



Province of the
EASTERN CAPE
HEALTH



OPERATIONAL PLAN 2026/27

Together, moving the health system forward





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ABBREVIATIONS AND ACRONYMS

APC	Adult Primary Care	DS -TB	Drugs Susceptible Tuberculosis
ART	Antiretroviral Therapy	DR - TB	Drug Resistant Tuberculosis
BANC	Basic Ante-Natal Care	DSRAC	Department of Sports Recreation, Arts and Culture
CCMDD	Central Chronic Medicine Dispensing and Distribution	DWS	Department of Water and Sanitation
CFO	Chief Financial Officer	EAP	Employee Assistance Programme
CIDB	Construction Industry Development Board	EC	Eastern Cape
CFR	Case Fatality Rate	ECDoH	Eastern Cape Department of Health
CHCs	Community Health Centres	ECAC	Eastern Cape AIDS Council
CHE	Council for Higher Education	ECCOEC	Eastern Cape College of Emergency Care
CMH	Cecilia Makiwane Hospital	ECPACC	Eastern Cape Provincial Art & Culture Council
CHWs	Community Health Workers	ELIDZ	East London Industrial Development Zone
CETU	Clinical Education and Training Unit	ECSECC	Eastern Cape Socio-Economic Consultative Council
COGTA	Corporate Governance and Traditional Affairs	EDR-TB	Extreme Drug Resistance Tuberculosis
COE	Compensation of Employees	EMS	Emergency Medical Services
COIDA	Compensation of Occupational Injuries and Diseases Act	EPI	Expanded Programme on Immunisations
CP	Cerebral Palsy	EPWP	Expanded Public Works Programme
CPD	Continuous Professional Development	EPRE	Estimate of the Provincial Revenue and Expenditure
CUP	Contracting Units for Primary Health Care	ESMOE	Essential Steps in the Management of Obstetric Emergencies
CSSD	Central Sterile Supply Department	ETR	Electronic TB Register
CSTL	Care and Support for Teaching and Learning	EXCO	Executive Council
CQI	Continuous Quality Improvement	GBV	Gender Based Violence.
DCSTs	District Clinical Specialist Teams	GPS	Global Positioning System
DDG	Deputy Director-General	GIAMA	Government Immovable Asset Management Act
DHA	Department of Home Affairs	GP	General Practitioner
DHIS	District Health Information System	HAIs	Hospital Acquired Infection
DHIMS	District Health Information Management System	HAP	Health Action Plan
DHP	District Health Plan	HAST	HIV / AIDS, STI and TB Control
DHS	District Health Services	HBB	Helping Babies Breathe
DM	District Municipality	HCSS	Health Care Support Services
DMT	District Management Team	HDI	Human Development Index
DoCS	Department of Correctional Services	HFM	Health Facilities Management
DoT	Department of Transport	HIV/AIDS	Human Immuno - Deficiency Virus/Acquired Immune Deficiency Syndrome
DSD	Department of Social Development	HMS2	Health Management System 2
DPWI	Department of Public Works & Infrastructure	HOD	Head of Department
DOA	Department of Agriculture	HP	Health Promotion
DOE	Department of Education	HPCSA	Health Professional Council of South Africa
DOH	Department of Health		
DOJ	Department of Justice		
DPME	Department of Planning Monitoring & Evaluation		

HPRS	Health Patient Registration System	MTCT	Mother-To-Child-Transmission
HST	Health Sciences and Training	MTDP	Medium Term Development Plan
HPV	Human Papilloma Virus	PMTDP	Provincial Medium Term Development Plan
HRM	Human Resource Management	MTEF	Medium -Term Expenditure Framework
HRD	Human Resource Development	N/A	Not Applicable
HRH	Human Resources for Health	NCCEMD	National Committee on Confidential Enquiry on Maternal Deaths
HT	Health Technology	NCDs	Non-Communicable Diseases
HVAC	Heating Ventilation and Conditioning	NCS	National Core Standards
ICC	Institutional Consultative Committee	NDHSC	National District Health Steering Committee
IHFRM	Ideal Health Facility Realisation and Maintenance	NDoH	National Department of Health
ICSM	Integrated Clinical Services Management	NDP	National Development Plan
ICRM	Ideal Clinic Realisation and Maintenance	NGO	Non-Governmental Organisation
ICT	Information, Communications and Technology	NHA	National Health Act
IDMS	Infrastructure Delivery Management System	NHI	National Health Insurance
IDIP	Infrastructure Delivery Improvement Programme	NHLS	National Health Laboratory Services
IDPs	Integrated Development Plans	NHP	National Health Plan
IGR	Inter Governmental Relations	NMAH	Nelson Mandela Academic Hospital
IHR	International Health Regulation	NMM	Nelson Mandela Metro
IMAM	Integrated Management of Children with Acute Malnutrition	NMU	Nelson Mandela University
IMCI	Integrated Management of Childhood Illnesses	NPI	Non-Pharmaceutical Interventions
IMR	Infant Mortality Rate	NTSG	National Tertiary Services Grant
IPC	Infection Prevention and Control	OD	Organisational Development
ISHP	Integrated School Health Programme	ODIMWA	Occupational Diseases in Mines and Works Act
IT	Information Technology	OLD	Occupational Lung Diseases
LEDIS	Local Economic Development Implementation Strategy	O&P	Orthotic and Prosthetic
MAC	Ministerial Advisory Committee	OHH	Outreach Households
MBOD	Medical Bearuea for Occupational Diseases	OHS	Occupational Health and Safety
MCWHN	Maternal Child Women's Health and Nutrition	OPD	Outpatient Department
MDGs	Millennium Developmental Goals	OTP	Office of the Premier
MDR-TB	Multi-Drug-Resistant TB	PAJA	Promotion of Administrative Justice Act
MEC	Member of the Executive Council	PAIA	Promotion of Access to Information Act
MLSIP	Medico-Legal Strategy Implementation Plan	PCR	Polymerase Chain Reactive
MMR	Maternal Mortality Rate	PDE	Patient Day Equivalent
MOU	Maternal Obstetric Unit	PDMT	Provincial District Management Team
MOP	Medical Orthotic and Prosthetic	PDP	Provincial Development Plan
MPL	Member of Provincial Legislature	PEC	Patient Experience of Care
MRC	Medical Research Council	PET	Positron Emission Tomography
MRI	Magnetic Resonance Imaging	PFMA	Public Finance Management Act
MSSN	Management of Small and Sick Neonates	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

PMDS	Performance Management Development System
PMTCT	Prevention of Mother 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
QIP	Quality Improvement Plan
RAF	Road Accident Fund
RDP	Reconstruction and Development Programme
RPHC	Re-engineering the Primary Health Care
SADC	South African Development Community
SDGs	Sustainable Development Goals
SCM	Supply Chain Management
SITA	State Information Technology Agency
SOP	Standard Operating Procedure
SAHRC	South Africa Human Rights Commission
SAM	Severe Acute Malnutrition
SDM	Service Delivery Model
SynCH	Synchronised National Communication in Health
SDC	Skills Development Committee
Stats SA	Statistics South Africa
SPCHD	Social Protection, Community and Human Development
TB	Tuberculosis
TROA	Total clients remaining on ART
STI	Sexual Transmitted Infection
TPT	TB Preventative Therapy
UNAIDS	United Nations Programme on HIV/AIDS
WBPHCOT	Ward-Based Primary Health Care Outreach Teams
WHO	World Health Organisation



Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN 2026/27

PART A

STRATEGIC FOCUS

PART A: STRATEGIC FOCUS

I. INTRODUCTION AND OVERVIEW

Summary of departmental allocation

R'000	
To be appropriated by Vote in 2026/27	R 32,983,327
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, pro motive, 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
- Teamwork
- 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 2026/27 Annual Performance Plan of the Department and reflects the activities that the Department will engage during 2026/27 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 2026/27 Operational Plan for the Eastern Cape Department of Health as approved below:

7. OFFICIAL SIGN-OFF OF THE OPERATIONAL PLAN 2026/27

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 2026/27 financial year.



Ms. N. Mavuso

Programme Manager: 1, 6, & 8

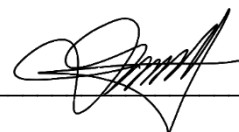
18 March 2026



Dr. M. Xamlashe

Programme Manager: 3, 4, 5 & 7

18 March 2026



Ms. M. Nokwe

Programme Manager 2

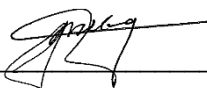
18 March 2026



Prof. S.T. Moko

Head Official Responsible for Planning

18 March 2026



Mr. G.G. Mhlana

Chief Financial Officer

18 March 2026



Dr. R Wagner

Accounting Officer

18 March 2026

Approved by:



Hon. N. Capa, MPL

Member of the Executive Council

18 March 2026

OPERATIONAL PLAN 2026/27

PART B

STRATEGIC OVERVIEW

PART B: STRATEGIC OVERVIEW

8. OVERVIEW OF EASTERN CAPE

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

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

Fig 1: Map of the Eastern Cape



Source : EC DoH

8.1 Demographic Profile and Trends

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

Population Pyramid

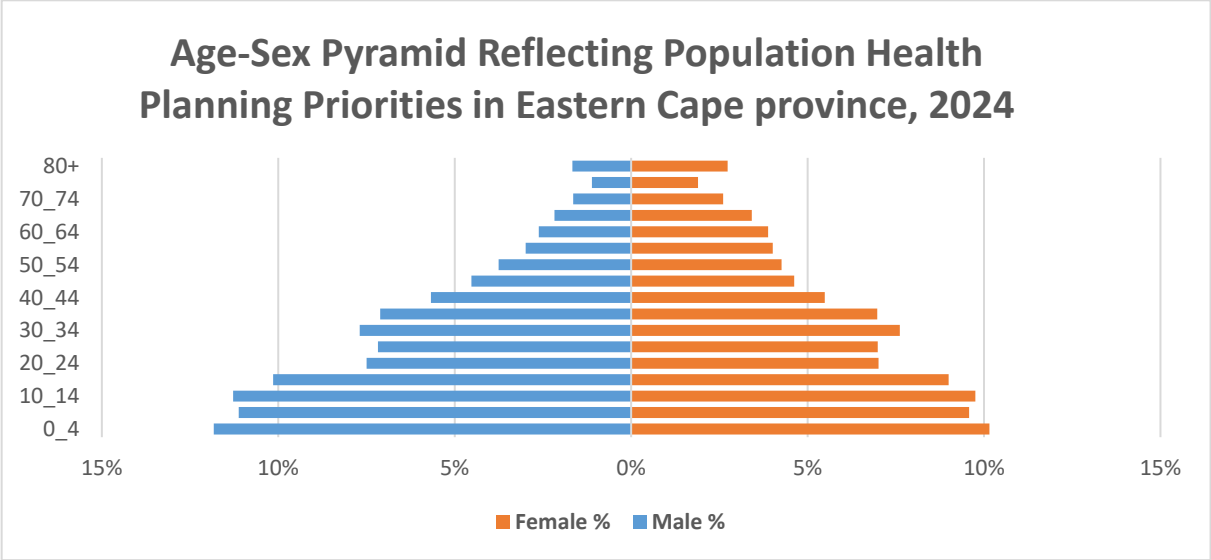


Figure 2: Population Distribution, Eastern Cape Province, 2024

Source: StatsSA-2025 mid-year estimates

9. MTEF BUDGETS

9.1 MTEF budgets

Table 1: Summary of payment estimates by programme: Health

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

Tables 1 above show the summary of payments and budget estimates by programme. The total payments increased from R28.116 billion in 2022/23 to R32.785 billion in 2025/26 due to additional allocation to COE adjustments for wage agreement and funding for payables and accruals on non-negotiables items. Programmes 2, 4 and 5 are showing a negative growth due to pressures on non-negotiables.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates				% change from 2025/26
	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29		
Current payments	26,295,225	27,499,448	28,542,385	29,727,939	30,616,126	30,616,126	30,954,303	31,980,626	32,736,622		1.1
Compensation of employees	18,712,799	19,952,151	20,401,409	21,196,760	21,606,130	21,606,130	22,356,818	22,633,006	22,857,212		3.5
Goods and services	7,543,539	7,528,082	8,056,620	8,531,178	9,009,996	9,009,996	8,597,486	9,347,620	9,879,410		(4.6)
Interest and rent on land	38,887	19,215	84,356	–	–	–	–	–	–		
Transfers and subsidies to:	519,529	520,844	554,841	311,256	290,399	459,794	303,561	343,354	367,331		(34.0)
Provinces and municipalities	–	–	–	–	–	–	–	–	–		
Departmental agencies and accounts	16,866	14,721	14,401	14,886	14,886	14,886	15,000	22,851	23,879		0.8
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–		
Non-profit institutions	26,528	35,450	35,190	17,892	4,946	4,946	30,938	31,218	32,623		525.5
Households	476,135	470,673	505,250	278,478	270,567	439,962	257,623	289,285	310,829		(41.4)
Payments for capital assets	1,301,665	1,106,521	1,211,980	1,613,488	1,709,144	1,709,144	1,725,463	1,638,517	1,769,879		1.0
Buildings and other fixed structures	461,114	352,588	621,875	795,925	740,958	740,958	750,144	967,089	1,056,297		1.2
Machinery and equipment	840,551	753,933	590,105	817,562	968,186	968,186	975,319	671,428	713,582		0.7
Software and other intangible assets	–	–	–	–	–	–	–	–	–		
Payments for financial assets	–	–	–	–	–	–	–	–	–		

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
R thousand										
Total economic classification	28,116,419	29,126,813	30,309,206	31,652,682	32,615,669	32,785,064	32,983,327	33,962,497	34,873,832	0.6

Table 2 above shows the summary of payments and estimates by economic classification. Compensation of employees shows an increase of 3.5 per cent from R21.606 billion in 2025/26 to R22.409 billion in 2026/27 when compared to revised estimates due to reductions and non-allocation for wage increase.

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

Transfers and subsidies show a negative growth of 34 per cent due to high revised estimates emanating from the payment of medico legal claims in 2025/26.

Payments for capital assets show a growth of 1 per cent from R1.709 billion in 2025/26 to R1.725 billion in 2026/27 due a low revised estimate in 2025/26 as a result of delays in payment of projects done by public works.

OPERATIONAL PLAN 2026/27

PART C

MEASURING OUR PERFORMANCE



Province of the
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HEALTH

OPERATIONAL PLAN 2026/27

PROGRAMME

1

HEALTH ADMINISTRATION AND MANAGEMENT

PROVINCIAL DoH OPERATIONAL PLAN PER BUDGET PROGRAMME

PART C: MEASURING OUR PERFORMANCE

I. PROGRAMME: HEALTH ADMINISTRATION AND MANAGEMENT

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

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

Sub - programme purpose

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

IMPACT STATEMENTS

Impact	Long, healthy and quality life for the people of the Eastern Cape		
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Table 3: 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	7 statutory documents	Q1 - 1	Development and submission of Statutory documents	1 April 2026 – 30 June 2026	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 2026 – 30 September 2026			
			Q3 - 1		1 October 2026– 31 December 2026			
			Q4 - 3		1 January 2027– 31 March 2027			

I.2 Sub-Programme: Health Management

Sub-programme purpose

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

The management component under the Head of Departments' supervision is comprised of four branches with their sub-components (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 4: 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 2026 – 30 September 2026	Operational budget	Audit Strategy from Provincial Treasury, Findings from AG	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 2026 – 31 March 2027	Operational budget	Valid invoices	Sub programme Manager
Approved procurement plan in place	Approved Annual Procurement Plan	2027/28 Approved Annual Procurement Plan	Q2 - 1 st draft Annual Procurement Plan	Development of contracts for Procurement of non-contracted medical & surgical items. Monthly & Quarterly Procurement plan reports	1 July 2026– 30 September 2026	Operational budget	Approved Operational project plans and Budget availability	Sub programme Manager
			Q3 - 2 nd Draft Annual Procurement Plan		1 October 2026 – 31 December 2026			
			Q4 - 2027/28 Approved Annual		1 January 2027 – 31 March 2027			

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
			Procurement Plan					
Increased revenue collection	Amount Revenue generated (R)	355,009 mil	Q1 – 70,208 mil	Training on billing to Medical Aids, RAF and other external funders in selected facilities.	1 April 2026 – 30 June 2026	Operational budget	Budget for recruitment, Digitalisation - HMS2	Sub programme manager
			Q2 – 90,610 mil	Workshops on revenue management – all facilities	1 July 2026– 30 September 2026			
			Q3 – 95,500 mil	Monitor collection trends	1 October 2026 – 31 December 2026			
			Q4 – 98,691 mil	Monitor and evaluate implementation of policies and procedures and identified interventions. Follow up on unpaid patient fees: Engagement meetings with external funders.	1 January 2027 – 31 March 2027			
Approved costed HRH Strategy to create share vision to realise NHI	Holistic Human Resources for Health (HRH) strategy 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	31 March 2027			

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Causes of Medico-legal claims reduced	Contingent liability of medico – legal cases	R19,324bn	Q4 - R19,324bn	Continuous monitoring of labour caesarean section interventions for foetal distress. Implement electronic record management system.	1 April 2026 – 31 March 2027	Operational budget	Quality patient care Implementation of medico legal strategy	Sub programme Manager
Improved connectivity in health facilities	Percentage of Hospitals with connectivity	71%	Q4 - 71%	Identification of institutions with no connectivity. Submission of prescribed forms Implementation and monitoring.	1 April 2026 – 31 March 2027	Operational budget	Broadband from OTP LTE Routers	Sub programme Manager
	Numerator	63 (6 new)	63 (6 new)					
	Denominator	89	89					
	Percentage of fixed PHC facilities with connectivity	40%	Q4 - 40%					
	Numerator	309 (10 new)	309 (10 new)					
	Denominator	777	777					
Statutory documents developed and submitted to legislature.	Number of statutory documents approved	2 Approved statutory documents (APP & OP)	Q3 - 1 st Draft APP Q4-2 Approved statutory documents (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.	1 April 2026 – 31 March 2027	Operational budget	Inputs from programme managers Multiyear Tender for printing	Sub-programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				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.				
Planners forum hosted	No of provincial planners, monitoring and evaluation forum hosted.	1	Q3-I planner's forum hosted	Host Provincial Planners, Monitoring, & Evaluation Forum	1 October 2026 – 31 December 2026	Operational budget	Venue Connectivity	Sub-programme Manager
2026/27 DHP submitted to National	Number of 2026/27 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 2026/27 APP	Sub-programme Manager
Policies developed and reviewed	Number of policies approved	2	Q4 - Policy approved	Analyse available policies Develop clinical and corporate policies.	1 April 2026 – 31 March 2027	Operational budget	Inputs from Programme managers	Sub Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Catalogue and publish the available policies.				
Compilation, coordination and submission of all mandatory reports	Number of Quarterly reports submitted	3	3	Development and submission of quarterly reports on prescribed dates to OTP, National Department of Health, DPME and Legislature. Take an initiative in preparation of provincial quarterly reviews. Quarterly and Mid- year on prescribed dates.	1 April 2026 – 31 March 2027	Operational budget	Annual Performance Plan Programme Managers adherence to reporting timelines AGSA findings and recommendations' Standardised indicators from NDOH and NIDS Template from DPME	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 2026 – 30 June 2026	Operational budget	Annual Performance Plan Programme Managers adherence to reporting timelines AGSA findings and recommendations' Standardised indicators from NDOH	M&E Directorate
			Q2 - Final Report		1 July 2026 – 30 September 2026			

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
							Template from DPME	
Coordination of the pre-determined objectives for Quarterly, Mid - year and Annual Reports	Number of Programmes submitted Portfolio of Evidence	8	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	1 April 2026 – 31 March 2027	Operational budget	M&E Directorate Programme Managers Internal Audit Districts Facilities	M&E Directorate

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				level, to improve quality of data.				
Effective public health surveillance of notifiable medical conditions and outbreak prone diseases	% of hospitals using the Notifiable Medical Conditions (NMC) App	90%	90%	Monitor the use of the NMC App to report NMC cases.	1 April 2026 – 31 March 2027	Operational budget	Regulations relating to the surveillance and control of NMC of 2017 & 2023	DD Epidemiology AD Surveillance NICD Trainer
	2.0 AFP detection rate	2 AFP cases per 100 000 pop	2 AFP cases per 100 000 pop	Conduct AFP surveillance	1 April 2026 – 31 March 2027	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 2026 – 31 March 2027	Operational budget	None	DD Epidemiology AD Surveillance
	Number of trainings for Outbreak Response Teams	4	1 per quarter	Training of the Outbreak Response Teams.	1 April 2026 – 31 March 2027	Operational budget	None	DD Epidemiology DD Research
Capacity building on public health surveillance, investigation and response done	Districts empowered on field epidemiology & scientific writing	14	14	Coordinate intermediate field epidemiology training. Monitor influenza vaccination.	Apr 2026-Mar 2027	Operational budget		DD Epidemiology DD Research AD Surveillance AD Research
	% influenza vaccine utilization rate	85%	85%	Monitor influenza vaccination.	1 April 2026 – 31 Oct 2026	Operational budget	None	
Platform for research findings sharing created	Epidemiology & Public Health Seminar conducted	1	1	Conduct the Epidemiology & Public Health Seminar.	1 April 2026 – 31 Mar 2027	Operational budget	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 2026 – 31 March 2027	Operational budget	None	DD Epidemiology DD Research AD Surveillance

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
								AD Research
Strengthen research coordination	Functional Provincial Health Research Committee	4	I	Quarterly review meetings.	Quarterly	Operational budget	None	DD Epidemiology DD Research AD Surveillance AD Research
Platform for research findings sharing created	Epidemiology & Public Health Seminar conducted	I	I	Conduct the Epidemiology & Public Health Seminar.	I April 2026 – 31 March 2027	Operational budget	None	
Priority research studies conducted	National ANC HIV Sero-Prevalence Survey	I	Q3 -I	Protocol dissemination Data collection on ANC clients Monitor protocol implementation.	I April 2026 – 31 March 2027	Operational budget	None	DD Research AD Research
Research capacity building	Research knowledge translation workshop conducted	I	I	Research translation into policy & practise training workshop.	I April 2026 – 31 March 2027	??	None	DD Epidemiology DD Research AD Surveillance AD Research
Effective 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 2023.	I April 2026 – 31 March 2027	Approved Operational Project Plan and availability of Budget	None	Information Manager
	Numerator	848	848					
	Denominator	865	865					
	Percentage of Health Facilities complied with absolute validation rules.	80%	80%	Measure reporting health facilities that complied with absolute validation	I April 2026 – 31 March 2027	Approved Operational Project Plan and availability of Budget	None	Information Manager
	Numerator	692	692					
	Denominator	865	865					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				rules.				
	Number of Pre-submission data verification report compiled	12	3	Compile Pre-submission verification report. Ensure timely and appropriate response to data request.	1 April 2026 – 31 March 2027	None	None	Information Manager
	Number of workshops conducted on DHIMS policy	8	2	Institutionalise DHIMS Policy, SOP's and NIDS by capacitating Programme Managers, Clinicians, CEOs, Operational Managers, Information personnel clerks, EMS and EHS practitioners. Facilitate and prepare logistics for the virtual workshop.	1 April 2026 – 31 March 2027	Approved Operational Project Plan and availability of Budget	None	Information Manager
	Approved HIMS Audit intervention plan	Approved HIMS Audit intervention plan	Q3 –Approved plan	HIMS Audit intervention plan developed.	1 April 2026 – 31 March 2027	Operational Plan	None	Information Manager
Departmental Information Systems supported and maintained	Number of districts Supported in Information Sy	8	2	Maintain System functionality. Render capacity and training on DHIS, THIS, EVDS, HPRS, DATCOV, Hospital Covid -19 collection System etc.	1 April 2026 – 31 March 2027	Approved Operational Project Plan and availability of Budget	None	Information Manager

I.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

Outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
R thousand	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
1. Office of the MEC	8,252	12,267	13,283	19,143	15,133	14,529	14,379	15,132	15,814	(1.0)
2. Management	765,451	746,400	665,288	869,610	908,620	754,940	888,448	895,820	949,515	17.7
Total payments and estimates	773,703	758,667	678,571	888,753	923,753	769,469	902,827	910,952	965,329	17

Tables 5 above shows the summary of payments and estimates for Administration from 2022/23 and over the MTEF. The programme's total expenditure decreased from R773.703 million in 2022/23 to R769.469 million in 2025/26. The budget increases by 17 per cent from R769.469 million to R902.827 million when compared to revised estimates due to a low revised estimate.

Table 6: Summary of payments and estimates by economic classification: Programme 1: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
R thousand	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
Current payments	658,648	721,165	627,529	804,533	836,689	737,153	826,558	827,638	878,265	12.1
Compensation of employees	396,013	411,475	413,710	465,219	464,776	425,240	505,022	475,446	478,822	18.8
Goods and services	259,724	305,606	205,651	339,314	371,913	311,913	321,536	352,192	399,443	3.1
Interest and rent on land	2,911	4,084	8,168	—	—	—	—	—	—	—
Transfers and subsidies to:	4,200	3,303	2,572	2,201	2,644	6,735	2,302	2,406	2,514	(65.8)
Provinces and municipalities	—	—	—	—	—	—	—	—	—	—

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
Households	4,200	3,303	2,572	2,201	2,644	6,735	2,302	2,406	2,514	(65.8)
Payments for capital assets	110,855	34,199	48,470	82,019	84,420	25,581	73,967	80,908	84,550	189.1
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	110,855	34,199	48,470	82,019	84,420	25,581	73,967	80,908	84,550	189.1
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	773,703	758,667	678,571	888,753	923,753	769,469	902,827	910,952	965,329	17.3

Table 6 above shows the summary of payments and estimates for Administration from 2022/23 to 2025/26 and over 2026 MTEF period per economic classification.

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

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

Transfers and subsidies show a negative growth of R65.8 per cent from R6.735 million in 2025/26 to R2.302 million due to a high revised estimates attributable to payments of leave gratuity.

Payments for capital assets show a growth of 189.1 per cent from 25.581 million to R73.967 million when compared to 2025/26 revised estimates.



Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN 2026/27

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 7: 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 2026– 31 March 2027	Operational budget	Office ICT District management teams DHP managers in districts	Sub programme Manager
District Health Plans compliance with NHA 2003, chapter 5 section 33	Number of districts with District Health Plans (DHPs)	8	8	Develop a consolidated district health plans. Monitor compliance by districts with submission of the DHPs.	1 April 2026– 31 March 2027	Operational budget	Office ICT District management teams Technical support by SOP team	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Districts Referral pathways developed	Number of districts with referral pathways	8	8	Monitor and facilitate PHC facilities adherence to referral pathways implementation as per the ICSM guideline and the Ideal health	1 April 2026–31 March 2027	R400 000	District management GIS Provincial referral policy approved	Sub programme Manager
Efficient use of PHC resources	PHC utilisation rate	2.5	2.5	Monitor Professional nurse clinical workload and facilitate efficient use of resources. Monitor Medical Doctor clinical workload per district and facilitate efficient use of resources. Facilitate Supervision workshops and Meetings. Facilitate Integration and coordination of PHC services	1 April 2026–31 March 2027	R4 000 000	ICT equipment in facilities Connectivity in facilities Patient files and registers Filling system	Sub program Manger
	Professional nurse clinical workload	30	30	Monitor Professional nurse clinical workload and facilitate	1 April 2026–31 March 2027	Operational budget	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				efficient use of resources.				
	Medical doctor clinical workload	30	30	Monitor Medical Doctor clinical workload per district and facilitate efficient use of resources.	1 April 2026–31 March 2027	Operational budget	None	Sub programme Manager
Supervision of fixed PHC facilities	% of Fixed PHC Facilities Supervised	35%	35%	Facilitate Supervision workshops and Meetings.	1 April 2026–31 March 2027	R100 000	Office ICT managers	Sub-programme Manager
	Numerator	271	271					
	Denominator	777	777	Facilitate Integration and coordination of PHC services				

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 8: 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 PHC facilities status obtained rate	68%	Q4:68%	Facilitate ICRM status determinations and QIPs.	1 April 2026–31 March 2027	R50 000 000	ICT Network	Sub-programme Manager
	Numerator	528 (23 new)	528 (23 new)					
	Denominator	777	777	Conduct ICRM provincial review meetings. ICSM training, facilitate BLS training, Facilitate and coordinate medical equipment, consumables and procurement. Facilitate OHSC accreditation				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Patient experience of care in fixed public health facilities improved	Patient Experience of Care survey rate	90%	Q2 – 90%	Decentralisation of budget for PEC survey logistics.	1 April 2026–31 March 2027	R600 000	Office ICT Network Field workers Trainers	Sub-programme Manager
	Numerator	661	661	Coordinate the orientation of the staff on PEC survey.				
	Denominator	734	734	Facilitate the training of field workers on PEC survey.				
				Monitor adherence to PEC survey guidelines and outcomes (QIPS) on the gaps identified				
Patient safety improved	Severity Assessment Code (SAC) I incident reported within 24 hours rate	10%	10%	Monitor SAC I incident monthly reported within 24 hours' rate.	1 April 2026–31 March 2027	R400 000	ICT for the software Network	Sub-programme Manager
	Numerator	10	10	Monthly meeting with QA to update on the monthly performance for the Quality Indicators.				
	Denominator	15	15					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Patient Safety Incident (PSI) case closure rate	96%	96%	Monitor Patient Safety Incident case closure rate monthly.	1 April 2026–31 March 2027		ICT for the software	Sub-programme Manager
	Numerator	53	53	Quarterly meeting with QA to update on the monthly performance for the Quality Indicators.			Network	
	Denominator	56	56					

2.3 Sub – programme: Community Health Centers (CHCs)

Sub – programme purpose

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

Table 9: 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	98%	Q2: 98%	Decentralisation of budget for PEC survey logistics.	1 April 2026–31 March 2027	600 000	ICT Network	Sub-programme Manager
	Numerator	42	42	Coordinate the orientation of the staff on PEC survey.				
	Denominator	43	43					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Facilitate the training of field workers on PEC survey. Monitor adherence to PEC survey guidelines and outcomes (QIPS) on the gaps identified				
Patient safety improved	Severity Assessment Code (SAC)I incident reported within 24 hours rate	64%	64%	Monitor SAC I incident monthly reported within 24 hours’ rate.	1 April 2026–31 March 2027	400 000	ICT for the software Network	Sub-programme Manager
	Numerator	30	30	Quarterly meeting with QA to update on the monthly performance for the Quality Indicators.				
	Denominator	48	48					
	Patient Safety Incident (PSI) case closure rate	93%	93%	Monitor Patient Safety Incident case closure rate monthly.	1 April 2026–31 March 2027	400 000	ICT for the software Network	Sub-programme Manager
	Numerator	57	57					
	Denominator	61	61					

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

Sub - programme purpose

The Community-Based Services sub-programme manages the implementation of the Community-Based Health Services Framework. This includes:

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

Table 10: 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	1.2%	1.2%	Avail chronic diseases guidelines and Information, Education & Information (IEC) materials and basic equipment in Ideal Clinics. Non-communicable diseases (NCDs) quarterly reviews.	1 April 2026–31 March 2027	Operational budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	35 725	8 931					
	Denominator	2 977 125	744 281					
	Positivity rate for hypertension 45 years and older	2.5%	2.5%		1 April 2026–31 March 2027	Operational budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	36 288	9 072					
	Denominator	1 451 535	362 883					
	Positivity rate for diabetes 18 - 44 years	0.9%	0.9%		1 April 2026–31 March 2027	Operational budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	25 714	6 482					
	Denominator	2 857 109	714 277					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Positivity rate for diabetes 45 years and older	1.3%	1.3%	Support training of chronic conditions guidelines.	1 April 2026–31 March 2027	Operational budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	26 885	6 721	Support district in diabetes and hypertension awareness campaigns.				
	Denominator	2 068 045	517 011					
Prevention and early detection of mental illness	PHC Mental disorders treatment rate new	0.2%	0.2%	Support district in mental illness awareness campaigns.	1 April 2026–31 March 2027	Operational budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	27 215	6 803	Support training of chronic conditions guidelines on mental health.				
	Denominator	13 607 520	3 401 880					
Reduction of blindness	Cataract surgery rate	400/1 000 000	400/1 000 000	Conduct formalized cataract outreach services.	1 April 2026–31 March 2027	Operational budget	None	Sub-programme Manager
	Numerator	2 401	600					
	Denominator	6 003 438	1 500 860					

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 11: 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	88%	88%	Delegation of waste officers per hospital.	I April 2026–31 March 2027	Operational budget	Availability of equipment and budget	Sub programme Manager
	Numerator	75	75	Conduct situational analysis on medical waste management in hospitals.				
	Denominator	85	85					
Households advocate for accessibility to health services increased	Number of CHWs on Stipend	2318	Q 4- 2318	Submit an approved memo to the districts for the contracting of CHWs	I April 2026–31 March 2027	169, 375, 240	Availability of Out Reach Team Leaders to provide direct supervision of the Community Health Workers	Sub programme Manager
				Procure uniform for new and replacement CHWs.	2 nd quarter 2026	12, 500, 000		
				Procure Gadget for electronic data collection of WBPHCOT data	3 rd Quarter 2026	12, 750, 000		
				Hire outreach vehicles for the districts to assist in provision	I April 2026–31 March 2027	15, 494, 760		

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				of Ward Based Primary Health Care activities.				
				Conduct WBPCOT training for CHWs and Outreach Team Leaders(OTLs)	2 nd Quarter	12, 325, 000		
				Analyse data and provide feedback to the districts monthly, on performance.				
				Conduct bi-annual quarterly reviews	October 2026 February 2027	451,600		
Community Health Workers trained.	Number of CHW Trained	767	Q2 - 767	Support districts and Regional Training Centre (RTC) in conducting trainings for CHWs on basic CHWs package	1 April 2026– 31 March 2027	12, 325, 000	Availability of funds	Sub programme Manager
			Q3 – 767					
			Q4 - 767					
HIV clients lost to follow traced	Number of HIV defaulters traced by CHWs	170 000	42 500	Analyse data to identify gaps in programme. Provide monthly report to districts	1 April 2026– 31 March 2027	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
				Conduct quarterly and annual programme reviews Conduct support visits to districts, with the focus to districts that are having challenges.				
TB clients lost to follow traced	Number of TB defaulters traced by CHWs	27 000	6 750	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.	1 April 2026 – 31 March 2027	169, 375, 240	Uninterrupted power supply to support constant capturing in facilities	Sub-Programme Manager
Conduct household visits	Number of Household 1 st and follow up visits	1 700 000	Q 1:250 000 Q 2:575 000 Q 3:300 000 Q 4:575 000	Analyse data to identify gaps in programme performance. Provide monthly report to districts. Conduct support visits to districts, with the focus to districts that are having challenges.	1 April 2026 – 31 March 2027	222, 445, 000	Uninterrupted power supply to support constant capturing in facilities	Sub-Programme Manager
Increased access to school health	Number of Grade R learners screened	10 500	Q1-3000 Q2-2500 Q-3500 Q4 1500	Conduct screenings of Grade R learners	1 April 2026 – 31 March 2027	65,157,490.44	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 Learners 9 years and above vaccinated with the first dose of HPV	94%	Q4- 90%	Contracting of nurses Procurement of vaccines Procurement of surgical supplies Procurement of registers and vaccine cards Hiring of vehicles Conducting of review meetings Conducting of Intra Campaign monitoring visits	1 April 2026 – 31 March 2027	44, 463,000	Signing of consent forms by parents Availability of transport Constant supply of electricity for cold chain of vaccines	Sub programme Manager
	Numerator	64 854	64 864					
	Denominator	68 994	68 994					
	Percentage of schools with grade 5 learners reached for a single dose of HPV	93%	Q4 - 93%	Contracting of nurses Procurement of vaccines Procurement of surgical supplies Procurement of registers and vaccine cards Hiring of vehicles Conducting of review meetings Conducting of Intra Campaign monitoring visits	1 April 2026 – 31 March 2027 2026	Operational budget	Availability of transport	Sub programme Manager
	Numerator	4 029	4 029					
	Denominator	4 332	4 332					
Strengthen community action through Risk Communication and Community engagement	Number of Outreach activities conducted	36	Q 1: 8	Contract PNs and ENs that will assist during the outreach campaigns	1 April 2026 – 31 March 2027	740,856,105	Availability of budget	Sub programme Manager
			Q 2: 8					
			Q 3: 8					
			Q 4: 8					
				Provide support with vehicles where faceable				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Conduct support visits to assist the districts to prepare and implement the outreach campaigns.				
Strengthen and market priority programmes	Number of campaigns conducted	85	Q 1: 24	Support the districts to conduct preparatory meetings Support the districts with IEC material where available Take part in the Provincial meetings	1 April 2026 – 31 March 2027	4,980,000	Availability of budget	Sub programme Manager
			Q 2: 16					
			Q 3: 22					
			Q 4: 23					
Early detection of OLD related TB	Number of ex-miners screened for TB	12 000	3000	Ex-mine workers mobilised through community mobilisation (platformed on Outreaches & Local Municipality-based Walk-in Office Services in X22 LMs & X2 Metros)	1 Apr 2026–31 Mar 2027	RI 473 000	Premier's Steering Committee Planned Outreaches	ECDH-Project Management Office
	Number of ex-mine workers diagnosed with new pulmonary TB.	3000	750	Ex-mineworker screened for OLD related TB (X-rays & Sputum Test) Diagnosed TB Cases for ex-mine workers (Clinic-based) Treatment Initiation Cases for ex-mine workers Care and support provided to treatment initiated ex-mineworkers	1 Apr 2026–31 Mar 2027	Operating budget	Social Partner will provide services	Social Partner

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Ex-mineworkers screened for OLD possible cases using Compensation Claims Management System (CCMS)				
Optimised screening & treatment management of NCDs (as OLD Comorbidities) – including TB treatment	Number of ex-miners screened for Non Communicable diseases	1 125	281	NCD and TB Treatment cases referral to HC Point of Entry (Clinics)	1 Apr 2026–31 Mar 2027	Operating budget	ECDoH – Programme 02 will provide referral platform for all OLD related NCD and TB Treatment cases	ECDoH- Programme 02
Improve Occupational Diseases Profiling for rehabilitation	Number of profiled Occupational Diseases and injuries cases	2 375	594	Occupational Diseases and Injuries screening (excluding OLDs)	1 Apr 2026–31 Mar 2027	R2 640 000	ECDoH-PMO in partnership with a Social Partner will rollout X8 Different Walk-in Services for 12 months covering 22 LMs and 2 Metros	ECDoH-PMO Social Partner
	Number of Occupational Diseases and Injuries cases referred for rehabilitation	308	77	Provision of desktop referral management services (facilitate Occupational Diseases & Injuries rehabilitation referrals)	1 Apr 2026–31 Mar 2027	Operating budget	ECDoH- PMO in partnership with Social Partner will coordinate Occupation Diseases and Injuries referrals to Comp	Social Partner ECDoH-PMO Comp Fund RMA

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
							Fund/Rand Mutual Assurance	
Optimising efficiencies of the forensic pathology services	Standard Operating Procedures (SOPs) developed for all hospitals on postmortems for ex miners	Approved provincial SOP on post mortems	Q2 - Approved SOPs	Develop Standard Operating Procedures developed for all hospitals on postmortems for ex miners	1 Apr 2026–31 Mar 2027	Operating budget	ECDoH Hospital Support Services & Forensic Pathology Services will take full responsibility to deliver this activity	MBOD/CCOD NIOH ECDoH- Forensic Pathology Serv.
				Establish and MoU between ECDoH, National Institution of Occupational Health (NIOH) & MBOD/Compensation Commission Occupation diseases Designate ECDoH clinical personnel for postmortems per hospital Establish logistics management framework and related postmortems movement from hospitals to NIOH	1 Apr 2026–31 Mar 2027	Operating budget	ECDoH Office of the HoD and DDG Hospital Services will lead and finalise this MoU with urgency	ECDoH-HoD ECDoH-DDG Hospital Serv.
Delivery of Occupational Health	Number of ODIMWA, COIDA and Social Protection	14 400	3 600	Stakeholder Mobilisation Number of ODIMWA, COIDA and Social Protection Benefits	1 Apr 2026–31 Mar 2027	R450 000	Premier's PSC will support with coordination of Strategic Service Provisioning	ECDoH-PMO EC OTP Social Partners

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Compensation services	Benefits cases referred for compensation			potential claimants screened administratively Occupational Diseases and Injuries Compensation Claims screening			Stakeholders (National & Provincial)	
	Number of ODIMWA & COIDA Benefit Medical Examinations (BMEs)	7 000	1 750	Comprehensive BMEs conducted	1 Apr 2026–31 Mar 2027	R12 950 000	There will be convergence of ODIMWA and COIDA related BMEs to provide head-to-toe clinical examination of ex-mineworkers	BME Social Partner MBOD/CCOD Comp Fund-Rand Mutual Assurance
	Number of ODIMWA, COIDA and Social Protection Benefits cases closed	7 200	1 800	Social Protection Benefits and Occupational Diseases and Injuries Compensation cases closed (including Paid and Declined claims)	1 Apr 2026–31 Mar 2027	Operational budget	All the Occupational Diseases and Injuries, and Social Protection Benefits responsible stakeholders will share statistical data of claims closure on quarterly bases	Social Partner ECDoH-PMO
Overall Programme Management and Governance	Numbers of examiners local structures established	30	Q1=5 Q2=10 Q3=10	Programme Rollout Planning (Project Implementation Plan)	1 Apr 2026–31 Mar 2027	R125 000	Premier's PSC will support with coordination of Strategic Service Provisioning	ECDoH-PMO EC OTP Social Partners

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
			Q4=5				Stakeholders (National & Provincial)	
				Training for all programme services	1 Apr 2026–31 Mar 2027	R750 000	Done by joint team (ECDoH-PMO, Social Partner & ECEC)	ECEC ECDoH-PMO
				M&E	1 Apr 2026–31 Mar 2027	R200 000	ECDoH-PMO, Social Partner & ECEC will develop a department aligned M&E System for the Programme	ECEC ECDoH-PMO Social Partner

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

Sub – programme purpose

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

Table 12: 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	1 827 639	Q1- 456 909 Q2- 456 910 Q3- 456 910 Q4- 456 910	strengthening of both HIV Self – Screening (HIVSS) and Index testing modalities.	1 April 2026– 31 March 2027	R379 428 400	Test kits Timers Personnel	Sub-programme Manager
	HIV Test positive around 18 months rate	1.2%	1.2%	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 offered.	1 April 2026– 31 March 2027		Test kits Personnel Lab services	Sub-programme Manager
	Numerator	551	138					
	Denominator	45 935	11 484		Continuous capacity building for Lay Counsellors and CHW.		1 April 2026– 31 March 2027	Test kits Timers Personnel
	HIV positive 5-14 years (excl ANC) rate	0.58%	0.58%					
		660	165					
		113 698	28 424					
	HIV positive 15-24 years (excl. ANC) rate	1.4%	1.4%				Test kits Timers Personnel	Sub-programme Manager
	Numerator	8 570	2 142					
	Denominator	625 350	156 337					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	ART client naïve start ART during month – sum	45 006	11 251	Collaborate with Developmental Partners to access more human resources for community testing.	1 April 2026– 31 March 2027	69 438 330	ART medication Personnel Lab services	Sub-programme Manager
People living with HIV retained on care	ART adult remain in care rate (12 months)	73%	73%	provide funds to ensure availability of medicines and adequately trained health care workers.	1 April 2026– 31 March 2027	763 821 630	ART medication Personnel Lab services	Sub-programme Manager
	Numerator	41 974	10 493					
	Denominator	57 498	14 374	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 2026– 31 March 2027	38 191 081	ART medication Personnel Lab services	Sub-programme Manager
	ART child remain in care rate (12 months)	80%	80%					
	Numerator	938	234					
	Denominator	1173	293					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Avail budget for courier services for transportation of drugs.				
People viral load undetected	ART Adult viral load suppressed rate – below 50 (12 months)	88%	88%	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	1 April 2026–31 March 2027	547 003 013	Personnel Lab services	Sub-programme Manager
	Numerator	50 598	12 649					
	Denominator	57 498	14 374					
	ART Child viral load suppressed rate – below 50 (12 months)	65%	65%		1 April 2026–31 March 2027	28 789 632	Personnel Lab services	Sub-programme Manager
	Numerator	763	190					
	Denominator	1173	293	Emphasize the implementation of child growth monitoring and dosing charts for children to ensure adequate doses of ARVs are administered. Strengthen the roll-out of paediatric Dolutegravir				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				(pDTG) across all districts.				
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 2026– 31 March 2027		Access to TB screening services among HIV clients	Sub-programme Manager
	Numerator	17 187	4 296					
	Denominator	18 092	4 523					
TB Positive clients initiated and cured	Number of people tested using TB-NAAT	516 089	129 022	Monitor use of Nucleic Acid Amplification Test alerts to ensure that all diagnosed are initiated on treatment.	1 April 2026– 31 March 2027	R118,184,381	Personnel	Sub programme Manager
	Number of DS – TB treatment start 5 years and older	41 720	10 430		1 April 2026– 31 March 2027	R29,140,520	Personnel Lab services	Sub programme Manager
	Number of DS-TB treatment start under 5 years	1 258	314	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.	01 April 2026– 31 March 2027		Personnel Personnel	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Number of TB Rifampicin resistant /Multidrug - Resistant confirmed client start on treatment	536	134	Provide IEC material to intensify patient education. Analyse and give feedback to the district monthly.	1 April 2026– 31 March 2027	R966,667 from TB Conditional Grant	Lab services Personnel	Sub programme Manager
	All DS -TB client treatment success rate (* All DS-TB outcome data is reported 12 months later)	77%	77%	Intensify patients' education and monitor closely. Analyse and give feedback to the district monthly.	1 April 2026– 31 March 2027	R29,140,250 Not budgeted under HAST, but Equitable share	Personnel	Sub programme Manager
	Numerator	31 517	7 879					
	Denominator	40 931	10 232					
	TB Rifampicin resistant/Multidrug - Resistant treatment success rate (* RR/MDR-TB outcome data is reported 12 months later)	73%	73%	Provide IEC material to intensify patient education. Analyse and give feedback to the district monthly.	1 April 2026– 31 March 2027	R966,667 from TB Conditional Grant	Personnel	Sub programme Manager
	Numerator	368	92					
	Denominator	504	126					
	TB Pre-XDR treatment success rate	65%	Q1: 65%		1 April 2026– 31 March 2027	R966,667 from TB Conditional Grant	Personnel	Sub programme Manager
	Numerator	100	25					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	154	38					
			Q2: 65%					
	Numerator		25					
	Denominator		38					
			Q3: 65%					
	Numerator		25					
	Denominator		39					
			Q4: 65%					
	Numerator		25					
	Denominator		39					
Lost clients tracked and re-initiated	All DS – TB client lost to follow – up rate	11.8%	Q1: 11.8%	Provide IEC material to intensify patient education.	1 April 2026– 31 March 2027	27,994,760 (RPHC)	Personnel	Sub programme Manager
	Numerator	4 830	1 207					
	Denominator	40 931	10 232					
			Q2: 11.8%					
	Numerator		1 207					
	Denominator		10 232					
			Q3: 11.8%					
	Numerator		1 208					
	Denominator		10 232					
			Q4: 11.8%					
	Numerator		1 208					
	Denominator		10 232					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Prevention and early detection of malaria cases managed	Malaria case fatality rate	0%	Q4- 0%	Monitors the progress towards elimination of malaria cases.	1 April 2026– 31 March 2027	Operational budget	Lab services	Sub programme Manager
	Numerator	0	0					
	Denominator	27	27					

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

Sub – programme purpose

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

Table 13: 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	55%	55%	Training of health personnel on expanded methods of contraception and guidelines (including Doctors). Improve social mobilisation on family planning and teenage pregnancy.	1 April 2026–31 March 2027	R1 400 000. 00	Availability of family planning methods	Sub programme Manager	
	Numerator	891 239	222 809				Skilled clinical staff Improved IUCD stock Human Resources	Sub programme Manager	
	Denominator	1 620 435	405 108						
Increased ANC before 20 weeks	Antenatal 1 st visit before 20 weeks rate	66%	66%	Community mobilisation through campaigns and (WBPHCOTs).	1 April 2026–31 March 2027			Minimal defaulter by clients	Sub programme manager
	Numerator	55 594	13 898						
	Denominator	84 233	21 058						
	Antenatal client start on ART rate	99%	99%	Facilitate increased access and initiation to life-long ART for HIV positive.	1 April 2026–31 March 2027			None Skilled clinical personnel Availability of health technology	Sub programme Manager Sub programme Manager
	Numerator	4 049	1 012						
	Denominator	4 090	1 022						

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Increase access to family planning by teenagers	Delivery in 10 – 14 years in facility	320	80	Training of health professionals on new national Adolescent and Youth policies. Prepare all facilities to be youth friendly.	1 April 2026–31 March 2027		None	Sub programme Manager
	Delivery 15-19 years in facility	14500	3625	Training of health professionals on new national Adolescent and Youth policies. Prepare all facilities to be youth friendly.	1 April 2026–31 March 2027		None	Sub programme Manager
Low birth weight reduced	Live birth under 2500g in facility rate	12%	12%	Training of all health professionals on Helping Babies Breath (HBB) and Management of Sick & Small Newborns (MSSN). Strengthen intra-partum care.	1 April 2026–31 March 2027		Skilled clinical personnel Availability of health technology	Sub programme Manager
	Numerator	9 724	2 431					
	Denominator	81 033	20 258					
Postnatal care coverage increased	Mother postnatal visit within 6 days rate	84%	84%	Strengthening of Ward –Based Primary Health Care Outreach Teams so that mothers get informed during pregnancy.	1 April 2026–31 March 2027		Skilled clinical personnel Availability of health technology	Sub programme Manager
	Numerator	68 764	17 191					
	Denominator	81 862	20 465					
Maternal mortality reduced	Maternal Mortality in facility ratio (per 100 000 live births)	119/100 000	119/100 000	Training of All health professionals on ESMOE and BANC	1 April 2026–31 March 2027		Skilled clinical personnel Availability of health technology	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility		
	Numerator	104	26							
	Denominator	87 307	21 826							
Mother-to-child transmission eliminated	Infant PCR test around 6 months uptake rate	45%	45%	Conduct HIV testing to infants.	1 April 2026–31 March 2027		Test kits Personnel Lab services	Sub programme manager		
	Numerator	10 644	2 661							
	Denominator	23 652	5 913							
Child mortality reduced	Neonatal death in facility	11/1000	11/1000	Training of all health professionals on HBB and MSSN. Intra- partum care	1 April 2026–31 March 2027			Food supplements Clinical audits Health technology	Sub programme Manager	
	Numerator	892	223							
	Denominator	81 033	20 258							
Child Immunisation Coverage increased	Immunisation under 1 year coverage	87%	87%	Monthly tracing of defaulters to ensure that they receive all scheduled.	1 April 2026–31 March 2027				Personnel Cold train Cooperation of communities (esp. mothers)	Sub programme Manager
	Numerator	115 112	115 112							
	Denominator	132 313	132 313	Social mobilization through radio, Thuma Mina campaigns.						
				Catch-up activities to service defaulters.						
				Analysis and verification of data.						
				Support of the under performing areas						

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	MR 2 nd dose 1 year coverage	87%	87%	Engage CBO, Community Leaders & WBPHCOTs to ensure that every eligible child receive their second dose of Measles, Mumps & Rubella (MR 2 nd dose) within 2 years of life. 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. Develop quality improvement plans for the underperforming areas.	1 April 2027–31 March 2028	R 9 069 880.00	Personnel Cold train Cooperation of communities (esp. mothers)	Sub programme Manager
	Numerator	113 276	113 276					
	Denominator	130 202	130 202					
Child mortality reduced	Death under 5 years against live birth rate	2%	2%	Implement integrated nutrition programme and CHIPP	1 April 2026–31 March 2027		Food supplements Clinical audits Health technology	Sub programme Manager
	Numerator	1 620	405					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	81 033	20 258					
Micro and macro nutrient malnutrition reduced	Vitamin A dose 12-59-months coverage	78%	78%	Strengthen Community Based Interventions e.g. WBOT, ISHP.	1 April 2026–31 March 2027		Access to target population Outreach services	Sub programme Manager
	Numerator	817 452	817 452					
	Denominator	1 048 016	1 048 016					
	Child under 5 years diarrhoea case fatality rate	2%	2%	Intensify community based Integrated Management of Childhood illness (IMCI) training for WBOT, IYA, traditional healers and other community.	1 April 2026–31 March 2027		Food supplements Clinical audits Health technology	Sub programme Manager
	Numerator	109	27					
	Denominator	5 445	1 361					
	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 2026–31 March 2027		Food supplements Clinical audits Health technology	Sub programme Manager
	Numerator	117	29					
	Denominator	4 202	1 050					
	Child under 5 years severe acute malnutrition case fatality rate	9.1%	9.1%	To intensify community-based interventions for early identification of malnourished children. Revitalize Growth Monitoring and Promoting sites in all districts.	1 April 2026–31 March 2027	R15 200 000.00	INP Managers WBCOT teams DCSTs(Paediatrics) INP Managers NGO's WBCOT teams	Sub programme manager
	Numerator	96	24					
	Denominator	1 050	262					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Ensure continuous availability of nutritional supplements. Training of clinicians on Integrated Management of Acute Malnutrition. Strengthening of Mother Baby Friendly Initiative (MBFI).			DCSTs(Paediatrics) INP Managers DCSTs(Paediatrics) RTC INP Managers DCSTs (Paediatrics)	
	Cervical cancer screening coverage	46%	46%	Monitor the implementation of the cervical cancer screening policy.	1 April 2026–31 March 2027		Access to target population Outreach services	Sub programme manager
	Numerator	87 720	21 930					
	Denominator	190 695	47 673					

2.8 Sub-programme: Coroner Services

Sub-programme Purpose

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

Table 14: Activities, timeframes and budgets for Coroner Services

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
All post mortem cases finalised	Percentage of post – mortem performed within 72 hours	96%	96%	Procurement of surgical medical supplies/ consumables, paper disposables, compulsory PPE uniform.	1 April 2026– 31 March 2027	Operational budget	RT and Provincial contract development	Sub programme Manager
	Numerator	10 566	2 641	Procurement of non-capital assets Medical and Allied.				
	Denominator	11 006	2 751	Operating and property leases machinery, equipment. Property payments safeguard and security, fumigation gardening and cleaning services.				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				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.

Table 15: 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	9%	Q4 - 9%	Facilitate Ideal Hospital self-assessments, develop and implementation of QIPs. Monitor and support progress of QIPs. Analyse, consolidate reports for Provincial reviews. Conduct human resources training.	1 April 2026–31 March 2027	R1500 000	District and facility Quality Assurance Managers Provincial Quality Assurance Unit	Sub programme Manager
	Numerator	6 (3new)	6 (3new)					
	Denominator	65	65					
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	96%	Q2: 96%	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 2026–31 March 2027	R800 000	Cooperation of staff Budget availability	Sub programme Manager
	Numerator	62	62					
	Denominator	65	65					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Patient Safety Improved	Severity Assessment Code (SAC) I incident reported within 24 hours rate	77%	77%	Render support regarding the implementation of the National Policy for Patient Safety Incidents (PSI) reporting and learning.	1 April 2026–31 March 2027	R450 000	Human resources Tools of trade availability	Sub programme Manager
	Numerator	396	396					
	Denominator	514	514					
				Facilitate procurement of IT equipment for capturing process.				
				Facilitate timeous reporting Severity Assessment Code (SAC) I incidents within 24 hours rate.				
				Conduct trainings on PSI & Ideal Hospital framework.				
				Analyse and verify reported data.				
	Patient Safety Incident (PSI) case closure rate	97%	97%	Give direction on the PSI investigation, reporting, root cause analysis, remedial action and redress.	1 April 2026–31 March 2027	R300 000	Clinical audits Institutional governance	Sub programme Manager
	Numerator	979	979					
	Denominator	1 009	1 009					
	Average Length of Stay	4.7 days	4.7 days		1 April 2026–31 March 2027		Facility Clinicians and Management	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Hospital efficiencies improved	Numerator	1 048 391	262 097	facilitate recruitment of clinicians and health professionals. Facilitate out-reach and in-reach programmes.		Operational budget		
	Denominator	223 062	55 765					
	Inpatient (usable) Bed Utilisation Rates	47%	47%	Monitor availability of policies, protocols, guidelines, and procedure manuals. Improve clinical management/case management.	1 April 2026–31 March 2027	Operational budget	-Facility Clinicians and Management	Sub programme Manager
	Numerator	1 049 658	262 414					
	Denominator	2 233 315	558 328					
	Expenditure per PDE	R4 780	R4 780	Support In-Year-Monitoring (IYM) and functionality of Cost Containment Committees. Improve clinical management/case management.	1 April 2026–31 March 2027	Operational budget	-Facility Clinicians and Management	Sub programme Manager
	Numerator	R7 661 317 080	R1 915 329 270					
	Denominator	1 602 786	400 696					

2.10 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 16: 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 2025/26
R thousand	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
1. District Management	1,084,075	1,035,993	1,020,167	1,086,510	1,081,871	1,080,874	1,110,411	1,179,821	1,232,914	2.7
2. Community Health Clinics	2,942,147	3,284,094	3,358,711	3,000,844	3,151,867	3,513,795	3,252,984	3,216,395	3,117,082	(7.4)
3. Community Health Centres	1,409,766	1,541,482	1,562,778	1,579,790	1,599,869	1,615,653	1,665,312	1,883,275	1,839,252	3.1
4. Community Based Services	819,164	789,961	819,467	867,187	925,047	769,546	1,227,229	1,235,701	1,325,747	59.5
5. Other Community Services	208,015	54,756	71,994	87,972	93,534	117,792	92,642	96,001	100,181	(21.4)
6. Hiv/Aids	2,795,830	2,696,995	2,839,110	2,853,800	2,948,257	2,948,257	2,974,926	3,102,140	3,370,128	0.9
7. Nutrition	31,097	30,355	24,155	38,714	37,646	37,646	40,510	42,316	44,221	7.6
8. Coroner Services	132,897	142,661	149,263	126,307	131,802	171,686	146,214	137,111	143,280	(14.8)
9. District Hospitals	5,654,230	6,041,896	6,346,959	6,132,202	6,392,082	6,666,177	6,444,237	6,858,136	7,031,432	(3.3)
Total payments and estimates	15,077,221	15,618,193	16,192,604	15,773,326	16,361,975	16,921,426	16,954,465	17,750,896	18,204,237	0.2

Table 16 above shows the summary of payments and estimates for District Health Services from 2022/23 to 2025/26 per sub programme and economic classification. The programmes total expenditure increased from R15.077 billion to a revised estimate of R16.921 billion in 2025/26. In 2026/27, the budget increase by 0.2 per cent from R16.921 billion to R16.954 billion when compared to a revised estimate due to unfunded wage increase, unfunded non negotiables.

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

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

Table 17 above shows the summary of payments and estimates for District Health Services from 2022/23 to 2025/26 and over the 2026 MTEF per economic classification. Compensation of employees and Goods and Services which make up current payments are major cost drivers of the programme. Compensation of employees shows a positive growth of 1.5 per cent from R11.829 billion to R12.008 billion when compared to 2025/26 revised estimates due to allocation for ministerial allocation.

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



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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 of emergency calls.
- Road ambulances and aeromedical services: modes of patient transport to definitive care.
- Specialised services: Medical rescue and disaster management.

Sub-programme Priorities

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

3.2 Sub-programme: planned patient transport

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

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

Sub-programme Priorities

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

Table 18: 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 PI urban response under 30 minutes rate	70%	70%	Deploy human and material resources closer to communities platform.	1 April 2026–31 March 2027	R495 716 550	Availability of staff for emergency cases and inter-facility transfer	Sub programme Manager
	Numerator	27 213	6 803					
	Denominator	38 876	9 719	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.			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.	

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				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				
	EMS PI rural response under 60 minutes rate	62%	62%	Deploy human and material resources closer to communities platform	1 April 2026–31 March 2027	R920 616 450	Availability of staff for emergency cases and inter-facility transfer Rollout of the Electronic System at the four major EMS communication hubs.	Sub programme Manager
	Numerator	48 312	12 078					
	Denominator	77 922	19 480	Measure response times utilizing live tracking.				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				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 EMS bases to be compliant with regulations.			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	

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Procurement of replacement rescue vehicles. Procurement of essential equipment for ambulances.				
Functional PTVs available	Number of Patients transported on the PTV services	285 000	85 500	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 2026– 31 March 2027	R300 983 000	Availability of vehicles for PPT Fuel costs	Sub programme Manager

3.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 19: 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 2025/26
R thousand	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
1. Emergency Transport	1,209,639	1,069,678	1,215,721	1,350,299	1,382,180	1,302,711	1,416,333	1,485,018	1,529,678	8.7
2. Planned Patient Transport	243,238	290,707	310,521	288,407	288,407	331,705	300,983	316,318	330,551	(9.3)
Total payments and estimates	1,452,877	1,360,385	1,526,242	1,638,706	1,670,587	1,634,416	1,717,316	1,801,336	1,860,229	5.1

Table 19 above show the summary of payments and estimates for Emergency Medical Services from 2022/23 to 2025/26 and over the 2026 MTEF per sub-programme. The programmes total expenditure increased R1.452 billion in 2022/23 to R1.540 billion when compared to a revised estimate due to a low revised estimate.

Table 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 2025/26
	R thousand	2022/23	2023/24				2024/25	2025/26		
Current payments	1,264,249	1,217,706	1,395,936	1,506,741	1,538,622	1,478,933	1,579,280	1,657,088	1,709,489	6.8
Compensation of employees	1,022,603	1,049,361	1,067,673	1,200,076	1,231,376	1,171,687	1,221,242	1,296,238	1,318,983	4.2
Goods and services	241,646	168,345	328,263	306,665	307,246	307,246	358,038	360,850	390,506	16.5
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	3,028	2,846	2,922	4,405	4,405	4,405	4,608	4,815	5,032	4.6
Households	3,028	2,846	2,922	4,405	4,405	4,405	4,608	4,815	5,032	4.6
Payments for capital assets	185,600	139,833	127,384	127,560	127,560	151,078	133,428	139,433	145,708	(11.7)

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
R thousand										
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	185,600	139,833	127,384	127,560	127,560	151,078	133,428	139,433	145,708	(11.7)
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	1,452,877	1,360,385	1,526,242	1,638,706	1,670,587	1,634,416	1,717,316	1,801,336	1,860,229	5.1

Table 20 above shows the summary of payments and estimates for Emergency Medical Services from 2022/23 to 2025/26 and over the 2026 MTEF period per economic classification. Compensation of employees shows a positive growth of 4.2 per cent which is above projected inflation of 3.6 per cent from R1.172 billion to R1.221 billion when compared to 2025/26 revised estimate.

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

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

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



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PROGRAMME

4

PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

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

4.1 Programme Purpose

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

Sub-programme 4.1

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

Table 21: 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 QIP's. Monitor and support progress of QIPs.	1 April 2026–31 March 2027	3,581,693	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 April 2026 – 30 September 2026		3,581,693	Staff Availability	Sub programme Manager	
	Numerator	5	5							
	Denominator	5	5							
Patient Safety Improved	Severity assessment code (SAC) I incident reported within 24 hours rate	94%	94%	Report Severity Assessment Code (SAC) I Incident within 24 hours rate.	1 April 2026–31 March 2027			3,581,693	Staff Availability	Sub programme Manager
	Numerator	382	95							
	Denominator	407	101							
	Patient Safety Incident (PSI) case closure rate	96%	96%	Investigate, disclose and close the Patient Safety	1 April 2026–31 March 2027	Staff Availability			Sub programme Manager	
	Numerator	567	141							

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	591	147	Incident within 60 days. Develop and implement quality improvement plans and redress.				
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 2026–31 March 2027		Staff Availability	Sub programme Manager
	Numerator	474 348	118 587					
	Denominator	83 219	20 804					
	Inpatient (usable) bed utilisation rates	73%	73%	Monitor availability of policies, protocols, guidelines, and procedure manuals.	1 April 2026–31 March 2027		Staff Availability	Sub programme Manager
	Numerator	545 749	136 437					
	Denominator	747 602	186 900					
	Expenditure per PDE	R4,558	R4,558	Strengthen monitoring of In-Year Monitoring	1 April 2026–31 March 2027		Staff Availability	Sub programme Manager
	Numerator	3 425 004	856 251					
	Denominator	751 427	187 856					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				(IYM) and functionality of Cost Containment Committees. Improve case management of patients.				

4.2 Sub – Programme: Specialised TB Hospitals

Table 22: 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%	Q4 – 40%	Hospitals conduct self-assessments, develop and implement QIP's. Monitor and support progress of QIPs.	1 April 2026–31 March 2027	506,145	Staff Availability	Sub programme Manager		
	Numerator	4	4							
	Denominator	10	10							
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	100%	Data collection, capturing and reporting.	1 April 2026 – 30 September 2026		506,145	None	Sub programme Manager	
	Numerator	7	7							
	Denominator	7	7							
Patient Safety Improved	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 2026–31 March 2027			506,145	Staff Availability	Sub programme Manager
	Numerator	4	4							
	Denominator	4	4							
	Patient Safety Incident case closure rate	93%	93%	Investigate the problem and do the root cause analyses. Develop remedial plan and redress.	1 April 2026–31 March 2027	506,145			None Staff Availability	Sub programme Manager Sub programme Manager
	Numerator	56	14							
	Denominator	60	15							
	Average length of stay	40 days	40 days		1 April 2026–		506,145		None Staff Availability	Sub programme Manager
	Numerator	120 320	30 080							

Hospital efficiencies improved	Denominator	3 008	752	Facilitate recruitment of specialists and health professionals. Facilitate conducting of out-reach and in-reach services.	31 March 2027			Sub programme Manager
	Inpatient (usable) bed utilisation rates	30%	30%	Monitor availability of policies, protocols, guidelines, and procedure manuals.	1 April 2026–31 March 2027		None Staff Availability	Sub programme Manager
	Numerator	126 477	31 620					Sub programme Manager
	Denominator	421 590	105 397					Sub programme Manager
	Expenditure per PDE	R4 280	R4 280	Strengthen monitoring IYM and functionality of Cost Containment Committees. Improve case management.	1 April 2026–31 March 2027		None	Sub programme Manager
	Numerator	494 242	123 560					
	Denominator	115 477	28 869					

4.3 Sub – programme: Specialised Psychiatric Hospitals/ Mental Hospitals

Sub- programme priorities

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

Table 23: 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 2026 – 31 March 2027	R769,009	Staff skills development on managerial and quality improvements	Sub programme Manager	
	Numerator	3	3						
	Denominator	3	3						
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	Q2 - 100%	Data collection, capturing and reporting.	1 April 2026 – 30 September 2026		R769,009	Staff skills development on managerial and quality improvements	Sub programme Manager
	Numerator	3	3						
	Denominator	3	3						
Patient Safety Improved	Severity Assessment Code (SAC) I incident reported within 24 hours rate	100%	100%	Report Severity Assessment Code (SAC) I incident within 24 hours rate.	1 April 2026– 31 March 2027	R769,009			Sub programme Manager
	Numerator	19	4						
	Denominator	19	4						

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Patient Safety Incident case closure rate	98%	98%	Investigate the problem and do the root cause analysis.	1 April 2026–31 March 2027			Sub programme Manager
	Numerator	224	56	Develop remedial plan and redress.				
	Denominator	228	57					

4.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
1. General (Regional) Hospitals	2,909,523	3,181,458	3,261,195	3,446,233	3,647,846	3,626,931	3,581,693	3,747,991	3,846,961	(1.2)
2. TB Hospitals	387,954	411,707	416,930	488,181	494,135	488,756	506,145	531,682	555,475	3.6
3. Psychiatric Mental Hospitals	629,233	660,175	765,554	767,419	833,256	833,959	769,009	828,093	820,103	(7.8)
Total payments and estimates	3,926,710	4,253,340	4,443,679	4,701,833	4,975,237	4,949,646	4,856,847	5,107,766	5,222,539	(1.9)

Table 24 above shows the summary of payments and estimates for Provincial Hospital Services from 2022/23 to 2025/26 and over the 2026 MTEF period per sub-programme. The programme's total expenditure increased from R3.926 billion in 2022/23 to a revised estimate of R4.949 billion in 2025/26. In 2026/27, the budget shows a negative growth of 1.9 per cent from R4.949 billion to R4.856 billion when compared to the 2025/26 revised estimate due to non-funding for the wage agreement and funding for the cost pressures for medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste.

Table 25: Summary of payments and estimates by economic classification: P4 – Provincial Hospitals

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
Current payments	3,797,684	4,103,701	4,281,525	4,635,634	4,836,765	4,755,854	4,735,455	5,035,893	5,147,432	(0.4)
Compensation of employees	3,056,817	3,323,115	3,422,613	3,510,692	3,529,970	3,502,719	3,627,546	3,855,527	3,901,731	3.6
Goods and services	728,650	777,252	858,026	1,124,942	1,306,795	1,253,135	1,107,909	1,180,366	1,245,701	(11.6)
Interest and rent on land	12,217	3,334	886	–	–	–	–	–	–	
Transfers and subsidies to:	120,207	140,192	129,754	53,063	53,063	108,383	55,037	57,514	60,102	(49.2)
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	120,207	140,192	129,754	53,063	53,063	108,383	55,037	57,514	60,102	(49.2)
Payments for capital assets	8,819	9,447	32,400	13,136	85,409	85,409	66,355	14,359	15,005	(22.3)
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	8,819	9,447	32,400	13,136	85,409	85,409	66,355	14,359	15,005	(22.3)
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	3,926,710	4,253,340	4,443,679	4,701,833	4,975,237	4,949,646	4,856,847	5,107,766	5,222,539	(1.9)

Table 25 above shows the summary of payments and estimates for Provincial Hospital Services per economic classification.

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

Goods and services show a negative growth of 11.6 per cent from R1.253 billion to R1.107 billion in 2026/27 when compared to the 2025/26 revised estimate due to cost pressures in the current financial year for the medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste.

Transfers and subsidies show a negative growth of 49.2 per cent from R108.383 million to R55.037 million in 2026/27 when compared to the 2025/26 revised estimate due to a high revised estimate attributable to the payment of Medico Legal Claims.

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



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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 26: 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.	1 April 2026– 31 March 2027	R1,959,572	Staff Availability	Sub programme Manager
	Numerator	1	1					
	Denominator	1	1	Monitor and support progress of the QIPs.				
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	Q2 - 100%	Data collection. Data capturing and reporting.	1 April 2026 – 30 September 2026		Staff Availability	Sub programme Manager
	Numerator	1	1					
	Denominator	1	1					
Patient Safety improved	Severity assessment code (SAC) I incident reported within 24 hours rate	94%	94%	Report Severity Assessment Code (SAC) I incident within 24 hours rate.	1 April 2026– 31 March 2027	Staff Availability	Sub programme Manager	
	Numerator	30	30					
	Denominator	32	32					
	Patient Safety Incident case closure rate	100%	100%	Investigate the problem and do the root cause analysis.	1 April 2026– 31 March 2027		Staff Availability	Sub programme Manager
	Numerator	36	9					
	Denominator	36	9	Develop remedial plan and redress.				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
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 2026–31 March 2027		Staff Availability Transportation Equipment Availability Accommodation	Sub programme Manager
	Numerator	184 240	46 060					
	Denominator	23 030	5 757					
	Inpatient (usable) bed utilisation rates	81%	81%	Monitor availability of policies, protocols, guidelines, and procedure manuals.	1 April 2026–31 March 2027		Staff Availability	Sub programme Manager
	Numerator	224 124	56 031					
	Denominator	276 700	69 175					
	Expenditure per PDE	R7,140	R7,140	Strengthen monitoring IYM and functionality of Cost Containment Committees. Improve clinical/case management.	1 April 2026–31 March 2027		Staff Availability	Sub programme Manager
	Numerator	R1 990 653 420	R497 663 355					
	Denominator	278 803	69 700					

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 27: 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 QIP's. Monitor and support progress of QIPs.	1 April 2026–31 March 2027	R3,707,903	Staff Availability	Sub programme manage		
	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 2026 – 30 September 2026			Staff Availability	Sub programme Manager	
	Numerator	2	2							
	Denominator	32	2							
Patient Safety Incident (PSI) case closure rate	Severity assessment code (SAC) I incident reported within 24 hours	91%	91%	Report Severity Assessment Code (SAC) I incident within 24 hours rate.	1 April 2026–31 March 2027				Staff Availability	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Numerator	240	60					
	Denominator	263	65					
	Patient Safety Incident case closure rate	100%	100%	Investigate the problem and do the root cause analysis.	1 April 2026– 31 March 2027			
	Numerator	696	174					
	Denominator	696	174					
Hospital efficiencies improved	Average length of stay	6 days	6 days	Facilitate recruitment of specialists and health professionals.	1 April 2026– 31 March 2027		Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	347 868	86 967					
	Denominator	57 978	14 494					
	Inpatient (usable) bed utilisation rate	78%	78%	Monitor availability of policies, protocols, guidelines, and procedure manuals.	1 April 2026– 31 March 2027			
	Numerator	498 849	124 712					
	Denominator	639 550	159 887					
	Expenditure per PDE	R5 260	R5 260	Strengthen monitoring IYM and functionality of Cost Containment Committees.	1 April 2026– 31 March 2027		Staff Availability	Sub programme Manager
	Numerator	R3 504 348 760	R876 087 190					
	Denominator	666 226	166 556					

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

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 28: 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.	1 April 2026 – 31 March 2027	R769,009	Staff Availability	Sub programme manager	
	Numerator	1	1						
	Denominator	1	1	Monitor and support progress of QIPs.					
Patient satisfaction surveys conducted	Patient Experience of Care survey rate	100%	Q2 - 100%	Data collection, capturing and reporting.	1 April 2026– 30 September 2026		R769,009	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) I incident	100%	100%	Report Severity Assessment Code (SAC) I incident	1 April 2026– 31 March 2027	R769,009		Availability of Consumables Transportation	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	reported within 24 hours rate			within 24 hours rate.			Accommodation	
	Numerator	8	2					
	Denominator	8	2					
	Patient Safety Incident case closure rate	100%	100%	Investigate the problem and do the root cause analysis.	1 April 2026 – 31 March 2027		Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	64	6					
	Denominator	64	6	Develop remedial plan and redress.				

5.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 29: 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 2025/26			
				2026/27	2027/28	2028/29				
R thousand	2022/23	2023/24	2024/25	2025/26						
1. Central Hospital Services	1,702,835	1,751,326	1,829,990	1,829,053	1,858,749	1,956,372	1,959,572	1,764,136	1,843,314	0.2
2. Provincial Tertiary Services	3,010,739	3,177,547	3,323,653	3,931,361	3,977,222	3,821,030	3,707,903	3,825,321	3,870,648	(3.0)
Total payments and estimates	4,713,574	4,928,873	5,153,643	5,760,414	5,835,971	5,777,402	5,667,474	5,589,457	5,713,962	(1.9)

Tables 29 above shows the summary of payments and estimates for Central Hospital Services from 2022/23 to 2025/26 and over the 2026 MTEF per sub-programme. The programme's total expenditure increased from R4.713 billion in 2022/23 to a revised estimate of R5.777 billion in 2025/26. In 2026/27, the budget decreases by 1.9 per cent from R5.777 billion to R5.667 billion when compared to the 2025/26 revised estimate due to cost pressures for the wage agreement and funding for the medicines, medical supplies, medical gas, surgical implants, property payments, food for patients and medical and chemical waste.

Table 30: 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 2025/26
R thousand	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
Current payments	4,512,638	4,718,032	4,934,718	5,489,126	5,592,913	5,534,344	5,499,208	5,328,580	5,441,346	(0.6)
Compensation of employees	3,196,308	3,465,164	3,601,965	3,874,082	3,893,636	3,835,067	4,047,424	3,791,867	3,843,810	5.5
Goods and services	1,314,174	1,249,219	1,328,070	1,615,044	1,699,277	1,699,277	1,451,785	1,536,713	1,597,536	(14.6)

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
Interest and rent on land	2,156	3,649	4,683	–	–	–	–	–	–	
Transfers and subsidies to:	37,772	53,869	62,222	49,424	51,588	51,588	43,450	66,110	69,085	(15.8)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Households	37,772	53,869	62,222	49,424	51,588	51,588	43,450	66,110	69,085	(15.8)
Payments for capital assets	163,164	156,972	156,703	221,864	191,470	191,470	124,816	194,767	203,531	(34.8)
Buildings and other fixed structures	17,509	14,449	31,705	–	–	–	–	–	–	
Machinery and equipment	145,655	142,523	124,998	221,864	191,470	191,470	124,816	194,767	203,531	(34.8)
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	4,713,574	4,928,873	5,153,643	5,760,414	5,835,971	5,777,402	5,667,474	5,589,457	5,713,962	(1.9)

Table 30 above shows the summary of payments and estimates for Central Hospital Services from 2022/23 to 2025/26 and over the 2026 MTEF per economic classification. Compensation of employees shows a positive growth of 5.5 per cent from R3.835 billion to R4.047 billion in 2026/27 when compared to the 2025/26 revised estimate due to unfunded wage agreement. Goods and services show a negative growth 14.6 per cent from R1.699 billion to R1.451 billion in 2026/27 when compared to the 2025/26 revised estimate due to a low revised estimate.

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

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



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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 31: 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 3 – year Diploma	189	Q4 - 189	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	1 January 2026–31 March 2027	R236,627	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				- Lamp lighting and Pledge of Service. - Graduation ceremony. - Two-week clinical 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.				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				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. Development of college implementation plan. Facilitation of College turnaround plan on: - ICT Infrastructure Audit and Finance Human Resources Leadership and Governance				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Recruitment and selection of new students for 2025 academic year.				
	Number of EMS Practitioners completed Emergency Care Qualification	20	Q4 - 20	Advising potential candidates on how to gain entry onto programs. Recruiting candidates for EMS Qualifications. Advising EMS Pr3 on selection of potential candidates. Administrative assistance during registration phase. Mentoring students while studying, assisting with examination preparation. Performing lecturing as well as assessment duties at the HEI (NMU).	1 January 2026–31 March 2027	R34,387	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Payment of tuition fees. Advising bursary department on at risk students as per bursary agreement. Submit Council for Higher education (CHE). CHE application to allow the College to gain accreditation as a Higher Education Institution (HEI) to offer Emergency Care Qualifications. Offerskills-based programs to EMS practitioners who are not on full time studies.				
	Number of registrars qualified as specialist	37	Q4 - 37	Audit the registrar database and identify vacancies categorised in accordance with the baseline. Advertise and engage in the recruitment and	1 January 2026–31 March 2027	R42,606	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				or replacement of new posts for registrars for appointments. Support the training and development of medical registrars in Umtata, EL, PE, Fort England. Monitor the implementation of the registrar programme and report on progress.				
	Number of bursary students completed training	37	Q4 - 37	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 2026 – 31 March 2027		None	Sub programme Manager
	Number of youth placed on youth programs	2 369	Q4 - 2 369	Maintain 865 Interns baseline continuing till end August 2024 (560 Dept. Interns, + 195	1 July 2026– 30 September 2027	R822,643	None	Sub programme manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				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 20245 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				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				on the Minor Maintenance Traineeship Programme to be recruited by 1st April 2025 Submit a Signed and approved Comprehensive Workplace Skills Plan for 2026_25 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,	1 April 2026 – 31 March 2027	HAST conditional Grant (Regional Training Centre)	Human and material resources	Sub programme Managers
	No of Professional Nurses trained on IMCI.	200	50	Basic Life Support (BLS) and Operational Managers in leadership for PHC.	1 April 2026 – 31 March 2027	HAST conditional Grant (Regional Training Centre)	Human and material resources	Sub programme Managers
	No of Professional Nurses trained on BLS.	100	25	Monitor training and compile training report.				
Proper implementation of clinical guidelines	No of Health Professionals trained on	2200	Q1- 100	Coordinate and support Training of Nurses, Doctors and	1 April 2026 – 31 March 2027	HAST Conditional Grant	Human and material resources	Sub programme Managers
			Q2 - 700					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
in patient management for improved health outcomes.	HIV/Aids and TB programmes		Q3 - 700	other non-health professionals on ART Guidelines and HIV management.				
			Q4 - 700					
	No of non-health professionals trained on HIV/Aids and TB programmes	800	Q1- 100	Coordinate and support Training of Nurses, Doctors and other non-health professionals on PrEP and PEP Guidelines				
			Q2- 250					
			Q3 - 250					
			Q4- 200					
			Coordinate and support training of Nurses, Doctors, and other non-health professionals on Veterans Rauma Network (VT) programme.					
			Coordinate and support training of Nurses on management of DS-TB and DR TB.					

Table 32: 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 2025/26	
	R thousand	2022/23	2023/24	2024/25	2025/26		2026/27	2027/28	2028/29		
1. Nursing Training Colleges		237,777	235,211	220,160	239,882	241,882	244,749	236,627	229,063	205,634	(3.3)
2. EMS Training College		10,522	13,248	19,514	27,250	27,250	27,390	34,387	29,723	17,408	25.5
3. Bursaries		49,152	38,549	43,712	80,855	41,806	41,806	42,606	49,964	45,085	1.9
4. Other Training		688,255	789,563	638,601	838,856	763,856	665,389	822,643	808,297	846,673	23.6
Total payments and estimates		985,706	1,076,571	921,987	1,186,843	1,074,794	979,334	1,136,263	1,117,047	1,114,800	16.0

Tables 32 above shows the summary of payments and estimates for Health Sciences and Training from 2022/23 to 2025/26 and over the 2026 MTEF per sub-programme. The programme's total expenditure increased from R979.334 million in 2022/23 to a revised estimate of R1.136 billion in 2025/26. In 2026/27, the budget increases by 16 per cent from R979 billion to R1.136 billion when compared to the 2025/26 revised estimate due to a revised estimate reduction.

PROGRAMME RESOURCE CONSIDERATION

Table 33: 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 2025/26
	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
R thousand										
Current payments	917,579	1,022,218	863,462	1,097,197	1,001,148	905,688	1,065,498	1,045,819	1,031,841	17.6
Compensation of employees	809,225	829,418	769,060	881,942	806,942	711,482	863,068	935,886	947,724	21.3
Goods and services	108,354	192,800	94,402	215,255	194,206	194,206	202,430	109,933	84,117	4.2
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	57,589	41,812	46,951	67,886	51,886	51,886	43,600	53,753	64,697	(16.0)
Departmental agencies and accounts	16,866	14,721	14,401	14,886	14,886	14,886	15,000	22,851	23,879	0.8
Households	40,723	27,091	32,550	53,000	37,000	37,000	28,600	30,902	40,818	(22.7)
Payments for capital assets	10,538	12,541	11,574	21,760	21,760	21,760	27,165	17,475	18,262	24.8
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	10,538	12,541	11,574	21,760	21,760	21,760	27,165	17,475	18,262	24.8
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	985,706	1,076,571	921,987	1,186,843	1,074,794	979,334	1,136,263	1,117,047	1,114,800	16.0

Table 33 above shows the summary of payments and estimates for Health Sciences and Training from 2022/23 to 2025/26 and over the 2026 MTEF per economic classification.

Compensation of employees shows a positive growth of 21.3 per cent from R711.482 million to R863.068 million in 2026/27 when compared to the 2025/26 revised estimate due to a low revised estimate.

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

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

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



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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 in Gqeberha at 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 services rendered at all hospitals and/or Community Health Centres. Radiological services are rendered in all hospitals and most Community Health Centres.
- Rehabilitation services are provided in 61 hospitals and 13 Primary Health Care services throughout the province. The services have been rolled out to four PHC facilities (Flagstaff CHC, Lusikisiki village, Baziya and Mbekweni Clinics) in OR Tambo to support NHI project with Flagstaff CHC having full complement of rehabilitation services.

Pharmaceutical Services is responsible for

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

Medico-legal compensatory services

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

- Coordinate the implementation of the court orders awarded under the Public Health Defense remedy.
- Procure goods and services as prescribed in the PHD court orders.
- health facilities and the two medical depots are coordinated under this programme.

Table 34: 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%	Establish wheelchair seating outreach clinics in all three regions to conduct functional assessments of patients with conditions that require wheelchairs.	1 April 2026 -31 March 2027	R30 874 080	Human resource Budget Transport Consumables SCM processes (availability of tenders & Specification) Industrial action (Strike) Support and commitment from facility management	Sub program Manager
	Numerator	1 800	300					
	Denominator	3 000	3000					
			Q2 -30%					
	Numerator		900					
	Denominator		3000	Prescribe for the conditions of patients that require wheelchairs and consolidation of central data base.				
			Q3- 50%					
	Numerator		1 500					
	Denominator		3000					
			Q4 -60%	Procure appropriate wheelchairs and accessories for the patients.				
	Numerator		1 800					
	Denominator		3000					
	Wheelchair issued child 0-18 years rate	60%	Q1 -10%	Establish bridging the gap Rehabilitation Service Outreach campaign to support needy districts for early identification.	1 April 2026 - 31 March 2027	R30 582 720		
	Numerator	300	50					
	Denominator	500	500					
			Q2 -20%					
	Numerator		100	Strengthen outreach services in all districts and follow				
	Denominator		500					
			Q3 -50%					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Numerator		250	up to the wheelchair patients.				
	Denominator		500					
			Q4 -60%	Regular maintenance of wheelchairs.				
	Numerator		300					
	Denominator		500					
	Hearing aid issued adult 19 years and older rate	70%	Q1 - 10%	Functional assessment of patients with conditions that require hearing aids.	1 April 2026 -31 March 2027	R7 718 520	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	Prescription of appropriate hearing aids for the conditions of patients that require hearing aids and consolidation of central data base.				
	Denominator	1 500	1 500					
			Q2 - 30%					
	Numerator		450					
	Denominator		1 500					
			Q3 - 50%					
	Numerator		750					
	Denominator		1 500					
			Q4 - 70%					
	Numerator		1050	Procurement of appropriate hearing aids and accessories for the patients, manufacturing of custom-made ear moulds impression and procurement of artificial ear moulds				
	Denominator		1 500					
	Hearing aid issued child 0-18 years rate	70%	Q1 - 10%		1 April 2026 -31 March 2027	R5 145 680		
	Numerator	210	30					
	Denominator	300	300					
			Q2 - 30%					
	Numerator		90					
	Denominator		300					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
			Q3 - 50%	Fitting of appropriate hearing aids to the patients				
	Numerator		150					
	Denominator		300					
			Q4 - 70%	Conduct outreach services and school health services.				
	Numerator		210					
	Denominator		300	Maintenance of hearing aids				
Availability of medicine in depots and facilities	Percentage Order fulfilment for essential drugs at depot	70%	70%	Monitor availability of essential medicine at the depots.	1 April 2026 - 31 March 2027	R27 427 290	Timeous payment of orders with the depots	Sub programme Manager
	Numerator	372 427	93 106	Monitor order fulfilment of essential medicines by depots.				
	Denominator	532 038	133 009					
	Percentage of availability of essential medicine at facilities	80%	80%	Monitor SVS Reporting compliance.	1 April 2026 31 March 2027	R27 427 290		
	Numerator	64	64	Monitor SVS medicine availability.				
	Denominator	80	80	Follow up with non-performing facilities				
	Number of active patients on CCMDD	653 520	Q1 – 522 744 Q2 – 571 785 Q3 – 620 826 Q4 - 653 520	Conduct Provincial Quarterly Reviews. Target high volume facilities and assign contracted post basic pharmacist assistants.	1 April 2026 31 March 2027	R27 427 290	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
				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). Weekly monitoring of the service provider performance.			Reports from DHIS. CCMDD Stationery and promotional material	

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				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 active in court	15	15	Establishment of Cerebral Palsy Centres (CPC) Appointment rehabilitations practitioners Procurement of rehabilitation equipment	1 April 2026 31 March 2027	R103 757 000	Staffing Equipment	Sub programme Manager

7.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 35: 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 2025/26
R thousand	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
1. Orthotic & Prosthetic Services	53,386	49,762	55,127	61,537	61,537	61,537	64,321	68,424	68,343	4.5
2. Medicine Trading Account	61,667	62,934	64,902	78,586	79,131	79,131	83,113	86,790	90,692	5.0
3. Medico-Legal Compensatory Services	–	–	9,180	107,978	107,978	87,978	103,757	108,426	113,306	17.9
Total payments and estimates	115,053	112,696	129,209	248,101	248,646	228,646	251,191	263,640	272,341	9.9

Tables 35 above shows a summary of payments and estimates for Health Care Support Services from 2022/23 to 2025/26 and over the 2026 MTEF period per sub-programme. The programme's total expenditure increased from R115.053 million in 2022/23 to a revised estimate of R228.646 million in 2025/26. In 2026/27, the budget increased by 9.9 per cent from R228.361 million to R251.191 million when compared to the 2025/26 revised estimate due to a low revised estimate that caters for the new Sub-programme 7.3: Medico-Legal Compensatory Services.

Table 36: Summary of payment and estimates by economic classification: Programme 7: Health Care Support Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2025/26
	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
Current payments	109,355	110,619	127,528	217,802	218,347	218,347	229,731	242,363	250,106	5.2
Compensation of employees	70,240	71,912	77,409	84,074	84,619	84,619	87,743	93,464	95,845	3.7
Goods and services	39,115	38,707	50,119	133,728	133,728	133,728	141,988	148,899	154,261	6.2
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	31	431	601	2,923	2,923	2,923	700	–	–	(76.1)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	31	431	601	2,923	2,923	2,923	700	–	–	(76.1)
Payments for capital assets	5,667	1,646	1,080	27,376	27,376	7,376	20,760	21,277	22,235	181.5
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	5,667	1,646	1,080	27,376	27,376	7,376	20,760	21,277	22,235	181.5
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	

Payments for financial assets	-	-	-	-	-	-	-	-	-	
Total economic classification	115,053	112,696	129,209	248,101	248,646	228,646	251,191	263,640	272,341	9.9

Table 36 above shows a summary of payments and estimates for Health Care Support Services from 2022/23 to 2025/26 and over the 2026 MTEF period per economic classification. Compensation of employees shows a positive growth of 3.7 per cent from R84.619 million to R87.743 million in 2026/27 when compared to the 2025/26 revised estimate due to a low revised estimate.

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

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

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



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OPERATIONAL PLAN 2026/27

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 37: 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	Q1 – 2	Planning Stage Develop concept report	1 April 2026 - 31 March 2027	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
			Q2 – 2	Develop design development report				
			Q3 – 0	Procurement Stage Prepare BID specifications				
			Q4 – 2	Advertise the BID Evaluate submitted BIDs Adjudication of BIDs				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Issue the letter of award Sign the contract SMMEs are procured and the project is introduced to the Project Steering Committee at facility level				
Health care facilities maintained	Number of planned major maintenance completed	9	Q3 - 1	Planning Stage Develop concept report Develop design development report Procurement Stage Request for quotations Advertise the RFQs Evaluate submitted RFQs	1 April 2026 - 31 March 2027	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
			Q4 - 8					
	Number of planned minor maintenance completed	27	Q1 - 1	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	1 April 2026 - 31 March 2027	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
			Q2 - 4					HFM: Planning Directorate Programme Manager
			Q3 - 3					HFM: Planning Directorate Programme Manager
			Q4 - 19					HFM: Planning Directorate Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				milestones as per the construction programme in order to achieve practical completion				
Standardised Infrastructure Designs and Procedures.	% completion of design guidelines developed).	100%	Q1 - 25%	1. Conduct Post Project and Post Occupancy Evaluations. 2. Review. 3. Research. 4. Develop Proposals. 5. Peer Review. 6. Adjustments from Peer Review. 7. Obtain Approval of the Design Guide.	01 April 2026 - 31 March 2027	R250 000	- External Stakeholders - Service Providers. - NDoH. - Other Provincial Health Departments.	Director: Infrastructure Planning.
			Q2 - 50%					
			Q3 - 75%					
			Q4 - 100%					
	Standard Operating Procedures developed	100%	Q1 - 25%	1. Consult relevant legislation and statutory documents such as IDMS/FIDPM/SCM Policies, etc. 2. Consolidate the inputs. 3. Peer review 4. Adjustments from Peer Review. 5. Obtain Approval.	01 April 2026 - 31 March 2027	N/A	- External Stakeholders - Service Providers. - NDoH. - Other Provincial Health Departments.	Director: Infrastructure Planning.
			Q2 - 50%					
			Q3 - 75%					
			Q4 - 100%					
		10	Q3= 5	1. Task Initiation.		R500 000		

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Dora planning compliance document	Number of DORA planning compliance documents developed (Clinical/Project brief)		Q4 - 5	2. Source Information from relevant data custodians. 3. Conduct Catchment Analysis Reports utilising GIS Capabilities. 4. Compile Clinical Brief. 5. Peer Review. 6. Appraisals and Approvals.	01 April 2026 - 31 March 2027		- External Stakeholders & Service Providers. - End-Users (Provincial, District, Sub-District and Facility Level).	Director: Infrastructure Planning.
A Design Review Committee	Establishing a Design Review committee	Approved Committee	Q2 - Appointment letters Approved	1. Prepare Terms of Reference. 2. Prepare a Nominations List. 3. Compile Memorandum for Approval. 4. Obtain Approval. 5. Appoint Committee Members (send out appointment letters).	01 April 2026 – 30 September 2026	N/A	Acceptance of Nominees.	Director: Infrastructure Planning.
Functional laundry equipment	Number of laundry equipment replaced in health facilities	10	Q1 - 5	1. Compile a list of facilities to be targeted for replacement of laundry equipment 3. Installation of equipment 4. Commissioning of equipment.	1 April 2026 - 31 March 2027	R50 000 000	1. Budget availability 2. Contractor performance	HFM: ETS Directorate Programme Manager
			Q2 - 4					
			Q3 - 1					
			Q4 - 0					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Compliant equipment and machinery	Number of completed statutory compliance inspections conducted on equipment and machinery	50	Q1 - 20	2.Compile a list of equipment to be inspected 3.Rectification of non – compliances where applicable 4.Obtain the certificates of compliance	1 April 2026 - 31 March 2027	R27 000 000	1.Budget availability 2.Contractor performance	HFM: ETS Directorate Programme Manager
			Q2 - 15					
			Q3 - 15					
			Q4 - 0					
	Number of lifts upgraded	7	Q1 - 1	1.Procurement of service provider 2.Compile a list lift to be upgraded 3.Installation of lifts 4.Commisioning of lifts	1 April 2026 - 31 March 2027	R6 000 000	1.Budget availability 2.Contractor performance	HFM: ETS Directorate Programme Manager
			Q2 - 1					
			Q3 - 4					
			Q4 - 1					

8.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 38: 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 2025/26
R thousand	2022/23	2023/24	2024/25	2025/26			2026/27	2027/28	2028/29	
1. Community Health Facilities	215,004	207,593	353,963	449,953	478,668	479,001	474,785	377,109	375,457	(0.9)
2. Emergency Medical Rescue Services	–	–	–	10,000	10,000	10,000	26,000	15,625	7,490	160.0
3. District Hospital Services	567,534	621,985	519,225	622,904	578,449	578,953	566,153	677,583	823,513	(2.2)
4. Provincial Hospital Services	287,279	173,426	377,748	360,849	442,089	441,271	422,042	340,286	298,235	(4.4)
5. Other Facilities	1,758	15,084	12,335	11,000	15,500	15,500	9,350	10,800	15,700	(39.7)
Total payments and estimates	1,071,575	1,018,088	1,263,271	1,454,706	1,524,706	1,524,725	1,498,330	1,421,403	1,520,395	(1.7)

Tables 38 above shows the summary of payments and estimates for Health Facilities Management from 2022/23 to 2025/26 and over the 2026 MTEF period per sub-programme. The programme's total expenditure increased from R1.071 billion in 2022/23 to a revised estimate of R1.524 billion in 2025/26. In 2026/27, the budget decreases by 1.7 per cent from R1.524 billion to R1.498 billion when compared to the 2025/26 revised estimate due to low revised estimates attributable to under spending on both equitable share and Health Facilities Revitalisation Grant.

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

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

Table 39 above shows the summary of payments and estimates for Health Facilities Management from 2022/23 to 2025/26 and over the 2026 MTEF period per economic classification. Compensation of employees shows a positive growth of 5.6 per cent from R46.612 million to R49.204 million in 2026/27 when compared to the 2025/ 26 revised estimate due to low revised estimate.

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

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

CONCLUSION

This is the Final Draft 2026/27 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 2026/27 Annual Performance Plan.

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

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