Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN

2025/26

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ABBREVIATIONS AND ACRONYMS

ACSM	Advocacy Communication and Social Mobilisation
AIP	Audit Intervention Plan
ALOS	Average Length of Stay
APP	Annual Performance Plan
APC	Adult Primary Care
ARP	Annual Recruitment Plan
ART	Antiretroviral Therapy
BANC	Basic Ante-Natal Care
BoD	Burden of Disease
BLS	Basic Life Support
BUR	Bed Utilisation Rate
CCMDD	Central Chronic Medicine Dispensing and Distribution
CCOD	Compensation / Commissioner for Occupational Disease
CFO	Chief Financial Officer
CFR	Case Fatality Rate
CHCs	Community Health Centres
CHE	Council for Higher Education
CMH	Cecilia Makiwane Hospital
CHWs	Community Health Workers
CETU	Clinical Education and Training Unit
COE	Compensation of Employees
COIDA	Compensation of Occupational Injuries and Diseases Act
COVID -19	Corona Virus 19
CP	Cerebral Palsy
CPD	Continuous Personal Development
CT	Cape Town
CUP	Contracting Units for Primary Health Care
CSSD	Central Sterile Supply Department
CSTL	Care and Support for Teaching and Learning
DCSTs	District Clinical Specialist Teams
DDG	Deputy Director-General
DHIS	District Health Information System
DHIMS	District Health Information Management System
DHP	District Health Plan
DHS	District Health Services
DM	District Municipality
DMT	District Management Team
DSD	Department of Social Development
DOE	Department of Education
DOH	Department of Health
DOJ	Department of Justice
DORA	Division of Revenue Act
DS -TB	Drugs Susceptible Tuberculosis
DR - TB	Drug Resistant Tuberculosis
DSRAC	Department of Sports Recreation, Arts and Culture
DRDAR	Department of Rural Development and Agrarian Reform
EAP	Employee Assistance Programme
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECAC	Eastern Cape AIDS Council
ECCOEC	Eastern Cape College of Emergency Care
ECSECC	Eastern Cape Socio-Economic Consultative Council
EDR-TB	Extreme Drug Resistance Tuberculosis
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisations
EPWP	Expanded Public Works Programme
EPRE	Estimate of the Provincial Revenue and Expenditure
ESMOE	Essential Steps in the Management of Obstetric Emergencies
ETR	Electronic TB Register
EXCO	Executive Council
GBV	Gender Based Violence.
GPS	Global Positioning System
GIAMA	Government Immovable Asset Management Act
GP	General Practitioner
HAIs	Hospital Acquired Infection
HAP	Health Action Plan
HAST	HIV / AIDS, STI and TB Control
HBB	Helping Babies Breathe
HCSS	Health Care Support Services
HDI	Human Development Index
HFM	Health Facilities Management
HIV/AIDS	Human Immuno - Deficiency Virus/Acquired Immune Deficiency Syndrome
HMS	Hospital Management System
HMS2	Health Management System 2
HOD	Head of Department
HP	Health Promotion
HPCSA	Health Professional Council of South Africa
HPRS	Health Patient Registration System
HST	Health Sciences and Training
HPTD	Health Professions Training and Development (Grant)
HPV	Human Papilloma Virus
HRM	Human Resource Management
HRD	Human Resource Development
HRH	Human Resources for Health
HT	Health Technology
HVAC	Heating Ventilation and Conditioning
ICC	Institutional Consultative Committee
IHFRM	Ideal Health Facility Realisation and Maintenance
ICSM	Integrated Clinical Services Management
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information, Communications and Technology
IDMS	Infrastructure Delivery Management System
IDIP	Infrastructure Delivery Improvement Programme
IDPs	Integrated Development Plans
IGR	Inter Governmental Relations
IHR	International Health Regulation
IMAM	Integrated Management of Children with Acute Malnutrition
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
ISHP	Integrated School Health Programme
IYM	In- Year Monitoring

IT	Information Technology
LEDIS	Local Economic Development Implementation Strategy
MAC	Ministerial Advisory Committee
MBOD	Medical Bureau for Occupational Diseases
MCWHN	Maternal Child Women's Health and Nutrition
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 Rate
MOU	Maternal Obstetric Unit
MOP	Medical Orthotic and Prosthetic
MPL	Member of Provincial Legislature
MRC	Medical Research Council
MRI	Magnetic Resonance Imaging
MSSN	Management of Small and Sick Neonates
MTCT	Mother-To-Child-Transmission
MTDP	Medium Term Development Plan
PMTDP	Provincial Medium Term Development Plan
MTEF	Medium -Term Expenditure Framework
N/A	Not Applicable
NCCEMD	National Committee on Confidential Enquiry on Maternal Deaths
NCDs	Non-Communicable Diseases
NCS	National Core Standards
NDHSC	National District Health Steering Committee
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
NMAH	Nelson Mandela Academic Hospital
NMM	Nelson Mandela Metro
NMU	Nelson Mandela University
NPI	Non-Pharmaceutical Interventions
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 Administrative 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
PET	Positron Emission Tomography
PFMA	Public Finance Management Act
PMDS	Performance Management Development System
PEPFAR	President's Emergency Plan for Aids Relief
PERSAL	Personnel and Salaries System
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMB	Prescribed Minimum Benefits
PMTCT	Prevent Maternal to Child Transmission
POA	Programme of Action
PrEP	Pre-exposure prophylaxis
PT	Provincial Treasury
PUP	Pick Up Points
PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Management
QA	Quality Assurance
QIP	Quality Improvement Plan
RAF	Road Accident Fund
RPHC	Re-engineering the Primary Health Care System
RTC	Regional Training Centre
SADC	South African Development Community
SCM	Supply Chain Management
SOP	Standard Operating Procedure
SAHRC	South Africa Human Rights Council
SAM	Severe Acute Malnutrition
SDM	Service Delivery Model
SyNCH	Synchronised National Communication in Health
STI	Sexual Transmitted Infection
TB	Tuberculosis
TROA	Total clients remaining On ART
TPT	TB Preventative Therapy
UNAIDS	United Nations Programme on HIV/AIDS
WBOT	Ward Based Outreach Teams
WBPHCOT	Ward-Based Primary Health Care Outreach Teams

Province of the
EASTERN CAPE
HEALTH

PART A

STRATEGIC FOCUS

OPERATIONAL PLAN 2025/26

PART A: STRATEGIC FOCUS

1. INTRODUCTION AND OVERVIEW

Summary of departmental allocation

R'000	
To be appropriated by Vote in 2025/26	R **31 652 682**
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 (UHC) for the people of the Eastern Cape Province, through Primary Health Care (PHC) approach utilising resources efficiently, to enable present and future generations to achieve optimal health outcomes and quality.

5. VALUES

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

- Professionalism
- Fairness
- Accountability
- Commitment
- Team work
- Compassionate
- Responsive

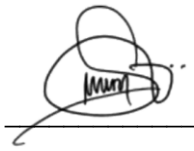
6. OVERVIEW OF THE MAIN SERVICES

The Department operates through 8 programmes whose activities are spread out within 4 main branches i.e. Corporate Service Branch, Two Clinical Branches and Finance Branch. The core business of the Department is driven through Programme 2 (District Health Services), Programme 4 (Provincial Hospital Services), Programme 5 (Central & Tertiary Hospitals) with the remainder of the programmes offering the necessary support services. This operational plan is based on the 2025/26 Annual Performance Plan of the Department and reflects the activities that the Department will engage during 2025/26 financial year. Monitoring and Reporting 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 (IYM) system.

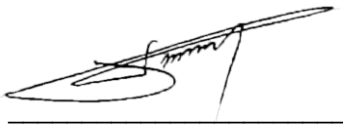
This is 2025/26 Operational Plan for the Eastern Cape Department of Health as approved below:

7. OFFICIAL SIGN-OFF OF THE OPERTIONAL PLAN 2025/26

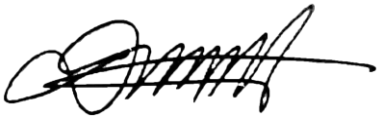
It is hereby certified that this Operational Plan:
Was developed by the management of the Eastern Cape Department of Health under the guidance of MEC for Health, Hon. N. Capa, MPL, takes to account all the relevant policies, legislations, and other mandates for which the Eastern Cape Department of Health is responsible.
Accurately reflects the outputs and activities which the Eastern Cape Department of Health will endeavor to achieve over the period 2025/26 financial year.



Ms. N. Mavuso
Programme Manager: 1, 6, & 8
02 April 2025



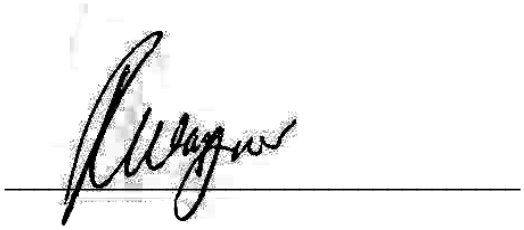
Dr. M. Xamlashe
Programme Manager: 3, 4, 5 & 7
02 April 2025



Ms. M. Nokwe
Programme Manager 2
02 April 2025

Prof. S.T. Moko
Head Official Responsible for Planning
02 April 2025

Mr. G.G. Mhlanga
Acting Chief Financial Officer
02 April 2025

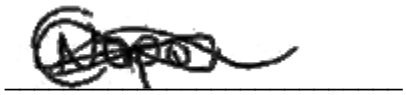


Dr. R Wagner

Accounting Officer

02 April 2025

Approved by:



Hon. N. Capa, MPL

Member of the Executive Council

02 April 2025

Province of the
EASTERN CAPE
HEALTH

PART B

STRATEGIC FOCUS

OPERATIONAL PLAN 2025/26

PART B: STRATEGIC FOCUS

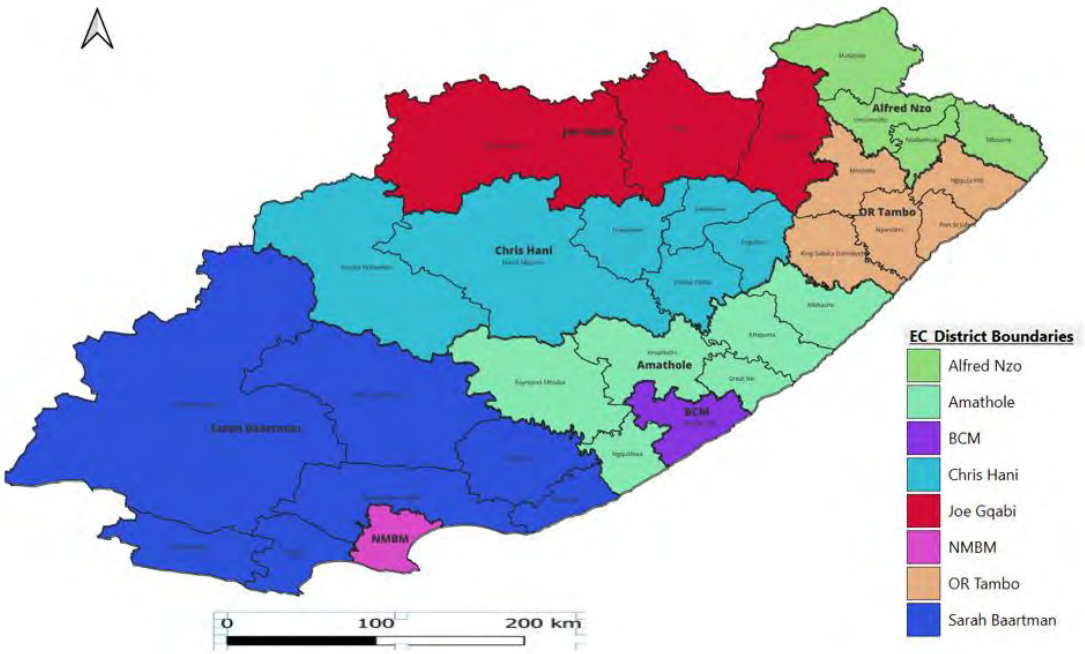
8. DEMOGRAPHIC PROFILE OF THE PROVINCE

According to Statistics South Africa 2024 mid-year population estimates, the Eastern Cape Province is home to 7,176,232 people, comprising 46.7% males and 53.3% females. The youth (15-34 yrs) constitute about 31.5% of the provincial population and about 10.9% of the general population are children under 5 years of age. The Census is, however, showing a declining youth cohort (15-34) years. This decline may have a substantial impact on the Province, leading to the skills drainage.

At birth, both males and females have almost the same numbers until becoming young adults. With males having a slight edge over their female counterparts up to age 35 years. More women live beyond the age of 35 years when compared to men. As a result, the capacity of the EC province is usually overstretched due to the high demand for basic services like education, health care services, social services, employment opportunities and housing.

The Province is divided into two metropolitan municipalities (Buffalo City and Nelson Mandela Metropolitan) and six district municipalities (Alfred Nzo, Amathole, Chris Hani, Joe Gqabi, OR Tambo and Sarah Baartman), which are further divided into 31 local municipalities.

Fig 1: Map of the Eastern Cape



Source: EC DoH

Population Pyramid

Figure 2: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2024)

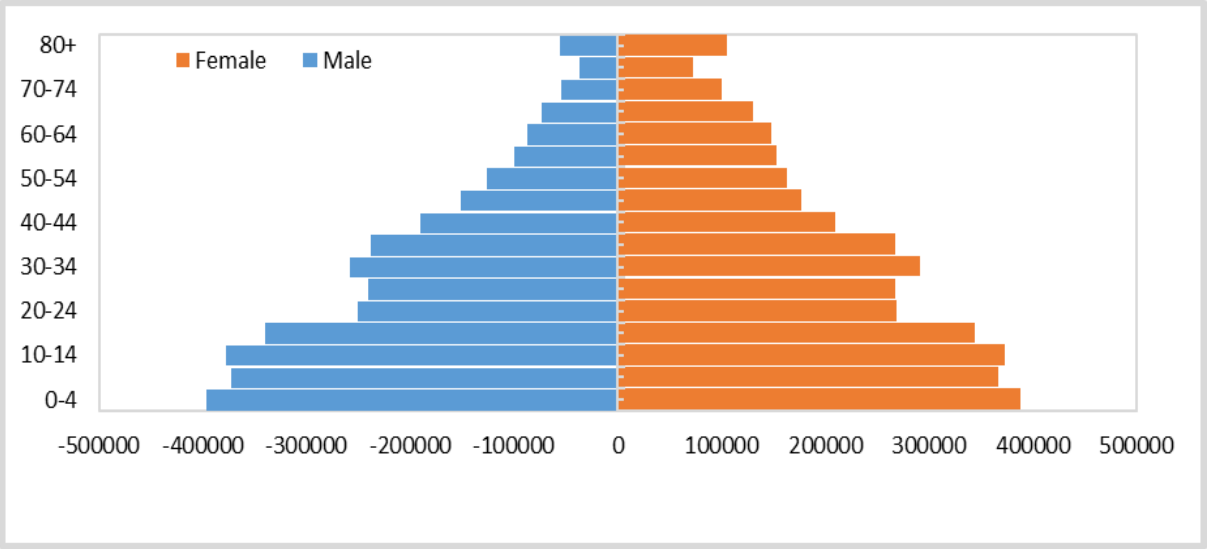


Table 1: Population Distribution by Health District Municipality (DM), 2022 estimates

District	% of total population[1]	Total population[1]	Males[1]	Females[1]	Size of area (km²)[2]
Alfred Nzo	12,5	899 932	383 096	516 836	10 731.2
Amathole	11,8	844 253	399 609	444 644	21 594.9
Buffalo City Metro	12,3	880 910	419 706	461 204	2 535.9
Chris Hani	10,5	752 480	348 123	404 357	36 143.5
Joe Gqabi	5,1	368 767	172 959	195 808	25 662.7
N Mandela Metro	17,6	1 262 388	600 737	661 651	1 958.9
OR Tambo	23,0	1 647 014	774 893	872 121	12 095.5
Sarah Baartman	7,3	520 485	249 478	271 007	58 243.3
Eastern Cape	100.0	7 176 229	3 348 601	3 827 628	168,966.0

Data Sources: [1]Stats SA mid-year population estimates 2024; [2]Population Census, 2022

9. MTEF BUDGETS

4.4 MTEF budgets

Table 2: Summary of payment estimates by programme: Health

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation 2024/25	Adjusted appropriation 2024/25	Revised estimate 2024/25	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28	% change from 2024/25
1. Administration	716 793	773 703	758 667	988 331	968 331	862 946	888 753	912 159	944 412	3,0
2. District Health Services	15 094 877	15 077 221	15 618 193	15 568 004	15 660 045	15 739 260	15 773 326	16 666 348	17 350 499	0,2
3. Emergency Medical Services	1 353 522	1 452 877	1 360 385	1 562 632	1 564 583	1 496 420	1 638 706	1 650 100	1 749 214	9,5
4. Provincial Hospital Services	3 686 353	3 926 710	4 253 340	4 231 168	4 350 027	4 647 012	4 701 833	4 702 086	4 957 257	1,2
5. Central Hospital Services	4 751 526	4 713 574	4 928 873	5 036 282	5 085 431	4 979 798	5 760 414	5 291 362	5 502 618	15,7
6. Health Sciences and Training	774 759	985 706	1 076 571	1 165 111	1 123 111	1 015 205	1 186 843	1 128 613	1 180 850	16,9
7. Health Care Support Services	112 986	115 053	112 696	248 787	248 787	194 175	248 101	250 631	263 799	27,8
8. Health Facilities Management	1 087 913	1 071 575	1 018 088	1 306 528	1 306 528	1 372 027	1 454 706	1 425 666	1 450 518	6,0
Total payments and estimates	**27 578 729**	**28 116 419**	**29 126 813**	**30 106 843**	**30 306 843**	**30 306 843**	**31 652 682**	**32 026 965**	**33 399 167**	**4,4**

Table 2 above shows the summary of payments and estimates by programme. The total payments increased from R27.578 billion in 2021/22 to a revised estimate of R30.306 billion in 2024/25. In 2025/26, the budget increases by 4.4 per cent from R30.306 billion in 2024/25 to R31.652 billion due to additional allocation to strengthen medical records for the reduction of medico legal contingencies, COE adjustments for wage agreement and funding for payables and accruals of non-negotiable items, as well as additional funding on conditional grants. The department reprioritised funds from other programmes to fund Programmes 5, 6 and 7 as evident by growth which more than 10 per cent.

Table 3: Summary of provincial payments and estimates by economic classification

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28	
Current payments	**26 074 390**	**26 295 225**	**27 499 448**	**28 168 389**	**28 367 353**	**28 256 403**	**29 727 939**	**30 138 008**	**31 466 127**	**5,2**
Compensation of employees	18 479 937	18 712 799	19 952 151	20 011 717	20 010 479	20 010 479	21 196 760	21 439 161	22 095 691	5,9
Goods and services	7 589 769	7 543 539	7 528 082	8 156 672	8 356 874	8 245 924	8 531 178	8 698 847	9 370 436	3,5
Interest and rent on land	4 684	38 887	19 215	–	–	–	–	–	–	
Transfers and subsidies to:	**332 597**	**519 529**	**520 844**	**352 565**	**456 230**	**567 180**	**311 256**	**416 825**	**435 582**	**(45,1)**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	13 075	16 866	14 721	14 401	14 401	14 401	14 886	21 867	22 851	3,4
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	26 528	35 450	35 942	35 942	35 942	17 892	29 874	31 218	(50,2)
Households	319 522	476 135	470 673	302 222	405 887	516 837	278 478	365 084	381 513	(46,1)
Payments for capital assets	**1 171 742**	**1 301 665**	**1 106 521**	**1 585 889**	**1 483 260**	**1 483 260**	**1 613 488**	**1 472 132**	**1 497 458**	**8,8**
Buildings and other fixed structures	575 252	461 114	352 588	602 057	683 004	683 004	795 925	742 725	715 119	16,5
Machinery and equipment	596 490	840 551	753 933	983 832	800 256	800 256	817 562	729 407	782 339	2,2
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**27 578 729**	**28 116 419**	**29 126 813**	**30 106 843**	**30 306 843**	**30 306 843**	**31 652 682**	**32 026 965**	**33 399 167**	**4,4**

Table 3 above shows the summary of payments and estimates by economic classification. Compensation of Employees shows an increase of 5.9 per cent from R20.010 billion in 2024/25 to R21.196 billion in 2025/26 when compared to revised estimate due to additional funding for wage agreement.

Good and Services show a growth of 3.5 per cent from R8.245 billion in 2024/25 to R8.531 billion in 2025/26 when compared to the revised estimate due to additional allocation for strengthening medical records for the reduction of medico legal contingencies and funding for payables and accruals of non-negotiable items.

Transfers and subsidies show a negative growth of 45.1 per cent from R567.180 million in 2024/25 to R311.256 million in 2025/26 due to high revised estimate emanating from the payment of legal claims in 2024/25.
Payments for capital assets show a growth of 8.8 per cent from R1.483 billion to R1.613 billion when compared to the 2024/25 revised estimate due to additional allocation on Health Facilities Revitalisation Grant for the benefit of Buildings and other fixed structures projects particularly the upgrades and additions of the Oncology Building at Nelson Mandela Academic Hospital.

Province of the
EASTERN CAPE
HEALTH

PART C

MEASURING OUR PERFORMANCE

OPERATIONAL PLAN 2025/26

Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN 2025/26

PROGRAMME 1

HEALTH ADMINISTRATION AND MANAGEMENT

PROVINCIAL DoH OPERATIONAL PLAN PER BUDGET PROGRAMME

PART C: MEASURING OUR PERFORMANCE

1. PROGRAMME 1: 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 4: Activities, timeframes and budgets for the Office of the MEC

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Statutory document submitted	Number of statutory documents tabled at Legislature	10 statutory documents	Q1 - 1	Development and submission of Statutory documents	1 April 2025 – 30 June 2025	Operational budget	AG findings and recommendations, Sector Standardised Indicators from NDoH, Template from DPME, Inputs from programme managers	Sub programme Managers
			Q2 - 2		1 July 2025 – 30 September 2025			
			Q3 - 1		1 October 2025– 31 December 2025			
			Q4 - 6		1 January 2026– 31 March 2026			

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
- Supply Chain Management (SCM)

Corporate Services Branch

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

Hospital and Clinical Support Management Branch

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

District Health Services Management Branch

- District Health Support
- Communicable Diseases
- Health Programmes

Table 5: Activities, timeframes and budgets for Health Management

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Audit opinion of provincial DOH achieved	Audit opinion of Provincial DoH	Unqualified	Q2 - Unqualified	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	1 July 2025 – 30 September 2025	Operational budget	Audit Strategy from Provincial Treasury, Findings from AG	Finance Programme Manager
	% of valid invoices paid within 30 days	100%	100%	Quality checking of the invoices and payment of all those that are valid and follow up on those missing information	1 April 2025 – 31 March 2026	Operational budget	Valid invoices	Finance Sub programme Manager
Approved procurement plan in place	Approved Annual Procurement Plan	2026/27 Approved Annual Procurement Plan	Q2 - 1st draft Annual Procurement Plan	Development of contracts for Procurement of non-contracted medical & surgical items. Monthly & Quarterly Procurement plan reports	1 July 2025– 30 September 2025	Operational budget	Approved Operational project plans and Budget availability	SCM Sub programme Manager
			Q3 - 2nd Draft Annual Procurement Plan		1 October 2025 – 31 December 2025			
			Q4 - 2025/26 Approved Annual Procurement Plan		1 January 2026 – 31 March 2026			

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Increased revenue collection	Amount Revenue generated (R)	339.7 mil	Q1 – 41,8mil Q2 – 67,6mil Q3 – 95,8mil Q4 – 134,5mil	Training on billings to Medical Aids, RAF and other external funders in selected facilities. Workshops on revenue management – all facilities Monitor collection trends Monitor and evaluate implementation of policies and procedures and identified interventions. Follow up on unpaid patient fees: Engagement meetings with external funders.	1 April 2025 – 30 June 2025 1 July 2025 – 30 September 2025 1 October 2025 – 31 December 2025 1 January 2026 – 31 March 2026	Via Microsoft Teams platform	Budget for recruitment, Digitalisation - HMS2	Finance Sub programme manager
Approved costed Human Resource Plan (HRP) to create share vision to realise NHI	Human Resource Plan approved	Approved Human Resource Plan	Q4- Approved Human Resource Plan	Develop and implement an HRP to address the human resources requirements, including filling critical vacant posts for full implementation of universal healthcare	1 January 2026 – 31 March 2026	Operational budget	Budget for recruitment	HRM Sub programme manager
Diagnosis of any medical condition in ex	Number of benefit medical examination conducted during outreach	2 000	Q1 – 200 Q2 – 600 Q3 – 600	Conduct benefit medical examination in the districts.	1 April 2025 – 31 March 2026	Operational budget	Municipalities Occupational Compensation	Project Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
minors identified			Q4 - 600	Community mobilisation and public meetings Data sharing of information from all the stakeholders with the provincial committee in order to map the list with municipalities. Hosting of targeted outreach services and invitation of all relevant stakeholders with integrated services Benefit medical examination conducted			institutions Local ex mine worker's Councils Traditional Authorities Other Departments Proper Budget allocation PSC ECDoH - PMU Supporting NGO's	
	Number of Ex-mine workers tracked in walk in centres	24 000	Q1 – 6 000 Q2 – 6 000 Q3 – 6 000 Q4 – 6 000	Compensation administrative screening Case lodgement Feedback communication for case claiming Clinical screening for lung diseases	1 April 2025 – 31 March 2026	Operational budget	Municipalities Occupational Compensation institutions Local ex mine worker's Councils Traditional Authorities Other Departments Proper Budget allocation PSC ECDoH - PMU Supporting NGO's	Project Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Health promotion outreach conducted for Ex-mine workers	28	Q1 - 7 Q2 - 7 Q3 - 7 Q4 - 7	Stakeholder engagement Community mobilisation Outreach hosting – information sharing on health promotion activities	1 April 2025 – 31 March 2026	Operational budget	Municipalities Occupational Compensation institutions Local ex mine worker's Councils Traditional Authorities Other Departments Proper Budget allocation PSC ECDoH - PMU Supporting NGO's	Project Manager
Causes of Medico. legal claims reduced	Contingent liability of medico – legal cases – rand value	R21,471bn	Q4 - R21,471bn	Continuous monitoring of labour caesarean section interventions for foetal distress. Implement electronic record management system.	1 April 2025 – 31 March 2026	Operational budget	Quality patient care Implementation of medico legal strategy	Sub programme Manager
	% of cases settled due to lack of records	50%	Q4- 50%	Training of Clinicians on patient notes and records management systems Secure patients' historical records while transitioning to electronical	1 April 2025 – 31 March 2026	Operational budget	Patient records Availability of Clinicians	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				patient record Establish digitisation rooms				
	% of PAIA requests responded to within 30 days	50%	50%	Manage PAIA request and contingent liability through electronic systems (E-liability register and E-PAIA module)	1 April 2025 – 31 March 2026	Operational budget	Connectivity	Sub programme Manager
	% of hospitals connected to HSM2	30%	30%	Roll our HMS2 to Hubs and identified PHCs	1 April 2025 – 31 March 2026	R118 mil	Connectivity	Sub programme Manager
Improved connectivity in health facilities	Percentage of Hospitals with connectivity	52.8%	Q4 - 52.8%	Identification of institutions with no connectivity. Submission of prescribed forms Implementation and monitoring.	1 April 2025 – 31 March 2026	Operational budget	Broadband from OTP LTE Routers	Sub programme Manager
	Numerator	57 (10 new)	57 (10 new)					
	Denominator	89	89					
	Percentage of fixed PHC facilities with connectivity	38.5%	Q4 - 38.5%					
	Numerator	299 (50 new)	299 (50 new)					
	Denominator	777	777					
	Number of government buildings connected to high-speed broadband and have sufficient services to make the broadband usable (local area network – LAN)	28 phase 1 and 2 facilities, inclusive of LAN and Computer equipment	28 phase 1 and 2 facilities, inclusive of LAN and Computer equipment		1 April 2025 – 31 March 2026	R45 mil	Broadband from OTP LTE Routers	Sub-programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Statutory documents developed and submitted to legislature.	Number of statutory documents approved	3 Approved statutory documents (SP, APP & OP)	Q3 - 1st Draft SP &APP Q4-2 Approved statutory documents (SP, APP & OP)	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, office of the HOD and MEC for vetting and final approval. Submit approved documents to the Office of the MEC in preparation for tabling.	1 April 2025 – 31 March 2026	Operational budget	Inputs from programme managers Multiyear Tender for printing	Sub-programme Manager
Planners forum hosted	No of provincial planners, monitoring and evaluation forum hosted.	1	Q3-1 planner's forum hosted	Host Provincial Planners, Monitoring, & Evaluation Forum	1 April 2025 – 31 March 2026	Operational budget	Venue and Connectivity	Sub-programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Service delivery improvement plan developed and submitted to DPSA	Reviewed Service Delivery Plan approved	Approved Service Delivery Improvement Plan	Q4 - Approved Service delivery improvement plan	Conduct business process mapping in 28 prioritised hospitals Review the service delivery improvement plan	1 April 2025 – 31 March 2026	Operational budget	Input from Programme Managers	Sub – programme
2025/26 DHP submitted to National	Number of 2025/26 District Health Plans approved	8	8	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	1 April 2025 – 31 March 2026	Operational budget	Final DHPs from the Districts Final 2025/26 APP	Sub-programme Manager
Policies developed and reviewed	Number of policies approved	2	Q4 - Policy approved	Analyse available policies Develop clinical and corporate policies. Catalogue and publish the available policies.	1 April 2025 – 31 March 2026	Operational budget	Inputs from Programme Managers	Sub Programme Manager
Compilation, coordination and submission of all mandatory reports	Number of Quarterly reports submitted	4	4	Development and submission of quarterly reports on prescribed dates to OTP, National	1 April 2025 – 31 March 2026	R 500 000	Annual Performance Plan Programme Managers	M&E Directorate

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Department of Health, DPME and Legislature. Take an initiative in preparation of provincial quarterly reviews. Quarterly and Mid-year on prescribed dates.			adherence to reporting timelines AGSA findings and recommendations' Standardised indicators from NDOH and NIDS Template from DPME	
	Number of Program of Action (POA) reports submitted	5	5	Development and submission of quarterly POA reports on prescribed dates to OTP Submission of Annual POA report to OTP	1 April 2025 – 31 March 2026	Operational budget	Programme Managers adherence to reporting timelines Template from OTP	M&E Directorate
Coordination of the pre-determined objectives for the Annual Report	Approved Annual Report submitted	Approved Annual Report	Q1 -Preliminary Report	Development and submission of Draft Annual Performance Report and Final. Annual Report 2024/25 on prescribed dates and submission to Treasury, AGSA and Legislature.	1 April 2025 – 30 June 2025	R100 000	Annual Performance Plan Programme Managers adherence to reporting timelines AGSA findings and recommendations' Standardised Indicators from	M&E Directorate
			Q2 - Final Report		1 July 2025 – 30 September 2025			

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
							NDOH Template from DPME	
Coordination of the pre-determined objectives for Quarterly, Mid - year and Annual Reports	Number of Programmes submitted Portfolio of Evidence	8	Q2- 8	Develop templates and facilitate the compilation of Portfolio of Evidence for Quarterly, Mid-Year and Annual Reports. Send out templates on the 15th of every month following the end of the quarter. 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.	1 July 2025 – 30 September 2025		M&E Directorate Programme Managers Internal Audit Districts Facilities	M&E Directorate
Effective public health surveillance of notifiable	% of hospitals using the Notifiable Medical Conditions (NMC) App	>90%	>90%	Monitor the use of the NMC App to report NMC cases.	1 April 2025 – 31 March 2026	Operational budget	Regulations relating to the surveillance and control of NMC	DD Epidemiology AD Surveillance NICD Trainer

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
medical conditions and outbreak prone diseases							of 2017 & 2023	
	Acute Flaccid Paralyses (AFP) detection rate	4 AFP cases per 100 000 population	4 AFP cases per 100 000 population	Conduct AFP surveillance	1 April 2025 – 31 March 2026	Operational budget	None	DD Epidemiology DD Research
Outbreak Investigation and response conducted for outbreak prone diseases	Number of outbreaks investigated	≥85%	≥85%	Investigate more than 85% of the outbreak prone diseases and response activities done.	1 April 2025 – 31 March 2026	R 1 800 000	None	DD Epidemiology AD Surveillance
	Number of trainings for Outbreak Response Teams	8	8	Training of the Outbreak Response Teams.	1 April 2025 – 31 March 2026	Operational budget	None	DD Epidemiology DD Research
	% influenza vaccine utilization rate	≥ 85%	≥ 85%	Monitor influenza vaccination.	1 April 2025 – 31 March 2026	R 6m (Prog. 2.5 budget)	None	
Platform for research findings sharing created	Epidemiology & Public Health Seminar conducted	1	1	Conduct the Epidemiology & Public Health Seminar.	1 April 2025 – 31 March 2026	R 800 000	National Strategic Plan for Neglected Tropical Disease, 2023-2030	DD Epidemiology AD Surveillance DD Epidemiology AD Surveillance
	Clinical Trials Symposium	1	1	Organize the Clinical Trials Symposium.	1 April 2025 – 31 March 2026	R 200 000	None	DD Epidemiology DD Research AD Surveillance AD Research
Strengthen research coordination	Functional Provincial Health Research Committee	4	1	Quarterly review meetings.	1 April 2025 – 31 March 2026	R50 000	None	DD Epidemiology DD Research AD Surveillance AD Research
Platform for research findings sharing created	Epidemiology & Public Health Seminar conducted	1	1	Conduct the Epidemiology & Public Health Seminar.	1 April 2025 – 31 March 2026	R 850 000	None	

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Priority research studies conducted	National ANC HIV Sero-Prevalence Survey	1	Q3 -1	Protocol dissemination Data collection on ANC clients Monitor protocol implementation.	1 April 2025 – 31 March 2026	R200,000	None	DD Research AD Research
Research capacity building	Research knowledge translation workshop conducted	1	1	Research translation into policy & practise training workshop.	1 April 2025 – 31 March 2026	R100,000	None	DD Epidemiology DD Research AD Surveillance AD Research
Health Information Managements Systems Implemented	Percentage of health facilities reported timely	98%	98%	Measure Timeliness, Submission and Completeness of data from health facilities in compliance with revised facility SOP and NIDS 2025.	1 April 2025 – 31 March 2026	Approved Operational Project Plan and availability of Budget	None	Director HIMS
	Numerator	848	848					
	Denominator	865	865					
	Percentage of Health Facilities complied with absolute validation rules.	80%	80%	Measure reporting heal facilities that complied with absolute validation rules.	1 April 2025 – 31 March 2026	Approved Operational Project Plan and availability of Budget	None	Director HIMS
	Numerator	692	692					
	Denominator	865	865					
	Number of Pre-submission data verifica report compiled	12	3	Compile Pre-submission data verification report. Monitor data quality post submission. Ensure timely and appr response to data request.	1 April 2025 – 31 March 2026	None	None	Director HIMS
	Number of workshops conducted on DHIMS policy	4	1	Institutionalise DHIMS Policy, SOP's and NIDS by capacitating Programme Managers,	1 April 2025 – 31 March 2026	Approved Operational Project Plan and availability	None	Director HIMS

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Clinicians, CEOs, Operational Managers, Information personnel clerks, EMS and EHS practitioners. Facilitate and prepare logistics for the virtual workshop. Re-orientate health facilities on data reconciliation and monitor the submission.		of Budget		
	Approved HIMS Audit intervention plan	Approved HIMS Audit intervention plan	Q4 –Approved plan	HIMS Audit intervention plan developed Monitor submission of AOPO AIP progress from the districts	1 April 2025 – 31 March 2026	Operational budget	None	Director HIMS
Departmental Information Systems supported and maintained	Number of districts Supported in Information Systems management.	8	2	Maintain System functionality. Render capacity and training on webDHIS and other emerging systems.	1 April 2025 – 31 March 2026	Approved Operational Project Plan and availability of Budget	None	Director HIMS
Mainstreaming of issues related to designated groups	% of schools profiled for back to school campaign for a identified District	100%	100%	Assist in the profiling and support of all school grades in a District that has been identified for back- to -school health services.	1 October 2025 – 31 March 2026	Programmes NGOs Partners	DOE OTP Legislature Municipalities Health District NGO	Special Programmes Unit
	Number of awareness	4	1	Disability rights,	1 April 2025	Programmes	DOE	Special Programmes

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	campaigns conducted			gender- based violence, women rights, oral health awareness campaigns	– 31 March 2026	NGOs Partners	Municipalities Health District NGO	Unit
	Number of reports submitted	12	3	Coordination of reports for submission at OTP and DPSA.	1 April 2025 – 3 March 2026	Operational budget	Programme Managers and sub programme managers Health Districts	Special Programmes Unit
	Number of departmental events attended for audio visual	48	12	Carry out research and presentation for a shoot Develop a communication action plan for audio visual production. Taking pictures, packaging and distribution of pictures. Taking video footage, video editing and distribution. Publish videos and pictures in departmental social media pages.	1 April 2025 – 3 March 2026	Operational budget	Programme Managers	Communication directorate
	Turnaround time for content delivery	24 hours	24 hours		1 April 2025 – 3 March 2026	Operational budget	Connectivity	Communication directorate
Health establishments implementing national complaints management	% of facilities reporting Timely on complaints management	70%	70%	Capacity building through workshops on management of complaints.	1 April 2025 – 31 March 2026	Approved Operational Budget	District Quality Assurance Managers	Customer Care Directorate

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
framework								
	% complaints resolved within 25 days rate	85%	85%	Complaints Management workshop for EMS, and Forensic Pathology Services.	1 April 2025 – 31 March 2026	Approved Operational Budget	District EMS Managers	Customer Care Directorate
Facilities implementing national framework on monitoring Patient Waiting Time	% of facilities reporting on monitoring and management of patient waiting time.	40%	40%	Capacity building on use of reporting tools for monitoring and management of patient waiting time.	1 April 2025 – 31 March 2026	Approved Operational Budget	District Quality Assurance Managers	Customer Care Directorate
Facilities Institutionalising of Batho Pele Principles.	Number of Districts with trained Batho Pele Champions	8	2	Training Batho Pele Champions at Districts	1 April 2025 – 31 March 2026	Approved Operational Budget	District Quality Assurance Managers	Customer Care Directorate
Facilities compliant with requirement to conduct Patient Experience of Care Surveys.	% of facilities conducting Timely Patient Experience c Surveys	85%	2nd Quarter Of the financial year Indicator	Conduct Training on Processes of Patient Experience of Care surveys.	1 April 2025 – 31 March 2026	Approved Operational Budget	District Quality Assurance Managers	Customer Care Directorate

1.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 6: Summary of payments and estimates by sub-programme: Programme 1: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**		**2024/25**		**2025/26**	**2026/27**	**2027/28**	
1. Office of the MEC	7 576	8 252	12 267	8 965	13 054	16 392	19 143	14 379	15 132	16,8
2. Management	709 217	765 451	746 400	979 366	955 277	846 554	869 610	897 780	929 280	2,7
Total payments and estimates	**716 793**	**773 703**	**758 667**	**988 331**	**968 331**	**862 946**	**888 753**	**912 159**	**944 412**	**3,0**

Table 6 above shows the summary of payments and estimates for Administration from 2021/22 to 2024/25 and over the 2025 MTEF period per sub-programme. The programme's total expenditure increased from R716.793 million in 2021/22 to a revised estimate of R862.946 million in 2024/25. In 2025/26, the budget increases by 3 per cent from R862.946 million to R888.753 million when compared to the 2024/25 revised estimate due to reprioritisation to fund the Digitalisation of E-Health and additional funding for strengthening of medical records for the reduction of medico legal claims,

Table 7: Summary of payments and estimates by economic classification: Programme 1: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**		**2024/25**		**2025/26**	**2026/27**	**2027/28**	
Current payments	**657 247**	**658 648**	**721 165**	**915 089**	**893 522**	**786 024**	**804 533**	**832 433**	**861 098**	**2,4**
Compensation of employees	397 632	396 013	411 475	507 133	507 133	419 426	465 219	505 022	475 446	10,9
Goods and services	257 042	259 724	305 606	407 956	386 389	366 598	339 314	327 411	385 652	(7,4)
Interest and rent on land	2 573	2 911	4 084	–	–	–	–	–	–	
Transfers and subsidies to:	**10 257**	**4 200**	**3 303**	**2 107**	**2 107**	**4 220**	**2 201**	**2 302**	**2 406**	**(47,8)**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Households	10 257	4 200	3 303	2 107	2 107	4 220	2 201	2 302	2 406	(47,8)
Payments for capital assets	**49 289**	**110 855**	**34 199**	**71 135**	**72 702**	**72 702**	**82 019**	**77 424**	**80 908**	**12,8**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	49 289	110 855	34 199	71 135	72 702	72 702	82 019	77 424	80 908	12,8
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**716 793**	**773 703**	**758 667**	**988 331**	**968 331**	**862 946**	**888 753**	**912 159**	**944 412**	**3,0**

Table 7 above shows the summary of payments and estimates for Administration from 2021/22 to 2024/25 and over the 2025 MTEF period per economic classification.
Compensation of Employees shows a growth of 10.9 per cent from R419.426 million to R465.219 million when compared to the 2024/25 revised estimate due to additional funding for wage agreement.
Goods and services show a negative growth 7.4 per cent from R366.598 million to R339.314 million when compared to the 2024/25 revised estimate due to budget cut for the Broadband.
Transfers and subsidies show a negative growth of 47.8 per cent from R4.220 million in 2024/25 to R2.201 million in 2025/26 due to high revised estimate attributable to the payment of leave gratuities for officials who have left the public service in 2024/25.
Payments for capital assets show a growth of 12.8 per cent from R72.702 million to R82.019 million when compared to the 2024/25 revised estimate due to an additional allocation for strengthening of medical records for the reduction of medico legal claims.

Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN 2025/26

PROGRAMME

2

DISTRICT HEALTH SERVICES (DHS)

2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Programme purpose

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

Programme description

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

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

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

2.1 Sub – programme: District Management

Sub-programme purpose

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

Table 8: Activities, timeframes and budgets for District Management

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
District performance reviews conducted quarterly	Number of districts conducted quarterly performance reviews	8	8	Develop a consolidated district schedule for quarterly performance reviews. Monitor compliance by districts with submission of quarterly performance reports. Pre – provincial quarterly performance reviews session with districts	1 April 2025– 31 March 2026	R360 000	Office ICT District management teams DHP & Reporting managers in districts	Sub programme Manager
Continuity of Patient Care improved	Number of districts with referral pathways	8	8	Monitor and facilitate PHC facilities adherence to referral pathways implementation as per the Integrated Clinical Services Management (ICSM) guideline and the Ideal Health Facility Realisation and	1 April 2025– 31 March 2026	R440 000	District management GIS Provincial referral policy approved	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Maintenance framework (IHFRM)				
PHC management improved	PHC utilisation rate	2.5%	2.5%	Monitor monthly PHC utilisation rate per district and facilitate equity in resource allocation.	1 April 2025– 31 March 2026	R800 000	ICT equipment in facilities Connectivity in facilities Patient files and registers Filling system	Sub program Manger
	Professional nurse clinical workload	1:30	1:30	Monitor Professional nurse clinical workload and facilitate efficient use of resources	1 April 2025– 31 March 2026	540 000	None	Sub programme Manager
	Medical doctor clinical workload	1:30	1:30	Monitor Medical Doctor clinical workload per district and facilitate efficient use of resources	1 April 2025– 31 March 2026	R600 000	None	Sub programme Manager
Supervision of fixed PHC facilities	% of Fixed PHC Facilities Supervised	60%	60%	Facilitate Supervision workshops and Meetings. Facilitate Integrated coordination of PHC services	1 April 2025– 31 March 2026	R800 000	Office ICT managers	Sub-programme Manager
	Numerator	466	466					
	Denominator	777	777					

2.2 Sub-programme: Community Health Clinics

Sub- programme purpose

The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, through the implementation of comprehensive Primary Health Care Service Package in accessible community health clinics throughout the in 8 districts/metros.

Table 9: Activities, timeframes and budgets for Community Health Clinics

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
PHC facilities that qualify as Ideal clinics increased	Ideal Clinic status obtained rate	65%	Q4 - 65%	Facilitate Ideal Clinic Realisation & Maintenance (ICRM) status determinations and Quality Improvement Plans (QIPs). Conduct ICRM provincial review meetings. ICSM training, facilitate Basic Life Support (BLS) training, Facilitate and coordinate medical equipment, consumables and procurement. Facilitate Office of Health Standards	1 April 2025– 31 March 2026	50 000 000	ICT Network	Sub-programme Manager
	Numerator	505(45 new)	505 (45 new)					
	Denominator	777	777					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				(OHSC) accreditation.				
Patient experience of care in fixed public health facilities improved	Patient Experience of Care survey rate	60%	Q2 - 60%	Monitor the PEC survey and outcomes (QIPs) on the gaps identified. Facilitate ICRM status determinations. Conduct ICRM provincial review meetings.	1 April 2025– 31 March 2026	R600 000	Office ICT Network Field Workers Trainers	Sub-programme Manager
	Numerator	440	440					
	Denominator	734	734					
Patient safety improved	Severity Assessment Code (SAC) 1 incident reported within 24 hours rate	87%	87%	Monitor SAC 1 incident monthly. Monthly meeting with Quality Assurance (QA) to update on the monthly performance for the Quality Indicators. Attend to PSI monthly	1 April 2025 – 31 March 2026	R400 000	ICT for the software Network	Sub-programme Manager
	Numerator	6	6					
	Denominator	7	7					
	Patient Safety Incident (PSI) case closure rate	96%	96%		1 April 2025 – 31 March 2026		ICT for the software Network	Sub-programme Manager
	Numerator	75	75					
	Denominator	78	78					

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 10: Activities, timeframes and budgets for Community Health Centres (CHCs)

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Patient experience of care in public health facilities improved	Patient Experience of Care survey rate	60%	Q2 - 60%	Implement the PEC survey and (QIPs) on the gaps identified.	1 April 2025– 31 March 2026	R600 000	ICT Network	Sub-programme Manager
	Numerator	26	26					
	Denominator	43	43					
Patient safety improved	Severity Assessment Code (SAC)1 incident reported within 24 hours rate	63%	63%	Monitor SAC 1 incident monthly. Monthly meeting with QA to update on the monthly performance for the Quality Indicators	1 April 2025– 31 March 2026		ICT for the software Network	Sub-programme Manager
	Numerator	12	12					
	Denominator	19	19					
	Patient Safety Incident (PSI) case closure rate	98%	98.%		1 April 2025– 31 March 2026		ICT for the software Network	Sub-programme Manager
	Numerator	38	38					
	Denominator	40	40					

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 11: Activities, timeframes and budgets for Community Based Services - Disease Prevention and Control (Non communicable diseases)

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Clients' early detection of illness and prevention.	Positivity rate for hypertension 18 - 44 years	<2%	<2%	Avail chronic diseases guidelines and Information, Education & Information (IEC) materials and basic equipment in Ideal Clinics. Non-communicable diseases (NCDs) quarterly reviews. Support training of chronic conditions guidelines. Support district	1 April 2025– 31 March 2026	R873 307	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	67 363	16 840					
	Denominator	3 368 187	842 046					
	Positivity rate for hypertension ≥ 45 years	2%	2%		1 April 2025– 31 March 2026		Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	34 488	8 622					
	Denominator	1 724 382	431 095					
	Positivity rate for diabetes 18 - 44 years	<2%	<2%		1 April 2025– 31 March 2026		Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	64 640	16 160					
	Denominator	3 232 040	808 010					
	Positivity rate for diabetes ≥ 45 years	2%	2%		1 April 2025– 31 March 2026		Availability of budget Human resources	Sub-programme Manager
	Numerator	47 001	11 751					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	2 350 033	587 509	in diabetes and hypertension awareness campaigns.			Health promotion tools of trade	
Prevention and early detection of mental illness	PHC Mental health condition treatment rate new	0.2%	0.2%	Support district in mental illness awareness campaigns. Support training of chronic conditions guidelines on mental health.	1 April 2025– 31 March 2026	Operational budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	27 886	6 971					
	Denominator	13 943 191	3 485 797					
Reduction of blindness	Cataract surgery rate	380/1 000 000	380/1 000 000	Conduct formalized cataract outreach services.	1 April 2025– 31 March 2026	Operational budget	None	Sub-programme Manager
	Numerator	2 283	2 283					
	Denominator	6 006 715	6 006 715					

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

Sub- programme purpose

The Other Community-Based 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 12: Activities, timeframes and budgets for Other Community Based Services – Public Health

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Hospitals comply with health care risk waste norms and standards	Percentage of hospitals complying with health care risk waste norms and standards	85%	85%	Delegation of waste officers per hospital. Conduct situational analysis on medical waste management in hospitals.	1 April 2025– 31 March 2026	Operational budget	Availability of equipment and budget	Sub programme Manager
	Numerator	72	72					
	Denominator	85	85					
Households advocate for accessibility to health services increased	Number of CHWs on Stipend	4049 (45 new)	Q 1- 4049 (45 new)	Conduct support visits to districts to provide support during contracting of Community Health Workers (CHWs). Support districts in updating mapping for Ward-Base Primary Health Care Outreach Teams (WBPHCOTs). Procure uniform for new and replacement CHWs.	1 April 2025– 31 March 2026	Operational budget	Availability of Outreach Team Leaders to provide direct supervision of the Community Health Workers	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Hire outreach vehicles for the districts to assist in provision of Ward Based Primary Health Care activities. Analyse data and provide feedback to the districts monthly, on performance. Attend district quarterly and annual programme reviews. Procure M Health for newly contracted CHWs. Procurement of registers for WBPHCOT.				
Community Health Workers trained.	Number of CHW Trained	1 000	Q1 -100 Q2 - 300 Q3 – 300 Q4 - 300	Support districts and Regional Training Centre (RTC) in conducting trainings for CHWs on basic CHWs package	1 April 2025– 31 March 2026	Operational budget	Availability of funds	Sub programme Manager
HIV clients lost to follow traced	Number of HIV defaulters traced by CHWs	132 000	33 000	Analyse data to identify gaps in programme. Provide monthly report to districts	1 April 2025– 31 March 2026	Operational budget	Uninterrupted power supply to support constant capturing in	Sub-Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Conduct quarterly and annual programme reviews Conduct support visits to districts, with the focus to districts that are having challenges. Compile and submit report according to Division of Revenue Act (DORA).			facilities	
TB clients lost to follow traced	Number of TB defaulters traced by CHWs	21 000	5 250	Analyse data to identify gaps in programme performance. Provide monthly report to districts. Conduct quarterly and annual programme reviews. Conduct support visits to districts, with the focus to districts that are having challenges. Compile and submit report according to Division of Revenue Act (DORA).	1 April 2025–31 March 2026	Operational budget	Uninterrupted power supply to support constant capturing in facilities	Sub-Programme Manager
Conduct household visits	Number of Household 1st visit	2 000 000	500 000	Analyse data to identify gaps in programme performance. Provide monthly report to districts. Conduct support visits to districts, with the focus to	1 April 2025–31 March 2026	Operational budget	Uninterrupted power supply to support constant capturing in facilities	Sub-Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				districts that are having challenges. Compile and submit report according to Division of Revenue Act (DORA).				
Conduct follow up household visits	Number of Household follow up visits	12 000 000	3 000 000	Analyse data to identify gaps in programme performance. Provide monthly reports to districts. Conduct support visits to districts, with the focus to districts that are having challenges. Compile and submit report according to Division of Revenue Act (DORA).	1 April 2025– 31 March 2026	Operational budget	Uninterrupted power supply to support constant capturing in facilities	Sub-Programme Manager
Increased access to school health	Grade R Learners screened	10 000	Q1 – 2000 Q2 – 4 000 Q3 – 2 000 Q4 – 2 000	Conduct screenings of Grade R learners	1 April 2025– 31 March 2026	Operational budget	Staffing Transport	Sub-Programme Manager
	School Grade 1 Leaners screened	13 000	Q1 – 2 600 Q2 – 5 200 Q3 – 2 600 Q4 – 2 600	Conduct screenings of Grade 1 learners Conduct health education and promotion	1 April 2025– 31 March 2026	R43 823 000	Staffing Transport	Sub-Programme Manager
	School Grade 8 Learner screened.	10 000	Q1 – 2000 Q2 – 4 000 Q3 – 2 000 Q4 – 2 000	Conduct screenings of Grade 8 learners Conduct health education and promotion	1 April 2025– 31 March 2026		Staffing Transport	Sub-Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Increased access to HPV vaccines by grade five school girls in all public and special schools	Percentage of Grade 5, 6 & 7 girl Learners 9 years vaccinated with a single dose of HPV in public and special schools	94%	Q4- 94%	Facilitate contracting/appointment of Professional Nurses. Facilitate the training of nurses in preparation for the campaign. Assist districts in drafting micro plans in preparation for the campaign. Conduct support visits to the districts to identify readiness for the campaign. Facilitate hiring of vehicles for the campaign. Facilitate procurement of consumables (syringes, needles etc.) in preparation for the campaign. Facilitate procurement of HPV vaccines. Conduct engagement sessions with other stake holders (internal and external) in preparation for the campaign.	1 April 2025–31 March 4026		Signing of consent forms by parents Availability of transport Constant supply of electricity for cold chain of vaccines	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Conduct monitoring visits during the campaign in districts. Collect, analyse and submit report of the campaign. Facilitate procurement and distribution of registers.				
	Percentage of public and specials schools with grade 5,6&7 girl learners reached for the single dose of HPV	95%	Q4 - 95%	Facilitate contracting of HPV nurses. Facilitate training of nurses in preparation for the campaign. Assist districts in drafting micro plans in preparation for the campaign. Conduct support visits to the districts to identify readiness for the campaign. Facilitate hiring of vehicles for the campaign. Facilitate procurement of consumables (vaccines, syringes, needles etc.) in preparation for the campaign. Conduct engagement sessions with other stake holders (internal and external) in preparation for the campaign. Conduct monitoring visits	1 April 2025–31 March 2026	Operational budget	Availability of transport	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				during the campaign in districts. Collect, analyse and submit report on the campaign.				
Strengthen and market priority programmes	Number of campaigns conducted	180	Q 1 - 40 Q 2 - 50 Q 3 - 50 Q 4 - 40	Conduct support visits to the districts to monitor districts for implementation of the campaigns.	1 April 2025–31 March 2026	Operational budget	Availability of budget	Sub programme Manager
Households advocate for accessibility to health services increased	ICROP interventions rolled out to deliver Integrated One-Stop Services	35	35	Conduct integrated outreach services	1 April 2025–31 March 2026	R212 602 000	Staffing Transport	Sub programme Manager

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

Sub – programme purpose

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

Table 13: Activities, timeframes and budgets for HAST

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
HIV new cases identified and initiated	HIV test done – sum	2 102 936	525 734	Strengthening of both HIV Self – Screening (HIVSS) and Index testing modalities. Capitalize on provincial events such as STI/Condom week in February, World TB Day in March/April, Youth Month in June, World Aids Day in Dec where HIV testing will also be services will be offered. Continuous capacity building for Lay Counsellors and CHW. Collaborate with	1 April 2025– 31 March 2026	R 136 342 488	Test kits Timers Personnel	Sub-programme Manager
	HIV Test positive around 18 months rate	<1.2%	<1.2%		1 April 2025– 31 March 2026		Test kits Personnel Lab services	Sub-programme Manager
	Numerator	551	138					
	Denominator	45 935	11 484					
	HIV positive 5-14 years (excl ANC) rate	<1%	<1%		1 April 2025– 31 March 2026		Test kits Personnel Timers	Sub-programme Manager
		1 293	323					
		143 691	35 922					
	HIV positive 15-24 years (excl. ANC) rate	<1.5%	<1.5%		1 April 2025– 31 March 2026		Test kits Timers Personnel	Sub-programme Manager
	Numerator	9 545	2 387					
	Denominator	681 771	170 442					
	ART client naïve start ART during month – sum	58 672	14 668		1 April 2025– 31 March 2026	R 818 415 852	ART medication Personnel Lab services	Sub-programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Developmental Partners to access more human resources for community testing.				
People living with HIV retained on care	ART adult remain in care rate (12 months)	70%	Q1- 70%	Provide funds to ensure availability of medicines and adequately trained health care workers. Monitor and support decanting of patients to external pick-up-points and adherence clubs as means to decongest health facilities to encourage patients to remain in ART care. Monitor monthly districts performance through DHIS for identification of areas of support.	1 April 2025– 31 March 2026		ART medication Personnel Lab services	Sub-programme Manager
	Numerator	35 383	9 755					
	Denominator	50 547	13 935					
			Q2- 70%					
	Numerator		8 562					
	Denominator		12 231					
			Q3- 70%					
	Numerator		8 798					
	Denominator		12 568					
			Q4- 70%					
	Numerator		8 268					
	Denominator		11 813					
	ART child remain in care rate (12 months)	77%	Q1- 77%		1 April 2025– 31 March 2026		ART medication Personnel Lab services	Sub-programme Manager
	Numerator	844	256					
	Denominator	1 069	333					
			Q2- 77%					
	Numerator		206					
	Denominator		267					
			Q3- 77%					
	Numerator		219					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator		284	Avail budget for courier services for transportation of drugs.				
			Q4- 77%					
	Numerator		163					
	Denominator		212					
People viral load undetected	ART Adult viral load suppressed rate – below 50 (12 months)	85%	Q1- 85%	Encourage implementation of viral load management Standard Operating Procedure (SOP) as well as use of line lists on TIER.Net together with viral load for action list from NHLS to identify patients with high viral load for timeous intervention Emphasize the implementation of child growth monitoring and dosing charts for children to ensure adequate doses of ARVs are administered. Strengthen the	1 April 2025– 31 March 2026	R 743 308 000	Personnel Lab services	Sub-programme Manager
	Numerator	42 965	11 845					
	Denominator	50 547	13 935					
			Q2- 85%					
	Numerator		10 396					
	Denominator		12 231					
			Q3- 85%					
	Numerator		10 683					
	Denominator		12 568					
			Q4- 85%					
	Numerator		10 041					
	Denominator		11 813					
	ART Child viral load suppressed rate – below 50 (12 months)	60%	Q1- 60%		1 April 2025– 31 March 2026		Personnel Lab services	Sub-programme Manager
	Numerator	657	200					
	Denominator	1 069	333					
			Q2- 60%					
	Numerator		160					
	Denominator		267					
			Q3- 60%					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Numerator		170	roll-out of paediatric Dolutegravir (pDTG) across all districts.				
	Denominator		284					
			Q4- 60%					
	Numerator		127					
	Denominator		212					
TB/HIV co-infected clients identified and initiated	TB/HIV co-infected client on ART rate	95%	95%	Monitor closely implementation of integrated TB HIV information system to improve recording and data management in the districts and health facilities.	1 April 2025– 31 March 2026	Operational budget	Access to TB screening services among HIV clients	Sub-programme Manager
	Numerator	14 310	3 578					
	Denominator	15 063	3 766					
	All DS TB HIV positive on ART rate	95%	95%	Monitor closely implementation of integrated TB HIV ***i***nformation system to improve recording and data management in the districts and health facilities.	1 April 2025– 31 March 2026	Operational budget	*Access to Care and Treatment*	Sub-programme Manager
	Numerator	17 187	4 296					
	Denominator	18 092	4 523					
TB Positive clients initiated and cured	TB test 5 years and older using Nucleic Acid Amplification Test	421 728	105 432	Monitor use of Nucleic Acid Amplification Test alerts to ensure that all diagnosed are initiated on	1 April 2025– 31 March 2026	Operational budget	Patient testing services Personnel	Sub programme Manager
	Number of DS – TB treatment start 5 years and	95%	95%		1 April 2025– 31 March 2026	Operational budget	Personnel Lab services	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	older rate			treatment. Support districts with data clean-up on clinically & bacteriologically diagnosed to reduplicate /eliminate double counting on the denominator. Analyse and give feedback to the district monthly.				
	Numerator	39 733	9 933					
	Denominator	41 824	10 456					
	Number of DS-TB treatment start under 5 years	1 198	Q1 -200 Q2 – 300 Q3 – 299 Q4 - 300		1 April 2025– 31 March 2026	Operational budget	Personnel Lab services	Sub programme Manager
	All DS-TB client death rate	<5%	Q1 - <5%	Monitor trends in death during TB treatment period, as one of the factors suppressing the TB treatment success rate.	01 April 2025– 31 March 2026	Operational budget	Personnel Personnel	Sub programme Manager
	Numerator	2 266	567					
	Denominator	45 272	11 124					
			Q2 - <5%					
	Numerator		567					
	Denominator		10 674					
			Q3 - <5%					
	Numerator		566					
	Denominator		12 156					
			Q4 - <5%					
	Numerator		566					
	Denominator		11 318					
	All DS -TB client treatment success rate	76%	76%	Intensify patients' education and monitor closely. Analyse and give	1 April 2025– 31 March 2026	Operational budget	Lab services Personnel	Sub programme Manager
	Numerator	34 407	8 602					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	45 272	11 318	feedback to the district monthly.				
	TB Rifampicin resistant/Multidrug - Resistant treatment success rate	70%	70%	Provide IEC material to intensify patient education. Analyse and give feedback to the district monthly.	1 April 2025– 31 March 2026	Operational budget	Personnel Personnel	Sub programme Manager
	Numerator	1 028	257					
	Denominator	1 468	367					
	TB Rifampicin resistant/Multidrug-Resistant treatment start	504	Q1-126		1 April 2025– 31 March 2026	Operational budget	Personnel Personnel	Sub programme Manager
	TB Pre-XDR treatment success rate	60%	Q1- 60%		1 April 2025– 31 March 2026	Operational budget	Personnel Personnel	Sub programme Manager
	Numerator	92	23					
	Denominator	154	39					
			Q2- 60%					
	Numerator		23					
	Denominator		39					
			Q3- 60%					
	Numerator		23					
	Denominator		38					
			Q4- 60%					
	Numerator		23					
	Denominator		38					
	TB Pre-XDR loss to follow up rate	<12%	Q1 - <12%		1 April 2025– 31 March 2026	Operational budget	Lab services Personnel	Sub programme Manager
	Numerator	16	4					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	132	33					
			Q2 - <12%					
	Numerator		4					
	Denominator		31					
			Q3 - <12%					
	Numerator		4					
	Denominator		37					
			Q4 - <12%					
	Numerator		4					
	Denominator		31					
Lost clients tracked and re-initiated	All DS – TB client lost to follow – up rate	<12%	<12%	Provide IEC material to intensify patient education.	1 April 2025– 31 March 2026	Operational budget	Personnel Personnel	Sub programme Manager
	Numerator	5 432	1 358					
	Denominator	45 272	11 318					
Prevention and early detection of malaria cases managed	Malaria deaths reported	0	0	Monitors the progress towards elimination of malaria cases.	1 April 2025– 31 March 2026	Lab services	Lab services	Sub programme Manager

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 14: Activities, timeframes and budgets for MCWH&N

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Family planning improved	Couple Year Protection Rate	50%	50%	Training of health personnel on expanded methods of contraception and guidelines (including Doctors). Improve social mobilisation on family planning and teenage pregnancy.	1 April 2025– 31 March 2026	Operation budget	Availability of family planning methods Skilled clinical staff Improved IUCD stock Human Resources	Sub programme Manager Sub programme Manager
	Numerator	810 892	202 723					
	Denominator	1 621 783	405 445					
Increased ANC before 20 weeks	Antenatal 1st visit before 20 weeks rate	65%	65%	Community mobilisation through campaigns and (WBPHCOTs).	1 April 2025– 31 March 2026	Operation budget	Minimal defaulter by clients	Sub programme manager
	Numerator	65 880	16 470					
	Denominator	101 354	25 338					
	Antenatal client start on ART rate	98%	98%	Facilitate increased access and initiation to life-long ART for HIV positive.	1 April 2025– 31 March 2026	Operational budget	None Skilled clinical personnel Availability of health technology	Sub programme Manager Sub programme Manager
	Numerator	5 003	1 251					
	Denominator	5 105	1 277					
Increase access to family planning by teenagers	Delivery in 10 – 14 years in facility	<330	75	Training of health professionals on new national Adolescent and Youth policies. Prepare all facilities to	1 April 2025– 31 March 2026	Operational budget	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				be youth friendly.				
	Delivery 15-19 years in facility	<15000	Q4 -<3750	Training of health professionals on new national Adolescent and Youth policies. Prepare all facilities to be youth friendly.	1 April 2025– 31 March 2026	Operational budget	None	Sub programme Manager
Maternal mortality reduced	Maternal Mortality in facility ratio (per 100 000 live births)	<120.6/100 000	<120.6/100 000	Training of All health professionals on ESMOE and BANC	1 April 2025– 31 March 2026	Operational budget	Skilled clinical personnel Availability of health technology	Sub programme Manager
	Numerator	116	29					
	Denominator	96 156	24 039					
Low birth weight reduced	Live birth under 2500g in facility rate	<13%	<13%	Training of all health professionals on Helping Babies Breath (HBB) and Management of Sick & Small Newborns (MSSN). Strengthen intra-partum care.	1 April 2025– 31 March 2026	Operational budget	Skilled clinical personnel Availability of health technology	Sub programme Manager
	Numerator	11 498	2 874					
	Denominator	89 137	22 284					
Postnatal care coverage increased	Mother postnatal visit within 6 days rate	83%	83%	Strengthening of Ward –Based Primary Health Care Outreach Teams so that mothers get informed during pregnancy.	1 April 2025– 31 March 2026	Operational budget	Skilled clinical personnel Availability of health technology	Sub programme Manager
	Numerator	74 601	18 650					
	Denominator	89 881	22 470					
Mother-to-child transmission eliminated	Infant PCR test positive at birth rate	1%	1%	Conduct HIV testing to infants.	1 April 2025– 31 March 2026	Operational budget	Test kits Personnel Lab services	Sub programme manager
	Numerator	102	25					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	10 152	2 538					
Child Immunisatio Coverage increase	Immunisation under 1year coverage	85%	85%	Monthly tracing of defaulters to ensure that they receive all scheduled. Social mobilization through radio, Thuma Mina campaigns. Catch-up activities to service defaulters. Analysis and verification of data. Support of the underperforming areas.	1 April 2025– 31 March 2026	Operational budget	Personnel Cold train Cooperation of communities (esp. mothers)	Sub programme Manager
	Numerator	111 867	27 966					
	Denominator	131 611	32 903					
	MR 2nd dose coverage	85%	85%	Engage CBO, Community Leaders & WBPHCOTs to ensure that every eligible child receive their second dose of Measles, Mumps & Rubella (MR 2nd dose) within 2 years of life. Monthly tracing of defaulters to ensure that they receive all scheduled. Social mobilization through radio, Thuma	1 April 2025– 31 March 2026	Operational budget	Personnel Cold train Cooperation of communities (esp. mothers)	Sub programme Manager
	Numerator	110 781	27 696					
	Denominator	130 331	32 582					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Mina campaigns. Catch-up activities to service defaulters. Analysis and verification of data. Develop quality improvement plans for the underperforming areas.				
Child mortality reduced	Still Birth in facility rate (per 1000 births)	<18/1000	<18/1000	Training of all health professionals on HBB and MSSN. Strengthen intra-partum care.	1 April 2025– 31 March 2026	Operational budget		Sub programme Manager
	Numerator	1 587	396					
	Denominator	88 672	22 168					
	Death under 5 years against live birth in rate	<2%	<2%	Implement integrated nutrition programme and CHIPP	1 April 2025– 31 March 2026	Operational budget	Food supplements Clinical audits Health technology	Sub programme Manager
	Numerator	1 783	445					
	Denominator	89 137	22 285					
	Neonatal death in facility	12/1000	12/1000	Training of all health professionals on HBB and MSSN. Intra- partum care				
	Numerator	1 070	267					
	Denominator	89 137	22 285					
Micro and macro nutrient malnutrition reduced	Vitamin A dose 12-59-months coverage	77%	77%	Strengthen Community Based Interventions e.g. WBOT, ISHP.	1 April 2025– 31 March 2026	Operational budget	Access to target population Outreach services	Sub programme Manager
	Numerator	817 555	817 555					
	Denominator	1 061 760	1 061 760					
	Child under 5	2.1%	2.1%	Intensify community	1 April 2025–	Operational	Food supplements	Sub programme

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	years diarrhoea case fatality rate			based Integrated Management of Childhood illness (IMCI) trainings for WBOT, IYA, traditional healers and other community.	31 March 2026	budget	Clinical audits Health technology	Manager
	Numerator	103	25					
	Denominator	4 908	1 227					
	Child under 5 years pneumonia case fatality rate	2.7%	2.7%	Training of new professional nurses on IMCI to ensure 60% saturation in each facility.	1 April 2025– 31 March 2026	Operational budget	Food supplements Clinical audits Health technology	Sub programme Manager
	Numerator	101	25					
	Denominator	3 736	934					
	Child under 5 years severe acute malnutrition case fatality rate	9.2%	9.2%	To intensify community-based interventions for early identification of malnourished children. Revitalize Growth Monitoring and Promoting sites in all districts. Ensure continuous availability of nutritional supplements. Training of clinicians on Integrated Management of Acute Malnutrition. Strengthening of Mother Baby Friendly Initiative (MBFI).	1 April 2025– 31 March 2026	Nutrition programme budget	INP Managers WBCOT teams DCSTs (Paediatrics) INP Managers NGO's WBCOT teams DCSTs (Paediatrics) INP Managers DCSTs (Paediatrics) RTC INP Managers DCSTs (Paediatrics	Sub programme manager
	Numerator	106	26					
	Denominator	1 151	287					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Cervical cancer screening coverage	45%	***45%***	Monitor the implementation of the cervical cancer screening policy.	1 April 2025– 31 March 2026	Operational budget	Access to target population Outreach services	Sub programme manager
	Numerator	365 350	91 337					
	Denominator	811 888	202 972					

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 15: Activities, timeframes and budgets for Coroner Services

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
All postmortem cases finalised	Percentage of post – mortem performed within 72 hours	*96%*	*97%*	Procurement of surgical medical supplies/ consumables, paper disposables, compulsory PPE uniform. Procurement of non-capital assets Medical and Allied. Operating and property leases machinery, equipment.	1 April 2025– 31 March 2026	Operational budget	RT and Provincial contract development Utilisation of equipment rate Provincial contracting for implementation Undetermined and inconclusive death rate	Sub programme Manager
	Numerator	9 891	*2 472*					
	Denominator	10 303	2 575					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Property payments safeguard and security, fumigation gardening and cleaning services. Laboratory Services. Capital- Machinery and equipment for computers, medical and allied equipment.				

2.9 Sub- programme: District Hospitals

Sub-programme Purpose

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

Table 16: Activities, timeframes and budgets for District Hospital

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
District hospitals attained Ideal hospital status	Ideal hospital status rate	5%	5%	Facilitate Ideal Hospital self-assessments, develop and implementation of QIPs.	1 April 2025– 31 March 2026	Operational Budget	District and facility Quality Assurance Managers Provincial Quality Assurance Unit	Sub programme Manager
	Numerator	3	3					
	Denominator	65	65					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Monitor and support progress of QIPs. Analyse, consolidate reports for Provincial reviews. Conduct human resources training.				
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	98.4%	Q - 98.4%	Render support regarding data collection Data capturing verification and reporting. Analysis of result and development of QIPs. Provision of resources to improve performance.	1 April 2025– 31 March 2026	Operational Budget	Cooperation of staff Budget availability	Sub programme Manager
	Numerator	64	64					
	Denominator	65	65					
Patient Safety Improved	Severity Assessment Code (SAC) 1 incident reported within 24 hours rate	76%	76%	Render support regarding the implementation of the National Policy for Patient Safety Incidents (PSI) reporting and learning. Facilitate procurement of IT equipment for capturing process. Facilitate timeous reporting Severity	1 April 2025– 31 March 2026		Human resources Tools of trade availability	Sub programme Manager
	Numerator	459	114					
	Denominator	604	151					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Assessment Code (SAC) 1 incidents within 24 hours rate. Conduct trainings on PSI & Ideal Hospital framework. Analyse and verify reported data.				
	Patient Safety Incident (PSI) case closure rate	96%	96%	Give direction on the PSI investigation, reporting, root cause analysis, remedial action and redress.	1 April 2025 31 March 2026		Clinical audits Institutional governance	Sub programme Manager
	Numerator	1 122	280					
	Denominator	1 169	293					
Hospital efficiencies improved	Average Length of Stay	4.5 days	4.5 days	Facilitate recruitment of clinicians and health professionals. Facilitate out-reach and in-reach programmes.	1 April 2025 31 March 2026		Facility Clinicians and Management	Sub programme Manager
	Numerator	999 027	249 756					
	Denominator	222 006	55 501					
	Inpatient (usable) Bed Utilisation Rates	48%	48%	Monitor availability of policies, protocols, guidelines, and procedure manuals. Improve clinical management/case management.	1 April 2025 31 March 2026		-Facility Clinicians and Management	Sub programme Manager
	Numerator	1 071 991	267 997					
	Denominator	2 233 315	558 328					
	Expenditure per PDE	R4 079.2	R4 079.2	Support In-Year-Monitoring (IYM) and functionality of Cost Containment Committees.	1 April 2025 31 March 2026		-Facility Clinicians and Management	Sub programme Manager
	Numerator	6 433 284 288	1 608 321 147					
	Denominator	1 577 172	394 293					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Improve clinical management/case management.				

2.10 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 17: Summary of payments and estimates by sub-programme: Programme 2: District Health Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**		**2024/25**		**2025/26**	**2026/27**	**2027/28**	
1. District Management	1 107 030	1 084 075	1 035 993	1 080 408	1 074 930	1 030 451	1 086 510	1 150 410	1 179 821	5,4
2. Community Health Clinics	3 196 102	2 942 147	3 284 094	2 903 549	2 781 239	3 182 723	3 000 844	3 297 201	3 327 978	(5,7)
3. Community Health Centres	1 417 103	1 409 766	1 541 482	1 533 299	1 531 947	1 534 925	1 579 790	1 633 211	1 698 596	2,9
4. Community Based Services	585 025	819 164	789 961	864 597	864 597	804 852	867 187	915 379	956 574	7,7
5. Other Community Services	77 412	208 015	54 756	75 956	75 956	67 843	87 972	81 420	85 005	29,7
6. HIV/Aids	2 851 055	2 795 830	2 696 995	2 833 287	2 833 681	2 833 681	2 853 800	3 137 853	3 279 727	0,7
7. Nutrition	30 100	31 097	30 355	38 720	38 720	24 827	38 714	40 510	42 316	55,9
8. Coroner Services	37 156	132 897	142 661	116 596	121 256	127 958	126 307	131 215	137 111	(1,3)
9. District Hospitals	5 693 894	5 654 230	6 041 896	6 121 592	6 337 719	6 132 000	6 132 202	6 279 149	6 643 371	0,0
Total payments and estimates	**15 094 877**	**15 077 221**	**15 618 193**	**15 568 004**	**15 660 045**	**15 739 260**	**15 773 326**	**16 666 348**	**17 350 499**	**0,2**

Table 17 above shows the summary of payments and estimates for District Health Services from 2021/22 to 2024/25 per sub-programme and economic classification. The programme's total expenditure increased from R15.094 billion in 2021/22 to a revised estimate of R15.739 billion in 2024/25. In 2025/26, the budget shows minimal increase of 0.2 per cent from R15.739 billion to R15.773 billion when compared to the 2024/25 revised estimate due to additional funding for wage agreement and funding for the medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste. In 2025/26 and 2027/28, the programme allocation amounts to R16.666 billion and R17.350 billion respectively.

Table 18: ***Summary of payments and estimates by economic classification: P2- District Health Services***

R thousand	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28	
Current payments	**14 810 440**	**14 663 863**	**15 202 615**	**15 232 677**	**15 272 766**	**15 333 666**	**15 464 888**	**16 380 701**	**17 052 000**	**0,9**
Compensation of employees	10 117 843	10 137 436	10 770 463	10 824 105	10 816 710	10 796 259	11 124 453	11 512 202	11 774 738	3,1
Goods and services	4 691 268	4 504 824	4 424 004	4 408 572	4 456 056	4 537 407	4 340 435	4 868 499	5 277 262	(4,3)
Interest and rent on land	1 329	21 603	8 148	–	–	–	–	–	–	
Transfers and subsidies to:	**113 039**	**296 649**	**278 389**	**149 993**	**206 028**	**224 343**	**131 354**	**151 920**	**158 756**	**(41,4)**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	26 528	35 450	35 942	35 942	35 945	17 892	29 874	31 218	(50,2)
Households	113 039	270 121	242 939	114 051	170 086	188 398	113 462	122 046	127 538	(39,8)
Payments for capital assets	**171 398**	**116 709**	**137 189**	**185 333**	**181 251**	**181 251**	**167 084**	**133 727**	**139 743**	**(7,6)**
Buildings and other fixed structures	–	–	2 257	–	–	–	–	–	–	
Machinery and equipment	171 398	116 709	134 932	185 333	181 251	181 251	177 084	133 727	139 743	(2,3)
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**15 094 877**	**15 077 221**	**15 618 193**	**15 568 003**	**15 660 045**	**15 739 260**	**15 773 326**	**16 666 348**	**17 350 499**	**0,2**

Table 18 above shows the summary of payments and estimates for District Health Services from 2021/22 to 2024/25 and over the 2025 MTEF per economic classification.

Compensation of Employees and Goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of Employees shows growth of 3.1 per cent from R10.796 billion to R11.134 billion when compared to the 2024/25 revised estimate due to additional allocation for wage agreement.

Goods and services show a negative growth of 4.3 per cent from R4.537 billion to R4.340 billion when compared to the 2024/25 revised estimate due to high revised estimate resulting from over expenditure emanating from the payment of accruals and payables.

Transfers and subsidies show a negative growth of 41.4 per cent from R224.340 million to R131.354 million when compared to the 2024/25 revised estimate due to high revised estimates resulting from the payment of medico legal claims.

Payments for capital assets show a negative growth of 7.6 per cent from R181.251 million to R167.474 million when compared to the 2024/25 due to budget cuts for the Broadband.

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PROGRAMME 3

EMERGENCY MEDICAL SERVICES (EMS)

3. PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

Programme Purpose

To render quality and efficient prehospital emergency services, inter-hospital 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 inter-hospital transfer) and has components that underpin its functionality:

- Communication Services: Call taking and dispatching 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 computers 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 a 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 ECDoH outpatient referral pathways: inter-district, intra-district and inter-provincial referrals.
- Pre booking is essential to map out drop off and pick up points for outpatients.

Sub-programme 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 19: Activities timeframes, and budgets for EMS

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
EMS response time adhered to	EMS P1 urban response under 30 minutes rate	60%	60%	Deploy human and material resources closer to communities platform. Measure response times utilizing live tracking. 90% operational ambulances in urban areas. Reduce the turnaround time of ambulance repairs by 14 days on average. Increase number of ambulances compliant with regulations. Monitor inter-facility transfers. Training of emergency care officers on critical clinical care of patient pre-hospital. Refurbishment of	1 April 2025 – 31 March 2026	R1 350 299	Availability of staff for emergency cases and inter-facility transfer Rollout of the electronic system at the four major EMS communication hubs. Increased number of operational ambulances. 99% uptime of telephone lines in all districts. Road infrastructure. Hospitals providing appropriate package of care. to reduce inter-facility transfers.	Sub programme Manager
	Numerator	21 875	5 468					
	Denominator	36 459	9 114					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				EMS bases to be compliant with regulations. Procurement of replacement rescue vehicles. Procurement of essential equipment for ambulances				
	EMS P1 rural response under 60 minutes rate	65%	65%	Deploy human and material resources closer to communities platform Measure response times utilizing live tracking. 90% operational ambulances in urban areas. Reduce the turnaround time of ambulance repairs by 14 days on average. Increase number of ambulances compliant with regulations.	1 April 2025 – March 2026		Availability of staff for emergency. cases and inter-facility transfer Rollout of the Electronic System at the four major EMS communication hubs. Increased number of operational ambulances 99% uptime of telephone lines in all districts Road infrastructure Hospitals providing appropriate package of care to reduce inter-facility transfers	Sub programme Manager
	Numerator	54 848	13 712					
	Denominator	84 382	21 095					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Monitor inter-facility transfers. Training of emergency care officers on critical clinical care of patient pre-hospital. Refurbishment of EMS bases to be compliant with regulations. Procurement of replacement rescue vehicles. Procurement of essential equipment for ambulances.				
Functional PTVs available	Number of Patients transported on the PTV services	190 000	47 500	Transportation of patients to the next level of care. Implement a booking system. Drafting a protocol for booking and utilization of the Planned patient transport services.	1 April 2025 – 31 March 2026	R288 407million	Availability of vehicles for PPT Fuel costs	Sub programme Manager

3.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 20: Summary of payments and estimates by sub-programme: Programme 3: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28	
1. Emergency Transport	1 089 966	1 209 639	1 069 678	1 289 079	1 291 030	1 203 015	1 350 299	1 348 232	1 432 896	12,2
2. Planned Patient Transport	263 556	243 238	290 707	273 553	273 553	293 405	288 407	301 868	316 318	(1,7)
Total payments and estimates	**1 353 522**	**1 452 877**	**1 360 385**	**1 562 632**	**1 564 583**	**1 496 420**	**1 638 706**	**1 650 100**	**1 749 214**	**9,5**

Table 20 above show the summary of payments and estimates for Emergency Medical Services from 2021/22 to 2024/25 and over the 2025 MTEF per sub-programme. The programme's total expenditure increased from R1.353 billion in 2021/22 to a revised estimate of R1.496 billion in 2024/25. In 2025/26, the budget increased by 9.5 per cent from R1.496 billion to R1.638 billion when compared to the 2024/25 revised estimate due to additional funding for the wage agreement.

Table 21: Summary of payments and estimates by sub-programme: Programme 3: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28	
Current payments	**1 210 602**	**1 264 249**	**1 217 706**	**1 436 326**	**1 438 277**	**1 370 052**	**1 506 741**	**1 512 064**	**1 604 966**	**10,0**
Compensation of employees	998 795	1 022 603	1 049 361	1 163 141	1 163 141	1 068 411	1 200 076	1 151 493	1 227 943	12,3
Goods and services	211 807	241 646	168 345	273 185	275 136	301 641	306 665	360 571	377 023	1,7
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	**3 971**	**3 028**	**2 846**	**4 216**	**4 216**	**4 278**	**4 405**	**4 608**	**4 815**	**3,0**
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	3 971	3 028	2 846	4 216	4 216	4 278	4 405	4 608	4 815	3,0
Payments for capital assets	**138 949**	**185 600**	**139 833**	**122 090**	**122 090**	**122 090**	**127 560**	**133 428**	**139 433**	**4,5**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	138 949	185 600	139 833	122 090	122 090	122 090	127 560	133 428	139 433	4,5
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**1 353 522**	**1 452 877**	**1 360 385**	**1 562 632**	**1 564 583**	**1 496 420**	**1 638 706**	**1 650 100**	**1 749 214**	**9,5**

Table 21 above shows the summary of payments and estimates for Emergency Medical Services from 2021/22 to 2024/25 and over the 2025 MTEF period per economic classification.

Compensation of Employees shows a growth of 12.3 per cent from R1.068 billion to R1.200 billion in 2025/26 when compared to the 2024/25 revised estimate due additional funding for wage agreement.

Goods and services show a growth 1.7 per cent from R301.641 million to R306.665 million when compared to the 2024/25 revised estimate due to additional funding for the payment of accruals and payables for the non-negotiable items.

Transfers and subsidies show a growth of 3 per cent from R4.278 million to R4.405 million when compared to the 2024/25 revised estimate due to provision for payment of leave gratuities.

Payments for capital assets show a growth of 4.5 per cent from R122.090 million to R127.560 million when compared to the 2024/25 revised estimate due to high 2025/26 indicative budget attributed to previous reprioritisation implemented to fund fleet management shortfall.

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PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES

(REGIONAL AND SPECIALISED)

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

Programme Purpose

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

Sub-programme 4.1

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

- 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
- Khotsong

Sub-programme 4.3

Psychiatric Mental Hospital Services: Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for training of health workers and research. The following are the psychiatric hospitals and units:

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

4.1 Sub-programme: General (Regional) Hospital Services

Table 22: Activities, timeframes, and budgets for Regional Hospital

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	60%	Q4 – 60%	Hospitals conduct self-assessments, develop, and implement QIPs. Monitor and support progress of QIPs	1 April 2025– 31 March 2026	R3 446 233bn	Staff Availability	Sub programme manager
	Numerator	3	3					
	Denominator	5	5					
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	Q2 -100%	Data collection, capturing and reporting.	1 July 2025 – 30 September 2025		Staff Availability	Sub programme Manager
	Numerator	5	5					
	Denominator	5	5					
Patient Safety Improved	Severity assessment code (SAC)1 incident reported within 24 hours rate	93%	93%	Report Severity Assessment Code (SAC) 1 Incidents within 24 hours rate.	1 April 2025– 31 March 2026		Staff Availability	Sub programme Manager
	Numerator	439	109					
	Denominator	472	118					
	Patient Safety Incident (PSI) case closure rate	96%	96%	Investigate, disclose and close the Patient Safety Incident within 60 days. Develop and implement quality improvement plans and redress.	1 April 2025– 31 March 2026		Staff Availability	Sub programme Manager
	Numerator	652	163					
	Denominator	679	169					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Efficiency indicators improved	Average length of stay	5.7 days	5.7 days	Facilitate recruitment of specialists and health professionals. Facilitate conducting of out-reach and in-reach services	1 April 2025–31 March 2026		Staff Availability	Sub programme Manager
	Numerator	488 070	122 017					
	Denominator	84 259	21 064					
	Inpatient (usable) bed utilisation rates	72%	72%	Monitor availability of policies, protocols, guidelines, and procedure manuals.	1 April 2025–31 March 2026		Staff Availability	Sub programme Manager
	Numerator	538 602	134 650					
	Denominator	748 058	187 014					
	Expenditure per PDE	R4,548	R4,548	Strengthen monitoring of In-Year Monitoring (IYM) and functionality of Cost Containment Committees. Improve case management of patients.	1 April 2025–31 March 2026		Staff Availability	Sub programme Manager
	Numerator	3 471 773 936	867 943 484					
	Denominator	763 329	190 832					

4.2 Sub – Programme: Specialised TB Hospitals

Table 23: Activities, timeframes and budgets for Specialised TB Hospital

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	40%	40%	Hospitals conduct self-assessments, develop and implement QIPs. Monitor and support progress of QIPs.	1 April 2025 – 31 March 2026	R488 181 million	Staff Availability	Sub programme Manager
	Numerator	4	4					
	Denominator	7	7					
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	Q2 -100%	Data collection, capturing and reporting.	1 July 2025 – 30 September 2025		None	Sub programme Manager
	Numerator	7	7					
	Denominator	7	7					
Patient Safety Improved	Severity assessment code (SAC) 1 incident reported within 24 hours rate	80%	80%	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate.	1 April 2025 – 31 March 2026		Staff Availability	Sub programme Manager
	Numerator	8	2					
	Denominator	10	3					
	Patient Safety Incident case closure rate	90%	90%	Investigate the problem and do the root cause analyses. Develop remedial plan and redress.	1 April 2025 – 31 March 2026		None Staff Availability	Sub programme Manager Sub programme Manager
	Numerator	80	20					
	Denominator	88	22					
Hospital efficiencies improved	Average length of stay	40 days	40 days	Facilitate recruitment of specialists and health professionals. Facilitate conducting of out-reach and in-reach services.	1 April 2025 – 31 March 2026		None Staff Availability	Sub programme Manager Sub programme Manager
	Numerator	139 320	34 830					
	Denominator	3 483	871					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Inpatient (usable) bed utilisation rates	30%	30%	Monitor availability of policies, protocols, guidelines, and procedure manuals.	1 April 2025 – 31 March 2026		None Staff Availability	Sub programme Manager Sub programme Manager
	Numerator	125 172	31 293					
	Denominator	417 240	104 310					
	Expenditure per PDE	R3,800	R3,800	Strengthen monitoring IYM and functionality of Cost Containment Committees. Improve case management.	1 April 2025 – 31 March 2026		None	Sub programme Manager
	Numerator	504 560 200	126 140 050					
	Denominator	132 779	33 195					

4.3 Sub – programme: Specialised Psychiatric Hospitals/ Mental Hospitals

Sub- programme priorities

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

Table 24: Activities, timeframes and budgets for Specialized Psychiatric Hospitals

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Hospitals that qualify for Ideal status improved	Ideal Hospital Status rate	100%	Q1-100%	Hospitals conduct self-assessments, develop, and implement QIPs. Monitor and support progress of QIPs.	1 April 2025 – 31 March 2026	R767 419 million	Staff skills development on managerial and quality improvements	Sub programme Manager
	Numerator	3	3					
	Denominator	3	3					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	Q2 - 100%	Data collection, capturing and reporting.	1 July 2025 – 30 September 2025		Staff skills development on managerial and quality improvements	Sub programme Manager
	Numerator	3	3					
	Denominator	3	3					
Patient Safety Improved	Severity Assessment Code (SAC)1 incident reported within 24 hours rate	100%	100%	Report Severity Assessment Code (SAC) 1 incidents within 24 hours rate.	1 April 2025– 31 March 2026			Sub programme Manager
	Numerator	31	7					
	Denominator	31	7					
	Patient Safety Incident case closure rate	97%	97%	Investigate the problem and do the root cause analysis. Develop remedial plan and redress.	1 April 2025– 31 March 2026			Sub programme Manager
	Numerator	262	65					
	Denominator	271	67					

.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 25: Summary of payments of estimates: Programme 4 – Provincial Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**	**2024/25**			**2025/26**	**2026/27**	**2027/28**	
1. General (Regional) Hospitals	2 748 880	2 909 523	3 181 458	3 063 292	3 155 779	3 448 154	3 446 233	3 459 611	3 672 879	(0,1)
2. TB Hospitals	382 771	387 954	411 707	473 078	462 398	465 489	488 181	513 594	530 447	4,9
3. Psychiatric Mental Hospitals	554 702	629 233	660 175	694 798	731 850	733 369	767 419	728 881	753 931	4,6
Total payments and estimates	**3 686 353**	**3 926 710**	**4 253 340**	**4 231 168**	**4 350 027**	**4 647 012**	**4 701 833**	**4 702 086**	**4 957 257**	**1,2**

Table 25 above shows the summary of payments and estimates for Provincial Hospital Services from 2021/22 to 2024/25 and over the 2025 MTEF period per sub-programme. The programme's total expenditure increased from R3.686 billion in 2021/22 to a revised estimate of R4.647 billion in 2024/25. In 2025/26, the budget shows a

minimal increase to 1.2 per cent from R4.647 billion to R4.701 billion when compared to the 2024/25 revised estimate due to additional funding for the wage agreement and funding for the medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste.

Table 26: Summary of payments and estimates by economic classification: P4 – Provincial Hospitals

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**	**2024/25**			**2025/26**	**2026/27**	**2027/28**	
Current payments	**3 646 550**	**3 797 684**	**4 103 701**	**4 100 126**	**4 186 167**	**4 468 175**	**4 635 634**	**4 633 308**	**4 885 384**	**3,7**
Compensation of employees	2 979 731	3 056 817	3 323 115	3 085 561	3 133 718	3 465 235	3 510 692	3 584 587	3 813 462	1,3
Goods and services	666 224	728 650	777 252	1 014 565	1 052 449	1 002 940	1 124 942	1 048 721	1 071 922	12,2
Interest anR862.946 d rent on land	595	12 217	3 334	–	–	–	–	–	–	
Transfers and subsidies to:	**25 773**	**120 207**	**140 192**	**60 991**	**93 033**	**108 010**	**53 063**	**55 037**	**57 514**	**(50,9)**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	25 773	120 207	140 192	60 991	93 033	108 010	53 063	55 037	57 514	(50,9)
Payments for capital assets	**14 030**	**8 819**	**9 447**	**70 051**	**70 827**	**70 827**	**13 136**	**13 741**	**14 359**	**(81,5)**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	14 030	8 819	9 447	70 051	70 827	70 827	13 136	13 741	14 359	(81,5)
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**3 686 353**	**3 926 710**	**4 253 340**	**4 231 168**	**4 350 027**	**4 647 012**	**4 701 833**	**4 702 086**	**4 957 257**	**1,2**

Table 26 above shows the summary of payments and estimates for Provincial Hospital Services per economic classification.

Compensation of Employees shows a growth of 1.3 per cent from R3.465 billion to R3.510 billion in 2025/26 when compared to the 2024/25 revised estimate due to additional funding for the wage agreement.

Goods and services show a growth of 12.2 per cent from R1.002 billion to R1.124 billion in 2025/26 when compared to the 2024/25 revised estimate due to additional funding for the medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste.

Transfers and subsidies show a negative growth of 50.9 per cent from R108.010 million to R53.063 million in 2025/26 when compared to the 2024/25 revised estimate due to a high revised estimate attributable to the payment of Medico Legal Claims.

Payments for capital assets show a negative growth of 81.5 per cent from R70.827 million to R13.136 million in 2025/26 when compared to the 2024/25 revised estimate, due to high revised estimate in 2024/25 emanating from reprioritisation during 2024 MTEF for purchase of medical equipment and assistive devices in General Hospitals.

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PROGRAMME
5

CENTRAL & TERTIARY HOSPITALS

5. PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

5.1 Sub-programme for Central Hospitals

Sub-programme Purpose

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

Sub-programmes

5.1 Central Hospital: Nelson Mandela Academic hospital
5.2 Tertiary Hospitals: Livingstone hospital and Frere hospital
5.3 Specialised Tertiary hospitals: Fort England (specialized psychiatric hospital)

Table 27: Activities, timeframes and budgets for Central Hospital

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	100%	Q4 – 100%	Hospital conducts self-assessment, develop and implement QIP's. Monitor and support progress of the QIPs.	1 April 2025– 31 March 2026	R1 829 053bn	Staff Availability	Sub programme Manager
	Numerator	1	1					
	Denominator	1	1					
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	Q2 - 100%	Data collection. Data capturing and reporting.	1 July 2025 – 30 September 2025		Staff Availability	Sub programme Manager
	Numerator	1	1					
	Denominator	1	1					
Patient Safety	Severity	90%	90%	Report Severity	1 April 2025 –		Staff Availability	Sub programme

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
improved	assessment code (SAC)1 incident reported within 24 hours rate			Assessment Code (SAC) 1 incident within 24 hours rate.	31 March 2026			Manager
	Numerator	191	47					
	Denominator	213	53					
	Patient Safety Incident case closure rate	100%	100%	Investigate the problem and do the root cause analysis. Develop remedial plan and redress	1 April 2025–31 March 2026		Staff Availability	Sub programme Manager
	Numerator	180	45					
	Denominator	180	45					
Hospital efficiencies improved	Average length of stay	8days	8days	Facilitate recruitment of specialists and health professionals. Facilitate conducting of out-reach and in-reach services.	1 April 2025–31 March 2026		Staff Availability Transportation Equipment Availability Accommodation	Sub programme Manager
	Numerator	189 240	47 310					
	Denominator	23 655	5 913					
	Inpatient (usable) bed utilisation rates	80%	80%	Monitor availability of policies, protocols, guidelines, and procedure manuals.	1 April 2025–31 March 2026		Staff Availability	Sub programme Manager
	Numerator	221 360	55 340					
	Denominator	276 700	69 175					
	Expenditure per PDE	R6,800	R6,800	Strengthen monitoring IYM and functionality of Cost Containment Committees Improve clinical/case management	1 April 2025–31 March 2026		Staff Availability	Sub programme Manager
	Numerator	R1 942 970 800	R485 742 700					
	Denominator	285 731	71 432					

5.2 Sub-Programme Tertiary Hospital Services

Sub-Programme Purpose

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

Tertiary Hospitals
- Livingstone hospital
- Frere hospital

Table 28: Activities, timeframes and budgets for Tertiary Hospital Services

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	100%	Q4 – 100%	Hospitals conduct self-assessments, develop, and implement QIPs. Monitor and support progress of QIPs.	1 April 2025 – 31 March 2026	R 3 931 361bn	Staff Availability	Sub programme Manager
	Numerator	2	2					
	Denominator	2	2					
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	Q2 - 100%	Data collection, capturing and reporting.	1 April 2025 – 30 September 2025		Staff Availability	Sub programme Manager
	Numerator	2	2					
	Denominator	2	2					
Patient Safety Incident (PSI) case closure rate	Severity assessment code (SAC)1 incident reported within 24 hours	90%	90%	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate.	1 April 2025– 31 March 2026		Staff Availability	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Numerator	187	46					
	Denominator	208	52					
	Patient Safety Incident case closure rate	99%	99%	Investigate the problem and do the root cause analysis. Develop remedial plan and redress.	1 April 2025 – 31 March 2026		Staff Availability	Sub programme Manager
	Numerator	562	140					
	Denominator	568	142					
Hospital efficiencies improved	Average length of stay	6 days	6 days	Facilitate recruitment of specialists and health professionals. Facilitate conducting of out-reach and in-reach services.	1 April 2025 – 31 March 2026		Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	422 460	105 615					
	Denominator	70 410	17 602					
	Inpatient (usable) bed utilisation rate	77%	77%	Monitor availability of policies, protocols, guidelines, and procedure manuals	1 April 2025 – 31 March 2026		Staff Availability	Sub programme Manager
	Numerator	492 454	123 113					
	Denominator	639 550	159 887					
	Expenditure per PDE	R5,006	R5,006	Strengthen monitoring IYM and functionality of Cost Containment Committees. Improve clinical/case management.	1 April 2025 – 31 March 2026		Staff Availability	Sub programme Manager
	Numerator	R3 466 254 520	R866 563 630					
	Denominator	692 420	173 105					

5.3 Sub-Programme Specialised Tertiary Hospital

Sub-Programmes Purpose

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

Specialised Tertiary Hospitals

- Fort England (specialized psychiatric hospital)

Table 29: Activities, timeframes, and budgets for Specialized Tertiary Hospital

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	100%	Q4 – 100%	Hospital conducts self-assessments, develop, and implement QIP's. Monitor and support progress of QIPs.	1 April 2025 – 31 March 2026	R888 022 mil	Staff Availability	Sub programme manager
	Numerator	1	1					
	Denominator	1	1					
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	Q2 - 100%	Data collection, capturing and reporting.	1 July 2025– 30 September 2025		Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	1	1					
	Denominator	1	1					
Patient Safety Incident (PSI) case closure rate	Severity assessment code (SAC)1 incident reported within 24 hours rate	100%	100%	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate.	1 April 2025– 31 March 2026		Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	12	3					
	Denominator	12	3					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Patient Safety Incident case closure rate	100%	100%	Investigate the problem and do the root cause analysis. Develop remedial plan and redress.	1 April 2025 – 31 March 2026		Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	80	20					
	Denominator	80	20					

5.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 30: Summary of payments and estimates by sub-programme: Programme 5: Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**	**2024/25**			**2025/26**	**2026/27**	**2027/28**	
1. Central Hospital Services	1 521 690	1 702 835	1 751 326	1 685 599	1 741 206	1 717 041	1 829 053	1 644 205	1 718 065	6,5
2. Provincial Tertiary Services	3 229 836	3 010 739	3 177 547	3 350 683	3 344 225	3 262 757	3 931 361	3 647 157	3 784 553	20,5
Total payments and estimates	**4 751 526**	**4 713 574**	**4 928 873**	**5 036 282**	**5 085 431**	**4 979 798**	**5 760 414**	**5 291 362**	**5 502 618**	**15,7**

Table 30 above shows the summary of payments and estimates for Central Hospital Services from 2021/22 to 2024/25 and over the 2025 MTEF per sub-programme. The programme's total expenditure increased from R4.751 billion in 2021/22 to a revised estimate of R4.979 billion in 2024/25. In 2025/26, the budget increases by 15.7 per cent from R4.979 billion to R5.760 billion when compared to the 2024/25 revised estimate due to additional funding for the wage agreement and funding for the medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste.

Table 31: Summary of payments and estimates by economic classification: Programme 5: Central Hospital Service

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**	**2024/25**			**2025/26**	**2026/27**	**2027/28**	
Current payments	**4 657 936**	**4 512 638**	**4 718 032**	**4 752 835**	**4 822 445**	**4 722 436**	**5 489 126**	**5 041 719**	**5 241 741**	**16,2**
Compensation of employees	3 409 840	3 196 308	3 465 164	3 374 193	3 374 193	3 374 184	3 874 082	3 657 176	3 725 054	14,8
Goods and services	1 247 909	1 314 174	1 249 219	1 378 642	1 448 252	1 348 252	1 615 044	1 384 543	1 516 687	19,8
Interest and rent on land	187	2 156	3 649	–	–	–	–	–	–	
Transfers and subsidies to:	**23 202**	**37 772**	**53 869**	**68 418**	**87 736**	**82 112**	**49 424**	**63 263**	**66 110**	**(39,8)**

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation 2024/25	Adjusted appropriation 2024/25	Revised estimate 2024/25	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28	% change from 2024/25
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	23 202	37 772	53 869	68 418	87 736	82 112	49 424	63 263	66 110	(39,8)
Payments for capital assets	**70 388**	**163 164**	**156 972**	**215 029**	**175 250**	**175 250**	**221 864**	**186 380**	**194 767**	**26,6**
Buildings and other fixed structures	–	17 509	14 449	48 171	41 587	41 587	–	–	–	(100,0)
Machinery and equipment	70 388	145 655	142 523	166 858	133 663	133 663	221 864	186 380	194 767	66,0
Heritage Assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**4 751 526**	**4 713 574**	**4 928 873**	**5 036 282**	**5 085 431**	**4 979 798**	**5 760 414**	**5 291 362**	**5 502 618**	**15,7**

Table 31 above shows the summary of payments and estimates for Central Hospital Services from 2021/22 to 2024/25 and over the 2025 MTEF per economic classification.

Compensation of Employees shows a growth of 14.8 per cent from R3.374 billion to R3.874 billion in 2025/26 when compared to the 2024/25 revised estimate due to additional funding for the wage agreement.

Goods and services show a growth 19.8 per cent from R1.348 billion to R1.615 billion in 2025/26 when compared to the 2024/25 revised estimate due to additional funding medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste.

Transfers and subsidies show a negative growth of 39.8 per cent from R82.112 million to R49.424 million in 2025/26 when compared to the 2024/25 revised estimate due to a high revised estimate emanating from the payment of Medico Legal Claims.

Payments for capital assets show a growth of 26.6 per cent from R175.250 million to R221.864 million in 2025/26 when compared to the 2024/25 revised estimate due to additional funding for National Tertiary Services Grant to fund the procurement of medical equipment.

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PROGRAMME

6

HEALTH SCIENCES AND TRAINING (HST)

6. 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 32: Activities, timeframes and budgets for Health Science and Training

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Qualified and competent staff	Number of students completed the 4 - year nursing comprehensive course	22	Q4 - 22	Facilitate teaching and learning activities for both theory and clinical accompaniment • Facilitation of Special projects e.g. ESMOE and IMCI • Facilitate PHC introductory induction • Leadership workshop for exit - HR, Finance, Personal development Research, Professionalism, Interpersonal relations and Leadership. Exit programmes - Lamp lighting and Pledge of Service. - Graduation ceremony. - Two-week clinical	1 January 2025 – 31 March 2026	R239 882	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				placement workshop. Follow-up of the submitted new programs for accreditation. Development of new academic programs Stakeholder engagements for new curricula development. Review of academic policies e.g. assessment, certification policy, etc. Develop SOPs for academic policies. Development and procurement of learner material. Development SOPs for administrative Policies. Development of College Website. Re-branding and face-lifting of the College. Review of the College strategy.				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Development of college implementation plan. Facilitation of College turnaround plan on: - ICT Infrastructure Audit and Finance Human Resources (HR) Leadership and Governance Recruitment and selection of new students for 2025 academic year.				
	Number of Students completed the 3 – year nursing Diploma	183	183		1 January 2025 – 31 March 2026		None	Sub programme Manager
	Number of EMS Practitioners completed Emergency Care Qualification	6	Q4 - 6	Advising potential candidates on how to gain entry onto programs. Recruit candidates for EMS Qualifications. Advising EMS Pr3 on selection of potential candidates. Administrative assistance during registration phase. Mentoring students while studying, assisting	1 January 2025– 31 March 2026	R27 250	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				with examination preparation. Performing lecturing as well as assessment duties at the HEI (NMU). Payment of tuition fees. Advising bursary department on at risk students as per bursary agreement. Submit Council for Higher education (CHE) application to allow the College to gain accreditation as a Higher Education Institution (HEI) to offer Emergency Care Qualifications. Offer skills- based programs to EMS practitioners who are not on full time studies.				
	Number of registrars qualified as specialist	25	Q4 - 25	Audit the registrar database and identify vacancies categorised in accordance with the baseline. Advertise and engage in the recruitment and or replacement of new posts for registrars for appointments. Support the training and development of medical registrars in Umtata, EL,	1 January 2025– 31 March 2026	Health Professions Training & Development grant	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				PE, Fort England. Monitor the implementation of the registrar programme and report on progress.				
	Number of bursary students completed training	64	Q4 - 64	Facilitate recruitment of new bursary intake. Administer payments of fees to universities. Conduct university visits to perform M&E and establish relations and maintain records.	1 January 2025 – 31 March 2026	R80 855	None	Sub programme Manager
	Number of youth placed on youth programs	889	Q4 - 889	Maintain 865 Interns baseline continuing till end August 2024 (560 Dept. Interns, + 195 Medico Legal Interns + 95 HWSETA Interns + 110 Post Basic Interns) Recruit and maintain 670 x New Intake of Interns comprised of (560 New Interns + 110 post basic interns + 195 continuing Medico legal interns + 95 HWSETA Interns) with a new intake commencing from 1st August 2025.	1 July 2025– 30 September 2026	R838 856	None	Sub programme manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Maintain and evaluate the HWSETA funded 100 x Pharmacy Assistants Learners comprising of 60 x Post Basic + 40 x Basic Pharmacy Assistants commenced. Recruitment and support with training 320 x Artisan Trainees to be placed on the Minor Maintenance Traineeship Programme to be recruited by 1st April 2025. Submit a Signed and approved Comprehensive Workplace Skills Plan for 2025_26 Financial Year, to PSETA by 31st April 2025.				
Increase number of facilities obtained ideal clinic status.	No of Nurses trained in Adult Primary Care (APC) programme.	200	50	Compile training plan and training schedule. Co-ordinate training of Nurses in ICRM clinics on APC, IMCI, Basic Life Support (BLS) and Operational Managers in leadership for PHC. Monitor training and compile training report.	1 April 2025 –31 March 2026	R50mil	Human resources	DCSTs
	No of Professional Nurses trained on IMCI.	200	50		1 April 2025 –31 March 2026			DCSTs
	No of Professional	100	25					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Nurses trained on BLS.							
Proper implementation of clinical guidelines in patient management for improved health outcomes.	No of Health Professionals trained on HIV/Aids and TB programmes	2200	Q1- 100 Q2 - 700 Q3 - 700 Q4 - 700	Coordinate and support Training of nurses, doctors and other non-health professionals on HIV and AIDS management. Coordinate and support training of doctors, nurses and other non-health professionals on Maternal and Child Health management. Coordinate and support training of doctors, nurses and non professionals on management of DS-TB and DR TB. Coordinate and support Clinical Induction of newly qualified Nurses and other professionals.	1 April 2025 – 31 March 2026		Human and material resources	DSTCs
	No of non-health professionals trained on HIV/Aids and TB programmes	800	Q1- 100 Q2- 250 Q3 - 250 Q4- 200					

6.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 33: Summary of payments and estimates by sub-programme: Programme 6: Health Sciences and Training

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**	**2024/25**			**2025/26**	**2026/27**	**2027/28**	
1. Nursing Training Colleges	259 301	237 777	235 211	336 558	302 070	231 371	239 882	235 220	228 385	3,7
2. EMS Training College	11 960	10 522	13 248	33 717	33 717	32 606	27 250	15 987	16 658	(16,4)
3. Bursaries	179 132	49 152	38 549	69 054	61 542	61 542	80 855	121 516	127 022	31,4
4. Other Training	324 366	688 255	789 563	725 782	725 782	689 686	838 856	755 890	808 785	21,6
Total payments and estimates	**774 759**	**985 706**	**1 076 571**	**1 165 111**	**1 123 111**	**1 015 205**	**1 186 843**	**1 128 613**	**1 180 850**	**16,9**

Table 33 above shows the summary of payments and estimates for Health Sciences and Training from 2021/22 to 2024/25 and over the 2025 MTEF per sub-programme. The programme's total expenditure increased from R774.759 million in 2021/22 to a revised estimate of R1.015 billion in 2024/25. In 2025/26, the budget increases by 16.9 per cent from R1.015 billion to R1.186 billion when compared to the 2024/25 revised estimate due to additional funding additional funding for the wage agreement and funding for medicines, medical supplies, medical gas, surgical implants, property payments, food for patients, medical and chemical waste.

Table 34: Summary of payments and estimates by economic classification: Programme 6: Health Sciences and Training

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**	**2024/25**			**2025/26**	**2026/27**	**2027/28**	
Current payments	**606 611**	**917 579**	**1 022 218**	**1 080 025**	**1 044 537**	**936 597**	**1 097 197**	**972 376**	**1 017 584**	**17,1**
Compensation of employees	483 560	809 225	829 418	930 502	888 502	780 562	881 942	894 694	936 374	13,0
Goods and services	123 051	108 354	192 800	149 523	156 035	156 035	215 255	77 682	81 210	38,0
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	**156 311**	**57 589**	**41 812**	**66 840**	**60 328**	**60 362**	**67 886**	**139 695**	**145 981**	**12,5**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	13 075	16 866	14 721	14 401	14 401	14 401	14 886	21 867	22 851	3,4
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	143 236	40 723	27 091	52 439	45 927	45 961	53 000	117 828	123 130	15,3
Payments for capital assets	**11 837**	**10 538**	**12 541**	**18 246**	**18 246**	**18 246**	**21 760**	**16 542**	**17 285**	**19,3**

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation 2024/25	Adjusted appropriation 2024/25	Revised estimate 2024/25	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28	% change from 2024/25
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	11 837	10 538	12 541	18 246	18 246	18 246	21 760	16 542	17 285	19,3
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**774 759**	**985 706**	**1 076 571**	**1 165 111**	**1 123 111**	**1 015 205**	**1 186 843**	**1 128 613**	**1 180 850**	**16,9**

Table 34 above shows the summary of payments and estimates for Health Sciences and Training from 2021/22 to 2024/25 and over the 2025 MTEF per economic classification.
Compensation of Employees shows a growth of 13 per cent from R780.562 million to R881.942 million in 2025/26 when compared to the 2024/25 revised estimate due to additional funding for the wage agreement.

Goods and services show a growth of 38 per cent from R156.035 million to R215.255 million in 2025/26 when compared to the 2024/25 revised estimate due to additional funding for medicines, medical supplies, medical gas, surgical implants, property payments, food for patients, medical and chemical waste.

Transfers and subsidies show a growth of 12.5 per cent from R60.362 million to R67.886 million in 2025/26 when compared to the 2024/25 revised estimate due to low revised estimate emanating from reprioritisation of funds from external bursaries during the 2024 MTEF.

Payments for capital assets show a growth of 19.3 per cent from R18.246 million to R21.760 million in 2025/26 when compared to the 2024/25 revised estimate due to reprioritisation to reduce cost pressure for the purchase of medical equipment.

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PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)

7. 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 35: Activities, timeframes and budgets for Health care support

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Availability of assistive devices in primary health care	Wheelchair issued adult 19 years and older rate	60%	Q1 - 10%	Conduct functional assessments of patients with conditions that require wheelchairs. Prescribe for the conditions of patients that require wheelchairs and consolidation of central data base. Procure appropriate wheelchairs and accessories for the patients. Establish wheelchair seating outreach clinics in all three regions. Establish bridging the gap Rehabilitation Service Outreach campaign at Sarah Baartman, Alfred Nzo and Amathole districts for early identification.	1 April 2025 - 31 March 2026	R61 537 R 61 537	Human resource Budget Transport Consumables SCM processes (availability of tenders & Specification) Industrial action (Strike) Support and commitment from facility management	Sub program Manager
	Numerator	1800	300					
	Denominator	3000	3000					
			Q2 -20%					
	Numerator		600					
	Denominator		3000					
			Q3- 40%					
	Numerator		1200					
	Denominator		3000					
			Q4 -60%					
	Numerator		1800					
	Denominator		3000					
	Wheelchair issued child 0-18 years rate	60%	Q1 -10%		1 April 2025 - 31 March 2026			
	Numerator	816	136					
	Denominator	1 360	1 360					
			Q2 -20%					
	Numerator		272					
	Denominator		1 360					
			Q3 -40%					
	Numerator		544					
	Denominator		1 360					
			Q4 -60%					
	Numerator		816					
	Denominator		1 360					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Train therapists in basic and intermediate wheelchair seating courses. Outreach services and follow up to the wheelchair patients. Regular maintenance of wheelchairs.				
	Hearing aid issued adult 19 years and older rate	70%	Q1 - 10%	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. Procurement of appropriate hearing aids and accessories for the patients, manufacturing of custom-made ear moulds impression and procurement of	1 April 2025 - 31 March 2026		Human resource Budget Availability of medical equipment Maintenance & calibration of medical equipment Transport Consumables SCM processes (availability of tenders & Specification) Industrial action (Strike) Support and commitment facility from management	Sub programme Manager
	Numerator	1050	150					
	Denominator	1 500	1 500					
			Q2 - 30%					
	Numerator		450					
	Denominator		1 500					
			Q3 - 50%					
	Numerator		750					
	Denominator		1 500					
			Q4 - 70%					
	Numerator		1050					
	Denominator		1 500					
	Hearing aid issued child 0-18 years rate	70%	Q1 - 10%		1 April 2025 - 31 March 2026			
	Numerator	210	30					
	Denominator	300	300					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
			Q2 - 30%	artificial ear moulds Fitting of appropriate hearing aids to the patients. Conduct outreach services and school health services. Maintenance of hearing aids				
	Numerator		90					
	Denominator		300					
			Q3 - 50%					
	Numerator		150					
	Denominator		300					
			Q4 - 70%					
	Numerator		210					
	Denominator		300					
Availability of medicine in depos and facilities	Percentage Order fulfilment for essential drugs at depot	80%	80%	Monitor availability of essential medicine at the depots. Monitor order fulfilment of essential medicines by depots.	1 April 2025 - 31 March 2026	R78 586	Timeous payment of orders with the depots	Sub programme Manager
	Numerator	483 757	120 940					
	Denominator	604 696	151 174					
	Percentage of availability of essential medicine at facilities	80%	80%	Monitor SVS Reporting compliance. Monitor SVS medicine availability. Follow up with non-performing facilities	1 April 2025 31 March 2026			
	Numerator	64	64					
	Denominator	80	80					
	Number of active patients on CCMDD	490 050	Q1 – 456 500 Q2 – 467 500 Q3 – 478 500 Q4 - 490 050	Conduct Provincial Quarterly Reviews. Target high volume facilities and assign contracted post basic pharmacist	1 April 2025 - 31 March 2026		Budget for Accommodation, Data Service Provider Performance to the SLA.	Sub program manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				assistants. Set targets for all the high-volume facilities. Support visits to facilities. In-service training via the SYNCH help desk monthly. Use health promotion unit to market CCMDD and external pick-up points at facility level. Increase the number of pick-up points in districts. Monitor the number of new patients' weekly. Monitor renewals of prescriptions. Monitor the decanting to the differentiated model of care strategy (Fast Lane, Adherence clubs and External).			Reports from DHIS. CCMDD Stationery and promotional material	

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Weekly monitoring of the service provider performance. Monitors pick up points adherence to the SLA. Promote CCMDD during provincial events. Monitor operation Phuthuma progress per district on CCMDD				
Management of child disabilities	Number of Cerebral Palsy cases managed	10	Q1 – 3 Q2 – 5 Q3 – 7 Q4 - 10	Establishment of Cerebral Palsy Centres (CPC) Appointment rehabilitations practitioners Procurement of rehabilitation equipment	1 April 2025 - 31 March 2026	R107 978	Staffing Equipment	Sub programme Manager

7.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 36: Summary of payments and estimates by sub-programme: Programme 7: Health Care Support Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**		**2024/25**		**2025/26**	**2026/27**	**2027/28**	
1. Orthotic & Prosthetic Services	50 920	53 386	49 762	68 872	68 872	63 358	61 537	64 975	69 772	(2,9)
2. Medicine Trading Account	62 066	61 667	62 934	74 915	74 915	75 326	78 586	81 899	85 601	4,3
3. Medico-Legal Compensatory Services	–	–	–	105 000	105 000	55 491	107 978	103 757	108 426	94,6
Total payments and estimates	**112 986**	**115 053**	**112 696**	**248 787**	**248 787**	**194 175**	**248 101**	**250 631**	**263 799**	**27,8**

Table 36 above shows a summary of payments and estimates for Health Care Support Services from 2021/22 to 2024/25 and over the 2025 MTEF period per sub-programme. The programme's total expenditure increased from R112.986 million in 2021/22 to a revised estimate of R194.175 million in 2024/25. In 2025/26, the budget increased by 27.8 per cent from R194.175 million to R248.101 million when compared to the 2024/25 revised estimate due to reprioritisation to cater for the new Sub-programme 7.3: Medico-Legal Compensatory Services during 2024 MTEF.

***Table 37:* Summary of payment and estimates by economic classification: Programme 7: Health Care Support Services**

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**		**2024/25**		**2025/26**	**2026/27**	**2027/28**	
Current payments	**110 469**	**109 355**	**110 619**	**224 938**	**214 124**	**159 512**	**217 802**	**230 271**	**242 522**	**36,5**
Compensation of employees	69 782	70 240	71 912	79 845	79 845	74 742	84 074	86 529	92 275	12,5
Goods and services	40 687	39 115	38 707	145 093	134 279	84 770	133 728	143 742	150 247	57,8
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	**39**	**31**	**431**	**–**	**2 782**	**2 782**	**2 923**	**–**	**–**	**5,1**
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Households	39	31	431	–	2 782	2 782	2 923	–	–	5,1
Payments for capital assets	**2 478**	**5 667**	**1 646**	**23 849**	**31 881**	**31 881**	**27 376**	**20 360**	**21 277**	**(14,1)**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	2 478	5 667	1 646	23 849	31 881	31 881	27 376	20 360	21 277	(14,1)
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**112 986**	**115 053**	**112 696**	**248 787**	**248 787**	**194 175**	**248 101**	**250 631**	**263 799**	**27,8**

Table 37 above shows a summary of payments and estimates for Health Care Support Services from 2021/22 to 2024/25 and over the 2025 MTEF period per economic classification.

Compensation of Employees shows a growth of 12.5 per cent from R74.742 million to R84.074 million in 2025/26 when compared to the 2024/25 revised estimate due to reprioritisation to fund shortfall on COE and additional funding for the wage agreement.

Goods and services show a growth of 57.8 per cent from R84.770 million to R133.728 million in 2025/26 when compared to the 2024/25 revised estimate due to reprioritisation to cater for the new Sub-programme 7.3: Medico-Legal Compensatory Services during 2024 MTEF.

Transfers and subsidies show a growth of 5.1 per cent from R2.782 million to R2.923 million when compared to the 2024/25 revised estimate due to reprioritisation for the payment of Medico legal claims- and leave gratuities.

Payments for capital assets show a negative growth of 14.1 per cent from R31.881 million to R27.376 million when compared to the 2024/25 revised estimate due to reprioritisation for the purchase of medical equipment.

Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN 2025/26

PROGRAMME

8

HEALTH FACILITIES MANAGEMENT (HFM)

8. 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 38: Quarterly Targets and planned activities for Health facilities management

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Planning and provision of health facilities	Number of health facilities upgraded	6	Q2 – 1 Q3 – 2 Q4 - 3	**Planning Stage** Develop concept report Develop design development report **Procurement Stage** Prepare BID specifications Advertise the BID Evaluate submitted BIDs Adjudication of BIDs Issue the letter of award Sign the contracts SMMEs are procured and the project is introduced to the Project Steering	1 April 2025 - 31 March 2026	R72 mil	CIDB graded Contractor having the competency to perform the contractual obligations and the ECDOH as Client to pay invoices within 30 days	HFM: Planning Directorate Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Committee at facility level **Delivery Stage** During construction the contractor performs the activities to achieve the planned milestones as per the construction programme in order to achieve practical completion				
Health care facilities maintained	Number of health facilities with major maintenance completed	15	Q3 – 7 Q4 – 8	**Planning Stage** Develop concept report Develop design development report **Procurement Stage** Request for quotations Advertise the RFQs Evaluate submitted RFQs Adjudication of RFQs Issue the letter of award Sign the contract SMMEs are procured and the project is introduced to the Project Steering Committee at facility level **Delivery Stage** During construction the contractor performs the activities to achieve the planned milestones as per the construction programme in order to	1 April 2025 31 March 2026	R18 485 444	CIDB graded Contractor having the competency to perform the contractual obligations and the ECDOH as Client to pay invoices within 30 days	HFM: Planning Directorate Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				achieve practical completion				
	Number of health facilities with minor maintenance completed	48	Q3 – 7 Q4 – 41	**Planning Stage** Develop concept report Develop design development report **Procurement Stage** Request for quotations Advertise the Request For Quotations (RFQs) Evaluate submitted RFQs Adjudication of RFQs Issue the letter of award Sign the contract SMMEs are procured and the project is introduced to the Project Steering Committee at facility level **Delivery Stage** During construction the contractor performs the activities to achieve the planned milestones as per the construction programme in order to achieve practical completion	1 April 2025 31 March 2026	R14 742 881	CIDB graded Contractor having the competency to perform the contractual obligations and the ECDOH as Client to pay invoices within 30 days	HFM: Planning Directorate Programme Manager HFM: Planning Directorate Programme Manager
Functional radiology equipment	Number health technology equipment maintained	1000	Q1 - 100 Q2 - 300 Q3 - 300 Q4 - 300	Develop a maintenance schedule in line with the allocated budget. Request a quotation from the service	1 April 2025 31 March 2026	R120 000 000	Appointed service providers	HFM: Planning Directorate Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				provider to prepare purchase order Issue the purchase order to the selected service provider Obtain the invoice and service certificate.				
Provision of Health Technology equipment	Number Health Technology equipment commissioned	200	Q1 - 50 Q2 - 75 Q3 - 40 Q4 - 35 Q2 - 3 Q3 - 2 Q4 - 5	Budgeting for procurement Commence with the procurement process or Request a quotation from the contractor service providers 3.Issue the purchase order Obtain the delivery note and invoice for the delivered equipment	1 April 2025 31 March 2026	R32 900 000	Appointed service providers	HFM: Planning Directorate Programme Manager
Functional laundry equipment	Number of laundry equipment replaced in health facilities	10	Q1 - 2 Q2 - 3 Q3 - 4 Q4 - 1	Procurement of service provider Compile a list of facilities to be targeted for replacement of laundry equipment Installation of equipment Commissioning of equipment.	1 April 2025 31 March 2026	R25 000 000	Appointed service providers	HFM: Planning Directorate Programme Manager
Compliant equipment and machinery	Number of statutory compliance inspections on equipment and machinery	40	Q1 - 5 Q2 - 10 Q3 - 15 Q4 - 10	Compile a list of equipment and machinery to be inspected Procurement of service provider	1 April 2025 31 March 2026	R27 000 000	Appointed service providers	HFM: Planning Directorate Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	conducted			Rectification of non – compliances where applicable Obtain the certificates of compliance				
Complaint lifts	Number of lifts upgraded	2	Q2 - 1 Q3 - 1	Compile a list of facilities with lifts to be upgraded Procurement of service provider Installation of lifts Commissioning of lifts	1 April 2025-31 March 2026	R6 000 000	Appointed service provide requests	HFM: Planning Directorate Programme Manager
	% awards of Infrastructure capital expenditure items (monetary value) Procured from local Suppliers / Manufacturers	70%	70%	Appoint a service provider /contractor Include a clause in the Terms Of Reference(T0R) on procurement from local suppliers/manufactures Monitor expenditure through progress meetings	1 April 2025-31 March 2026	R1.5bn	Appointed service providers	HFM: Planning Directorate Programme Manager
	Installation of solar panels in health facilities	6	6	Requests for proposal for the development of solar installation at identified facilities Evaluate the BIDs Appoint a contractor Administer the contract Conduct completion inspection Produce a take-over certificate	1 April 2025-31 March 2026	R9.9 mil	Appointed service providers	HFM: Planning Directorate Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	% of budget allocated to local entrepreneurs contracted for infrastructure projects	20%	20%	Appoint a provider /contractor Appoint a social facilitator as part of the project team Coordination of social facilitation with the community and the contractor to ensure that budget is communicated Monitor expenditure through progress meetings	1 April 2025-31 March 2026	R250 mil	Appointed service providers	HFM: Planning Directorate Programme Manager
	% of local entrepreneurs contracted for infrastructure projects	20%	20%	Appoint a service provider /contractor Appoint a social facilitator as part of the project team Facilitate the appointment of SMMEs by the contractor	1 April 2025-31 March 2026	R250 mil	Appointed service providers	Sub program Manager

8.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 39: Summary of payments and estimates by sub-programme: Programme 8: Health Facilities Management

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**	**2024/25**			**2025/26**	**2026/27**	**2027/28**	
1. Community Health Facilities	186 906	215 004	207 593	375 013	441 294	439 827	449 953	590 423	531 745	2,3
2. Emergency Medical Rescue Services	–	–	–	4 000	–	–	10 000	19 000	8 360	
3. District Hospital Services	595 470	567 534	621 985	586 763	528 323	526 404	622 904	563 658	665 197	18,3
4. Provincial Hospital Services	275 833	287 279	173 426	298 429	316 063	383 095	360 849	229 585	236 856	(5,8)
5. Other Facilities	29 704	1 758	15 084	42 323	42 323	22 701	11 000	23 000	8 360	(51,5)
Total payments and estimates	**1 087 913**	**1 071 575**	**1 018 088**	**1 306 528**	**1 328 003**	**1 372 027**	**1 454 706**	**1 425 666**	**1 450 518**	**6,0**

Table 39 above shows the summary of payments and estimates for Health Facilities Management from 2021/22 to 2024/25 and over the 2025 MTEF period per sub-programme. The programme's total expenditure increased from R1.087 billion in 2021/22 to a revised estimate of R1.372 billion in 2024/25. In 2025/26, the budget increases by 6 per cent from R1.372 billion to R1.454 billion when compared to the 2024/25 revised estimate due to additional funding for wage the agreement and additional funding for the Health Facilities Revitalisation Grant.

Table 40: Summary of payments and estimates by economic classification: P8 – Health Facilities Management

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2024/25
R thousand	**2021/22**	**2022/23**	**2023/24**	**2024/25**			**2025/26**	**2026/27**	**2027/28**	
Current payments	**374 535**	**371 209**	**403 392**	**426 372**	**510 838**	**479 938**	**502 408**	**535 136**	**560 832**	**4,7**
Compensation of employees	22 754	24 157	31 243	47 237	47 237	31 660	46 612	47 458	50 399	47,2
Goods and services	351 781	347 052	372 149	379 135	463 601	448 278	455 795	487 678	510 433	1,7
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	**5**	**53**	**2**	**–**	**–**	**81 076**	**–**	**–**	**–**	**(100,0)**
Households	5	53	2	–	–	81 076	–	–	–	(100,0)
Payments for capital assets	**713 373**	**700 313**	**614 694**	**880 156**	**817 165**	**811 013**	**952 299**	**890 530**	**889 686**	**17,4**
Buildings and other fixed structures	575 252	443 605	335 882	553 886	642 569	641 417	795 925	742 725	715 119	24,1
Machinery and equipment	138 121	256 708	278 812	326 270	174 596	169 596	156 373	147 805	174 567	(7,8)
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**1 087 913**	**1 071 575**	**1 018 088**	**1 306 528**	**1 328 003**	**1 372 027**	**1 454 706**	**1 425 666**	**1 450 518**	**6,0**

Table 53 above shows the summary of payments and estimates for Health Facilities Management from 2021/22 to 2024/25 and over the 2025 MTEF period per economic classification.

Compensation of Employees shows a growth of 47.2 per cent from R31.660 million to R46.612 million in 2025/26 when compared to the 2024/ 25 revised estimate due to additional funding for wage agreement.

Goods and services show a growth 1.7 per cent from R448.278 million to R455.795 million in 2025/26 when compared to the 2024/25 revised estimate due to high revised estimate.

Payments for capital assets show a growth of 17.4 per cent from R811.013 million to R952.299 million in 2025/26 when compared to the 2024/25 revised estimate due to additional funding on Health Facilities Revitalisation Grant.

CONCLUSION

This is 2025/26 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 2025/26 Annual Performance Plan.

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