65%
			Numerator		81 995	57 466	83 621	20 905	20 905	20 906	20 905
			Denominator		128 648	91 523	128 648	32 162	32 162	32 162	32 162

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Facilitate increased access and initiation to life-long ART for HIV positive	Antenatal client start on ART rate	Facility registers, patient records	95.3%	88.1%	96%	96%	96%	96%	96%
			Numerator		10 536	6 430	10 606	2 651	2 652	2 652	2 651
			Denominator		11 048	7 110	11 048	2 762	2 762	2 762	2 762
	Teenage pregna reduced	Training of health professionals on new national Adolescent and Youth policies Prepare all facilities to be youth friendly	Delivery in 10 - 19 years in facility rate	Facility registers, patient records	16.7%	17.4%	15%	15%	15%	15%	15%
			Numerator		17 882	13 704	16 059	4 014	4 015	4 015	4 015
			Denominator		107 065	78 482	107 065	26 766	26 766	26 767	26 766
	Maternal morta reduced	Training of All health professionals on ESMOE and BANC	Maternal mortality in facility ratio	Facility registers, patient records	108/100 000	147.9/100 000	120/100 000	-	-	-	120/100 000
			Numerator		123	127	136				136
			Denominator		113 688	85 854	113 688				113 688
	Low birth weigh reduced	Training of All health professionals on HBB and MSSN Intra-partum care	Live birth under 2500g in facility rate	Facility registers, patient records	New Indicator	13.2%	14%	14%	14%	14%	14%
			Numerator			10 697	11309	2827	2827	2828	2827
			Denominator			80 780	80 780	20 195	20 195	20 195	20 195
	Postnatal care Coverage increased	Strengthening of Mom Connect so that mothers get informed	Mother postnatal visit within 6 days rate	Facility registers, patient records	69%	71.2%	73%	73%	73%	73%	73%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		during pregnancy.	**Numerator**		73 886	55 844	76 524	19 131	19 131	19 131	19 131
			Denominator		107 065	78 482	104 827	26 206	26 207	26 207	26 207
	Mother to child transmission eliminated	HIV testing to pregnant women Implement and promote PCMT	Infants PCR test positive at birth rate	Facility registers, patient records	New indicator	0.5 %	0.4%	0.4%	0.4%	0.4%	0.4%
			Numerator			122	97	24	24	25	24
			Denominator			24 207	24 207	6 051	6 052	6 052	6 052
		Conduct HIV testing to infants	Infant PCR test positive around 10 weeks rate	Facility registers, patient records	0.9%	0.9%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%
			Numerator		187	140	109	27	27	28	27
			Denominator		21 748	15 700	21 748	5 437	5 437	5 437	5 437
	Child Immunisat Coverage increased	Monthly tracing of defaulters to ensure that they receive all scheduled. Social mobilization through radio, Thuma Mina campaigns	Immunisation under 1year coverage	Facility registers, patient records	76%	50.5%	80%	80%	80%	80%	80%
			Numerator		123 677	81 572	130 210	130 210	130 210	130 210	130 210
			Denominator		162 762	161 497	162 762	162 762	162 762	162 762	162 762
		Engage CBO, Community Leaders & WBOT to	Measles 2nd dose coverage	Facility registers, patient records	73.6%	48.2%	80%	80%	80%	80%	80%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		ensure that every eligible child receive their second dose within 2year of life.	**Numerator**		120 683	78 363	131 051	131 051	131 051	131 051	131 051
			Denominator		163 814	162 542	163 814	163 814	163 814	163 814	163 814
	Child mortality reduce	Implement integrated nutrition programme and CHIPP	Death under 5 years against live birth rate	Facility registers, patient records	New indicator	1.8%	<2%	<2%	<2%	<2%	<2%
			Numerator			1 438	1 616	404	404	404	404
			Denominator			80 780	80 780	20195	20195	20195	20195
		Training of All health professionals on HBB and MSSN Intra-partum care	Neonatal *(<28 days)* Death in facility rate	Facility registers, patient records	12.3/1000	14.5/1 000	10/1000	10/1000	10/1000	10/1000	10/1000
			Numerator		1 312	1 055	1 046	261	262	262	261
			Denominator		107 079	80 780	104 655	26 164	26 164	26 164	26 164
	Micro and macr nutrient malnutrition reduced	Strengthen Community Based Interventions e.g. WBOT, ISHP Ensure that all WBOT and school health teams use standardized tick register for data collection.	Vitamin A dose 12-59-months coverage	Facility registers, patient records	62.5%	61%	64%	64%	64%	64%	64%
			Numerator		772 904	399 113	791 378	791 378	791 378	791 378	791 378
			Denominator		1 236 528	658 633	1 236 528	1 236 528	1 236 528	1 236 528	1 236 528
			School learner underweight rate	Facility registers, patient records	New Indicator	0.28%	7%	7%	7%	7%	7%
			Numerator			60	100	25	25	25	25

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
			Denominator			20 513	1 400	350	350	350	350
		Intensify Community based IMCI trainings for WBOT, IYA, traditional healers and other community	Child under 5 years diarrhoea case fatality rate	Facility registers, patient records	2.8%	3.7%	2.7%	2.7%	2.7%	2.7%	2.7%
			Numerator		159	74	151	37	38	38	38
			Denominator		5598	2000	5598	1 049	1 049	1 049	1 049
		Training of new professional nurses on IMCI to ensure 60% saturation in each facility	Child under 5 years pneumonia case fatality rate	Facility registers, patient records	3.4%	3.9%	3%	3%	3%	3%	3%
			Numerator		139	71	127	31	32	32	32
			Denominator		4 053	1 803	4 564	1 141	1 141	1 141	1 141
		To intensify community based interventions for early identification of malnourished children.	Child under 5 years severe acute malnutrition case fatality rate	Facility registers, patient records	9.9%	8.4%	8%	8%	8%	8%	8%
			Numerator		149	41	117	29	29	29	29

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Revitalization Growth Monitoring and Promotion sites in all districts. Ensure continuous availability of nutritional supplements.	***Denominator***		1 498	487	1 464	366	366	366	366
2. Stunting among children reduced	Food Supplementatio for children increased	To intensify community based interventions for early identification of malnourished children. Revitalization Growth Monitoring and Promotion sites in all districts. Ensure continuous availability of nutritional supplements.	Child under 5 years food nutritional supplementation coverage	Facility registers, patient records	New Indicator	41.1%	>10%	>10%	>10%	>10%	>10%
			Numerator			2 768	82 013	82 013	82 013	82 013	82 013
			Denominator			820 136	820 136	820 136	820 136	820 136	820 136
4. Morbidity and Premature mortality due to Non-	Obesity in childr managed	Conduct health promotion campaigns and	School learner overweight rate	Facility registers, patient records	New Indicator	0.5%	9%	9%	9%	9%	9%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Communicable diseases reduced		awareness programmes	**Numerator**			172	130	32	33	33	32
			Denominator			20 513	1 400	350	350	350	350

2.8 Sub-Programme: Coroner Services

Sub-Programme Purpose

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

Table 14: Quarterly Targets and planned activities for Coroner Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Post-mortem turnaround time improved	All post mortem cased finalised	Integration with EMS Procure new fridges, Refrigerated truck and a LODOX Improve staffing complement	Percentage of post – mortem performed within 72 hours		96%	98.1%	96%	96%	96%	96%	96%
			Numerator		9 483	3 092	10 246	10 246	10 246	10 246	10 246
			Denominator		9 860	3 152	10 673	10 673	10 673	10 673	10 673

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.

Table 15: Quarterly Targets and planned activities for District Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC Clinics, CHCs and Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	31%	40%	-	-	-	40%
			Numerator			20	26				26
			Denominator			65	65				65
		Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient experience of care satisfaction rate	Patient experience of care	New Indicator	81.4%	63%	-	63%	-	-
			Numerator			81389	64 257		64 257		
			Denominator			99 996	101 996		101 996		

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Patient Safety Improved	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	51.4%	61%	61%	61%	61%	61%
			Numerator			36	44	11	11	11	11
			Denominator			70	72	18	18	18	18
10. Community engagement improved	Hospital boards for all public health facilities established and trained	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	1.5%	49%	49%	49%	49%	49%
			Numerator			1	32	32	32	32	32
			Denominator			65	65	65	65	65	65
Quality of health services improved	Hospital efficiencies improved	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average Length of Stay	Facility registers, patient registers	4.6 days	4.3 days	4.5 days	4.5 days	4.5 days	4.5 days	4.5 days
		Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient Bed Utilisation Rates	Facility registers, patient registers	54.5%	41.6%	60%	60%	60%	60%	60%
			Numerator		1 201 911	691 272	1 327 942	331 985	331 986	331 986	331 985

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
			Denominator		2 207 032	1 660 497	2 213 238	553 309	553 310	553 310	553 309
		IYM and functionality of Cost Containment Committees Improve clinical management/case management	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R3,168.16	R5,898.60	R3,191	R3,191	R3,191	R3,191	R3,191

2.10 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 16: Summary of payments and estimates: P2 - District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2020/21
	2017/18	2018/19	2019/20		2020/21		2021/22	2022/23	2023/24	
1. District Management	881 476	973 747	1 012 920	996 670	1 115 838	1 257 469	1 466 403	931 347	957 656	16.6
2. Community Health Clinics	2 420 417	2 636 946	2 862 890	2 562 791	2 446 557	2 871 315	2 450 891	2 449 345	2 512 438	(14.6)
3. Community Health Centres	948 991	1 135 530	1 254 401	1 374 293	1 254 451	1 259 946	1 294 525	1 261 676	1 300 980	2.7
4. Community Based Services	524 720	569 552	562 012	685 004	623 143	491 704	574 143	540 912	551 641	16.8
5. Other Community Services	81 360	65 016	72 687	67 360	66 638	66 372	82 278	68 599	70 438	24.0
6. Hiv/Aids	2 045 769	2 089 536	2 398 092	2 667 462	3 157 298	3 305 300	3 062 783	3 093 381	3 026 917	(7.3)
7. Nutrition	24 872	32 333	27 281	39 546	53 230	43 366	39 779	40 535	40 067	(8.3)
8. Coroner Services	100 885	109 401	117 315	117 665	112 050	126 518	108 847	108 248	110 984	(14.0)
9. District Hospitals	4 314 006	5 167 739	5 332 442	5 165 413	5 317 434	5 802 357	5 166 243	4 871 461	5 053 874	(11.0)
Total payments and estimates	**11 342 496**	**12 779 800**	**13 640 040**	**13 676 205**	**14 146 639**	**15 224 347**	**14 245 892**	**13 365 504**	**13 624 995**	**(6.4)**

Table 17: Summary of payments and estimates by economic classification: P2 - District Health Services

R thousand	Outcome 2017/18	Outcome 2018/19	Outcome 2019/20	Main appropriation 2020/21	Adjusted appropriation 2020/21	Revised estimate 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	Medium-term estimates 2023/24	% change from 2020/21
Current payments	**11 038 627**	**12 098 714**	**13 082 349**	**13 432 794**	**13 884 433**	**14 602 508**	**14 049 030**	**13 168 575**	**13 431 991**	**(3.8)**
Compensation of employees	7 809 396	8 579 777	9 328 322	9 902 952	9 693 772	10 061 996	9 441 488	9 300 792	9 673 621	(6.2)
Goods and services	3 227 910	3 513 624	3 745 787	3 529 842	4 190 661	4 540 512	4 607 542	3 867 783	3 758 370	1.5
Interest and rent on land	1 321	5 313	8 240	–	–	–	–	–	–	
Transfers and subsidies to:	**182 610**	**568 015**	**462 964**	**56 989**	**78 882**	**459 120**	**47 725**	**68 575**	**71 592**	**(89.6)**
Provinces and municipalities	313	3 091	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	7 278	17 566	9 060	8 495	8 495	8 495	-4 336	15 010	15 670	(151.0)
Households	175 019	547 358	453 904	48 494	70 387	450 625	52 061	53 565	55 922	(88.4)
Payments for capital assets	**121 259**	**100 733**	**94 727**	**186 422**	**183 324**	**162 719**	**149 137**	**128 354**	**121 412**	**(8.3)**
Buildings and other fixed structures	–	–	–	–	–	–	900	–	–	
Machinery and equipment	121 259	100 733	94 727	186 422	183 324	162 719	148 237	128 354	121 412	(8.9)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**12 338**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**11 342 496**	**12 779 800**	**13 640 040**	**13 676 205**	**14 146 639**	**15 224 347**	**14 245 892**	**13 365 504**	**13 624 995**	**(6.4)**

Tables 16 and 17 above show the summary of payments and estimates for District Health Services per sub-programme and economic classification. The programme's total expenditure increased from R11.342 billion in 2017/18 to a revised estimate of R15.224 billion in 2020/21. In 2021/22, the budget decreases by 6.4 per cent from R15.224 billion to R14.245 billion when compared to the 2020/21 revised estimate.

Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of employees shows a negative growth of 6.2 per cent from R10.061 billion to R9.441 billion when compared to the 2020/21 revised estimate due to a high revised estimate as a result of a 2020/21 special additional allocation to deal with the COVID-19 pandemic and subsequent medium-term baseline reductions as a result of wage freeze reductions and fiscal consolidation. Goods and services shows a positive growth 1.5 per cent from R4.540 billion to R4.607 billion when compared to the 2020/21 revised estimate due reprioritisation efforts for cost containment measures and implementation of national fiscal consolidation which resulted in baseline reductions.

Transfers and subsidies show a negative growth of 89.6 per cent from R459.120 million to R47.725 million when compared to the 2020/21 revised estimate due to high revised estimates in 2020/21 as a result of payment of medico legal claims.

Payments for capital assets show a negative growth of 8.3 per cent from R162.719 million to R149.137 million when compared to the 2020/21 revised estimate due to high revised estimates in the current year as a result of once off COVID-19 additional funding on infrastructure.











PROGRAMME 3

EMERGENCY MEDICAL SERVICES (EMS)

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3. Programme Purpose

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

3.1 sub-Programme: emergency medical transport

Emergency Medical Transport: The sub-program is solely for emergency incidents (prehospital care and interhospital 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 managemen.t

Sub-Programme Priorities

- Increase number of licensed ambulances and bases in accordance with EMS regulations (Ideal EMS status)
- Rollout of computer aided dispatch system and monitoring of call escalation rate.
- Establishment of governance structures within EMS (EMS board and district ITU).
- Management development programs for all levels of management within EMS.
- Establish multi sectoral committee for disaster management.
- Full implementation of record management systems.

3.2 sub-Programme: planned patient transport

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

Sub-Programme Priorities

- Rollout of electronic booking system, integrated with hospital booking and referral system.
- Deployment or appointment of dedicated planned patient transport staff.
- Identify patient hotels for patients that require sleepover.

Table 18: Quarterly Targets and planned activities for EMS

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	EMS P1 rural and urban response time	Deploy human and material resources closer to communities platform Measure response times utilizing live tracking	EMS P1 urban response under 30 minutes rate	EMS province specific data collection tools	New Indicator	45.1%	50%	50%	50%	50%	50%
			Numerator			6 628	20 136	5 034	5 034	5 034	5 034
			Denominator			14 685	40 272	10 068	10 068	10 068	10 068
		Deploy human and material resources closer to communities Measure response times utilizing live tracking	EMS P1 rural response under 60 minutes rate	EMS province specific data collection tools	New Indicator	63.2%	65%	65%	65%	65%	65%
			Numerator			18 178	26 176	6 544	6 544	6 544	6 544
			Denominator			28 776	40 272	10 068	10 068	10 068	10 068

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Efficient transfer of patients between facilities	Establish a dedicated fleet for inter-facility transfers Monitor dedicated fleet utilization	EMS Inter facility transfer rate	EMS province specific data collection tools	35%	25%	35%	35%	35%	35%	35%
			Numerator		168 060	116 450	163 031	40 758	40 758	40 758	40 757
			Denominator		478 198	465 804	465 805	116 451	116 451	116 452	116 451
	Functional PTVs availability	Transportation of patients	Number of Patients transported on the PTV services	EMS province specific data collection tools	New Indicator	5 259	10 000	2 500	2 500	2 500	2 500

3.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 19: Summary of payments and estimates: P3 - Emergency Medical Services

R thousand	Outcome 2017/18	2018/19	2019/20	Main appropriation	Adjusted appropriation 2020/21	Revised estimate	Medium-term estimates 2021/22	2022/23	2023/24	% change from 2020/21
1. Emergency Transport	1 041 871	1 031 914	1 034 403	1 310 911	1 219 857	1 089 259	1 194 110	1 188 592	1 212 244	9.6
2. Planned Patient Transport	237 216	241 179	243 358	120 973	120 663	246 135	110 738	110 800	111 381	(55.0)
Total payments and estimates	**1 279 087**	**1 273 093**	**1 277 761**	**1 431 884**	**1 340 520**	**1 335 394**	**1 304 848**	**1 299 392**	**1 323 625**	**(2.3)**

Table 20: Summary of payments and estimates by economic classification: P3 - Emergency Medical Services

R thousand	Outcome 2017/18	2018/19	2019/20	Main appropriation	Adjusted appropriation 2020/21	Revised estimate	Medium-term estimates 2021/22	2022/23	2023/24	% change from 2020/21
Current payments	**1 115 425**	**1 171 266**	**1 174 650**	**1 281 279**	**1 189 915**	**1 198 901**	**1 173 936**	**1 167 492**	**1 199 444**	**(2.1)**
Compensation of employees	933 626	971 943	913 266	984 595	902 231	1 002 541	877 529	878 545	914 455	(12.5)
Goods and services	181 799	199 323	261 384	296 684	287 684	196 360	296 407	288 947	284 989	51.0
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	**2 100**	**3 778**	**3 128**	**3 594**	**3 594**	**3 387**	**3 792**	**3 970**	**4 145**	**12.0**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	2 100	3 778	3 128	3 594	3 594	3 387	3 792	3 970	4 145	12.0
Payments for capital assets	**161 562**	**98 049**	**99 983**	**147 011**	**147 011**	**133 106**	**127 120**	**127 930**	**120 036**	**(4.5)**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	161 562	98 049	99 983	147 011	147 011	133 106	127 120	127 930	120 036	(4.5)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**1 279 087**	**1 273 093**	**1 277 761**	**1 431 884**	**1 340 520**	**1 335 394**	**1 304 848**	**1 299 392**	**1 323 625**	**(2.3)**

Tables 19 and 20 above show the summary of payments and estimates for Emergency Medical Services per sub-programme and economic classification. The programme's total expenditure increased from R1.279 billion in 2017/18 to a revised estimate of R1.335 billion in 2020/21. In 2021/22, the budget decreased by 2.3 per cent from R1.335 billion to R1.303 billion when compared to the 2020/21 revised estimate.

Compensation of employees shows a negative growth of 12.5 per cent from R1.002 billion to R877.529 million when compared to the 2020/21 revised estimate due to the high revised estimate as a result of the once off backlog overtime payments made in that year.
Goods and services show a positive growth 51.0 per cent from R196.360 million to R296.407 million when compared to the 2020/21 revised estimate due to the reprioritisation of funds to fleet management from finance lease under payments of capital assets.

Transfers and subsidies show a positive growth of 12 per cent from R3.387 million to R3.792 million when compared to the 2020/21 revised estimate due to provision for payment of leave gratuities.

Payments for capital assets show a negative growth of 4.5 per cent from R133.106 million to R127.120 million when compared to the 2020/21 revised estimate due to reprioritisation of funds to fleet management from finance lease under payments of capital assets to alleviate current pressures under goods and services.











PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

4.1 Programme Purpose

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

Sub-Programme 4.1

General (Regional) 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

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
- Osmond
- Khotsong
- Empilweni
- Themba

Sub-Programme 4.3

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

- Elizabeth Donkin Psychiatric Hospital
- Komani Psychiatric Hospital
- Tower Psychiatric Hospital – provide long-term
- Cecilia Makiwane Hospital acute psychiatric Unit
- Holy Cross Hospital acute psychiatric Unit
- Mthatha Regional Hospital acute psychiatric Unit
- Dora Nginza Hospital: 72-hour observation Unit

Table 21: Quarterly Targets and planned activities for Regional Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC Clinics, CHCs and Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	20%	40%	-	-	-	40%
			Numerator			1	2				2
			Denominator			5	5				5
	Patient satisfaction surveys conducted	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient experience of care satisfaction rate	Patient experience of care	New Indicator	69.8%	60%	-	60%	-	-
			Numerator			25 019	21 655		21 655		
			Denominator			35 384	36 092		36 092		
	Patient Safety Incident (PSI) case closure rate	Report Severity Assessment Code (SAC) 1 Incident within 24 hours rate	Severity assessment code1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	94.2%	80%	80%	80%	80%	80%
			Numerator			146	128	32	32	32	32
			Denominator			155	160	40	40	40	40
10. Community engagement improved	Hospitals with functional hospital	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	100%	100%	100%	100%	100%	100%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	boards established		**Numerator**			5	5	5	5	5	5
			Denominator			5	5	5	5	5	5
6. Quality of health services improved	Efficiency indicators improved	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average length of stay	Facility registers, patient registers	5.8 days	5.6 days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days
		Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient bed utilisation rate	Facility registers, patient registers	73%	60%	75%	75%	75%	75%	75%
			Numerator		557 674	345 157	581 371	581 371	581 371	581 371	581 371
			Denominator		769 261	575 851	775 162	775 162	775 162	775 162	775 162
		IYM and functionality of Cost Containment Committees Improve case management of patients	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R3,759	R5,359.5	R3,500	R3,500	R3,500	R3,500	R3,500

4.2 Sub – Programme: Specialised TB Hospitals

Table 22: Quarterly Targets and planned activities for Specialised TB Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC Clinics, CHCs and Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	20%	30%	-	-	-	30%
			Numerator			2	3				3
			Denominator			10	10				10
	Percentage of patients satisfied with their experience of care in public health facilities	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient experience of care satisfaction rate	Patient experience of care	New Indicator	85%	60%	-	60%	-	-
			Numerator			5 563	4 004		4 004		
			Denominator			6 543	6 674		6 674		
	Patient Safety Incident (PSI) case closure rate	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	100%	80%	80%	80%	80%	80%
			Numerator			2	4	4	4	4	4
			Denominator			2	5	5	5	5	5

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
10. Improve community engagement	Hospitals with functional hospital boards established	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	20%	100%	100%	100%	100%	100%
			Numerator			2	10	10	10	10	10
			Denominator			10	10	10	10	10	10
Quality of health services improved	Hospital efficiencies improved	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average length of stay	Facility registers, patient registers	80 days	44 days	60 days	60 days	60 days	60 days	60 days
		Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient (usable) bed utilisation rates	Facility registers, patient registers	60%	24.7%	60%	60%	60%	60%	60%
			Numerator		313 678	86 395	246 365	246 365	246 365	246 365	246 365
			Denominator		522 798	349 343	410 609	410 609	410 609	410 609	410 609
		IYM and functionality of Cost Containment Committees Improve case management	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R1,758	R3,747.4	R1,800	R1,800	R1,800	R1,800	R1,800

4.3 Sub – Programme: Specialised Psychiatric Hospitals

SUB- PROGRAMME PRIORITIES

- Development of District Mental Health Specialist teams.
- Creating of Mental Health Units in District, Regional and Tertiary Hospitals.
- Screening of Mental Health patients at PHC and district levels.
- Re capacitation of the clinical cadre on Mental Health Programmes.

Table 23: Quarterly Targets and planned activities for Specialised Psychiatric Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services in public health facilities improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC Clinics, CHCs and Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	33%	33 %	-	-	-	33%
			Numerator			1	1				1
			Denominator			3	3				3
	Patients satisfied with experience of care in public health facilities	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient experience of care satisfaction rate	Patient experience of care	New Indicator	81%	81%	-	81%	-	-
			Numerator			3 897	3 897		3 897		
			Denominator			4 813	4 813		4 813		

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Patient Safety Incident (PSI) case closure rate	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	100%	80%	80%	80%	80%	80%
			Numerator			2	4	4	4	4	4
			Denominator			2	5	5	5	5	5
10. Improve community engagement	Hospitals with functional hospital boards established	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%
			Numerator			2	2	2	2	2	2
			Denominator			3	3	3	3	3	3
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Functional mental health review boards	Appointment of members	District specialist mental health teams established	Appointment letters	New Indicator	5	5	-	-	-	5

4.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 24: Summary of payments and estimates: Programme 4 - Provincial Hospital Services

R thousand	Outcome 2017/18	Outcome 2018/19	Outcome 2019/20	Main appropriation 2020/21	Adjusted appropriation 2020/21	Revised estimate 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	Medium-term estimates 2023/24	% change from 2020/21
1. General (Regional) Hospitals	2 685 261	2 954 759	3 152 971	2 543 333	2 529 297	3 041 499	2 368 889	2 310 596	2 385 003	(22.1)
2. Tb Hospitals	303 673	349 112	310 434	437 825	412 576	382 352	416 222	420 781	434 550	8.9
3. Psychiatric Mental Hospitals	499 427	531 680	562 994	575 905	595 452	552 295	554 289	535 409	547 290	0.4
Total payments and estimates	**3 488 361**	**3 835 551**	**4 026 399**	**3 557 063**	**3 537 325**	**3 976 146**	**3 339 400**	**3 266 786**	**3 366 843**	**(16.0)**

Table 25: Summary of payments and estimates by economic classification: P4 - Provincial Hospital Services

R thousand	Outcome 2017/18	Outcome 2018/19	Outcome 2019/20	Main appropriation 2020/21	Adjusted appropriation 2020/21	Revised estimate 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	Medium-term estimates 2023/24	% change from 2020/21
Current payments	**3 209 342**	**3 536 052**	**3 726 914**	**3 530 051**	**3 513 133**	**3 639 181**	**3 312 450**	**3 239 103**	**3 339 333**	**(9.0)**
Compensation of employees	2 511 845	2 762 095	2 844 562	2 801 646	2 651 465	2 908 564	2 608 131	2 562 633	2 667 377	(10.3)
Goods and services	695 326	770 873	869 098	728 405	861 668	730 617	704 319	676 470	671 956	(3.6)
Interest and rent on land	2 171	3 084	13 254	–	–	–	–	–	–	
Transfers and subsidies to:	**266 501**	**275 990**	**286 900**	**13 141**	**13 141**	**326 262**	**13 864**	**14 515**	**15 154**	**(95.8)**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	266 501	275 990	286 900	13 141	13 141	326 262	13 864	14 515	15 154	(95.8)
Payments for capital assets	**12 518**	**23 509**	**12 585**	**13 871**	**11 051**	**10 703**	**13 086**	**13 168**	**12 356**	**22.3**
Buildings and other fixed structures	–	486	–	–	–	–	–	–	–	
Machinery and equipment	12 518	23 023	12 585	13 871	11 051	10 703	13 086	13 168	12 356	22.3
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**3 488 361**	**3 835 551**	**4 026 399**	**3 557 063**	**3 537 325**	**3 976 146**	**3 339 400**	**3 266 786**	**3 366 843**	**(16.0)**

Tables 24 and 25 above shows the summary of payments and estimates for Provincial Hospital Services per sub-programme and economic classification. The programme's total expenditure decreased from R3.488 billion in 2017/18 to a revised estimate of R3.976 billion in 2020/21. In 2021/22, the budget decreases by 16.0 per cent from R3.976 billion to R3.339 billion when compared to the 2020/21 revised estimate.

Compensation of employees shows a negative growth of 10.3 per cent from R2.908 billion to R2.608 billion when compared to the 2020/21 revised estimate due to 2020 wage freeze reductions and fiscal consolidation reductions.

Goods and services show a negative growth of 3.6 per cent from R730.617 million to R704.319 million when compared to the 2020/21 revised estimate due to baseline reductions and fiscal consolidation reductions.

Transfers and subsidies show a negative growth of 95.8 per cent from R326.262 million to R13.864 million when compared to the 2020/21 *revised estimate due* to a high revised estimate as a result of payment of Medico Legal Claims.
Payments for capital assets show a positive growth of 22.3 per cent from R10.703 million to R13.086 million when compared to the 2020/21 revised estimate, due to reprioritisation to fund procurement of medical equipment in Regional Hospitals.











PROGRAMME 5

CENTRAL & TERTIARY HOSPITALS

PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

5.1 Sub-Programme Purpose for Central Hospitals

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

SUB-PROGRAMMES

Central Hospital: Nelson Mandela Academic Hospital

Table 26: Quarterly Targets and planned activities for Central Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Hospitals that qualify as Ideal Hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC Clinics, CHCs and Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	100%	100%	-	-	-	100%
			Numerator			1	1				1
			Denominator			1	1				1
	Percentage of patients satisfied with their experience of care in public health facilities	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient experience of care satisfaction rate	Patient experience of care	New Indicator	73%	60%	-	60%	-	-
			Numerator			74	62		62		
			Denominator			101	103		103		
	Patient Safety improved	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	33.3%	78%	78%	78%	78%	78%
			Numerator			5	14	14	14	14	14
			Denominator			15	18	18	18	18	18

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
10. Improve community engagement	Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	100%	100%	100%	100%	100%	100%
			Numerator			1	1	1	1	1	1
			Denominator			1	1	1	1	1	1
6. Quality of health services improved	Hospital efficiencies improved	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average length of stay	Facility registers, patient registers	*8days*	*8days*	*8days*	*8days*	*8days*	*8days*	*8days*
		Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient (usable) bed utilisation rates	Facility registers, patient registers	*82.4%*	*64%*	*83%*	*83%*	*83%*	*83%*	*83%*
			Numerator		228 129	132 111	229 661	229 661	229 661	229 661	229 661
			Denominator		276 700	207 525	276 700	276 700	276 700	276 700	276 700

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		IYM and functionality of Cost Containment Committees Improve clinical/case management	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R4,677	R7,749.37	R4,953	R4,953	R4,953	R4,953	R4,953

5.2 Sub-Programme Purpose for Tertiary Hospital Services

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

Sub-Programmes

Tertiary Hospitals

- Livingstone Hospital
- Frere Hospital

Table 27: Quarterly Targets and planned activities for Tertiary Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC Clinics, CHCs and Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	50%	50%	-	-	-	50%
			Numerator			1	1				1
			Denominator			2	2				2
	Percentage of patients satisfied with their experience of care in public health facilities	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient experience of care satisfaction rate	Patient experience of care	New Indicator	72.7%	80%	-	80%	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
			Numerator			9 396	10 540		10 540		
			Denominator			12 917	13 175		13 175		
	Patient Safety Incident (PSI) case closure rate	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	100%	80%	80%	80%	80%	80%
			Numerator			87	72	72	72	72	72
			Denominator			87	90	90	90	90	90
10. Improve community engagement	Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	100%	100%	100%	100%	100%	100%
			Numerator			2	2	2	2	2	2
			Denominator			2	2	2	2	2	2
6. Quality of health services improved	Hospital efficiencies improved	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average length of stay	Facility registers, patient registers	5.6 days	9 days	6 days	6 days	6 days	6 days	6 days
		Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient (usable) bed utilisation rate	Facility registers, patient registers	76%	60%	75%	75%	75%	75%	75%
			Numerator		488 259	286 361	455 143	455 143	455 143	455 143	455 143
			Denominator		642 105	481 579	606 858	606 858	606 858	606 858	606 858

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		IYM and functionality of Cost Containment Committees Improve clinical/case management	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R3,700	R4,454.20	R3,878	R3,878	R3,878	R3,878	R3,878

5.3 Sub-Programme Purpose for Specialised Tertiary Hospital

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

Sub-Programmes

Specialised Tertiary Hospitals

- Fort England (specialised psychiatric Hospital)

Table 28: Quarterly Targets and planned activities for Specialised Tertiary Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC Clinics, CHCs and Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	100%	100%	-	-	-	100%
			Numerator			1	1				1
			Denominator			1	1				1
	Percentage of patients satisfied with their experience of care in public health facilities	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient experience of care satisfaction rate	Patient experience of care	New Indicator	80%	80%	-	80%	-	-
			Numerator			1 406	1 314		1 314		
			Denominator			1 610	1 642		1 642		

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Patient Safety Incident (PSI) case closure rate	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	100%	80%	80%	80%	80%	80%
			Numerator			1	4	4	4	4	4
			Denominator			1	5	5	5	5	5
10. Improve community engagement	Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	100%	100%	100%	100%	100 %	100%
			Numerator			1	1	1	1	1	1
			Denominator			1	1	1	1	1	1

5.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 29: Summary of payments and estimates: P5 - Central Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2020/21
	2017/18	2018/19	2019/20		2020/21		2021/22	2022/23	2023/24	
1. Central Hospital Services	1 084 905	1 249 007	1 350 353	1 441 847	1 211 895	1 583 463	1 405 900	1 298 699	1 319 919	(11.2)
2. Provincial Tertiary Services	2 386 168	2 500 145	2 978 937	3 176 178	3 573 758	3 246 084	2 966 754	3 056 581	3 133 723	(8.6)
Total payments and estimates	**3 471 073**	**3 749 152**	**4 329 290**	**4 618 025**	**4 785 653**	**4 829 547**	**4 372 654**	**4 355 280**	**4 453 642**	**(9.5)**

Table 30: Summary of payments and estimates by economic classification: P5 - Central Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2020/21
	2017/18	2018/19	2019/20		2020/21		2021/22	2022/23	2023/24	
Current payments	**3 331 701**	**3 606 700**	**4 150 526**	**4 460 643**	**4 603 514**	**4 516 567**	**4 166 130**	**4 241 222**	**4 291 583**	**(7.8)**
Compensation of employees	2 375 151	2 643 838	3 005 961	3 402 113	3 200 416	3 318 827	3 012 884	3 214 318	3 238 582	(9.2)
Goods and services	956 250	962 592	1 142 641	1 058 530	1 403 098	1 197 740	1 153 246	1 026 904	1 053 001	(3.7)
Interest and rent on land	300	270	1 924	–	–	–	–	–	–	
Transfers and subsidies to:	**81 281**	**40 901**	**107 343**	**29 596**	**29 596**	**172 746**	**29 596**	**32 692**	**34 130**	**(82.9)**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	81 281	40 901	107 343	29 596	29 596	172 746	29 596	32 692	34 130	(82.9)
Payments for capital assets	**58 091**	**101 551**	**71 421**	**127 786**	**152 543**	**140 234**	**176 928**	**81 366**	**127 929**	**26.2**
Buildings and other fixed structures	–	152	–	–	4 466	4 466	–	–	–	(100.0)
Machinery and equipment	58 091	101 399	71 421	127 786	148 077	135 768	176 928	81 366	127 929	30.3
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**3 471 073**	**3 749 152**	**4 329 290**	**4 618 025**	**4 785 653**	**4 829 547**	**4 372 654**	**4 355 280**	**4 453 642**	**(9.5)**

Tables 29 and 30 above show the summary of payments and estimates for Central Hospital Services per sub-programme and economic classification. The programme's total expenditure increased from R3.471 billion in 2017/18 to a revised estimate of R4.829 billion in 2020/21. In 2021/22, the budget decreases by 9.5 per cent from R4.829 billion to R4.372 billion when compared to the 2020/21 revised estimate.

Compensation of employees shows a negative growth of 9.2 per cent from R3.318 billion to R3.012 billion when compared to the 2020/21 revised estimate due to budget cuts as a result of 2020 wage freeze reductions and overall fiscal consolidation reductions.











PROGRAMME 6

HEALTH SCIENCES AND TRAINING (HST)

PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 Programme Purpose

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

Table 31: Quarterly Targets and planned activities for Health Science and Training

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Qualified and competent staff	Recruitment and payment of fees Administering the signing of bursary contracts and safe keeping	Number of registrars trained	DoH bursary database	New Indicator	20	20	-	-	-	20
		Recruitment (advert), selection and registration of new nursing students across all nursing academic programmes	Number of nurses trained on post basic courses	DoH bursary database	New Indicator	195	195	-	-	-	195
		Skilled Workforce and create a pool of Qualified	No. of New External Bursaries Awarded to first year Medical Stude	DoH Bursary Database	New Indicator	New Indicator	10				

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		prospects employees	No. of New Internal Bursaries Awarded to existing personnel	DoH Bursary Database	New Indicator	New Indicator	30	-	-	-	30
	Qualified and Competent potential staff and existing staff members (Lilitha College)	Targeted Skills Development Initiatives to Improve skills Repository of the Department	No. of employees benefited in Accredited and Non Accredited short skills programmes	Accreditation Certificate / Letter	New Indicator	New Indicator	17 000	-	-	-	17 000
			No. of unemployed youth benefited in different youth Programmes	DoH bursary database	New Indicator	New Indicator	1860	-	-	-	1860
		To obtain accreditation status for new 2 Year Diploma and Higher Certificate in Emergency Medical Care	No. of Newly Accredited EMS Programmes	Accreditation Certificate / Letter	New Indicator	New Indicator	2	-	-	-	2
		To ensure Competent EMS Academic and Operational Staff Members	No. of American Heart Association Accredited Emergency Courses	Accreditation Certificate / Letter	New Indicator	New Indicator	3	-	-	-	3

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
Quality of health services improved	Qualified and Com potential staff and staff members (Lilitha College)		No. of EMS Personnel benefited in various CPD aligned In-service short learning programmes	DoH bursary database	New Indicator	New Indicator	2497	-	-	-	2497
		To ensure accreditation for New Nursing Programme	No. of new nursing programmes accredited to the colleges	Accreditation Certificate / Letter	New Indicator	New Indicator	8	-	-	-	8
			Number of nursing students continuing with nursi academic qualificatio	DoH bursary database	New Indicator	New Indicator	577	-	-	-	577

6.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 32: Summary of payments and estimates: P6 - Health Sciences and Training

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2020/21
R thousand	2017/18	2018/19	2019/20		2020/21		2021/22	2022/23	2023/24	
1. Nursing Training Colleges	276 980	288 232	274 293	358 144	328 384	285 569	320 614	318 241	329 676	12.3
2. Ems Training College	13 873	10 939	10 441	16 795	16 109	15 982	14 996	15 109	14 991	(6.2)
3. Bursaries	141 117	147 216	81 139	121 632	127 632	121 512	203 439	202 379	211 008	67.4
4. Other Training	295 722	330 148	362 689	409 455	391 766	395 158	389 609	377 052	358 236	(1.4)
Total payments and estimates	**727 692**	**776 535**	**728 562**	**906 026**	**863 891**	**818 221**	**928 658**	**912 781**	**913 911**	**13.5**

Table 33: Summary of payments and estimates by economic classification: P6 - Health Sciences and Training

R thousand	Outcome 2017/18	Outcome 2018/19	Outcome 2019/20	Main appropriation 2020/21	Adjusted appropriation 2020/21	Revised estimate 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	Medium-term estimates 2023/24	% change from 2020/21
Current payments	**562 753**	**611 253**	**625 048**	**753 616**	**705 914**	**662 244**	**700 426**	**679 028**	**671 731**	**5.8**
Compensation of employees	468 511	519 800	544 030	637 207	605 241	598 056	601 397	590 707	582 510	0.6
Goods and services	94 242	91 453	81 018	116 409	100 673	64 188	99 029	88 321	89 221	54.3
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	**153 526**	**158 770**	**93 233**	**130 429**	**136 429**	**134 770**	**211 183**	**216 165**	**225 676**	**56.7**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	11 013	11 856	12 263	13 058	13 058	13 058	10 649	18 844	19 673	(18.4)
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	142 513	146 914	80 970	117 371	123 371	121 712	200 534	197 321	206 003	64.8
Payments for capital assets	**11 413**	**6 512**	**10 281**	**21 981**	**21 548**	**21 207**	**17 049**	**17 588**	**16 504**	**(19.6)**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	11 413	6 512	10 281	21 981	21 548	21 207	17 049	17 588	16 504	(19.6)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**727 692**	**776 535**	**728 562**	**906 026**	**863 891**	**818 221**	**928 658**	**912 781**	**913 911**	**13.5**

Tables 32 and 33 above show the summary of payments and estimates for Health Sciences and Training per sub-programme and economic classification. The programme's total expenditure increased from R727.692 million in 2017/18 to a revised estimate of R818.221 million in 2020/21. In 2021/22, the budget increases by 13.5 per cent from R818.221 million to R928.658 billion when compared to the 2020/21 revised estimate.

Compensation of employees shows a minimal positive growth of 0.6 per cent from R598.056 million to R601.397 million when compared to the 2020/21 revised estimate due to budget cuts as a result of 2020 wage freeze.

Goods and services show a positive growth 54.3 per cent from R64.188 million to R99.029 million when compared to the 2020/21 revised estimate due to a low revised estimate as a result of non-payment of training skills levy that were impacted by the COVID-19 pandemic.

Transfers and subsidies show a positive growth of 56.7 per cent from R134.770 million to R211.183 million when compared to the 2020/21 revised estimate due reprioritisation of funds to cater for Cuban Program.

Payments for capital assets show a negative growth of 19.6 per cent from R21.207 million to R17.049 million when compared to the 2020/21 revised estimate due to fiscal consolidation reductions.











PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 Programme Purpose

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

Transversal Health Services consists of:

- The orthotic & prosthetic (O&P) services sub-programme, which has three existing O&P centres. The centres are based within the three Hospitals namely the PE Provincial Hospital, in East London at Frere Hospital, and in Mthatha at Bedford Orthopaedic Hospital. The prescriptions received from medical professionals and the referrals especially from the outreach programme determine the need for the service.
- Rehabilitation, laboratory, social work and radiological services are rendered at all Hospitals and/or community health centres.

Pharmaceutical Services is responsible for

- Coordination of the full spectrum of the Pharmaceutical Management Framework including drug selection, supply, distribution and utilization.
- Pharmaceutical standards development and monitoring for health facilities and the two medical depots are coordinated under this programme.

Table 34: Quarterly Targets and planned activities for Health care support

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Availability of assistive devices in primary health care	Functional assessment of patients with conditions that require wheelchairs. Prescription for the conditions of patients that require wheelchairs and consolidation of central data base Procurement of appropriate wheelchairs and accessories for the patients	Wheelchair issued adult 19 year and older rate	1.Wheelchair distribution from the centres to facilities. 2.DHIS submitted information 3.Commitment registers from the centres	New Indicator	44.86%	30 %	5%	15%	20%	30%
			Numerator			987	750	125	375	500	750
			Denominator			2 200	2 500	2500	2500	2500	2500
			Wheelchair issued child 0-18 years rate		New Indicator	67%	70%	10%	30%	50%	70%
			Numerator			201	210	30	90	150	210

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Wheelchair seating and issuing of the appropriate wheelchair to the patients Training of therapists in basic and intermediate wheelchair seating courses. Outreach services and follow up to the wheelchair patients. Regular maintenance of wheelchairs.	***Denominator***			300	300	300	300	300	300
		Functional assessment of patients with conditions that require hearing aids Prescription of appropriate hearing aids for the conditions of patients that require hearing aids and consolidation of central data base.	Hearing aid issued adult 19 year and older rate	1.Hearing aids distribution from the centres to facilities. 2.DHIS submitted information 3.Commitment registers from the centres 4.Training plan and attendance registers	New Indicator	29.16%	35%	5%	15%	25%	35%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Procurement of appropriate hearing aids and accessories for the patients, manufacturing of custom made ear moulds impression and procurement of artificial ear moulds Fitting of appropriate hearing aids to the patients Outreach services and school health services. Maintenance of hearing aids	**Numerator**			729	420	60	180	300	420
			Denominator			2500	1 200	1 200	1 200	1 200	1 200
			Hearing aid issued child 0-18 years rate	1.Hearing aids distribution from the centres to facilities. 2.DHIS submitted information 3.Commitment registers from the centres	New Indicator	10,88%	35%	5%	15%	25%	35%
			Numerator			98	175	25	75	125	175
			Denominator			900	500	500	500	500	500
	Availability of assistive devices in primary health care	Functional assessment of patients with conditions that require walking aids Fitting of appropriate walking aids to the patients	Walking aids issued children 18 years and older rate	Walking aid distribution from the centres to facilities 2.Montlhy stats submitted. 3.Commitment registers from the centres	New Indicator	New Indicator	70%	15%	30%	50%	70%
			Numerator				2 800	600	1200	2000	2 800
			Denominator				4000	4000	4000	4000	4000

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
			Walking aids issued children 18 years and older rate	Walking aid distribution from the centres to facilities 2.Montlhy stats submitted. 3.Commitment registers from the centres	New Indicator	New Indicator	100%	10%	40%	60%	100%
			Numerator				300	30	120	180	300
			Denominator				300	300	300	300	300
		Present patients to the board for assessment and approval Surgery by the specialists when approved Prescription, assessment implant issuing	Cochlear implants issued children 0-18 years rate	1.Updated data base 2.Commitment registers from the centres	New Indicator	New Indicator	40%	13.3%	26.6%	40%	40%
			Numerator				6	2	4	6	6
			Denominator				15	15	15	15	15
		Identification, funding and buying of equipment and all resources	Establish functional Medico legal Cerebral Palsy centres of excellence	Quarterly progress reports	New Indicator	New Indicator	2	-	1	-	1

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Submission of skills audit tool, Submission of annual training plan and training programme	Training rehabilitation health professionals on basic wheelchair seating course	Training plan and attendance registers	New Indicator	New Indicator	72	24	48	72	-
			Training rehabilitation health professionals on intermediate wheelchair seating course	Training plan and attendance registers	New Indicator	New Indicator	32	-	-	32	-
			Training rehabilitation health professionals on cerebral palsy management course	Training plan and attendance registers			48	-	24	24	-
3. Morbidity and Premature mortality due to Communicable diseases (HIV,	Monitor the NHLS	Weekly meetings with the District Laboratory coordinators.	Percentage COVID 19 tests with turnaround time (<48hours)	Weekly reports from NHLS	New Indicator	42%	80%	80%	80%	80%	80%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
TB and Malaria) reduced		Weekly engagement of NHLS to confirm turnaround time	**Numerator**			102 739	199 610	49 901	49 903	49 903	49 903
			Denominator			244 619	249 511	62 377	62 378	62 378	62 378
	Stock visibility system utilised to monitor stock levels in facilities	Facilities supported by centrally procuring the Personal Protective Equipment; Monitor facilities to prevent stock-outs. Protocols on rational use of PPE developed.	Percentage Personal Protective Equipment availability in facilities		New Indicator	90%	90%	90%	90%	90%	90%
6. Quality of health services improved	Availability of medicine in depos and facilities	Maintain 3-month buffer stock within the depots	Percentage Order fulfilment for essential drugs at depot	MEDSAS	73,1%	76.5%	80%	80%	80%	80%	80%
			Numerator		90 475	104 607	550 624	137 656	165 187	137 656	110 125
			Denominator		123 735	625 709	688 280	172 070	206 484	172 070	137 656
		Monitor availability of essential drugs	Percentage of availability of essential medicine at facilities.	MEDSAS	New Indicator	91.3%	80%	80%	80%	80%	80%
			Numerator			73	64	64	64	64	64

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
			Denominator			80	80	80	80	80	80
		Ensure availability of chronic medicine in collection points on CCMDD	Number of active patients on CCMDD	CCMDD register	New Indicator	258 613	312 500	262 500	281 250	300 000	312 500

7.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 35: Summary of payments and estimates: P7 - Health Care Support Services

R thousand	Outcome 2017/18	Outcome 2018/19	Outcome 2019/20	Main appropriation 2020/21	Adjusted appropriation 2020/21	Revised estimate 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	Medium-term estimates 2023/24	% change from 2020/21
1. Orthotic & Prosthetic Services	36 270	39 316	36 740	56 062	117 899	99 956	108 757	54 021	49 631	8.8
2. Medicine Trading Account	63 728	70 744	64 589	74 807	70 957	69 285	64 488	73 824	66 858	(6.9)
Total payments and estimates	**99 998**	**110 060**	**101 329**	**130 869**	**188 856**	**169 241**	**173 245**	**127 845**	**116 489**	**2.4**

Table 36: Summary of payments and estimates by economic classification: P7 - Health Care Support Services

R thousand	Outcome 2017/18	Outcome 2018/19	Outcome 2019/20	Main appropriation 2020/21	Adjusted appropriation 2020/21	Revised estimate 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	Medium-term estimates 2023/24	% change from 2020/21
Current payments	**99 397**	**109 832**	**100 819**	**130 287**	**180 990**	**161 597**	**172 653**	**127 502**	**116 166**	**6.8**
Compensation of employees	52 707	60 148	64 231	73 344	66 580	64 800	67 394	80 996	70 229	4.0
Goods and services	46 690	49 684	36 588	56 943	114 410	96 797	105 259	46 506	45 937	8.7
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	**34**	**16**	**68**	**–**	**200**	**30**	**–**	**–**	**–**	**(100.0)**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	34	16	68	–	200	30	–	–	–	(100.0)
Payments for capital assets	**567**	**212**	**442**	**582**	**7 666**	**7 614**	**592**	**343**	**323**	**(92.2)**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	567	212	442	582	7 666	7 614	592	343	323	(92.2)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**99 998**	**110 060**	**101 329**	**130 869**	**188 856**	**169 241**	**173 245**	**127 845**	**116 489**	**2.4**

Tables 35 and 36 above show a summary of payments and estimates for Health Care Support Services per sub-programme and economic classification. The programme's total expenditure increased from R99.998 million in 2017/18 to a revised estimate of R169.241 million in 2020/21. In 2021/22, the budget decreased by 32.2 per cent from R166.970 million to R113.132 million when compared to the 2020/21 revised estimate.

Compensation of employees shows a positive growth of 4.0 per cent from R64.800 million to R67.394 million when compared to the 2020/21 revised estimate due to provision for filling of critical funded vacant posts.











PROGRAMME 8

HEALTH FACILITIES MANAGEMENT (HFM)

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 Programme Purpose

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

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

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

Table 37: Quarterly Targets and planned activities for Health facilities management

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
6. Quality of health services improved	Health facilities with major refurbishment or rebuild	Projects Site visit and inspections and month monitoring meetings with Implementing Agents	6.6.1 Number of planned health facilities with major refurbishment	Practical Completion Certificate Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	1	2	3	-	-	-	3

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Health facilities with major refurbishment or rebuild or repurposed for COVID management Increase the capacity for isolation, high care and Intensive care beds in existing hospitals Increase isolation, high care capacity in field hospitals		Number of Health facilities with minor refurbishment	Job card / invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	38	30	15	-	2	2	11
			Number of Major renovations or upgrades completed at facilities	Practical Completion Certificate Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	New Indicator	2	4	-	-	1	3
			Number of Minor renovations or upgrades completed at facilities	Job card / invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	New Indicator	30	4	-	1	1	2

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
			Number of additional High Care bed spaces and beds at existing hospitals	Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	New Indicator	375	150	-	30	50	70
			Number of additional Isolation beds at existing hospitals	Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	New Indicator	750	500	35	100	150	215
			Number of Regional and Tertiary Hospitals fitted with additional oxygen points at beds	Job card / invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	New Indicator	2	9	2	2	2	3

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2019/20	Estimated Performance 2020/21	Targets 2021/22	Quarterly Targets			
								Q1	Q2	Q3	Q4
			Number of District Hospitals fitted with additional oxygen points at beds	Job card / invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	New Indicator	9	30	5	10	8	7

8.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 38: Summary of payments and estimates: P8 - Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2020/21
	2017/18	2018/19	2019/20		2020/21		2021/22	2022/23	2023/24	
1. Community Health Facilities	155 394	106 070	300 782	301 505	219 782	202 231	356 228	550 170	456 364	76.1
2. Emergency Medical Rescue Services	281	136	–	–	–	–	–	–	–	
3. District Hospital Services	752 511	661 090	626 499	659 926	792 104	810 303	471 223	412 259	500 587	(41.8)
4. Provincial Hospital Services	289 282	412 773	528 898	341 231	608 442	549 012	411 950	302 748	346 202	(25.0)
5. Other Facilities	77 046	73 227	40 128	47 041	275 748	230 506	34 924	22 338	16 502	(84.8)
Total payments and estimates	**1 274 514**	**1 253 296**	**1 496 307**	**1 349 703**	**1 896 076**	**1 792 052**	**1 274 325**	**1 287 515**	**1 319 655**	**(28.9)**

Table 39: Summary of payments and estimates by economic classification: P8 - Health Facilities Management

R thousand	Outcome 2017/18	Outcome 2018/19	Outcome 2019/20	Main appropriation 2020/21	Adjusted appropriation 2020/21	Revised estimate 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	Medium-term estimates 2023/24	% change from 2020/21
Current payments	**409 705**	**306 023**	**378 344**	**267 338**	**231 965**	**209 141**	**333 435**	**374 339**	**486 173**	**59.4**
Compensation of employees	16 844	29 103	28 283	38 407	37 369	20 180	42 627	45 849	51 754	111.2
Goods and services	392 861	256 616	349 452	228 931	194 596	188 961	290 808	328 490	434 419	53.9
Interest and rent on land	–	20 304	609	–	–	–	–	–	–	
Transfers and subsidies to:	**67**	**11**	**6**	**–**	**–**	**–**	**–**	**–**	**–**	
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	67	11	6	–	–	–	–	–	–	
Payments for capital assets	**864 742**	**947 262**	**1 117 957**	**1 082 365**	**1 664 111**	**1 582 911**	**940 890**	**913 176**	**833 482**	**(40.6)**
Buildings and other fixed structures	637 152	911 812	1 060 483	935 918	1 381 013	1 325 723	619 037	669 598	653 487	(53.3)
Machinery and equipment	227 590	35 450	57 474	146 447	283 098	257 188	321 853	243 578	179 995	25.1
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**1 274 514**	**1 253 296**	**1 496 307**	**1 349 703**	**1 896 076**	**1 792 052**	**1 274 325**	**1 287 515**	**1 319 655**	**(28.9)**

Tables 38 and 39 above show the summary of payments and estimates for Health Facilities Management per sub-programme and economic classification. The programme's total expenditure decreased from R1.274 billion in 2017/18 to a revised estimate of R1.792 billion in 2020/21. In 2021/22, the budget decreases by 28.9 per cent from R1.792 billion to R1.274 billion when compared to the 2020/21 revised estimate.

Compensation of employees shows a positive growth of 111.2 per cent from R20.218 million to R42.627 million when compared to the 2020/21 revised estimate in order to improve capacitation within the programme.

Goods and services show a positive growth 53.3 per cent from R188.961 million to R290.808 million when compared to the 2020/21 revised estimate due the reprioritisation of maintenance of infrastructure and machinery and equipment.

Payments for capital assets show a negative growth of 40.6 per cent from R1.582 million to R940.890 million when compared to the 2020/21 revised estimate due to the additional funding on Health Revitalisation Facilities Grant.

Conclusion

This is 2021/22 Operational 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 2021/22 Annual Performance Plan.

The department is committed to supporting districts, sub-districts and the facilities to achieve the agreed targets.