



Province of the
EASTERN CAPE
HEALTH



ANNUAL PERFORMANCE PLAN 2023/24

Together, moving the health system forward





ANNUAL PERFORMANCE PLAN 2023/24



Together, moving the health system forward

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ABBREVIATIONS AND ACRONYMS

ACSM	Advocacy Communication and social mobilisation	DHIMS	District Health Information Management System
AIP	Audit Intervention Plan	DHS	District Health Services
ALOS	Average Length of Stay	DM	District Municipality
APP	Annual Performance Plan	DMT	District Management Team
ARP	Annual Recruitment Plan	DOE	Department of Education
ART	Antiretroviral Therapy	DOH	Department of Health
BANC	Basic Ante Natal Care	DSD	Department of Social Development
BOD	Burden of disease		
BUR	Bed Utilisation Rate	DS-TB	Drugs Susceptible Tuberculosis
		DR- TB	Drug Resistant Tuberculosis
CCMDD	Central Chronic Medicine Dispensing and Distribution	EAP	Employee Assistance Programme
CCOD	Compensation / Commissioner for Occupational Disease	EC	Eastern Cape
CF	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	ECSECC	Eastern Cape Socio-Economic Consultative Council
CETU	Clinical Education and Training Units	EDR-TB	Extreme Drug Resistance Tuberculosis
COE	Compensation of Employees	EMS	Emergency Medical Services
COVID -19	Corona Virus I9	EPI	Expanded Programme on Immunisations
CP	Cerebral Palsy	EPWP	Expanded Public Works Programme
CPD	Continuous Personal 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	GBV	Gender based Violence
DCST	District Clinical Specialist Team	GPS	Global Positioning System
DDG	Deputy Director-General	GIAMA	Government Immovable Asset Management Act
DHIS	District Health Information System		

GP	General Practitioner	IGR	Inter Governmental Relations
HAIs	Hospital Acquired Infection	IHR	International Health Regulation
HAP	Health Action Plan	IMAM	Integrated Management of Children with Acute Malnutrition
HAST	HIV & AIDS, STI and TB Control		
HBB	Helping Babies Breathe	IMCI	Integrated Management of Childhood Illnesses
HCSS	Health Care Support Services		
HDI	Human Development Index	IMR	Infant Mortality Rate
HFM	Health Facilities Management	IPC	Infection Prevention and Control
HIV/AIDS	Human Immuno - Deficiency Virus/Acquired Immune Deficiency Syndrome	ISHP	Integrated School Health Programme
HMS	Hospital Management System	IT	Information Technology
HOD	Head of Department	LEDIS	Local Economic Development Implementation Strategy
HP	Health Promotion	MAC	Ministerial Advisory Committee
HPCSA	Health Professional Council of South Africa	MBOD	Medical Bearuea for OCCUPATIONAL DISEases
HPRS	Health Patient Registration System	MCWHN	Maternal Child Women's Health and Nutrition
HST	Health Sciences and Training	MDGs	Millennium Developmental Goals
HPTD	Health Professionals Training and Development (Grant)	MDR-TB	Multi-Drug Resistant TB
HPV	Human Papilloma Virus	MEC	Member of the Executive Council
HRM	Human Resource Management	METROs	Medical Emergency Transport and Rescue Organizations
HRD	Human Resource Development	MLSIP	Medico-Legal Strategy Implementation Plan
HRH	Human Resources for Health		
HT	Health Technology	MMR	Maternal Mortality Rate
ICC	Institutional Consultative Committee	MOU	Maternal Obstetric Unit
ICRM	Ideal Clinic Realisation and Maintenance	MOP	Medical Orthotic and Prosthetic
ICSM	Integrated Clinical Services Management	MPL	Member of Provincial Legislature
		MRC	Medical Research Council
		MRI	Magnetic Resonance Imaging
		MSSN	Management of Small and Sick Neonates
ICT	Information, Communications and Technology	MTCT	Mother-To-Child-Transmission
IDMS	Infrastructure Delivery Management System	MTSF	Medium -Term Strategic Framework
IDIP	Infrastructure Delivery Improvement Programme	MTEF	Medium -Term Expenditure Framework
IDPs	Integrated Development Plans	N/A	Not Applicable

NCCEMD	National Committee on Confidential Enquiry on Maternal Deaths	OPD OTP PAJA	Outpatient Department Office of the Premier Promotion of Administrative Justice Act
NCDs	Non-Communicable Diseases		
NCS	National Core Standards	PAIA	Promotion of Access to Information Act
NDoH	National Department of Health		
NDP	National Development Plan	PCR	Polymerase Chain Reactive
NGO	Non-Governmental Organisation	PDE	Patient Day Equivalent
NHA	National Health Act	PDMT	Provincial District Management Team
NHI	National Health Insurance		
NHLS	National Health Laboratory Services	PDP PEC	Provincial Development Plan Patient Experience of Care
NHP	National Health Plan	PET	Positron Emission Tomography
NMAH	Nelson Mandela Academic Hospital	PFMA	Public Finance Management Act
NMU	Nelson Mandela University		
NPI	Non Pharmaceutical Interventions	PEPFAR	President's Emergency Plan for Aids Relief
PMDS	Performance Management Development system	PERSAL PGDP	Personnel and Salaries System Provincial Growth and Development Plan
PDE	Patient Day Equivalent		
NSDA	Negotiated Service Delivery Agreement	PHC PMTCT	Primary Health Care Prevent Maternal to Child Transmission
NTSG	National Tertiary Services Grant		
OD	Organisational Development	POA	Programme of Action
O&P	Orthotic and Prosthetic	PT	Provincial Treasury
OHH	Outreach Households		
OHS	Occupational Health and Safety	QIP	Quality Improvement Plan
PMIS	Project Management Information System	PRU PT	Peer Review Updates Provincial Treasury
PMTCT	Prevention of Mother-To-Child Transmission	QIPs RDP	Quality Improvement Plans Reconstruction and Development Programme
PMTSF	Provincial Medium-Term Strategic Framework	RPHC	Re-engineering the Primary Health Care
PPE	Personal Protective Equipment		
PPPs	Public-Private Partnerships	SAC	Severity Assessment Code
PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Management	SADHS	South African Demographic Health Survey
PSI	Patient Safety Incident	SAHR	South African Human Rights

SANBS	South African National Blood Services
SARS- Cov	Severe Acute Respiratory Syndrome Corona Virus
SD	Status Determinations
SDGs	Sustainable Development Goals
SDO	Service Delivery Optimisation
SCM	Supply Chain Management
SIU	Special Investigating Unit
SLA	Service Level Agreement
SLU	Specialised Litigation Unit
SOP	Standard Operating Procedure
SOPA	State of the Province Address
SVS	Stock Visibility Solution
Stats SA	Statistics South Africa
STC	Social Transformation Cluster
TB	Tuberculosis
THIS	TB HIV Information System
TROA	Total Clients Remaining on ART
TV	Television
UHC	Universal Health Coverage
UNICEF	United Children's Education Fund
UNPFA	United Nations Population Fund Agency
WBPHCOT	Ward Based Primary Health Care Outreach Team
WHO	World Health Organisation
YOLO	You Live Only Once

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EXECUTIVE AUTHORITY STATEMENT

This Annual Performance Plan gives the Department an opportunity to reflect, take stock and plan towards the overall impact of "Long and healthy life for all" as premised on the National Development Plan 2030. This plan is informed by, and aligned to an array of government policy frameworks. These frameworks include among others, the National Development Plan, the Medium Term Strategic Framework and the National Health Insurance bill which endeavours to guarantee Universal Health Coverage for the people of South Africa.



Reflecting on the 2022/23, the Department took great strides in protecting the citizens through provision of the Covid-19 vaccination as it remains an effective intervention in curbing the spread of the virus. As part of ramping up vaccination and working towards achieving 70 per cent coverage of all the eligible population, the Department focused on the integration of the Covid-19 vaccines into routine health services. The year was declared as a year to renew, rest and rebuild a strong health system post Covid-19. To this end recovery plan and outreaches were strengthened to increase access to health services.

The Province continues to be confronted with the quadruple burden of diseases of HIV/AIDS and TB; high maternal and child mortality; rising Non Communicable Diseases and high levels of trauma, with mental health intensified especially in the post Covid-19 era. To deal with HIV/AIDS /TB, the Department is committing itself to the implementation of the 95.95.95 cascade strategy, 95% of people must know their status, of those positive, 95% are put on treatment and those on treatment 95% are virally suppressed. Similarly, with Non Communicable Diseases (e.g. diabetes, hypertension & mental health), the implemented cascade strategy is targeting that 90 % of people over the 15 years of age to know whether they have hypertension or raised blood glucose or not; 60% with those must receive intervention and 50 % of those receiving interventions must be controlled. Mental health is being strengthened through implementation of community based psychiatric services within the Primary Health Care services.

The Department remains committed its efforts to implement National Health Insurance, as a reflection of the kind of society that was envisaged by the former leaders; a society based on the values of justice, fairness and social solidarity. NHI implementation is consistent with the global vision that health care should be seen as a social investment and therefore should not be subjected to market forces where it is treated as a normal commodity. The Province has piloted NHI interventions in all districts and the implementation of the 3rd phase was delayed due to Covid-19 pandemic.

The Department has in the past and continue to sustain high financial losses due to the scourge of Medico-legal claims. Medico legal claims account for the highest numbers of current contingent liability thereby making it the highest risk area that result to huge financial losses for the Department. We are committing to improving the

comprehensive services for children with cerebral palsy to mitigate high cash outflow from the Department. The department is investing in appropriate equipment, skilled staff and suitable infrastructure in various facilities around the Province. Currently around 2812 children with cerebral palsy are accessing services through our health facilities.

The implementation of the turnaround strategy that is meant to optimise resources and provide the best and safe health care is yielding positive results and the department will continue to prioritise the positive patient experience of care.

The Department is not spared on the devastation caused by ravaging floods that hit the Province, challenging the livelihood of the people and damaging the health infrastructure. Our health facilities are also challenged by the life-threatening scenario emerging from Eskom's escalated load shedding. To this effect we appreciate the declaration of state of emergency of load shedding. The Department has strengthened its surveillance systems in anticipation of the measles outbreak that are seen in other Provinces in our country.

The Province has implemented measles vaccination catch-up campaign in all districts and metros. The department is intensifying public health surveillance of communicable diseases and strengthening outbreak response teams in all districts and metros.

I wish to extend my sincere and humble gratitude to all the stakeholders who positively contributed enormously in the departmental programmes, the Government departments, development partners, Corporate South Africa Traditional Leadership, Faith Based Organisations and all civic organisations.

Lastly, I wish to express my appreciation to our Departmental staff led by Dr. Wagner, leadership and management who tirelessly provide health service to the most needy and sick under difficult conditions. I urge them to continue to bear the torch in pursuit to provide quality health care to the citizens of Eastern Cape Province.



Hon. N. Meth (MPL)

Member of the Executive Council

24 March 2023

STATEMENT BY THE HEAD AND ACCOUNTING OFFICER OF THE DEPARTMENT



The 2023/24 Annual Performance Plan (APP) is guided by the 2019-2024 Medium Term Strategic Framework, underpinned by National Development Plan emphasising progressive achievement of Universal Health Coverage (UHC) for all South Africans. The Department is committed in implementing the health turnaround strategy towards achieving the goal of long and healthy life, through a health system that is digitally enabled, data driven and offering quality health services. This will be possible through a key success factors such as effective leadership, capable teams engaged and inspired workforce. To achieve this, the department is looking at senior management services rationalisation and filling of critical vacancies.

In terms of ensuring financial stability; the department is considering ensuring a predictable budget and effective and efficient financial management. Management of contingent liability is still a key focus area towards ensuring a sustainable financial environment. As part of turnaround strategy, the department is optimising service delivery, identifying hubs where bigger hospitals can act as referrals for the small ones and clustering hospitals that are in close proximity and sharing the same catchment population.

The Department is working on guaranteeing healthier communities and better health outcomes through recovery plans post Covid -19, of necessity, the department had to focus on a coordinated response to manage resurgences and ensure the vaccination roll out took precedence. Significant human, financial and infrastructural resources were invested so that the department could effectively respond to, contain and limit the spread of the virus in the Eastern Cape Province. Working with our strategic partners, health resources will be redeployed to our priority programmes, as screening and tracing of patients lost to follow-up is actively pursued, even as the vaccination roll out is ramped up. Implementation of the National Health Insurance continues to be a key strategic intent towards improved health outcomes and patient experience of care in addressing the quadruple burden of disease.

Over and above the COVID-19 pandemic, there are two other strategic issues of concern that have impacted service delivery in this past year – the financial situation, as well as the critical staff shortages. Historical upfront, lump sum payments of medic-legal settlements that were not budgeted for contributed to accruals and payables for Goods and Services of R3,4billion at the start of the financial year. This was further exacerbated by reduced Provincial Equitable Share allocations year-on-year due to migration, fiscal consolidation to manage the public sector wage bill, and the slowing down of the economy due to COVID-19. There has been insufficient funding to employ critical staff and attend to major infrastructure upgrades, although the COVID-19 allocation was utilised to bring in much needed contract workers to bolster the service and provide necessary infrastructure and life-saving medical equipment.

Despite continuing challenges on multiple fronts, the department is resolute on delivering on its constitutional mandate as encapsulated in section 27 of the Constitution of the Republic of South Africa (Act 108, 1996). The following priorities find expression in the department's APP 2023/24 as the Department re-imagine the way in which it provides health and care to the people it serves:

- Interventions to promote financial well-being of the Department by obtaining a clean audit, introducing cost-containment and efficiencies; expanding revenue generating initiatives and focusing on pro-active and preventative maintenance of health technology and equipment.
- Stemming the outflow of funds through medico-legal settlements and an integrated approach to managing and preventing medico-legal claims.
- Service delivery optimisation utilising the hub and spoke model to ensure efficiency and effective use of the available resources across the health value chain.
- Continuing the roll out of the e-Health strategy, leveraging digitalisation, new technologies and innovative information management systems (HMS2, Pharmacy and EMS Call-taking).
- Finalisation and implementation of the HRH strategy as outlined in the department's 5-year strategy and the revised service delivery platform. The Department will also finalise the resultant staff migration plan that will ensure that staff are placed where they are most needed, in line with their skills and competencies.

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



Dr. R. Wagner;

HOD for Health

24 March 2023

OFFICIAL SIGN-OFF OF THE ANNUAL PERFORMANCE PLAN 2023/24


It is hereby certified that this Annual Performance Plan:

Was developed by the management of the Eastern Cape Department of Health under the guidance of MEC for Health, Hon. N. Meth, MPL, takes into account all the relevant policies, legislations, and other mandates for which the Eastern Cape Province is responsible. Accurately reflects the outcomes and outputs which the Eastern Cape Department of Health will endeavour to achieve over the period 2023/ 24 financial year.

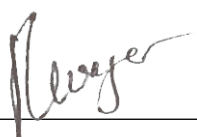

Mrs. N. Mavuso
Programme Manager: 1, 6, & 8
24 March 2023

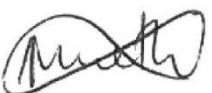

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Dr. S.T. Moko
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Mr. M. Daka
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Dr. R. Wagner
Accounting Officer
24 March 2023
Approved by:


Hon. N. Meth, MPL
Member of the Executive Council
24 March 2023



Province of the
EASTERN CAPE
HEALTH



PART A

OUR MANDATE

Together, moving the health system forward



PART A – OUR MANDATE

I. CONSTITUTIONAL MANDATE

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

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

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

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care. People also have the right to access information if it is required for the exercise or protection of a right.

This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and

This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively.

Section 27 of the Constitution states as follows: with regards to health care, food, water, and social security:

- (1) Everyone has the right to have access to:
 - (a) Health care services, including reproductive health care.
 - (b) Sufficient food and water; and
 - (c) Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights; and
- (3) No one may be refused emergency medical treatment.

Section 28 of the Constitution provides that every child has the right to 'basic nutrition, shelter, basic health care services and social services.

Legislations falling under the Department of Health's Portfolio

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

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

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

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

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

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

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

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

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

these professions.

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

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

Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

Sterilization Act, 1998 (Act No. 44 of 1998) - Provides a legal framework for sterilizations, including for persons with mental health challenges.

Medical Schemes Act, 1998 (Act No. 131 of 1998) - Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

Council for Medical Schemes Levy Act, 2000 (Act No. 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

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

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

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

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

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

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

Other legislation applicable to the Department:

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

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

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

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

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

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

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

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

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

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

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

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000)

Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

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

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

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

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

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

2. UPDATES ON HEALTH SECTOR POLICIES AND STRATEGIES

National Health Insurance(NHI) Bill

The National Health Insurance is a financing system that will ensure that all citizens of South Africa are provided with essential healthcare, regardless of their employment status and ability to make a direct monetary contribution to the NHI Fund. NHI is to address two persistent health system problems which are the structural problems and the burden of disease. The changes are based on the principles of ensuring the right to health for all, entrenching equity, social solidarity, efficiency, and effectiveness in the health system in order to realise the Universal Health Coverage. To achieve Universal Health Coverage, institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately to improve health outcomes particularly focusing on the poor, vulnerable and disadvantaged groups.

The implementation phase of the NHI has been extended by three years to 2026. There is a steady improvement towards NHI readiness. The White Paper version 40 of 10 December 2015, prescribed three (3) phases on which the- NHI will be implemented as follows: The first phase from 2012 to 2017, focused

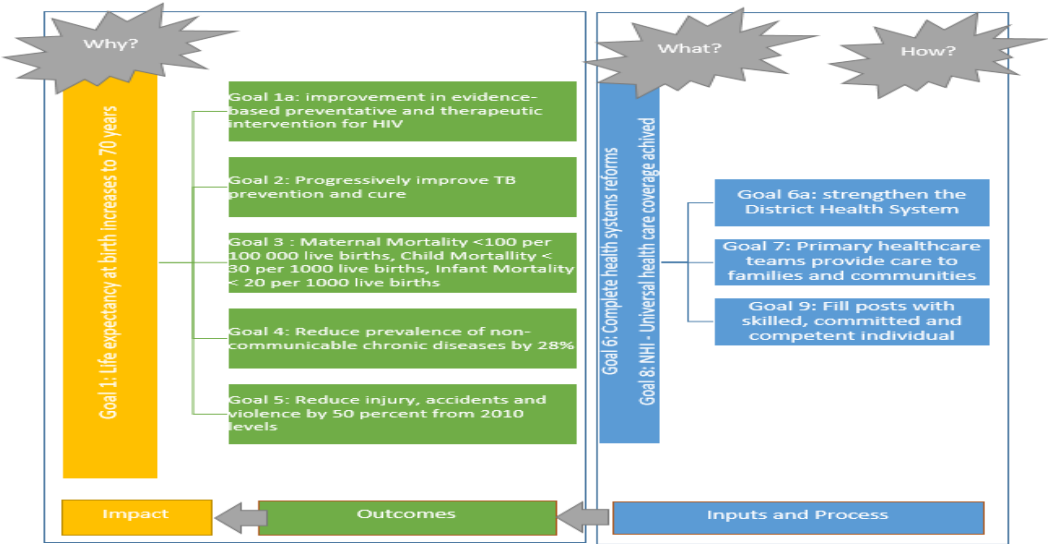
on piloting health system strengthening (HSS) initiatives; the 2nd phase from 2018 to 2022 focused on implementation of Health Patient Registration System (HPRS) in all Primary Health Care (PHC) facilities; the 3rd phase was supposed to be from 2023 – 2026 and delayed due to Covid-19 pandemic.

The phased implementation of National Health Insurance (NHI) is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate, efficient, affordable, and quality health services.

National Development Plan (NDP): Vision 2030

The National Development Plan aims to eliminate poverty and reduce inequality by 2030. Chapter 10 has outlined nine goals for the health system to be achieved by 2030. The NDP goals are best described using conventional public health logic framework. The overarching goal that measures impact is “Average male and female life expectancy at birth increased to at least 70 years”. The NDP goals measure health outcomes, requiring the health system to reduce premature mortality and morbidity. Also tracking the health system that essentially measure inputs and processes to derive outcomes.

Fig 1: National development plan



Sustainable Development Goals

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

- Reduction of the maternal mortality ratio to less than 70 per 100,000 live births.

- End preventable deaths of new-borns and children under 5 years of age, aiming to reduce neonatal mortality and under-5 mortality.
- Reduce the impact of the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases like COVID-19.
- Reduce premature mortality from non-communicable diseases through prevention and treatment and promotion mental health and well-being, deaths and injuries from road traffic accidents.
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Medium Term Strategic Framework and NDP Implementation Plan 2019-2024

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

The table below outlines the MTSF impact, outcomes and pillars from Presidential and Provincial Summit.

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

	Impact	Outcomes	Presidential Health Summit Compact Pillars	Provincial Health Summit Pillars
Survive and Thrive	Universal health coverage for all South Africans progressively achieved and all citizens protected from the	Progressive improvement in the total life expectancy of South Africans Reduce maternal and child mortality	N/A	Pillar 6: Strengthen service delivery through strengthened intergovernmental collaborative government model, (Thuma mina, Operation Masiphathisane and addressing social determinants of health)
Transform	catastrophic financial impact of seeking health care by 2030.	Universal Health Coverage for all South Africans achieved	Pillar 4: Engage the private sector in improving the access, coverage, and quality of health services Pillar 6: Improve the efficiency of public sector financial management systems and processes	Pillar 1. Rationalisation of health service delivery platform to facilitate National Health Insurance realisation and to address access to appropriate health services

	Impact	Outcomes	Presidential Health Summit Compact Pillars	Provincial Health Summit Pillars
			Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on primary health care.	Pillar 9: Quality and safety of health services will be prioritised towards accreditation of health facilities for NHI.
			Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels	Pillar 7: Governance, leadership, monitoring & evaluation with emphasis on creation of a culture of accountability and participation by all members
			Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care	Pillar: 2 Strengthen implementation of mental health services through innovative planning, focusing on mainstreaming the mental health services and ensuring that all mental health teams are multidisciplinary at all levels.
			Pillar 1: Augment Human Resources for Health Operational Plan	Pillar: 5 Human resources for health to address the staff shortages and appropriate skills mix
			Pillar 2: Ensure improved access to essential medicines, vaccines, and medical products through better management of supply chain equipment and machinery	Pillar 3: Infrastructure planning, delivery, medical equipment, and maintenance
			Pillar 6: Improve the efficiency of public sector financial management systems and processes	Pillar 8: Small business development, financial management and innovative ways of revenue generation
			Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed, and well-maintained health facilities	Pillar 3: Infrastructure planning, delivery, medical equipment, and maintenance
			Pillar 9: Develop an Information System that will guide the health system policies, strategies, and investments	Pillar 4: Development of ICT platforms, automation, and digitization of the sector through improving capacity, systems integration, disaster recovery and information security planning systems

3. PROVINCIAL PLANS

3.1 Provincial Medium Term Strategic Framework and Mandate Paper

The focus areas from national overarching planning instruments such as the National Development Plan (NDP) and the Medium Term Strategic Framework (MTSF) are cascaded into the Provincial Development Plan and the Provincial Medium Term Strategic Framework. The Department's emphasis is on the MTSF Priority area of Education, Skills and Health addressed and the PDP goal of Human Development through the interventions of improving the health profile of the Province. The Department's plan highlights the interventions that will be implemented towards achieving the key integration areas within the provincial plan as follows:

Table 2: Key integration areas and planned interventions

Key Integration area	Planned Interventions
1. Inclusive Early Childhood Development	Implement 1 st 1000 days' interventions Promote exclusive breastfeeding infant and young child feeding programmes Growth monitoring and promotion Expanding immunization coverage Handwashing with soap to prevent illness Promote use of mobile health technology (such as Mom- Connect)
2. Gender Based Violence and Femicide	Roll-out implementation of Post Exposure Prophylaxis to all facilities Support all the 11 Thuthuzela Centres and strengthen in hospital socio-psychological care for those admitted and after discharge Offer health dialogues on bullying at schools
3. Non communicable diseases and Mental health	Disease-prevention strategies at a community level Healthy lifestyles Chronic and geriatric services including rehabilitation as a supportive service Strengthening the prevention of mental disorders, substance, drug, and alcohol abuse to reduce unnatural deaths. Provision of inpatient child and adolescent mental health services in Fort England hospital
4. Anti-poverty programmes	Expand access to Primary Health Care services through PHC WBOT Households profiling and registration Health screening services at household level Nutrition services at household Disease prevention and health promotion
5. Youth development	Reduction of teenage pregnancy. Department of Health in partnership with TB/HIV Care and Roll out the implementation of the Nzululwazi model Establishment of youth zones to increase access to sexual and reproductive health services among youth

Key Integration area	Planned Interventions
	Disease prevention through healthy lifestyles Prevention of substance abuse
6. Skills Development	Internship programme Artisan training and development
7. Integrated ICT and infrastructure planning and delivery	Maintenance of buildings and equipment Provision and maintenance of good health infrastructure. Implementation of connectivity to all facilities

3.2 Health turnaround Plan

The Department is implementing a health Turnaround Plan to guide the department towards the goal of healthy communities, families and individuals served by a digitally enabled, data driven, quality health and care service that, through strategic partnerships and collaboration, promotes health, prevents disease, and provides quality curative, rehabilitative and palliative care. These initiatives are aimed at financial sustainability; integrated medico-legal interventions; service delivery optimization; leveraging of digitalization and eHealth; and strategies to ensure healthier communities. The turnaround is supported by a performance-driven organizational culture that has three layers – the first being effective leadership, capable teams and valued employees; the second, institutionalized performance reporting and management systems; and the third, progressive change management, stakeholder engagement and communication.

4. UPDATES TO RELEVANT COURT RULINGS

- TN obo BN vs MEC for Health: Eastern Cape
- Stay in execution Judgement: Common law and s 173 of state liability act 20 of 1957. attachment of right title and interest to credit balance in bank account of government departments



Province of the
EASTERN CAPE
HEALTH



PART B

OUR STRATEGIC FOCUS

Together, moving the health system forward



PART B: STRATEGIC FOCUS

1. VISION

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

2. MISSION

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

3. VALUES

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

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

4. UPDATED SITUATION ANALYSIS

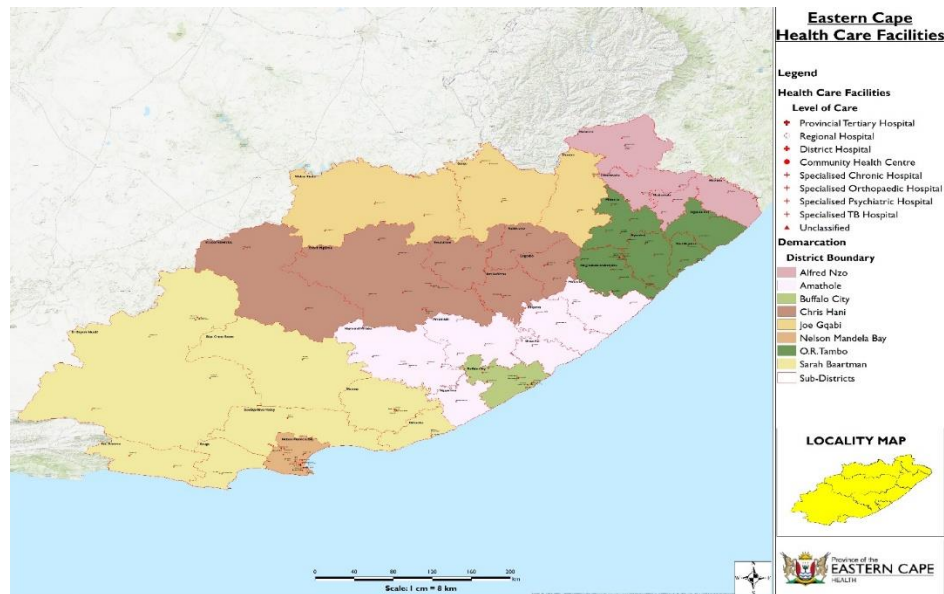
4.1 External environmental analysis

4.1.1 Overview of the Province

The Eastern Cape is located on the east coast of South Africa between the Western Cape and KwaZulu-Natal provinces. Inland, it borders the Northern Cape and Free State provinces, as well as Lesotho. The Province is the fourth largest Province in the country after Western Cape, Kwa Zulu Natal and Gauteng. The region boasts remarkable natural diversity, ranging from the semi-arid Great Karoo to the forests of the Wild Coast and the Keiskamma Valley, the fertile Lang Kloof, and the mountainous southern Drakensberg region.

The Province is divided into two metropolitan municipalities (Buffalo City Metropolitan Municipality and Nelson Mandela Bay Metropolitan Municipality) and six district municipalities, which are further subdivided into 31 local municipalities.

Fig.2: Map of the EC



Source: Health facilities Development and Maintenance, EC Health

4.1.2 Demographic profile of the Province

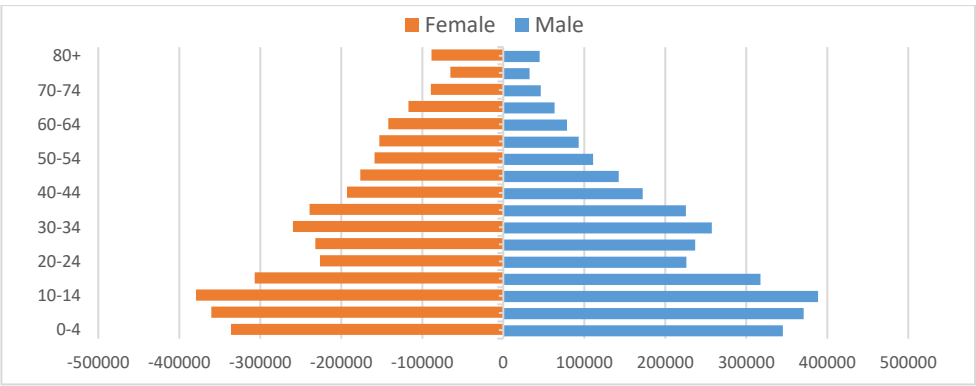
According to the Statistics South Africa (Stats SA) mid-year estimates 2022, the Eastern Cape Province is estimated to have a total population of 6 676 691 million (11 % of SA population) constituted largely of a younger population (Stats SA 2022). The constitution of the population is as follows: About 33% of the provincial population is young people aged 0-14 years; with young adults 15-34 years at 32,7% while adults 35-59 years at 22,8% and elderly constitute 11.5% which is the highest in the country. The population pyramid below shows that both males and females almost have the similar numbers at birth up until becoming young adults. The 2019/20 mortality estimates indicate that South Africa's progress in extending life expectancy has been interrupted by the SARS-CoV -2 pandemic, a drop of 0.6 years was noted. According to Stats SA 2021, the reduction of life expectancy at birth is indicative of the excessive increase in deaths that occurred between the 1st July 2020 and 30th June 2021. Life expectancy for males is at 58.7 while females also reduced to 65 years. The total fertility rate has decreased from 3,1 to 2,8, but still remains second highest in the country after Limpopo Province. The more rural provinces of Limpopo and Eastern Cape indicate higher fertility rates whilst more urbanised provinces such as Gauteng and the Western Cape indicate lower levels of fertility.

The muted impact of COVID-19 was mainly due to the impact of the severe lockdown (restricting social interaction and travel) and non-pharmaceutical interventions (NPIs) on non-COVID - 19 mortality (Rapid mortality surveillance report, 2020)

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

Population Pyramid

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

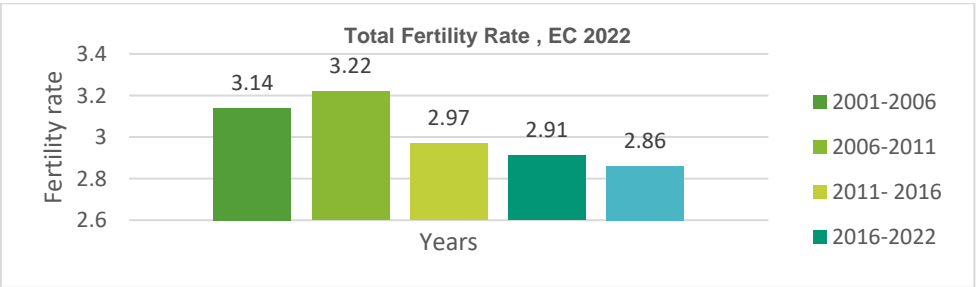


Source: Stats SA 2022

Total Fertility Rate

The figure 4 below shows that there has been a decline in fertility rates over the decade in the Province and with the interventions implemented a further 0.05% drop is projected over the next six years.

Fig 4: Eastern Cape total fertility rate, 2022



Source: Stats SA 2022

Population Distribution by Health Districts

The table below shows that the population estimate was 6,7 million with 47,2% males and 52,8% females. 35,2% of the pop from A Nzo and OR Tambo while 25,2% NM Metro and Sarah Baartman. Joe Gqabi has the smallest share of 5.1%. The Eastern Cape has approximately 1.88 million households with average household size of 3.9 persons.

Table 3: Population Distribution by Health Districts (DM), 2021 estimates

District	% of total population ¹	Total population ¹	Males ¹	Females ¹	Size of area (km ²) ²
Alfred Nzo	12.4	832,248	363,535	468,713	10 731.2
Amathole	11.9	799,205	378,967	420,238	21 594.9
Buffalo City Metro	11.9	800,875	385,215	415,660	2 535.9
Chris Hani	10.8	727,652	344,680	382,972	36 143.5
Joe Gqabi	5.1	344,967	164,628	180,339	25 662.7
Nelson Mandela Metro	18.0	1,213,059	578,520	634,539	1 958.9
OR Tambo	22.8	1,532,174	720,571	811,603	12 095.5
Sarah Baartman	7.2	483,822	240,318	243,504	58 243.3
Eastern Cape	100.0	6,734,002	3,176,434	3,557,568	168,966.0
Data Sources: ¹ Stats SA mid-year population estimates 2020; ² Population Census, 2011					

Table 4 below depicts a national prevalence of disability at 4.9%. Males have a prevalence of 4.6%, while females have a prevalence of 5.1%. The Eastern Cape accounts for 5.6% of the total population. Males have a higher rate of disability (5.8% vs. 5.5%).

Table 4: Disability prevalence by Province 2020

		Province								
Indicator	Statistic (number in thousands)	WC	EC	NC	FS	KZN	GP	MP	LP	RSA
Male	Number	148	161	77	72	195	281	63	137	1 204
	Percent	4.7	5.8	14.0	6.0	4.0	3.9	3.1	5.4	4.6
Female	Number	139	165	62	100	301	262	91	150	1 395
	Percent	4.3	5.5	10.8	6.7	5.6	3.8	4.3	5.5	5.1
Total	Number	286	325	139	171	495	543	155	287	2 599
	Percent	4.5	5.6	12.4	6.4	4.8	3.9	3.7	5.4	4.9
Sub-total	Number	6 376	5 805	1 125	2 686	10 327	14 102	4 156	5 275	53 559
Unspecified	Number	-	-	-	-	-	16	-	-	24
Total	Number	6 376	5 805	1 125	2 686	10 327	14 117	4 156	5 275	53 582

Source: Stats SA 2020

4.1.3 Social Determinants of Health for the Province and Districts

The Eastern Cape economy is projected to moderately grow at 1.8 percent in 2022 and average at 1.3 percent growth in 2023. For the Eastern Cape Province, the expectation is for provincial economic growth to be propelled by domestic and global demand for agricultural produce, particularly citrus, pineapples and deciduous fruit as well as manufactured exports. (EC. Programme of Action, 2022). The Province contributed 7.61% to the South African Gross Domestic Product (GDP) in 2021.

Poverty, unemployment, poor education, housing, poor access to piped water and sanitation are the social determinants of health that characterize the Eastern Cape Province, in particular the districts of Alfred Nzo, Amathole, Chris Hani and OR Tambo. Eastern Cape has the highest level of unemployment in the country at 43.8% followed by the Free State Province at 35.6%. The situation is concerning when considering that the expanded notation on unemployment which includes discouraged job seekers is almost 50%.

These poor socio-economic conditions directly affect the health outcomes and the quality of life of the larger population of the Eastern Cape. Alfred Nzo - the district with the highest poverty headcount at 22.0%. The medical aid coverage at the Province is 10.5% varying widely across the districts with Alfred Nzo at 3.5%. Province-wide, 79.7 % of the households indicated that they would first go to public clinics, hospitals or other public institutions when ill or injured.

Economically Active Population

According to the IHS Markit Regional eXplorer, 2022, the economically active population (EAP) is a good indicator of how many of the total working age population are in reality participating in the labour market

of a region. If a person is economically active, he or she forms part of the labour force. The Province has 32.4 % of EAP as a % of total population. Of those, approximately, 75% (967 000) are employed in formal sector while 24.9% (322 000) is employed in the informal sector

Table 5: Labour force characteristics in the EC (Stats SA Labour Force Survey: Quarter 4 2021)

	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021	Qtr-to- qtr change	Year-on- year change	Qtr-to- qtr change	Year-on- year change
	Thousand	Thousand	Thousand	Thousand	Thousand	Thousand	Thousand	Per cent	Per cent
Population 15–64 years	4 369	4 371	4 382	4 396	4 410	15	42	0,3	1
Labour force	2 374	2 314	2 335	2 314	2 266	-48	-107	-2,1	-4,5
Employed	1 236	1 301	1 235	1 216	1 247	31	12	2,6	0,9
Unemployed	1 138	1 013	1 100	1 098	1 019	-79	-119	-7,2	-10,5
Not economically active	1 995	2 057	2 048	2 081	2 144	63	149	3	7,5
Discouraged work- seekers	172	180	219	298	341	43	169	14,6	98,3
Other	1 823	1 877	1 828	1 783	1 803	19	-20	1,1	-1,1
Rates (%)									
Unemployment rate	47,9	43,8	47,1	47,4	45	-2,4	-2,9		
Employed/population ratio (absorption)	28,3	29,8	28,2	27,7	28,3	0,6	0		
Labour force participation rate	54,3	52,9	53,3	52,7	51,4	-1,3	-2,9		

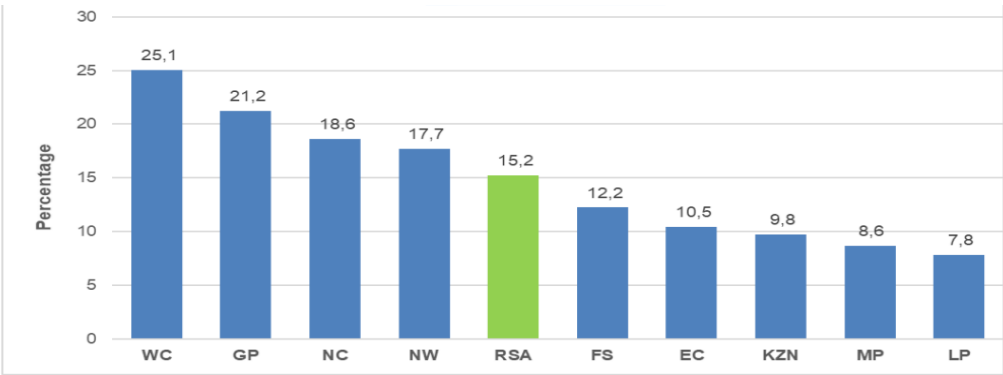
Source: Stats SA Labour Force Survey: Quarter 4 2021

The Province has an annual per capita income by population of R53 000 compared to Western Cape of R100 000 followed by Gauteng of R98 000 with Limpopo Province having the lowest per capita income of R45 800 (IHS Markit Regional explorer. 2022). This may have an impact to the nutritional and health status of the Province

Medical Aid Coverage

The figure 5 below indicates the proportion of beneficiaries to medical aid in South Africa is 15.2 % with the Western Cape having more beneficiaries at 25.1% and the Eastern Cape having a 10.5% of population on medical aid. The public health system in the Province services almost 90 % of the population.

Fig 5: Medical aid coverage per Province



Source: General Household survey 2020

Access to water: The percentage of households in Eastern Cape with access to water increased by 16 percentage points from 56.1% in 2002 to 72.1% in 2020. Improved access to portable water is an important public health intervention for disease prevention and health promotion.

Access to sanitation: Proper sanitation is key in improving environmental hygiene and public health status. Percentage of households that have access to improved sanitation facilities has improved by 59,3 percentage points between 2002 and 2020, growing from 33,4% to 92,7%.

Refuse removal: The table 6 below shows that, provincially, less than half (40.6%) of households had their refuse removed on a weekly basis, or less often, while 50 % had to use their own refuse dumps. The proper disposal of household waste and refuse is important to maintain environmental hygiene and public health.

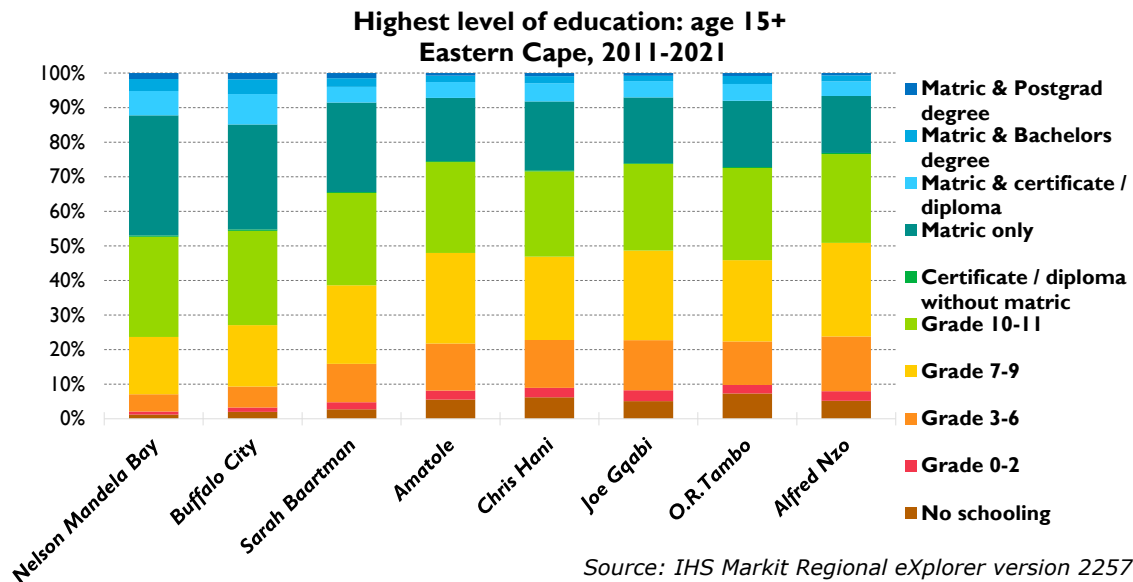
Table 6: Refuse removal in Eastern Cape

	Urban / rural status	Removed at least once a week or less often	Communal refuse dump	Own refuse dump	Other
EC Province	Rural	0.5	1.3	97.5	0.6
	Urban	78	13.1	11.9	2.3
	Total	40.6	7.9	50	1.5
Source	General Household survey 2020				

Schooling

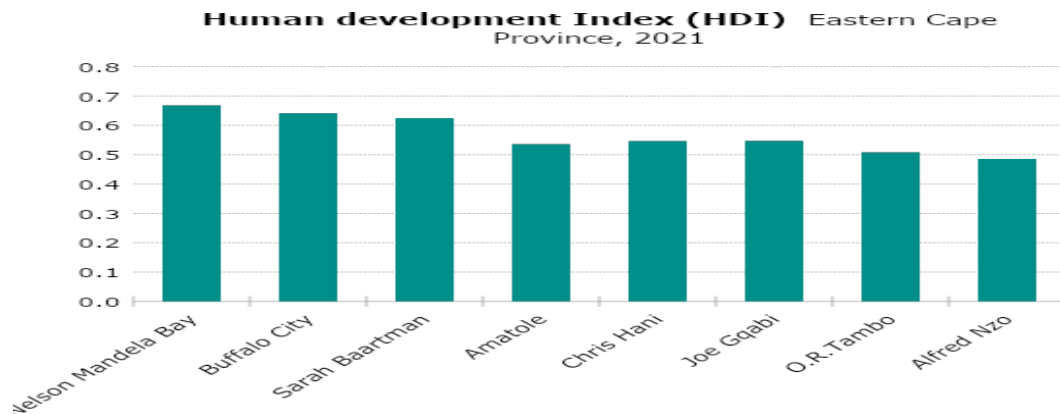
The figure 6 below illustrates the education attainment in the Province:
About 65 % of the EC population across districts has secondary education with some districts e.g. OR Tambo, Chris Hani with about 10 % of people reporting no schooling and grade 0-2. About 10% of the population reported that they have a post-secondary qualification. Level of education especially for women is directly correlated to the health status of the children.

Fig 6: Highest level of education in the Province



Human development index is a composite relative index used to compare human development across population groups or regions. In 2021 Eastern Cape Province had an HDI of 0.581 compared to the National Total with a HDI of 0.639. The HDI per district municipalities is as per the figure below: Nelson Mandela Bay has the highest HDI of 0.668 while Alfred Nzo has a value of 0.485

Fig7: Human development index per district



Source: IHS Markit Regional eXplorer, 2022

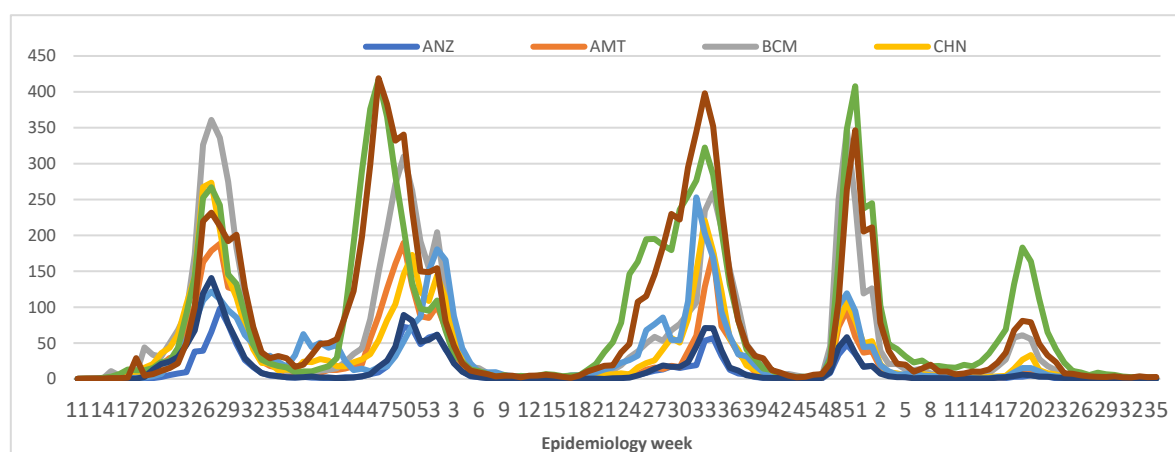
4.1.4 Epidemiology and Quadruple Burden of Disease (BOD)

Epidemiologically, the country continues to be confronted with a quadruple Burden of Disease (BOD) of HIV and TB, high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma. In the Eastern Cape, the disease burden is high, and service platform is overburdened due to social determinants of health that the Department has no control over. The intervention that the Department had put in place is Inter-Governmental Relation (IGR) collaboration and integrated planning across sectors through the district development. TB, HIV, Diabetes and Hypertension remained among the top causes of mortality in the province. From the year 2020, the Province was also negatively affected by the global surge of Coronavirus disease (COVID- 19) pandemic.

4.1.5 COVID - 19 Resurgence Management & Vaccination Programme

Health is on a path of renewal, resetting goals and rebuilding the health care system, that has been negatively affected by the global COVID- 19 pandemic. Emergence from the third and fourth waves of COVID- 19 with a 57% reduction in deaths recorded compared to the 3rd and 4th waves. This bears testimony to the risk-based strategy of vaccinating those at highest risk of death – the elderly and those with chronic diseases. Figure 8 below shows that the fourth wave had a shorter duration than the previous waves. From the 14th - 24th weeks, the incidence appears to be lower than the ones reported in the previous waves. Nelson Mandela Metro (NM) followed by Sarah Baartman and Buffalo City Metro (BCM) continue to report the highest incidence in the province (but at a slower rate compared to the previous waves).

Fig 8: Incidence of SARS-CoV-2 cases



The Province started the roll-out of the Vaccination programme on the 17th of February 2021. The Programme started with Health Care Workers through the early access Sisonke implementation study. Through the Sisonke implementation study, a total of forty-six thousand and fifty-nine thousand (46 059) Health Care Workers were vaccinated which translates to (84.3%) coverage, against the target of fifty-four

thousand six hundred and twenty-six (54 626) Public Health Care workers, of which forty-six thousand seven hundred and thirty-five health Care Workers (46 735), were fully vaccinated and that translates to, 85.2% per cent vaccination coverage. As of the 19th March 2023, a total of four million four hundred and fifty-six thousand three hundred and forty-six (4, 456, 346) vaccine doses have been administered in the province.

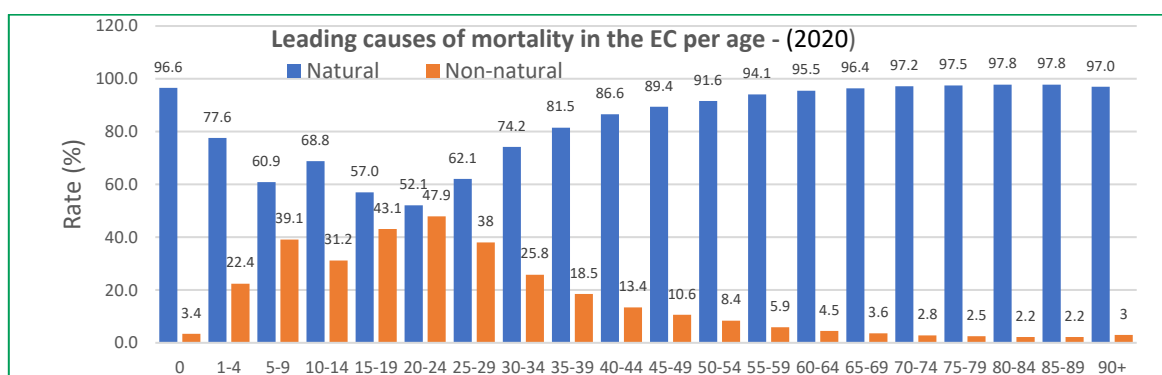
We are also pleased to observe that, two million six hundred and thirty-five thousand four hundred and eight- eight (2, 635, 488) individuals which is 53%, have at least received a single dose of Johnson and Johnson and first dose of Pfizer vaccine, of which, two million two hundred and nine thousand and ninety-three (2,209, 093) individuals are fully vaccinated which translates to 44% vaccination coverage.

We are working with all the stakeholders and supporting partners to reach the remaining, one million two hundred and sixty thousand on hundred and twenty-seven individuals (1 260 127), in order to reach the 70% of eligible population target to be fully vaccinated. The department is implementing interventions to ensure that, Covid-19 vaccination is fully integrated into the routine health services at all the levels of care.

4.1.6. The Causes of Mortality

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

Fig 9: Natural versus non-natural causes of mortality



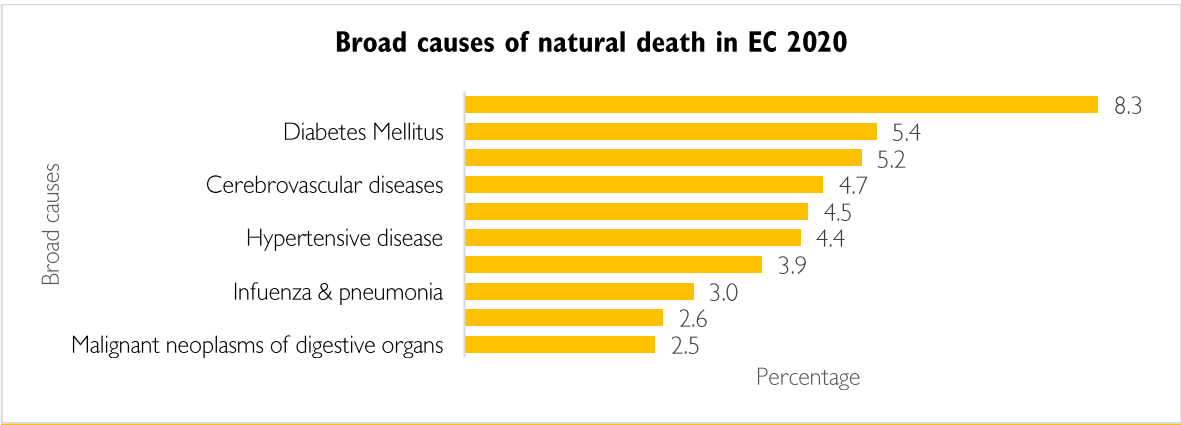
Data Source : Stats SA 2020

Fig 10 & 11 below shows that Tuberculosis (TB) remained the leading cause of natural death followed by Diabetes Mellitus. In the overall TB and HIV followed by non-communicable diseases remain the top leading causes of death in the Eastern Cape. The order of the top ten causes of death is changing and reflects the

massive effort and expenditure on the HIV epidemic in the last two decades, which have reduced the contribution of deaths due to HIV in the province. The success of antiretroviral treatment programme, with focus on early initiation of treatment in the course of the disease has resulted in an improvement in life expectancy in the Province.

The increasing importance of non-communicable diseases, particularly diabetes mellitus (type 2) and hypertension are caused by the changing lifestyles (reduced physical activity and increasing consumption of foods high in salt and sugar and other factors) as well as ageing of the population.

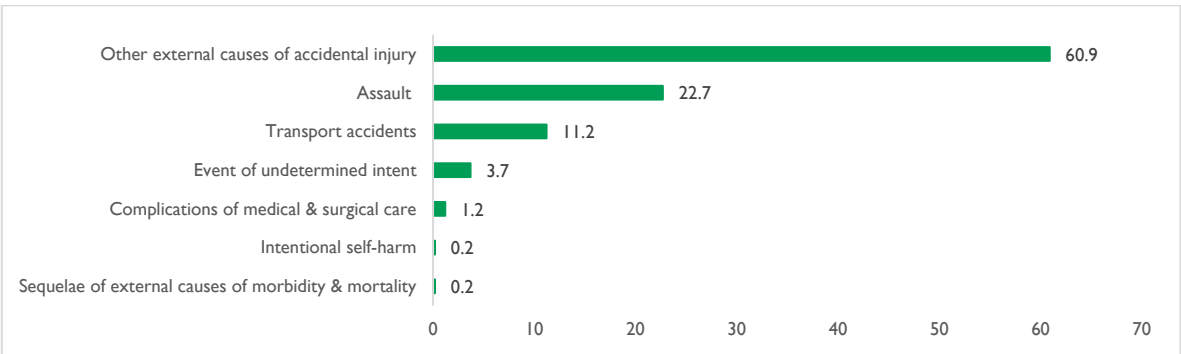
Fig 10: Broad causes of natural death in Eastern Cape



Data source : Stats SA 2020

The figure 11 below shows that accidental injuries , assaults and transport accidents are leading causes of non- natural deaths in the EC.

Fig 11: Non-Natural causes of deaths



Source: Stats SA , 2021

4.2 Internal Environmental Analysis

4.2.1 Service Delivery Platform/ Public Health services

Table 7: Facility type per district

DISTRICT	Clinics	CHC	Hospitals
Alfred Nzo	72	3	7
Amathole	143	5	14
Buffalo City Metro	73	5	6
Chris Hani	152	7	16
Joe Gqabi	52	0	11
Nelson Mandela Bay Metro	39	9	8
OR Tambo	142	10	13
Sarah Baartman	60	3	15
TOTALS	733	42	90

There are 775 PHC facilities across the province, which are made up of 733 Clinics and 42 Community Health Centres (CHCs) and 90 hospitals. PHC facilities are the entry points to the health systems and provide PHC package relevant for each level; and are referral points for the community-based services. The EC has a population of about 6.7 million making it the fourth largest province (being overtaken by the Western Cape at last mid-term census estimates) and has the second largest land mass after the Northern Cape Province. The EC has 90 hospitals, the highest number in the country, despite being the fourth largest province by population and second largest by land mass. Among these hospitals, 19 facilities have less than 50 beds which do not fit the formal definition of a district hospital in terms of "Policy on management of Public Hospitals (2012)". It is noted that in EC, there is no District Hospital with >300 beds. The Province is implementing service delivery optimisation to improve efficiencies in service delivery platform.

4.2.2 Service Delivery Outputs

In the previous year, 2020/ 21 a decrease of about 22% PHC headcount was noted, mainly due to Covid 19 pandemic. It is encouraging that the Primary Health Care headcount increased by 6% from 12 950 671 in 2020/21 to 13 692 661 in 2021/22 financial year. During the reporting period, PHC supervision visit rate increased to 65.8% (510 facilities), the performance marked 25% increase from the previous year. The improved performance is attributed to the districts Covid-19 recovery efforts to catch-up with routine services due to reduction in Covid19- infection rate.

Re-engineering of Primary Health Care (RPHC)

Re-engineering of PHC is the DOH strategy to take health services to the communities and closer to the people. The programme consists of Ward Based Primary Health Care Outreach Teams (WBPHCOTS), Integrated School Health Programme (ISHP) and Health Promoting (HP) activities in the communities. RPHC is also embedded within the National Health Insurance (NHI) initiative which is aimed at increasing universal health coverage, improving the provision of maternal, children and women's health services in order to improve health outcomes.

Integrated School Health Services (ISHP)

The Integrated School Health Programme (ISHP), as one of the three streams of the RPHC, is a Ministerial priority programme. The Department currently provides three of the nine Care and Support for Teaching Learning programme (CSTL) priorities within the school health service package framework to the Department of Education namely: learner screening to identify and manage health barriers to learning, on-site services including the provision of Human Papilloma Virus (HPV) vaccinations, Health Education and referral services.

The department contracted 110 enrolled nurses, 62 ISHP nurses and 20 HPV nurses from the HPV grant for 12 months from 1st of April 2021 to 31 March 2022

Through the Social Transformation Cluster structures, the Department of Health (DOH) further forges collaboration with the Department of Social Development (DSD) for integrated planning to positively impact maternal and child health services, including severe acute malnutrition and early child development. The DSD through the collaboration with Department of Education (DOE) and DOH is implementing the following programmes: Behavioural change programs targeting teenage girls and boys (YOLO, Tshomi and boy's champions for change) in schools.

The DOE hired the Mensana school health bus, which covered three districts OR Tambo (Ngquza sub district), Joe Gqabi (ELundini sub district) and Sarah Baartman (Kouga sub district). The bus provided all the package of services, namely, Ear, Nose & Throat, Dentistry, Ophthalmic services using PHC nurses to be able to attend to the learners holistically. During the period under review HPV in grade five girls and Deworming were given from grade R to grade 7 in all public and special schools.

District Clinical Specialist Teams (DCSTs)

District Health Specialist Teams (DCSTs) should ideally consist of Gynaecologists, Paediatricians, Anaesthetists, Family Physicians, Advanced Midwives, Advanced Paediatric Nurses and PHC nurses. Each district should be having a team consisting of the above-mentioned professionals, though it is difficult to have all the specialist in one district.



Table 9: Progress on Ideal clinic status per district:

District	Number of PHC fixed Facilities	Achievement Year 2021/22		Status		
		Number Assessed	Number Achieved	Silver	Gold	Platinum
Alfred Nzo	74	18	6	0	0	6
Amathole	148	35	4	1	0	3
Buffalo City Metro	79	9	6	0	2	4
Chris Hani	159	44	15	3	9	3
Joe Gqabi	52	4	4	0	4	0
NMB Metro	48	1	1	0	0	1
OR Tambo	153	4	3	0	2	1
Sarah Baartman	62	1	1	1	0	0
EC Province	775	116	40	5	17	18

Source : Ideal health facility report

Contracting Unit for Primary Health Care:

NHI Bill, Clause 37, makes provision for the establishment of the Contracting Unit for Primary Health Care. The Contracting Unit is the organisational unit with which the Fund contracts for the provision of primary health care services within a specified geographical sub-district area.

Progress on Contracting Units for PHC (CUP)

The Department is progressing in the readiness to implement NHI. Now is engaging in the process of implementing the Contracting Units for PHC (CUP) 2023/24. Ngquza Hill sub district is identified as the First CUP for the province. The newly built Flagstaff CHC identified as the health facility to implement CUP. Ngquza Hill meets the criteria for a Contracting Unit for PHC as per the NHI Bill. It provides packages of health services for the population through various levels of care, which are Community Based Services, Clinics, Community Health Centre, District Hospital and the Regional hospital in the O.R Tambo district as the National NHI district.

The Department Technical Steering Committee has been appointed for the CUP, to ensure proper governance. There are planned technical workshops by National department that are in process for all provinces for the implementation of CUPs.

Hospital Care

The EC has 90 hospitals, the highest number in the country, despite being the fourth largest province by population and second largest by land mass. The EC has 19 facilities with less than 50 beds which do not fit the formal definition of a district hospital. It is noted that in the EC, there is no District Hospital with >300 beds. The hospitals with beds less than 50 beds hospitals will be repurposed to include specialised beds inclusive of 72hr mental health observation; TB; Short stay emergencies and communicable diseases. The 28 Best Practise/Hub & Spoke as 1st referral hospitals with: Family Medicine, Obstetrics and gynaecology, Paediatrics, Surgery, Basic Orthopaedics (Medical Officer level); Anaesthesia; and rehabilitation beds

Frere Hospital developed an electronic medical record system (HMS2) through Information and Technology (IT) cluster that has been rolled-out in phases since 2018. The HMS2 system is now fully implemented in the wards and outpatient departments at Frere Hospital. The roll out of HSM2 to 11 other facilities has commenced and will continue to other districts. Implementation plan for roll-out to other departments (Paediatrics and Obstetrics and Gynecology) are currently underway. An extensive process inclusive of human resource management, Health Professionals Training and Development Grant (HPTD), head of departments and the associative dean's office ensued to identify all posts funded through HPTD and Compensation of Employees (COE). Monthly audits to be conducted within clinical domains including re-establishment of mortality & morbidity audits.

Radiography & Dietetics Student Training Health Professionals Council of South Africa (HPCSA) re-accreditation process has commenced with Nelson Mandela University (NMU) various department. received 6 community service officers – Audiology, radiography, 2 Physio & Radiation oncology therapist. Mobile X-ray machine purchased and delivered in Port Elizabeth Provincial Hospital (PEPH) site x-ray department. Electrocardiogram (ECG) machine purchased and assembled in PEPH site cardiac clinic.

Central Hospital

Nelson Mandela Academic Hospital (NMAH) is the only central hospital in the EC Province and the teaching hospital of the Walter Sisulu University Medical School. Multi-disciplinary team members including child and adolescence specialist, fertility and reproductive medicine specialist and neuro psyche specialist have been appointed to provide high quality health services. Child and adolescence psychiatric services have been established. An X-ray license has been received to install diagnostic radiology work stations for extended viewing of x-ray images. Cochlear implant rehabilitation school continues to offer services to both patients and their care givers as per requirements.



Hospital efficiencies

Tables 10 & 11 below outlines the hospital efficiencies for different levels of hospital care, the district hospitals continue to be inefficient with low Bed Utilisation Rate (BUR) below 50%. Average Length of Stay (ALOS) in the hospitals have remained consistent through the years especially in the Central Hospitals. This high ALOS is attributed to the longer stay of spinal orthopaedics and neurosurgical clients. Establishment of a rehabilitation centre in the Eastern part of the Province may alleviate the challenge. The central hospital has the highest caesarean section rate at 94%. The EC is undertaking a project to strengthen the surrounding district hospitals to offer safe caesarean sections to alleviate the situation.

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

Hospital efficiencies

Table 10: Hospital efficiencies

Eastern Cape Province	OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
Hospital Type	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
District Hospital	63.7	62.2	20.2	4.6	4.4	4.5	54.5	42.2	45.9
Regional Hospital	48.6	51.1	47.3	5.8	5.7	5.8	72.5	60.9	68.2
Provincial Tertiary Hospital	17.6	17.2	18.3	5.6	5.7	5.6	76	60.4	65.2
National Central Hospital	12.9	11.5	5.5	7.1	6.6	8.3	86.1	65.5	81.1

Table 11: Hospital Quality indicators

Eastern Cape Province	Inpatient crude death rate			Delivery by Caesarean section rate		
Hospital Type	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
District	5,8	8,1	6,6	25,4	25,5	26
Regional	6	8	7	42,7	41,8	44,2
Provincial Tertiary	5,1	6,5	5,7	45,7	54	55,2
National Central	6,2	6,2	6	79,5	86,4	94

HIV and AIDS & STI

The HIV pandemic remains among the leading causes of morbidity and mortality in the province. The HIV prevalence among pregnant women attending antenatal services in public clinics has been gradually showing an increase over the years. The syphilis screening coverage among pregnant women was reported as above 90% in all the 8 districts in the province in 2017 and 2019.

Fig 12: Antenatal HIV Prevalence per year in the EC

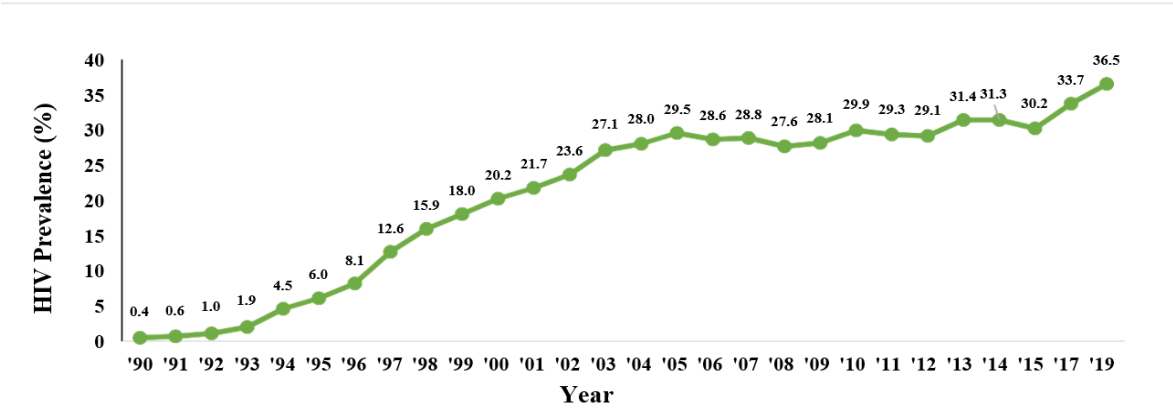


Table 13: Antenatal HIV Prevalence by district in the EC, 2013-2019 (NICD & DoH 2021)

District	2013		2014		2015		2017		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
A Nzo	25.3	20.5-30.9	30.1	20.5-30.9	26.6	21.8 - 32.1	31.6	28.1 - 35.3	30.9	27.0 - 35.2
Amathole	35.3	31.4-39.4	29.0	24.8-34.6	28.3	23.2 - 34.2	31.4	27.2 - 36.0	38.2	34.7 - 41.8
BC Metro	29.5	24.8-34.6	33.4	31.4-39.4	31.2	26.7 - 36.2	38.8	34.3 - 43.5	40.7	37.6 - 43.9
Chris Hani	34.5	30.2-39.0	35.1	30.2-39.0	31.9	27.4 - 36.8	35.5	30.8 - 40.5	43.1	39.8 - 46.5
Joe Gqabi	30.7	24.2-38.0	34.0	24.2-38.8	28.3	19.7 - 38.8	34.6	29.5 - 40.0	37.1	31.9 - 42.7
NM Metro	31.4	24.9-38.9	27.1	24.9-38.9	29.9	24.0 - 36.5	29.7	26.1 - 33.4	31.4	28.9 - 34.0
OR Tambo	32.6	29.0-36.4	36.0	28.8-36.4	33.3	30.4 - 36.4	35.2	31.8 - 38.7	38.1	35.5 - 40.8
S Baartman	27.5	20.4-35.9	23.6	14.5-36.1	25.4	17.9 - 34.8	33.2	26.8 - 40.4	34.2	28.5 - 40.5
E Cape	31.4	29.4-33.5	31.3	29.4-33.5	30.2	28.2 - 32.3	33.7	32.2 - 35.3	36.5	35.2 - 37.9

Provincial Cascade - Public and Private Sector

The National Department of Health has increased the cascade targets with effect from September 2022, from 90-90-90 to 95-95-95. These new targets have been embraced by the province. The progress is gradual but working towards the new targets. Guided by the National Department of Health, as of Nov 2022 Eastern Cape was at 92 – 73 – 90 in terms of performance against the new 95 - 95 - 95 targets across its total population using data available in the Public & Private sectors. The data available from the private

sector suggest that a total of 35 034 clients receive ART through private medical aid schemes in the Eastern Cape. The ART performance in adult females and males clients totalled 23 810 and 10 805 respectively.

Results for each of the sub-populations vary. With adult females being at 93 – 76 – 91, adult males at 91 – 66 – 91, and children (<15) at 82 – 72 – 67. There are gaps across the cascade for Adults & Children. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions in this sub - population. To achieve 95-95-95 targets, Eastern Cape must increase the number of clients on ART with 207 784. For adult females the required increase is 116 122, whereas an increase of 83 088 ART adult males are required.

Figure 13: 959595 Provincial Cascade - Public and Private Sector



Source : NDOH

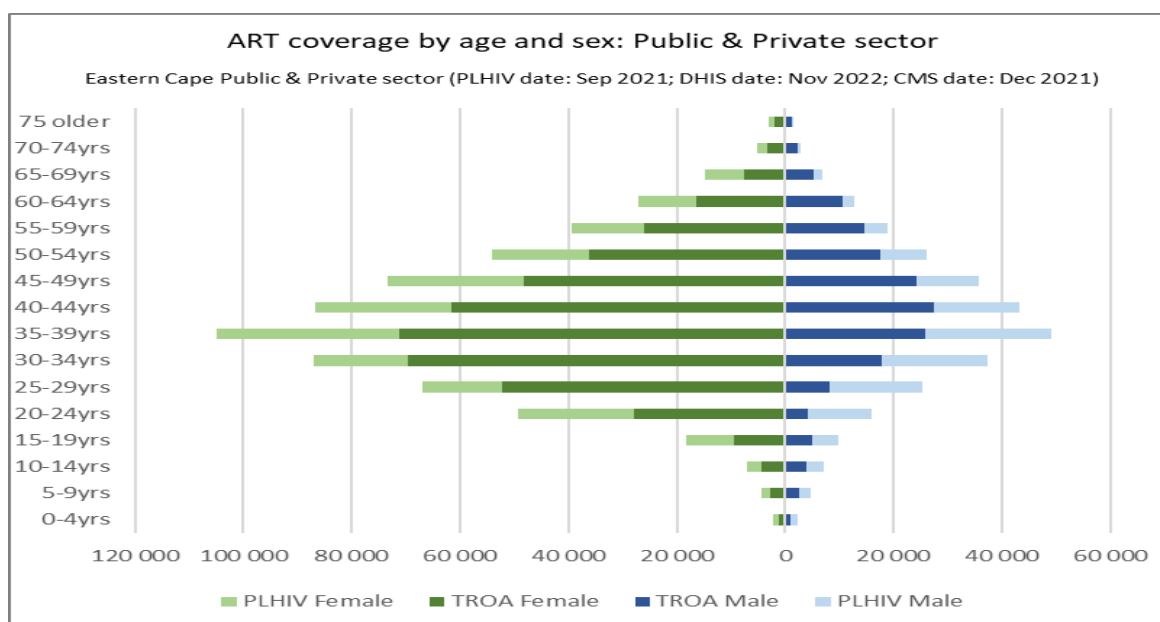
ART Coverage

The figures below, (figures 13 and 14) depict that, as of Nov 2022 Eastern Cape was at 67% ART coverage of the total PLHIV population using data from both the Private and Public Sectors. Results vary between male and female populations. Among all females ART Coverage is at 71%, while the data shows an ART Coverage of 60% for all males. Females, ART coverage among adults (>15 years) is at 71% and 62% for female children (<15 years). Males, ART coverage among adults (>15 years) is at 60% and 56% for male children (<15).

Figure 14: ART Coverage

Eastern Cape Public & Private sector (PLHIV date: Sep 2021; DHIS date: Nov 2022; CMS date: Dec 2021)								
Age group	Females				Males			
	Living with HIV	On ART	ART Coverage	Gap	Living with HIV	On ART	ART Coverage	Gap
0-4yrs	2 222	1 214	55%	1 008	2 265	1 018	45%	1 247
5-9yrs	4 422	2 849	64%	1 572	4 517	2 675	59%	1 842
10-14yrs	6 887	4 347	63%	2 540	6 963	3 939	57%	3 024
15-19yrs	17 822	9 527	53%	8 296	9 403	4 931	52%	4 472
20-24yrs	47 865	27 800	58%	20 065	15 603	4 233	27%	11 371
25-29yrs	64 126	52 237	81%	11 888	24 701	8 221	33%	16 480
30-34yrs	83 277	69 583	84%	13 694	36 233	17 921	49%	18 312
35-39yrs	101 091	71 237	70%	29 854	47 405	25 902	55%	21 502
40-44yrs	83 384	61 493	74%	21 890	41 301	27 426	66%	13 874
45-49yrs	70 734	48 169	68%	22 565	34 007	24 203	71%	9 804
50-54yrs	52 153	36 185	69%	15 968	24 947	17 598	71%	7 349
55-59yrs	38 044	26 178	69%	11 866	17 928	14 570	81%	3 358
60-64yrs	26 124	16 511	63%	9 613	12 134	10 682	88%	1 452
65-69yrs	14 491	7 676	53%	6 815	6 617	5 241	79%	1 376
70-74yrs	5 127	3 289	64%	1 839	2 590	2 306	89%	284
75 older	2 956	1 988	67%	969	1 401	1 206	86%	195
All age groups	620 726	440 282	71%	180 444	288 015	172 073	60%	115 942

Figure 15: ART coverage by age and sex: Public and Private sector



Tuberculosis

TB remains one of the leading causes of death amongst people living with HIV in South Africa. However, more interventions are implemented to prevent unnecessary deaths and to improve TB outcomes. Eastern Cape is challenged with increasing TB disease, and the department is in the verge of finding the missing undiagnosed people with the aim of putting them on treatment. From the 2020/21 financial year, the department achieved most TB outcomes, except lost to follow up, which remains a challenge. Table 14 below shows that across all the districts TB screening is conducted and those with signs are further investigated and initiated on treatment. TB screening five years and above performance is pleasing, the province met the target. Looking at the district performance, it is only Sarah Baartman district that is below

the target. TB screening is one of the strategies used in finding the missing undiagnosed people with TB disease, which is one of the priorities of the TB program within the department.

The table below reflects that the department was able to reach the target. With TB investigation, the first 90 in 90-90-90 strategy, the department managed to meet the target in all the districts. People with TB symptoms are then investigated, whereas the key populations (HIV+, pregnant women, contacts) are investigated irrespective of the screening results. This table displays that the department has reached the second 90. As such, the department is aiming at reaching 94%, of which three out of eight districts have already reached. This indicator is tracking if people confirmed of having TB disease are put on treatment to prevent the complications and spread of the disease

Drug Susceptible TB (DS-TB)

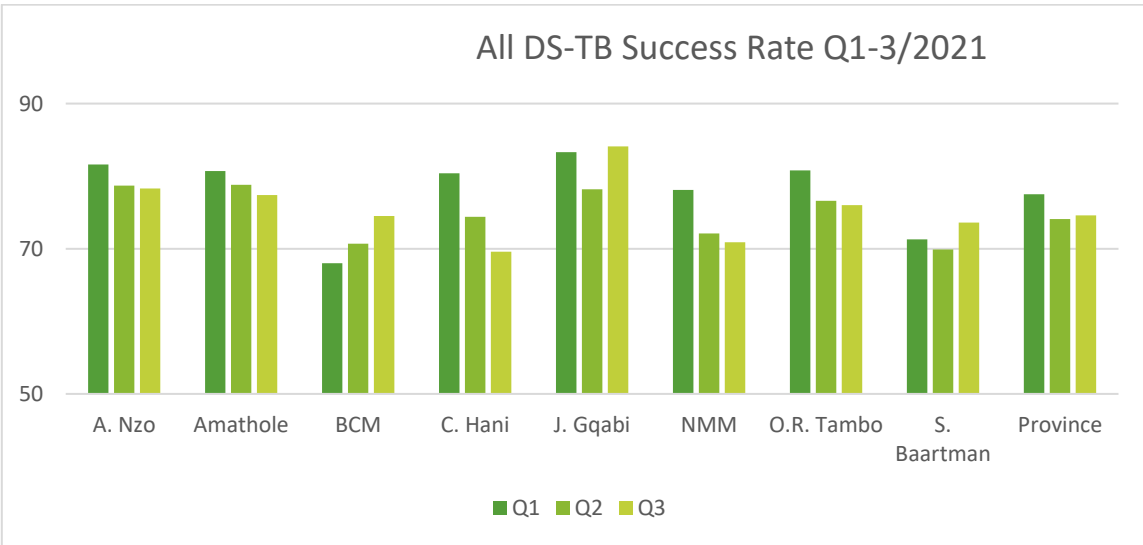
Table: 14 TB programme performance

Districts	TB Screen 5yrs & above Target 90%			TB Investigation Target 90%			Treatment Start Target 94%		
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3
A. Nzo	99.7	96.3	95.8	97.2	95.8	98.5	89.1	100.4	99.3
Amathole	95.8	96.3	96.2	96.6	97.8	94.2	90.7	93.2	91.7
BCM	95	94	89	99.3	100.6	99.9	90.1	92.7	92.9
C. Hani	91.6	90.9	91.1	96.8	98.7	93.7	90.9	92.4	90.5
J. Gqabi	97	99.8	97.5	104.6	108.4	90.9	88.5	93.4	98.1
NMM	101.2	96.2	95.2	95.4	99	100.8	93.1	91	89.6
O.R. Tambo	95.5	95.6	94.2	95.5	97.2	94.4	95.4	93.4	95.9
S. Baartman	89.2	87.7	87.7	99.7	100.2	99.4	93.3	95.2	95.1
Province	95.8	94.6	93.3	97.5	99.4	96.4	92.3	93.2	93.2

Source: DHIS 2022

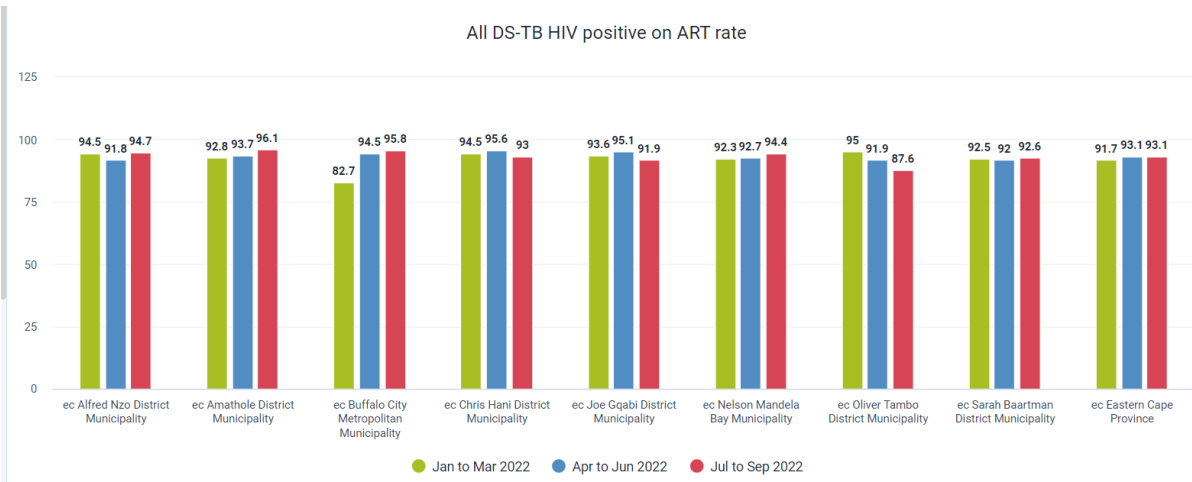
Fig 15 below reflects the third 90. The department set the target of 78% based on baseline performance. The graphic above reflects the outcomes for people who were started on treatment in 2021 quarter 1-3. The target is not yet reached, and variance of 2.6% is noted. However, three districts out of eight have reached target, with Joe Gqabi above 80%. The department in partnership with development partners is engaged in tracing back the lost to follow up and auditing of data. Also primary lost to follow up is being monitored as it affects the outcomes.

Fig. 16: All DS-TB client treatment success rate, (Source: Tier.net)



TBHIV Integration

Fig 17: All DS-TB HIV positive on ART January-September 2022)



Source: DHIS, 2022

All DS-TB HIV positive patients are supposed to be started on ART, to boost the immune system and lengthen the life expectancy. The department expects that at least 90% of TBHIV co-infected patients are put on ART. The above graphic on All DS-TB HIV positive on ART reflects that target is met. The province achieved 93.1%, which 3.1% above the target. In quarter 3 only O.R. Tambo is below the target, which reflects a drop from quarter two.

Drug Resistant TB (DR-TB)

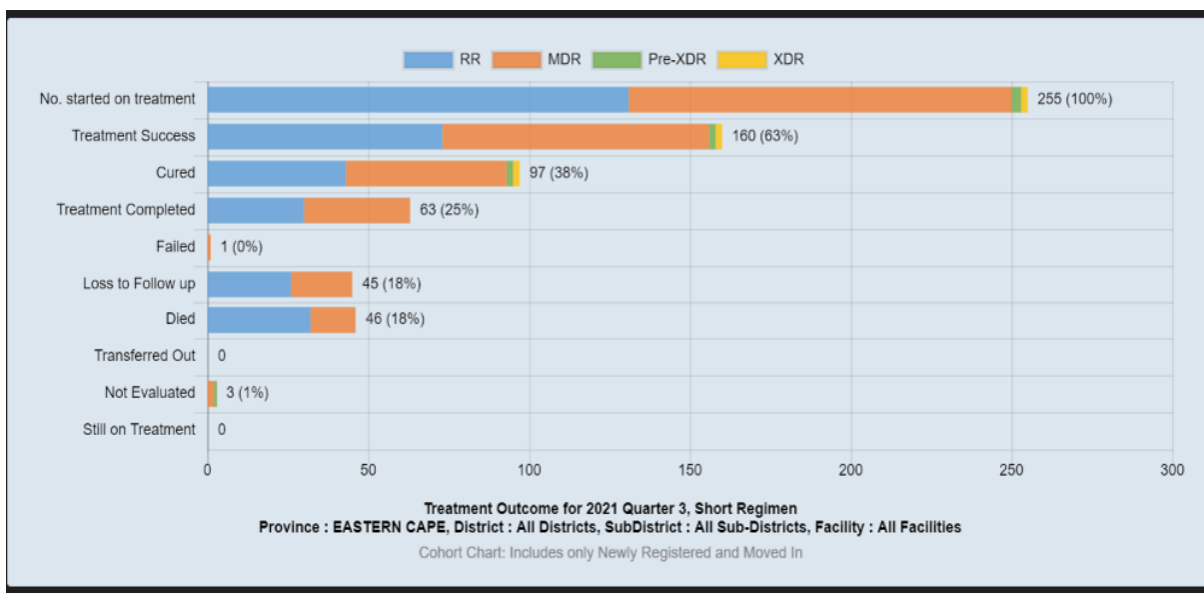
Some patients contract DR-TB, whether primary or secondary. The treatment is not the same as the DS-TB, therefore confirmation of DR-TB to be able to initiate correct treatment. DR-TB has two regimes, long and short regimen, for the latter, the duration is nine months. Short regimens has better outcomes.

The table 15 below reflects linkage to care for Q1-Q3 2022. The province did not meet the target, however the alerts lists are generated for all patients diagnosed for tracing and linkage to care.

Table 15: Linkage to care January-September 2022, Target:90% (Source EDRweb)

DISTRICT	Q1 2022			Q2 2022			Q3 2022		
	TOTAL	LINKED	PERCENTAGE	TOTAL	LINKED	PERCENTAGE	TOTAL	LINKED	PERCENTAGE
ALFRED NZO	15	13	87%	15	13	87%	23	21	91%
AMATHOLE	52	30	58%	30	21	70%	31	22	71%
BCM	82	76	93%	65	58	89%	68	52	76%
CHRIS HANI	54	31	58%	47	36	76%	38	33	87%
JOE GQABI	17	12	71%	20	14	70%	12	11	92%
NMM	170	131	77%	152	111	73%	162	115	71%
OR TAMBO	65	58	89%	66	59	89%	67	55	82%
SARAH BAARTMAN	44	33	75%	50	41	82%	51	46	90%
PROVINCE	499	384	77%	445	353	79%	453	355	78%

Fig 18: DR –TB outcomes Q3 2021 Performance, Target 63% (Source EDRweb)



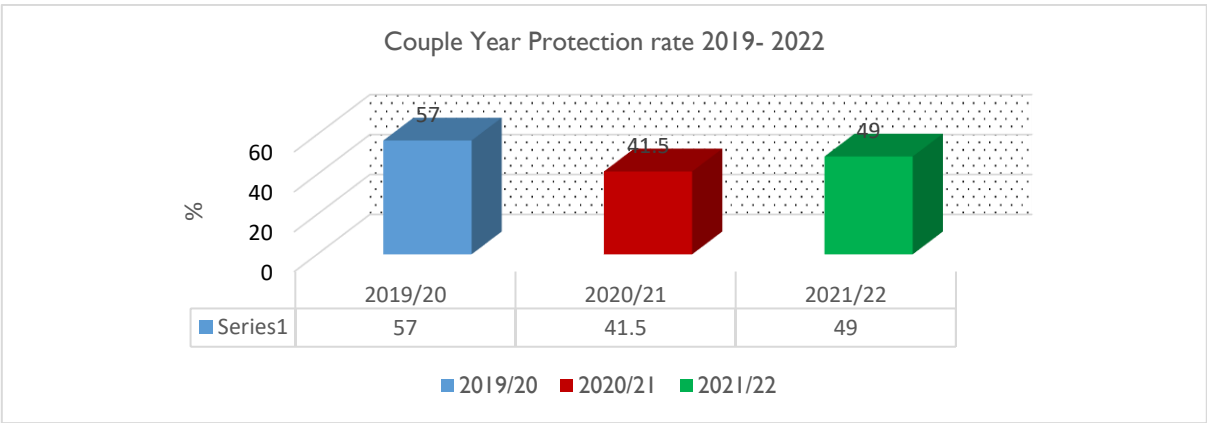
The DR-TB treatment outcomes for shortened regimen above, shows that the completion rate is 63%, i.e 2% below the target set. However, it is pleasing to have completion rate of above 60%, thus reducing death rate. Long regimen outcomes remain below 60%. For both DS-TB and DR-TB, lost to follow up remains a

challenge, however, strategies to reduce this challenge are in place. This including public awareness, support visits, data audits, involvement of supporting partners and the Eastern Cape AIDS Council.

Maternal and Women’s health

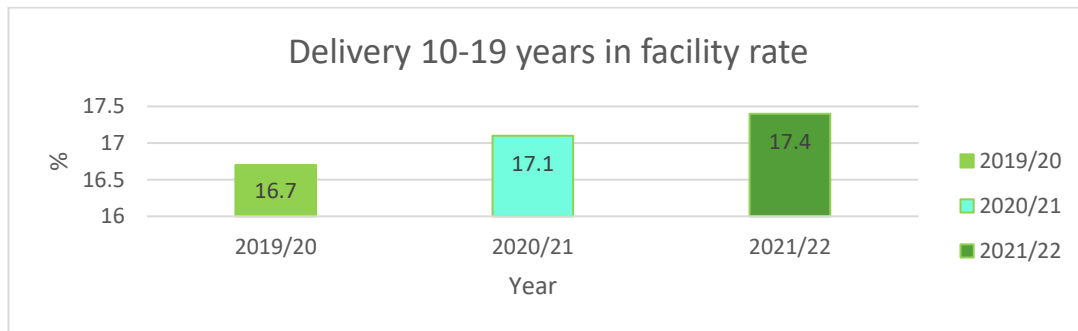
According to EC Health, (2021), couple year protection rate in the Eastern Cape is constantly improving from the low rates in 2020 (41.5%) to 49 % in 2021. This challenge of low couple year protection may lead to unwanted pregnancies; this is concerning when considering that teenage pregnancy is increasing over the period. The delivery in 10-19 years in facility rate which is defined as deliveries where the mothers of mothers 10-19 years old conducted by a trained health care worker in a health facility. Figure 20 below illustrates that cases of delivery in facility amongst children 10 - 14 years increased by more than 50% from 2019/20 – 2021/2 which is a cause for concern.

Fig 19: Couple year protection rate



Source DHIS 2022

Fig 20: Delivery in facility 10-19 years

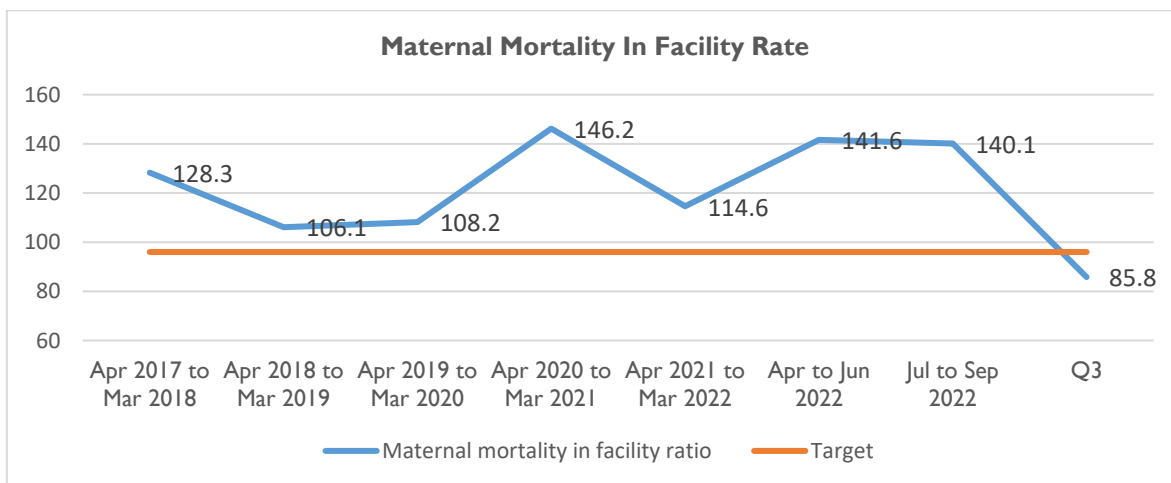


Source DHIS 2022

A decrease from 128/100 000 live births in 2015/16 to 107/ 100 000 in 2018 was observed in maternal mortality rate. (Figure 20), however a concerning increase was noted in 2019/20 and 2021. OR Tambo, BCM, C Hani and NMM with tertiary hospitals contributed to high maternal deaths in facility as they are referral to the district hospitals. OR Tambo with the highly specialized central hospital Nelson Mandela Academic remains the most challenged district with the highest MMR.

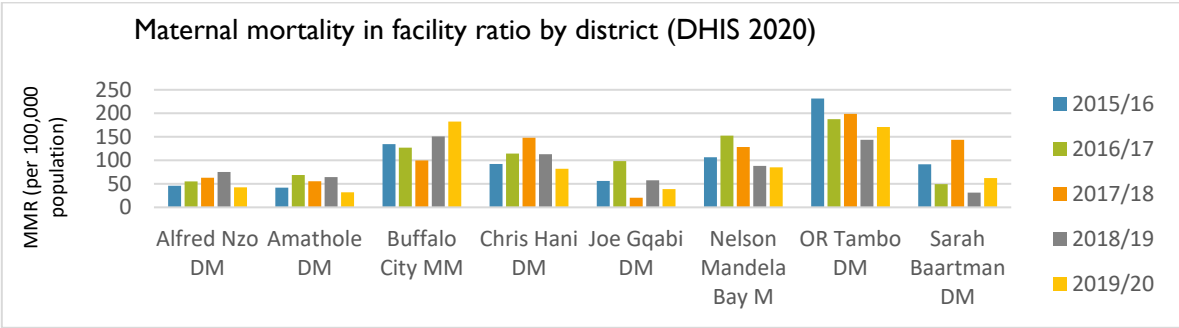
The department is also increasing access to sexual reproductive health and rights of young girls and boys, by establishing youth zones throughout the province, which provides a package of services available in clinics with a specific focus on Sexual reproductive health and HIV related services

Fig 21: Maternal mortality in facility ratio/100 000 FY 2017/18 - 2021/22



Source: DHIS 2022

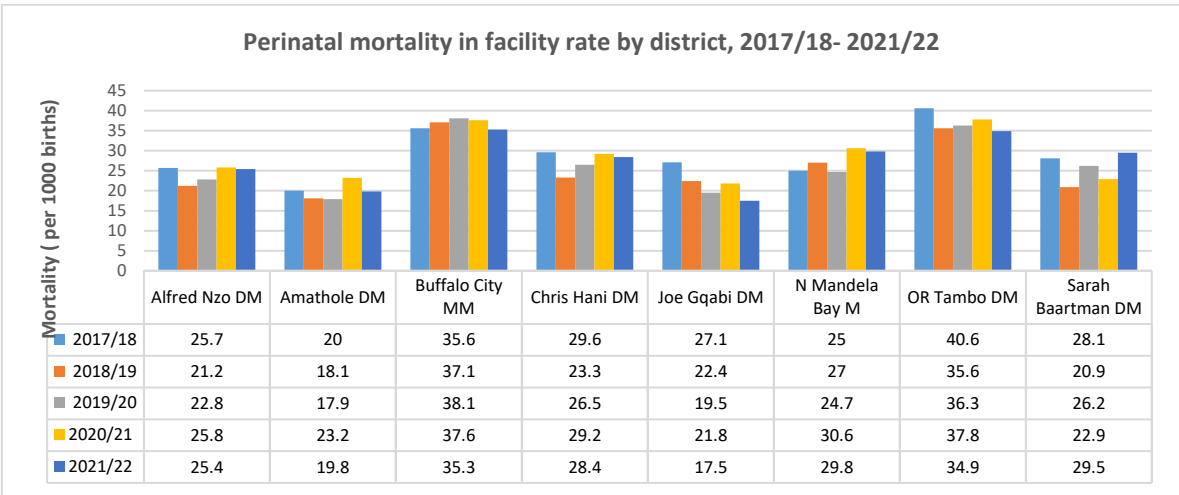
Fig 22: Maternal mortality per district



Perinatal Mortality

Perinatal mortality is showing a declining trend in the Province, however during the COVID-19 pandemic, a slight increase was noted. (Figure 20)

Fig. 23: Perinatal mortality in facility by district

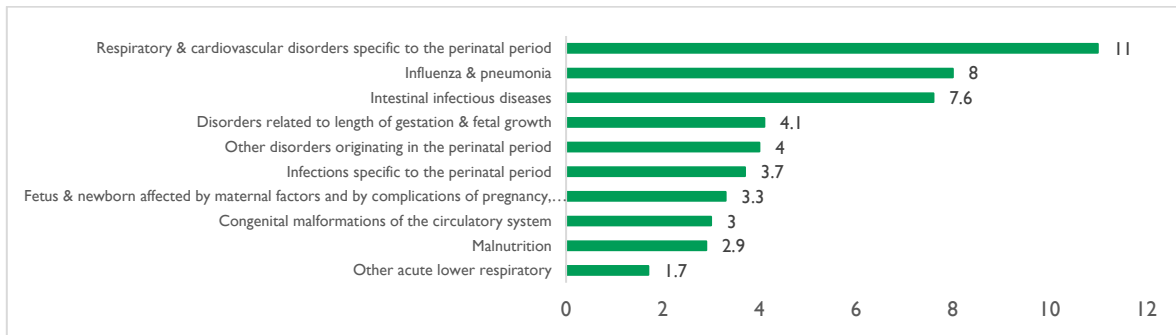


Source: DHIS 2021

Child Health

The 10 leading causes of deaths in children under 5 years of age in the EC Province are shown in figure 23. Respiratory & Cardiovascular conditions and Influenza & Pneumonia ranked 1st and 2nd causes of death respectively in this population group.

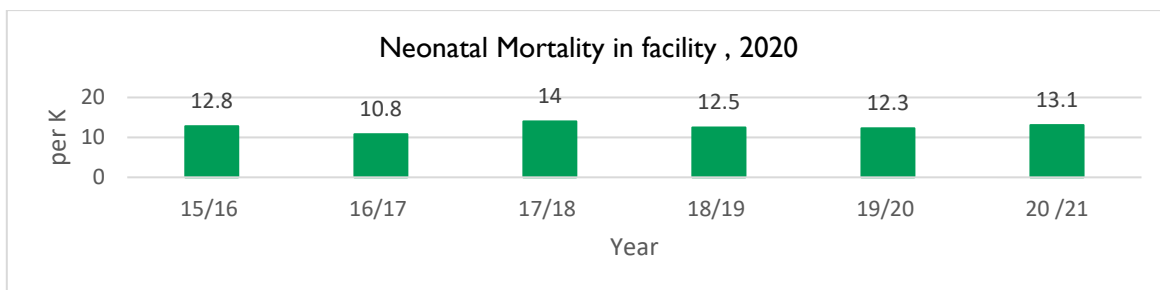
Fig 24: Leading causes of deaths in under 5 - year children



Source Stats SA 2020

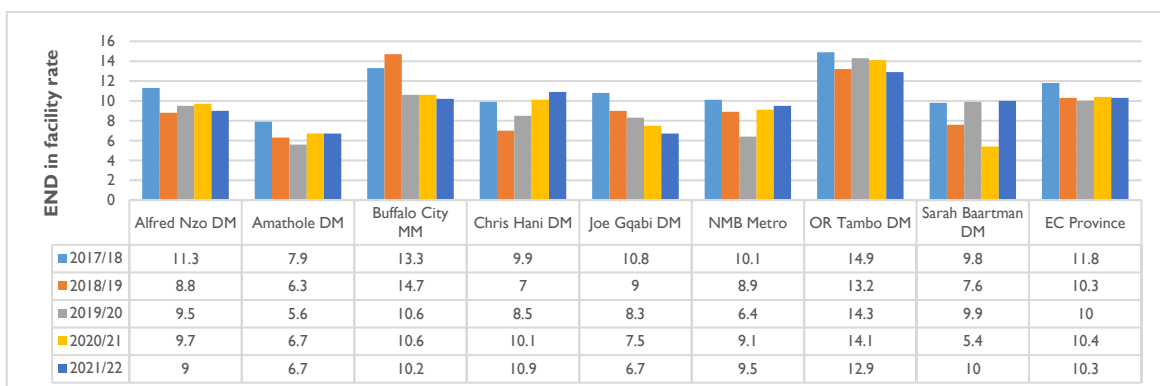
Neonatal deaths in facility rate which contributes to infant mortality, showed a fluctuating trend from 12.8 in 2015/16 to 13.1 per 1000 live births in 2020/21 (figure 24). OR Tambo district is most affected district with neonatal mortality. Similarly, under 5 case fatality rate at facility due to diarrhoea, pneumonia and severe acute malnutrition has been showing a declining trend (figures 24- 26).

Fig 25: Neonatal deaths in facility rate (per 1000 live births), 2015/16 – 2020/21



Source : DHIS 2022

Fig 26: Early neonatal death in facility rate by district in the EC, 2017/18-2021/22 (DHIS 2022)



Under-5 mortality

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

Fig. 27: Child <5 yrs. Diarrhoea, case fatality rate, 2015/16-2020/21 Fig 28: Child <5 yrs. severe acute malnutrition case fatality rate, 2015/16-2020/21

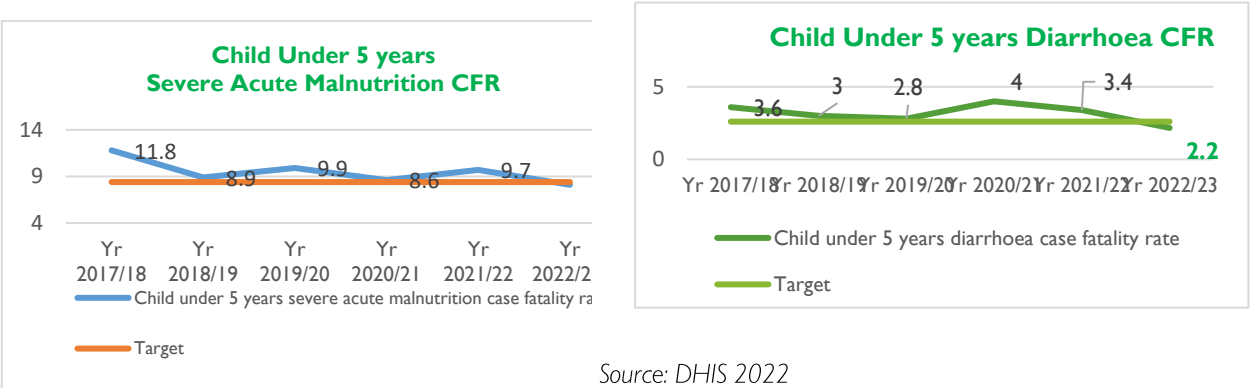
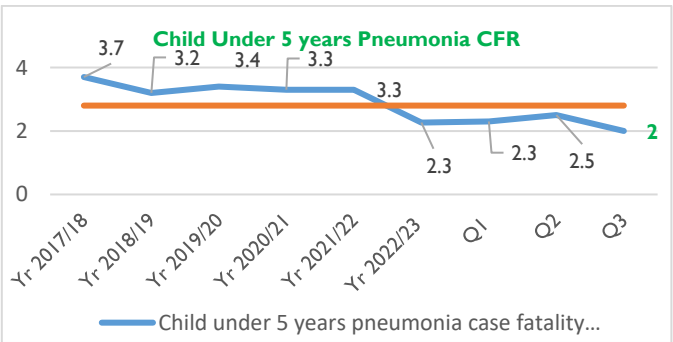


Fig 29: Child <5 yrs. pneumonia, case fatality rate, 2015/16-2020/21



Source: DHIS 2022

Non communicable disease

The global trend of escalating non-communicable diseases is evident in South Africa and the Province. Diseases of lifestyle such as obesity, hypertension and diabetes result, inevitably, in costly hospital admissions

for complications such as stroke, renal failure, heart disease and blindness. COVID-19 pandemic has escalated the importance of dealing with non-communicable diseases and co-morbidities.

Hypertension and diabetes co- morbidities were the leading causes of fatality during the COVID-19. According to South African Demographic Health Survey (SADHS) 2016, 13% of women and 8% of men 15 years and older are diabetic in South Africa, while hypertension prevalence was shown to be 46 % and 44% for women and men respectively.

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

Mental Health

The service platform has been strengthened through implementation of community based psychiatric services within Primary Health Care by employing 31 registered counsellors across all districts. In addition, three clinical psychologists were appointed to strengthen the mental health district specialist teams in Amathole, Buffalo City and OR Tambo districts. The Amatole district will also recruit psychiatrist in their mental health district specialist team. The department has prioritised the funding of 28 hospitals to improve the 72-hour observation in these hospitals in order manage the acutely mentally ill clients.

The Department will continue to recruit psychiatrists, social workers, registered counsellors and clinical psychologists who will focus on building community mental health at the district level. The Province faces challenges to recruit such skills due to remote and rural nature. Outreach from specialised psychiatric facilities and support to their surrounding district hospitals is gradually being implemented.

The province has appointed the child and adolescent psychiatrist thus paved a way to open the mental health unit with 14 beds capacity in Fort England Hospital to manage acute and subacute mentally challenged children in the province.

Mental illness associated with substance abuse is a public health concern and partnerships will be explored to render the relevant services to prevent and treat substance abuse effectively. In ensuring that the services are monitored, a task team of clinicians has been established to facilitate and coordinate the strengthening of mental services through the specialised hospitals for mental health care.

The department will focus on a service delivery model that will be more on preventive, promotional and rehabilitative in managing of mental health services. The infrastructure for the psychiatric facilities has degenerated over the time and this is coupled with a shortage of 1600 beds in the Province, mostly the

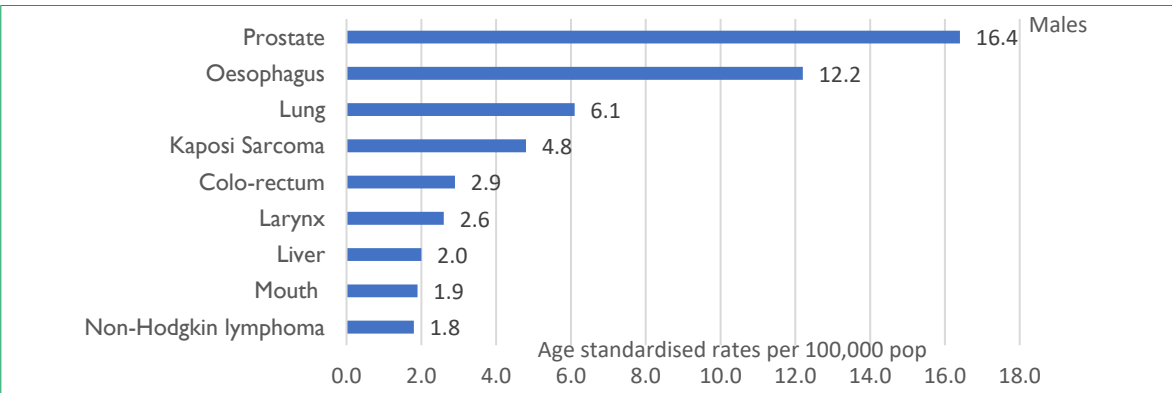
beds are concentrated in the western area of the province and also due to re-demarcation, 320 beds of uMzimkhulu hospital moved to KwaZulu-Natal. The plans to increase acute beds in the eastern part of the province targeting St Barnabas hospital are gaining momentum as a result the hospital will be officially opened early in the 2023/24 financial year (FY) and will provide 33 acute mental health beds.

The burden of disease has shown a radical increase in substance abuse in the province and the country, thus increasing a need for social service and rehabilitation services. There is a critical need of facilities offering rehabilitation services to augment the 91 beds available from public and private sector.

Cancer

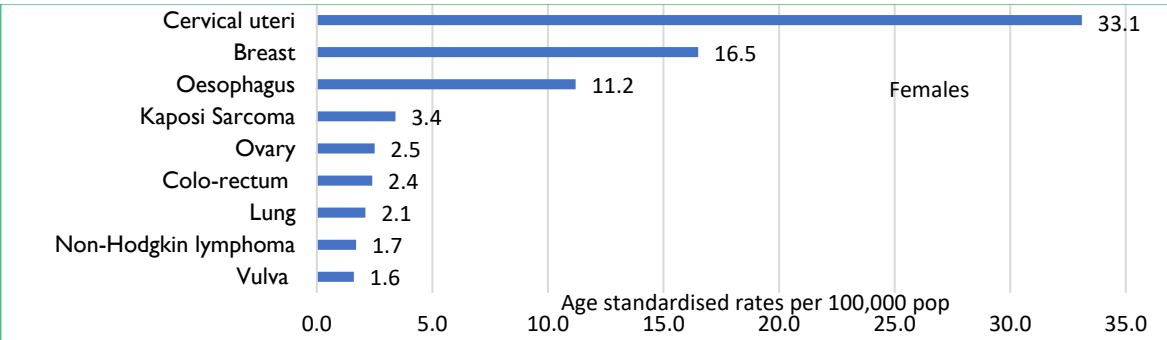
According to the National Strategic Plan on cancer, the most common cancers among men in South Africa currently are prostate cancer, Kaposi’s sarcoma, lung cancer and colorectal cancer. The ranking of cancers below excludes non-melanoma skin cancer and cancers of unknown primary site.

Fig. 30: Top most cancers in men in EC.



Source: SAMRC 2018

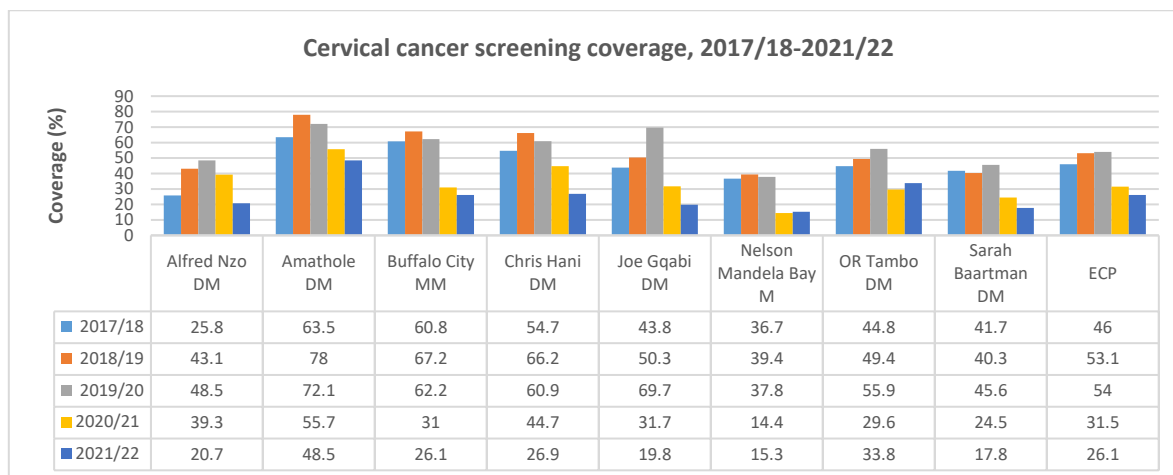
Fig. 31: Most common cancers in women in the Eastern Cape



Source: MRC 2018

The most common cancer in women in South Africa is the breast cancer, however in the Eastern Cape, Cervical cancer is leading cancer among women (33.1%) followed by breast cancer (16.5%). Oesophageal cancer among women is still high at 11.2%. The cervical and breast cancer prevention and promotion policies were launched in August 2017. The cervical cancer screening coverage has declined in all the provinces in the past 2 financial years. This might be associated with emergence and response to Covid-19.

Fig.32: Cervical cancer screening coverage



Source: DHIS 2022

The oncology project is fully funded for the period of the Medium Term Expenditure Framework from various streams of income (NTSG / Oncology Grant & Infrastructure). The construction of the bunker is underway. The Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) machines have been bought and are fully functional. The next milestone is procurement of Positron Emission Tomography (PET) scan, digital systems as well as brachytherapy machines. Delivery of the Linear Accelerator (Linac) equipment is deferred until the construction work of the underground bunker is completed. The program also strengthened outreach by Nelson Mandela Academic Hospital (NMAH) gynae- oncologist to establish sites for colposcopy in the eastern region of the province. The Department has increased access to colposcopy services to treat cervical pre-cancer lesions cancer to include 16 district hospitals. This has improved access and travel distances as colposcopy was only available at Nelson Mandela Academic Hospital, Frere and 2 regional hospitals Cecilia Makiwane and Dora hospitals.

Injury and Trauma

Gender Based Violence (GBV) is rife in South Africa as shown in the South African Demographic Health Survey in 2016. 21% of South African women above the age of 18 years reported to have experienced domestic violence compared to 31 % in the Eastern Cape. It is also reported that this has increased over the period of lockdown during the COVID- 19 lockdown. The Eastern Cape Provincial Development Plan outlines the safety and security crime efforts that are organised in a multi-agency approach. Some hospitals have Thuthuzela Centres run by multi-stakeholders to support the victims of crime. The support to victims and offenders in the correctional services are all elements of an effective crime prevention strategy. This

also includes focused attention to rural safety programmes, drug intervention programmes and state capacity to respond to Gender-Based Violence.

Quality of Health Care

In the current health environment of Eastern Cape, there is an increasing public clamour for access to a safe efficient health system and better-quality health for all. However, the increase in payments for medico-legal claims means that money has to be diverted away from the delivery of health care services, which further hampers the quality of care provided. This has put the spotlight on the department to perform even better and act faster to deliver quality health care. It is against this background that the department operates to develop and sustain responsiveness at all health facilities both hospitals and Primary Health Care through the development of standard operating procedures (SOPs), the establishment of quality committees, strengthening Patient Safety Incident reporting and learning system so that data from the system will be used to develop mitigation strategies to improve quality care. Moreover, in recognition of the task ahead, Quality Improvement Plans (QIP) will become part of the Quality Assurance for all the health facilities within the province.

Several interventions will be implemented to strengthen Infection Prevention and Control (IPC) across the province including supportive supervisory visits to provide training, mentorship and building capacity to enable healthcare workers to overcome their fears and build confidence to deal with the pandemic. Moreover, the surveillance system for Hospital Acquired Infections (HAIs) will be developed and implemented.

The Department's commitment to the delivery of high-quality health services to meet the patient and community needs of the patients is continuing. Amongst other things, these include a consumer feedback strategy which includes management complaints, compliments and suggestions as well as scheduled patient experience of care surveys. The strategy is guided by the national paradigm imperative of fast-tracking quality improvement in the Six Priority Areas. The main objective of the strategy seeks to guarantee continuous effective and efficient service delivery through the embracing of Batho Pele Principles.

The National Guideline on Management of Complaints, Suggestions and Compliments with an accompanying web-based information system is in place to monitor the implementation of the framework. 80% (700 out of 865) facilities are reporting on the web-based system. The website provides for the categorisation of complaints data according to the Six Priorities. The categories of complaints received are as follows:

Table 16: Categories of Complaints

Locality	Total	Staff Attitude	Access to Information	Physical Access	Waiting Times	Waiting List	Patient Care	Availability of Medicine	Safe and Secure Environment	Cleanliness and hygiene
Province	2242	24%	8%	4%	20%	3%	31%	3%	7%	5%
Alfred Nzo	189	17%	5%	2%	24%	0%	32%	2%	5%	10%
Amathole	262	19%	7%	3%	28%	2%	24%	2%	6%	2%
BCM	273	24%	9%	8%	12%	13%	28%	3%	3%	1%
Chris Hani	211	23%	6%	10%	34%	3%	14%	6%	11%	7%
J- Gqabi	54	17%	11%	0%	24%	4%	39%	0%	31%	6%
NMM	416	34%	8%	4%	15%	4%	28%	4%	3%	2%
OR Tambo	760	19%	8%	3%	18%	1%	41%	3%	10%	8%
S. Baartman	77	51%	6%	1%	10%	1%	35%	0%	5%	5%

Source: EC report 2021/22

The improved performance in reporting was achieved through onsite training of operational managers of health establishments. The Department will monitor the performance of Health Establishments on a quarterly basis and reports generated for generated by complaint management information system will be used in decision-making. Facilities will be provided with guidelines to reduce complaints on waiting times, staff values and attitude as well as patient care.

The platform for health service users to lodge complaints at the point of service delivery has been improved through the introduction of the Digital Complaint App available that can be downloaded through Google Play Store / Apple using Smartphones. The Complaint App was launched in 2021 and is now fully functional. All complaints lodged through the App are automatically captured on the web-based information system and will be managed in the same manner as all written complaints received at the facility level. The Quality Assurance Officers at the facility level will raise awareness to communities about the App through Community Radio Stations as well as Posters made available for distribution to all health facilities.

The Eastern Cape Department of Health has a legal obligation to conduct patient experience of care surveys, on a regular basis, to determine the experiences patients on the healthcare they receive. By conducting rigorous patient experience of care surveys, any mismatch between the patient expectations and the healthcare service they are receiving is brought to the fore. The table below indicates how the Department performed in 2017/18 – 2021/22 financial year

Table 17: Patient experience of care

DISTRICT	REQUIRED SCORE %	OBTAINED SCORE % 2017/18 BASELINE	OBTAINED SCORE % 2018/19	OBTAINED SCORE % 2019/20	OBTAINED SCORE % 2020/21	OBTAINED SCORE % 2021/22
EC	80%	72.8%	79.4%	82.9%	86%	85%
NMBHD		64.3%	76.6%	79.6%	77%	82%
Sarah Baartman		78.1%	84.9%	87.5%	86%	85%
BCM		74.6%	76.8%	81.9%	84%	85%
Amathole		80.2%	85.1%	84.9%	90%	89%
Chris Hani		74.7%	80.7%	78.7%	86%	82%
Joe Gqabi		68.8%	76.4%	75.5%	86%	83%
OR Tambo		69.1%	79.4%	81.7%	84%	85%
Alfred Nzo		70.7%	80.8%	85%	84%	86%

EC PEC Report 2021/22

On average, the Province achieved the set satisfaction target of 85% as against the 80% national target. In the next five years' efforts will be made to sustain the performance through the implementation of quality improvement plans.

The current Patient Safety Incident reports show that facilities are failing to report as required. In the financial year 2018/19 only 32 % of facilities reported accordingly, whereas in the 2019/20 financial year the facility compliance on reporting was again at 34%. Yet evidence shows that the majority of Patient Safety Incidents can be preventable by implementing ordinary standards of care. Failure to promote a culture of reporting Patient Safety Incidents is also identified as a gap. There is also lack of timely provision of a reliable and comprehensive Patient Safety Incident database.

The performance of all levels of hospitals will be measured through the Ideal Hospital Realisation Management Framework which was initiated in 2019/20 financial year. Out of 65 district hospitals a total of 59 have conducted their baseline ideal hospital management framework assessment, wherein they performed in the following manner:

4.3 Organisational Environment

During the 2021 financial year, the Department implemented the service optimization to align its service delivery architecture with service design and human resources for health. The service optimization seeks to factor fiscal consolidation of government at the same time rationalize service to realize effectiveness and efficiency in delivering quality health to meet the objectives of Universal Health Coverage. The process of

service optimisation is at various levels of consultation whilst the Human Resource for Health (HRH) strategy is at the 1st draft level.

The Department is making great strides in mitigating the negative impact of medico-legal claims against the Department by the litigants. The Department, Provincial Treasury and Office of the Premier have launched three prong approach in mitigating the negative impact of medico-litigation claims into Departmental finances. The three prong approach is focusing on three critical areas:

- Clinical management of clients - Health,
- Administrative interventions – Provincial Treasury,
- Legal services – Office of the Premier.

The Department has managed to reduce the Rand Value in terms of payments to the litigants. In the previous financial years, the Department has paid more than R920 million to litigants, in the 2021/22 the Department has managed to pay R44 million based on the three pronged approach.

Employee Relations

To achieve a stable employer – employee milieu in a work place the size of the EC Department of Health, it is vital that a well-established Employee Relations directorate exists and functional. The main justification for the existence of the directorate is to help strengthen the employer – employee relationship through a process of proactive identification and resolution of workplace issues that, if left unattended, may negatively affect the relations between the two parties.

The situation has since stabilized and consequently there are currently no COVID-19 work stoppages in the province. The situation was to an extent assisted by the establishment and deployment of a rapid response team to all areas where disruptions were reported.

Communication channels between the parties have been kept open and functional consultative forums at both local and provincial levels are well maintained. The collective bargaining environment improved as the parties in the PHSDSBC Chamber met regularly and all social partners were actively participating. Draft Guidelines on Institutional Consultative Committees (ICCs) have been developed to, inter alia, enhance the communication between Management and Organised Labour, promote effective communication employees in the workplace and create and maintain a conducive working environment.

Employee Wellness Programme

Psychoeducation – combination of information/ stress management & debriefing - continues to be conducted. Supervisory support has been provided to vulnerable employees, general management of COVID-19 related incidents.

The Department appointed OHS Compliance Officers in all Health Districts, Regional, Tertiary and Central Hospitals and ensured the establishment of Occupational Health and Safety OHS committees in the facilities.

Organisational Development

The Department is on the process of reviewing the service delivery model (SDM) to ensure that the Department has an organizational structure that is fit for purpose and also displays functional alignment between Micro-Macro Structure. An Organogram Steering Committee was established to conduct physical site verification visits at Districts and Institutions on identified unique parameters. The aim of the visits was also to determine opportunities within the system for maximising efficiencies in relation to HR Provisioning & Service Delivery Platform, at the same time with no negative impact to the Patient Quality of Care. Analysis and consolidation of the inputs culminated to the development of final draft (proposed) SDM. To this effect there has been deliberations with key stakeholders i.e. Social Partners and Leadership of the Department around final inputs on proposed SDM streamlining with the aim to align their Post

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

The status of Human Resources in the department

The department has an approved Annual Recruitment Plan (ARP) for 2022/23 which comprises of two thousand nine hundred and forty-one (2941) posts. Of the 2941 to be filled of which the 1 938 appointments have already progressed. ARP post are in the different stages of the recruitment and selection process. Total appointments in the period April 2022 – December 2022 is 638 in total. January 2023 – 1 141, inclusive of ARP, APL, Community Service and Medical Interns appointments. Community Service and Medical Interns appointed: 251, Allied: 45 and Medical Officers: 206.

To improve leadership and governance, the Department is in the process of recruiting two DDGs Clinical positions, 7 CEO Hospitals, 6 Directors in HR, corporate services, infrastructure and finance.



The department is experiencing imbalances in workload within the health care professionals with high turnover in certain positions. The province has a challenge of attracting medical specialists, as well as retaining them. Over the last three financial years, the department had an average of 6 676 vacancies per year over the said period. The vacancy rate is quite high when compared to the national norm of 5%. This could be an indication of high demand or low supply in the market; however, it might be as a result of posts available that remain unfilled due to department's fiscal constraints.

During the same period, the department has been experiencing a challenge of attracting critical skills. This is further compounded by the shrinking Compensation of Employees (COE) over this period which has resulted in the non – implementation and or non-funding of Annual Recruitment Plans. Resignations and death have also played a role in the decrease of the staffing compliment. The top 6 critical skills the department needs currently are: Speciality Nurses – areas such as Maternity & Labour Wards, Medical Specialist – (All disciplines especially Psychiatrists); Psychologists; Artisans – assist in the maintenance of our health facilities and equipment; Paramedics and general workers.

As the Department has made significant investments in the formal education of its bursary holders, this investment must be recuperated. This is done through the recruitment of bursary holders who have to serve the department for the same period as the years of the bursary granted. In the 2022/23 the department had to release the bursary holders from their contractual obligation due to unavailability of funding. However, employment opportunities will still be available for these health professionals as vacant funded posts become available during the course of the year.

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

Key Human Resource Personnel

Table 18: Employment and vacancies by critical occupations as on 31 March 2022

Category	Employ 03/2019	Appoint ments 2019/20	Terminati ons 2019/20	Employ 03/2020	Appoint ments 2020/21	Terminat ions 2020/21	Employ 03/2021	Appoint ments 2021/22	Terminat ions 2021/22
Medical Officers	491	480	47	458	334	404	875	959	764
Medical Specialist	45	50	8	50	37	61	55	53	42
Dentist(Practitioner, technicians and therapy)	19	17	3	17	4	10	39	34	38
Dieticians and nutritionists	22	15	6	11	9	7	36	22	26
Prof Nurses	1136	1244	325	1244	1372	2345	1528	2319	2075
Nursing Assistant	466	333	100	333	1438	2077	1012	2297	2255
Enrolled Nurse	541	611	56	611	1485	2215	1099	2020	1615
Auxilliary and related workers	0	0	24	0	0	0	40	36	69
Pharmaceutical asst	173	222	33	202	121	230	24	50	17
Pharmacist	59	40	7	40	11	14	17	31	24
Physiotherapists	24	34	6	34	2	12	60	63	55
Emergency medical staff	19	3	55	3	136	176	22	126	183
Occupational Therapists	18	36	7	36	7	20	75	57	65
Radiographers	39	49	25	49	18	23	66	51	63
Grand Total	3052	3134	702	3088	4974	7594	4 948	8 118	7 291

Nursing Services

As a critical component of the healthcare workforce, the nursing profession must keep pace with changes in the healthcare environment to ensure the continued delivery of high quality, safe, and effective patient care. To stay current, new nurses must be trained and equipped with the appropriate skills.

The anticipated outcomes of achieving the strategic goals are:

- Adequate numbers and relevant categories of nurses necessary for the health system to manage the forecasting, production, posting, retention and continued professional development (CPD);
- Digital health technologies such as information systems and eLearning support evidence-based decision making as well as practice-based and inter-disciplinary learning with increased access to education and efficiency in nursing training and practice;
- Transformative and sustainable models for an efficient nursing education system enabling navigation between different NQF levels;

- Strengthened nursing capabilities in all areas of competencies including clinical care, leadership and management, ethics and professionalism, and quality of care

Nurses with specialised qualifications

In light of the decrease in the training of nurses with specialised qualifications. There is a need for increasing training in specialist care, in particular advanced midwifery, child care nursing and primary healthcare in order to address maternal and child mortality in Eastern Cape and to fulfil the requirements of the re-engineered primary healthcare system

New Model for Clinical Nursing Education and Training Units(CETU)

Implement the Model for Clinical Education and Training with structural support and resources as indicated in the implementation plan.

Re-establish clinical education and training departments/units at all NEIs or hospitals supported by a coordinated system of clinical preceptors and clinical supervisors.

CETU established in 11 hospitals, equipment and especially furniture is available in those hospital.

Ex-mineworkers Intervention Program

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

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

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

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

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

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

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

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

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

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

HEALTH TURNAROUND STRATEGY

The purpose of the Health Turnaround Strategy is to guide the department towards the goal of healthy communities, families and individuals served by a digitally enabled, data driven, quality health and care service that, through strategic partnerships and collaboration, promoting health, preventing disease, and providing quality curative, rehabilitative and palliative care.

The following interventions have been implemented within the five pillars of the strategy:

Pillar I: Towards Financial Sustainability:

Stopped haemorrhage of funds from the budget through the launching of the Stay of Writs and public health defence medico-legal strategies. Made payments of R38m to the claims a reduction from R1bn. Strengthened COE expenditure management through the initiation of an internal multi-stakeholder

technical team. By end of March 2022, the final COE was around R18bil over the COE budget. This is less than 0,04% of the budget.

Pillar 2: Integrated Medical Legal Strategy

.The e-Liability register to be updated with all new claims, payments and accruals for the 2022/23 year. Prior year payments as required by the Ernest & Young (E&Y) project and run through PT are being scanned and uploaded into the e-Liability register to ensure the register contains accurate payment information and that the supporting documentation is easily accessible. The new SOP for payments including instalment payments has been drafted. The drafting of the Standard Operating Procedure (SOP) for the finance module on the e-Liability register has commenced. The new module for the e-PAIA has been completed including the SOP, retraining to be conducted.

Pillar 3: Service Delivery Optimisation

The service delivery optimization (SDO) pillar aims to deal with such inefficiencies and optimally utilize existing infrastructure and human resource capabilities in a district. The SDO will improve organizational performance and will ensure prudent use of scarce resources. It is an exercise that will also promote policy alignment with key policies. The plan has been Presented approach to ST Cab Comm and Exco for engagement and adoption in July 2022. Engagement with Labour- task teams has been set up and the item tabled at Bargaining Chamber in August 2022. The SMS rationalisation – Transitional arrangements letters issued to affected staff. The department is mapping the Service Delivery Platform – facilities and referral systems while also understanding capability of the Organisation in terms of Organisational structure; human resource; infrastructural conditions; budget and decentralised delegations political leadership will be pivotal in engaging with our key stakeholders to explain the rationale of the proposed SDO plan and prevail on the support of our stakeholders to improve the quality of care we can provide through consolidation and equitable redistribution of health resources.

Pillar 4: Digitalisation and e –health

The Department's digitalization and eHealth pillar essentially involves the roll out of innovative health applications like the in-house, web-based HMS2, pharmaceutical and EMS systems, to all our clinics and hospitals across the Medium Term Strategic Framework. The HSM2 has been rolled out to facilities i.e. Cecilia Makiwane, Livingstone, Frontier and Butterworth Hospital. Busy finalizing HMS2 direct integration with the National HPRS server. 1019 desktops delivered to phase 1A and 1B facilities for use within patient registration areas (OPD registration. Casualty, Maternity etc.), central admissions, revenue management etc. 14 x servers delivered with migration started 15 July 2022. Completion was expected by the end of August 2022 Targets have been set to ensure connectivity at health facilities whilst the broadband Internet connection is being rolled out by the Office of the Premier.

Pillar 5: Building Healthy Communities

The healthier communities pillar aims to ensure optimal patient outcomes, a positive experience of care, a resilient workforce working in a conducive environment and the provision of cost-effective care. The Department managed COVID-19 Resurgence, anticipating and mitigating future waves and is working towards achieving 70% SARS-COVID-19 herd immunity by 31 December 2022 by ramping up the COVID-19 vaccination programme. Healthy Communities through improved, accessible quality clinical services in an NHI system that promotes best outcomes improved patient experience and cost of care. Strengthened quality of EMS clinical response supported by an effective EC College of emergency care. The department will improve Clinical Governance and Leadership.



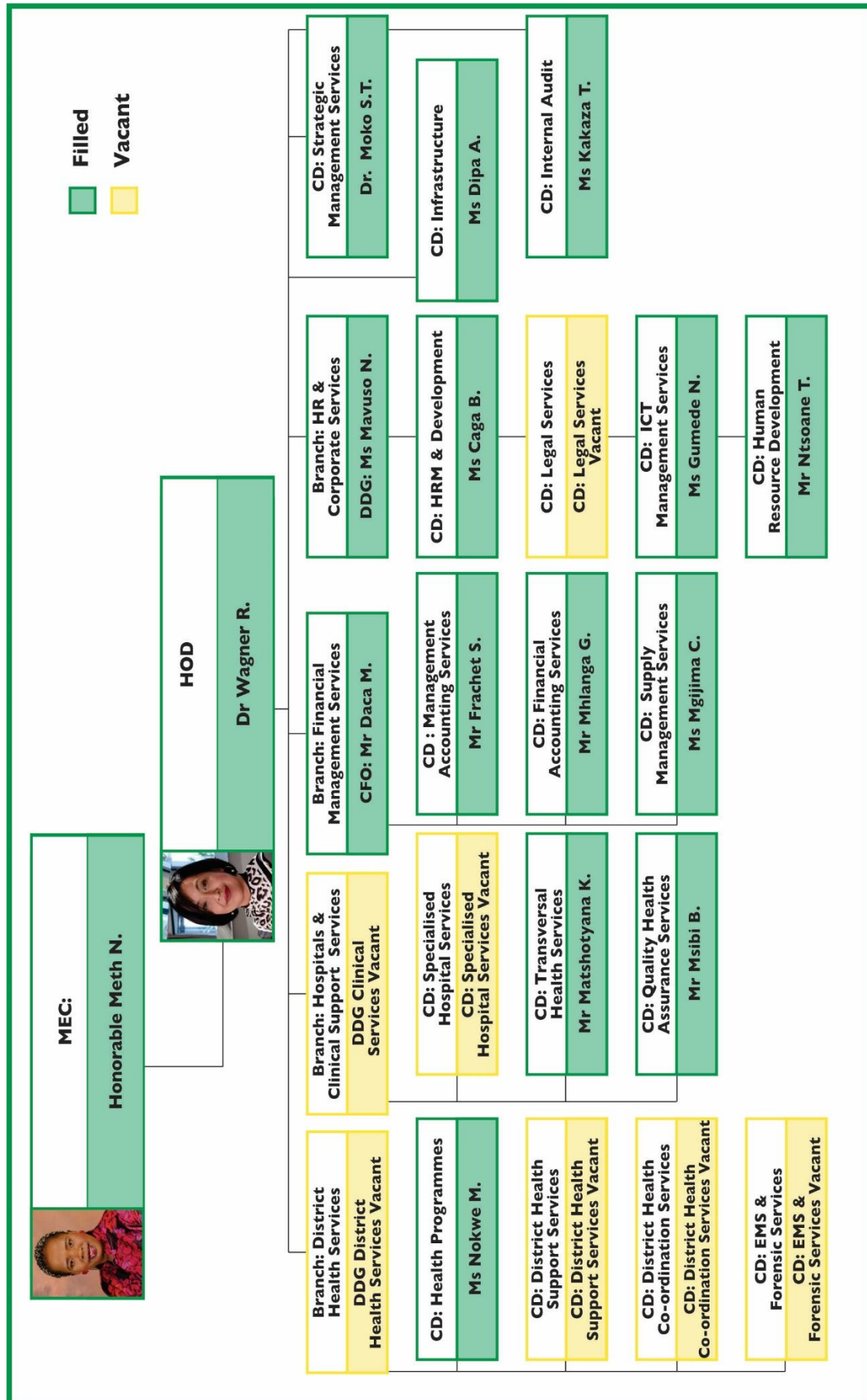


Fig. 33: Organisational structure

4.4 Resource Considerations

HIV & AIDS, STI & TB Control ((HAST) is funded through District Health Programmes Grant, Comprehensive HIV/AIDS Component that covers both HIV/AIDS and TB. An approved 2023/24 covers all the planned activities to achieve the targets set in the 2023/24 Annual Performance Plan.

The resources will be utilized to fulfil the following:

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

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

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

4.4.1 MTEF budgets

Table 19: Summary of payments and estimates by programme.

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
1. Administration	589 052	590 629	716 793	738 303	807 753	722 089	798 917	883 000	926 618	10.6
2. District Health Services	13 640 040	15 075 401	15 094 877	14 402 516	14 836 712	14 932 932	14 188 408	15 081 608	15 598 348	(5.0)
3. Emergency Medical Services	1 277 761	1 272 046	1 353 522	1 353 075	1 378 643	1 532 182	1 507 673	1 563 509	1 635 539	(1.6)
4. Provincial Hospital Services	4 026 399	3 980 365	3 686 353	3 548 055	3 686 851	3 890 924	3 886 714	4 056 842	4 302 756	(0.1)
5. Central Hospital Services	4 329 290	4 845 403	4 751 526	4 751 404	4 910 397	5 131 789	4 943 073	5 017 853	5 377 246	(3.7)
6. Health Sciences And Training	728 562	720 097	774 759	1 025 626	1 138 363	733 534	1 245 542	1 035 217	1 081 588	69.8
7. Health Care Support Services	101 329	152 387	112 986	171 098	172 848	143 764	175 171	175 598	136 463	21.8
8. Health Facilities Management	1 496 307	1 357 890	1 087 913	1 340 974	1 277 491	1 139 758	1 393 841	1 465 226	1 512 632	22.3
Total payments and estimates	26 188 740	27 994 218	27 578 729	27 331 051	28 209 058	28 226 972	28 139 339	29 278 853	30 571 190	(0.3)

Table 20: Summary of provincial payments and estimates by economic classification.

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
Current payments	23 817 536	25 537 621	26 074 390	25 570 111	26 099 344	26 072 523	26 505 072	27 601 572	28 706 496	1.7
Compensation of employees	17 154 718	17 991 168	18 479 937	18 211 333	18 859 032	18 859 032	19 022 415	19 653 907	20 296 787	0.9
Goods and services	6 638 291	7 491 027	7 589 769	7 358 778	7 240 312	7 182 054	7 482 657	7 947 665	8 409 708	4.2
Interest and rent on land	24 527	55 426	4 684	-	-	31 437	-	-	-	(100.0)
Transfers and subsidies to:	957 621	1 028 660	332 597	285 358	589 646	634 381	270 569	311 129	337 028	(57.3)
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	12 263	-	13 075	27 457	32 073	32 073	14 970	20 009	20 905	(53.3)
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	9 060	8 495	-	5 000	19 212	19 212	35 541	15 938	16 652	85.0
Households	936 298	1 020 165	319 522	252 901	538 361	583 096	220 058	275 182	299 471	(62.3)
Payments for capital assets	1 413 583	1 427 937	1 171 742	1 475 582	1 520 068	1 520 068	1 363 698	1 366 152	1 527 666	(10.3)
Buildings and other fixed structures	1 060 483	933 763	575 252	692 242	592 363	592 363	533 635	619 861	772 005	(9.9)
Machinery and equipment	353 100	494 174	596 490	783 340	927 705	927 705	830 063	746 291	755 661	(10.5)
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	26 188 740	27 994 218	27 578 729	27 331 051	28 209 058	28 226 972	28 139 339	29 278 853	30 571 190	(0.3)

Tables 19 and 20 above shows the summary of payments and budget estimates per programme and economic classification from 2019/20 to 2025/26. The total payments increased from R26.188 billion in 2019/20 to a revised estimate of R28.226 billion in 2022/23. In 2023/24, the budget is declining by 0.3 per cent from R28.226 billion in 2022/23 to R28.139 billion as a result of high revised estimate.

Compensation of employees shows an increase of 0.9 per cent from R18.859 billion to R19.022 billion in 2023/24 when compared to revised estimate as a result of PES formula and allocation for cost of living

adjustments. Good and Services show a positive growth of 4.2 per cent from R7.182 billion to R7.482 billion in 2023/24 when compared to the revised estimate due to additional funding to fund shortfalls in core items.

Transfers and subsidies show a negative growth of 57.3 per cent from R634.381 million to R270.569 million when compared to the 2022/23 revised estimate due to high revised estimate as a result of payment of medico legal claims. Payments for capital assets show a negative growth of 10.3 per cent from R1.520 billion to R1.363 billion when compared to the 2022/23 revised estimate due to high revised estimate.





Province of the
EASTERN CAPE
HEALTH



PART C

MEASURING OUR PERFORMANCE

Together, moving the health system forward





Province of the
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PROGRAMME I

HEALTH ADMINISTRATION AND MANAGEMENT

Together, moving the health system forward



PART C – MEASURING OUR PERFORMANCE

PROGRAMME I: HEALTH ADMINISTRATION AND MANAGEMENT

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

1.1 Sub-Programme: Health Administration – Office of the MEC

Sub – programme purpose

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

IMPACT STATEMENTS

Impact	Long, healthy and quality life for the people of the Eastern Cape
Legend	Standardised indicators colour

Standardised Indicators are marked as per colour in the legend where's Provincial Indictors are not marked

Table 2 I: Outcomes, Outputs and Output indicators and targets for the next MTEF for the Office of the MEC

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets				2024/25
								Q1	Q2	Q3	Q4		
9. Leadership and governance in the health sector enhanced to improve quality of care	Statutory document submitted	9.1.2 Number of statutory documents tabled at Legislature	8 statutory documents	8 statutory documents	8 statutory documents	2 statutory documents	8 statutory documents	-	1	2	5	9 statutory documents	8 statutory documents

1.2 Sub-Programme: Health Management

Sub-Programme Purpose

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

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

Finance Branch

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

Human Resource & Corporate Services Branch

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

Hospital and Clinical Support Management Branch

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

District Health Services Management Branch

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

Table 22: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Management

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
7. Improve financial management	Audit opinion of provincial DOH achieved	7.1.1 Audit opinion of Provincial DoH	Qualified	Qualified	Unqualified	Qualified	Unqualified	-	Unqualified	-	-	Unqualified	Unqualified	Unqualified
		7.1.4 % of valid invoices paid within 30 days	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Approved procurement plan in place	7.1.2 Approved Annual Procurement Plan	New Indicator	Signed Final 2021/22 Procurement Plan submitted to Provincial Treasury	Signed Final 2022/23 Procurement Plan submitted to Provincial Treasury	2023/24 2nd draft Annual Procurement Plan submitted to Provincial Treasury	2024/25 Approved Annual Procurement Plan	-	1 st draft Annual Procurement Plan	2 nd Draft Annual Procurement Plan	2024/25 Approved Annual Procurement Plan	2025/26 Approved Annual Procurement Plan	2026/27 Approved Annual Procurement Plan
	Increased revenue collection	7.1.3 Amount Revenue generated (R)	242 mil	145.2 mil	74 mil	71.6 mil	310.7 mil	48,364mil	73,0756mil	83,741mil	105,616mil	324.8 mil	339.4 mil	

Outcome (as per SP 2020/21– 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
8.8. Reduced causes of medical legal claims in facilities by 80%	Causes of Medico. legal claims reduced	8.1.1 Contingent liability of medico – legal cases	New Indicator	New Indicator	New Indicator	R36,738bn	R33,064bn	-	-	-	R33,064bn	R29,757bn	R26,781bn	
			New Indicator	New Indicator	New Indicator	24.7%	41.5%	-	-	-	41.5%	52.8%	64%	
						22(0 new)	37 (15 new)				37 (15 new)	47 (10 new)	57 (10 new)	
						89	89				89	89	89	
6.6. Quality of Health Services Improved	Improved connectivity in health facilities	6.7.1 Percentage of Hospitals with connectivity	New Indicator	New Indicator	New Indicator									
			New Indicator	New Indicator	New Indicator	13.5%	25.6%	-	-	-	25.6%	32%	38.5%	
						102 (0 new)	199 (97 new)				199 (97 new)	249 (50 new)	299 (50 new)	
						775	775				775	775	775	
		6.7.2 Percentage of fixed PHC facilities with connectivity	New Indicator	New Indicator	New Indicator									
		Numerator												
		Denominator												

Explanation of planned performance over the medium-term period

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

Human Resource Management: Annually, the department develops the Annual Recruitment Plan (ARP) based on the prioritised critical, new and replacement posts during the financial year. The current vacancy rate is 12.48% (norm is 10%), with 6108 posts that are vacant and unfunded. The department has implemented interventions to curb Compensation of Employees (CoE) expenditure. The department sought approval from Provincial Treasury for the appointment of key prioritised posts in the department to inter alia mitigate the significant increase in the burden of disease arising from SARS-Cov-2 and to strengthen management and leadership of prioritized institutions. Due to the financial pressure the department's Annual Recruitment Plan is limited to the posts as approved by Provincial Treasury.

Medico legal

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

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

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

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

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

Digitisation: The Department of Health is in the process of aligning its enterprise architecture to the National Department e-Health strategy. This will set in motion the development and implementation of various e-Health initiatives across all levels of care that will seamlessly interface with the National Department of Health e-Health systems and strategy to enable systems interoperability. e-Health should

give the department qualitative and timeous health information to assist health care facilities in improving quality patient care. It should as well enable health care access to the most remote of areas of our province through tele-medicine, and collaboration with specialists. Information Communication Technology (ICT) plays a vital role as an e-Health enabler.

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

Revenue generation

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

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

The Department collects most of its revenue from patient fees for health care services rendered to the public. The fees are minimal for indigent patients and full tariffs are charged to funded patients including inter alia Road Accident Fund, Medical Aid Schemes, Correctional Services, SAPS, Department of Justice and COIDA. Of the above, most fees are collected from the RAF where challenges have arisen within its unilateral adjusted claims adjudication process, primarily vesting in the repudiation of the department's claims not supported by official SAPS endorsed accident reports

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

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

Enhanced Revenue Collection

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

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

1.3 Programme Resource Consideration

Table 23: Summary of payments and estimates by sub programme: Programme 1: Administration.

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
1. Office Of The MEC	7 800	7 299	7 576	8 644	10 185	9 425	8 937	9 221	9 636	(5.2)
2. Management	581 252	583 330	709 217	729 659	797 568	712 664	789 980	873 779	916 982	10.8
Total payments and estimates	589 052	590 629	716 793	738 303	807 753	722 089	798 917	883 000	926 618	10.6

Table 24: Summary of payments and estimates by economic classification: PI – Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
Current payments	578 886	589 302	657 247	710 693	736 746	606 358	728 756	809 358	850 398	20.2
Compensation of employees	426 063	423 044	397 632	440 191	455 021	399 934	468 796	492 920	499 190	17.2
Goods and services	152 323	165 669	257 042	270 502	281 725	203 599	259 960	316 438	351 208	27.7
Interest and rent on land	500	589	2 573	-	-	2 825	-	-	-	(100.0)
Transfers and subsidies to:	3 979	-2 938	10 257	1 985	2 369	3 744	2 072	2 107	2 201	(44.7)
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	3 979	-2 938	10 257	1 985	2 369	3 744	2 072	2 107	2 201	(44.7)
Payments for capital assets	6 187	4 265	49 289	25 625	68 638	111 987	68 089	71 535	74 019	(39.2)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	6 187	4 265	49 289	25 625	68 638	111 987	68 089	71 535	74 019	(39.2)
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	589 052	590 629	716 793	738 303	807 753	722 089	798 917	883 000	926 618	10.6

Tables 23 and 24 above shows the summary of payments and estimates from 2019/20 to 2022/23 and over the 2023 MTEF period per sub-programme and economic classification. The programme's total expenditure increased from R589.052 million in 2019/20 to a revised estimate of R722.089 million in 2022/23. In 2023/24, the budget increases by 10.6 per cent from R722.089 million to R798.917 million when compared to the 2022/23 revised estimate due to additional funding for is this true – in terms of the national allocation letter, its mostly for COE and goods and services.

Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of employees shows a positive growth of 17.2 per cent from R399.934 million to R468.796 million when compared to the 2022/23 revised estimate due provision of critical vacant funded posts, pay progression and additional funding for the cost of living adjustments

Goods and services shows a positive growth 27.7 per cent from R203.599 million to R259.960 million when compared to the 2022/23 revised estimate due internal reprioritisation and additional funding as a result of PES formula.

Transfers and subsidies show a negative growth of 44.7 per cent from R3.744 million to R2.072 million when compared to the 2022/23 revised estimate due to reduction in the payment of leave gratuities.

Payments for capital assets show a negative growth of 39.2 per cent from R111.987 million to R68.089 million when compared to the 2022/23 revised estimate due to Microsoft licenses function shift to the Office of the Premier.

I.4 Key Risks

The table below outlines the key risks.

Table 25: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
<ul style="list-style-type: none"> Leadership and governance in the health sector enhanced to improve quality of care Improve financial management Reduced causes of medical legal claims in facilities by 80% Quality of Health Service Improved 	<ul style="list-style-type: none"> Non-payment of Creditors within 30 days Budget cuts due to shrinking economy and increase in exchange rate for medicines and medico legal claims (not able to budget for) Inadequate management of revenue Inadequate provision of ICT (Information communication technology) services to support service delivery Perpetration of fraudulent and corrupt activities Delays in recruitment and inadequate retention of staff 	<ul style="list-style-type: none"> Monitor and strengthen implementation of Supplier Payment Plan. Strengthen support visits and training. Effective implementation and regular reporting on the audit improvement strategy. Provincial and District Cost Containment Committee Structures Implementation of the resolutions of the Cost containment meetings. Allocation of resources as far as the budget allows, strengthen fees collection value chain, training and monitoring. Maintain approval threshold. Filling of vacant funded posts. Monitoring compliance with the Policies, Procedures and SOPs. Influence the prioritisation of the connectivity of Health Institutions with OTP. Continued Improvement of Consequence Management. Enforce compliance with the Policies, Procedures and SOPs. Implementation of the resolutions of the meetings. Conduct continuous staff training. Software to validate patient income levels. HR Delegations register monitored monthly. Recruitment time reduced to 3 months. HR Management Information System (HR MIS) management in place. Annual Intake Plan fully functional and updated annually. Implementation of interventions to address staff attitude. Maintain lower vacancy rate. Strengthening deadline compliance for all reports and plans.

Outcome	Risk	Mitigating factors
		<ul style="list-style-type: none"> Staff are replaced within three months. Registrar Program remains operational. The Special Employee Relations Training Unit is fully functional. PILIR management outsourced to Metropolitan and SOMA. Alignment of PERSAL to the organogram.
	Transition from the old to the new organogram.	<ul style="list-style-type: none"> Conduct consultations with the relevant stakeholders. Full implementation of migration plan and its terms of reference - ensure correct implementation of the organogram. Approval of Micro Organogram
	Lack of 100% Occupational Health and Safety compliance with statutory structures (H&S Reps and H&S Committees).	<ul style="list-style-type: none"> Appointment of statutory structures (16.2 appointments, Safety reps, fire. Ensure compliance with employee wellness framework and reporting tool. Programme marketing. Ensure training and capacitation. Ensure compliance with OHS policies and SOP's. Develop OHS correction plan.
	Increased litigation	<ul style="list-style-type: none"> Appointment of paralegal secretaries for deployment at districts and the targeted highly litigated facilities. Contracting of Medico legal expert firm to defend the cases in court. Contracting of the SIU to investigate elements of fraud and corruption relating to theft of files. Strengthen the quality of reports (Adverse Events Reports). Implementation of Meetings Action list.
	Inadequate contract management leading to Medico legal Claims	<ul style="list-style-type: none"> Filling of vacant funded posts. Communicating renewal of expiring contracts. Implementation of meetings action lists Enforce compliance with the Policies, Procedures and SOPs All contracts must have SLAs. Continuous monitoring and reporting on the existing contracts Ensure proper management of contractual disputes. Continuous monitoring and reporting on the existing Contracts and Dispute Registers. Maintain updated contracts and dispute registers.
	Inadequate reporting of Contingent Liability	<ul style="list-style-type: none"> Recruitment of staff. Enforcement of the SLA between OTP and ECDOH, as well as State Attorney and Service Provider. Develop an Accounting Policy Framework regarding the measurement and recognition of the Contingent Liability. Implementation of meetings action list



Province of the
EASTERN CAPE
HEALTH



PROGRAMME 2

DISTRICT HEALTH SERVICES (DHS)

Together, moving the health system forward



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

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited//Actual performance		Estimated Performance	MTEF Targets					
			2019/20	2020/21		2021/22	2023/24	2023/24 Quarterly Targets			
								Q1	Q2	Q3	Q4
9. Leadership and governance in the health sector enhanced to improve quality of care	District performance reviews conducted quarterly	9.1.1 Number of Districts conducted quarterly performance reviews	New Indicator	New Indicator	New Indicator	8	8	8	8	8	8

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

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Aual performance		Estimated Performance	MTEF Targets								
			2019/20	2020/21		2021/22	2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
6. Quality of health services improved	PHC facilities that qualify as Ideal clinics increased	6.2.1 Ideal clinic status obtained rate	9.1%	2.5%	5.3%	6.2%	30.4%	-	-	-	30.4%	38%	47%	
		Numerator	66	18	39	46	236 (53 new)	-	-	-	236 (53 new)	296 (61 new)	366(71 new)	
		Denominator	727	732	734	734	775	-	-	-	775	775	775	
	Patient experience of care in fixed public health facilities improved	6.1.1 Patient experience of care satisfaction rate	New Indicator	87.2%	85.2%	86%	86%	-	86%	-	-	87%	88%	
		Numerator		563 594	476 161	558 161	480 701		480 701	-	-	486 291	491 880	
		Denominator		646 682	558 955	650 305	558 955	-	558 955	-	-	558 955	558 955	
Patient safety improved	6.3.8 Severity assessment code (SAC) incident reported within 24 hours rate	New Indicator	New Indicator	New Indicator	74%	75%	75%	75%	75%	75%	80%	80%		
	Numerator				20	22	22	22	22	22	24	24		
	Denominator				27	29	29	29	29	29	30	30		

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Aval performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
		6.3.17 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	85%	86%	86%	85%	86%	86%	87%	87%
		Numerator				23	25	25	25	25	25	26	26
		Denominator				27	29	29	29	29	29	30	30

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

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets							
			2019/20	2020/21		2021/22	2022/23	2023/24	2023/24 Quarterly Targets				
									Q1	Q2	Q3	Q4	
6. Quality of health services improved	Patient experience of care in public health facilities improved	6.1.2 Patient experience of care satisfaction rate	New Indicator	83.7%	81.2%	80%	82%	-	82%	-	-	83%	84%
		Numerator		58 848	52 165	49 282	52 649	-	52 649	-	-	53 291	53 933
		Denominator		70 308	64 206	61 573	64 206	-	64 206	-	-	64 206	64 206
		6.3.9 Severity assessment code (SAC) incident reported within 24 hours rate	New Indicator	New Indicator	New Indicator	90%	90%	90%	90%	90%	90%	95%	95%
	Patient safety improved	Numerator				27	31	31	31	31	31	32	32
		Denominator				30	34	34	34	34	34	34	34
		6.3.18 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	90%	91%	91%	91%	91%	91%	95%	95%
		Numerator				27	32	32	32	32	32	33	33
		Denominator				30	35	35	35	35	35	35	35

Explanation of Planned Performance over the Medium-Term Period:

Strengthen District Health Governance, Leadership & Management

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

Improve Quality of Health Services in PHC facilities

- Health systems strengthening program will continue through the implementation of an Ideal Clinic status determinations on quarterly basis to enhance Quality Improvement Plans (QIPs).
- Patient experience of care survey will be conducted in 80% of the facilities with focus on the six priority areas, (Waiting times, Cleanliness, Infection Control, Safety and Security, availability of medicine, staff attitudes) and development of QIPs.

Access to Primary Health Care Service package

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



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

Sub – Programme purpose

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

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

Table 29: Outcomes, Outputs and Output indicators and targets for the next MTEF for Community based services – Disease Prevention and control Non communicable diseases

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23		2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
4. Morbidity and Premature mortality due to Non- Communicable diseases (HIV, TB and Malaria) reduced	Clients early detection of illness and prevention.	4.2.1 Positivity rate for hypertension 18 - 44 years	New Indicator	New Indicator	New Indicator	New Indicator	5%	2%	3%	4%	5%	6%	7%	
		Numerator					36 818	14 727	25 772	29 454	36 818	44 181	51 545	
		Denominator					736 352	736 352	736 352	736 352	736 352	736 352	736 352	
		4.2.2 Positivity rate for hypertension ≥ 45 years	New Indicator	New Indicator	New Indicator	New Indicator	5%	2%	3%	4%	5%	6%	7%	
		Numerator					33 089	13 236	19 853	26 471	33 089	39 707	46 325	
		Denominator					661 782	661 782	661 782	661 782	661 782	661 782	661 782	
		4.3.1 Positivity rate for diabetes 18 - 44 years	New Indicator	New Indicator	New Indicator	New Indicator	5%	2%	3%	4%	5%	6%	7%	
		Numerator					61 653	24 661	36 992	49 322	61 653	73 983	86 314	
		Denominator					1 233 056	1 233 056	1 233 056	1 233 056	1 233 056	1 233 056	1 233 056	
		4.3.2 Positivity rate for diabetes ≥ 45 years	New Indicator	New Indicator	New Indicator	New Indicator	5%	2%	3%	4%	5%	6%	7%	
		Numerator					55 403	22 161	33 242	44 323	55 403	66 484	77 565	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
	Prevention and early detection of mental illness	Denominator					1 108 067	1 108 067	1 108 067	1 108 067	1 108 067	1 108 067	1 108 067	1 108 067
		4.4.1 PHC Mental disorders treatment rate new	New Indicator		0.06%	0.07%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%
		Numerator		7 722	9 562	3 174	13 693	3 423	3 424	3 423	3 423	13 693	27 385	
		Denominator		12 950 671	13 692 661	3 336 522	13 692 661	3 423 165	3 423 166	3 423 165	3 423 165	13 692 661	13 692 661	
		4.5.1 Cataract surgery rate	457/1 000 000	54.6 /1 000 000	23.1/1 000 000	284/1 000 000	240/1 000 000	240/1 000 000	240/1 000 000	240/1 000 000	240/1 000 000	245/1 000 000		
		Numerator	2 971	362	1 552	1 706	1 612	1 612	1 612	1 612	1 612	1 612	1 645	
		Denominator	6 494 701	6 624 088 789	6 714 789 6 006 715	6 714 789 789	6 714 789 6 714 789	6 714 789 6 714 789	6 714 789 6 714 789	6 714 789 6 714 789	6 714 789 6 714 789			

Explanation of Planned Performance over the Medium-Term Period:

Non-communicable diseases continue to increase in the country as a result of changing lifestyles (reduced physical activity and increasing consumption of alcohol, foods high in salt and sugar). Both diabetes and hypertension contribute directly to the development of cardio- and cerebrovascular diseases which are becoming increasingly major causes of death in the Province. Eye health challenges which result from aging population and complications from NCDs are also noted to be prevalent in younger ages. Cataract and refractive errors contribute to poverty and poor economic development.

Planned interventions to manage these challenges include changing individual behaviour towards better health, screening and early detection, those detected must be initiated on treatment and retained in care. The Universal Health Coverage will be significantly facilitated where health promotion and prevention of illness is able to increase awareness about the NCDs, reduce the numbers of people needing health interventions, and where good quality and person-centred care is provided within an integrated, effective and efficiently functioning health care system. The support from the partners - South African National Council for the Blind (SANCb) and Grace Vision providing their resources (equipment, surgical consumables and medication) to improve cataract surgery rate for the period of 3 years. The school going children and adults will be offered prescribed spectacles and readers through the approved provincial tender for a 3-year period.

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

Sub- Programme purpose

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

Table 30: Outcomes, Outputs and Output indicators and targets for the next MTEF for Other community base services – Public Health

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2023/24 Quarterly Targets				2024/25	2025/26	
						2023/24	Q1	Q2	Q3	Q4			
6.5. Quality of health services improved	Hospitals comply with health care risk waste norms and standards	6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	New Indicator	60.7%	65%	69.6%	74.1%	74.1%	74.1%	74.1%	79%	79%	
				54	58	62	66	66	66	66	70	70	
				89	89	89	89	89	89	89	89	89	
		Numerator											
		Denominator											

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

Sub – Programme purpose

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

Table 31: Outcomes, Outputs and Output indicators and targets for the next MTEF for HAST

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
3.3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	HIV new cases identified and initiated on ART	3.1.1 HIV test done – sum	2 086 072	1 513 548	1 701 524	1 386 474	1 697 542	424 385	424 386	424 386	424 385	1 736 133	1904000
		3.1.3 HIV Test positive around 18 months rate	New Indicator	New Indicator	New Indicator	New Indicator	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
		Numerator					564	141	141	141	141	551	551
		Denominator					47003	11750	11751	11751	11751	45935	45935
		3.1.2 HIV positive 15-24 years (excl. ANC) rate	New Indicator	New Indicator	2.2%	1.8%	2%	2%	2%	2%	2%	2%	1.5%
		Numerator					8 524	8 524	8 524	8 524	8 524	8 524	7 140
		Denominator					426 194	426 194	426 194	426 194	426 194	426 194	476000
		3.2.1 ART client naïve start ART during month – sum	New Indicator	50 059	50 541		36 311	66 758	16 689	16 689	16 689	16 689	85 000
		3.2.2 ART adult remain in care rate (12 months)	New Indicator	38%	62.3%		66%	70%	70%	70%	70%	72%	73%
		Numerator		526 288	30 103		6 883	45 052	11 263	11 263	11 263	46 339	46 983
	Denominator		1 375 785	48 302		10 424	64 360	16 090	16 090	16 090	64 360	64 360	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets								
			2019/20	2020/21		2021/22	2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
		3.2.3 ART child remain in care rate (12 months)	New Indicator	25%	73.4%	80.5%	85%	85%	85%	85%	87%	88%		
		Numerator		17 284	838	177	2 330	582	583	582	2 385	2 412		
		Denominator		68 397	1 142	220	2 741	685	685	686	2 741	2 741		
		3.2.7 ART Adult viral load suppressed rate – below 50 (12 months)	New Indicator	87.7%	88.5%	89.5%	90%	90%	90%	90%	92%	93%		
	Numerator		53 622	19 632	4 201	57 924	14 481	14 481	14 481	59 211	59 855			
	Denominator		61 129	22 186	4 692	64 360	16 090	16 090	16 090	64 360	64 360			
		3.2.8 ART Child viral load suppressed rate – below 50 (12 months)	New Indicator	62.3%	64%	60%	70%	70%	70%	70%	72%	73%		
		Numerator		986	376	73	1 919	479	480	480	1 973	2 000		
		Denominator		1 583	588	121	2 741	685	685	686	2 741	2 741		
		3.2.9 TB/HIV co-infected client on ART rate	74.7%	93.5%	92.6%	93%	94%	94%	94%	94%	94%	94%		
TB/HIV co-infected clients identified and initiated		Numerator	11 668	12015	13 724	3 984	16 149	4 037	4 038	4 037	18 173	18 173		
		Denominator	15 616	12 855	14 816	4 279	17 180	4295	4295	4295	19 333	19 333		

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets							
			2019/20	2020/21		2021/22	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
TB Positive clients initiated and cured	3.3.1 TB investigation done 5 years and older rate	New Indicator	88.3%	95.5%	97.9%	95%	95%	95%	95%	95%	95%	95%	
	Numerator		213 388	284 194	73 083	404 415	101 103	101 104	101 104	101 104	459 420	459 420	
	Denominator		241 612	297 488	74 680	425 700	106 425	106 425	106 425	106 425	483 600	483 600	
	3.3.2 DS – TB treatment start 5 years and older rate	98.3%	93%	92.7%	93.1%	94%	94%	94%	94%	94%	94%	94%	
	Numerator	31 392	23 393	32 658	8 899	23 654	5 914	5 914	5 913	5 913	23 654	23 654	
	Denominator	31 940	25 164	35 244	9 557	25 164	6291	6291	6291	6291	25 164	25 164	
	3.3.3 TB XDR treatment start rate	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Numerator		239	123	36	230	230	230	230	230	230	230	
	Denominator		239	123	36	230	230	230	230	230	230	230	
	3.3.4 All DS - TB client treatment success rate	New Indicator	77.5%	77.5%	74.9%	79%	79%	79%	79%	79%	80%	85%	
TB Positive clients initiated and cured	Numerator		32 893	25 482	6 562	33 522	8380	8380	8381	8381	33 937	28475	
	Denominator		42 421	32 881	8 766	42 421	10 605	10 605	10 605	10 606	42 421	33500	
	3.3.5 TB Rifampicin resistant/Multidrug - Resistant treatment success rate	New Indicator	New Indicator	New Indicator	New Indicator	60%	60%	60%	60%	60%	62%	64%	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23		2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
		Numerator						1 065	1 065	1 065	1 065	1 065	1 101	1 136
		Denominator						1 775	1 775	1 775	1 775	1 775	1 775	1 775
		3.3.6 TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	New Indicator	New Indicator	New Indicator	New Indicator	10%	10%	10%	10%	10%	10%	10%	10%
		Numerator						12	12	12	12	12	12	12
		Denominator						118	118	118	118	118	118	118
		3.3.7 TB Pre-XDR treatment success rate	New Indicator	New Indicator	New Indicator	New Indicator	60%	60%	60%	60%	60%	62%	64%	64%
		Numerator						1 065	1 065	1 065	1 065	1 065	1 101	1 136
		Denominator						1 775	1 775	1 775	1 775	1 775	1 775	1 775
		3.3.8 TB Pre-XDR loss to follow up rate	New Indicator	New Indicator	New Indicator	New Indicator	10%	10%	10%	10%	10%	10%	10%	10%
		Numerator						83	83	83	83	83	83	83
Lost clients tracked and re- initiated		Denominator						834	834	834	834	834	834	834
		3.3.9 All DS – TB client lost to follow – up rate	New Indicator	14.2%	14.1%	16.7%	10%	10%	10%	10%	10%	10%	10%	10%
		Numerator		6 030	4 622	1 462	4 242	1060	1060	1061	1061	4 242	4 242	4 242
		Denominator		42 421	32 881	8 766	42 421	10 605	10 605	10 605	10 606	42 421	42 421	42 421

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets				
								Q1	Q2	Q3	Q4	
4. Morbidity and Premature mortality due to Non-Communicable diseases (HIV, TB and Malaria) reduced	Prevention and early detection of malaria cases managed	4.6.1 Malaria deaths reported	New Indicator	New Indicator	New Indicator	1	0	0	0	0	0	0

2.6.1 Explanation of Planned Performance over the Medium-Term Period

The programme was meant to achieve 90-90-90 targets by end of March 2023 and transition to 95-95-95 from April 2023 as per UNAIDS goals, however these targets were missed by a significant margin due to various reasons of which the main was shortage of programme management staff at provincial and district levels. The 2022/23 programme Annual Recruitment Plan (ARP) was approved and appointments for 10 out of 15 of the vacant posts have been concluded in March 2023, as a result the programme has taken a decision to keep the targets for 2023/24 at 90-90-90 and adjust these in subsequent financial years towards 95-95-95 by year 2030.

The programme has also adopted the implementation of nerve centres at facility, sub-district, district and provincial levels according to the Operation Phuthuma approach. This approach facilitates data-driven and focused quality improvement planning, attached to this approach is a records management project which aims to de-duplicate patient clinical records and identify records eligible for archiving to create filing space and reduce loss of clinical records in health facilities.

In line with the 90-90-90 target strategy, the planned intervention for HAST program (HIV/AIDS, STI and TB) will focus on enhancing the implementation and monitoring the Multi-stakeholder developed Catch-up Plan HIV testing. The prioritized area of focus in the Catch-up Plan is on:

- 1st 90: Scaling up implementation of the case finding strategies for TB, HIV and STIs. These interventions include finding the missing TB patients, which encompasses optimizing TB screening in health facilities, conduct effective contact screening of TB Index patients, enhance TB detection in vulnerable groups which are HIV positive and pregnant women. Continue to improve diagnostic yield by implementing the use of GeneXpert Ultra as well as the use of Lateral Flow Lipoarabinomannan. For HIV and STIs the strategic initiatives include the rollout and implementation of Index Testing, HIV Self Screening, Pre-Exposure Prophylaxis, Post Exposure Prophylaxis, STI, Family Planning, and Elimination of Mother to Child Transmission. Targeted testing at key entry points, key Population, Community Based Outreach – screening and Testing – Non-medical sites
- 2nd 90: Initiate TB, HIV and STI treatment with emphasis on retaining and maintaining the current number of patients on treatment. The strategic initiatives include strengthen shorten regimens for both DR TB and patients on ARV to fast track achievement of treatment outcomes, scale up implementation of the Differentiated Models of Care such as CCMDD focusing on decanting stable patients to access their treatment out of the facilities and strengthen capturing and reporting of patients on treatment.
- 3rd 90: embark on scaling up returning the losses to back to care and strengthen clinical efficiencies to improve treatment outcomes. The initiatives include tracking and tracing the lost to follow ups through the community based intervention teams, monitoring of Viral Loads and TB sputum on prescribed regular intervals. In partnership with various stakeholders will implement the Welcome Back Campaign.

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

Sub – Programme purpose

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

Table 32: Outcomes, Outputs and Output indicators and targets for the next MTEF for MCWH&N

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
I. Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	I.1.1 Couple year protection rate	57%	41.5%	49%	40%	50%	50%	50%	50%	50%	52%	53%	
		Numerator	1 101 342	810 499	794 005	648 168	810 210	810 210	810 210	810 210	810 210	842 618	858 822	
		Denominator	1 931 211	1 952 556	1 620 419	1 620 419	1 620 419	1 620 419	1 620 419	1 620 419	1 620 419	1 620 419	1 620 419	
		I.1.2 Antenatal 1 st visit before 20 weeks rate	63.7%	62.5%	63%	63.8%	65%	65%	65%	65%	65%	66%	67%	
	Increased ANC visits before 20 weeks	Numerator	81 995	78 855	76 980	53 596	79 449	19 862	19 862	19 862	19 862	80 671	81 893	
		Denominator	128 648	126 241	122 229	83 9987	122 229	30 557	30 557	30 557	30 557	122 229	122 229	
	Increased uptake of ART by antenatal client	I.1.3 Antenatal client start on ART rate	95.3%	91.8%	90.4%	86%	92%	92%	92%	92%	92%	92%	92%	
		Numerator	10 536	8 893	7 827	1 407	9 538	9 538	9 538	9 538	9 538	9 538	9 538	
		Denominator	11 048	9 692	8 662	1 627	10 367	10 367	10 367	10 367	10 367	10 367	10 367	
		I.1.4 Delivery in 10 – 19 years in facility rate	16.7%	17.1%	17.4%	18%	16%	16%	16%	16%	16%	16%	16%	
Increase access to family planning by teenagers	Numerator	17 882	18 401	18 960	4 247	17 436	17 436	17 436	17 436	17 436	17 436	17 436		
	Denominator	107 065	107 469	108 975	24 284	108 975	108 975	27 243	27 244	27 244	108 975	108 975		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
Maternal mortality reduced		I.1.5 Maternal mortality in facility ratio	108/100 000	147.9/10 0 000	114.6/100 000	89/100 000	<120/10 0 000	-	-	<120/1 00 000	<120/1 00 000	<120/1 00 000		
		Numerator	123	127	136	23	103			103	103	103		
		Denominator	113 688	85 854	118 711	25 836	85 854			85 854	85 854	85 854		
		I.2.1 Live birth under 2500g in facility rate	New Indicator	135.7/1 000	14.3%	15%	13%	13%	13%	13%	13%	12%		
Low birth weight reduced		Numerator		14 896	15 839	3691	14 408	3 602	3 602	3 602	3 602	13 240		
		Denominator		109 775	110 833	24031	110 833	27 708	27 709	27 708	27 708	110 833		
		I.2.2 Mother postnatal visit within 6 days rate	69%	71.2%	78.6%	82%	79%	79%	79%	79%	79%	81%		
		Numerator	73 886	7 543	85 685	20 038	86 090	21 522	21 523	21 522	21 522	88 270		
Postnatal care coverage increased		Denominator	107 065	107 469	108 975	24 284	108 975	27 243	27 244	27 244	27 244	108 975		
		I.3.2 Infant PCR test positive around 6 months rate	New Indicator	New Indicator	New Indicator	New Indicator	1%	1%	1%	1%	1%	1%		
		Numerator					248	62	62	62	62	558 186		
		Denominator					24 856	6 214	6 214	6 214	6 214	46493		
Child fully immunised		I.3.3 Immunisation under 1 year coverage	76%	69.3%	88.7%	83%	89%	89%	89%	89%	89%	90%		
		Numerator	123 677	111 911	116 122	27 349	116 502	116 502	116 502	116 502	116 502	117 811		
		Denominator	162 762	161 497	130 901	130 901	130 901	130 901	130 901	130 901	130 901	130 901		
		I.3.4. Measles 2 nd dose 1 year coverage	73.6%	66.3%	83.3%	82%	85%	85%	85%	85%	85%	85%		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
I. I. Maternal, Neonatal, Infant and Child Mortality reduced	Child mortality reduced	Numerator	120 683	107 772	111 128	26 949	113 371	113 371	113 371	113 371	113 371	113 371	113 371	113 371
		Denominator	163 814	162 542	133 378	133 378	133 378	133 378	133 378	133 378	133 378	133 378	133 378	133 378
		1.3.5 Death under 5 years against live birth rate	New indicator	New indicator	2%	0.4%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
		Numerator			2 181	95	1 616	404	404	404	404	404	1 616	1 616
		Denominator			110 833	23 871	80 780	20 195	20 195	20 195	20 195	20 195	80 780	80 780
		1.3.6 Neonatal death in facility rate	12.3/100 0	13.1/1 000	13.2/1000	13.1/1000	10/1000	10/1000	10/1000	10/1000	10/1000	10/1000	10/1000	10/1000
		Numerator	1 312	1 441	1 464	312	1 098	1 098	1 098	1 098	1 098	1 098	1 098	1 098
		Denominator	107 079	109 775	110 833	23 871	109 775	109 775	109 775	109 775	109 775	109 775	109 775	109 775
		1.3.7 Vitamin A dose 12-59-months coverage	62.5%	49%	63.7%	70%	68%	68%	68%	68%	68%	68%	69%	70%
		Numerator	772 904	645 728	706 625	191 904	754 546	754 546	754 546	754 546	754 546	754 546	765 642	776 738
Denominator	1 236 528	1 317 266	1 109 626	1 109 626	1 109 626	1 109	1 109	1 109	1 109	1 109	1 109	1 109		
		1.3.9 Child under 5 years diarrhoea case fatality rate	2.8%	4%	3.4%	2.2%	2.6%					2.5%	2.4%	
		Numerator	159	127	152	72	117	29	29	30	29	112	108	
		Denominator	5598	3 166	4 489	3 229	4 489	1 122	1 123	1 122	1 122	4 489	4 489	

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets			
									Q1	Q2	Q3	Q4
		1.3.10 Child under 5 years pneumonia case fatality rate	3.4%	3.3%	3.3%	2.4%	2.5%	2.5%	2.5%	2.4%	2.3%	
		Numerator	139	98	117	93	90	22	23	22	83	
		Denominator	4 053	2 955	3 592	3 936	3 592	898	898	898	3 592	
		1.3.11 Child under 5 years severe acute malnutrition case fatality rate	9.9%	8.5%	9.7%	8.4%	8.2%	8.2%	8.2%	8%	7.9%	
		Numerator	149	72	127	72	108	27	27	27	104	
		Denominator	1 498	838	1 314	854	1 314	328	329	329	1 314	

Explanation of Planned Performance over the Medium-Term Period:

Maternal deaths in the province were reduced from 37 in the financial year 2021/2022 to 22 deaths in the financial year 2022/2023. This is attributed to Essential Steps in Managing Obstetric Emergencies (ESMOE), Basic Antenatal Care (BANC) and K2 trainings which covered a significant number of clinicians in all districts. In recent years, hypertension has been a leading cause of maternal deaths but that has since changed due to implementation of management of hypertension during and post pregnancy guidelines. Currently the leading causes of maternal deaths as per the recent audited report include HIV and TB. To address this challenge there is an increased effort to screen all women of reproductive age at a community and facility level to boost early booking of pregnant women before 20 weeks. This will be done to achieve early identification of pregnant and HIV infected women to minimise pregnancy-associated complications, identify congenital birth defects, Prevent Mother-to-Child Transmission (PMTCT) and promote early access to termination of pregnancy services. Strengthening of access to quality antenatal care services by pregnant mothers is critical for the early enrolment of HIV positive mothers to antiretroviral therapy programme. All pregnant mothers are screened for TB to reduce complications that could result from the infection.

The Province has clustered district hospitals to conduct safe caesarean sections to assist with resource sharing, reduction of distances travelled by inter-facility obstetric ambulances to reduce the mortalities. Furthermore, the following interventions are planned for the next five years; Improving and maintaining effective clinical skills levels through structured skills training and mentoring and proper placement and retention of competent clinical staff. The Department will link interventions to strong clinical accountability and governance through the District Clinical Specialist Teams. Primary level and community-based services are intended to impact directly on the demand side of patient care-seeking behavior in terms of educating mothers or caregivers to make use of preventive and curative services to improve health

The Province is planning to increase access to neonatal units to reduce overcrowding in the existing units and also strengthen outreach services by neonatologists and neonatal nurses. There is equipment that has been procured to boost functioning of neonatal units.

In an effort to reduce teenage pregnancy, family planning is key in curbing the challenge including risks associated with unwanted teenage pregnancies. This will be achieved through collaborating with tertiary institutions to improve access to sexual reproductive health services by students on campus. A signed memorandum of understanding (MOU) is in place between Department of Health and Higher learning institutions. Sexual Reproductive Health trainings will be conducted in all six districts and two metros to capacitate clinicians in all facilities. The Province is establishing youth zones in health facilities to improve the appeal of Sexual Reproductive Health services to the youth. The department is currently working with United Nations Population Fund Agency (UNFPA) and Beyond Zero a Non-Governmental Organisations to improve sexual reproductive health services.

In an effort to reduce under five child mortality rate, catch-up drives in collaboration with UNICEF were conducted to improve immunisation coverage which significantly dropped during the lock down period due to Covid-19 regulations. In addition to this, the Province will continue with supporting the districts that are underperforming including hard to reach areas, and monitor effective analysis and verification of data. Due to interventions implemented, immunisation coverage rate since improved significantly from 69.3% in the financial year 2020/2021 to 83% in 2022/2023. There is currently a mass Measles Vaccination campaign underway which is targeting children in the age category of six months to 15 years. The campaign is responding to the outbreak that occurred in various parts of the country. All children between the ages of 6 months to 15 years are expected to receive the measles vaccine to prevent the spread of measles in the province. Cold chain management will continue to be improved by ensuring proper storage of available vaccines through procurement of specialised vaccination refrigerators and continuous temperature monitoring devices.

Catch-up drives will be conducted in all hard-to-reach areas to improve immunisation coverage. The department will continue facilitating Integrated Management of Childhood Illnesses (IMCI) trainings to reduce child mortality rate. To address social determinants of health associated with malnutrition and diarrhoea, inter-sectoral collaboration will be strengthened. Currently Department of Social Development is facilitating all relevant sector departments to address the underlying causes of food insecurity and poverty, through antipoverty and mother-child development programme. There are also health education activities covering important elements (nutrition in pregnancy, hygiene, handwashing, breastfeeding and infant feeding) which influence the adoption of healthy practices or behaviours to reduce diarrhoea and child malnutrition. The Mother Baby Friendly Initiative (MBFI) programme will be strengthened to improve breastfeeding rates in an effort to reduce child malnutrition.

2.8 Sub-Programme: Coroner Services

Sub-Programme Purpose

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

Table 33: Outcomes, Outputs and Output indicators and targets for the next MTEF for Coroner Services

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets								
			2019/20	2020/21		2021/22	2022/23	2023/24	2023/24 Quarterly Targets					
6. Quality of health services improved	All post mortem cases finalised	6.4.5 Percentage of post – mortem performed within 72 hours	96%	96.9%	97.7%	93.1%	98%	98%	98%	98%	98%	98%	98%	
			Numerator	9 483	9 538	2 905	2 344	2 913	2 913	2 913	2 913	2 913	2 913	2 913
			Denominator	9 860	9 839	2 972	2 517	2 972	2 972	2 972	2 972	2 972	2 972	2 972

Explanation of Planned Performance over the Medium-Term Period

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

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

2.9 Sub Programme: District Hospitals

Sub-Programme Purpose

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

Table 34: Outcomes, Outputs and Output indicators and targets for the next MTEF for District Hospital

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.3 Patient experience of care satisfaction rate	New Indicator	81.4%	81%	76%	82%	-	82%	-	-	83%	84%
		Numerator		81 389	42 016	55 170	42 542	-	42 542	-	-	43 061	43 580
		Denominator		99 996	51 881	72 198	51 881	-	51 881	-	-	51 881	51 881
	Patient Safety Improved	6.3.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	New Indicator	68%	55%	81.5%	61%	61%	61%	61%	62%	63%	
		Numerator		62	205	221	226	226	226	226	226	230	234
		Denominator		91	371	271	371	371	371	371	371	371	371
	6.3.10 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	86.5%	80%	80%	80%	80%	80%	81%	82%	
		Numerator				711	296	296	296	296	300	304	
	Denominator				822	371	371	371	371	371	371	371	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Hospital efficiencies improved		6.7.1 Average Length of Stay	4.6 days 1 201 911	4.3 days	4.5 days	4.7 days	4.5 days	4.5 days	4.5days	4.5 days	4.5 days	4.5 days	
		Numerator			1 012 207	775 150	1 012 207	1 012	1 012	1 012	1 012	1 012	
		Denominator	259 983		2 215 975	164 731	2 215 975	2 215	2 215	2 215	2 215	2 215	
		6.7.6 Inpatient (usable) bed utilisation rates	New Indicator	New Indicator	New Indicator	46.4%	48%	48%	48%	48%	49%	50%	
		Numerator				775 150	802 548	802 548	802 548	802 548	819 267	835 987	
		Denominator				1 671 974	1 671 974	1 671 974	1 671 974	1 671	1 671	1 671	
		6.7.11 Expenditure per PDE	R3 168.16	New indicator	R3 288.8	R3,779	R3,191	R3,191	R3,191	R3,191	R3,191	R3,191	
		Numerator	R5 433 682 504	-	R5 184 555 657	R2 551 475	R5	R5 030	R5 030	R5 030	R5 030	R5 030	
						030346 647	346 647	346 647	346 647	346 647	346	346 647	
		Denominator	1 735 819	-	1 576 417	675 172	1 576 417	1 576 417	1 576 417	1 576 417	1 576	1 576	
I. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	1.1.6 Maternal mortality in facility ratio	43.8/100 000	79.7/100 000	44.8/100 000	67.3/100 000	38/100 000	-	-	38/100	35/100	31.9/100	
		Numerator	26	50	28	29	24				24	22	20
	Child mortality reduced	Denominator	59 409	62 744	62 528	43 118	62 528				62 528	62 528	62 528
		1.3.12 Child under 5 years diarrhoea case fatality rate	2.3%	3.1%	2.4%	1.6%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%

Outcome (as per SP 2020/21– 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
		Numerator	91	65	74	36	72	18	18	18	72	72	
		Denominator	3 997	2 111	3 143	2 268	3 143	785	786	786	3 143	3 143	
		I.3.13 Child under 5 years' pneumonia case fatality rate	2.9%	2.3%	2.2%	1.4%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	
		Numerator	76	35	45	34	43	10	11	11	43	43	
		Denominator	2 581	1 533	2 019	2 448	2 019	504	505	505	2 019	2 019	
	Micro and macro nutrient malnutrition reduced	I.3.14 Child under 5 years severe acute malnutrition case fatality rate	8.3%	9.7%	10.8%	5.6%	10%	10%	10%	10%	9%	9%	
		Numerator	81	52	93	35	86	21	22	22	78	78	
		Denominator	978	538	863	621	863	215	216	216	863	863	
	Child mortality reduced	I.3.15 Death under 5 years against live birth rate	1.5%	1.3%	1.5%	1.4%	1%	1%	1%	1%	1%	1%	
		Numerator	855	777	873	550	582	145	146	146	582	582	
Denominator		55 714	58 675	58 152	39 980	58 152	14 538	14 538	14 538	58 152	58 152		

Explanation of Planned Performance over the Medium – Term Period

The BUR has declined gradually over the past years; improvement will be sought through finalisation of the optimisation process. Currently the province has a high number of district hospitals with poor efficiencies and thinly spread resources with direct referral into the expensive higher-level facilities.

Improvement in patient experience of care is critical by prioritising soft services as one of the criticisms by the recipients of the services, in return there will be improvements in BUR and Patient Day Equivalent (PDE).

Low performance in reporting Patient Safety Incidents will be improved through sorting issues of Clinical Governance and patient care, inculcating the culture of timeous reporting and management of Patient Safety Incidents when they arise.

To strive towards rendering the full district hospital package within the prioritised hospitals which will serve as source of benchmark for the rest of the hospitals.

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

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

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



2.10 Programme Resource Consideration

Table 35: Summary of payments and estimates: P2 – District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
1. District Management	1 012 920	1 233 777	1 107 030	973 604	1 029 490	1 071 336	980 928	1 075 807	1 082 926	(8.4)
2. Community Health Clinics	2 862 890	2 956 236	3 196 102	2 707 170	2 728 764	2 954 606	2 776 786	3 102 515	3 135 995	(6.0)
3. Community Health Centres	1 254 401	1 276 808	1 417 103	1 389 761	1 423 538	1 414 788	1 376 780	1 485 939	1 554 088	(2.7)
4. Community Based Services	562 012	471 870	585 025	811 752	834 764	744 467	823 646	827 569	863 953	10.6
5. Other Community Services	72 687	54 342	77 412	318 099	311 846	204 159	48 700	77 019	81 888	(76.1)
6. HIV/Aids	2 398 092	3 082 132	2 851 055	2 762 848	2 762 178	2 762 178	2 743 167	2 868 138	2 993 192	(0.7)
7. Nutrition	27 281	36 816	30 100	41 874	41 874	27 554	40 067	40 752	42 579	45.4
8. Coroner Services	117 315	124 823	137 156	112 979	116 411	131 510	115 226	119 288	124 567	(12.4)
9. District Hospitals	5 332 442	5 838 597	5 693 894	5 284 429	5 587 847	5 622 334	5 283 108	5 484 581	5 719 160	(6.0)
Total payments and estimates	13 640 040	15 075 401	15 094 877	14 402 516	14 836 712	14 932 932	14 188 408	15 081 608	15 598 348	(5.0)

Table 36: Summary of payments and estimates by economic classification: P2 – District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
Current payments	13 082 349	14 468 614	14 810 440	14 164 021	14 382 493	14 454 129	13 895 685	14 860 164	15 366 984	(3.9)
Compensation of employees	9 328 322	9 835 966	10 117 843	9 941 573	10 322 046	10 205 154	10 025 841	10 501 173	10 789 537	(1.8)
Goods and services	3 745 787	4 602 676	4 691 268	4 222 448	4 060 447	4 233 177	3 869 844	4 358 991	4 577 447	(8.6)
Interest and rent on land	8 240	29 972	1 329	–	–	15 798	–	–	–	(100.0)
Transfers and subsidies to:	462 964	462 984	113 039	102 644	315 205	339 789	118 094	97 955	102 343	(65.2)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	15 206	15 206	15 206	–	–	–	(100.0)
Higher education institutions	–	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	–
Non-profit institutions	9 060	8 495	–	5 000	19 212	19 212	35 541	15 938	16 652	85.0
Households	453 904	454 489	113 039	82 438	280 787	305 371	82 553	82 017	85 691	(73.0)
Payments for capital assets	94 727	143 803	171 398	135 851	139 014	139 014	174 629	123 489	129 021	25.6
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	–
Machinery and equipment	94 727	143 803	171 398	135 851	139 014	139 014	174 629	123 489	129 021	25.6
Heritage Assets	–	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–	–
Total economic classification	13 640 040	15 075 401	15 094 877	14 402 516	14 836 712	14 932 932	14 188 408	15 081 608	15 598 348	(5.0)

Tables 35 and 36 above show the summary of payments and estimates for District Health Services per sub-programme and economic classification. The programme's total expenditure increased from R13.640 billion in 2019/20 to a revised estimate of R14.932 billion in 2022/23. In 2023/24, the budget decreases by 5.0 per cent from R14.932 billion to R14.188 billion when compared to the 2022/23 revised estimate.

Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of employees shows a negative growth of 1.8 per cent from R10.205 billion to R10.025 billion when compared to the 2022/23 revised estimate due to a high revised estimate as a result of a 2022/23 additional allocation to deal with the COVID-19 pandemic.

Goods and services shows a negative growth 8.6 per cent from R4.233 billion to R3.869 billion when compared to the 2022/23 revised estimate due to reprioritisation to fund medical equipment within the programme.

Transfers and subsidies show a negative growth of 65.2 per cent from R339.789 million to R118.094 million when compared to the 2022/23 revised estimate due to high revised estimates in 2023/24 as a result of payment of medico legal claims.

Payments for capital assets show a positive growth of 25.6 per cent from R139.014 million to R174.629 million when compared to the 2022/23 due to funds reprioritised for medical equipment to monitor high risk pregnancies, new-borns and children such as incubators, CPAP compressors and diagnostic sets.

2.11 Key Risks

The table below outlines the key risks.

Table 37: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
<ul style="list-style-type: none"> Quality of health services improved. Community engagement improved. Morbidity and Premature mortality due to Non-Communicable diseases reduced. Maternal, Neonatal, Infant and Child Mortality reduced. 	<ul style="list-style-type: none"> Non adherence to National Guidelines and Policies on management of TB, HIV & AIDS and STI patients resulting to inadequate management of client with HIV, TB & STI 	<ul style="list-style-type: none"> Filing of funded strategic posts in the ARP. Strengthened Infection Prevention and Control strategies. Conduct monitoring support visits to districts and facilities quarterly. Twelve decentralised sites to be converted to fully fledged MDR sites with the necessary resources. Conduct HAST awareness campaign roadshows in all Districts/Metros. Conduct a comprehensive training of HAST Programmes for the Outreach Teams. Enforce compliance with policies, procedures and SOPs. Continuous monitoring and analysis of patient data reports.
	<ul style="list-style-type: none"> High Maternal and Perinatal Mortality Rate 	<ul style="list-style-type: none"> Implementation of the quarterly community mobilisation and education in each district. Revive & strengthen District Hospital Neonatal units (increase resources and training). Establishment of rehabilitation units for children with Cerebral Palsy in priority hospitals.

Outcome	Risk	Mitigating factors
		<ul style="list-style-type: none"> Implementation of prioritised posts in Annual Recruitment Plan. Conduct monitoring support visits and continuously monitoring the trends from the analysis reports. Implementation of meetings action list
	<ul style="list-style-type: none"> High Child Mortality Rate 	<ul style="list-style-type: none"> Continuous training and capacitation of staff personnel on Child Health Policy Guidelines. Implementation and monitoring of DHPs. Monitoring the implementation of immunisation catch-up campaigns. Conduct monitoring support visits to priority Institutions. Ensure monitoring and implementation of the Annual Recruitment Plan. Implementation of meetings action list.
	<ul style="list-style-type: none"> Challenges with prevention, early detection and management of Non-Communicable and Chronic Diseases. 	<ul style="list-style-type: none"> Continuous training and capacitation of staff on management of chronic diseases. Implementation and monitoring of DHPs. Implementation of meetings action list.



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PROGRAMME 3

EMERGENCY MEDICAL SERVICES (EMS)

Together, moving the health system forward



PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 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.

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

- Communication Services: Call taking and dispatching of emergency calls.
- Road ambulances and Aeromedical Services: modes of patient transport to definitive care.
- Specialised Services: Medical Rescue and Disaster Management.

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

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

Sub-Programme: Emergency Transport

Sub-Programme Priorities

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

Sub-Programme: Planned Patient Transport

Sub-Programme Priorities

- Rollout of electronic booking system integrated with hospital booking and referral system.
- Deployment or appointment of dedicated planned patient transport staff.

Table 38: Outcomes, Outputs and Output indicators and targets for the next MTEF for Emergency Medical Services (EMS)

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets				2024/25	2025/26	
								Q1	Q2	Q3	Q4			
6. Quality of health services improved	EMS response time adhered to	6.5.1 EMS PI urban response under 30 minutes rate	New Indicator	48%	48.2%	53%	50%	50%	50%	50%	53%	55%		
		Numerator		21 910	26 228	4 376	27 218	6 804	6 805	6 805	6 804	28 851	29 940	
		Denominator		45 618	54 436	8 199	54 436	13 609	13 609	13 609	13 609	54 436	54 436	
		6.5.2 EMS PI rural response under 60 minutes rate	New Indicator	64%	65.8%	63%	65%	65%	65%	65%	65%	66%	67%	
		Numerator		60 742	72 893	13 535	72 040	18 010	18 010	18 010	18 010	73 148	74 257	
		Denominator		94 913	110 831	21 447	110 831	27 707	27 707	27 707	27 707	110 831	110 831	
	Functional PTVs available	6.5.4 Number of Patients transported on the PTV services	New Indicator	10 571	40 688	59 059	60 000	15 000	15 000	15 000	60 000	60 000		

Explanation of planned performance over the Medium-Term period

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

Improving response times for priority 1 calls in both rural districts and urban metropolitan municipalities has a direct contribution to the provincial goal of improving the quality of health care for all residents of the Eastern Cape. The priority 1 calls mainly include the maternal and neonatal care, cardiac related incidents, and trauma incidents. The ability to respond to these incidents by qualified emergency care practitioners, with appropriate equipment will ensure that the quality of health care provided to the community and residents of the Eastern Cape is of the highest standard. Since the majority of priority 1 cases required advanced skills in emergency care, the department will invest in increasing the number of paramedics that have specialised skills to manage emergencies. The placement of these paramedics will prioritise the rural districts such as Alfred Nzo, Joe Gqabi, Amathole, OR Tambo, and Sarah Baartman.

Other resources allocated to improve response times to priority 1 calls include the air ambulance (helicopter ambulance and the fixed wing aircraft). The helicopter will operate from Nelson Mandela Metro, Buffalo City Metro, and OR Tambo district. These locations will be the main points while the service would be available for the whole province, western districts, central/northern districts, and Eastern districts respectively. The service will be despatched to highly critical emergencies especially in hard to reach parts of the province where road transfer would take longer hence compromising the outcomes of care. The programme will also utilize a fixed wing air ambulance service on an ad hoc basis to transfer patients to specialist hospitals in the Western Cape Province, Kwa-Zulu Natal province.

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

A second approach to decentralization involves the allocation of dedicated ambulances at priority hospitals for inter-facility transfers. The programme has started the process of placing ambulances at high volume hospitals to deal with referrals (upwards and downwards) and discharges. Inter-facility transfers account for the largest volume of cases handled by EMS, often greater than 30% per quarter. These cases are mainly patients being referred to the next level of care and also discharges from higher levels of care to district hospitals. An increase in inter-facility transfer cases leads to a delay in responding to pre-hospital emergencies from the community. The programme has introduced an approach to allocate ambulances at selected hospitals to respond exclusively to inter-facility transfer cases. Already there is an ambulance placed at Nelson

Mandela Academic Hospital for referrals between NMAH, Mthatha Regional Hospital, and Bedford Orthopaedic Hospital. A similar service is provided in health centres in Gqebera to move critical patients from the health centre to either Livingstone Tertiary Hospital or Dorah Nginza Regional Hospital. Over the medium term, the programme will expand the service to other hospitals in the 28 priority hospitals list, starting in this financial year with Butterworth Hospital, Bhisho and Grey Hospital, Tafelofefe hospital, amongst other identified hospitals.

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

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

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

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

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

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

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

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

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

3.2 PROGRAMME RESOURCE CONSIDERATION

Table 39: Summary of payments and estimates: P3 – Emergency Medical Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
1. Emergency Transport	1 034 403	1 041 760	1 089 966	1 235 729	1 255 684	1 264 426	1 244 784	1 291 296	1 351 518	(1.6)
2. Planned Patient Transport	243 358	230 286	263 556	117 346	122 959	267 756	262 889	272 213	284 021	(1.8)
Total payments and estimates	1 277 761	1 272 046	1 353 522	1 353 075	1 378 643	1 532 182	1 507 673	1 563 509	1 635 539	(1.6)

Table 40: Summary of payments and estimates by economic classification: P3 – Emergency Medical Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
Current payments	1 174 650	1 173 637	1 210 602	1 209 457	1 235 025	1 323 031	1 383 492	1 437 203	1 503 574	4.6
Compensation of employees	913 266	980 226	998 795	881 482	907 050	1 046 116	1 079 637	1 140 669	1 166 655	3.2
Goods and services	261 384	193 411	211 807	327 975	327 975	276 915	303 855	296 534	336 919	9.7
Interest and rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	3 128	1 921	3 971	3 970	3 970	3 982	4 145	4 216	4 405	4.1
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	3 128	1 921	3 971	3 970	3 970	3 982	4 145	4 216	4 405	4.1
Payments for capital assets	99 983	96 488	138 949	139 648	139 648	205 169	120 036	122 090	127 560	(41.5)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	99 983	96 488	138 949	139 648	139 648	205 169	120 036	122 090	127 560	(41.5)
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	1 277 761	1 272 046	1 353 522	1 353 075	1 378 643	1 532 182	1 507 673	1 563 509	1 635 539	(1.6)

Tables 39 and 40 above show the summary of payments and estimates for Emergency Medical Services per sub-programme and economic classification. The programme's total expenditure increased from R1.277 billion in 2019/20 to a revised estimate of R1.532 billion in 2022/23. In 2023/24, the budget decreased by 1.6 per cent from R1.532 billion to R1.507 billion when compared to the 2022/23 revised estimate.

Compensation of employees shows a positive growth of 3.2 per cent from R1.046 billion to R1.079 billion when compared to the 2022/23 revised estimate due to additional funding of the compensation of employees cost of living adjustments.

Goods and services show a positive growth 9.7 per cent from R276.915 million to R303.855 million when compared to the 2022/23 revised estimate due to the reprioritisation of funds to fleet management from finance lease under payments of capital assets.

Transfers and subsidies show a positive growth of 4.1 per cent from R3.982million to R4.145 million when compared to the 2022/23 revised estimate due to provision for payment of leave gratuities.

Payments for capital assets show a negative growth of 41.5 per cent from R205.169 million to R120.036 million when compared to the 2022/23 revised estimate due to payments made to fleet management from finance lease under payments of capital assets to alleviate current pressures under goods and services.

3.3 Key Risks

The table below outlines the key risks.

Table 41: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
<ul style="list-style-type: none"> Quality of health services improved. 	<ul style="list-style-type: none"> Inadequate EMS Services. Delayed repairs. Industrial action. 	<ul style="list-style-type: none"> Filling of funded strategic posts Ensure the implementation of the electronic call taking dispatch system. Increase the number of functional vehicles suitable for the rural terrain. Integrated quarterly management and human capital (supervision, labour relations, development). Establish a formal memorandum of understanding between DOH/EMS and provincial SAPS. Integration of EMS corporate service functions into district management. Continuous training of EMS personnel. Strengthened employee's relations management.



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PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES (REGIONAL & SPECIALISED)

Together, moving the health system forward



PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

4.1 Programme Purpose

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

Sub-Programme 4.1 - General (Regional) Hospitals

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

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

Sub-Programme 4.2 - Tuberculosis (TB) Hospitals

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

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

Sub-Programme 4.3 - Psychiatric / Mental Hospitals

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

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



Table 42: Outcomes, Outputs and Output indicators and targets for the next MTEF for Regional Hospitals

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets			
									Q1	Q2	Q3	Q4
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.4 Patient experience of care satisfaction rate	New Indicator	73.7%	69.4%	70%	72%	-	72%	-	73%	74%
		Numerator		32 858	15 483	26 504	16 068		16 068		16 291	16 514
		Denominator		44 594	22 317	38 028	22 317		22 317		22 317	22 317
		6.3.2 Severity assessment code- (SAC) I incident reported within 24 hours rate	New Indicator	87.8%	75%	94%	80%	80%	80%	80%	82%	85%
	Patient Safety Improved	Numerator		394	458	129	488	488	488	488	500	519
		Denominator		449	610	137	610	610	610	610	610	610
		6.3.1.1 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	88%	88%	88%	88%	88%	89%	90%
		Numerator				352	440	440	440	440	445	450
		Denominator				400	500	500	500	500	500	500
		Efficiency indicators improved	6.7.2 Average length of stay	5.7 days	5.6 days	5.8 days	6.1 days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days
Numerator				518 553		488 070	488 070	488 070	488 070	488 070	488 070	
Denominator				88 740		88 740	88 740	88 740	88 740	88 740	88 740	
6.7.7 Inpatient (usable) bed utilisation rates	New Indicator		New Indicator	New Indicator	69.6%	75%	75%	75%	75%	77%	78%	
	Numerator				396 778	427 508	427 508	427 508	427 508	438 908	444 608	
	Denominator				570 010	570 010	570 010	570 010	570 010	570 010	570 010	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets								
			2019/20	2020/21		2021/22	2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
		6.7.12 Expenditure per PDE	R3759	New indicator	R3 921	R3,955	R4,000	R4,000	R4,000	R4,000	R4,000	R4,000	R4,000	
		Numerator	R2 877 852		R2 726 081	2 749 879	2 781 168	2 781 168	2 781 168	2 781 168	2 781 168	2 781 168		
		Denominator	277		943			168	168	168				
		76 5554		695 292	695 292	695 292	695 292	695 292	695 292	695 292	695 292	695 292		
I.1.1. Maternal, Neonatal, infant and Child Mortality reduced	Maternal mortality reduced	I.1.7 Number of maternal deaths in facility	32	59	52	8	33	9	8	8	8	30	28	
		I.3.16 Child under 5 years diarrhoea case fatality rate	3.3%	3%	3%	0.54%	2.6%	2.6%	2.6%	2.6%	2.6%	2.5%	2.4%	
		Numerator	34	17	25	1	22	5	6	6	5	21	20	
		Denominator	1037	575	836	184	836	209	209	209	209	836	836	
	Child mortality reduced	I.3.17 Child under 5 years' pneumonia case fatality rate	2.4%	3.2%	3.9%	2.2%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	
		Numerator	20	30	46	5	31	7	8	8	8	31	31	
		Denominator	828	925	1167	229	1167	291	292	292	292	1167	1167	
		I.3.18 Child under 5 years severe acute malnutrition case fatality rate	11.5%	2.3%	6.2%	14.3%	5%	5%	5%	5%	5%	5%	4.5%	
	Micro and macro nutrient malnutrition reduced	Numerator	52	6	25	10	20	5	5	5	5	18	18	
		Denominator	450	253	403	70	403	100	101	101	101	403	403	
		I.3.19 Number of death in facility under 5 years	624	655	735	159	550	137	137	138	138	550	550	
		Child mortality reduced												

4.2 Sub – Programme: Tuberculosis (TB) Hospitals

Table 43: Outcomes, Outputs and Output indicators and targets for the next MTEF for Tuberculosis (TB) Hospitals

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets					
			2019/20	2020/21	2021/22	2023/24 Quarterly Targets				2024/25	2025/26		
						Q1		Q2	Q3	Q4			
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.5 Patient experience of care satisfaction rate	New Indicator	86.6 %	86.2%	81%	88%	-	88%	-	-	89%	90%
		Numerator		5 889	6 095	6 143	6 225		6 225			6 296	6 367
		Denominator		6 798	7 074	7 628	7 074		7 074			7 074	7 074
		6.3.3 Severity assessment code (SAC) incident reported within 24 hours rate	New Indicator	0%	50%	100%	80%	80%	80%	80%	80%	80%	80%
	Patient Safety Improved	Numerator			1	1	4	4	4	4	4	4	4
		Denominator			2	1	5	5	5	5	5	5	5
		6.3.12 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	87%	83%	83%	83%	83%	84%	85%	
		Numerator				4	5	5	5	5	5	5	5
		Denominator				5	6	6	6	6	6	6	6
		Hospital efficiencies improved	6.7.3 Average length of stay	80 days	44 days	41days	38 days	60 days	60 days	60 days	60 days	60 days	60 days
Numerator				113 797	103 488	166 560	166 560	166 560	166 560	166 560	166 560	166 560	
		Denominator			2 776	2 776	2 776	2 776	2 776	2 776	2 776	2 776	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
		6.7.8 Inpatient (usable) bed utilisation rates	New Indicator	New Indicator	New Indicator	31.1%	40%	40%	40%	40%	40%	42%	44%	
		Numerator				97 463	125 172	125 172	125 172	125 172	125 172	131 431	137 690	
		Denominator				312 931	312 931	312 931	312 931	312 931	312 931	312 931	312 931	
		6.7.13 Expenditure per PDE	R3 759	New indicator	R3 887.5	R3,197.8	R3,800	R3,800	R3,800	R3,800	R3,800	R3,800	R3,800	
		Numerator	R2 877 852 277		R458 255 800.5	R376 862	447 944	447 944	447 944	447 944	447 944	447 944	447 944	
		Denominator	765 554		117 880	117 880	117 880	117 880	117 880	117 880	117 880	117 880	117 880	

4.3 Sub – Programme: Psychiatric / Mental Hospitals

Sub- Programme Priorities

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

Table 44: Outcomes, Outputs and Output indicators and targets for the next MTEF for Psychiatric / Mental Hospitals

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets							
			2019/20	2020/21		2021/22	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.6 Patient experience of care satisfaction rate	New Indicator	78.9%	77%	83%	84%	-	84%	-	85%	86%	
		Numerator		5 037	2 604	4 450	2 843		2 843		2 876	2 910	
		Denominator		6 383	3 384	5 357	3 384		3 384		3 384	3 384	
	Patient Safety Improved	6.3.4 Severity assessment code (SAC) Incident reported within 24 hours rate	New Indicator	100%	80%	100%	100%	100%	100%	100%	100%	100%	
		Numerator		4	4	6	5	5	5	5	5	5	
		Denominator		4	5	6	5	5	5	5	5	5	

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets					
			2019/20	2020/21		2021/22	2023/24	2023/24 Quarterly Targets			
								Q1	Q2	Q3	Q4
		6.3.13 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%
		Numerator				5	5	5	5	5	5
		Denominator				5	5	5	5	5	5

Explanation of planned performance over the Medium-Term period

The vacant and critical leadership positions of five regional hospital Chief Executive Officers at regional hospitals pose a threat to leadership and governance. We are moving with speed to address this vacuum and the related acting appointments to improve hospital services and for better health outcomes. Governance and leadership will be improved through the appointments and filling of these vacant posts including Clinical Governance Management heads at regional hospitals. Furthermore, community engagements will be improved with the establishment of all hospital boards in line with the revised guidelines for the next 3 years according to the hospital board policy. The migration processes towards the reclassification of St Patrick's district hospital into a Regional Hospital in lieu of regulations relating to categories of hospitals gazette and the renaming of St Patricks Hospital to Oliver & Adelaide Tambo Regional hospital will be addressed. This in turn would require funds to follow the programme function, and the hospital budget be re-allocated under the P4.1 BAS Budget Sub-Programme Allocation. Similar alignment would have to be configured in all the transversal systems, and the reporting structure would fall under the Chief director Hospitals Services within the Regional Hospitals. Re-establishment of clinical training platforms in hospitals will be prioritized so as to strengthen clinical training for nurses.



4.5 PROGRAMME RESOURCE CONSIDERATION

Table 45: Summary of payments and estimates: Programme 4 – Provincial Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
1. General (Regional) Hospitals	3 152 971	3 093 261	2 748 880	2 519 839	2 622 831	2 876 138	2 719 261	2 875 755	3 126 651	(5.5)
2. To Hospitals	310 434	348 096	382 771	439 934	447 634	389 477	489 100	474 039	496 472	25.6
3. Psychiatric Mental Hospitals	562 994	539 008	554 702	588 282	616 386	625 309	678 353	707 048	679 633	8.5
Total payments and estimates	4 026 399	3 980 365	3 686 353	3 548 055	3 686 851	3 890 924	3 886 714	4 056 842	4 302 756	(0.1)

Table 46: Summary of payments and estimates by economic classification: P4 – Provincial Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
Current payments	3 726 914	3 650 814	3 646 550	3 498 066	3 581 063	3 766 207	3 835 937	4 009 168	4 252 947	1.9
Compensation of employees	2 844 562	2 829 001	2 979 731	2 746 585	2 860 698	3 068 318	2 951 602	3 010 219	3 211 595	(3.8)
Goods and services	869 098	801 650	666 224	751 481	720 365	686 170	884 335	998 949	1 041 352	28.9
Interest and rent on land	13 254	20 163	595	-	-	11 719	-	-	-	(100.0)
Transfers and subsidies to:	286 900	318 371	25 773	36 635	92 434	110 540	38 426	35 101	36 673	(65.2)
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	286 900	318 371	25 773	36 635	92 434	110 540	38 426	35 101	36 673	(65.2)
Payments for capital assets	12 585	11 180	14 030	13 354	13 354	14 177	12 351	12 573	13 136	(12.9)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	12 585	11 180	14 030	13 354	13 354	14 177	12 351	12 573	13 136	(12.9)
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	4 026 399	3 980 365	3 686 353	3 548 055	3 686 851	3 890 924	3 886 714	4 056 842	4 302 756	(0.1)

Tables 45 and 46 above shows the summary of payments and estimates for Provincial Hospital Services per sub-programme and economic classification. The programme's total expenditure decreased from R4.026 billion in 2019/20 to a revised estimate of R3.890 billion in 2022/23. In 2023/24, the budget decreases by 0.1 per cent from R3.890 billion to R3.886 billion when compared to the 2022/23 revised estimate.

Compensation of employees shows a negative growth of 3.8 per cent from R3.068 billion to R2.951 billion when compared to the 2022/23 revised estimate due to COVID-19 (vaccination programme) expiry of contracts that will not be renewed.

Goods and services show a positive growth of 28.9 per cent from R686.170 million to R884.335 million when compared to the 2022/23 revised estimate due to additional funding of core items and internal reprioritisation to fund cost pressures for National Health laboratory services, medical supplies, municipal services and Chronic Psychiatric care.

Transfers and subsidies show a negative growth of 65.2 per cent from R110.540 million to R38.426 million when compared to the 2022/23 revised estimate due to a high revised estimate as a result of payment of Medico Legal Claims.

Payments for capital assets show a negative growth of 12.9 per cent from R14.177 million to R12.351 million when compared to the 2022/23 revised estimate, due to reprioritisation to fund pressures under goods and services.

4.6 Key Risks

The table below outlines the key risks.

Table 47: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
<ul style="list-style-type: none">• Quality of health services improved.• Community engagement improved.	<ul style="list-style-type: none">• Non-adherence to policies and guidelines on referrals and services between Primary, Secondary and Tertiary Services.	<ul style="list-style-type: none">• Ensure timeous filling of critical and replacement posts.• Enforcement of Policies and SOPs.• Implementation of the meeting resolutions.• Strengthen the quality of reports.• Procurement of appropriate healthcare technology as per APP.



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HEALTH



PROGRAMME 5

CENTRAL & TERTIARY HOSPITALS

Together, moving the health system forward



PROGRAMME 5: CENTRAL & TERTIARY HOSPITAL SERVICES

Sub-programme 5.1: Central Hospital Services

Central Hospital: Nelson Mandela Academic Hospital

Sub-Programme Purpose

To strengthen and continuously develop the modern tertiary services platform to adequate levels 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:

Table 48: Outcomes, Outputs and Output indicators and targets for the next MTEF for Central Hospital Services

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.7 Patient experience of care satisfaction rate	New Indicator	69%	81.6%	84%	85%	-	85%	-	-	86%	87%	
		Numerator		69	2 896	3 057	3 016		3 016			3 051	3 087	
		Denominator		100	3 548	3 625	3 548		3 548			3 548	3 548	
	Patient Safety improved	6.3.5 Severity assessment code (SAC) I incident reported within 24 hours rate	New Indicator	100%	63%	96%	80%	80%	80%	80%	80%	84%	85%	
		Numerator		1	135	49	172	172	172	172	172	180	183	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets								
			2019/20	2020/21		2021/22	2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
I. I. Maternal, Neonatal, Infant and Child Mortality reduced		Denominator		1	215	51	215	215	215	215	215	215	215	215
		6.3.14 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	98%	80%	80%	80%	80%	80%	84%	85%		
		Numerator			211	172	172	172	172	172	180	183		
		Denominator			215	215	215	215	215	215	215	215		
	Hospital efficiencies improved	6.7.4 Average length of stay	6.6days	8.3 days	8.3 days	8days	8days	8days	8days	8days	8days	8days	8days	8days
		Numerator			220 348	153 818	212 840	212 840	212 840	212 840	212 840	212 840	212 840	
		Denominator			26 605	18 519	26 605	26 605	26 605	26 605	26 605	26 605	26 605	
		6.7.9 Inpatient (usable) bed utilisation rates	New Indicator	New Indicator	74.1%	83%	83%	83%	83%	83%	83%	83%		
		Numerator				153 819	229 661	229 661	229 661	229 661	229 661	229 661	229 661	
		Denominator				207 525	276 700	276 700	276 700	276 700	276 700	276 700	276 700	
		6.7.14 Expenditure per PDE	R4,677	New Indicator	R4 831	R5,547	R4,953	R4,953	R4,953	R4,953	R4,953	R4,953	R4,953	
		Numerator	R1 433 055 466		R1 425 746 512	R1 637 186	R1 461 868	R1 461 868	R1 461 868	R1 461 868	R1 461 868	R1 461 868	868	
	Denominator	306 429		295 148	295 148	295 148	295 148	295 148	295 148	295 148	295 148	295 148		
	Maternal mortality reduced		I.1.8 Number of maternal deaths in facility	45	46	43	30	39	10	10	10	9	37	35
I.3.20 Child under 5 years diarrhoea case fatality rate			6.8%	9.8%	17%	8.7%	9.3%	9.3%	9.3%	9.3%	9.3%	8.9%	8.6%	
Numerator			31	40	52	21	29	7	8	7	7	28	27	
Denominator			450	405	309	242	309	77	78	77	77	309	309	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23		2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
mortality reduced		I.3.21 Child under 5 years' pneumonia case fatality rate	8%	7.8%	14%	16.9%	9.2%	9.2%	9.2%	9.2%	9.2%	8.6%	8.4%	
		Numerator	39	29	26	30	17	4	5	4	4	16	15	
		Denominator	484	368	187	178	187	46	47	47	47	187	187	
Micro and macro nutrient malnutrition reduced		I.3.22 Child under 5 years severe acute malnutrition case fatality rate	19%	28%	26%	32.1%	25%	25%	25%	25%	25%	19%	16%	
		Numerator	8	11	8	9	7	7	7	7	7	6	5	
		Denominator	42	39	31	28	31	31	31	31	31	31	31	
Child mortality reduced		I.3.23 Number of death in facility under 5 years	457	386	403	284	360	90	90	90	320	300		

Sub-Programmes 5.2: Provincial Tertiary Hospital Services

- Livingstone Hospital
- Frere Hospital

Sub-Programme Purpose

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

Table 49: Outcomes, Outputs and Output indicators and targets for the next MTEF for Provincial Tertiary Hospital Services

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets								
			2019/20	2020/21		2021/22	2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.8 Patient experience of care satisfaction rate	New Indicator	72.7%	80.2%	74%	82%	-	82%	-	-	85%	86%	
		Numerator		9 396	13 807	33 273	14 104		14 104			14 620	14 792	
		Denominator		12 917	17 200	45 231	17 200		17 200			17 200	17 200	
		6.3.6 Severity assessment code (SAC) incident reported within 24 hours	New Indicator	0%	72%	98.9%	80%	80%	80%	80%	80%	85%	85%	
	Patient safety improved	Numerator		0	34	88	37	37	37	37	37	40	40	
		Denominator		0	47	89	47	47	47	47	47	47	47	
		6.3.15 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	99.7%	80%	80%	80%	80%	80%	80%	80%	
		Numerator				298	224	224	224	224	224	224	224	
	Hospital efficiencies improved	Denominator				299	280	280	280	280	280	280	280	
		6.7.5 Average length of stay	5.7 days	6 days	5.6 days	6.9 days	6 days	6 days	6 days	6 days	6 days	6 days	6 days	
		Numerator			430 324	337 462	460 698	460 698	460 698	460 698	460 698	460 698	460 698	
		Denominator			76 783	49 088	76 783	76 783	76 783	76 783	76 783	76 783	76 783	
		6.7.10 Inpatient (usable) bed utilisation rates	New Indicator	New Indicator	New Indicator	69.2%	75%	75%	75%	75%	75%	76%	77%	
		Numerator				337 462	365 906	365 906	365 906	365 906	365 906	370 785	375 664	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2019/20	2020/21	2021/22		2022/23	2023/24	2023/24 Quarterly Targets				2024/25	2025/26
									Q1	Q2	Q3	Q4		
		Denominator				487 875	487 875	487 875	487 875	487 875	487 875	487 875	487 875	
		6.7.15 Expenditure per PDE	R3,700	New Indicator	R3 522	R4,002	R4,586	R4,586	R4,586	R4,586	R4,586	R4,586	R4,586	
		Numerator	R2 994 213		R 671 922	R3 033 816	R3 479 284	R3 479 284	R3 479 284	R3 479 284	R3 479 284	R3 479 284	R3 479 284	
		Denominator	809 313		758 675	758 675	758 675	758 675	758 675	758 675	758 675	758 675	758 675	
		Maternal mortality reduced	I.1.9 Number of maternal deaths in facility	17	15	9	6	8	2	2	2	2	8	7
			I.3.24 Child under 5 years diarrhoea case fatality rate	2.6%	6.7%	0.5%	2.0%	6%	6%	6%	6%	6%	6%	6%
			Numerator	3	5	1	3	12	12	12	12	12	12	12
			Denominator	114	75	201	150	201	201	201	201	201	201	201
			I.3.25 Child under 5 years' pneumonia case fatality rate	2.5%	3.1%	0%	1.6%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
		Child mortality reduced	Numerator	4	4	0	4	4	4	4	4	4	4	4
Denominator	160		129	219	258	219	219	219	219	219	219	219		
I.3.26 Child under 5 years severe acute malnutrition case fatality rate	28.6%		37.5%	6%	10%	6%	6%	6%	6%	6%	6%	6%		
Numerator	8		3	1	1	1	1	1	1	1	1	1		

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets				
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets			
								Q1	Q2	Q3	Q4
	Micro and macro nutrient malnutrition reduced	Denominator 1.3.27 Number of death in facility under 5 years	28	8	17	10	17	17	17	17	17
			161	143	143	103	130	33	33	32	32
											115

Explanation of planned performance over the Medium-Term period

The vacant and critical leadership positions of Chief Executive Officers at Central and Tertiary hospitals pose a threat to leadership and governance. We are moving with speed to address this vacuum and the related acting appointments to improve hospital services and for better health outcomes. Governance and leadership will be improved through the appointments and filling of these vacant posts including Clinical Governance Management heads at central, tertiary and specialised tertiary hospitals. Furthermore, community engagements will be improved with the establishment of all hospital boards in line with the revised guidelines for the next 3 years according to the hospital board policy.

The department remains resolute in its firm commitment to enhance the provision of Oncology Services throughout the province. There is significant progress regarding the Development of Oncology and Radiotherapy Services at the Nelson Mandela Central Academic Hospital in Mthatha Eastern Cape. The award for the Construction of the Oncology Radiation Bunker, and support facilities inclusive of the procurement of the state of the art Linear Accelerator machine and other related equipment, has been awarded and the contractor is set to commence works at the end of March 2023. Meanwhile the provision of chemotherapy services is functional at the NMAH Centre of Excellence Sir Henry Site and plans are underway to strengthen and further extend outreach to identified sites in the surrounding OR Tambo and Alfred Nzo districts. This will drastically reduce the number of patients that have to travel from Mthatha to be assessed and seen at Frere Hospital in East London.

Sub-Programmes 5.3: Specialised Tertiary Hospital

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

Sub-Programme Purpose

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

Table 50: Outcomes, Outputs and Output indicators and targets for the next MTEF for Specialised Tertiary Hospital

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23		2023/24	2023/23 Quarterly Targets				2024/25	2025/26
			0	1					Q1	Q2	Q3	Q4		
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.9 Patient experience of care satisfaction rate	New Indicator	86.7%	84.1%	86.4%	87%	87%	-	87%	-	-	88%	90%
		Numerator		1 369	1 130	2 100	1 168	1 168		1 168			1 182	1 209
	Patient safety improved	Denominator		1 578	1 343	2 428	1 343	1 343		1 343			1 343	1 343
		6.3.7 Severity assessment code (SAC) 1 incident reported within 24 hours rate	New Indicator	100%	100%	100%	79%	79%	79%	79%	79%	79%	79%	79%
		Numerator		58	3	1	46	46	46	46	46	46	46	46
		Denominator		58	3	1	58	58	58	58	58	58	58	58

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2023/23 Quarterly Targets				2023/24	2024/25	2025/26
							Q1	Q2	Q3	Q4			
		6.3.16 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator				38	38	38	38	38	38	38	38
		Denominator				38	38	38	38	38	38	38	38

Explanation of planned performance over the Medium-Term period

The vacant and critical leadership positions of seven hospital Chief Executive Officers at regional and tertiary hospitals pose a threat to leadership and governance. We are moving with speed to address this vacuum and the related acting appointments to improve hospital services and for better health outcomes. Governance and leadership will be improved through the appointments and filling of these vacant posts including Clinical Governance Management heads at regional, central, tertiary and specialised tertiary hospitals. Furthermore, community engagements will be improved with the establishment of all hospital boards in line with the revised guidelines for the next 3 years according to the hospital board policy.

5.6 PROGRAMME RESOURCE CONSIDERATION

Table 51: Summary of payments and estimates: P5 – Central Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
1. Central Hospital Services	1 350 353	1 636 775	1 521 690	1 655 539	1 755 366	1 836 426	1 498 009	1 594 928	1 675 800	(18.4)
2. Provincial Tertiary Services	2 978 937	3 208 628	3 229 836	3 095 865	3 155 031	3 295 363	3 445 064	3 422 925	3 701 446	4.5
Total payments and estimates	4 329 290	4 845 403	4 751 526	4 751 404	4 910 397	5 131 789	4 943 073	5 017 853	5 377 246	(3.7)

Table 52: Summary of payments and estimates by economic classification: P5 – Central Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
Current payments	4 150 526	4 564 702	4 657 936	4 518 415	4 526 307	4 747 699	4 761 070	4 802 336	5 141 207	0.3
Compensation of employees	3 005 961	3 277 916	3 409 840	3 317 810	3 306 409	3 527 801	3 463 701	3 566 223	3 689 481	(1.8)
Goods and services	1 142 641	1 282 084	1 247 909	1 200 605	1 219 898	1 218 803	1 297 369	1 236 113	1 451 726	6.4
Interest and rent on land	1 924	4 702	187	-	-	1 095	-	-	-	(100.0)
Transfers and subsidies to:	107 343	173 977	23 202	45 141	103 984	103 984	16 452	44 868	57 855	(84.2)
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	107 343	173 977	23 202	45 141	103 984	103 984	16 452	44 868	57 855	(84.2)
Payments for capital assets	71 421	106 724	70 388	187 848	280 106	280 106	165 551	170 649	178 184	(40.9)
Buildings and other fixed structures	-	3 849	-	-	98 000	98 000	15 969	-	-	(83.7)
Machinery and equipment	71 421	102 875	70 388	187 848	182 106	182 106	149 592	170 649	178 184	(17.9)
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	4 329 290	4 845 403	4 751 526	4 751 404	4 910 397	5 131 789	4 943 073	5 017 853	5 377 246	(3.7)

Tables 51 and 52 above show the summary of payments and estimates for Central Hospital Services per sub-programme and economic classification. The programme's total expenditure increased from R4.329 billion in 2019/20 to a revised estimate of R5.131 billion in 2022/23. In 2023/24, the budget decreases by 3.7 per cent from R5.131 billion to R4.943 billion when compared to the 2022/23 revised estimate.

Compensation of employees shows a negative growth of 1.8 per cent from R3.527 billion to R3.463 billion when compared to the 2022/23 revised estimate due to COVID-19 (vaccination programme) contracts that will not be renewed.

Goods and services show a positive growth 6.4 per cent from R1.218 billion to R1.297 billion when compared to the 2022/23 revised estimate due to additional funding received for cost pressures and internal reprioritisation to fund cost pressures.

Transfers and subsidies show a negative growth of 84.2 per cent from R103.984 million to R16.452 million when compared to the 2022/23 revised estimate due to a high revised estimate as a result of payment of Medico Legal Claims.

Payments for capital assets show a negative growth of 40.9 per cent from R280.106 million to R165.551 million when compared to the 2022/23 revised estimate due reprioritisation to fund procurement of medical equipment in Provincial Tertiary Hospitals.

5.7 Key Risks

The table below outlines the key risks.

Table 53: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
<ul style="list-style-type: none"> • Quality of health services improved. • Community engagement improved. 	<ul style="list-style-type: none"> • Non-adherence to policies and guidelines on referrals and services between Primary, Secondary and Tertiary Services. 	<ul style="list-style-type: none"> • Ensure timeous filling of critical and replacement posts. • Enforcement of Policies and SOPs. • Implementation of the meeting resolutions. • Strengthen the quality of reports. • Procurement of appropriate healthcare technology as per APP.



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PROGRAMME 6

HEALTH SCIENCES AND TRAINING (HST)

Together, moving the health system forward



PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 Programme Purpose

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

HRD Chief Directorate is comprised of the following services

- Health Professionals Training and Specialist Development Directorate
- Generic Training and Development services
- Liliitha Nursing Colleges of Education
- Emergency Medical Response Training Institution

Strategies to reach the targets over the three-year period

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

Table 54: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Science and Training (HST)

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21		2021/22		2022/23	2023/24	2023/24 Quarterly Targets				
			2019/20			Q1			Q2	Q3	Q4	2024/25	2025/26
6. Quality of health services improved	Completed training and qualification obtained	6.7.1 Number of students completed the 4 - year comprehensive course	New Indicator	New Indicator	New Indicator	420	380	-	-	-	380	290	-
		6.7.2 Number of EMS Practitioners completed Emergency Care Qualification	New Indicator	9	6	14	36	-	-	-	36	-	-
		6.7.3 Number of registrars qualified as specialist	New Indicator	11	24	25	30	-	-	-	30	35	30
		6.7.4 Number of bursary students completed training	New Indicator	New Indicator	New Indicator	131	65			65			56
	Youth programme conducted	6.7.5 Number of youth placed on youth programs	1836	1548	1028	1360	1250	-	1250	-	-	1350	1450

Explanation of planned performance over the Medium-Term period

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

The Performance Management Development System (PMDS) programme is planning to have all officials and employees of the department contracted by the 31st May of each year in order to be compliant and the expected percentage should be 100%. Those who have qualified for a Performance Incentive are the employees and SMS Members who have gone through the PMDS Moderation Committee and have been found to have performed within required standards and therefore awarded performance incentives as token of appreciation for their contribution to improved service delivery and organisation performance.

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

In the 3rd quarter, the rescue department has commenced with the 10-month Rescue Technician program consisting of advanced rescue modules, 18 EMS staff members are currently on course. The Rescue Technician program will continue into the 2nd quarter of the 2023- 2024 financial year. For the Emergency Medical Care Degree programme the department have an agreement in place that Nelson Mandela University will allow ten (10) EMS staff members onto the BEMC program provided that they meet the entry requirements for the programs.

The department of Higher Education and Training has been undergoing transformation processes which are now including all colleges as well as the Nursing Education Institutions within the country, of which Lilita College is included, this includes development of new programmes bended at higher education for accreditation process of the new programs viz: - 3-year diploma in nursing, 1- year higher certificate in nursing as well as Post Graduate Diplomas. Presently the 3-year diploma received full accreditation from all accreditation bodies to commence in 2023 academic year. Processes of recruitment are underway in preparation for a class of 2023 to be realised.

The college has conducted a successful graduation to a total of 537 comprised of 370 Four Year Diploma in Nursing Science, 146 Bridging programme, 3 One – Year Midwifery, ENA – 4, 14 Post Basic Diplomas (Child Nursing - 4, Critical Nursing - 6, OT - 1, Adv. Midwifery - 2, Ophthalmic - 1).

The Higher certificate has received provisional accreditation from SANC and is with CHE farther to be submitted to SAQA for final registration. Post graduate diplomas of different speciality areas (which are still to be developed) will also be provided once the course regulatory process has been completed successfully.

The Bursary Programme is monitoring students on the database, the projections indicated on the table are for students who will be completing their Final Year of Study during the next financial year and for the two outer years within the MTEF. The student bursars who are enrolled for Medical and Pharmacy Bachelor's programmes will after completing University study years be appointed by the Department as Interns, where in Medical students will be appointed for a period of two years whilst Pharmacy students will only be appointed for one year. All other students the Allied Health professionals and the Nurses will be appointed in a community service programme for One Year straight after their have passed their final year, whilst the Medical and Pharmacy bursar students will be appointed into the Community Services after they have completed their Internship programme.

The registrar programme is conducted in 3 Tertiary Institutions (Frere, Nelson Mandela Academic, Livingstone) 3 Regional Institutions (Dora Nginza, Cecilia Makiwane, Mthatha Regional) and 2 Psychiatric facilities (Fort England, and Elizabeth Donkin hospitals) through the Eastern Cape Department of Health. The programme is being funded under the Statutory Human Resource and Development Grant, Equitable Share and National Tertiary Services Grant in the various facilities. So far 6 registrars have completed the programme during the second year term, 34 are busy doing their MMED, submitting their research and will graduate as the year progresses.

6.2 PROGRAMME RESOURCE CONSIDERATION

Table 55: Summary of payments and estimates: P6 – Health Sciences and Training

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
1. Nursing Training Colleges	274 293	275 481	259 301	328 185	333 469	238 971	335 232	351 563	367 180	40.3
2. Ems Training College	10 441	9 892	11 960	15 109	15 254	11 719	15 110	15 369	16 055	28.9
3. Bursaries	81 139	72 463	179 132	88 379	88 379	86 158	89 008	112 907	117 965	3.3
4. Other Training	362 689	362 261	324 366	593 953	701 261	396 686	806 192	555 378	580 388	103.2
Total payments and estimates	728 562	720 097	774 759	1 025 626	1 138 363	733 534	1 245 542	1 035 217	1 081 588	69.8

Table 56: Summary of payments and estimates by economic classification: P6 – Health Sciences and Training

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
Current payments	625 048	639 598	606 611	902 214	1 045 166	639 746	1 125 307	891 547	930 497	75.9
Compensation of employees	544 030	561 706	483 560	749 396	896 179	516 509	904 809	808 134	844 017	75.2
Goods and services	81 018	77 892	123 051	152 818	148 987	123 237	220 498	83 413	86 480	78.9
Interest and rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	93 233	74 263	156 311	94 883	71 584	72 175	91 130	126 882	133 551	26.3
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	12 263	-	13 075	12 251	16 867	16 867	14 970	20 009	20 905	(11.2)
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	80 970	74 263	143 236	82 632	54 717	55 308	76 160	106 873	112 646	37.7
Payments for capital assets	10 281	6 236	11 837	28 529	21 613	21 613	29 105	16 788	17 540	34.7
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	10 281	6 236	11 837	28 529	21 613	21 613	29 105	16 788	17 540	34.7
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	728 562	720 097	774 759	1 025 626	1 138 363	733 534	1 245 542	1 035 217	1 081 588	69.8

Tables 55 and 56 above show the summary of payments and estimates for Health Sciences and Training per sub-programme and economic classification. The programme's total expenditure increased from R728.562 million in 2019/20 to a revised estimate of R733.534 million in 2022/23. In 2023/24, the budget increases by 69.8 per cent from R733.534 million to R1.245 billion when compared to the 2022/23 revised estimate.

Compensation of employees shows a positive growth of 75.2 per cent from R516.509 million to R904.809 million when compared to the 2022/23 revised estimate due to additional funding for the personnel and reprioritisation of funds for medical interns.

Goods and services show a positive growth of 78.9 per cent from R123.237 million to R220.498 million when compared to the 2022/23 revised estimate due to internal reprioritisation for the reimbursement of Walter Sisulu University Joint Staff Establishment and Health Resource Centres.

Transfers and subsidies show a positive growth of 26.3 per cent from R72.175 million to R91.130 million when compared to the 2022/23 revised estimate due to reprioritisation of funds to cater for Cuban Program.

Payments for capital assets show a positive growth of 34.7 per cent from R21.613 million to R29.105 million when compared to the 2022/23 revised estimate due to reprioritisation to fund medical equipment.

6.3 Key Risks

The table below outlines the key risks.

Table 57: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved	<ul style="list-style-type: none">• Inadequate number of registrars trained.• Inadequate number of nurses trained on Post Basic Courses.	<ul style="list-style-type: none">• Ensure timeous filling of critical and replacement posts.• Enforcement of Policies and SOPs.• Implementation of the meeting resolutions.• Strengthen the quality of reports.• Create, implement and maintain a clear training plan for registrars and nurses.• Have an SLA and good working relationship with institutions of higher learning.



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PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)

Together, moving the health system forward



PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 Programme Purpose

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

Transversal Health Services consists of:

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

Pharmaceutical Services is responsible for

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

Strategies to reach the targets over the three-year period

- Resource mobilization to strengthen the management of the Cerebral Palsy (CP) cases as part of the medico legal mitigation strategy.
- Establishment of centres of excellence for the management of Cerebral Palsy.
- Develop the capacity of the rehabilitation health professionals on such skills as wheelchair seating.
- Strengthen rehabilitation services at District Hospitals and Primary Health Care facilities.
- Establish partnerships with private and not-for-profit organizations to support the achievement of rehabilitation programme results.
- Establishment of wheelchair repair centres to improve cost effectiveness and efficiency in the provision of wheelchairs.
- Outreach services for the Medical Orthotist and Prosthetics (MOP) to improve access to Prostheses and orthoses for people with disabilities to maintain their dignity.



- Introduce efficiencies in the blood products and laboratory service utilization.
- Strengthen the functioning of the provincial pharmaceutical and therapeutics committee to promote rational use of medicine and pharmaceutical products.
- Expand the Central Chronic Medication, Dispensing and Distribution (CCMDD) programme to reach more clients in more wards around the province.
- Promoting compliance to relevant legislation e.g. South African Pharmacy Council, Office of Health Standards Compliance,
- Strengthen and promote efficiency in the medicines supply chain management.

Table 58: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Care Support Services (HCSS)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance		Estimated Performance	MTEF Targets							
			2019/20	2020/21		2021/22	2022/23	2023/24	2023/24 Quarterly Targets				
									Q1	Q2	Q3	Q4	
6. Quality of health services improved	Availability of assistive devices in primary health care	6.4.9 Wheelchair issued adult 19 years and older rate	New Indicator	63.5%	59.3%	35.5%	60%	5%	20%	30%	60%	50%	50%
		Numerator		1397	1 483	1 171	2520	210	840	1260	2520	1500	1500
		Denominator		2200	2 500	3 300	4200	4200	4200	4200	4200	3000	3000
		6.4.10 Wheelchair issued child 0-18 years rate	New Indicator	103%	165.6%	38%	100%	15%	30%	50%	100%	100%	100%
		Numerator		310	497	267	800	120	240	400	800	500	500
		Denominator		300	300	700	800	800	800	800	800	800	800
		6.4.11 Hearing aid issued adult 19 years and older rate	New Indicator	113.72%	85.3%	58.5%	60%	10%	30%	40%	60%	60%	60%
		Numerator		1251	1 030	878	900	150	450	600	900	900	900
		Denominator		1100	1 200	1 500	1 500	1 500	1 500	1 500	1 500	1 500	1 500
		6.4.12 Hearing aid issued child 0-18 years rate	New Indicator	26.5%	68.4%	79%	100%	10%	50%	70%	100%	100%	100%
		Numerator		239	342	237	300	30	150	210	300	300	300
		Denominator		900	500	300	300	300	300	300	300	300	300

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets					
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Availability of medicine in depots and facilities	6.4.13 Percentage Order fulfilment for essential drugs at depot	73.1%	76.2%	76.15%	74.3%	80%	80%	80%	80%	83%	85%	
		Numerator	90 475	374 422	438 502	109 601	619 452	154 863	154 863	154 863	154 863	656 963	672 794
		Denominator	123 735	491 347	575 736	147 476	774 315	193 578	193 579	193 579	193 579	791 522	791 522
		6.4.14 Percentage of availability of essential medicine at facilities.	New Indicator	88.8%	86.1%	85.5%	85%	85%	85%	85%	85%	87%	90%
		Numerator		71	68.9	68.6	68	68	68	68	68	72	72
		Denominator		80	80	80	80	80	80	80	80	80	
		6.4.15 Number of active patients on CCMDD	New Indicator	283 353	283 525	218 974	351 500	87 875	87 875	87 875	405 000	445 500	

Explanation of planned performance over the medium-term period

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

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

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

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

Laboratory services and blood products are amongst the major cost drivers in the department. The programme will work with clinicians, and the blood and laboratory service providers (National Health Laboratory Services, NHLS and South African National Blood Services, SANBS) to introduce efficiencies which include the improved implementation of the electronic gate keeping system, enforcement of the essential laboratory list, and establishment of the Blood and Laboratory Users committees at all regional and tertiary hospitals. With the frequent power outages around the province, the programme will work with SANBS to secure the blood products storage and protect them from the impact of the power outages. Wastage of blood supply and laboratory services will be reduced significantly through interventions which include capacity building of clinicians and other measures which will be developed by each institutional clinical governance forum. Inventory management of laboratory commodities will also be prioritized as the wastage and misuse of laboratory commodities has been identified as an area of financial inefficiency.



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

Availability of skilled pharmacy personnel remains an important input in our efforts to achieve the goal of uninterrupted availability of essential medicines. Human resources such as the community service pharmacists placed at district hospitals and increased number of pharmacist assistants for clinics are the main personnel related interventions over the medium term. The programme will work with programme 6 to develop the skills of all pharmacy personnel in stock management and promoting rational use of medicines. The rollout of RxSolution application for inventory management will be fast tracked at hospitals, linking it to the broadband rollout of the province. The stock visibility system (SVS) will be used to track stock levels at clinics and make decision on resupply and redistribution. Staffing at the depots will also be improved with focus on lower level cadres in the category of warehouse assistants and pharmacist assistants. The availability of the appropriate number of personnel at the depot is important to ensure that orders are processed and released to facilities to prevent stock outs.

7.2 PROGRAMME RESOURCE CONSIDERATION

Table 59: Summary of payments and estimates: P7 – Health Care Support Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
1. Orthotic & Prosthetic Services	36 740	92 668	50 920	95 525	101 538	84 106	101 934	99 315	56 792	21.2
2. Medicine Trading Account	64 589	59 719	62 066	75 573	71 310	59 658	73 237	76 283	79 671	22.8
Total payments and estimates	101 329	152 387	112 986	171 098	172 848	143 764	175 171	175 598	136 463	21.8

Table 60: Summary of payments and estimates by economic classification: P7 – Health Care Support Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
Current payments	100 819	151 460	110 469	170 255	157 660	128 562	169 473	175 268	136 118	31.8
Compensation of employees	64 231	64 908	69 782	80 996	79 305	71 384	71 669	77 332	80 752	0.4
Goods and services	36 588	86 552	40 687	89 259	78 355	57 178	97 804	97 936	55 366	71.1
Interest and rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	68	76	39	100	100	114	250	-	-	119.3
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	68	76	39	100	100	114	250	-	-	119.3
Payments for capital assets	442	851	2 478	743	15 088	15 088	5 448	330	345	(63.9)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	442	851	2 478	743	15 088	15 088	5 448	330	345	(63.9)
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	101 329	152 387	112 986	171 098	172 848	143 764	175 171	175 598	136 463	21.8

Tables 59 and 60 above show a summary of payments and estimates for Health Care Support Services per sub-programme and economic classification. The programme's total expenditure increased from R101.329 million in 2019/20 to a revised estimate of R143.764 million in 2022/23. In 2023/24, the budget increased by 21.8 per cent from R143.764 million to R175.171 million when compared to the 2022/23 revised estimate.

Compensation of employees shows a positive growth of 0.4 per cent from R71.384 million to R71.669 million when compared to the 2022/23 revised estimate due to provision for filling of critical funded vacant posts.

Goods and services show a positive growth 71.1 per cent from R57.178 million to R97.804 million when compared to the 2022/23 revised estimate due to additional funding for the core items and the reprioritisation of funds.

Transfers and subsidies show a positive growth of 119.3 per cent from R114 thousand to R250 thousand when compared to the 2022/23 revised estimate due to provision for payment of leave gratuities.

Payments for capital assets show a negative growth of 63.9 per cent from R15.088 million to R5.448 million when compared to the 2022/23 revised estimate due to high revised estimate.

7.3 Key Risks

The table below outlines the key risks.

Table 61: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved.	<ul style="list-style-type: none"> Interrupted inventory supply and availability (medicine and medical supplies) Inadequate Inventory Management. Inadequate vaccination site readiness. Inadequate number of wheelchairs issued. Inadequate number of hearing aids issued. 	<ul style="list-style-type: none"> Implement capacity building and staff development. Recruitment of pharmaceutical posts at depots and institutions. Roll out Remote Demander Module for electronic medicines and consumables ordering. Continual Medicine Supply Chain Management training. Monitor Contract Management of Medicine suppliers. Establish a provincial contract for certain essential medicines and supplies that are not on national contract. Expansion of Direct Delivery to hospitals. Continue employment of pharmacy assistants. Continue Roll Out of RX Solution to all hospitals and support full functionality. Enforcement of Policies and SOPs. Implementation of the meeting resolutions. Strengthen the quality of reports. Ensure adequate procurement of wheel chairs and hearing aids as per APP.



Province of the
EASTERN CAPE
HEALTH



PROGRAMME 8

HEALTH FACILITIES MANAGEMENT (HFM)

Together, moving the health system forward



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 it supports namely:

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

Table 62: Outcomes, Outputs and Output indicators and targets for the next MTEF for Health Facilities Management (HFM)

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22		2023/24	2023/24 Quarterly Targets				2024/25	
			0	1	2			Q1	Q2	Q3	Q4		
6. Quality of health services improved	Planning and provision of Health facilities	6.6.1 Number of planned health facility projects with initiation reports	New Indicator	New Indicator	New Indicator	25	7	7	-	-	7	7	
		6.6.2 Number of health care facilities with active scheduled maintenance contracts concluded	New Indicator	New Indicator	New Indicator	92	30	5	5	10	10	30	40
	Health facilities with major refurbishment or rebuild	6.6.7 Percentage of Health facilities with completed capital infrastructure project	New Indicator	New Indicator	New Indicator	50%	100%	50%	66.6%	83.3%	100%	100%	100%
		Numerator					12	6	8(2 new)	10 (2new)	12(2new)	12	12
		Denominator					12	12	12	12	12	12	

Explanation of planned performance over the medium-term period

Above table 62: Outcomes, Outputs, Output indicators and targets for the 2023/24 MTEF for Programme 8: Health Facilities Management (HFM), which depicts the following:

-

Planned Targets:

- HFM has identified a total of Forty-Eight (48) output targets/indicators to be achieved over the 2023/24 FY.
- Out of the 48 output targets & indicators, there are:
 - a) Seven (7) number of planned health facilities with Clinical Brief or FIDPM Stage 1: initiation reports
 - b) Twenty-nine (29) number of planned health facilities that have reached FIDPM Stage 5: Works or Site Handover
 - c) Twelve (12) number of planned health facilities that have reached FIDPM Stage 6 or Practical Completion
- Here below is a breakdown of the planned targets and indicators for the Program 8: HFM categorized into the 8 districts (no.1 – 8) of the Province:

I. SARAH BAARTMAN:

COMMUNITY HEALTH FACILITIES

Joubertina Community Health Centre - The Scope Areas earmarked for improvement at Joubertina Community Health Centre includes Security upgrades, Upgrades to the Pharmacy to comply with the South African Pharmacy Council (SAPC). The project implementation has reached the Initiation Stage 1 and built environment professional services have been procured within the 4th Quarter of 2022 /23 FY. The planned date for the procurement of a Contractor is the 4th quarter of the 2023/24 FY.

The Upgrade of the Bhongweni Clinic is 75% complete and Practical Completion is estimated to be achieved in the 4th quarter of the 2023/24 FY.

In Camdeboo Sub-district of Sarah Baartman Health District, the clinics earmarked for infrastructure improvements over the MTEF are Rietbron Clinic, Willowmore Clinic, Baviaans Clinic, Kroonvale Clinic and Umasizakhe Clinic.

In Kouga Sub-district Misgund Clinic, Masakhana (Hankey) Clinic, Coldstream Clinic, Woodlands Clinic and Louterwater Clinic are earmarked to undergo Infrastructure Improvements.

In Makana Sub-district, the facilities earmarked for improvement are Alexandria Clinic, Port Alfred Clinic, Raglan Road Clinic, Station Hill Clinic and Nolukhanyo Clinic. The project implementation has reached the Stage I (Initiation Stage) in terms of the Planning and Delivery Project life cycle. The planned date for the procurement of built environment professional services is the 1st quarter of the 2023/24 FY.

DISTRICT HOSPITAL SERVICES

Port Alfred Hospital - The Scope Areas earmarked for improvement at Port Alfred Hospital includes Security upgrades, 72-Hour Observation Centre and related clinical services upgrade to the backup water supply and Laundry Facilities. The project implementation has reached the Initiation Stage I and built environment professional services have been procured within the 4th Quarter of 2022 /23 FY. The planned date for the procurement of a Contractor is the 4th quarter of the 2023/24 FY.

Settlers Hospital - The Scope areas earmarked for improvement at Settlers Hospital includes Security upgrades, 72-Hour Observation Centre and related clinical services, upgrade to the backup water supply and Laundry Facilities. The project implementation has reached the Initiation Stage I and built environment professional services have been procured within the 4th Quarter of 2022 /23 FY. The planned date for the procurement of a Contractor is the 4th quarter of the 2023/24 FY.

BJ Vorster Hospital - The Scope Areas earmarked for improvement at BJ Vorster Hospital includes Upgrades to the Casualty Centre and related clinical services, X-Ray and Theatre, Maternity Services, Security upgrades and Upgrades to the Pharmacy to comply with the South African Pharmacy Council (SAPC). The project implementation has reached the Initiation Stage I and built environment professional services have been procured within the 4th Quarter of 2022 /23 FY. The planned date for the procurement of a Contractor is the 4th quarter of the 2023/24 FY.

OTHER FACILITIES (FORENSIC PATHOLOGY LABORATORIES)

Port Alfred Forensic Pathology Laboratory - The Scope Areas include upgrades to the Port Alfred Forensic Pathology Laboratory to meet compliance requirements. The project implementation has reached the Initiation Stage I and built environment professional services have been procured within the 3rd Quarter of 2022 /23 FY. The planned date for the procurement of a Contractor is the 4th quarter of the 2023/24 FY.



Makhanda Forensic Pathology Laboratory - The Scope Areas include upgrades to the Makhanda Forensic Pathology Laboratory to meet compliance requirements. The project implementation has reached the Initiation Stage I and built environment professional services have been procured within the 3rd Quarter of 2022 /23 FY. The planned date for the procurement of a Contractor is the 4th quarter of the 2023/24 FY.

Joubertina Forensic Pathology Laboratory - The Scope Areas include upgrades to the Joubertina Forensic Pathology Laboratory to meet compliance requirements. The project implementation has reached the Initiation Stage I and built environment professional services have been procured within the 4th Quarter of 2022 /23 FY. The planned date for the procurement of a Contractor is the 4th quarter of the 2023/24 FY.

COMPLETED PROJECTS FROM 2019/20 FY TO DATE

In Sarah Baartman District, the Covid 19 Ward upgrades that reached Practical Completion in the 2020/21 FY includes Janesville SAWAS Hospital, Marjorie Parrish TB Hospital, Humansdorp Hospital, Joubertina CHC, Willowmore Hospital and Midland Hospital.

II. JOE GOABI DISTRICT:

PRIMARY HEALTH CARE FACILITIES

In the Walter Sisulu Sub-District of the Joe Gqabi District, the clinics earmarked for infrastructure improvements over the MTEF are Eureka Clinic, Hilton Clinic, Maletswai Clinic, Aliwal Poly Clinic and Venterstad Clinic.

In the Senqu Sub-District, Barkly East Clinic, Bensonvale Clinic, Lady Grey Clinic, Esilindini Clinic and Sunduza Clinic are targeted to undergo Infrastructure Improvements.

In the Elundini Sub-District, the facilities earmarked for improvement are Empilisweni Clinic, Maclear Town Clinic, Mqokolweni Clinic, Taylor Bequest Clinic and Sonwabile Clinic. The project implementation has reached the Initiation Stage I and built environment professional services are planned to be procured within the 1st Quarter of 2023 / 2024. The planned date for the procurement of a Contractor is the 1st quarter of the 2024/25 FY.

Ugie Clinic Phase I - Construction of temporary structures. The project implementation has reached Stage 4 (Design Documentation) in terms of the Planning and Delivery Project life cycle. The tenders closed on the 31st of January 2022 and the target date for the appointment of a new contractor is within the 1st Quarter of 2023 / 2024.

Thembisa Clinic Phase 1 - Temporary Park Home Structures. The project implementation has reached Stage 4 (Design Documentation) in terms of the Planning and Delivery Project life cycle. The tenders closed on the 31st of January 2022 and the target date for the appointment of a new contractor is within the 1st Quarter of 2023 / 2024

Ndofela Clinic Phase 2 -Upgrades and Additions to the Clinic. The project implementation has reached the Initiation Stage 1 and built environment professional services are planned to be procured within the 1st Quarter of 2023 / 2024.

DISTRICT HOSPITAL SERVICES

Taylor Bequest Hospital Mount Fletcher – Covid 19 Isolation Facility. The project implementation has reached the Stage 5 (Works Stage) in terms of the Project life cycle. The target date for practical completion is within the 2nd Quarter of 2023 / 2024.

Steynsburg Hospital – Refurbishments, Maintenance, and Pharmacy Upgrades. The project implementation has reached Stage 5 (Works Stage) in terms of the Project life cycle. However, the contract was terminated due to slow progress. A new Contractor is currently being procured. The tenders closed on the 31st of January 2022 and the target date for the appointment of a new contractor is within the 1st Quarter of 2023 / 2024.

Maclear Hospital – New Guardhouse & Security Fencing. The project implementation has reached Stage 4 (Design Documentation) in terms of the Planning and Delivery Project life cycle. The tenders closed on the 31st of January 2022 and the target date for the appointment of a new contractor is within the 1st Quarter of 2023 / 2024.

Taylor Bequest Hospital Mount Fletcher – Staff Accommodation & Upgrades to Services Buildings. The project implementation has reached Stage 4 (Design Documentation) in terms of the Planning and Delivery Project life cycle. The planned date for the procurement of a Contractor is the 1st Quarter of 2023 / 2024. Site hand-over is anticipated in the 3rd Quarter of 2023 / 2024.

Lady Grey Hospital Medium Term Intervention - Reconfiguration and upgrading of the existing hospital. The project implementation has reached Stage 4 (Design Documentation) in terms of the Planning and Delivery Project life cycle. A contractor has been appointed and the planned date for site hand-over is the 5th of April 2023.



III. CHRIS HANI DISTRICT

DISTRICT HEALTH SERVICES

All Saints Phase 1 & Phase 2. Upgrade of Doctors Staff Accommodation and Refurbishment of Gateway Clinic - The project implementation has reached the Stage 4 (Design Documentation and Production) in terms of the Project life cycle. The contract was awarded in the 3rd quarter of the 2022/23 Financial Year, due to then appointed service provider having underestimated with pricing the project the contractor then notified the Implementing Agent (DPW&I) of withdrawing the award as the project would not be completed within budget, desired quality and on time. The process has then been presenting back to the Bid Evaluation Committee for the consideration of appointing the second highest bidder. Award is projected to be in the Q2 of the 2023/24 Fin year and Site Handover is also projected to also take place in Q2 of the 2023/24 Fin Year.

Molteno Hospital X-Ray Improvements– Improvements to existing X-Ray room, designs to comply with standards of fitting all required X-Ray equipment. This project was implemented in the 2018/19 Fin year, unfortunately the appointed service provider was involved in an accident and did not return to site. The project had to then be implemented by DPW&I, this project is done in house by the DPW&I Chris Hani District office. The project is currently at Stage 5 (Construction/Works), the contractor is currently on site and the project should be completed by Q1 of the 2024/25 Financial year.

72 Hour Psychiatric Observation Units - There was a Stage 1 – Initiation Report issued to Coega for working on all the various identified facilities within Chris Hani District- one of the priorities in the district is Komani Psychiatric Hospital Ward 5 and 6, this project was in the previous Financial Year's B5s, but due to the department not having adequate funding resources the project could not be implemented. There are seven (7) facilities that have been identified, Hewu Hospital, Cradock Hospital, Glen Grey Hospital, All Saints Hospital, Cala Hospital, Frontier Hospital and Cofimvaba Hospital. The project is currently in Stage 2 of the project life cycle.

IV. AMATHOLE DISTRICT

PRIMARY HEALTHCARE FACILITIES

Balfour Clinic – Replacement of the existing Balfour Clinic building. The project implementation has reached the Stage 4 Design Documentation in terms of the Planning and Delivery Project life cycle. The target date for the site handover is July 2023.

DISTRICT HOSPITAL SERVICES

Madwaleni Hospital – Improvements to existing buildings and upgrades and extensions to accommodate maternity, paediatrics, theatres, general wards and fencing. The project implementation has reached the Stage 4 Design Documentation in terms of the Planning and Delivery Project life cycle. The target date for the advertisement of the bid for the procurement of a contractor is March 2024.

SS Gida Hospital – Improvements to existing buildings. The project implementation has reached the Stage 5 Works in terms of the Planning and Delivery Project life cycle. The target date for practical completion is May 2023.

Fort Beaufort Hospital – Improvements to existing buildings and replacement of the roof. The project implementation has reached the Stage 5 Works in terms of the Planning and Delivery Project life cycle. The target date for practical completion is May 2023.

OTHER FACILITIES (SPECIALISED HOSPITALS)

Tower Hospital – Construction of a new perimeter security fence. The project implementation has reached the Stage 4 Design Documentation in terms of the Planning and Delivery Project life cycle. The target date for the advertisement of the bid for the procurement of a contractor is July 2023.

V. BUFFALO CITY METRO DISTRICT

DISTRICT HOSPITAL SERVICES

Grey Hospital – Improvements to existing buildings including fire safety, electrical work, repairs to the existing floor, repairs to roof leaks, and replacement of the windows and upgrades to OPD ablutions. The project implementation has reached the Stage 3 Design Documentation in terms of the Planning and Delivery Project life cycle. The target date for the advertisement of the bid for the procurement of a contractor is March 2024.

PROVINCIAL HOSPITAL SERVICES

Cecilia Makiwane Hospital – Improvements to existing buildings to accommodate mental health, the Cerebral Palsy Rehab Centre, Family Medicine, 72-Hour Observation Centre and other upgrades and related clinical services. The project implementation has reached the Stage 3 Design Development in terms of the Planning and Delivery Project life cycle. The target date for the advertisement of the bid for the procurement of a contractor is July 2023.

Frere Hospital - Improvements to existing buildings to accommodate the Clinical Services and general infrastructure upgrades, including a 3 stop lift in Maternity, upgrades to B Wards



bathrooms, HVAC systems, upgrades to existing Cerebral Palsy Rehab areas. The project implementation has reached the Stage 2 (Concept Stage) in terms of the Planning and Delivery Project life cycle. The target date for the advertisement of the bid for the procurement of a contractor for these facilities is March 2024.

Frere Hospital - Extension of the orthopaedic theatre, construction of the orthopaedic wards and the completion of maternity wards. The project implementation has reached the Stage 4 (Design Documentation) in terms of the Planning and Delivery Project life cycle. The target date for the advertisement of the bid for the procurement of a contractor for these facilities is March 2024.

VI. NELSON MANDELA METRO DISTRICT

COMMUNITY HEALTH SERVICES

In Nelson Mandela Bay Health District, the Upgrade of the Latetia BAM CHC is 90% complete and Practical Completion is estimated to be achieved in the 1st quarter of the 2023/24 FY.

In Sub-district A of Nelson Mandela Bay Health District, the clinics earmarked for infrastructure improvements over the MTEF are Motherwell & Kwazakhele CHC, NU 11 Clinic, Lunga Kobese Clinic, Veeplaas Clinic, Soweto Clinic, Max Madlongozi Clinic.

In sub-district B the Rosedale CHC, Gustav Lamour Clinic, Park Centre Clinic, Middle Street Clinic, Silvertown Clinic are targeted to undergo Infrastructure Improvements.

In Sub-district C, the facilities earmarked for improvement are Booyens Park Clinic, Govan Mbeki Clinic, Algoa Park Clinic, Helenvale Clinic and Kwadwesi Clinic, Gqeberha CHC, & Walmer Town Clinic.

The project implementation has reached the Stage 2 (Concept Stage) in terms of the Planning and Delivery Project life cycle. The target date for the advertisement of the bid for the procurement of a contractor for these facilities is November 2023.

PROVINCIAL HOSPITALS

PEPH Livingstone Hospital Complex – Upgrade of the Cath Lab and CSSD areas, PE Provincial Hospital. The project implementation has reached the Stage 5 (Works Stage) in terms of the Project life cycle. However, the contract was terminated due to slow progress. A new Contractor is currently being procured and the target date for the advertisement of the bid for the procurement of a contractor is June 2023. The proposed upgrade of the PEPH A & E and OPD, 4th5th & 6th floors of M-Block at PEPH is included under the CATH Lab Contract.

Dora Nginza Hospital – Improvements to existing buildings to accommodate the Cerebral Palsy Rehab Centre, Casualty Centre, 72-Hour Observation Centre and security upgrades and related clinical services. The project implementation has reached the Stage 3 Design Development) in terms of the Planning and Delivery Project life cycle. The target date for the advertisement of the bid for the procurement of a contractor is June 2023.

Empilweni Hospital - Improvements to existing buildings to accommodate the District Hospital Clinical Services, including Level 1 Maternity Services, Casualty Centre and related clinical services. The project implementation has reached the Stage 2 (Concept Stage) in terms of the Planning and Delivery Project life cycle. The target date for the advertisement of the bid for the procurement of a contractor for the Maternity Section is the 4th quarter of the FY.

Jose Pearson Hospital - The Scope Areas earmarked for improvement at Jose Pearson Hospital includes the Paediatric Ward, Administration Area, Staff facilities & Security Upgrades. The project implementation has reached the Initiation Stage 1 and built environment professional services are planned to be procured within the 1st Quarter of 2023 / 2024. The planned date for the procurement of a Contractor is the 4th quarter of the FY.

Uitenhage Provincial Hospital - The Scope Areas earmarked for improvement at Uitenhage Provincial Hospital includes the Casualty Department, additions to the 72-Hour Observation Unit, Archiving & Health Professional accommodation & roof leaks. The project implementation has reached the Concept Stage 2. The planned date for the procurement of a Contractor is the 3rd quarter of the FY.

VII. ALFRED NZO DISTRICT

COMMUNITY HEALTH SERVICES

In Alfred Nzo District, Matubeni Clinic – Renovations and Refurbishment to the entire clinic and Nokatshile Clinic – Completion of municipality donated clinic, new staff accommodation, water reticulation and provision of electrical supply, are due to be at stage 5 (works) during the 1st and third quarter of the 2023/24 financial year respectively.

DISTRICT HOSPITAL SERVICES

Greenville Hospital – Construction of a New 100 Bedded District Hospital and Greenville Hospital – Staff Accommodation minor repairs to building items, internal and external painting, now combined into one project that will develop a comprehensive scheme with a new masterplan. The project is currently at stage gate 2 and will be implemented in phases with the first phase being staff



accommodation, bulk infrastructure and the Greenville gateway clinic. Phase 1 – Staff accommodation, bulk infrastructure and Gateway is expected to reach Stage 4 and 5 during the 3rd and 4th Quarters of the financial year respectively.

OTHER FACILITIES (72 HOUR OBSERVATION UNITS - MHU)

Mount Ayliff Hospital, Madzikane Hospital, Tayler Bequest Hospital and O.R and Adelaide Tambo Regional Hospital are earmarked for additions and/or renovations to the 72-Hour Observation Unit, the project implementation has reached the Concept Stage 2. The planned date for the procurement of a Service Provider is the 4TH quarter of the FY.

OTHER FACILITIES (EMERGENCY MEDICAL SERVICES)

Maluti and Mount Ayliff Medical Services improvements is earmarked to reach stage 4 (design documentation) during the 2nd Quarter of the Financial Year. Due to Health risk violations a new site needed to be identified for the proposed Maluti EMS base. The Project is currently at Stage 2 of the Project Life cycle.

COMPLETED PROJECTS FROM 2019/20 FY TO DATE

It is to be noted that within Alfred District Municipality, the Eastern Department of Health has six (6) District Health facilities with one recommended for a service package upgrade to a regional hospital facility after the completion of the improvements at the facility, seventy-four (74) Primary Health Care and Community Health Facilities combined, and most recently, two (2) newly donated facilities.

Of the District's six (6) District facilities, the Department of Health has upgraded, renovated, repaired, or refurbished three (3) district facilities over the last 10 years. With St. Patrick's District Hospital, repurposed and renamed to O.R. and Adelaide Tambo Regional Hospital in 2020. Furthermore, the Department of Health has within the district brought to Practical Completion two Mega Projects, one Large Project, and one Completion project over the duration of the MTEF period.

Sipetu District Hospital is a newly upgraded 100 Bedded District Facility, a Mega Project in the Umzimvubu Sub District. The Project included the upgrading of bulk infrastructure, upgrading of the clinical spaces, new accommodation, support services, new reservoir and a helipad for emergency referrals. The project is part of an on going attempt by the Department to upgrade, renovate, refurbish, repair, and maintain its facilities throughout the Province. Sipetu District Hospital is the *third District Hospital to be upgraded, renovated, repaired, or refurbished within the*

district. The project implementation is currently at Stage Gate 6 (Hand over) in terms of the Project life cycle

In addition to the regional and district health facilities within the region, Khotsong TB Hospital is the only specialized facility in Alfred Nzo. In the 2018/2019 FY the department handed site over for the Upgrading of Khotsong TB Hospital and staff accommodation, a Mega Project in Matatiele Subdistrict. The Project implementation has reached stage 6 (Hand over) in terms of the Project life cycle. The new facility is currently in use.

MEJE CHC Phase 1 & 2 – Construction of a CHC, site works and services and Staff Accommodation, a Large Project in the Winnie Madikizela Sub District. Has also recently reached project implementation stage 6 (Hand over) in terms of the Project life cycle. The project was an upgrade of a Primary Health Care facility into a Community Health Care facility which will provide 24-hour Primary health Service to the community of Winnie Madikizela Subdistrict Municipality referring directly to O.R. and Adelaide Tambo regional and Nelson Mandela Academic.

Mpindweni Clinic – The Completion of a Donor funded Clinic in Umzimvubu, one of the Department's new assets. Was a completion project on a Public Private Partnership agreement between the Eastern Cape Department of Health and Samancor a Mining Company. The Project is a new asset in the Mpindweni Rural area and includes a new primary health care facility, staff accommodation, provision of borehole water supply and bulk infrastructure. The project too recently reached project implementation stage 6 (Hand over) in terms of the Project life cycle.

VIII. OR TAMBO DISTRICT

PRIMARY HEALTHCARE FACILITIES

There are three PHC projects in various sub districts of OR Tambo (viz. Inquza Hill, PSJ & KSD) that are targeted to be initiated in the first quarter of the 2023/24 FY through the means of a clinical brief and initiation reports. The projects are as follow:

Good Hope Phase 2 – Replacement of Temporary Structures for clinic and Health Professional Accommodation, Ntshale Clinic - Modifications and Extensions to existing PHC buildings, Isilimela Gateway Clinic - Minor Repairs to Building Items, Internal and External Painting are at the final stages of clinical brief stage and earmarked to be implemented over the 2023/24 MTEF.

Khubusi Clinic - Construction of a New Clinic, Health Professional Accommodation, including external works and associated works, is a project that is being implemented under a PPP with



Harmony Gold Mine. The project is currently at the final stages of FIDPM Stage 4: Design Documentation of the project lifecycle and planned for implementation in the first quarter of 2023/24.

DISTRICT HOSPITAL SERVICES

Replacement contractor for Isilimela Hospital Phase 1: Upgrading of existing accommodation and provision of 4 new prefab units, and for Canzibe Hospital Upgrade Phase 1 – Urgent Maintenance and Repairs, is planned for implementation is planned for mid-January 2024.

Construction of Canzibe Hospital Phase 2: Renovations and Additions of Health Professional Accommodation, including Water Treatment Works and various hospital buildings. This project was initiated in 2018/19 financial year where it suspended at Stage 4: Design Documentation of the project life cycle due to the fiscal constraints of the department. The department has undertaken to re-implement this project in the next financial year, where implementation is planned for early March 2024.

Nessie Knight Hospital Upgrade Phase 4: Refurbishment and Renovations of Hospital buildings, is being implemented through DPWI and was advertised in the second quarter of 2022/23 and planned for implementation in the first quarter of 2023/24 FY.

Covid 19 – St Lucy's Hospital isolation wards, is being implemented through DPWI and is currently in construction and anticipated to be completed in November 2023.

PROVINCIAL HEALTH SERVICES

St. Elizabeth Hospital Revitalisation: Core Block Phase 2 (Enabling Works) – the project is currently at the final stages of the Stage 4: Design Documentation of the project life cycle and the bid for a contractor is planned to be advertised in August 2023.

Sir Henry Elliot: Repairs & Renovations at Sir Henry Hospital in Mthatha, and Emergency Provision of 100 beds using Alternative Building Technology at Mthatha General Hospital (Design & Build)- are projects implemented under the auspices of DPWI, currently in construction and are anticipated to be completed in January 2024.

OTHER FACILITIES (LILITHA COLLEGE OF NURSING)

Procurement of a replacement contractor for Mthatha General Hospital: Medical Depot & Nurses Home - is planned for implementation in November 2023.

OTHER FACILITIES (FORENSICS)

Mthatha forensic and pathology: Upgrade of facility is planned to be initiated in June 2023 for implementation in January 2024.

OTHER FACILITIES (SPECIALISED SERVICES)

Bedford Orthopaedic Hospital, Various Repairs and Renovations - is planned for implementation in February 2024.

8.2 PROGRAMME RESOURCE CONSIDERATION

Table 63: Summary of payments and estimates: P8 – Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
1. Community Health Facilities	300 782	158 168	186 906	346 509	310 402	268 082	399 368	488 050	478 943	49.0
2. Emergency Medical Rescue Servic	-	-	-	21 700	-	-	16 000	5 000	2 000	
3. District Hospital Services	626 499	707 280	595 470	655 258	692 578	618 776	660 149	621 477	722 586	6.7
4. Provincial Hospital Services	528 898	459 877	275 833	274 596	265 435	241 671	292 194	321 669	280 073	20.9
5. Other Facilities	40 128	32 565	29 704	42 911	9 076	11 229	26 130	29 030	29 029	132.7
Total payments and estimates	1 496 307	1 357 890	1 087 913	1 340 974	1 277 491	1 139 758	1 393 841	1 465 226	1 512 632	22.3

Table 64: Summary of payments and estimates by economic classification: P8 – Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates			% change from 2022/23
	2019/20	2020/21	2021/22				2023/24	2024/25	2025/26	
Current payments	378 344	299 494	374 535	396 990	434 884	406 791	605 352	616 528	524 771	48.8
Compensation of employees	28 283	18 401	22 754	53 300	32 324	23 816	56 360	57 237	15 560	136.6
Goods and services	349 452	281 093	351 781	343 690	402 560	382 975	548 992	559 291	509 210	43.3
Interest and rent on land	609	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	6	6	5	-	-	53	-	-	-	(100.0)
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	6	6	5	-	-	53	-	-	-	(100.0)
Payments for capital assets	1 117 957	1 058 390	713 373	943 984	842 607	732 914	788 489	848 698	987 861	7.6
Buildings and other fixed structures	1 060 483	929 914	575 252	692 242	494 363	494 363	517 676	619 861	772 005	4.7
Machinery and equipment	57 474	128 476	138 121	251 742	348 244	238 551	270 813	228 837	215 856	13.5
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	1 496 307	1 357 890	1 087 913	1 340 974	1 277 491	1 139 758	1 393 841	1 465 226	1 512 632	22.3

Tables 63 and 64 above show the summary of payments and estimates for Health Facilities Management per sub-programme and economic classification. The programme's total expenditure decreased from R1.496 billion in 2019/20 to a revised estimate of R1.139 billion in 2022/23. In 2023/24, the budget increases by 22.3 per cent from R1.139 billion to R1.393 billion when compared to the 2022/23 revised estimate.

Compensation of employees shows a positive growth of 136.6 per cent from R23.816 million to R56.360 million when compared to the 2022/23 revised estimate in order to improve capacitation within the programme.

Goods and services show a positive growth 43.3 per cent from R382.975 million to R548.992 million when compared to the 2022/23 revised estimate due to the reprioritisation of funds for maintenance of infrastructure as well as machinery and equipment.

Payments for capital assets show a positive growth of 7.6 per cent from R732.914 million to R788.489 billion when compared to the 2022/23 revised estimate due to the additional funding on Health Revitalisation Facilities Grant.

8.3 Key Risks

The table below outlines the key risks.

Table 65: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved.	<ul style="list-style-type: none">• Unsuitable infrastructure.• Insufficient hospital space/ beds to cater for Covid-19 admissions.	<ul style="list-style-type: none">• Improve human resource capacitation within the unit in the build environment profession.• Strengthen and monitor compliance to the terms of the SLA.• Enforce compliance with the Policies and SOPs.• Implementation of the resolutions of the meetings.• Strengthen the quality of reports.• Establish more isolation sites to cater for Covid-19 infected patients.
	<ul style="list-style-type: none">• Inadequate Management of Infrastructure Projects and Maintenance	<ul style="list-style-type: none">• Continuously follow-up with Public Works on their state of readiness to implement the maintenance program.• Gradually handover some of the maintenance functions to DPW.• Implementation of meetings action list

9. PUBLIC ENTITIES

Not applicable

10. INFRASTRUCTURE PROJECTS

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
1	Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in Amathole	Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in Amathole Bedford Hospital Adelaide Hospital	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	46 305 450	1 000 000	3 000 000	6 152 725
2	Elliot Hospital Infrastructure Improvements (Phase I)	General repairs and maintenance to the building including roof repairs & health professional accommodation.	District Hospital Services	Programme 8 : Health Facilities Management	01/05/2018	31/05/2025	10 138 698	4 498 000	10 000 000	8 000 000
3	Construction of a New CHC in Unit P Mdantsane	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	10/12/2026	55 000 000	2 000 000	10 000 000	8 000 000
4	Frontier Hospital - OPD Casualty Project - Commissioning and Recommissioning	Frontier Hospital - OPD Casualty Project - Commissioning and Recommissioning	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2019	30/11/2027	87 000 000	6 000 000	7 598 562	-
5	Frontier Hospital - Health Professionals Accommodation	Health Professional Accommodation Repairs, renovations & reconfiguration of existing Health Professional Accommodation	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2019	30/11/2027	87 000 000	20 000 000	25 000 000	25 000 000
6	PVC Water tanks Chris Hani/ Joe Gqabi	Supply and install water tanks in Chris Hani and Joe Gqabi	Community Health Facilities	Programme 8 : Health Facilities Management	01/05/2018	30/10/2025	3 677 270	-	19 000 000	3 000 000
7	PVC Water tanks Buffalo City Metro/Amathole	Supply and install water tanks in Buffalo City and Amathole	Community Health Facilities	Programme 8 : Health Facilities Management	01/05/2018	30/10/2025	3 000 000	-	19 000 000	3 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
8	Newlands Clinic- Construction of a New Clinic in Newlands	Replacement of a Mud Structure	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	01/03/2024	60 000 000	100 000	3 000 000	6 152 725
9	Completion of Nokhatsile Clinic	Completion of municipality donated clinic, new staff accommodation, water reticulation and provision of electrical supply.	Community Health Facilities	Programme 8 : Health Facilities Management	01/06/2018	28/02/2023	4 000 000	2 000 000	10 000 000	8 000 000
10	Cofimvaba Hospital Infrastructure Improvements - Phase I	Cofimvaba Hospital Infrastructure Improvements - Phase I	District Hospital Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	85 000 000	2 000 000	3 000 000	3 000 000
11	Repairs and Renovations to Forensic Pathology Facilities, Lillitha Colleges in Joe Gqabi District	Repairs and Renovations to Forensic Pathology Facilities, Lillitha Colleges in Joe Gqabi District	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	20 000 000	1 000 000	3 000 000	6 152 725
12	Repairs and Renovations to Forensic Pathology Facilities, Lillitha Colleges in Buffalo City Metro	Repairs and Renovations to Forensic Pathology Facilities in Buffalo City Metro.	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	20 000 000	2 000 000	10 000 000	8 000 000
13	Construction of a New Clinic at Xhora Mouth	Construction of a New Clinic at Xhora Mouth	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	60 000 000	2 000 000	10 000 000	8 000 000
14	Construction of Balfour Clinic	Construction of a replacement Clinic at Balfour Clinic	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	60 000 000	16 600 000	13 000 000	15 000 000
15	Nelson Mandela Academic Hospital Oncology	Provision of Radiation Oncology (To be Implemented through NTSG Grant- HFM to provide budget for the bunker)	Provincial Hospital Services	Programme 8 : Health Facilities Management	22/10/2018	31/11/2023	61 040 000	2 000 000	3 000 000	3 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
16	72 hour Psychiatric observation unit Joe Gqabi	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2023/10/01	2025/03/30	20 000 000	2 000 000	3 000 000	3 000 000
17	Ndofela Clinic Phase I - General maintenance and repair work and additional space requirements for ideal clinic	General maintenance and repair work and additional space requirements for ideal clinic	Community Health Facilities	Programme 8 : Health Facilities Management	01/07/2017	2022/06/06	45 000 000	1 000 000	3 000 000	6 152 725
18	Bedford Hospital - minor renovations, renovations of Doctors house, construction of fencing	Renovations of Doctors house, construction of fencing perimeter fencing at the hospital and Renovations to the Facility	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	12 000 000	2 000 000	3 000 000	4 000 000
19	Grey Hospital - Renovations & Refurbishments	Grey Hospital Renovations & Refurbishments	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/05/2022	26 000 000	2 000 000	-	-
20	Molteno Hospital X-ray room improvements	Renovations to existing rooms in accordance with the design guidelines suitable for the installation of the new X-Ray machines.	District Hospital Services	Programme 8 : Health Facilities Management	2021/10/01	2022/07/30	4 400 000	1 000 000	3 000 000	6 152 725
21	Stutterheim Hospital - Upgrading of Hospital	Construction of new fencing and guardhouse , Paediatric Ward, Staff Accommodation, Maternity and upgrading of Motuary Services	District Hospital Services	Programme 8 : Health Facilities Management	TBC	TBC	20 000 000	2 000 000	5 000 000	6 000 000
22	72 hour Psychiatric observation unit Amathole	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	TBC	TBC	20 000 000	2 000 000	3 000 000	3 000 000
23	All Saints Hospital Kitchen and Laundry Refurbishments	Construction of Kitchen and Laundry services at All Saints including replacement of machinery and equipment	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/15	2023/10/15	80 000 000	5 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
24	Conditional Assessments to all Health Facilities - Alfred Nzo	Conditional Assessments to all Health Facilities	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	3 000 000	-
25	Conditional Assessments to all Ideal Clinics - Alfred Nzo	Conditional Assessments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	5 000 000	-
26	Conditional Assessments to all Ideal Clinics - OR Tambo	Conditional Assessments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	5 000 000	-
27	Conditional Assessments to all Health Facilities - OR Tambo	Conditional Assessments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	5 000 000	-
28	Conditional Assessments to all ideal Clinics - Amathole	Conditional Assessments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	5 000 000	-
29	Conditional Assessments to all Health Facilities - Amathole	Conditional Assessments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	5 000 000	-
30	Conditional Assessments to all Health Facilities - Joe Gqabi	Conditional Assessments to all Health Facilities	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	3 000 000	-
31	Conditional Assessments to all ideal Clinics - Joe Gqabi	Conditional Assessments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	5 000 000	-
32	Conditional Assessments to all Health Facilities - Chris Hani	Conditional Assessments to all Health Facilities	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	3 000 000	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
33	Conditional Assessments to all ideal Clinics - Chris Hani	Conditional Assessments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	5 000 000	-
34	Conditional Assessments to all Health Facilities - Sarah Baartman	Conditional Assessments to all Health Facilities	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	3 000 000	-
35	Conditional Assessments to all ideal Clinics - Sarah Baartman	Conditional Assessments to all Health Facilities	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	7 000 000	2 000 000	4 000 000	-
36	Flagstaff CHC	Commissioning	Community Health Facilities	Programme 8 : Health Facilities Management	05/05/2017	31/03/2026	3 000 000	800 000	-	-
37	St Elizabeth Hospital : New Core block construction & Refurbishment and renovations to hospital and staff accommodation.	New Core block construction & Reconfiguration and renovation of existing staff houses, and addition of new Health Professionals Accommodation.	District Hospital Services	Programme 8 : Health Facilities Management	05/05/2017	31/03/2026	1 200 000 000	10 000 000	40 000 000	52 000 000
38	Construction of New Rabule Clinic	Construction of a New Clinic at Rhabule Mouth	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	60 000 000	500 000	10 000 000	2 000 000
39	Construction of a new Clinic in Cebe Village	Construction of a New Clinic at Cebe.	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2026/03/30	60 000 000	2 000 000	7 000 000	7 000 000
40	Middle Terrace & Virginia Shumane Clinics - Alterations and additions	Clinic renovation to relocate pharmacy. Extension to accommodate additional ablation and waiting area. New Guardhouse. Reconstruction of Retaining Wall at Virginia Shumane	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2026/03/30	17 000 000	1 000 000	5 502 460	7 253 690

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
41	Goodhope Clinic Phase 2	Construction of a new Clinic and Nurses home, including associated works.	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	15/10/2025	45 000 000	2 000 000	15 000 000	2 000 000
42	Molteno Town Clinic - Maintenance & improvements	Replacement ABT Structure on Molteno Hospital Site	Community Health Facilities	Programme 8 : Health Facilities Management	2021/10/01	2023/03/30	15 000 000	2 000 000	289 000	2 071 000
43	Construction of New Lower Didimane Clinic	New Building including accommodation, site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	35 000 000	2 000 000	-	-
44	Construction of a new CHC in NUI 4	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	10/12/2027	220 654 000	500 000	3 000 000	3 156 000
45	Construction of Greenfields Clinic in Robby de Lange Village	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	10/12/2026	53 000 000	100 000	8 202 000	-
46	Upgrading of Kwazakhele CHC	Reconfiguration of the facility to create more space	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	15/06/2026	157 000 000	2 000 000	15 000 000	4 062 000
47	Upgrading of Motherwell CHC	Reconfiguration of the facility to create more space	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	15/06/2026	81 288 400	2 000 000	4 000 000	4 000 000
48	St Lucy's Hospital Upgrade Phase 2 - Refurbishments and Construction on New Hospital Buildings	Refurbishment, Renovation and Upgrade of Hospital Buildings	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/15	15/10/2026	50 000 000	3 000 000	-	-
49	Sir Henry Elliot Hospital - Renovations, Refurbishments and alterations.	Sir Henry Elliot Hospital - Renovations, Refurbishments and alterations of existing wards for NMAH	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	31/03/2022	29 000 000	4 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
50	Frere Hospital Extension of the Orthopaedic theatre, construction of the Orthopaedic wards and the completion of maternity wards	extension of the Orthopaedic Theatre, construction of the orthopaedic wards and the completion of the maternity wards	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/06/2017	31/08/2026	150 000 000	6 000 000	28 000 000	33 000 000
51	Cerebral Palsy Centres Commissioning(CMH, SHE, DNH, FRONTIER, BUTTERWORTH, SEH, AN, NIMAH,UPH, Madzikane Kazulu	Procurement of Medical Equipment for Cerebral Palsy Centres (CMH, SHE, DNH, FRONTIER, BUTTERWORTH, SEH, AN, NIMAH,UPH, Madzikane Kazulu	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/06/2017	31/08/2026	100 000 000	3 000 000	3 000 000	3 000 000
52	CMH Level I Psychiatric Unit- Alterations and additions, including Cerebral Palsy Centre for excellence	CMH Level I - Upgrading of Cecilia Makiwane Hospital- Infrastructure Improvements,alterations and additions to accommodate the Cerebral Palsy, Family medicine, Mental Health and Nurse training Units	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/06/2017	31/08/2026	100 000 000	2 000 000	2 000 000	2 000 000
53	All Saints Hospital Water & Sanitation	Sewage Inlet works, Maturarion Ponds refurbishment, pipe reticulation and Raw water pump station supply lines and security structuring	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	30/11/2019	59 000 000	2 000 000	289 000	2 071 000
54	Bhisho Hospital Water & Sanitation	Supply and install the biological contactor and electrical machines. Connection of piping system to the ponds.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2024	4 360 000	2 000 000	289 000	2 071 000
55	Butterworth Hospital Water & Sanitation	Concrete reservoir refurbishment and valve replacement.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	31/05/2024	5 777 000	2 000 000	290 000	4 851 250

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
56	Taylor Bequest Mt Fletcher Hospital Water & Sanitation	Water Supply and providing continuous pressure requirements	District Hospital Services	Programme 8 : Health Facilities Management	01/06/2018	28/02/2024	3 111 383	2 000 000	-	1 346 641
57	St Barnabas Hospital Water & Sanitation	Refurbishment water and wastewater treatment plant	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	30/03/2019	6 713 219	-	22 000 000	5 000 000
58	Tafalofefe Hospital Accommodation - Commissioning	Commissioning of Accommodation Project	District Hospital Services	Programme 8 : Health Facilities Management	04/02/2016	31/03/2026	39 642 999	1 600 000	-	-
59	Tafalofefe Hospital Water & Sanitation	Refurbishment water and wastewater treatment plant	District Hospital Services	Programme 8 : Health Facilities Management	04/02/2016	31/03/2026	39 642 999	5 000 000	-	6 000 000
60	NG Dlukulu Clinic Renovations and Extensions to Consulting Rooms, Pharmacy, waiting areas and ablutions	Renovations and Extensions to Consulting Rooms, Pharmacy, waiting areas and ablutions	Community Health Facilities	Programme 8 : Health Facilities Management	01/06/2018	2022/06/26	10 000 000	500 000	18 581 000	4 851 250
61	Taylor Bequest Matatielle Water & Waste Water Treatment Works	Matatielle Water & Waste Water Treatment Works	Other Facilities	Programme 8 : Health Facilities Management	01/06/2018	30/11/2022	2 266 664	100 000	-	-
62	Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	Other Facilities	Programme 8 : Health Facilities Management	01/07/2018	30/05/2024	11 990 000	-	-	500 000
63	Holy Cross Water and Wastewater	Holy Cross & Greenville Water & Waste Water Treatment Works	Other Facilities	Programme 8 : Health Facilities Management	01/05/2018	30/11/2024	20 769 282	2 000 000	3 000 000	1 346 641
64	PVC Water tanks Alfred Nzo/ OR Tambo	Supply and install water tanks in Alfred Nzo and OR Tambo	Community Health Facilities	Programme 8 : Health Facilities Management	01/05/2018	30/10/2025	7 246 779	-	30 000 000	5 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
65	PVC Water tanks NMB/Sarah Baartman	Supply and install water tanks in the Nelson Mandela Metro and Sara Baartman	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	30/10/2025	6 244 000	-	30 000 000	3 420 000
66	Tafalofefe Hospital Sanitation Project	Sewage Inlet works, Maturartion Ponds refurbishment, pipe reticulation and Raw water pump station supply lines and security structuring	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	30/10/2027	30 000 000	-	-	-
67	Philani Clinic near Komani in Chris Hani-Major Refurbishments	Repairs to Internal & External walls, floors, roof & ceiling repairs & plumbing repairs	Community Health Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	45 000 000	1 000 000	-	-
68	Major refurbishment at Illinge Clinic in Chris Hani	Repairs to Internal & External walls, floors, roof & ceiling repairs & plumbing repairs	Community Health Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	50 820 000	3 000 000	-	-
69	Provincial and Tertiary Hospital Facilities-Buildings Maintenance under Delivery Directorate in Head Office	Provincial and Tertiary Hospital Facilities-Buildings Maintenance	Provincial Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	25 223 000	16 793 041	30 000 000	14 278 847
70	Community Health Facilities-Building Maintenance Under Delivery Directorate in Head Office	Community Health Facilities-Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	56 502 000	23 250 000	39 833 050	25 100 000
71	Community Health Facilities-Building Maintenance-Amathole	Community Health Facilities-Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	56 502 000	9 250 000	5 662 500	10 100 000
72	Community Health Facilities-Building Maintenance-Alfred Nzo	Community Health Facilities-Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2021/0/04	2025/03/30	56 502 000	9 250 000	5 662 500	10 100 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
73	Community Health Facilities- Building Maintenance - Chris Hani	Community Health Facilities- Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2021/0/04	2025/03/30	56 502 000	9 250 000	5 662 500	10 100 000
74	Community Health Facilities- Building Maintenance - Nelson Mandela	Community Health Facilities- Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2021/0/04	2025/03/30	56 502 000	9 250 000	5 662 500	10 100 000
75	Community Health Facilities- Building Maintenance - OR Tambo	Community Health Facilities- Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2021/0/04	2025/03/30	56 502 000	9 250 000	5 662 500	10 100 000
76	Community Health Facilities- Building Maintenance - Sarah Baartman	Community Health Facilities- Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2021/0/04	2025/03/30	56 502 000	9 250 000	8 662 500	10 100 000
77	Community Health Facilities- Building Maintenance - Joe Gqabi	Community Health Facilities- Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2021/0/04	2025/03/30	56 502 000	9 250 000	8 662 500	10 100 000
78	Community Health Facilities- Building Maintenance - BCM	Community Health Facilities- Building Maintenance	Community Health Facilities	Programme 8 : Health Facilities Management	2021/0/04	2025/03/30	56 502 000	9 250 000	8 662 500	10 100 000
79	District Health Facilities- Buildings Maintenance under Delivery Directorate in Head Office	District Health Facilities- Buildings Maintenance	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	55 081 000	38 859 922	10 000	30 100 000
80	Operations and Management of Wet Services at Health Facilities	Management of Water and Sanitation Plants across the province	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/15	2025/03/30	15 000 000	525 000	551 250	6 711 875

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
81	Butterworth Hospital - Repairs and Renovations	Fencing of the new Site, Construction of additional accommodation units, vertical circulation improvement, paediatric upgrade, new emergency & pharmacy, new stores & parking (phase 1 + Maternity Phase 2, repairing of the steel bridge linking	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	31/10/2026	54 000 000	4 000 000	-	-
82	Matubeni Clinic Renovation and Refurbishment to entire clinic	Health Facilities Renovations & refurbishments	Community Health Facilities	Programme 8 : Health Facilities Management	2021/03/31	2022/07/31	3 500 000	2 502 000	-	-
83	OR and Adelaide Tambo - Upgrading to a Regional hospital	Planning for Upgrading of OR and Adelaide Tambo Hospital to offer Regional Hospital Services package in compliance to the recent gazetting of former St Patricks Hospitals.	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	2026/03/25	10 000 000	-	-	-
84	Fort Beaufort Hospital- Upgrading of the Hospital	Planning for the construction of an OPD, Casualty and general maintenance of buildings at Fort Beaufort Hospital. Upgrading of water reticulation system and plumbing works and repairs and renovations to Staff Accommodation.	District Hospital Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	100 000 000	1 500 000	-	-
85	Ntshole Clinic - Modification, Extension and Additions	Modification, Extension and Additions to comply with Ideal Clinic Requirements	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	01/03/2025	30 000 000	100 000	-	-
86	Nessie Knight - Nessie Knight Hospital (Phase 3)	HT Commissioning - Nessie Knight Hospital (Phase 3) - Still to be determined.	District Hospital Services	Programme 8 : Health Facilities Management	01/06/2025	30/03/2028	105 000 000	2 100 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
87	Nessie Knight Hospital Phase 7 - Refurbishment of Existing Wards, Support buildings and Lilitha College, including external works	Refurbishment of Existing Wards, Support buildings and Lilitha College, including external works	District Hospital Services	Programme 8 : Health Facilities Management	01/06/2025	30/03/2028	105 000 000	20 000 000	-	-
88	Greenville Hospital (Staff accommodation -Minor repairs to building items, internal & external painting	Minor repairs to building items, internal & external painting	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	15 000 000	100 000	100 000	100 000
89	Repairs and Renovations to EMS Bases in OR Tambo District	Repairs and Renovations to EMS Bases in Amathole District	Emergency Medical Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	10 500 000	4 000 000	5 000 000	2 000 000
90	Repairs and Renovations to EMS Bases in Chris Hani District	Repairs and Renovations to EMS Bases in Chris Hani District	Emergency Medical Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	10 500 000	2 000 000	-	-
91	Repairs and Renovations to EMS Bases in Joe Gqabi District	Repairs and Renovations to EMS Bases in Joe Gqabi District	Emergency Medical Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	10 500 000	2 000 000	-	-
92	Repairs and Renovations to EMS Bases in Buffalo City Metro	Repairs and Renovations to EMS Bases in Chris Hani District	Emergency Medical Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	10 500 000	2 000 000	-	-
93	Repairs and Renovations to EMS Bases in Sarah Baartman District	Repairs and Renovations to EMS Bases Sarah Baartman District	Emergency Medical Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	10 500 000	2 000 000	-	-
94	Repairs and Renovations to EMS Bases in Alfred Nzo District	Repairs and Renovations to EMS Bases in OR Tambo District	Emergency Medical Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	10 500 000	2 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
95	Repairs and Renovations to EMS Bases in Nelson Mandela Metro	Repairs and Renovations to EMS Bases in BCM District	Emergency Medical Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	10 500 000	2 000 000	-	-
96	Mthatha Forensic Pathology -Upgrade of the Facility.	Upgrades to the Forensic Pathology Facility, improvement to security system, body identification system and machinery & equipment.	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	11 865 566	2 000 000	-	-
97	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in Chris Hani District	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in Chris Hani District	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	6 772 938	2 250 000	-	-
98	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in Sarah Baartman District	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in OR Tambo District	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	20 000 000	500 000	500 000	500 000
99	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in Alfred Nzo District	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in Sarah Baartman District	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	8 000 000	2 000 000	2 000 000	1 000 000
100	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in Nelson Mandela Metro	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in Nelson Mandela Metro	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	5 171 922	500 000	-	-
101	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in Amathole District	Repairs and Renovations to Forensic Pathology Facilities, Lilita Colleges in Amathole District	Other Facilities	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	48 365 042	2 250 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
102	Nelson Mandela Academic Hospital - Repairs & Renovations	Nelson Mandela Academic Hospital - Repairs & Renovations of floors, roofs, bumper rails, widows etc.	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/06/2018	31/07/2025	39 000 000	6 000 000	-	-
103	Ugie Clinic - Phase 1 - Construction of temporary structures	Construction of temporary structures	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2026/03/30	6 900 000	5 000 000	-	-
104	72 hour Psychiatric observation unit Alfred Nzo	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2023/10/01	2025/03/30	20 000 000	2 000 000	5 000 000	5 000 000
105	72 hour Psychiatric observation unit Amathole	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2023/10/01	2025/03/30	20 000 000	2 000 000	5 000 000	5 000 000
106	72 hour Psychiatric observation unit Chris Hani	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2023/10/01	2025/03/30	20 000 000	2 000 000	5 000 000	5 000 000
107	72 hour Psychiatric observation unit Sarah Baartmann	Reconfiguration to accommodate 72 hour Psychiatric Ward - Andries Vosloo Hospital- 72 Hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2021/10/01	2025/03/30	20 000 000	2 000 000	5 000 000	5 000 000
108	72 hour Psychiatric observation unit OR Tambo	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	2023/10/01	2025/03/30	20 000 000	2 000 000	5 000 000	5 000 000
109	Lady Grey Hospital : Medium term intervention- Reconfiguration and upgrading of the existing hospital	Construction of new entrance, guardhouse, pharmacy, OPD and A&E	District Hospital Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	40 000 000	13 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
110	Infrastructure Improvements to Health Care facilities Alfred Nzo District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Alfred Nzo District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	45 000 000	1 500 000	2 000 000	5 000 000
111	Infrastructure Improvements to Health Care facilities Amathole District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Amathole District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	45 000 000	3 000 000	-	7 000 000
112	Infrastructure Improvements to Health Care facilities Buffalo City District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Buffalo City Metro District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	45 000 000	3 000 000	2 000 000	6 943 000
113	Infrastructure Improvements to Health Care facilities Chris Hani District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Chris Hani District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	45 000 000	1 500 000	2 000 000	3 000 000
114	Infrastructure Improvements to Health Care facilities Joe Gqabi District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Joe Gqabi District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	45 000 000	4 500 000	2 000 000	3 000 000
115	Infrastructure Improvements to Health Care facilities Nelson Mandela District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Nelson Mandela District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	45 000 000	3 000 000	5 000 000	3 000 000
116	Infrastructure Improvements to Health Care facilities OR Tambo District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in OR Tambo District	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	45 000 000	1 500 000	2 000 000	3 000 000
117	Infrastructure Improvements to Health Care facilities Sarah Baartman District	Provision of ABT structures, adhoc and planned buildings maintenance to provide health services in Sarah Baartman District	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/15	10/12/2025	45 000 000	3 000 000	5 000 000	3 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
118	72 hour Psychiatric observation unit Buffalo City Metro	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	20 000 000	2 000 000	8 000 000	6 000 000
119	72 hour Psychiatric observation unit Nelson Mandela Metro	Reconfiguration to accommodate 72 hour Psychiatric Ward	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	20 000 000	2 000 000	8 000 000	6 000 000
120	Tower Hospital: Upgrading and Renovations Phase 1	Upgrading and Renovations Phase 1	Provincial Hospital Services	Programme 8 : Health Facilities Management	2022/04/01	2025/03/31	50 000 000	10 000 000	12 000 000	13 000 000
121	Cwele Clinic - New Building including site works and bulk services	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	01/07/2012	31/03/2026	45 000 000	7 500 000	10 000 000	12 000 000
122	SS Gida Hospital - Commissioning of Renovations & refurbishments	Commissioning of Renovations & refurbishments	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/06/06	39 000 000	1 600 000	-	-
123	SS Gida Hospital - Renovations & refurbishments	Renovations & refurbishments	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/06/06	39 000 000	20 000 000	-	-
124	Sipetu Hospital - New Building including site works and bulk services	New Building including site works and bulk services	District Hospital Services	Programme 8 : Health Facilities Management	24/08/2016	29/08/2023	496 494 186	5 000 000	-	-
125	Upgrading of Security in Amathole Project 1	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	1 944 855	5 000 000	-	-
126	Upgrading of Security in Amathole Project 2	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	3 394 372	5 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
127	Upgrading of Security in Alfred Nzo Project 1	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	2 000 000	5 000 000	-	-
128	Upgrading of Security in NMB/Sarah Baartman Project 1	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	2 000 000	5 000 000	-	-
129	Upgrading of Security in Alfred Nzo(No.1)	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	2 000 000	5 000 000	-	-
130	Upgrading of Security in BCM (No.1)	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	2 000 000	5 000 000	-	-
131	Upgrading of Security in BCM (No.2)	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	2 000 000	5 000 000	-	-
132	Upgrading of Security in ADM and BCM(No.2)	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	26 000 000	10 000 000	-	-
133	Upgrading of Security in NMB/Sarah Baartman Project 2	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	2 000 000	6 000 000	-	-
134	Upgrading of Security in Livingstone Hospital	Construction of new fencing & guard houses at various facilities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	30/03/2023	2 000 000	8 197 358	-	-
135	Nontatyambo CHC - Repairs & Renovations	Health Facilities Renovations & refurbishments	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	30/03/2023	2 000 000	2 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
136	Khutsong Hospital - New Buildings. New 100 bedded facility	New Buildings. New 100 bedded facility	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/09/2016	29/03/2022	2 000 000	10 000 000	-	-
137	Meje CHC - Commissioning	Meje CHC- Commissioning of the CHC	Community Health Facilities	Programme 8 : Health Facilities Management	01/08/2013	2023/06/06	2 000 000	2 500 000	-	-
138	Meje CHC - New Building including site works and bulk services	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	01/08/2013	2023/06/06	2 000 000	8 000 000	-	-
139	Nyaniso CHC - New Building including site works and bulk services	New Building including site works and bulk services	Community Health Facilities	Programme 8 : Health Facilities Management	15/07/2017	2023/06/06	2 000 000	2 500 000	-	-
140	Greenville Hospital- Construction of a New 100 District Bed Hospital	Construction of a New 100 bedded facility, bulk earthworks, electrical works, civil works, staff accommodation and completion of the Gateway Clinic and Guardhouse in Winnie Mandela Municipality.	District Hospital Services	Programme 8 : Health Facilities Management	01/12/2021	31/05/2026	1 300 000 000	10 000 000	15 000 000	20 000 000
141	Madwaleni Hospital - Upgrading of OPD, MOU	Upgrades and additions to theatres, maternity, pharmacy and accommodation.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2027	3 10 000 000	10 000 000	25 000 000	68 000 000
142	Mthatha General Hospital - Accommodation Project: Rehabilitation of Mthatha Nursing Accommodation & Depot	Renovations, reconfiguration & refurbishment of existing Nursing Accommodation multi-storey building and Medical Depot	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/08/2017	30/03/2024	2 000 000	2 000 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
143	All Saints Hospital Phase 1 & 2- Health Professional & student accommodation upgrade, improvements to existing buildings for use a Gateway Clinic.	Health Professional & student accommodation upgrade, improvements to existing buildings for use a Gateway Clinic	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	2025/06/06	50 000 000	6 000 000	-	-
144	Isilimela Hospital Phase 1 - Health Professionals Accommodation	Health Professional Accomodation (736sqm) 8 x 2 bedroom units	District Hospital Services	Programme 8 : Health Facilities Management	01/08/2018	02/02/2020	2 000 000	500 000	-	-
145	Empilweni Hospital - Phase 1 (Emergency Accommodation)	Park homes for Emergency Accommodation for Staff and Students, associated bulk services (electrical and civils),Demolish Condemned Buildings	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2019	2024/06/06	2 500 000	500 000	-	-
146	Maclear Hospital Hospital Repairs and Renovations	Health Facilities Renovations & refurbishments	District Hospital Services	Programme 8 : Health Facilities Management	02/02/2015	2022/06/06	2 000 000	2 000 000	-	-
147	St Barnabas Hospital - New Building including site works and bulk services	St Barnabas Hospital - Construction of New Psychiatric Unit & Renovation of Staff Accomodation including site works and bulk services	District Hospital Services	Programme 8 : Health Facilities Management	30/01/2015	23/04/2023	2 000 000	5 000 000	-	-
148	Cradock Hospital - Infrastructure Improvements including roof replacement	Maintenance work to existing facility - Infrastructure Improvements including roof replacement	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	2023/06/06	2 000 000	3 000 000	2 000 000	-
149	Bhongweni Clinic Renovations and Extensions to Pharmacy, waiting areas and ablutions	Health Facilities Renovations & refurbishments (6%)	Community Health Facilities	Programme 8 : Health Facilities Management	01/06/2019	31/03/2024	2 000 000	800 000	3 500 000	2 796 739

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
150	Water Supply and Storage Reservoirs - Livingstone & Dora Nginza Hospital	Water Supply and Storage Reservoirs - Livingstone & Dora Nginza Hospital	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	30/05/2022	2 000 000	3 000 000	-	-
151	Ndofela Clinic Phase 2 - Upgrading of Ndofela Clinic into and ideal clinic	General maintenance and repair work and additional space requirements for ideal clinic	Community Health Facilities	Programme 8 : Health Facilities Management	01/07/2017	2024/06/06	2 000 000	-	-	-
152	Replacement of electrical equipment, including transformers, MV switchgear and standby generators	Replacement of electrical equipment, including transformers, MV switchgear and standby generators	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	75 000 000	16 179 000	6 624 390	69 011 000
153	Replacement of water and sewer systems, including reservoirs, elevated tanks, water pumps, sewer pipes and stacks	Replacement of water and sewer systems, including reservoirs, elevated tanks, water pumps, sewer pipes and stacks	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	42 500 000	15 000 000	-	-
154	Replacement of HVAC, including Orthopedic Theatre A/C Plant, Casualty and X-Ray Basement, Urology, C Block and D Block	Replacement of HVAC, including Orthopedic Theatre A/C Plant, Casualty and X-Ray Basement, Urology, C Block and D Block	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	2 000 000	30 000 000	25 000 000	-
155	Replacement of Laundry, cold room and mortuary Equipment	Replacement of Laundry, cold room and mortuary Equipment	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	2 000 000	23 844 000	15 000 000	-
156	Upgrading of Security in OR Tambo Phase 2	Construction of new fencing & guard houses at various facilities	District Hospital Services	Programme 8 : Health Facilities Management	2024/10/01	2026/03/30	2 000 000	5 000 000	1 500 000	4 139 000
157	Nontyatyambo CHC - Repairs & Renovations	Renovations & Refurbishments	District Hospital Services	Programme 8 : Health	01/04/2020	31/05/2024	45 000 000	-	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
				Facilities Management						
158	Leticia Bam CHC - Health Facility Renovations, refurbishment and improvements	Health Facility renovations, refurbishment and improvements	Community Health Facilities	Programme 8 : Health Facilities Management	00/06/2018	31/03/2026	4 443 750	1 500 000	-	-
159	Livingstone Hospital - NMB District - Upgrade of the Cath Lab and CSSD areas I PE Provincial Hospital	NMB District - Upgrade of the Cath Lab and CSSD areas	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	30/06/2026	44 000 000	6 000 000	-	-
160	Bhisho Hospital Repairs and Renovations	Painting, fix leaking roofs, glazing etc)	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/05/2022	8 824 153	8 000 000	-	-
161	Taylor Bequest Hospital Mt Fletcher - Commissioning of staff accommodation	Commissioning of Staff Accommodation and Isolation Ward	Community Health Facilities	Programme 8 : Health Facilities Management	2022/04/01	2026/01/31	240 000 000	1 200 000	-	-
162	Taylor Bequest Hospital Mt Fletcher - Provision of staff accommodation	Construction of Health Professionals Accommodation- 23 New X 2 Bedrooms Units, 50 New X 1 Bedroom room units	Community Health Facilities	Programme 8 : Health Facilities Management	2022/04/01	2026/01/31	240 000 000	14 000 000	-	-
163	Compensation of Employees	Compensation of employees	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	98 815 000	40 225 815	42 237 106	-
164	Mthatha General Hospital Accommodation Commissioning	Commissioning	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2023	15 240 000	-	-	-
165	Emplisweni Hospital Water & Sanitation	Connection of sewage to the Municipality and decommission of existing ponds.	District Hospital Services	Programme 8 : Health Facilities Management	11/12/2016	31/03/2024	17 574 877	500 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
166	Existing Hospitals Commissioning and Recommissioning - Alfred Nzo	Procurement of new medical equipment and furniture for Alfred Nzo hospitals	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	13 343 750	5 645 450	1 875 154	2 814 073
167	District Hospitals Medical Equipment Maintenance - Alfred Nzo	Medical Equipment repairs and maintenance - Alfred Nzo District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	11 133 905	3 042 250	2 042 250	2 217 203
168	Lift Replacement - Nelson Mandela Bay	Refurbishment, modifications and replacement of the Lifts	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	10 250 000	8 063 500	2 316 500	25 000 000
169	Lift Replacement - Buffalo City Metro	Refurbishment, modifications and replacement of the Lifts	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	9 000 000	8 063 500	1 066 500	25 000 000
170	Lift Replacement - Chris Hani	Refurbishment, modifications and replacement of the Lifts	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	8 000 000	8 063 500	3 239 900	30 000 000
171	Existing Clinics Commissioning and Recommissioning - Alfred Nzo	HT Commissioning for Alfred Nzo Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	5 339 375	2 886 850	655 525	8 947 500
172	Clinics Medical Equipment Maintenance - Alfred Nzo	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	3 640 500	2 334 550	1 034 950	-
173	Medical Gas Systems - Alfred Nzo	Intallations of new medical compressed air, oxygen, vacuum and vacuum systems	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	4 000 000	2 472 100	125 900	-
174	Electricification and water connections - Alfred Nzo	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	5 000 000	1 250 000	1 750 000	625 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
175	Maintenance and repairs - District Hospitals Alfred Nzo	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	20 187 500	7 736 950	4 800 000	1 414 775
176	Maintenance and repairs - Regional Hospitals (Frontier Hospital)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	30 000 000	11 804 400	6 400 000	6 383 800
177	Maintenance and repairs - Regional Hospitals Nelson Mandela Metro(DNIH)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	30 000 000	11 104 400	6 400 000	23 451 454
178	Maintenance and repairs - Regional Hospitals Buffalo City Metro(CMH)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	30 000 000	11 804 400	6 400 000	6 383 800
179	Maintenance and repairs - Regional Hospitals OR Tambo-Mthatha Regional Hospital	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	30 000 000	6 779 000	6 400 000	1 492 600
180	Maintenance and repairs - Regional Hospitals OR Tambo St Elizabeth)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	30 000 000	6 779 000	6 400 000	1 492 600
181	Maintenance and repairs - Regional Hospitals Alfred NZO(ORATH)	Maintenance and repairs of Regional Hospitals	Provincial Hospital Services	Programme 4 : Provincial Hospital Services	01/04/2018	31/03/2025	30 000 000	6 804 400	6 400 000	6 383 800
182	Maintenance and repairs - Central Hospitals (NMAH)	Maintenance and repairs of Central Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	12 000 000	30 015 100	6 625 000	25 000 000
183	Maintenance and repairs - Provincial Tertiary Hospitals (Ngubela TB Hospital)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	90 000 000	2 000 000	2 500 000	3 500 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
184	Maintenance and repairs - Provincial Tertiary Hospitals (LIVINGSTONE/PE PROVINCIAL)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	90 000 000	27 015 100	6 624 000	22 000 000
185	Maintenance and repairs - Provincial Tertiary Hospitals (KOMANI HOSPITAL)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	90 000 000	2 000 000	2 500 000	3 500 000
186	Maintenance and repairs - Provincial Tertiary Hospitals (ELIZABETH DONKIN HOSPITAL)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	90 000 000	2 000 000	2 500 000	3 500 000
187	Maintenance and repairs - Provincial Tertiary Hospitals (FORT ENGLAND HOSPITAL)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	90 000 000	2 000 000	2 500 000	3 500 000
188	Maintenance and repairs - Provincial Tertiary Hospitals (FRERE)	Maintenance and repairs of Provincial Tertiary Hospitals	Provincial Hospital Services	Programme 5 : Central Hospital Services	01/04/2018	31/03/2025	90 000 000	38 408 100	30 500 000	30 500 000
189	Maintenance and repairs - District Hospitals Anathole	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	20 187 500	9 529 950	5 000 000	2 061 588
190	Maintenance and repairs - District Hospitals Joe Gqabi	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	20 187 500	7 529 950	5 000 000	2 061 588
191	Maintenance and repairs - District Hospitals Buffalo City Metro	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	20 187 500	8 529 950	5 000 000	2 061 588

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
192	Maintenance and repairs - District Hospitals Chris Hani	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	20 187 500	9 529 950	5 000 000	2 061 588
193	Maintenance and repairs - District Hospitals Sarah Baartmann	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	20 187 500	7 529 950	5 000 000	2 061 588
194	Maintenance and repairs - District Hospitals OR Tambo	Maintenance and repairs of District Hospitals	District Hospital Services	Programme 2 : District Health Services	01/04/2018	31/03/2025	20 187 500	10 529 950	5 000 000	2 061 588
195	Scheduled Maintenance to Boilers in Alfred Nzo and OR Tambo	Scheduled Maintenance to Boilers in Alfred Nzo and OR Tambo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	20 250 000	5 000 000	5 500 000	6 050 000
196	Scheduled Maintenance to Boilers in Chris Hani and Joe Gqabi	Scheduled Maintenance to Boilers in Chris Hani and Joe Gqabi	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	22 388 709	3 800 000	4 180 000	4 598 000
197	Scheduled Maintenance to Boilers in Amathole and BCM	Scheduled Maintenance to Boilers in Amathole and BCM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	25 875 000	5 000 000	5 500 000	6 050 000
198	Scheduled Maintenance to Boilers in Sarah Baartman and Nelson Mandela Bay	Scheduled Maintenance to Boilers in Sarah Baartman and Nelson Mandela Bay	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	19 125 000	3 500 000	3 850 000	4 235 000
199	Scheduled Maintenance to Generators Alfred Nzo	Scheduled Maintenance to Generators Alfred Nzo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	6 271 387	3 200 000	3 520 000	3 872 000
200	Scheduled Maintenance to Generators Amathole	Scheduled Maintenance to Generators Amathole	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	13 286 396	3 000 000	3 850 000	4 235 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
201	Scheduled Maintenance to Generators Buffalo City	Scheduled Maintenance to Generators Buffalo City	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	9 436 194	3 600 000	3 960 000	4 356 000
202	Scheduled Maintenance to Generators Chris Hani	Scheduled Maintenance to Generators Chris Hani	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	15 048 524	3 600 000	3 960 000	4 356 000
203	Scheduled Maintenance to Generators Joe Gqabi	Scheduled Maintenance to Generators Joe Gqabi	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	5 311 549	2 500 000	2 750 000	3 025 000
204	Scheduled Maintenance to Generators Nelson Mandela Bay	Scheduled Maintenance to Generators Nelson Mandela Bay	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	11 466 877	2 500 000	2 750 000	3 025 000
205	Scheduled Maintenance to Generators OR Tambo	Scheduled Maintenance to Generators OR Tambo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	2 500 000	3 300 000	3 630 000
206	Scheduled Maintenance to Generators Sarah Baartman	Scheduled Maintenance to Generators Sarah Baartman	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	10 104 117	2 500 000	2 750 000	3 025 000
207	Scheduled Maintenance to Laundry Equipment Alfred Nzo	Scheduled Maintenance to Laundry Equipment Alfred Nzo	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 327 556	2 000 000	2 200 000	2 420 000
208	Scheduled Maintenance to Laundry Equipment Amathole	Scheduled Maintenance to Laundry Equipment Amathole	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	6 571 782	2 500 000	2 750 000	3 025 000
209	Scheduled Maintenance to Laundry Equipment Buffalo City	Scheduled Maintenance to Laundry Equipment Buffalo City	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 327 556	2 500 000	2 750 000	3 025 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
210	Bhisho Hospital- Conversion of steam systems into electrical systems at Bhisho Hospital	The Conversion of steam systems to electrical systems at Bhisho Hospital	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 327 556	2 500 000	2 750 000	3 025 000
211	Scheduled Maintenance to Laundry Equipment Chris Hani	Scheduled Maintenance to Laundry Equipment Chris Hani	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	8 435 759	2 500 000	3 300 000	3 630 000
212	Scheduled Maintenance to Laundry Equipment Joe Qqabi	Scheduled Maintenance to Laundry Equipment Joe Qqabi	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 327 556	2 000 000	2 200 000	2 420 000
213	Scheduled Maintenance to Laundry Equipment Nelson Mandela Bay	Scheduled Maintenance to Laundry Equipment Nelson Mandela Bay	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	3 000 000	3 300 000	3 630 000
214	Scheduled Maintenance to Laundry Equipment OR Tambo	Scheduled Maintenance to Laundry Equipment OR Tambo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	2 500 000	3 850 000	4 235 000
215	Scheduled Maintenance to Laundry Equipment Sarah Baartman	Scheduled Maintenance to Laundry Equipment Sarah Baartman	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 327 556	2 000 000	2 200 000	2 420 000
216	Bedford Orthopaedic Hospital - Urgent Repairs, renovations and alterations including staff accommodation. Submersible pumps refurbishment or renewal. Connection of diesel generator to the pumps.	Bedford Orthopaedic Hospital - Renovations, refurbishments and modification of the hospital building and staff accommodation including replacement of submersible pumps and connection of diesel generator.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	31/08/2025	16 480 800	2 500 000	2 750 000	3 886 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
217	Scheduled Maintenance to Kitchen Equipment Alfred Nzo	Scheduled Maintenance to Kitchen Equipment Alfred Nzo	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 327 556	2 000 000	2 200 000	2 420 000
218	Scheduled Maintenance to Kitchen Equipment Amathole	Scheduled Maintenance to Kitchen Equipment Amathole	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	5 419 785	2 300 000	2 530 000	2 783 000
219	Scheduled Maintenance to Kitchen Equipment Buffalo City	Scheduled Maintenance to Kitchen Equipment Buffalo City	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	2 500 000	2 750 000	3 025 000
220	Scheduled Maintenance to Kitchen Equipment Chris Hani	Scheduled Maintenance to Kitchen Equipment Chris Hani	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	6 230 495	2 000 000	2 200 000	2 420 000
221	Scheduled Maintenance to Kitchen Equipment Joe Gqabi	Scheduled Maintenance to Kitchen Equipment Joe Gqabi	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 327 556	2 000 000	2 200 000	2 420 000
222	Scheduled Maintenance to Kitchen Equipment Nelson Mandela Bay	Scheduled Maintenance to Kitchen Equipment Nelson Mandela Bay	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	2 500 000	2 750 000	3 025 000
223	Scheduled Maintenance to Kitchen Equipment OR Tambo	Scheduled Maintenance to Kitchen Equipment OR Tambo	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	3 000 000	3 300 000	3 630 000
224	Scheduled Maintenance to Kitchen Equipment Sarah Baartman	Scheduled Maintenance to Kitchen Equipment Sarah Baartman	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 327 556	1 500 000	1 650 000	1 815 000
225	Scheduled Maintenance to Medium Voltage Facilities Frere, Bisho, Nelson Mandela Academic, Mthata General, Cedelia Makiwane Nelson Mandela Academic, Mthata	Scheduled Maintenance to Medium Voltage Facilities Frere, Bisho, Nelson Mandela Academic, Mthata General, Cedelia Makiwane and Greenville Hospital	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	2 154 391	2 369 830	2 606 813

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
	General, Cecilia Makiwane and Greenville Hospital									
226	Scheduled Maintenance to Medium Voltage Facilities Cradock, Frontier, Komani, Burgersdorp, Victoria, Tower and All Saints Hospital	Scheduled Maintenance to Medium Voltage Facilities Cradock, Frontier, Komani, Burgersdorp, Victoria, Tower and All Saints Hospital	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	2 154 391	2 369 830	2 606 813
227	Scheduled Maintenance to Medium Voltage Facilities Dora Nginza, Livingstone, PE Provincial Hospital	Scheduled Maintenance to Medium Voltage Facilities Dora Nginza, Livingstone, PE Provincial Hospital	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	2 154 391	2 369 830	2 606 813
228	Scheduled Maintenance to Medium Voltage Facilities Andries Vosloo, Humansdorp, Fort England, Settlers Hospital	Scheduled Maintenance to Medium Voltage Facilities Andries Vosloo, Humansdorp, Fort England, Settlers Hospital	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	2 154 390	2 369 829	2 606 812
229	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Alfred Nzo DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Alfred Nzo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	4 900 000	1 500 000	1 650 000	1 815 000
230	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Amathole DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Amathole DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	8 800 000	1 971 900	2 169 090	2 385 999

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
231	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Buffalo City DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	9 450 000	1 971 900	2 169 090	2 385 999
232	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Chris Hani DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	5 100 000	1 971 900	2 169 090	2 385 999
233	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Joe Gqabi DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Joe Gqabi DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	6 300 000	1 971 900	2 169 090	2 385 999
234	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Nelson Mandela Bay DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	11 000 000	1 971 900	2 169 090	2 385 999
235	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - OR Tambo DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	15 000 000	1 971 900	2 169 090	2 385 999
236	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Sarah Baartman DM	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Sarah Baartman DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	6 200 000	1 971 900	2 169 090	2 385 999

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
237	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Alfred Nzo DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Alfred Nzo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	1 795 326	1 974 858	2 172 344
238	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Amathole DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Amathole DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	10 005 654	2 501 413	2 751 555	3 026 710
239	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Buffalo City DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	1 795 326	1 974 858	2 172 344
240	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Chris Hani DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	10 038 963	2 509 741	2 760 715	3 036 786
241	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Joe Gqabi DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Joe Gqabi DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	1 795 326	1 974 858	2 172 344
242	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Nelson Mandela Bay DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	1 795 326	1 974 858	2 172 344
243	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - OR Tambo DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	1 795 326	1 974 858	2 172 344

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
	Pumps - OR Tambo DM									
244	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Sarah Baartman DM	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Sarah Baartman DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	31/03/2025	7 181 302	1 795 326	1 974 858	2 172 344
245	Bhisho Hospital Theatre HVAC	Replacement of Theatre HVAC System	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	31/03/2015	5 000 000	1 795 326	1 974 858	2 172 344
246	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Alfred Nzo DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Alfred Nzo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	7 181 302	1 795 326	1 974 858	2 172 344
247	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Amathole DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 500 000	1 125 000	1 237 500	1 361 250
248	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Buffalo City DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	7 181 302	1 795 326	1 974 858	2 172 344
249	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Chris Hani DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 500 000	1 125 000	1 237 500	1 361 250

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
250	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Joe Gqabi DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	7 327 556	1 831 889	2 015 078	2 216 586
251	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Nelson Mandela Bay DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 308 781	1 077 195	1 184 915	1 303 406
252	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - OR Tambo DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 308 781	1 077 195	1 184 915	1 303 406
253	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Sarah Baartman DM	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 396 533	1 099 133	1 209 047	1 329 951
254	PE Central Clinic - Minor repairs to building items, internal & external painting	Minor repairs to building items, internal & external painting	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2020	31/03/2027	25 000 000	1 500 000	8 500 000	-
255	Scheduled Maintenance to Various Fire Detection and Prevention - Alfred Nzo DM	Scheduled Maintenance to Various Fire Detection and Prevention - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 396 533	1 099 133	1 209 047	1 329 951
256	Scheduled Maintenance to Various Fire Detection and Prevention - Amathole DM	Scheduled Maintenance to Various Fire Detection and Prevention - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	5 000 000	1 250 000	1 375 000	1 512 500

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
257	Scheduled Maintenance to Various Fire Detection and Prevention - Buffalo City DM	Scheduled Maintenance to Various Fire Detection and Prevention - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 308 781	1 077 195	1 184 915	1 303 406
258	Scheduled Maintenance to Various Fire Detection and Prevention - Chris Hani DM	Scheduled Maintenance to Various Fire Detection and Prevention - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	5 000 000	1 250 000	1 375 000	1 512 500
259	Scheduled Maintenance to Various Fire Detection and Prevention - Joe Gqabi DM	Scheduled Maintenance to Various Fire Detection and Prevention - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 396 533	1 099 133	1 209 047	1 329 951
260	Scheduled Maintenance to Various Fire Detection and Prevention - Nelson Mandela Bay DM	Scheduled Maintenance to Various Fire Detection and Prevention - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 308 781	1 077 195	1 184 915	1 303 406
261	Scheduled Maintenance to Various Fire Detection and Prevention - OR Tambo DM	Scheduled Maintenance to Various Fire Detection and Prevention - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 308 781	1 077 195	1 184 915	1 303 406
262	Scheduled Maintenance to Various Fire Detection and Prevention - Sarah Baartman DM	Scheduled Maintenance to Various Fire Detection and Prevention - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 396 533	1 099 133	1 209 047	1 329 951
263	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Alfred Nzo DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 396 533	1 099 133	1 209 047	1 329 951

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
264	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Amathole DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 500 000	1 125 000	1 237 500	1 361 250
265	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Buffalo City DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 308 781	1 077 195	1 184 915	1 303 406
266	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Chris Hani DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 500 000	1 125 000	1 237 500	1 361 250
267	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Joe Gqabi DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 396 533	1 099 133	1 209 047	1 329 951
268	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Nelson Mandela Bay DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 308 781	1 077 195	1 184 915	1 303 406
269	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - OR Tambo DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 308 781	1 077 195	1 184 915	1 303 406
270	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Sarah Baartman DM	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 396 533	1 099 133	1 209 047	1 329 951

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
271	Scheduled Maintenance to Various Theater HVAC - Alfred Nzo DM	Scheduled Maintenance to Various Theater HVAC - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	1 172 089	2 931 022	3 224 125	3 546 537
272	Scheduled Maintenance to Various Theater HVAC - Amathole DM	Scheduled Maintenance to Various Theater HVAC - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 000 000	1 000 000	1 100 000	1 210 000
273	Scheduled Maintenance to Various Theater HVAC - Buffalo City DM	Scheduled Maintenance to Various Theater HVAC - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 617 563	2 154 391	2 369 830	2 606 813
274	Scheduled Maintenance to Various Theater HVAC - Chris Hani DM	Scheduled Maintenance to Various Theater HVAC - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 000 000	1 000 000	1 100 000	1 210 000
275	Scheduled Maintenance to Various Theater HVAC - Joe Gqabi DM	Scheduled Maintenance to Various Theater HVAC - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 793 067	2 198 267	2 418 093	2 659 903
276	Scheduled Maintenance to Various Theater HVAC - Nelson Mandela Bay DM	Scheduled Maintenance to Various Theater HVAC - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 617 563	2 154 391	2 369 830	2 606 813
277	Scheduled Maintenance to Various Theater HVAC - OR Tambo DM	Scheduled Maintenance to Various Theater HVAC - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 617 563	2 154 391	2 369 830	2 606 813
278	Scheduled Maintenance to Various Theater HVAC - Sarah Baartman DM	Scheduled Maintenance to Various Theater HVAC - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 793 067	2 198 267	2 418 093	2 659 903

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
279	Scheduled Maintenance to Various Central HVAC Systems - Alfred Nzo DM	Scheduled Maintenance to Various Central HVAC Systems - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 793 067	2 198 267	2 418 093	2 659 903
280	Scheduled Maintenance to Various Central HVAC Systems - Amathole DM	Scheduled Maintenance to Various Central HVAC Systems - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 000 000	1 000 000	1 100 000	1 210 000
281	Scheduled Maintenance to Various Central HVAC Systems - Buffalo City DM	Scheduled Maintenance to Various Central HVAC Systems - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 617 563	2 154 391	2 369 830	2 606 813
282	Scheduled Maintenance to Various Central HVAC Systems - Chris Hani DM	Scheduled Maintenance to Various Central HVAC Systems - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	4 000 000	2 200 000	2 420 000	2 662 000
283	Scheduled Maintenance to Various Central HVAC Systems - Joe Gqabi DM	Scheduled Maintenance to Various Central HVAC Systems - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 793 067	2 198 267	2 418 093	2 659 903
284	Scheduled Maintenance to Various Central HVAC Systems - Nelson Mandela Bay DM	Scheduled Maintenance to Various Central HVAC Systems - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 617 563	2 154 391	2 369 830	2 606 813
285	Scheduled Maintenance to Various Central HVAC Systems - OR Tambo DM	Scheduled Maintenance to Various Central HVAC Systems - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 617 563	2 154 391	2 369 830	2 606 813
286	Scheduled Maintenance to Various Central HVAC Systems - Sarah Baartman DM	Scheduled Maintenance to Various Central HVAC Systems - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	8 793 067	2 198 267	2 418 093	2 659 903

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
	Systems - Sarah Baartman DM			Facilities Management						
287	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Alfred Nzo DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Alfred Nzo DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	5 862 045	1 465 511	1 612 062	1 773 268
288	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Amathole DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Amathole DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	3 500 000	875 000	962 500	1 058 750
289	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Buffalo City DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Buffalo City DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	5 745 042	1 436 260	1 579 886	1 737 875
290	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Chris Hani DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Chris Hani DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	3 500 000	875 000	962 500	1 058 750
291	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Joe Gqabi DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Joe Gqabi DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	5 862 045	1 465 511	1 612 062	1 773 268
292	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Nelson Mandela Bay DM	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Nelson Mandela Bay DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	5 745 042	1 436 260	1 579 886	1 737 875
293	Scheduled Maintenance to Various Wet Services,	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - OR Tambo DM	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	5 745 042	1 436 260	1 579 886	1 737 875

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
	Plumbing and VVWTS - OR Tambo DM									
294	Scheduled Maintenance to Various Wet Services, Plumbing and VVWTS - Sarah Baartman DM	Scheduled Maintenance to Various Wet Services, Plumbing and VVWTS - Sarah Baartman DM	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2018	30/06/2025	5 862 045	1 465 511	1 612 062	1 773 268
295	Taylor Bequest Hospital Matatiele - Kitchen Equipment & Installation & Commissioning	Kitchen Equipment & Installation & Commissioning	District Hospital Services	Programme 8 : Health Facilities Management	2024/10/01	2026/03/30	1 654 000	1 654 000	-	-
296	Supply of Coal for Boilers	Supply of Coal for Boilers	Other Facilities	Programme 8 : Health Facilities Management	2024/10/01	2026/03/30	5 000 000	7 529 950	10 529 950	11 529 950
297	Khutsong Hospital - Procurement of new medical equipment and furniture	Procurement of new medical equipment and furniture	Provincial Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	2023/03/2024	55 000 000	500 000	-	-
298	Close out of historical projects	Close out of historical projects	Community Health Facilities	Programme 8 : Health Facilities Management	2020/10/01	2025/03/30	20 000 000	5 000 000	-	-
299	Existing Hospitals Commissioning and Recommissioning - OR Tambo	Procurement of new medical equipment and furniture for OR Tambo hospitals	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	5 647 000	5 929 350	-	-
300	Existing Hospitals Commissioning and Recommissioning - Chris Hani	Procurement of new medical equipment and furniture for Chris Hani hospitals	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	7 584 000	3 584 000	-	-
301	Mjanyana Hospital Infrastructure Projects Commissioning	Commissioning of the Staff Accommodation project	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	6 800 000	-	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
302	Existing Hospitals Commissioning and Recommissioning - Joe Gqabi	Procurement of new medical equipment and furniture for Joe Gqabi hospitals	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	4 814 000	-	-	-
303	Existing Hospitals Commissioning and Recommissioning - Amathole	Procurement of new medical equipment and furniture for Amathole hospitals	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	5 814 000	5 784 000	-	-
304	Existing Hospitals Commissioning and Recommissioning - Buffalo City Metro	Procurement of new medical equipment and furniture for BCM hospitals	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	5 709 000	5 709 000	-	-
305	Existing Hospitals Commissioning and Recommissioning - Nelson Mandela Metro	Procurement of new medical equipment and furniture for NMM hospitals	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	5 709 000	5 709 000	-	-
306	Existing Hospitals Commissioning and Recommissioning - Sarah Baartmann	Procurement of new medical equipment and furniture for Sarah Baartman hospitals	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	7 154 700	7 154 700	-	-
307	Radiology Equipment and Services	Procurement and installation of new medical imaging equipment and services for Chris Hani health facilities	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	-	34 786 188	14 139 000
308	District Hospitals Medical Equipment Maintenance - OR Tambo	Medical Equipment repairs and maintenance - OR Tambo District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	5 418 400	7 418 400	15 000 000
309	District Hospitals Medical Equipment Maintenance - Chris Hani	Medical Equipment repairs and maintenance - Chris Hani District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	5 418 400	880 400	15 000 000
310	District Hospitals Medical Equipment Maintenance - Joe Gqabi	Medical Equipment repairs and maintenance - Joe Gqabi District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	5 418 400	7 111 800	15 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
311	District Hospitals Medical Equipment Maintenance - Amathole	Medical Equipment repairs and maintenance - Amathole District	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	4 318 000	6 318 000	15 000 000
312	District Hospitals Medical Equipment Maintenance - Buffalo City Metro	Medical Equipment repairs and maintenance - Buffalo City Metro	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	4 318 000	6 313 800	9 911 000
313	District Hospitals Medical Equipment Maintenance - Nelson Mandela Metro	Medical Equipment repairs and maintenance - Nelson Mandela Metro	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	5 142 250	7 142 250	-
314	District Hospitals Medical Equipment Maintenance - Sarah Baartman	Medical Equipment repairs and maintenance - Sarah Baartman	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	5 142 250	5 142 250	4 142 250	-
315	Existing Clinics Commissioning and Recommissioning - OR Tambo	HT Commissioning for OR Tambo Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	5 000 000	2 886 850	797 000	9 605 575
316	Existing Clinics Commissioning and Recommissioning - Chris Hani	HT Commissioning for Chris Hani Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	2 886 850	797 000	8 947 500
317	Existing Clinics Commissioning and Recommissioning - Joe Gqabi	HT Commissioning for Joe Gqabi Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	2 886 850	797 000	8 947 500
318	Existing Clinics Commissioning and Recommissioning - Amathole	HT Commissioning for Amathole Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	2 886 850	797 000	8 947 500
319	Existing Clinics Commissioning and Recommissioning - Buffalo City Metro	HT Commissioning for Buffalo City Metro Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	12 886 850	797 000	8 947 500

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
320	Existing Clinics Commissioning and Recommissioning - Nelson Mandela Metro	HT Commissioning for Nelson Mandela Metro Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	2 886 850	797 000	8 947 500
321	Existing Clinics Commissioning and Recommissioning - Sarah Baartmann	HT Commissioning for Sarah Baartman Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	2 886 850	797 000	8 947 500
322	Provincial Hospitals Medical Equipment Maintenance - OR Tambo	Medical equipment repairs and maintenance on high risk equipment	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	1 797 000	2 719 900	1 719 900	-
323	Provincial Hospitals Medical Equipment Maintenance - Chris Hani	Medical equipment repairs and maintenance on high risk equipment	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	4 677 945	2 719 900	1 719 900	660 022
324	Provincial Hospitals Medical Equipment Maintenance - Buffalo City Metro	Medical equipment repairs and maintenance on high risk equipment	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	9 355 890	3 339 400	2 339 400	2 394 245
325	Provincial Hospitals Medical Equipment Maintenance - Nelson Mandela Metro	Medical equipment repairs and maintenance on high risk equipment	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	11 987 234	4 306 450	3 306 450	2 765 892
326	Sipetu Hospital - New Building including site works and bulk services - HT	Procurement of new medical equipment and furniture	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	31/03/2022	75 808 000	20 718 000	-	-
327	Clinics Medical Equipment Maintenance - OR Tambo	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	72 000 000	4 334 550	1 450 000	7 391 166
328	Clinics Medical Equipment Maintenance - Chris Hani	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 640 500	2 334 550	1 450 000	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
329	Clinics Medical Equipment Maintenance - Joe Gqabi	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 640 500	2 334 550	1 450 000	5 17 475
330	Clinics Medical Equipment Maintenance - Amathole	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 640 500	2 334 550	1 450 000	5 17 475
331	Clinics Medical Equipment Maintenance - Buffalo City Metro	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 640 500	2 334 550	1 450 000	5 17 475
332	Clinics Medical Equipment Maintenance - Nelson Mandela Metro	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 640 500	2 334 550	1 450 000	5 17 475
333	Clinics Medical Equipment Maintenance - Sarah Baartman	Medical equipment repairs and maintenance on high risk equipment	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 640 500	2 334 550	1 450 000	5 17 475
334	Cwele Clinic - Procurement of furniture and medical equipment	HT Commissioning for OR Tambo Ideal Clinics and CHCs	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	8 939 375	4 500 000	-	-
335	Greenville Hospital - Upgrades and additions to theatres, maternity, pharmacy, Procurement of Furniture and Medical Equipment	HT Commissioning for OR Tambo Ideal Clinics and CHCs	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	8 939 375	-	-	-
336	Clinical Engineering Management Services	Condition assessments, workshops and spares stock mobilization, inspective preventive maintenance, HT commissioning, skills transfer and contract management	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	35 000 000	2 958 000	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
337	Medical Gas Systems - OR Tambo	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	4 000 000	-	-	-
338	Medical Gas Systems - Chris Hani	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	4 000 000	472 100	-	-
339	Medical Gas Systems - Amathole	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	4 000 000	472 100	-	-
340	Medical Gas Systems - Sarah Baartman	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	4 000 000	472 100	-	-
341	Medical Gas Systems - Nelson Mandela Metro	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	3 000 000	2 472 100	-	-
342	Medical Gas Systems - Buffalo City Metro	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	472 100	-	-
343	Medical Gas Systems - Joe Gqabi	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	2 000 000	472 100	-	-
344	Technicians Training	Clinical Engineering Workshops	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2020	2025/03/30	35 000 000	8 451 200	15 000 000	20 000 000
345	Electricification and water connections - OR Tambo	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	2025/03/30	5 000 000	1 250 000	2 000 000	2 025 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
346	Electricification and water connections - Amathole	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	2025/03/30	5 000 000	1 250 000	1 750 000	20 924 479
347	Electricification and water connections - Sarah Baartmann	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	2025/03/30	5 000 000	1 250 000	1 383 000	3 625 000
348	Electricification and water connections - Chris Hani	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2017	2025/03/30	5 000 000	1 250 000	1 250 000	625 000
349	Electricification and water connections - Joe Gqabi	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	31/03/2025	5 000 000	1 250 000	1 250 000	2 500 000
350	COE - Clinical Engineering Services	Compensation of employees	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	25 000 000	16 084 000	15 000 000	15 560 440
351	Cecilia Makiwane Hospital - Level 1 - Commissioning of Health Technology , Medical equipment and IT	New medical equipment , furniture, IT equipment, and organizational development services (OD)	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2026	87 000 000	500 000	-	-
352	Office Capacitation - Goods and Services	Goods & services for employees	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	20 275 000	5 516 910	-	-
353	Office Capacitation - Goods and Services	Goods & services for employees	Provincial Hospital Services	Programme 8 : Health Facilities Management				-	5 793 000	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
354	Clinical Engineering Technicians Training	EPWP	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	31/03/2025	16 084 000	16 084 000	11 000 000	15 000 000
355	Office Capacitation - Machinery and Equipment	Office equipment for employees	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2025	16 906 000	5 250 000	-	-
356	Project Management Services -New Projects	Project Management Services (Sakhiwo)	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	31/03/2025	20 000 000	5 000 000	1 500 000	1 500 000
357	Project Management Services- Replacement Projects	Project Management Services (Sakhiwo)	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2018	31/03/2019	20 000 000	5 000 000	1 500 000	1 500 000
358	St Barnabas Hospital - Mental Health Unit - Commissioning and Recommissioning	Procurement of new medical equipment and furniture	District Hospital Services	Programme 8 : Health Facilities Management	01/07/2019	31/04/2023	3 200 000	-	-	-
359	DPW close out of projects	Payment of contractors and consultants final accounts	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	20 000 000	4 793 156	33 538 000	-
360	St Elizabeth Hospital Commissioning	Commissioning	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2026	144 000 000	1 000 000	-	-
361	Nessie Knight Hospital Renovations and Refurbishments - HIT Commissioning	Commissioning	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/07/2025	2 500 000	-	-	-
362	All Saints Hospital Phase I Commissioning	Commissioning	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/07/2025	1 700 000	-	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
363	Electricification and water connections - BCM	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing Commissioning	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	5 000 000	374 975	1 000 000	8 000 000
364	Victoria Hospital Commissioning	Commissioning	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/08/2022	17 000 000	1 600 000	-	-
365	Electricification and water connections - Sarah Baartman	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing Commissioning of Laetitia Bam CHC	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2025	11 499 900	2 500 000	1 024 965	3 437 488
366	Laetitia Bam CHC	Commissioning of Laetitia Bam CHC	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2026	100 000 000	1 200 000	-	-
367	PE EMS College Commissioning	PE EMS College Commissioning	Other Facilities	Programme 8 : Health Facilities Management	01/04/2021	31/03/2026	100 000 000	4 000 000	-	-
368	Dora Nginza Hospital – Improvements to existing buildings to accommodate the Cerebral Palsy Rehab Centre, Casualty Centre and related clinical services, including Mental Health in terms of the revised Service Delivery Model.	Improvements to existing buildings to accommodate the Cerebral Palsy Rehab Centre, Casualty Centre and related clinical services, including Mental Health in terms of the revised Service Delivery Model.	Provincial Hospital Services	Programme 8 : Health Facilities Management	01/04/2021	31/03/2026	100 000 000	5 000 000	15 000 000	28 124 516

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
369	Canzibe Hospital Phase 2 - Renovation and Addition of Health Professional Accommodation	Renovation and additions to four existing staff houses, construction of new 5nos of two bedroomed houses, single storeyed block of 7nos of single bedroomed units, double storeyed block of 14nos units of two bedroomed units, new guard house, associated electrical installation and external works and services.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2017	31/03/2026	91 124 000	2 000 000	5 000 000	8 062 000
370	Butterworth Hospital - Upgrading of Hospital - new fencing	Fencing of the new Site, Construction of additional accommodation units, vertical circulation improvement, paediatric upgrade, new emergency & pharmacy, new stores & parking (phase 1 + Maternity Phase 2, repairing of the steel bridge linking	District Hospital Services	Programme 8 : Health Facilities Management	TBC	TBC	15 000 000	5 000 000	-	-
371	Empilweni Hospital - Improvements to existing buildings to accommodate the District Hospital Clinical Services, including Level 1 Maternity Services, Casualty Centre and related clinical services, including Mental Health in terms of the revised Service Delivery Model of the NMB District	Scope Area 1 - Infrastructure Improvements to existing buildings to accommodate Level 1 Maternity Services & ; Scope Area 2 - Alterations & Additions for an Accident & Emergency Centre; Scope Area 3 - Alterations & Additions for theatres; Scope Area 4 - Infrastructure Improvements to balance of existing buildings (Clinical & Support Services)	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	31/03/2026	100 000 000	4 000 000	18 000 000	20 000 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
372	Orsmond Hospital - Improvements to existing buildings to accommodate the Psychiatric Sub-Acute and Chronic Clinical Services in terms of the revised Service Delivery Model of the NMB District	Scope Area 1 - Improvements to existing 4 Ward Blocks for use as Sub-Acute & Chronic Psychiatric Patients for both males and females, including Nurse Stations, Duty Rooms, Consulting Spaces, Support Spaces, Ablutions, Seclusion Rooms; Scope Area 2 - Improvements to identified Clinical and Non-Clinical Support Services buildings and Infrastructure.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	31/03/2026	39 000 000	-	-	-
373	Jose Pearson TB Hospital - Improvements to existing buildings to accommodate the Clinical Services in terms of the revised Service Delivery Model of the NMB District	Improvements to existing Paediatric ward, Admissions Areas, provision of piped oxygen, diesel storage capacity and electrical installations.	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	31/03/2026	12 000 000	250 000	4 350 000	4 969 725
374	Livingstone Hospital - Improvements to existing buildings to accommodate certain Level 1 District Hospital Clinical Services in terms of the revised Service Delivery Model of the NMB District	Improvements to existing buildings to accommodate certain Level 1 District Hospital Clinical Services and related support services buildings	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	31/03/2026	20 000 000	2 500 000	10 000 000	18 585 000
375	PE Provincial Hospital: - Improvements to existing buildings to accommodate certain Clinical Services in terms of the revised	Scope Area 1 - Improvements to existing buildings to accommodate certain Clinical Services; Scope Area 2 - Improvements to related support services buildings	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2022	31/03/2026	50 000 000	2 500 000	16 000 000	10 861 000

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
	Service Delivery Model of the NMB District									
376	Other Facilities- Buildings Maintenance in Head Office	Other Facilities- Buildings Maintenance	District Hospital Services	Programme 8 : Health Facilities Management	2020/10/01	31/03/2026	21 039 830	51 655 336	30 309 917	- 19 302 625
377	Project Management Services- Maintenance	Project Management Services	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	25 000 000	10 880 627	-	-
378	PMU Program Management Services	PMU Program Management Services at GSA Cluster level and Head Office	District Hospital Services	Programme 8 : Health Facilities Management			12 000 000	12 000 000	22 629 110	21 000 000
379	Asbestos material removal at Facilities across the province	The assessment, safe removal and disposal	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	4 000 000	6 905 319	45 660 500	15 788 000
380	Rodana Eyethu Satellite Clinic: Infrastructure Improvements	Rodana Eyethu Satellite Clinic: Infrastructure Improvements, including new ablutions and fencing.	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	2 000 000	750 000	-	436 000
381	Hewu Hospital: Infrastructure Improvements	Hewu Hospital: Infrastructure Improvements, including Civil Works & Electrical	District Hospital Services	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	4 000 000	750 000	-	-
382	Haytor Clinic: Infrastructure Improvements	Haytor Clinic: Infrastructure Improvements, including Civil Works & Electrical	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	4 000 000	500 000	-	-
383	Thembisa Clinic- Phase I - Construction of temporary structures	Construction of temporary structures	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	2 000 000	335 362	-	-

No	Project Name	Scope	Budget Programme Name	Budget Sub Programme Name	Start Date	End Date	Estimated Total Programme /Project Budget	Budget 2023/24	Budget 2024/25	Budget 2025/26
384	Bedford Orthopaedic Hospital - Urgent Repairs, renovations and alterations including staff accommodation. Submersible pumps refurbishment or renewal. Connection of diesel generator to the pumps.	Bedford Orthopaedic Hospital - Renovations, refurbishments and modification of the hospital building and staff accommodation including replacement of submersible pumps and connection of diesel generator.	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2018	31/08/2025	16 480 800	-	-	32 544 521
385	EPWP	Provision of Work Opportunities in Infrastructure related activities	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2023	31/03/2024	2 153 000	2 153 000	-	-
386	Disaster and Climate Change response	Adhoc Response to unforeseen negative impacts on Infrastructure, severe weather storms, underground water exploration and general minimising the impact of climate	Community Health Facilities	Programme 8 : Health Facilities Management	01/04/2023	31/03/2026	24 000 000	18 999 886	39 514 575	50 225 000

II . PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

Table 66: Public-private partnerships

Name of PPPs	Purpose	Outputs	Current value of agreement	End Date of Agreement
Humansdorp PPP	To construct a 30-bed private facility, enlarge current entrance and administration, enlarge casualty and out-patient ward, including two consulting rooms and a dentist room, upgrade and/or build two new operating theatres, a new CSSD, an new radiology unit and a new laboratory	Provision of soft services contracts and medical equipment at the facilities	14,483	on-going
Port Alfred and Settlers District Hospital PPP co-location	To build and/or upgrade 30 private beds, private pharmacy, private administration, two private consulting rooms, 60 public beds, public outpatient facility, public pharmacy, public administration, Shared services facilities, maternity ward, radiology, casualty, theatres, CSSD, kitchen and staff facilities, mortuary, stores, linen areas, plant and workshop areas		Nil	<p>The private party terminated its services in terms of the PPP agreement on 14 August 2020 and handed the hospitals over to the department on 15 August 2020. A court order was obtained on 3rd November 2020 directing the department to terminate the agreement.</p> <p>The PPP agreement was formally terminated by the department by 09 November 2020 in compliance with the court order.</p> <p>The determination of the compensation payable following the termination of the PPP agreement is currently in progress</p>



PART D: APP TIDS FOR PROVINCIAL DOH

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

Table 67: Technical Indicator Data Set

Number	Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
1.	x	9.1.2 Number of statutory documents tabled at Provincial Legislature	Statutory documents submitted and tabled at the Provincial Legislature	Departmental website Head Office	Statutory documents submitted	Not applicable	Head Office - Copies of the documents Submission letters	Unavailability of statutory documents	Not applicable	Not applicable	Not applicable	Quarterly	Higher	Office of the MEC	1
2.	x	7.1.1 Audit opinion of Provincial DoH	Improvement of Audit opinion for Provincial Department of Health for financial performance	Auditor General South Africa (AGSA) final report	Audit outcome expressed by AGSA 2022/23 financial year	Not applicable	Not applicable	Not applicable	Not applicable	All Districts	Not applicable	Annual	Unqualified Audit Opinion	Chief Financial Officer	1
3.	x	7.1.4 % of valid invoices paid within 30 days	Payment of suppliers using verified invoices within 30 days	BAS	Valid invoices paid within 30 days	Total number of invoices received	Financial management system	Accuracy dependent of submission	Not applicable	Not applicable	Non-cumulative	Quarterly	Higher	Manager: Supply Chain	1

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
4.	x	7.1.2 Approved Annual Procurement Plan	List of projects according to capital budget	SCM	Procurement plan submitted	Not applicable	SCM office: Final approved procurement plan	None	Not applicable	Not applicable	Not applicable	Quarterly	Annual procurement plan approved	Manager: Supply Chain Management	1
5.	x	7.1.3 Amount of Revenue generated (R)	Amount of revenue to be collected by districts	Financial management system	Amount of revenue collected	Not applicable	Financial management system	Client affordability	Not applicable	All districts	Cumulative year end	Quarterly	Higher	Manager: Financial Management	1
6.	x	8.1.1 Contingent liability of medico – legal cases	Total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March 2023	Medico-legal case management system	Total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March 2023	Not Applicable	Medico-legal case management system	Accuracy dependent of reporting of data into the system	Not Applicable	All Districts	Non-cumulative	Annual	Lower	Legal Services	1
7.	x	11.1.1 Percentage of Hospitals with connectivity	Provide Hospitals with alternative connectivity or broad band	Rollout report (spreadsheets) for sites that are live or with alternative connectivity	Total Number of hospitals with minimum 2 Mbps connectivity	Total Number of Hospitals	Reports (spreadsheets) for sites that are live or with alternative connectivity of data in hospitals	Dependent on Provincial broadband Provision of departmental connectivity alternative	Not applicable	All districts	Non-cumulative	Quarterly	Higher	ICT Directorate / Chief Directorate	1

Num ber	Provincial Annual Performa nce Plan 2023/2024 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
8.	x	1.1.1.2 Percentage of fixed PHC facilities with connectivity	Provide all fixed PHC facilities with alternative broad band	Rollout report (spreadshe ets) for sites that are live or with alternative connectivity	Total Number of fixed PHC facilities with minimum 1Mbps connectivity	Total Number of fixed PHC Facilities	Reports (spreadshe ets) for sites that are live or with alternative connectivity of data in fixed PHC facilities	Dependin g on Provincial broadband Provision of departme ntal alternativ e connectivi ty	Not applicable	All districts	Non- cumulative	Quarte rly	Higher	ICT Directorat e / Chief Directorat e	1
PROGRAMME 2: DISTRICT HEALTH SERVICES															
SUB PROGRAMME 2.1: DISTRICT MANAGEMENT															
9.	x	9.1.1 Number of Districts conducted quarterly performance reviews	Districts conducting performance reviews per quarter		Number of Districts conducted quarterly performance reviews	Not applicable	Reports Attendance register	Not applicable	Not applicable	All Districts	Non- cumulative	Quarte rly	Higher	DHS Manager	2
SUB PROGRAMME 2.2: COMMUNITY HEALTH CLINICS															
10.	x	6.2.1 Ideal Clinic status obtained rate	Fixed PHC health facilities that obtained Ideal Clinic status (silver, gold,	Ideal Health Facility software	Fixed PHC health facilities have obtained Ideal Clinic status, as determined by	Fixed PHC clinics or fixed CHCs and or CDCs Formula:	ICS report	Accuracy dependen t on quality of data	Not applicable	All Districts	Non- cumulative	Annual	Higher	Quality Assurance Manager	2

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
			platinum) as a proportion of fixed PHC clinics and CHCs and or CDCs		PPTICRM (PRs) or Peer-Reviews Updates (PRUs)	Total number of clinics + Total number of CHCs and or CDCs		submitted by health facilities							
11.	x	6.1.1 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2
12.		6.3.8 Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code 1 incident reported within 24 hours as a proportion of Severity assessment code 1 incident reported	Patient Safety Incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	Quality Assurance	2
13.		6.3.17 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI)	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Quality Assurance	2

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
			cases reported in the reporting month					by health facilities							
SUB PROGRAMME 2.3: COMMUNITY HEALTH CENTERS (CHC)															
14.	x	6.1.2 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all Patient Experience of Care survey questionnaires	National PEC Surveys Module	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance Manager	2
15.		6.3.9 Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code 1 incidents reported within 24 hours as a proportion of Severity assessment code 1 incident reported	Patient Safety Incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	Quality Assurance	2
16.		6.3.18 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Quality Assurance	2

Num ber	Provincial Annual Performa nce Plan 2023/202 4 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
			the reporting month												
SUB PROGRAMME 2.4: COMMUNITY BASED SERVICES: DISEASE PREVENTION AND CONTROL (DPC)															
17.	4.2.1 Positivity rate for hypertension 18 - 44 years	Number of clients 18 - 44 years screened for hypertension and who will require being put on treatment for hypertension	PHC Comprehe nsive Tick Register; OPD Tick Register and Accident and Emergency (Casualty)a nd Trauma unit Register	Number of clients 18 - 44 years screened for hypertension and requiring/refere d for treatment for hypertension	Total number of clients 18 - 44 years screened for hypertension	PHC Comprehe nsive Tick Register; OPD Tick Register and Accident and Emergency (Casualty)a nd Trauma unit Register	Not Applicable	Not Applicable	Not Applicable	All Districts	Cumulative year-to- date	Quarterly	Higher	Health program mes	2
19.	4.2.2 Positivity rate for hypertension ≥ 45 years	Number of clients > 45 years screened for hypertension and who will require being put on treatment for hypertension	PHC Comprehe nsive Tick Register; OPD Tick Register and Accident and Emergency (Casualty)a nd Trauma	Number of clients ≥ 45 years screened for hypertension and requiring/refere d for treatment for hypertension	Total number of clients ≥ 45 years screened for hypertension	PHC Comprehe nsive Tick Register; OPD Tick Register and Accident and Emergency (Casualty)a nd Trauma	Not Applicable	Not Applicable	Not Applicable	All Districts	Cumulative year-to- date	Quarterly	Higher	Health program mes	2

Num ber	Provincial Annual Performa nce Plan 2023/2024 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
	Output Indicator				Numerator	Denominator									
20.		4.3.1 Positivity rate for diabetes 18 - 44 years	Number of clients 18 - 44 years screened for diabetes and who will require being put on treatment for diabetes	unit Register PHC Comprehe nsive Tick Register; OPD Tick Register and Accident and Emergency (Casualty)a nd Trauma unit. Register	Number of clients 18 - 44 years screened for diabetes and requiring/refere d for treatment for diabetes	Total number of clients 18 - 44 years screened for diabetes	unit Register PHC Comprehe nsive Tick Register; OPD Tick Register and Accident and Emergency (Casualty)a nd Trauma unit. Register	Not Applicabl e	Not Applicable	All Districts	Cumulative year-to- date	Quarte rly	Higher	Health programm es	2
21.		4.3.2 Positivity rate for diabetes ≥ 45 years	Number of clients > 45 years screened for diabetes and who will require being put on treatment for diabetes	unit Register PHC Comprehe nsive Tick Register; OPD Tick Register and Accident and Emergency (Casualty)a nd Trauma unit. Register	Number of clients ≥ 45 years screened for diabetes and requiring/refere d for treatment for diabetes	Total number of clients ≥ 45 years screened for diabetes	unit Register PHC Comprehe nsive Tick Register; OPD Tick Register and Accident and Emergency (Casualty)a nd Trauma unit. Register	Not Applicabl e	Not Applicable	All Districts	Cumulative year-to- date	Quarte rly	Higher	Health programm es	2

Num ber	Provincial Annual Performa nce Plan 2023/2024 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
22.	x	4.4.1 PHC Mental disorders treatment rate new	Clients treated for the first time for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide attempt, developmental disorders, behavioural disorders and substance abuse/addiction disorders) as a proportion of total PHC headcount	unit Register PHC Comprehe nsive tick register	PHC client treated for mental disorders - new	PHC headcount - total Formula: PHC headcount under 5 years + PHC headcount 5-9 years] + PHC headcount 10-14 years] + PHC headcount 15-19 years + PHC headcount 20 years and older]	unit Register PHC Comprehe nsive Tick Register	Accuracy dependen t on quality of data submitted by health facilities	Not Applicable	All Districts	Non - Cumulative	Quarte rly	Higher	Health programm es	2
23.	x	4.5.1 Cataract surgery rate	Clients who had cataract surgery per 1 million uninsured populations.	Theatre Register	Cataract surgery -total	Total uninsured population	Theatre Register	Accuracy dependen t on quality of data from health facilities	Not applicable	Districts	Non - Cumulative	Quarte rly	Higher	Hospital Services Manager	2

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
SUB PROGRAMME 2.5: OTHER COMMUNITY SERVICE - PUBLIC HEALTH															
24.	x	6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	This measure hospitals that dispose waste in line with SANS 10248 regulation as a proportion of the total health facilities	Waste disposal management system	Number of Hospitals that dispose waste in line with SANS 10248 regulation at a given reporting period	Total number of Hospitals.	Waste Disposal Certificate	Not applicable	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	Manager health programmes	2
SUB PROGRAMME 2.6: HIV & AIDS, STI & TB (HAST) CONTROL															
25.	x	3.1.1 HIV test done - sum	Total number of HIV Tests done in all age groups	HTS Register	HIV test done – Formula: Antenatal HIV 1st test+Antenatal client HIV re-test+HIV test 19-59 months+HIV test 5-14 years (excl ANC)+ HIV test 15-24 years female (excl ANC) + HIV test 15-24 years male + HIV test 25-49 years (excl ANC) + HIV test	None	HTS register	Dependent on the accuracy of facility register	Not applicable	Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2

Num ber	Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
26.	x	3.1.3 HIV Test positive around 18 months rate	HIV test positive at 18 months (18-24) as a proportion of the total deliveries	PHC Comprehe nsive Tick Register HTS register or HCT module in Tier.net	HIV test positive around 18 months	HIV tests done around 18 months	PHC Comprehe nsive Tick Register HTS register or HCT module in Tier.net	Accuracy dependen t on quality of data submitted by health facilities	Children	All Districts	Non - Cumulative	Quarte rly	Lower rate	PMTCT Programm e	2
27.	x	3.1.2 HIV positive 15- 24 years (excl ANC) rate	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of children who were tested for HIV in this age group.	HTS register	HIV positive 15- 24 years (excl ANC) Formula: HIV test 15-24 years female (excl ANC) + HIV test 15-24 years male	HIV test 15-24 years (excl ANC) Formula: HIV test 15-24 years female (excl ANC) + HIV test 15-24 years male	HTS register	Dependen t on the accuracy of facility register	Not applicable	Districts	Cumulative year-to-date	Quarte rly	Lower	HIV/AIDS Programm e Manager	
28.	x	3.2.1 ART client naive start ART during month - sum	Total naive clients who started life-long ART Include the following: - Clients who have never been exposed to ART for more than 30 days in total	ART clinical records captured in TIER.Net; SMARTER	ART client naive start ART during month - sum Formula: ART adult naive start ART in month + ART child under 15 years naive start ART in month	None	ART clinical records captured in TIER.Net; SMARTER	Accuracy dependen t on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarte rly	Higher	HIV/AIDS Programm e Manager	2

Num ber	Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
29.	x	3.2.2 ART adult remain in care rate (12 months)	- Pregnant women enrolled onto life-long ART (Option B+) This also includes clients initiated on life-long triple therapy from the: - PEP programme - dual PMTCT programme	ART clinical records captured in TIER.Net; SMARTER	ART adult remain in care – total Formula: ART adult on first-line regimen + ART adult on second-line regimen + ART adult on third- line regimen + ART adult stop treatment	ART adult start minus cumulative transfer out Formula: ART adult naive start (TOT) - ART adult cumulative transfer out	ART clinical records captured in TIER.Net; SMARTER	Accuracy dependen t on quality of data submitted by health facilities	Not applic able	All Districts	Non - Cumulative	Quarte rly	Higher	HIV/AIDS Programm e Manager	2
30.	x	3.2.3 ART child remain in care rate (12 months)	ART child remain in care - total as a proportion of ART child start	ART clinical records captured in	ART child remain in care – total Formula:	ART child start minus cumulative transfer out Formula:	ART clinical records captured in	Accuracy dependen t on quality of	Not applic able	All Districts	Non - Cumulative	Quarte rly	Higher	HIV/AIDS Programm e Manager	2

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
			minus cumulative transfer out	TIER.Net; SMARTER	ART child on first-line regimen + ART child on second-line regimen + ART child on third-line regimen + ART child stop treatment	ART child under 15 years naive start - ART child cumulative transfer out	TIER.Net; SMARTER	data submitted by health facilities							
31.	x	3.2.7 ART Adult viral load suppressed rate – below 50 (12 months)	ART adult viral load under 50 as a proportion of ART adult viral load done	ART clinical records captured in TIER.Net; SMARTER	ART adult viral load under 50	ART adult viral load done	ART clinical records captured in TIER.Net; SMARTER	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2
32.	x	3.2.8 ART Child viral load suppressed rate – below 50 (12 months)	ART child viral load under 50 as a proportion of ART child viral load done	ART clinical records captured in TIER.Net; SMARTER	ART child viral load under 50	ART child viral load done	ART clinical records captured in TIER.Net; SMARTER	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2
33.	x	3.2.9 TB/HIV co-infected client on ART rate	TB/HIV co-infected client on ART as a proportion of all HIV positive TB clients.	TIER.Net;	TB/HIV co-infected client on ART Formula: Count of all TB/HIV co-	ALL DS-TB client known HIV positive Formula: Count of ALL DS-TB client	TIER.Net;	Accuracy dependent on quality of data submitted	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	HIV/AIDS Programme Manager	2

Num ber	Provincial Annual Performa nce Plan 2023/202 4 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
34.	x	3.3.1 TB investigation done 5 years and older rate	TB investigation done 5 years and older as a symptomatic clients who tested positive as a proportion of TB symptomatic clients 5 years and older	TIER.Net;	TB investigation done 5 years and older	TB symptomatic client 5 years and older	TB identification in register	Accuracy dependen t on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarte rly	Higher	TB Programm e Manager	2
35.	x	3.3.2 DS - TB treatment start 5 years and older rate	Proportion of DS-TB client 5 years and older started on DS- TB treatment out of those bacteriologically confirmed and clinically diagnosed	TB identification in register	DS - TB treatment start 5 years and older Formula: Count All (DS- TB treatment start 5 years and older)	Sum of DS-TB clinically diagnosed and DS-TB bacteriologically confirmed 5 years and older Formula: Count of all (DS- TB clinically diagnosed 5 years and older) + (DS-TB bacteriologically confirmed 5 years and older)	TB identification in register	Accuracy dependen t on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarte rly	Higher	TB Programm e Manager	2

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					Numerator	Denominator									
36.	x	3.3.3 TBXDR treatment start rate	TB XDR confirmed clients started on treatment as a proportion of TB XDR confirmed clients	EDRWEB	TB XDR client confirmed start on treatment	TB XDR confirmed client	EDRWEB	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-end	Quarterly	Higher	TB Programme Manager	2
37.	x	3.3.4 All DS - TB client treatment success rate	All TB clients who started drug susceptible tuberculosis (DS TB) treatment 12 ago and who have successfully completed treatment	TIER.Net;	All TB client successfully completed treatment	All DSTB patients in treatment outcome cohort	Tier .net	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarterly	Higher	TB Programme Manager	2
38.	x	3.3.5 Rifampicin resistant/Multidrug-resistant treatment success rate	TB Rifampicin Resistant/Multidrug Resistant clients successfully completed treatment as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment	EDRWeb	TB Rifampicin resistant/Multidrug Resistant successfully completed treatment	TB Rifampicin Resistant/Multidrug Resistant client started on treatment	EDRWeb ,	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	Higher success rate	TB Programme Manager	2

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					Numerator	Denominator									
39.	x	3.3.6 TB Rifampicin Resistant/Multidrug Resistant lost to follow-up rate	TB Rifampicin Resistant/Multidrug Resistant clients lost to follow-up as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment	EDRWeb	TB Rifampicin Resistant/Multidrug Resistant client lost to follow-up	TB Rifampicin Resistant/Multidrug Resistant client started on treatment	EDRWeb, DHIS	Accuracy dependen t on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	Lower lost to follow up rate	TB Program Manager	2
40.	x	3.3.7 TB Pre-XDR treatment success rate	TB Pre-XDR clients successfully completed treatment as a proportion of TB Pre-XDR clients started on treatment	EDRWeb, DHIS	TB Pre-XDR client who successfully completed treatment	TB Pre-XDR client started on treatment	EDRWeb, DHIS	Accuracy dependen t on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to- date)	Quarterly	Higher success rate	TB Program Manager	2
41.	x	3.3.8 TB Pre-XDR loss to follow up rate	TB Pre-XDR clients who are lost to follow up as a proportion of TB Pre-XDR clients started on treatment	EDRWeb, DHIS	TB Pre-XDR client who are lost to follow up	TB Pre-XDR client started on treatment	EDRWeb, DHIS	Accuracy dependen t on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to- date)	Quarterly	Lower lost to follow up rate	TB Program Manager	2
42.	x	3.3.9 All DS - TB client lost	ALL TB clients who started drug-susceptible	TIER.Net; DHIS	All DS-TB client lost to follow-up	All DS TB Treatment Start	TIER.Net; DHIS	Accuracy dependen t on	Not Applicable	All Districts	Non - Cumulative	Quarterly	Lower lost to	TB Program Manager	2

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					Numerator	Denominator									
		to follow - up rate	tuberculosis (DS- TB) treatment and who were subsequently lost to follow-up as a proportion of all those who started DS TB treatment					quality of data submitted by health facilities					follow up rate		
43.	x	4.6.1 Malaria deaths reported	Malaria deaths reported in South Africa. The death resulting from primary malaria diagnosis at the time of death	Malaria Information System	Malaria deaths reported	Not applicable	Malaria Information System	Accuracy dependen t on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative year -end	Quarte rly	Lower	Communi cable Diseases	2
SUB – PROGRAMME 2.7: MCWH&N															
44.	x	1.1.1 Couple year protection rate	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49	PHC Comprehe nsive Tick Register Birth Register, Labour, Combined and Postnatal ward	Couple year protection Formula: Oral pill cycle / 15) + (Medroxyproges terone injection / 4) + (Norethisterone injection / 6) +	Population 15-49 years female: Formula: (Female 15-44 years + Female 45-49 years)	PHC Comprehe nsive Tick Register Birth Register, Labour, Combined and Postnatal ward	Accuracy dependen t on quality of data submitted by health facilities	Not applicable	All Districts	Non - Cumulative	Quarte rly	Higher rates	MCYWH &N Programm e	2

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					Numerator	Denominator									
45.	x	I.1.2 Antenatal 1 st visit before 20 weeks rate	year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogestosterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).	PHC Comprehensive Tick Register Tick register OPD	Antenatal 1 st visit before 20 weeks	Antenatal 1 st visit total Formula: Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks	PHC Comprehensive Tick Register Tick register OPD	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative year-end	Quarterly	Higher	MCW&H Programme Manager	2

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46.	x	1.1.3 Antenatal client start on ART rate	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART	ART clinical record captured in Tier.net	Antenatal start on ART	Antenatal known HIV positive but NOT on ART at 1st visit Formula: Antenatal known HIV positive but NOT on ART at 1st visit + Antenatal HIV 1st test positive + Antenatal HIV re-test positive	ART clinical record captured in Tier.net	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative year-end	Quarterly	Higher	MCW&H Programme Manager	2
47.	x	1.1.4 Delivery in 10 - 19 years in facility rate	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities.	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register	Delivery 10-19 years in facility Formula: [Delivery 10-14 years in facility] + [Delivery 15-19 years in facility]	Delivery in facility - total Formula: Delivery 10-14 years in facility + Delivery 15-19 years in facility + Delivery 20 years and older in facility	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative year-end	Quarterly	Lower	MCW&H Programme Manager	2
48.	x	1.1.5 Maternal Mortality in facility ratio	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register	Maternal death in facility	Live births known to facility Formula: Live births known to facility (Live birth in facility plus baby born	PHC Comprehensive Tick Register; Tick Ward; Tick register OPD	Accuracy dependent on quality of data submitted	Females	All Districts	Non-Cumulative	Annual	Lower rates	MCW&H Programme Manager	2

Num ber	Provincial Annual Performa nce Plan 2023/202 4 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
			pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non- obstetric) per 100,000 live births in facility	Delivery and ICU Register, Midnight census, Tick register casualty		alive before arrival at facility)	Delivery and ICU Register, Midnight census, Tick register casualty	by health facilities							
49.	x	1.2.1 Live birth under 2500g in facility rate	Infants born alive weighing less than 2500g as proportion of total Infants born alive in health facilities (Low birth weight)	Delivery register	Live birth under 2500g in facility	Live birth in facility	Delivery register	Accuracy dependen t on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-end)	Quarte rly	Lower rates	MCWH& N Programm e	2
50.	x	1.2.2 Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth	Mother postnatal visit within 6 days after delivery	Delivery in facility - total	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth	Accuracy dependen t on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-end)	Quarte rly	Higher rates	MCWH& N Programm e	2

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					Numerator	Denominator									
51.	x	I.3.2 Infant PCR test positive around 6 months rate	Infant PCR test positivity around 6months among infants born to HIV positive mothers	PHC registers, paediatric registers, Tier.net	Infant PCR test positive around 6months	Infant HIV PCR test around 6 months	PHC registers, paediatric registers, Tier.net	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rate	PMTCT Programme	2
52.	x	I.3.3 Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year	PHC Comprehensive Tick Register,DHIS	Immunised fully under 1 year new	Population under 1 year Formula Female under 1 year + Male under 1 year	PHC Comprehensive Tick Register, DHIS	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher coverage	EPI Programme manager	2

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53.	x	1.3.4. Measles 2nd dose 1 year coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.	PHC Comprehe nsive Tick Register	Measles 2nd dose	Target population 1 year Formula Male 1 year + Female 1 year	PHC Comprehe nsive Tick Register	Accuracy dependen t on quality of submitted data by health facilities	children	All Districts	Cumulative (year-to- date)	Quarte rly	Higher coverage	EPI Program me manager	2
54.	x	1.3.5 Death under 5 years against live birth rate	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register, delivery register	Death in facility under 5 years total Formula: Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months	Live birth in facility	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register, delivery register	Accuracy dependen t on quality of data submitted by health facilities	Not applicable	All Districts	Non- Cumulative	Quarte rly	Lower rate	MCW&H Program me Manager	2
55.	x	1.2.3 Neonatal death in facility rate	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility.	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth	Neonatal deaths (under 28 days) in facility Formula: Death in facility 0-6 days] + [Death in facility 7-28 days	Live birth in facility	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth	Accuracy dependen t on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarte rly	Lower rate	MCW&H Program me Manager	2

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					Numerator	Denominator									
56.	x	1.3.7 Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	Register, Paeds Register, delivery register PHC Comprehensive Tick Register, OPD Tick register, CHW Daily Activity Tracker, DHIS	Vitamin A dose 12-59 months Formula Vitamin A dose 12-59 months + COS Vitamin A dose 12-59 months	Target population 12-59 months * 2 Formula (Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2	Register, Paeds Register, delivery register PHC Comprehensive Tick Register, OPD Tick register, CHW Daily Activity Tracker, DHIS	PHC register is not designed to collect longitudinal record of patients. The assumption is that the calculation in proportion of children would have received two doses based on this	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher coverage	MCWH&N Programme	2

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57.	x	1.3.9 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Paediatric Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Paediatric Ward register	Accuracy dependen t on quality of data submitted by health facilities	children	All Districts	Non- Cumulative	Quarte rly	Lower rate	MCWH& N Programm e	2
58.	x	1.3.10 Child under 5 years pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	Accuracy dependen t on quality of data submitted by health facilities	children	All Districts	Non- Cumulative	Quarte rly	Lower rate	MCWH& N Programm e	2
59.	x	1.3.11 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAN) under 5 years in health facilities	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependen t on quality of data submitted by health facilities	Children	All Districts	Non- Cumulative	Quarte rly	Lower rate	MCWH& N Programm e	2

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SUB-PROGRAMME 2.8: CORONER SERVICES															
60.	x	6.4.5 Percentage of post – mortem performed within 72 hours	Measures number of post-mortems performed by Forensic Pathologists within a period of 3 days of receiving the body from the SAPS as a percentage of the total number of bodies received	Post – mortem management system	Number of cold bodies with post-mortem performed within 72 hrs. of receipt of body	Total number of cold bodies received from SAPS	Post-mortem form Register	Not applicable	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher rate	Hospital services Programme Manager	2
SUB – PROGRAMME 2.9: DISTRICT HOSPITALS															
61.	x	6.1.3 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	2
62.	x	6.3.1 Severity assessment code (SAC) Incident reported	Severity assessment code incidents reported within 24 hours as a	Patient Safety Incident register	Severity assessment code incidents reported within 24 hours	Severity assessment code incident reported	Patient Safety Incident report	Accuracy dependent on quality of data	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	Quality Assurance	2

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					Numerator	Denominator									
		within 24 hours rate	proportion of Severity assessment code 1 incident reported					submitted by health facilities							
63.	x	6.3.10 Patient Safety Incident case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Quality Assurance	2
64.	x	6.7.1 Average Length of Stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	Midnight Census	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient separations Formula: inpatient deaths - total + inpatient discharges - total + inpatient transfers out - total	Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	2

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65.	x	6.7.6 Inpatient (usable) bed utilisation rates	Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialities	Midnight Census, bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	2
66.	x	6.7.11 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census, Management – BAS report, Ambulatory register	Expenditure - total	Patient Day Equivalent – Total Formula: Sum ((Inpatient days total x 1) + ((Day patient total x 0.5) + ((OPD headcount not referred new x 0.3333333) + SUM((OPD headcount referred new x 0.3333333) + ((OPD headcount follow-up x 0.3333333) + ((Casualty headcount - Emergency x 0.3333333) + ((C	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census, Management – BAS report, Ambulatory register	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	2

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67.	x	1.1.6 Maternal Mortality in facility ratio	Maternal death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	Maternal death register (Maternal and Morbidity Audit System), Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS	Maternal death in facility	Live births known to facility (Live birth in facility plus baby born alive before arrival at facility)	Maternal death register, Delivery Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Annual	Lower rates	MCWH&N Programme	2
68.	x	1.3.12 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations	Paediatric Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	2

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69.	x	I.3.13 Child under 5 years' pneumonia case fatality rate	under 5 years in health facilities Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	by health facilities Accuracy dependen t on quality of data submitted by health facilities	children	All Districts	Non- Cumulative	Quarte rly	Lower rate	MCWH& N Programm e	2
70.	x	I.3.14 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependen t on quality of data submitted by health facilities	Children	All Districts	Non- Cumulative	Quarte rly	Lower rate	MCWH& N Programm e	2
71.	x	I.3.15 Death under 5 years against live birth rate	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight Report	Death in facility under 5 years total Formula: Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months +	Live birth in facility	Midnight Report	Accuracy dependen t on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to- date)	Quarte rly	Lower rates	MCWH& N Programm e	2

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					Numerator	Denominator									
					Death in facility 12-59 months										
PROGRAMME 3: EMERGENCY MEDICAL SERVICES															
72.	x	6.5.1 EMS PI urban response under 30 minutes rate	EMS PI calls in urban locations with response times under 30 minutes as a proportion of EMS PI urban responses	EMS Province specific data collections tools DHIS	EMS PI urban response under 30 minutes	EMS PI urban response	EMS Province specific data collections tools DHIS	Accuracy dependen t on quality of data from reporting EMS station	Not Applicable	All Districts	Non- Cumulative	Quarte rly	Higher response rate under 30 min	Programm e 3 Manager	3
73.	x	6.5.2 EMS PI rural response under 60 minutes rate	EMS PI calls in rural locations with response times under 60 minutes as a proportion of EMS PI rural responses	EMS Province specific data collections tools DHIS	EMS PI rural response under 60 minutes	EMS PI rural response	EMS Province specific data collections tools DHIS	Accuracy dependen t on quality of data from reporting EMS station	Not Applicable	All Districts	Non- Cumulative	Quarte rly	Higher response rate under 60 min	Programm e 3 Manager	3
74.	x	6.5.4 Number of Patients transported on the PTV services	Patients transported on the PTV referred to the next level of care	EMS province specific data collection tool.	Number of Patients transported on the PTV services	Not applicable	Logbook	Not applicable	Not applicable	All districts	Cumulative year-to-date	Quarte rly	Lower	Programm e 3 Manager	3
PROGRAMME 4															
SUB-PROGRAMME 4.1: GENERAL (REGIONAL) HOSPITALS															
75.	x	6.1.4 Patient experience of care	Total number of satisfied responses as a	National PEC	Patient Experience of Care survey	Patient Experience of	PEC Survey report	Accuracy dependen t on	Not Applicable	All Districts	Non- cumulative	Annual	Higher	Quality Assurance	4

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
			proportion of all responses from Patient Experience of Care survey questionnaires	Surveys Module	satisfied responses	Care survey total responses		quality of data submitted by health facilities							
76.	x	6.3.2 Severity assessment code- (SAC) I incident reported within 24 hours as a proportion of Severity assessment code I incident reported	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	Quality Assurance	4
77.	x	6.3.1 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Quality Assurance	4
78.	x	6.7.2 Average length of stay	The average number of client days an admitted client spends in hospital before	Midnight Census	Inpatient days + 1/2 Day patients Formula:	Inpatient separations Formula:	Midnight Census	Accuracy dependent on quality of data	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	4

Number	Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
			separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities		Inpatient days total x 1 + Day patient total x 0.5	discharges - total + inpatient transfers out - total		submitted by health facilities							
79.	x	6.7.7 Inpatient (usable) bed utilisation rates	Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialities	Midnight Census, bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	4
80.	x	6.7.12 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census, Manageme	Expenditure - total	Patient Day Equivalent - Total Formula: Sum (Inpatient days total x 1) + (Day patient total x 0.5) + (OPD headcount not referred new x 0.33333333) +	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census, Manageme	Accuracy dependent on data submitted by health facilities	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	4

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
81.	x	1.1.7 Number of Maternal deaths in facility	Maternal death is death occurring during pregnancy, childbirth and puerperium within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and the cause of death	PHC Comprehensive Tick Register; Tick register OPD Delivery and ICU Register, Midnight Census	Number of Maternal death in facility	SUM([OPD headcount referred new x 0.333333]) + ([OPD headcount follow-up x 0.333333]) + ([ICU asualty headcount - Emergency x 0.333333]) + ([ICU asualty headcount - non-emergency x 0.333333])	nt – BAS report, Ambulator y register				Non-Cumulative	Annual	Lower numbers	Programme 4 Manager	4
82.	x	1.3.1.6 Child under 5 years diarrhoea	Diarrhoea deaths in children under 5 years as a proportion of	Paediatric Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	4

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
		case fatality rate	diarrhoea separations under 5 years in health facilities					data submitted by health facilities							
83.	x	1.3.17 Child under 5 years' pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	4
84.	x	1.3.18 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	4
85.	x	1.3.19 Number of Death under 5 years	Death in facility under 5 years total. (Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth	Death in facility under 5 years total	Not Applicable	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower numbers	Programme 4 Manager	4

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
			in facility 12-59 months)	Register, Paeds Register			Register, Paeds Register								
86.	x	6.1.5 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	4
87.	x	6.3.3 Severity assessment code (SAC) I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	Hospital Manager	4
88.	x	6.3.12 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Quality Assurance	4

Num ber	Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
89.	x	6.7.3 Average length of stay	the reporting month The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	Midnight Census	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient separations Formula: inpatient deaths - total + inpatient discharges - total + inpatient transfers out - total	Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	4
90.	x	6.7.8 Inpatient (usable) bed utilisation rates	Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialities	Midnight Census, bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	4
91.	x	6.7.13 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days	Accident and Emergency unit (Casualty)	Expenditure - total	Patient Day Equivalent – Total Formula:	Accident and Emergency unit (Casualty)	Accuracy dependent on quality of data	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	4

Num ber	Provincial Annual Performa nce Plan 2023/202 4 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
			total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333	and Trauma unit register, Midnight Census, Manageme nt – BAS report, Ambulator y register		Sum ((Inpatient days total x 1))+([Day patient total x 0.5])+([OPD headcount not referred new x 0.33333333])+ SUM([OPD headcount referred new x 0.33333333])+([O PD headcount follow-up x 0.33333333])+([C asualty headcount - Emergency x 0.33333333])+([C asualty headcount - non-emergency x 0.33333333])	and Trauma unit register, Midnight Census, Manageme nt – BAS report, Ambulator y register	submitted by health facilities							
SUB-PROGRAMME 4.3: PSYCHIATRIC / MENTAL HOSPITALS															
92.	x	6.1.6 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependen t on quality of data submitted by health facilities	Not Applicable	All Districts	Non- cumulative	Annual	Higher	Quality Assurance	5

Num ber	Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
93.	x	6.3.4 Severity assessment code (SAC) I incident reported within 24 hours as a proportion of Severity assessment code I incident reported	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	Quality Assurance	5
94.	x	6.3.13 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Quality Assurance	5
PROGRAMME 5: CENTRAL & TERTIARY HOSPITAL SERVICES															
SUB PROGRAMME 5.1 – CENTRAL															
95.	x	6.1.7 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient	National PEC Surveys Module	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	5

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
96.	x	6.3.5 Severity assessment code (SAC) I incident reported within 24 hours rate	Experience of Care survey questionnaires Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	Quality Assurance	5
97.	x	6.3.14 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Quality Assurance	5
98.	x	6.7.4 Average length of stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the	Midnight Census	Inpatient days + 1/2 Day patients Formula: Inpatient days total x I + Day patient total x 0.5	Inpatient separations Formula: inpatient deaths - total + inpatient discharges - total + inpatient	Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	5

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
99.	x	6.7.9 Inpatient (usable) bed utilisation rates	total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialties Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialties	Midnight Census, bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	5
100.	x	6.7.14 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census, Management – BAS report,	Expenditure - total	Patient Day Equivalent – Total Formula: Sum (Inpatient days total x 1) + (Day patient total x 0.5) + (OPD headcount not referred new x 0.33333333) + SUM(OPD headcount referred new x	Accident and Emergency unit (Casualty) and Trauma unit register, Midnight Census, Management – BAS report,	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	5

Number	Provincial Annual Performance Plan 2023/2024 (Standardized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility	Budget programme number
					Numerator	Denominator									
101.	x	1.1.8 Number of Maternal deaths in facility	Maternal death is death occurring during pregnancy, childbirth and puerperium within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and the cause of death	PHC Comprehensive Tick Register; Tick register OPD Delivery and ICU Register, Midnight Census	Number of Maternal death in facility	Not Applicable	PHC Comprehensive Tick Register; Tick register OPD Delivery and ICU Register, Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Non-Cumulative	Annual	Lower numbers	MCWH&N Programme	5
102.	x	1.3.20 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations	Paediatric Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5

Num ber	Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
103.	x	1.3.21 Child under 5 years' pneumonia case fatality rate	under 5 years in health facilities Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	by health facilities Accuracy dependen t on quality of data submitted by health facilities	children	All Districts	Non- Cumulative	Quarte rly	Lower rate	MCWH& N Programm e	5
104.	x	1.3.22 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependen t on quality of data submitted by health facilities	Children	All Districts	Non- Cumulative	Quarte rly	Lower rate	MCWH& N Programm e	5
105.	x	1.3.23 Number of Deaths under 5 years against live birth	Death in facility under 5 years total. (Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months)	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register,	Death in facility under 5 years total	Not Applicable	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register,	Accuracy dependen t on quality of data submitted by health facilities	children	All Districts	Non- Cumulative	Quarte rly	Lower numbers	MCWH& N Programm e	5

Num ber	Provincial Annual Performa nce Plan 2023/202 4 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
				Paeds Register			Paeds Register								
SUB-PROGRAMME 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES															
106.	x	6.1.8 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Quality Assurance	5
107.	x	6.3.6 Severity assessment code (SAC) incident reported within 24 hours	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code I incident reported	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	Quality Assurance	5
107.	x	6.3.15 Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Quality Assurance	5

Num ber	Provincial Annual Performa nce Plan 2023/2024 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
108.	x	6.7.5 Average length of stay	the reporting month The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	Midnight Census	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient separations Formula: inpatient deaths - total + inpatient discharges - total + inpatient transfers out - total	Midnight Census	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	5
109.	x	6.7.10 Inpatient (usable) bed utilisation rates	Inpatient bed days used as proportion of inpatient beds usable- total days (inpatient beds x days in period) available. Include all specialities	Midnight Census, bed approval letter	Inpatient days + 1/2 Day patients Formula: Inpatient days total x 1 + Day patient total x 0.5	Inpatient beds usable- total bed days available Formula: Inpatient beds usable - total * 30.42	Midnight Census, bed approval letter	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Hospital manager	5
110.	x	6.7.15 Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is the Inpatient days	Accident and Emergency unit (Casualty)	Expenditure - total	Patient Day Equivalent – Total Formula:	Accident and Emergency unit (Casualty)	Accuracy dependent on quality of data	Not applicable	All Districts	Non-Cumulative	Quarterly	Lower	Hospital manager	5

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					Numerator	Denominator									
			total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.3333333	and Trauma unit register, Midnight Census, Manageme nt – BAS report, Ambulator y register		Sum ((Inpatient days total x 1)+(Day patient total x 0.5))+((OPD headcount not referred new x 0.3333333))+SUM((OPD headcount referred new x 0.3333333))+((OPD headcount follow-up x 0.3333333))+((C asualty headcount - Emergency x 0.3333333))+((C asualty headcount - non-emergency x 0.3333333))	and Trauma unit register, Midnight Census, Manageme nt – BAS report, Ambulator y register	submitted by health facilities							
111.	x	1.1.9 Number of Maternal deaths in facility	Maternal death is death occurring during pregnancy, childbirth and puerperium within 42 days of termination of pregnancy, irrespective of	PHC Comprehensive Tick Register; Tick register OPD Delivery and ICU Register,	Number of Maternal death in facility	Not Applicable	PHC Comprehensive Tick Register; Tick register OPD Delivery and ICU Register,	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Non-Cumulative	Annual	Lower numbers	MCWH&N Programme	5

Num ber	Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
I 12.	x	I.3.24 Child under 5 years' diarrhoea case fatality rate	the duration and site of pregnancy and the cause of death Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Midnight Census	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Midnight Census Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5
I 13.	x	I.3.25 Child under 5 years' pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Paediatric Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5
I 14.		I.3.26 Child under 5 years' severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	Paediatric Ward register	Severe acute malnutrition death under 5 years	Severe acute malnutrition inpatient separation under 5 years	Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Non-Cumulative	Quarterly	Lower rate	MCWH&N Programme	5

Num ber	Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
115.	x	1.3.27 Number of Deaths under 5 years against live birth	Death in facility under 5 years total. (Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months)	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register	Death in facility under 5 years total	Not Applicable	Midnight Census, Inpatient sick neonatal admission register (ISNAR), Birth Register, Paeds Register	Accuracy dependen t on quality of data submitted by health facilities	children	All Districts	Non- Cumulative	Quarte rly	Lower numbers	MCWH& N Programm e	5
SUB-PROGRAMME 5.3: SPECIALISED TERTIARY HOSPITAL															
116.	x	6.1.9 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	National PEC Surveys Module	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	PEC Survey report	Accuracy dependen t on quality of data submitted by health facilities	Not Applicable	All Districts	Non- cumulative	Annual	Higher	Quality Assurance	5
117.	x	6.3.7 Severity assessment code (SAC) I incident reported within 24 hours rate	Severity assessment code I incidents reported within 24 hours as a proportion of Severity assessment code	Patient Safety Incident register	Severity assessment code I incidents reported within 24 hours	Severity assessment code I incident reported	Patient Safety Incident report	Accuracy dependen t on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to- date)	Quarte rly	Higher	Quality Assurance	5

Num ber	Provincial Annual Performa nce Plan 2023/2024 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
118.	x	6.3.16 Patient Safety Incident (PSI) case closure rate	1 incident reported Patient Safety Incident case closed in the reporting month as a proportion of Patient Safety Incident cases reported in the reporting month	Patient safety incident register	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident report	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Cumulative year-to-date	Quarterly	Higher	Quality Assurance	5
PROGRAMME 6: HEALTH SCIENCES AND TRAINING															
119.	x	6.7.1 Number of students completed the 4 - year comprehensive course	Nurses trained on four year diploma to improve service delivery	Training database	Number of students trained	Not applicable	Attendance Registers and Completion register	Dependent on practitioners dropping out the study course	Not Applicable	All Districts	Non - Cumulative	Annual	Higher	Human Resources Development Programme Manager	6
120.	x	6.7.2 Number of EMS Practitioners completed Emergency Care Qualification	EMS practitioners trained on emergency care qualification	Training database		Not applicable	Attendance Registers and Completion register	Dependent on practitioners dropping out the study course	Not applicable	All district	Non - Cumulative	Annual	Higher	Programme Manager – Health Science and training	6
121.	x	6.7.3 Number of registrars	Specialist doctors trained to	Training database	Number of registrars trained	Not applicable	Attendance Registers and	Dependent on practitioners	Not applicable	All district	Non - Cumulative	Annual	Higher	Programme Manager – Health	6

Num ber	Provincial Annual Performa nce Plan 2023/202 4 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
		qualified as specialist	improve clinical care				Completi on register	ers not dropping out the study course						Science and training	
122.	x	6.7.4 Number of bursary students completed training	Bursary awarded to qualified applicants for training purposes	Training database	Number of students awarded bursaries	Not applicable	Attendance Registers and Completi on register	Dependa nt on practition ers not dropping out the study course	Not applicable	All district	Non - Cumulative	Annual y	Higher	Programm e Manager - Health Science and training	6
123.	x	6.7.5 Number of youth placed on youth programs	Youth placed in different your programmes	Training database	Number of youth placed in youth programmes	Not applicable	Attendance Registers and Completi on register	Dependa nt on practition ers not dropping out the study course	Not applicable	All district	Non - Cumulative	Annual y	Higher	Programm e Manager - Health Science and training	6
PROGRAMME 7: HEALTH CARE AND SUPPORT															
124.	x	6.4.9 Wheelchair issued adult 19 year and older rate	Wheelchairs issued as a proportion of the applications for wheelchairs received for adults 19 years and older	Health Care and Support Database	Wheelchairs issued to adults 19 years and older	Wheelchairs required 19 years and older	PHC comprehen sive tick register, Tick register OPD,	Dependin g on assesse nt and specialise d need	1650 of 19 years and older for both females and males	All districts	Cumulative year end	Quarte rly	Higher	Clinical support manager	7

Num ber	Provincial Annual Performa nce Plan 2023/2024 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
125.	x	6.4.10 Wheelchair issued child 0-18 years rate	Wheelchairs issued as a proportion of the applications for wheelchairs received for children 0-18 years	Health Care and Support Database	Wheelchairs issued children 0 - 18 years	Wheelchairs required by children 0 - 18 years	PHC comprehen sive tick register, Tick register OPD,	Dependin g on assessme nt and specialise d need	700 of 0- 18 years and older for both females and males	All districts	Cumulative year end	Quarte rly	Higher	Clinical support manager	7
126.	x	6.4.11 Hearing aid issued adult 19 year and older rate	Hearing aids issued as a proportion of the applications for hearing aids received for children 0-18 years	Health Care and Support Database	Hearing aid issued to adults 19 years and older	Hearing aid required by adults 19 years and older	PHC comprehen sive tick register, Tick register OPD,	Dependin g on assessme nt and specialise d need	900 of 19 years and older for both females and males	All districts	Cumulative year end	Quarte rly	Higher	Clinical support manager	7
127.	x	6.4.12 Hearing aid issued child 0-18 years rate	Hearing aid issued to adults 19 years and older	Health Care and Support Database	Hearing aid issued to children 0 - 18 years	Hearing aid required by children 0 - 18 years	PHC comprehen sive tick register, Tick register OPD,	Dependin g on assessme nt and specialise d need	300 of 0- 18 years and older for both females and males	All districts	Cumulative year end	Quarte rly	Higher	Clinical support manager	7
128.	x	6.4.13 Percentage Order fulfilment for essential drugs at depot	Drug orders fulfilled completely	MEDSAS	Number of order fulfilled completely	Number of orders received x 100	MEDSAS report	Poor maintena nce of stock levels by the depot	Not applicable	All districts	Cumulative year end	Quarte rly	Higher	Clinical support manager	7

Num ber	Provincial Annual Performa nce Plan 2023/202 4 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
129.	x	6.4.14 Percentage of availability of essential medicine at facilities.	Manage number of essential medicine on stock	MEDSAS	Number of essential medicines out of stock	Total number of essential medicines	MEDSAS report	Poor maintena nce of essential medicines stock levels at the depot.	Not applicable	All districts	Cumulative year end	Quarte rly	Higher	Clinical support manager	7
130.	x	6.4.15 Number of active patients on CCMDD	CCMDD clients who opted to collect their patient medicine parcels from CCMDD contracted external pick up points	CCMDD database	CCMDD Client collecting medicine parcel from contracted external pick up points (PUP)	Not applicable	CCMDD register	Poor maintena nce of essential medicines stock levels at the depot.	Not applicable	All districts	Non - Cumulative	Annual	Higher	Clinical support manager	7
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT															
131.	x	6.6.1 Number of planned health facility projects with initiation reports	Primary Health Care facilities planned with initiation reports	Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	Total number of planned PHC facilities with initiation reports	N/A	Practical Completion Certificate	Accuracy dependen t on reliability of informati on captured on project lists.	Not applicable	All districts	Non - Cumulative	Quarte rly	Higher	Manager Health facilities	8

Num ber	Provincial Annual Performa nce Plan 2023/2024 (Standard ized Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumpti ons	Disaggrega tion of Beneficiari es (where applicable)	Spatial Transform ation (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report ing Cycle	Desired performa nce	Indicator Responsib ility	Budget program me number
					Numerator	Denominator									
132.	x	6.6.2 Number of health care facilities with active scheduled maintenance contracts concluded	Scheduled maintenance contracts for health care facilities	Capital infrastructure project list, professional day to day maintenance and manage ment contract project list	Number of health care facilities with active scheduled maintenance	Not applicable	Job card / invoice and delivery note	Accuracy dependan t on reliability of informati on captured on project list	Not applicable	All Districts	Non- cumulative	Quarte rly	Higher	Manger Health facilities	8
133.	x	6.6.7 Percentage of Health facilities with completed capital infrastructure projects	Number of health facilities with completed capital infrastructure projects (i.e. Practical Completion or equivalent achieved for projects categorised as New & Replacement, Upgrade & Additions or Renovations & Renovations & Refurbishments) expressed as a	Project Managem ent Information System	Total number of health facilities with completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) issued	Total number of health facilities planned to have completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) planned to be issued	Project list (B5) and Practical Completion Certificates (or equivalent)	Project Managem ent Informati on System is updated frequentl y and accurately	Not Applicable	All Districts	Cumulative (year-to- date)	Annual	Higher percentag e of Health facilities with complete d capital infstruc ture projects	Provincial Head of Infrastruct ure Unit	8

Provincial Annual Performance Plan 2023/2024 (Standard Output Indicators)	Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assump- tions	Disaggrega- tion of Beneficiari- es (where applicable)	Spatial Transforma- tion (where applicable)	Calculation Type (Cumulativ e year- end); cumulative (year-to- date) or non- cumulative	Report- ing Cycle	Desired performa- nce	Indicator Responsib- ility	Budget program me number	
				Numerator	Denominator										
		percentage of the number of health facilities planned to have completed capital infrastructure projects.													



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ANNEXURE

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

NOT APPLICABLE

ANNEXURE B: CONDITIONAL GRANTS

Table 68: Conditional Grants

Name conditional grant	Purpose of the grant	Outputs	Current Annual Budget (R thousand)	Period of Grant
Human Resource and Training	<ul style="list-style-type: none"> To appoint statutory positions in the health sector for systematic realisation of the human resources for health strategy and phased in of National Health Insurance; Support provinces to fund service cost associated with clinical training and supervision of health science trainee on the public service platform 	<ul style="list-style-type: none"> Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources Number and percentage of registrar's posts funded from this grant (per discipline) and other funding sources Number and percentage of specialist's posts funded from this grant (per discipline) and other funding sources Number and percentage of other health professionals (clinical and allied) appointed (total by district, category and discipline) 	576,485	MTEF
District Health Programme Grant	To enable the health sector to develop and implement an effective response to HIV/AIDS	HIV positive new clients identified and initiated; People living with HIV retained on care;	2,963,416	23/24 financial year
	Prevention and protection of health workers from exposure to workplace	HIV new cases identified and tested (adults and children)		
	To enable the health sector to develop and implement an effective response to a TB	TB co-infected positive clients initiated and cured;		
National Tertiary services	<p>Ensure the provision of tertiary health services in South Africa</p> <p>To compensate tertiary facilities for the additional costs associated with the provision of these services</p>	<ul style="list-style-type: none"> •Number of inpatient separations •Number of day patient separations •Number of outpatient first attendances •Number of outpatient follow-up attendances •Number of inpatient days •Average length of stay by facility (tertiary) •Bed utilisation rate by facility (all levels of care) 	1,127,765	MTEF
Health Facility Revitalization Grant	<p>To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including health technology (HT).</p> <p>Organisational design (OD) systems and quality assurance (QA)</p> <p>To enhance capacity to deliver health infrastructure</p>	<p>Health care facilities upgraded, rehabilitated, maintained to provide better access to clients.</p> <p>Quality of care at health care facilities improved</p> <p>Appointment of staff with requisite skills and qualifications to ensure that health infrastructure is delivered properly in line with norms and standards</p>	773,491	2022/23

Name conditional grant	Purpose of the grant	Outputs	Current Annual Budget (R thousand)	Period of Grant
National Health insurance	To achieve Universal Health Access through the phased implementation of National Health Insurance (NHI) and to improve access to quality health care services.	<ul style="list-style-type: none"> No. of District Health Professionals Appointed No. Mobile healthcare Units Procured No. of CHC Rehabilitative Sites Commissioned No. of Dental Service Sites Commissioned No. of Professional Service groups Contracted Commissioning of an Oncology Radiotherapy Bunker No. of Decentralised Chemotherapy Sites Commissioned No. of Mental Health Service Professionals Appointed 	106,065	MTEF
Expanded Public Works Programme - Integrated	To create work opportunities related to Infrastructure Development	<p>Number of people employed and receiving income through the EPWP</p> <p>Increased average duration of the work opportunities created</p>	2,153	MTEF
Expanded Public Works Programme – Social Cluster	To incentivize the provincial Social sector Departments identified in 2015 Social Sector EPWP Log frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential	<ul style="list-style-type: none"> Number of beneficiaries benefiting from the Grant Increased number of people cracked and traced back to the system Improved and strengthened referral pathways Decreased number of people who are lost to follow Adherence to treatment improved Improved access to health services 	14,183	MTEF

ANNEXURE C: PROCESS FOR DEVELOPING THE 2023/24 ANNUAL PERFORMANCE PLAN (APP)

In preparing for the development of the 2023/24 Annual Performance Plan, the Department conducted an internal and external environment scanning to inform the situation analysis. A strategic planning session was hosted with internal and external stakeholders to ensure that the department addresses appropriate strategic issues of the Department. These sessions included the following: -

- The planning session was held at Mphekweni Resort physically from 04-05 August 2022 to capacitate the Frere Tertiary Hospital in terms of developing their three-year Strategic Plan that will be aligned to the Draft 2023/24 Annual Performance Plan and five-year Strategic Plan of the Department
- The strategic planning session hybrid session was held on 30 September 2021 to review the departmental five-year Strategic Plan (2020/21- 2024/25) progress. The department collectively reflected on the 2021/22 overall performance with special focus on a number of new mandates, International, National, and Provincial imperatives that the department is implementing and also looking at National and International obligations we are required to implement as a department
- The planning session was held at Mzamba in Bizana physically from 03-04 November 2022 to capacitate the Nelson Mandela Academic Hospital in terms of developing their three-year Strategic Plan that will be aligned to the Draft 2023/24 Annual Performance Plan and five-year Strategic Plan of the Department
- The Strategic Planning unit conducted the consultation session with programme managers to develop the Draft 2023/24 APP. The draft 2023/24 was updated with 2021/22 actual performance and 2022/23 nine-months' data. The consultation session took place from 09 – 17 February 2023. The following programme and sub- programme managers were consulted in order to finalise the 2023/24 Annual Performance Plan:
 - ✓ District Management, Clinics and Community Health Centres
 - ✓ MCWH & N
 - ✓ HAST
 - ✓ District Hospitals
 - ✓ Clinical Support
 - ✓ Emergency Medical Services
 - ✓ Non – Communicable disease -NCD
- The strategic stakeholder engagement planning session was held hybrid on 17 January 2023 to discuss review the five-year strategic plan and further engage internal and external stakeholders, consider the budget prioritisation framework priorities and collectively reflect on progress and imperative that the department is implementing and how best to improve its performance.
- The department hosted a vetting session to allow executive and top management an opportunity to confirm alignment with outcomes of the strategic planning session and final budget allocation

including outstanding information in order to finalise the development of 2023/24 APP and the amendment of the five-year strategic planning document.

ANNEXURE D: DISTRICT DEVELOPMENT MODEL

Table 69: DDM Projects

WORK STREAMS	Project Name	Scope	Final Budget 2023/24	Final Budget 2024/25	DISTRICT	Latitude	Longitude	Project leader	Social Partners
Water Treatment & Sanitation	Taylor Bequest Matatielle Water & Waste Water Treatment Works	Matatielle Water & Waste Water Treatment Works	-	-	Alfred Nzo	28.82110596	-30.34729004	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	PVC Water tanks Alfred Nzo/ OR Tambo	Supply and install water tanks in Alfred Nzo and OR Tambo	3 200 000	2 000 000	Alfred Nzo	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Butterworth Hospital Water & Sanitation	Concrete reservoir refurbishment and valve replacement.	-	288 850	Amathole	28.13807967	-32.33192875	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Tafalofefe Hospital Water & Sanitation	Sewage Inlet works, Maturarition Ponds refurbishment, pipe reticulation and Raw water pump station supply lines and security structuring	-	396 430	Amathole	28.47413048	-32.42978698	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	1 500 000	4 500 000	Amathole	27.92245227	-32.20457114	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Tafalofefe Hospital Sanitation Project	Refurbishment water and wastewater treatment plant	-	-	Amathole	28.47413048	-32.42978698	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	PVC Water tanks Buffalo City Metro	Supply and install water tanks in Buffalo City and Amathole	144 000	2 906 000	Buffalo City Metro	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Bhisho Hospital Water & Sanitation	Supply and install the biological contactor and electrical machines. Connection of piping system to the ponds.	-	289 000	Buffalo City Metro	27.45507813	-32.82769775	Manager Infrastructure	DPW & LG

WORK STREAMS	Project Name	Scope	Final Budget 2023/24	Final Budget 2024/25	DISTRICT	Latitude	Longitude	Project leader	Social Partners
Water Treatment & Sanitation	PVC Water tanks Chris Hani/ Joe Gqabi	Supply and install water tanks in Chris Hani and Joe Gqabi	1 400 000	586 279	Chris Hani	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	All Saints Hospital Water & Sanitation	Sewage Inlet works, Maturartion Ponds refurbishment, pipe reticulation and Raw water pump station supply lines and security structuring	14 603 408	18 929 000	Chris Hani	28.04657282	-31.65975371	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Taylor Bequest Mt Fletcher Hospital Water & Sanitation	Water Supply and providing continuous pressure requirements	2 760 000	351 383	Joe Gqabi	28.50970459	-30.68939209	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Emplisweni Hospital Water & Sanitation	Connection of sewage to the Municipality and decommission of existing ponds.	5 750 000	-	Joe Gqabi	27.37445971	-30.5330763	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Water Supply and Storage Reservoirs - Livingstone, Dora Nginza and Uitenhage Hospital	Water Supply and Storage Reservoirs - Livingstone & Dora Nginza Hospital	-	-	Nelson Mandela Metro	25.5616672	-33.87892721	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	St Barnabas Hospital Water & Sanitation	Refurbishment water and wastewater treatment plant	25 000	-	OR Tambo	29.11732138	-31.56507835	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Holy Cross & Greenville Water & Waste Water Treatment Works	Holy Cross & Greenville Water & Waste Water Treatment Works	13 000 000	3 000 000	OR Tambo	30.10888672	-30.93157959	Manager Infrastructure	DPW & LG
Water Treatment & Sanitation	Bedford Orthopaedic Hospital - Submersible pumps refurbishment or renewal. Connection of diesel generator to the pumps.	Submersible pumps refurbishment or renewal. Connection of diesel generator to the pumps.	-	80 000	OR Tambo	28.70717	-31.576	Manager Infrastructure	DPW & LG
Electrification and water connections	Electrification and water connections - Alfred Nzo	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	1 250 000	1 750 000	Alfred Nzo	26.29413545	-32.70035211	Manager Infrastructure	DPW & LG
Electrification and water connections	Electrification and water connections - Amathole	Refurbishment of Solar Installations, New Grid Connections/Conversions,	1 250 000	1 750 000	Amathole	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG

WORK STREAMS	Project Name	Scope	Final Budget 2023/24	Final Budget 2024/25	DISTRICT	Latitude	Longitude	Project leader	Social Partners
Electrification and water connections		Water Storage, Water Borne Sewage System and Associated Plumbing							
Electrification and water connections	Electrification and water connections - BCM	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	1 250 000	1 750 000	Buffalo City Metro	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Electrification and water connections	Electrification and water connections - Chris Hani	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	1 250 000	1 750 000	Chris Hani	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Electrification and water connections	Electrification and water connections - Joe Gqabi	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	1 250 000	1 750 000	Joe Gqabi	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Electrification and water connections	Electrification and water connections - OR Tambo	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	1 250 000	1 750 000	OR Tambo	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Electrification and water connections	Electrification and water connections - Sarah Baartman	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	1 250 000	1 750 000	Sarah Baartman	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Electrification and water connections	Electrification and water connections - Sarah Baartman	Refurbishment of Solar Installations, New Grid Connections/Conversions,	2 874 975	2 024 965	Sarah Baartman	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG

WORK STREAMS	Project Name	Scope	Final Budget 2023/24	Final Budget 2024/25	DISTRICT	Latitude	Longitude	Project leader	Social Partners
		Water Storage, Water Borne Sewage System and Associated Plumbing							
Electrical & Mechanical (Upgrades)	Replacement of electrical equipment, including transformers, MV switchgear and standby generators	Replacement of electrical equipment, including transformers, MV switchgear and standby generators	1 868 750	2 616 250	Buffalo City Metro	27.89147949	-32.99591064	Manager Infrastructure	DPW & LG
Electrical & Mechanical (Upgrades)	Replacement of water and sewer systems, including reservoirs, elevated tanks, water pumps, sewer pipes and stacks	Replacement of water and sewer systems, including reservoirs, elevated tanks, water pumps, sewer pipes and stacks	-	422 625	Buffalo City Metro	27.89147949	-32.99591064	Manager Infrastructure	DPW & LG
Electrical & Mechanical (Upgrades)	Replacement of HVAC, including Orthopaedic Theatre A/C Plant, Casualty and X-Ray Basement, Urology, C Block and D Block	Replacement of HVAC, including Orthopaedic Theatre A/C Plant, Casualty and X-Ray Basement, Urology, C Block and D Block	891 250	1 247 750	Buffalo City Metro	27.89147949	-32.99591064	Manager Infrastructure	DPW & LG
Electrical & Mechanical (Upgrades)	Replacement of Laundry cold room and mortuary Equipment	Replacement of Laundry cold room and mortuary Equipment	-	2 720 900	Buffalo City Metro	27.89147949	-32.99591064	Manager Infrastructure	DPW & LG
Electrical & Mechanical (Upgrades)	Lift Replacement - Buffalo City Metro	Refurbishment, modifications and replacement of the Lifts	4 063 500	1 066 500	Buffalo City Metro	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Electrical & Mechanical (Upgrades)	Bhisho Hospital Theatre HVAC	Replacement of Theatre HVAC System	1 250 000	1 750 000	Buffalo City Metro	27.45507813	-32.82769775	Manager Infrastructure	DPW & LG
Electrical & Mechanical (Upgrades)	Lift Replacement - Chris Hani	Refurbishment, modifications and replacement of the Lifts	2 438 100	3 239 900	Chris Hani	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Electrical & Mechanical (Upgrades)	PVC Water tanks NMB/Sarah Baartman	Supply and install water tanks in the Nelson Mandela Metro and Sara Baartman	-	50 000	Nelson Mandela Metro	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG
Electrical & Mechanical (Upgrades)	Lift Replacement - Nelson Mandela Bay	Refurbishment, modifications and replacement of the Lifts	4 063 500	2 316 500	Nelson Mandela Metro	Various Facilities	Various Facilities	Manager Infrastructure	DPW & LG

ANNEXURE E:

PROGRAMME OUTPUTS RELATING TO WOMAN, YOUTH AND PEOPLE WITH DISABILITIES

Table 70: Woman, Youth and people with disabilities

Output Indicator	Programme / Sub Programme	Annual Target
Output for women		
Couple year protection rate	Sub program 2.7	50%
Antenatal 1 st visit before 20 weeks rate	Sub program 2.7	65%
Antenatal client start on ART rate	Sub program 2.7	92%
Delivery in 10 – 19 years in facility rate	Sub program 2.7	16 %
Maternal mortality in facility ratio	Sub program 2.7	<120/100 000
Live birth under 2500g in facility rate	Sub program 2.7	13%
Mother postnatal visit within 6 days rate	Sub program 2.7	79%
Output for Children		
Infant PCR test positive around 6 months rate	Subprogram 2.6	1%
Immunisation under 1 year coverage	Subprogram 2.6	89%
Measles 2 nd dose 1 year coverage	Subprogram 2.6	85%
Death under 5 years against live birth rate	Subprogram 2.6	>2%
Neonatal death in facility rate	Subprogram 2.6	10/1000
Vitamin A dose 12-59-months coverage	Subprogram 2.6	68%
Child under 5 years diarrhoea case fatality rate	Subprogram 2.6	2.6%
Child under 5 years pneumonia case fatality rate	Subprogram 2.6	2.5%
Child under 5 years severe acute malnutrition case fatality rate	Subprogram 2.6	8.2%
Outputs for youth		
Number of students completed the 4 - year comprehensive course	Programme 6	380
Number of EMS Practitioners completed Emergency Care Qualification	Programme 6	36
Number of registrars qualified as specialist	Programme 6	30
Number of bursary students completed training	Programme 6	65
Number of youth placed on youth programs	Programme 6	1250
Outputs for disability		
Wheelchair issued adult 19 years and older rate	Programme 7	60
Wheelchair issued child 0-18 years rate	Programme 7	100
Hearing aid issued adult 19 years and older rate	Programme 7	60%
Hearing aid issued child 0-18 years rate	Programme 7	100

CONCLUSION

This is the final 2023/24 Annual Performance Plan of the Department, which stands as a proposal to accelerate service delivery towards the achievement of its vision and mission as set out in the 2020/21 – 2024/25 Strategic Plan of the Department. The department is committed to its mantra of “ready; able and capable “ - the year of decisive action to advance the people’s health interests.

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