Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN 2023/24

Together, moving the health system forward

2030 NDP

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ABBREVIATIONS AND ACRONYMS

APP	Annual Performance Plan
ART	Antiretroviral Therapy
BOD	Burden of disease
CCMDD	Central Chronic Medicine Dispensing and Distribution
CF	Case Fatality
CHCs	Community Health Centres
CMH	Cecilia Makiwane Hospital
COE	Compensation of Employees
COVID -19	Corona Virus
CP	Cerebral Palsy
CSSD	Central Sterile Supply Department
DDG	Deputy Director-General
DHIS	District Health Information System
DHIMS	District Health Information Management System
DHS	District Health Services
DM	District Municipality
DMT	District Management Team
DOH	Department of Health
DS-TB	Drugs Susceptible Tuberculosis
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECAC	Eastern Cape AIDS Council
ECSECC	Eastern Cape Socio-Economic Consultative Council
EDR-TB	Extreme Drug Resistance Tuberculosis
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
EPRE	Estimates of the Provincial Revenue and Expenditure
ESMOE	Essential Steps in the Management of Obstetric Emergencies
ETR	Electronic TB Register
GIAMA	Government Immovable Asset Management Act
GP	General Practitioner
HAST	HIV & AIDS, STI and TB Control
HCSS	Health Care Support Services
HFM	Health Facilities Management
HIV/AIDS	Human Immuno - Deficiency Virus/Acquired Immune Deficiency Syndrome
HAP	Health Action Plan
HMS	Hospital Management System
HPRS	Health Patient Registration System
HST	Health Sciences and Training
HPTD	Health Professionals Training and Development (Grant)
HRM	Human Resource Management
HRD	Human Resource Development
HRH	Human Resources for Health
HT	Health Technology
ICRM	Ideal Clinic Realisation and Maintenance
ICSM	Integrated Clinical Services Management
ICT	Information, Communications and Technology
IDMS	Infrastructure Delivery Management System
IDIP	Infrastructure Delivery Improvement Programme
IDPs	Integrated Development Plans
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
ISHP	Integrated School Health Programme
LEDIS	Local Economic Development Implementation Strategy
MAC	Ministerial Advisory Committee
MDGs	Millennium Developmental Goals
MDR-TB	Multi-Drug Resistant TB
MEC	Member of the Executive Council
METROs	Medical Emergency Transport and Rescue Organizations
MLSIP	Medico-Legal Strategy Implementation Plan
MMR	Maternal Mortality Rate
MOU	Maternal Obstetric Unit
MPL	Member of Provincial Legislature
MRC	Medical Research Council
MTCT	Mother-To-Child-Transmission
MTSF	Medium -Term Strategic Framework
MTEF	Medium -Term Expenditure Framework
NCCEMD	National Committee on Confidential Enquiry on Maternal Deaths
NCDs	Non-Communicable Diseases
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHA	National Health Act
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NHP	National Health Plan
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OD	Organisational Development
O&P	Orthotic and Prosthetic
OHH	Outreach Households
OHS	Occupational Health and Safety
OPD	Outpatient Department
OTP	Office of the Premier
PAJA	Promotion of Administrative of Justice Act

PAIA	Promotion of Access to Information Act
PCR	Polymerase Chain Reactive
PDE	Patient Day Equivalent
PDMT	Provincial District Management Team
PDP	Provincial Development Plan
PEC	Patient Experience of Care
PFMA	Public Finance Management Act
PEPFAR	President's Emergency Plan for Aids Relief
PERSAL	Personnel and Salaries System
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMIS	Project Management Information System
PMTCT	Prevention of Mother-To-Child Transmission
PMTSF	Provincial Medium-Term Strategic Framework
PPE	Personal Protective Equipment
PPPs	Public-Private Partnerships
PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Maintenance
PSI	Patient Safety Incident
PT	Provincial Treasury
QIPs	Quality Improvement Plans
RDP	Reconstruction and Development Programme
RPHC	Re-engineering the Primary Health Care
SAC	Severity Assessment Code
SADHS	South African Demographic Health Survey
SAHR	South African Human Rights
SARS- Cov	Severe Acute Respiratory Syndrome Corona Virus
SD	Status Determinations
SDGs	Sustainable Development Goals
SCM	Supply Chain Management
SIU	Special Investigating Unit
SLA	Service Level Agreement
SLU	Specialised Litigation Unit
SOP	Standard Operating Procedure
SOPA	State of the Province Address
SVS	Stock Visibility Solution
Stats SA	Statistics South Africa
TB	Tuberculosis
THIS	TB HIV Information System
TROA	Total clients remaining on ART
TV	Television
UHC	Universal Health Coverage
WHO	World Health Organisation

Province of the
EASTERN CAPE
HEALTH

PART A
STRATEGIC FOCUS

Together, moving the health system forward

2030 NDP

PART A: STRATEGIC FOCUS

1. INTRODUCTION AND OVERVIEW

Summary of departmental allocation

R'000	
To be appropriated by Vote in 2023/24	R **28 139 339**
Responsible MEC	MEC of Health
Administrating Department	Department of Health
Accounting Officer	Head of Department

2. CORE FUNCTIONS OF THE DEPARTMENT

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

3. VISION

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

4. MISSION

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

5. VALUES

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

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

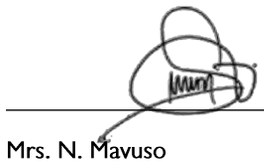
6. OVERVIEW OF THE MAIN SERVICES

The Department operates through 8 programmes whose activities are spread out within 4 main branches i.e. Corporate Service Branch, Two Clinical Branches and Finance Branch. The core business of the Department is driven through Programme 2 (District Health Services), Programme 4 (Provincial Hospital Services), Programme 5 (Central & Tertiary Hospitals) with the remainder of the programmes offering the necessary support. This operational plan is based on the 2023/24 Annual Performance Plan of the Department and reflects the activities that the Department will engage during 2023/24 financial year. Monitoring and Reporting to determine if the targets outlined in the plan have been attained, will be made through quarterly and annual reports including the In- Year monitoring system.

This is 2023/24 Operational Plan for the Eastern Cape Department of Health as approved below:

OFFICIAL SIGN-OFF OF THE OPERTIONAL PLAN 2023/24

It is hereby certified that this Operational Plan:
Was developed by the management of the Eastern Cape Department of Health under the guidance of MEC for Health, Hon. N. Meth, MPL,
Takes into account all the relevant policies, legislation, and other mandates for which the Eastern Cape Province is responsible.
Accurately reflects the outputs and activities which the Eastern Cape Department of Health will endeavor to achieve over the period 2023/ 24 financial year.



Mrs. N. Mavuso

Programme Manager: 1, 6, &8

Dr. M. Xhamlashe

Acting Programme Manager: 3, 4, 5 & 7

Ms. M. Nokwe

Acting Programme Manager 2

Dr. S.T. Moko

Head Official Responsible for Planning

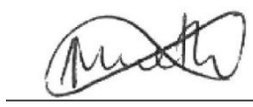
Mr. M. Daca

Chief Financial Officer

Dr. R. Wagner

Accounting Officer

Approved by:



Hon. N. Meth, MPL

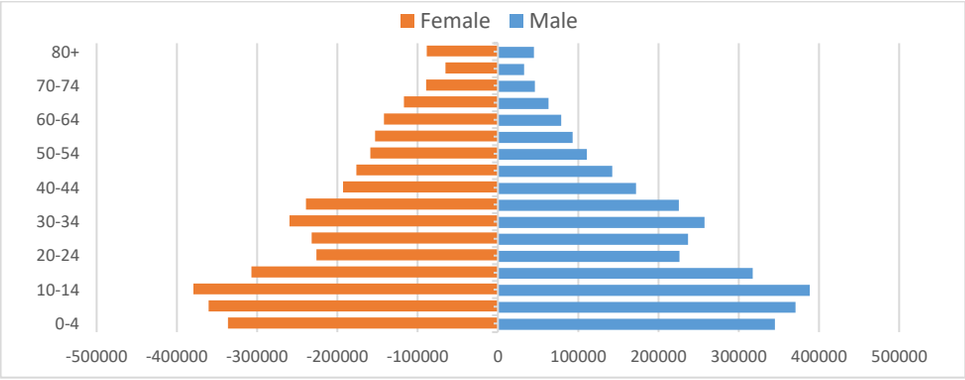
Member of the Executive Council

7. DIAGNOSTIC ANALYSIS

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 also shows that both males and females almost have the same numbers at birth up until becoming young adults.

Population Pyramid

Fig. 1: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2022)



Source: Stats SA 2022

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 is 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, 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.

The Eastern Cape economy is projected to moderately grow at 1.8 percent in 2022 and average at 1.3 per cent 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.

8. MTEF budgets

Table 1: Summary of payments and estimates by programme.

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 2: Summary of provincial payments and estimates by economic classification.

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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)

Table 1 and 2 above show the summary of payments and estimates per programme and economic classification. 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.

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PART B
MEASURING OUR PERFORMANCE

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Province of the
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PROGRAMME 1

HEALTH ADMINISTRATION AND MANAGEMENT

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PROVINCIAL DoH OPERATIONAL PLAN PER BUDGET PROGRAMME

1. PROGRAMME: HEALTH ADMINISTRATION AND MANAGEMENT

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

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

Sub - programme purpose

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

IMPACT STATEMENTS

Impact	Long, healthy and quality life for the people of the Eastern Cape

Table 3: Activities, timeframes and budgets for the Office of the MEC

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Statutory document submitted	Number of statutory documents tabled at Legislature	8 statutory documents	*Q2 - 1*	Development and submission of Statutory documents	1 July 2023 – 30 September 2023	Operational budget	AG findings and recommendations, Sector Standardised Indicators from NDoH, Template from DPME, Inputs from programme managers	Sub programme Managers
			Q3 - 2		1 October 2023 – 31 December 2023			
			Q4 - 5		1 January 2024– 31 March 2024			

1.2 SUB-PROGRAMME: HEALTH MANAGEMENT

SUB-PROGRAMME PURPOSE

To manage human, financial, information and infrastructure resources. This is where all the policy, strategic planning and development, coordination, monitoring and evaluation, including regulatory functions of head office, are located.
The management component under the Head of Departments' supervision is comprised of four branches with their sub-components (branches) as listed below:

Finance Branch

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

Corporate Services Branch

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

Hospital and Clinical Support Management Branch

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

District Health Services Management Branch

- District Health Support
- Communicable Diseases
- Health Programmes

Table 4: Activities, timeframes and budgets for Health Management

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Audit opinion of provincial DOH achieved	Audit opinion of Provincial DoH	Unqualified	Q2 - Unqualified	Development of Integrated Audit Improvement Strategy (IAIS) and implementation Bi-monthly meetings to report on implementation of the IAIS Monthly reports submitted to Provincial Treasury	1 July 2023 – 30 September 2023	Operational budget	Audit Strategy from Provincial Treasury, Findings from AG	Programme Manager
	% of valid invoices paid within 30 days	100%	100%	Quality checking of the invoices and payment of all those that are valid and follow up on those missing information	1 April 2023 – 31 March 2024	Operational budget	Valid invoices	Sub programme Manager
Approved procurement plan in place	Approved Annual Procurement Plan	2024/25 Approved Annual Procurement Plan	Q2 - 1st draft Annual Procurement Plan	Development of contracts for Procurement of Non-contracted medical & Surgical items Monthly & Quarterly Procurement plan reports	1 July 2023– 30 September 2023	Operational budget	Approved Operational project plans and Budget availability	Sub programme Manager
			Q3 - 2nd Draft Annual Procurement Plan		1 October 2023 – 31 December 2023			
			Q4 - 2024/25 Approved Annual Procurement Plan		1 January 2024 – 31 March 2024			
Increased revenue collection	Amount Revenue generated (R)	310.7 mil	Q1 – 48,364mil		1 April 2023 – 30 June 2023	Operational budget	Budget for recruitment,	Sub programme manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
			Q2 – 73,075mil	Training on billings to Medical Aids, RAF and other external funders	1 July 2023 – 30 September 2023		Digitalisation - HMS2	
			Q3 – 83,745mil	Workshops on revenue management	1 October 2023 – 31 December 2023			
			Q4 – 105,616mil	Monitor and evaluation implementation of policies and procedures Follow up on: Engagement meetings with external funders	1 January 2024 – 31 March 2024			
Causes of Medico. legal claims reduced	Contingent liability of medico – legal cases	R33,064bn	Q4 - R33,064bn	Continuous monitoring of labour Caesarean section intervention for foetal distress Implement electronic record management system	1 April 2023 – 31 March 2024	Operational budget	Quality patient care Implementation of medico legal strategy	Sub programme Manager
Improved connectivity in health facilities	Percentage of Hospitals with connectivity	41.5%	Q4 - 41.5%	Identification of institutions with no connectivity Submission of prescribed forms Implementation and monitoring	1 April 2023 – 31 March 2024	Operational budget	Broadband from OTP LTE Routers	Sub programme Manager
	Numerator	37 (15 new)	37 (15 new)					
	Denominator	89	89					
	Percentage of fixed PHC facilities with connectivity	25.6%	Q4 - 25.6%		1 April 2023 – 31 March 2024			Sub programme manager
	Numerator	199 (97 new)	199 (97 new)					
	Denominator	775	775					
Statutory documents	Number of statutory documents approved		Q3 - 1st Draft APP		1 April 2023 – 31 March 2024	Operational budget		Sub-programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
developed and submitted to legislature.		2 Approved statutory documents (APP & OP)	Q4-2 Approved statutory documents (APP & OP)	Conduct environmental and Organisational scanning Facilitate sessions to develop departmental statutory and turn around plans Customize & Distribute the plan's templates. Consolidate the inputs into the plans. Conduct consultation sessions. Prepare tender for final printing. Submit to the Top management, office of the SG and MEC for vetting and final approval ng Submit approved documents to the Office of the MEC in preparation for tabling.			Inputs from programme managers Multiyear Tender for printing	
Planners forum hosted	No of provincial planners, monitoring and evaluation forum hosted.	2	Q2-1 planner's forum hosted Q4-1 planner's forum hosted	Host Provincial Planners, Monitoring, & Evaluation Forum.	1 April 2023 – 31 March 2024	Operational budget	Venue Connectivity	Sub-programme Manager
Service delivery improvement plan developed and submitted to DPSA	Reviewed Service Delivery Plan approved	Approved Service Delivery Improvement Plan	Q2 – Business Process mapping Q4 Reviewed Service delivery improvement plan	Conduct business process mapping in 28 prioritised hospitals Review the service delivery improvement plan	1 April 2023 – 31 March 2024	Operational budget	Input from Programme managers	Sub – programme

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
2023/24 DHP submitted to National	Number of 2023/24 DHPs Submitted to NDOH	8	8	Offer technical support to district health planning 8 capacity building sessions on revised DHP framework for 8 districts. Circulate Standardized DHP template to all districts. Assessment of 8 DHPs and feedback to the districts	1 April 2023 – 31 March 2024	Operational budget	Final DHPs from the Districts Final 2023/24 APP	Sub-programme Manager
Policies developed and reviewed	Number of policies developed	2	Q4 - Policy approved	Analyse available policies Develop clinical and corporate policies. Catalogue and publish the available policies.	1 April 2023 – 31 March 2024	Operational budget	Inputs from Programme managers	Sub Programme Manager
Compilation, coordination and submission of all mandatory reports	Number of Quarterly reports submitted	8	2	Development and submission of quarterly reports on prescribed dates to OTP, National department of Health, DPME and Legislature Take an initiative in preparation of provincial quarterly reviews Quarterly and Mid- year on prescribed dates.	1 April 2023 – 31 March 2024	R 400 000	Annual Performance Plan Programme Managers adherence to reporting timelines AGSA findings and recommendations'	M&E Directorate

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
							Standardised indicators from NDOH and NIDS Template from DPME	
Coordination of the pre-determined objectives for the Annual Report	Approved Annual Report submitted	Approved Annual Report	Q1 -Preliminary Report	Development and submission of Draft Annual Performance Report and Final Annual Report 2022/23 on prescribed dates and submission to Treasury, AGSA and Legislature	1 April 2023 – 30 June 2023	R100 000	Annual Performance Plan Programme Managers adherence to reporting timelines AGSA findings and recommendations' Standardised indicators from NDOH Template from DPME	M&E Directorate
			Q2 - Final Report		1 July 2023 – 30 September 2023			
Coordination of the pre-determined objectives for Quarterly, Mid -	Number of Programmes submitted Portfolio of Evidence	8	8	Develop templates and facilitate the compilation of portfolio of evidence for Quarterly, Mid-year and Annual Reports.	1 April 2023 – 31 March 2024	R100 000	M&E Directorate Programme Managers	M&E Directorate

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
year and Annual Reports				Send out templates on the 15th of every month following the end of the quarter Respond to Internal Audit queries and provide relevant and comprehensive evidence. To communicate audit findings to relevant programme managers Support managers on M & E systems at facility level, to improve quality of data			Internal Audit Districts Facilities	
Effective public health surveillance of notifiable medical conditions and outbreak prone diseases	% of hospitals using the Notifiable Medical Conditions (NMC) App	100%	100%	Monitor the use of the NMC App to report NMC cases	1 April 2023 – 31 March 2024	Operational budget	Regulations relating to the surveillance and control of NMC of 2017 & 2023	DD Epidemiology AD Surveillance NICD Trainer
	2.0 AFP detection rate	2 AFP cases per 100 000 pop	2 AFP cases per 100 000 pop	Conduct AFP surveillance	1 April 2023 – 31 March 2024	Operational budget	None	DD Epidemiology DD Research
The burden of COVID-19 monitored	Number of monthly reports on COVID-19	12	3	Provide epidemiological report on COVID-19 per month	1 April 2023 – 31 March 2024	Operational Budget	None	DD Epidemiology DD Research AD Surveillance AD Research NICD Field Epidemiologist

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Outbreak Investigation and response conducted for outbreak prone diseases	Number of outbreaks investigated	≥85%	≥85%	Investigate more than 85% of the outbreak prone diseases Response activities done on outbreaks	1 April 2023 – 31 March 2024	R 900 000	None	DD Epidemiology AD Surveillance
	Number of trainings for Outbreak Response Teams	4	1 per quarter	Training of the Outbreak Response Teams	1 April 2023 – 31 March 2024	Operational budget	None	DD Epidemiology DD Research
Capacity building on public health surveillance, investigation and response done	Number of employees empowered on frontline field epidemiology	20	Q1- 20	Coordinate frontline field epidemiology training for provincial and district employees	1 April 2023 - 30 June 2023	Regional Training Centre Budget	None	DD Epidemiology DD Research AD Surveillance AD Research
	Number of employees empowered on intermediate field epidemiology	15	Q3 - 15	Coordinate intermediate field epidemiology training for provincial and district employees	1 October 2023 – 31 December 2023	HRD Budget	None	
	Number of employees empowered on scientific writing field epidemiology	25	Q1 - 25	Coordinate training on scientific writing for provincial and district employees	1 April 2023 - 30 June 2023	R 500 000	None	
Neglected Tropical Disease Surveillance conducted	% of hospitals trained on human rabies prevention (case management protocol)	20%	20%	Training of healthcare workers of human rabies prevention	1 July 2023- 31 March 2024	R 450 000	National Strategic Plan for Neglected Tropical Disease, 2023-2030	DD Epidemiology AD Surveillance DD Epidemiology AD Surveillance
	% hospitals implementing animal bite surveillance system	20%	20%	Implement surveillance of animal bite as proxy for suspected human rabies	1 July 2023- 31 March 2024	Operational budget	None	DD Epidemiology DD Research AD Surveillance AD Research
	Number of districts piloted mass drug administration for bilharzia	1	1	Coordinate the piloting of the mass drug administration for bilharzia	1 April 2023 – 31 March 2024	None	None	DD Epidemiology DD Research AD Surveillance AD Research

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				piloted in selected schools in OR Tambo district				
	Number of leprosy reports per year	2	Q1 – 1	Monitor the prevalence of leprosy	1 April 2023 - 30 June 2023	None	None	DD Epidemiology AD Surveillance
			Q4 - 1		1 January 2024 – 31 March 2024			
Influenza vaccination of the eligible groups	% influenza vaccine utilization rate	≥ 85%	≥ 85%	Monitor influenza vaccination	1 April 2023 – 31 December 2023	R 4.5 m (Prog. 2.5 budget)	None	DD Epidemiology AD Surveillance
	Number of post influenza evaluation conducted	1	1	Conduct post-influenza vaccination evaluation	1 October 2023- 30 November 2023	R 20 000.00	None	DD Epidemiology AD Surveillance
Epidemiological profile of the E. Cape provided	Epidemiological Profile provided	4	1	Compile the epidemiological report	1 April 2023 – 31 March 2024	None	None	DD Epidemiology DD Research AD Surveillance AD Research
	Burden of disease report	1	Q4 -1	Compile the burden of disease report of the E. Cape	1 April 2023 – 31 March 2024	None	None	
Platform for research findings sharing created	Epidemiology & Public Health Seminar conducted	1	1	Conduct the Epidemiology & Public Health Seminar	1July 2023- 31 December 2023	R 850 000	None	
Priority research studies conducted	National ANC HIV Sero-Prevalence Survey	1	Q3 -1	Protocol dissemination Data collection on ANC clients Monitor protocol implementation	1 October 2023 – 31 December 2023	200,000		DD Research AD Research
Strengthen research coordination	Number of functional Provincial Health Research Committee meeting	4	1	Quarterly review meetings Approval of research applications	1 April 2023 – 31 March 2024	100,000	None	DD Research DD Epidemiology AD Research

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Monitor research projects approved (especially clinical trials)		150,000	None	DD Epidemiology DD Research AD Surveillance AD Research
				Provincial Research Priority setting		50,000	None	DD Research DD Epidemiology AD Research
				Development & finalization of Research policy & guidelines		300,000	None	DD Research AD Research
Research capacity building	Research knowledge translation workshop conducted	1	1	Research translation into policy & practise training workshop	1 April 2023 – 31 March 2024	100,000	None	DD Epidemiology DD Research AD Surveillance AD Research
Effective Health Information Managements Systems Implemented	Percentage of health facilities reported timely	98%	98%	Measure Timeliness, Submission and Completeness of data from health facilities in compliance with revised facility SOP and NIDS 2023.	1 April 2023 – 31 March 2024	Approved Operational Project Plan and availability of Budget	None	Information Manager
	Numerator	848	848					
	Denominator	865	865					
	Percentage of Health Facilities complied with absolute validation rules.	80%	80%	Measure reporting health facilities that complied with absolute validation rules	1 April 2023 – 31 March 2024	Approved Operational Project Plan and availability of Budget	None	Information Manager
	Numerator	692	692					
	Denominator	865	865					
	Number of Pre-submission data verificatior compiled	12	3	Compile Pre-submission data verification report Ensure timely and appropri response to data request	1 April 2023 – 31 March 2024	None	None	Information Manager
	Number of Districts trained or NIDS 2023	8	8	Convene NIDS 2023 and aligned Data	1 April 2023 – 31 March 2024	Approved Operational	None	Information Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Collection Tools training workshops and training of registers		Project Plan and availability of Budget		
	Number of workshops conducted on DHIMS policy	8	2	Institutionalise DHIMS Policy, SOP's and NIDS by capacitating Programme Managers, Clinicians, CEOs, Operational Managers, Information personnel clerks, EMS and EHS practitioners. Facilitate and prepare logistics for the virtual workshop	1 April 2023 – 31 March 2024	Approved Operational Project Plan and availability of Budget	None	Information Manager
	Approved HIMS Audit intervention plan	Approved HIMS Audit intervention plan	Q4 –Approved plan	- HIMS Audit intervention plan developed	1 April 2023 – 31 March 2024	Operational budget	None	Information Manager
Departmental Information Systems supported and maintained	Number of districts supported in Information System.	8	2	-Maintain System functionality -Render capacity and training on DHIS, THIS, EVDS, HPRS, DATCOV, Hospital Covid -19 collection System etc.	1 April 2023 – 31 March 2024	Approved Operational Project Plan and availability of Budget	None	Information Manager

1.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome 2019/20	2020/21	2021/22	Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates 2023/24	2024/25	2025/26	% change from 2022/23
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 6: Summary of payments and estimates by economic classification: P1 – Administration

R thousand	Outcome 2019/20	2020/21	2021/22	Main appropriation	Adjusted appropriation 2022/23	Revised estimate	Medium-term estimates 2023/24	2024/25	2025/26	% change from 2022/23
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 5 and 6 above show 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.

Province of the
EASTERN CAPE
HEALTH

PROGRAMME 2

DISTRICT HEALTH SERVICES (DHS)

Together, moving the health system forward

2030 NDP

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Programme purpose

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

Programme description

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

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

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

2.1 Sub – Programme: District Management

Sub-Programme purpose

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

Table 7: Activities, timeframes and budgets for District Management

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
District performance reviews conducted quarterly	Number of Districts conducted quarterly performance reviews	8	8	Develop a consolidated district schedule for quarterly performance reviews Monitor compliance by districts with submission of quarterly performance reports Pre – provincial quarterly performance reviews session with districts.	1 April 2023 – 31 March 2024	Operational budget	Office ICT District management teams DHP managers in districts	Sub programme Manager
District Health Plans compliance with NHA 2003, chapter 5 section 33	Number of districts with DHPs	8	8	Compile database of Districts with DHPs Monitor integration of DHPs with the IDPs Monitor presentation of DHPs to the District Health Council	1 April 2023 – 31 March 2024	Operational budget	Office ICT District management teams Technical support by SOP team	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Districts Referral pathways developed	Number of districts with referral pathways	8	8	Monitor development of district pathways alignment with the National referral Policy guideline	1 April 2023 – 31 March 2024	Operational budget	District management GIS Provincial referral policy approved	Sub programme Manager
Efficient use of PHC resources	PHC utilisation rate	2.5	2.5	Analyse monthly head count from DHIS, budget and monitor procurement of PHC patient files, registers and filling cabinets.	1 April 2023 – 31 March 2024	Operational budget	ICT equipment in facilities Connectivity in facilities Patient files and registers Filling system	Sub program Manger
	Professional nurse clinical workload	30	30	Analyse monthly head count from DHIS,	1 April 2023 – 31 March 2024	Operational budget	None	Sub programme Manager
	Medical doctor clinical workload	30	30	Develop tools for the calculation of clinical work load.	1 April 2023 – 31 March 2024	Operational budget	None	Sub programme Manager
Supervision of fixed PHC facilities	% of Fixed PHC Facilities Supervised	35%	35%	Revise PHC supervision policy guideline Monitor supervision visit to the facilities Conduct PHC supervision meetings	1 April 2023 – 31 March 2024	Operational budget	Office ICT managers	Sub-programme Manager
	Numerator	271	271					
	Denominator	775	775					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Provincial PHC Supervision Policy guideline developed	Revised provincial PHC supervision policy guideline	One provincial policy guideline on PHC supervision	Approved policy guidelines on PHC Supervision	Desktop review process plan and review themes 1st review session And develop Draft concept document 2nd review session Draft PHC supervision policy guideline	1 April 2023 – 31 March 2024	Operational budget	Office ICT Managers Supervisors Technical support from SOP (policy Development) Technical support from consultants/partners	Sub program manager Program manager
	Revised provincial PHC supervision policy guideline	One provincial policy guideline on PHC supervision approved	First draft provincial policy guideline on PHC supervision	Workshop on 1st draft for further input	1 July 2023 – 30 September 2023	Operational budget	ICT	Sub program Manager
			Final draft provincial policy guideline on PHC supervision	Compile final draft and circulate for last input by stakeholders.	1 October 2023 – 31 December 2023	Operational budget	ICT	Sub program Manager
			Approved provincial policy guideline on PHC supervision	Submit final draft for approval and further recommendation by top management	1 January 2024 – 31 March 2024	Operational budget	ICT	Sub program Manager

2.2 Sub-Programme: Community Health Clinics

Sub- Programme purpose

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

Table 8: Activities, timeframes and budgets for Clinics

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
PHC facilities that qualify as Ideal clinics increased	Ideal Clinic status obtained rate	30.8%	Q4 - 30.8%	Facilitate ICRM status determinations Conduct ICRM provincial review meetings	1 April – 31 March	R100 000	ICT Network	Sub-programme Manager
	Numerator	226 (50 new)	226 (50 new)					
	Denominator	733	733					
Patient experience of care in fixed public health facilities improved	Patient experience of care satisfaction rate	86%	Q2 - 86%	Allocate resources for the PEC survey in all districts. Facilitate and monitor the PEC survey implementation and QIPs	1 April – 31 March	R750 000	Office ICT Network Field workers Trainers	Sub-programme Manager
	Numerator	480 701	480 701					
	Denominator	558 955	558 955					
Patient safety improved	Severity assessment code (SAC) 1 incident reported within 24 hours rate	75%	75%	Monitor reporting of incidents	1 April – 31 March	R1 000 000	ICT for the software Network	Sub-programme Manager
	Numerator	22	22					
	Denominator	29	29					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Patient Safety Incident (PSI) case closure rate	86	86%					
	Numerator	25	25					
	Denominator	29	29					

2.3 Sub – Programme: Community Health Centers (CHCs)

Sub – Programme purpose

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

Table 9: Activities, timeframes and budgets for CHCs

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
PHC facilities that qualify as Ideal CHC increased	Ideal CHC status obtained rate	24%	Q4 - 24%	Facilitate ICRM status determinations Conduct ICRM review meetings	1 April 2023 – 31st March 2024	R7 000 000	ICT Network	Sub-programme Manager
	Numerator	10 (3 new)	10 (3 new)					
	Denominator	42	42					
Patient experience of care in public health facilities improved	Patient experience of care satisfaction rate	82%	Q2 - 82%	Allocate resources for the PEC survey in all districts. Facilitate and monitor the PEC survey implementation and analysis report.	1 April 2023 – 31st March 2024	R7 000 000	ICT Trainers Field workers Transport	Sub-programme Manager
	Numerator	52 649	52 649					
	Denominator	64 206	64 206					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Patient safety improved	Severity assessment code (SAC)1 incident reported within 24 hours rate	90%	Q4 -90%	Monitoring the implementation and facilitating	1 April 2023 – 31st March 2024		ICT for the software Network	Sub-programme Manager
	Numerator	31	31					
	Denominator	34	34					
	Patient Safety Incident (PSI) case closure rate	91%	Q4 -91%				ICT for the software Network	Sub-programme Manager
	Numerator	32	32					
	Denominator	35	35					

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

Sub - programme purpose

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

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

Table 10: Activities, timeframes and budgets for Non-communicable diseases

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Clients early detection of illness and prevention.	Positivity rate for hypertension 18 - 44 years	5%	Q1 - 2%	Avail chronic diseases guidelines and IEC material and basic equipment in Ideal clinics	1 April 2023 – 30 June 2023	Operational Budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	36 818	14 727					
	Denominator	736 352	736 352					
			Q2 - 3%		1 July 2023 – 30 September 2023			
	Numerator		25 772					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator		736 352	NCD quarterly reviews Support training of chronic conditions guidelines Support district in diabetes awareness and hypertension				
			Q3 - 4%		1 October 2023– 31 December 2023			
	Numerator		29 454					
	Denominator		736 352					
			Q4 - 5%		1 January 2024 – 31 March 2024			
	Numerator		36 818					
	Denominator		736 352					
	Positivity rate for hypertension ≥ 45 years	5%	Q1- 2%		1 April 2023 – 30 June 2023	Operational Budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	33 089	13 236					
	Denominator	661 782	661 782					
			Q2- 3%		1 July 2023 – 30 September 2023			
	Numerator		19 853					
	Denominator		661 782					
			Q3 - 4%		1 October 2023– 31 December 2023			
	Numerator		26 471					
	Denominator		661 782					
			Q4 -5%		1 January 2024 – 31 March 2024			
	Numerator		33 089					
	Denominator		661 782					
	Positivity rate for diabetes 18 - 44 years	5%	Q1 -2%		1 April 2023 – 30 June 2023	Operational Budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	61 653	24 661					
	Denominator	1 233 056	1 233 056					
			Q2 - 3%		1 July 2023 – 30 September 2023			
	Numerator		36 992					
	Denominator		1 233 056					
			Q3 - 4%		1 October 2023– 31 December 2023			
	Numerator		49 322					
	Denominator		1 233 056					
			Q4 - 5%		1 January 2024 – 31 March 2024			
	Numerator		61 653					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator		1 233 056					
	Positivity rate for diabetes ≥ 45 years	5%	2%		1 April 2023 – 30 June 2023	Operational Budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	55 403	22 161					
	Denominator	1 108 067	1 108 067					
			Q2 - 3%		1 July 2023 – 30 September 2023			
	Numerator		33 242					
	Denominator		1 108 067					
			Q3 - 4%		1 October 2023– 31 December 2023			
	Numerator		44 323					
	Denominator		1 108 067					
			Q4 - 5%		1 January 2024 – 31 March 2024			
			55 403					
			1 108 067					
Prevention and early detection of mental illness	PHC Mental disorders treatment rate new	0.1%	0.1%	Support district in mental illness awareness Support training of chronic conditions guidelines on mental health	1 April 2023– 31 March 2024	Operational budget	Availability of budget Human resources Health promotion tools of trade	Sub-programme Manager
	Numerator	13 693	3 423					
	Denominator	13 692 661	3 423 165					
Reduction of blindness	Cataract surgery rate	240/1 000 000	Q4 - 240/1 000 000	Conduct formalized Cataract outreach services	1 April 2023– 31 March 2024	Operational Budget	None	Sub-programme Manager
	Numerator	1 612	1 612					
	Denominator	6 714 789	6 714 789					

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 district municipalities and metros, (health care waste management and other hazardous substances control)

Table 11: Activities, timeframes and budgets for other community base services – Public Health

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Hospitals comply with health care risk waste norms and standards	Percentage of hospitals complying with health care risk waste norms and standards	74.1%	Q4 – 74.1%	Delegation of waste officers per hospital **Conduct situational analysis on medical waste management in Hospitals**	1 April 2023– 31 March 2024	Operational budget	Availability of equipment and budget	Sub programme Manager
	Numerator	66	66					
	Denominator	89	89					
Community health workers receiving stipend	Number of CHWs on Stipend	4012	Q 1:3862 Q 2- 4012	Conduct support visits to Districts to provide support during contracting of CHWs Conduct Road shows in districts to orientate CHWs on	1 April 2023– 31 March 2024	R182 481 898 R1 000 000	Availability of Out Reach Team Leaders to provide direct supervision of the Community Health Workers	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
			Q 3: 4012	roles and responsibilities Support districts in updating mapping for WBPHCOT. Procure uniform for new and				
			Q 4: 4012	replacement CHWs Hire outreach vehicles for the districts to assist in provision of Ward Based Primary Health Care Activities Analyse data and provide feedback to the districts on performance Conduct quarterly and annual programme reviews Procure M Health for newly contracted CHWs		R 45 000 R3 500 000 R 150 000 R 140 000		
Community health workers trained.	Number of CHW Trained	150	50 from Q 2	Support districts and RTC in conducting trainings for CHWs on basic CHWs package	1 April 2023– 31 March 2024	R 50 000	Availability of funds	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
HIV clients lost to follow traced	Number of HIV defaulters traced by CHWs	60 000	15 000	Analyse data to identify gaps in programme performance Provide feedback to districts Conduct quarterly and annual programme reviews Conduct support visits to districts, with the main focus to districts that are having challenges Compile and submit report according to Division of Revenue Act (DORA)	1 April 2023– 31 March 2024	R 100 000	Uninterrupted power supply to support constant capturing in facilities	Sub-Programme Manager
TB clients lost to follow traced	Number of TB defaulters traced by CHWs	15000	3 750	Analyse data to identify gaps in programme performance Provide feedback to districts Conduct quarterly and annual programme reviews Conduct support visits to districts, with the main focus to districts that are having challenges Compile and submit report according to	1 April 2023– 31 March 2024	R 100 000	Uninterrupted power supply to support constant capturing in facilities	Sub-Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Division of Revenue Act (DORA)				
Increased access to HPV vaccines by grade five school girls in all public and special schools	Percentage of Grade 5 Learners 9 years and above vaccinated with the first dose of HPV	85%	Q4- 85%	Facilitate training of Nurses in preparation for the campaign Assist districts in drafting micro plans in preparation for the campaign Conduct support visits to the districts to identify readiness for the campaign Facilitate hiring of vehicles for the campaign Facilitate procurement of consumables (syringes, needles etc.) in preparation for the campaign Facilitate procurement of HPV vaccine	1 April 2023– 31 March 2024	R 9 541 854 R 471 600 R 24 258 240	Signing of consent forms by parents Availability of transport Constant supply of electricity for cold chain of vaccines	Sub programme Manager
	Numerator	58645	58645					
	Denominator	68994	68994					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Conduct engagement sessions with other stake holders (internal and external) in preparation for the campaign Conduct monitoring visits during the campaign in districts Collect , analyse and submit report on the campaign.		R 50 000		
	Percentage of schools with grade 5 learners reached for the first dose of HPV	85%	Q4 - 85%	Facilitate contracting of HPV nurses Facilitate training of Nurses in preparation for the campaign Assist districts in drafting micro plans in preparation for the campaign Conduct support visits to the districts to identify readiness for the campaign	1 April 2023– 31 March 2024	R 50 000	Availability of transport	Sub programme Manager
	Numerator	3682	3682					
	Denominator	4332	4332					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Facilitate hiring of vehicles for the campaign Facilitate procurement of consumables (vaccines, syringes, needles etc.) in preparation for the campaign Conduct engagement sessions with other stake holders (internal and external) in preparation for the campaign Conduct monitoring visits during the campaign in districts Collect , analyse and submit report on the campaign.				
	Percentage of Grade 5 Learners vaccinated with the second dose of HPV	80%	Q 2: 80%	Facilitate contracting of nurses Facilitate training of Nurses in preparation for the campaign	1 April 2023– 31 March 2024	R24 258 240	Signing of consent forms by parents Availability of transport Constant supply of electricity for cold chain of vaccines	Sub programme Manager
	Numerator	55195	55195					
	Denominator	68994	68994					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Assist districts in drafting micro plans in preparation for the campaign Conduct support visits to the districts to identify readiness for the campaign Facilitate hiring of vehicles for the campaign Facilitate procurement of consumables (vaccines, syringes, needles etc.) in preparation for the campaign Conduct engagement sessions with other stake holders (internal and external) in preparation for the campaign Conduct monitoring visits during the campaign in districts				

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Collect , analyse and submit report on the campaign.				
	Percentage of schools with grade 5 learners reached for the second dose of HPV	80%	Q 2 -80%	Facilitate training of Nurses in preparation for the campaign Assist districts in drafting micro plans in preparation for the campaign Conduct support visits to the districts to identify readiness for the campaign Facilitate hiring of vehicles for the campaign Facilitate procurement of consumables (vaccines, syringes, needles etc.) in preparation for the campaign Conduct engagement sessions with other stake holders (internal and external) in	1 April 2023– 31 March 2024	R 50 000	Availability of transport	Sub programme Manager
	Numerator	3682	3682					
	Denominator	4332	4332					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				preparation for the campaign Conduct monitoring visits during the campaign in districts Collect , analyse and submit report on the campaign.				
Strengthen community action through Risk Communication and Community engagement	Number of Outreach activities conducted	12	Q 1: 3 Q 2: 3 Q 3: 3 Q 4: 2	Development of master plans for Awareness Campaigns Implementation of Health Promotion Projects.	1 April 2023– 31 March 2024	R100 000	Availability of budget	Sub programme Manager
Strengthen and market priority programmes	Number of campaigns conducted	104	Q 1: 20 Q 2: 25 Q 3: 40 Q 4: 19	Conduct support visits to the Districts to support districts with the campaigns	1 April 2023– 31 March 2024	R200 000	Availability of budget	Sub programme Manager
Capacitation of Health Promotion Practitioners	Number of Health Promotion Practitioners capacitated	121	Q 1: 30 Q 2: 35 Q 3: 35 Q 4: 21	Prepare logistics in preparation for the capacity building session	1 April 2023– 31 March 2024	R 150 000	Availability of budget	Sub programme Manager

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

Sub – programme purpose

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

Table 12: Activities, timeframes and budgets for HAST

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
HIV new cases identified and initiated	HIV test done – sum	1 697 542	Q1 - *424 385*	Facility & Community Based HIV Testing Services	1 April 2023– 31 March 2024	R107,420	Test kits Timers Personnel	Sub-programme Manager
	HIV Test positive around 18 months rate	1.2%	Q1 - 1.2%		1 April 2023– 1 April 2023–	R 441, 899 (NHLS)	Test kits Personnel Lab services	Sub-programme Manager
	Numerator	564	141					
	Denominator	47003	11751					
	HIV positive 15-24 years (excl. ANC) rate	2%	Q1 - 2%	Facility & Community Based HIV Testing Services	31 March 2024 1 April 2023–	Operational budget	Test kits Timers Personnel	Sub-programme Manager
	Numerator	8 524	8 524					
	Denominator	426 194	426 194					
	ART client naïve start ART during month – sum	66 758	16 689	Ensure availability of HTS test kits	1 April 2023–	R348 674	ART medication Personnel Lab services	Sub-programme Manager
People living with HIV retained on care	ART adult remain in care rate (12 months)	70%	70%	Provide funds to ensure availability of medicines and adequately trained health care workers.	31 March 2024 1 April 2023–	Operational budget	ART medication Personnel Lab services	Sub-programme Manager
	Numerator	45 052	11 263					
	Denominator	64 360	16 090					
	ART child remain in care rate (12 months)	85%	85%		1 April 2023–	Operational budget	ART medication Personnel Lab services	Sub-programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Numerator	2 330	582	Monitor performance by districts through DHIS				
	Denominator	2 741	686					
People viral load undetected	ART Adult viral load suppressed rate – below 50 (12 months)	*90%*	Q1 -90%	Facilitate provision of funds for laboratory tests. Provide Human and material resources to districts	1 April 2023– 31 March 2024	Operational budget	Personnel Lab services	Sub-programme Manager
	Numerator	*57 924*	14 481					
	Denominator	64 360	16 090					
	ART Child viral load suppressed rate – below 50 (12 months)	70%	70%		1 April 2023 – 31 March 2024	Operational budget	Personnel Lab services	Sub-programme Manager
	Numerator	1 919	479					
	Denominator	2 741	685					
TB/HIV co-infected clients identified and initiated	TB/HIV co-infected client on ART rate	94%	94%	Monitor closely implementation of integrated TB HIV Information system to improve recording and data management in the districts and health facilities.	1 April 2023 – 31 March 2024	Operational budget	Access to TB screening services among HIV clients	Sub-programme Manager
	Numerator	16 149	4 037					
	Denominator	17 180	4295					
Increased TB screening	TB investigation done 5 years and older rate	95%	Q1- 95%	Monitor TB screening and TB investigation. Monitor use of GeneXpert Ultra and the use of Lateral Flow Lipoarabinomannan Analyse and give feedback to the districts monthly	1 April 2023 - 31 March 2024	Operational budget	Personnel	Sub programme Manager
	Numerator	404 415	101 103					
	Denominator	425 700	106 425					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Increased TB treatment initiation	DS – TB treatment start 5 years and older rate	94%	94%	Monitor use of GXP alerts to ensure that all diagnosed are initiated them. Analyse and give feedback to the district monthly	1 April 2023 – 31 March 2024	Operational budget	Personnel Lab services	Sub programme Manager
	Numerator	23 654	5 914					
	Denominator	25 164	6291					
	TB XDR treatment start rate	100%	100%	Monitor use of GXP alerts to ensure that all diagnosed are initiated them. Analyse and give feedback to the district monthly	1 April 2023 – 31 March 2024	Operational budget	Personnel Personnel	Sub programme Manager
	Numerator	230	230					
	Denominator	230	230					
	All DS -TB client treatment success rate	79%	79%	to intensify patient education. Monitor closely. Analyse and give feedback to the district monthly	1 April 2023 - 31 March 2024	Operational budget	Lab services Personnel	Sub programme Manager
	Numerator	33 522	8380					
	Denominator	42 421	10 605					
	TB Rifampicin resistant/Multidrug - Resistant treatment success rate	60%	60%	Provide IEC material to intensify patient education. Monitor closely. Analyse and give feedback to the district monthly	1 April 2023 – 31 March 2024	Operational budget	Personnel Personnel	Sub programme Manager
Clients with TB drug resistant TB initiated and treated for TB	**Numerator**	1 065	1 065					
	Denominator	1 775	1 775					
	TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	10%	10%		1 April 2023 – 31 March 2024	Operational budget	Lab services Personnel	Sub programme Manager
	Numerator	12	12					
	Denominator	118	118					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	TB Pre-XDR treatment success rate	60%	60%		1 April 2023 – 31 March 2024	Operational budget	Personnel Personnel	Sub programme Manager
	Numerator	1 065	1 065					
	Denominator	1 775	1 775					
	TB Pre-XDR loss to follow up rate	10%	10%		1 April 2023 - 31 March 2024	Operational budget	Lab services Personnel	Sub programme Manager
	Numerator	83	83					
	Denominator	834	834					
Lost clients tracked and re-initiated	All DS – TB client lost to follow – up rate	10%	10%	Provide IEC material to intensify patient education. Monitor closely	1 April 2023 – 31 March 2024	Operational budget	Personnel Personnel	Sub programme Manager
	Numerator	4 242	1060					
	Denominator	42 421	10 605					
Prevention and early detection of malaria cases managed	Malaria deaths reported	0	0		1 April 2023 – 31 March 2024	Operational budget in Epidemiology & Research	Lab services	Sub programme Manager

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

Sub – programme purpose

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

Table 13: Activities, timeframes and budgets for MCWH&N

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Family planning improved	Couple year protection rate	50%	50%	health personnel on expanded methods of contraception and guidelines (this includes doctors). Improve social mobilization on family planning & teenage pregnancy	1 April 2023 - 31 March 2024	Operation budget	Availability of family planning methods Skilled clinical staff	Sub programme Manager
	Numerator	810 210	810 210					
	Denominator	1 620 419	1 620 419					
Increased ANC before 20 weeks	Antenatal 1st visit before 20 weeks rate	65%	65%	Community mobilisation through campaigns and WBOTs	1 April 2023 - 31 March 2024	Operational budget	Human Resources	Sub programme Manager
	Numerator	79 449	19 862					
	Denominator	122 229	30 557					
	Antenatal client start on ART rate	92%	92%	Facilitate increased access and initiation to life-long ART for HIV positive	1 April 2023 - 31 March 2024	Included in Adult ART treatment budget	Minimal defaulter by clients	Sub programme manager
	Numerator	9 538	9 538					
	Denominator	10 367	10 367					
Increase access to family planning by teenagers	Delivery in 10 – 19 years in facility rate	16%	16%	Training of health professionals on new national Adolescent and Youth policies	1 April 2023 - 31 March 2024	Operational budget	None	Sub programme Manager
	Numerator	17 436	17 436					
	Denominator	108 975	27 243					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Prepare all facilities to be youth friendly				
Maternal mortality ***reduced***	Maternal mortality in facility ratio	<120/100 000	Q4 - <120/100 000	Training of All health professionals on ESMOE and BANC	1 April 2023 – 31 March 2024	Operational budget	Skilled clinical personnel Availability of health technology	Sub programme Manager
	Numerator	103	103					
	Denominator	85 854	85 854					
Low birth weight reduced	Live birth under 2500g in facility rate	13%	13%	Training of All health professionals on HBB and MSSN Intra-partum care	1 April 2023 – 31 March 2024	Operational budget	Skilled clinical personnel Availability of health technology	Sub programme Manager
	Numerator	14 408	3 602					
	Denominator	110 833	27 708					
Postnatal care coverage increased	Mother postnatal visit within 6 days rate	79%	79%	Strengthening of Mom Connect so that mothers get informed during pregnancy	1 April 2023 - 31 March 2024	Operational budget	Skilled clinical personnel Availability of health technology	Sub programme Manager
	Numerator	*86 090*	21 522					
	Denominator	*108 975*	27 243					
Mother-to-child transmission eliminated	Infant PCR test positive around 6 months rate	1%	1%	Conduct HIV testing to infants	1 April 2023 – 31 March 2024	NHLS budget	Test kits Personnel Lab services	Sub programme manager
	Numerator	248	62					
	Denominator	24 856	6214					
Child Immunisation Coverage increased	Immunisation under 1year coverage	89%	89%	Monthly tracing of defaulters to ensure that they receive all scheduled. Social mobilization through radio, Thuma Mina campaigns Catch-up activities to service defaulters	1 April 2023 - 31 March 2024	Operational budget	Personnel Cold train Cooperation of communities (esp. mothers)	Sub programme Manager
	Numerator	116 502	116 502					
	Denominator	130 901	130 901					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Analysis and verification of data Support of the underperforming areas				
	Measles 2nd dose coverage	85%	85%	Engage CBO, Community Leaders & WBOT to ensure that every eligible child receive their second dose within 2year of life. Monthly tracing of defaulters to ensure that they receive all scheduled. Social mobilization through radio, Thuma Mina campaigns Catch-up activities to service defaulters Analysis and verification of data Support of the underperforming areas	1 April 2023 – 31 March 2024	Operational budget	Personnel Cold train Cooperation of communities (esp. mothers)	Sub programme Manager
	Numerator	113 371	113 371					
	Denominator	133 378	133 378					
Child mortality reduced	Death under 5 years against live birth rate	<2%	<2%	Implement integrated nutrition programme and CHIPP	1 April 2023 – 31 March 2024	Operational budget	Food supplements Clinical audits Health technology	Sub programme Manager
	Numerator	1 616	404					
	Denominator	80 780	20 195					
	Neonatal death in facility rate	10/1000	10/1000	Training of All health professionals on HBB and MSSN	1 April 2023 – 31 March 2024	Operational budget	Food supplements Clinical audits Health technology	Sub programme Manager
	Numerator	1 098	1 098					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	109 775	109 775	Intra-partum care				
Micro and macro nutrient malnutrition reduced	Vitamin A dose 12-59-months coverage	68%	68%	Strengthen Community Based Interventions e.g. WBOT, ISHP	1 April 2023 - 31 March 2024	Operational budget	Access to target population Outreach services	Sub programme Manager
	Numerator	754 546	754 546					
	Denominator	1 109 626	1 109 626					
	Child under 5 years diarrhoea case fatality rate	2.6%	2.6%	Intensify Community based IMCI trainings for WBOT, IYA, traditional healers and other community	1 April 2023 – 31 March 2024	Operational budget	Food supplements Clinical audits Health technology	Sub programme Manager
	Numerator	117	29					
	Denominator	4 489	1 122					
	Child under 5 years pneumonia case fatality rate	2.5%	2.5%	Training of new professional nurses on IMCI to ensure 60% saturation in each facility	1 April 2023 – 31 March 2024	Operational budget	Food supplements Clinical audits Health technology	Sub programme Manager
	Numerator	90	22					
	Denominator	3 592	898					
	Child under 5 years severe acute malnutrition case fatality rate	8.2%	8.2%	To intensify community based interventions for early identification of malnourished children. Revitalization Growth Monitoring and Promotion sites in all districts. Ensure continuous availability of nutritional supplements. Training of clinicians on Integrated Management of Acute Malnutrition. Strengthening of Mother Baby Friendly Initiative (MBFI)	1 April – 31 March	Nutrition programme budget 40 067	INP Managers WBCOT teams DCSTs(Paediatrics) INP Managers NGO's WBCOT teams DCSTs(Paediatrics) INP Managers DCSTs(Paediatrics) RTC INP Managers DCSTs (Paediatrics	Sub programme manager
	Numerator	108	27					
	Denominator	1 314	328					

2.8 Sub-Programme: Coroner Services

Sub-Programme Purpose

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

Table 14: Activities, timeframes and budgets for Coroner Services

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
All post mortem cases finalised	Percentage of post – mortem performed within 72 hours	98%	98%	Procurement of surgical medical supplies/ consumables, paper disposables, compulsory PPE uniform	1 April 2023 – 31 March 2024	R4 842 000	RT and Provincial contract development	Sub programme Manager
	Numerator	2 913	2 913					
	Denominator	2 972	2 972					
				Procurement of non-capital assets Medical and Allied	1 April 2023 – 31 March 2024	R 245 000	RT and Provincial contract development	
				Operating and property leases machinery, equipment	1 April 2023 – 31 March 2024	R 1 045 000	Utilisation of equipment rate	
				Property payments safeguard and security, fumigation gardening and cleaning services	1 April 2023 – 31 March 2024	R 6 718 000	Provincial contracting for implementation	
				Laboratory Services	1 April 2023 – 31 March 2024	***R*** 144 000	Undetermined and inconclusive death rate	

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Capital- Machinery and equipment for computers, medical and allied equipment	1 April 2023 – 31 March 2024	R 3 601 000	RT and Provincial contract development	

2.9 Sub Programme: District Hospitals

Sub-Programme Purpose

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

Table 15: Activities, timeframes and budgets for District Hospital

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
District hospitals attained Ideal hospital status	Ideal hospital status rate	7%	7%	Hospitals conduct self-assessments, develop and implement QIP's. Monitor and support progress of QIP	1 April 2023 – 31 March 2024	Operational Budget	District and facility Quality Assurance Managers Provincial Quality Assurance Unit	Sub programme Manager
	Numerator	2	2					
	Denominator	28						
Patient satisfaction surveys conducted	Patient experience of care satisfaction rate	82%	Q2 - 82%	Data collection. Data capturing and reporting.	1 October 2023 – 31 December 2023	Operational budget	Cooperation of staff Budget availability	Sub programme Manager
	Numerator	42 542	42 542					
	Denominator	51 881	51 881					
Patient Safety Improved	Severity assessment code (SAC) 1 incident	61%	61%	Report Severity Assessment Code (SAC) 1 incident	1 April 2023 – 31 March 2024	Operational budget	Human resources Tools of trade availability	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	reported within 24 hours rate			within 24 hours rate				
	Numerator	226	226					
	Denominator	371	371					
	Patient Safety Incident (PSI) case closure rate	80%	80%	Investigate the problem Conduct root cause analyses Develop remedial action and redress	1 April 2023 – 31 March 2024	Operational budget	Clinical audits Institutional governance	Sub programme Manager
	Numerator	296	296					
	Denominator	371	371					
Hospital efficiencies improved	Average Length of Stay	4.5 days	4.5 days	Facilitate recruitment of specialists and Health Professionals Facilitate out-reach and in-reach programmes	1 April 2023 – 31 March 2024	Operational budget	Facility Clinicians and Management	Sub programme Manager
	Numerator	1 012 207	1 012 207					
	Denominator	2 215 975	2 215 975					
	Inpatient (usable) Bed Utilisation Rates	48%	48%	Monitor availability of policies, protocols, guidelines and procedure manuals Improve clinical management/case management	1 April 2023 – 31 March 2024	Operational budget	-Facility Clinicians and Management	Sub programme Manager
	Numerator	802 548	802 548					
	Denominator	1 671 974	1 671 974					
	Expenditure per PDE	R3,191	R3,191	IYM and functionality of Cost Containment Committees Improve clinical management/case management	1 April 2023 – 31 March 2024	Operational budget	-Facility Clinicians and Management	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Maternal mortality reduced	Maternal mortality in facility ratio	38/100 000	Q4 - 38/100 000	Training of All health professionals on ESMOE and BANC	1 April 2023 – 30 June 2023	Operational budget	- Facility Clinicians and Management - Provincial MCWH Unit	Sub programme Manager
	Numerator	24	24					
	Denominator	62 528	62 528					
Child mortality reduced	Child under 5 years diarrhoea case fatality rate	2.3%	Q1 - 2.3%	Intensify Community based IMCI trainings for WBOT, IYA, traditional healers and other community	1 April 2023 – 30 June 2023	Operational budget	-Facility Clinicians and Management - Provincial MCWH Unit	Sub programme Manager
	Numerator	72	18					
	Denominator	3 143	785					
	Child under 5 years' pneumonia case fatality rate	2.1%	Q1 - 2.1%	Training of new professional nurses on IMCI to ensure 60% saturation in each facility	1 April 2023 – 30 June 2023	Operational budget		
	Numerator	43	10					
	Denominator	2 019	504					
			Q2 - 2.1%		1 July 2023 – 30 September 2023			
	Numerator		11					
	Denominator		504					
			Q3 - 2.1%		1 October 2023 – 31 December 2023			
	Numerator		11					
	Denominator		504					
			Q4 - 2.1%		1 January 2023 – 31 March 2024			
	Numerator		11					
	Denominator		504					
Micro and macro nutrient malnutrition reduced	Child under 5 years severe acute malnutrition case fatality rate	*10%*	Q1 - 10%	To intensify community based interventions for early identification of malnourished children.	1 April 2023 – 30 June 2023	Operational Budget	-Facility Clinicians and Management - Facility Dieticians - Provincial Nutrition Unit	Sub programme Manager
	Numerator	*86*	21					
	Denominator	863	215					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
			Q2 - 10%	Revitalization Growth Monitoring and Promotion sites in all districts. Ensure continuous availability of nutritional supplements.	1 July 2023 – 30 September 2023			
	Numerator		22					Sub programme Manager
	Denominator		215					
			Q3 - 10%		1 October 2023 – 31 December 2023			
	Numerator		22					
	Denominator		215					
			Q41 - 10%		1 January 2024 – 31 March 2024			
	Numerator		21					
	Denominator		215					
Child mortality reduced	Death under 5 years against live birth rate	1%	*Q1 - 1%*	Implement integrated nutrition programme and CHIPP	1 April 2023 – 30 June 2023	Operational Budget	- Facility Clinicians and Management - Provincial MCWH Unit	Sub programme Manager
	Numerator	582	*145*					
	Denominator	*58 152*	*14 538*					
			Q2 - 1%		1 July 2023 – 30 September 2023			
	Numerator		*146*					
	Denominator		*14 538*					
			Q3 - 1%		1 October 2023 – 31 December 2023			
	Numerator		*146*					
	Denominator		*14 538*					
			Q4 - 1%		1 January 2024 – 31 March 2024			
	Numerator		*145*					
	Denominator		*14 538*					
Governance Structure performance improved	Percentage of functional governance structures	100%	*Q1 -10%* *Q2- 40%* *Q3-40%* *Q4- 10%*	-Recruit and establish governance structures in 65 District hospitals - Conduct induction & training for newly established	1 April 2023 – 31 March 2024	Operational Budget	-Community response to the Advert - Local Councils	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				governance structures - Conduct ongoing workshops, consultation and support to improve functionality				

2.10 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 17: Summary of payments and estimates by economic classification: P2 – District Health Services

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 16 and 17 above show the summary of payments and estimates for District Health Services per sub-programme and economic classification. The programme's total expenditure increased from R13.640 billion in 2019/120 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.

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PROGRAMME 3

EMERGENCY MEDICAL SERVICES (EMS)

Together, moving the health system forward

2030 NDP

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3. Programme Purpose

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

3.1 Sub -Programme: emergency medical transport

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

Sub-Programme Priorities

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

3.2 Sub-Programme: planned patient transport

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

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

Sub-Programme Priorities

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

Table 18: Activities, timeframes and budgets for EMS

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
EMS response time adhered to	EMS P1 urban response under 30 minutes rate	50%	Q1 - 50%	Deploy human and material resources closer to communities platform Measure response times utilizing live tracking 90% operational ambulances in urban areas Reduce the turnaround time of ambulance repairs by 14 days on average Increase number of ambulances compliant with regulations Monitor inter-facility transfers Training of emergency care officers on critical	1 April 2023 – 31 March 2024	R248 956 800	Availability of staff for emergency cases and inter-facility transfer Rollout of the Electronic System at the four major EMS communication hubs. Increased number of operational ambulances 99% uptime of telephone lines in all districts Road infrastructure Hospitals providing appropriate package of care to reduce inter-facility transfers	Sub programme Manager
	Numerator	27 218	*6 804*					
	Denominator	54 436	*13 609*					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				clinical care of patient pre-hospital Refurbishment of EMS bases to be compliant with regulations Procurement of replacement rescue vehicles Procurement of essential equipment for ambulances				
	EMS P1 rural response under 60 minutes rate	65%	Q1 - 65%	Deploy human and material resources closer to communities platform Measure response times utilizing live tracking 90% operational ambulances in urban areas Reduce the turnaround time	1 April 2023 – 30 June 2023	R995 827 200	Availability of staff for emergency cases and inter-facility transfer Rollout of the Electronic System at the four major EMS communication hubs. Increased number of operational ambulances	Sub programme Manager
	Numerator	72 040	18 010					
	Denominator	110 831	27 707					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				of ambulance repairs by 14 days on average Increase number of ambulances compliant with regulations Monitor inter-facility transfers Training of emergency care officers on critical clinical care of patient pre-hospital Refurbishment of EMS bases to be compliant with regulations Procurement of replacement rescue vehicles Procurement of essential equipment for ambulances			99% uptime of telephone lines in all districts Road infrastructure Hospitals providing appropriate package of care to reduce inter-facility transfers	

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Functional PTVs available	Number of Patients transported on the PTV services	60 000	15 000	Transportation of patients to the next level of care Implement a booking system Drafting a protocol for booking and utilization of the Planned patient transport services	1 April 2023 – 31 March 2024	R262 889 million	Availability of vehicles for PPT Fuel costs	Sub programme Manager

3.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 20: Summary of payments and estimates by economic classification: P3 – Emergency Medical Services

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 19 and 20 above show the summary of payments and estimates for Emergency Medical Services per sub-programme and economic classification. The programme's total expenditure increased from R1.277 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.

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PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES (REGIONAL & SPECIALISED)

Together, moving the health system forward

2030 NDP

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

4.1 Programme Purpose

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

Sub-Programme 4.1

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

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

Sub-Programme 4.2

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

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

Sub-Programme 4.3

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

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

Table 21: Activities, timeframes and budgets for Regional Hospital

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	60%	Q4 – 60%	Hospitals conduct self-assessments, develop and implement QIP's. Monitor and support progress of QIP.	1 April 2023 – 31 March 2024	Operational Budget	Staff Availability	Sub programme manager
	Numerator	3	3					
	Denominator	5	5					
Patient satisfaction surveys conducted	Patient experience of care satisfaction rate	72%	Q2 -72%	Data collection. Data capturing and reporting.	1 July 2023 – 30 September 2023	Operational Budget	Staff Availability	Sub programme Manager
	Numerator	16 068	16 068					
	Denominator	22 317	22 317					
Patient Safety Improved	Severity assessment code (SAC)1 incident reported within 24 hours rate	80%	Q4 - 80%	Report Severity Assessment Code (SAC) 1 Incident within 24 hours rate	1 January 2024 – 31 March 2024	Operational Budget	Staff Availability	Sub programme Manager
	Numerator	488	488					
	Denominator	610	610					
	Patient Safety Incident (PSI) case closure rate	88%	88%	Investigate, Disclose and Close the Patient Safety Incident within 60 days. Develop and implement Quality Improvement Plans and Redress	1 April 2023– 31 March 2024	Operational Budget	Staff Availability	Sub programme Manager
	Numerator	440	440					
	Denominator	500	500					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Infection Prevention and Control improved	Number of facilities implementing IPC strategies	5	5	Facilitate availability of IPC Standard Operating Procedures (SOPs)	1 April 2023– 31 March 2024	Operational Budget	Staff Availability	Sub programme Manager
Efficiency indicators improved	Average length of stay	5.5 days	5.5 days	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	1 April 2023– 31 March 2024	Operational Budget	Staff Availability	Sub programme Manager
	Numerator	488 070	488 070					
	Denominator	88 740	88 740					
	Inpatient (usable) bed utilisation rates	75%	75%	Monitor availability of policies, protocols, guidelines and procedure manuals	1 April 2023– 31 March 2024	Operational Budget	Staff Availability	Sub programme Manager
	Numerator	427 508	427 508					
	Denominator	570 010	570 010					
	Expenditure per PDE	R4,000	R4,000	IYM and functionality of Cost Containment Committees Improve case management of patients	1 April 2023– 31 March 2024	Operational Budget	Staff Availability	Sub programme Manager
Maternal mortality reduced	Number of maternal deaths in facility	33	Q1 - 9	Training of All health professionals on ESMOE and BANC	1 April 2023 – 30 June 2023	Operational Budget	Staff Availability	Sub programme Manager
			Q2 - 8		1 July 2023 – 30 September 2023			
			Q3 - 8		1 October 2023 – 31 December 2023			
			Q4 - 8		1 January 2024 – 31 March 2024			

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Child mortality reduced	Child under 5 years diarrhoea case fatality rate	2.6%	Q1 - 2.6%	Intensify Community based IMCI trainings for WBOT, IYA, traditional healers and other community	1 April 2023 – 30 June 2023	Operational Budget	Staff Availability	Sub programme Manager
	Numerator	22	*5*					
	Denominator	836	*209*					
			Q2 - 2.6%		1 July 2023 – 30 September 2023			
	Numerator		*6*					
	Denominator		*209*					
			Q3 - 2.6%		1 October 2023 – 31 December 2023			
	Numerator		*6*					
	Denominator		*209*					
			Q4 - 2.6%		1 January 2024 – 31 March 2024			
	Numerator		*5*					
	Denominator		*209*					
	Child under 5 years' pneumonia case fatality rate	2.7%	Q1 - 2.7%	Training of new professional nurses on IMCI to ensure 60% saturation in each facility	1 April 2023 – 30 June 2023	Operational Budget	Staff Availability	Sub programme Manager
	Numerator	31	7					
	Denominator	1167	291					
			Q2 - 2.7%		1 July 2023 – 30 September 2023			
	Numerator		8					
	Denominator		291					
			Q3 - 2.7%		1 October 2023 – 31 December 2023			
	Numerator		8					
	Denominator		291					
			Q4 - 2.7%		1 January 2024 – 31 March 2024	Operational Budget		
	Numerator		8					
	Denominator		291					
	Child under 5 years severe acute malnutrition case fatality rate	5%	5%	To intensify community based interventions for early identification of	1April 2023 – 31 March 2024	Operational Budget	Staff Availability	Sub programme Manager
	Numerator	20	5					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	403	100	malnourished children. Revitalization Growth Monitoring and Promotion sites in all districts. Ensure continuous availability of nutritional supplements				
Child mortality reduced	Number of death in facility under 5 years	550	Q1 - 137	Implement integrated nutrition programme and CHIPP	1 April 2023 – 30 June 2023	Operational Budget	Staff Availability	Sub programme Manager
			Q2 - 137		1 July 2023 – 30 September 2023			
			Q3 - 138		1 October 2023 – 31 December 2023			
			Q4 - 138		1 January 2024 – 31 March 2024			

4.2 Sub – Programme: Specialised TB Hospitals

Table 22: Activities, timeframes and budgets for Specialised TB Hospital

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	40%	Q4 – 40%	Hospitals conduct self-assessments, develop and implement QIP's. Monitor and support progress of QIP.	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	4	4					
	Denominator	10	10					
Patient satisfaction surveys conducted	Patient experience of care satisfaction rate	88%	Q2 - 88%	Data collection. Data capturing and reporting.	1 July 2023 – 30 September 2023	Operational Budget	None	Sub programme Manager
	Numerator	6 225	6 225					
	Denominator	7 074	7 074					
Patient Safety Improved	Severity assessment code (SAC) 1 incident reported within 24 hours rate	80%	80%	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	4	4					
	Denominator	5	5					
	Patient Safety Incident case closure rate	83%	83%	Investigate the problem Do the root cause analyses Develop remedial plan and redress	1 April 2023 – 31 March 2024	Operational Budget No Budget Required	None Staff Availability	Sub programme Manager Sub programme Manager
	Numerator	5	5					
	Denominator	6	6					
Hospital efficiencies improved	Average length of stay	60 days	60 days	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	1 April 2023 – 31 March 2024	Operational Budget No Budget Required	None Staff Availability	Sub programme Manager Sub programme Manager
	Numerator	166 560	166 560					
	Denominator	2 776	2 776					
	Expenditure per PDE	R3,800	R3,800	IYM and functionality of Cost Containment Committees	1 April 2023 – 31 March 2024	Operational Budget	None	Sub programme Manager

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

4.3 Sub – Programme: Specialised Psychiatric Hospitals/ 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 cadre on Mental Health Programmes.

Table 23: Activities, timeframes and budgets for Specialized Psychiatric Hospitals

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Hospitals that qualify for Ideal status improved	Ideal Hospital Status rate	100%	Q1-100%	Hospitals conduct self-assessments, develop and implement QIP's. Monitor and support progress of QIP	1 April 2023 – 31 March 2024	R 452 193 116	Staff skills development on managerial and quality improvements	Sub programme Manager
	Numerator	3	3					
	Denominator	3	3					
Patient satisfaction surveys conducted	Patient experience of care satisfaction rate	84%	Q2-84%	Data collection. Data capturing and reporting.	1 July 2023 – 30 September 2023	R 678 353	Staff skills development on managerial and quality improvements	Sub programme Manager
	Numerator	2 843	2 843					
	Denominator	3 384	3 384					
Patient Safety Improved	Severity assessment code (SAC)1 incident reported within 24 hours rate	100%	100%	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	1 April 2023 – 31 March 2024			Sub programme Manager
	Numerator	5	5					
	Denominator	5	5					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Patient Safety Incident case closure rate	100%	100%	Investigate the problem Do the root cause analyses Develop remedial plan and redress	1 April 2023 – 31 March 2024			Sub programme Manager
	Numerator	5	5					
	Denominator	5	5					
Infection prevention and control	Number of facilities implementing IPC strategies	4	2	Implementation of infection control prevention standards IPC risk assessment	1.April -31 March		Policies and Detergents	Sub programme manager
District Based Mental Health Services Improved	Number of Mental Health District Specialist Teams appointed	3	Q4-3	Appoint District Mental Health Specialists	1 April 2023 – 31 March 2024	R 9 650 000	Availability of Specialists for appointment	Sub programme Manager
Improve infrastructure capacity of District Hospitals	72 hour observation units established	36 %	Q4-36 %	Refurbish exiting infrastructure in district hospitals to accommodate 72hr observation units	1 April 2023 – 31 March 2024	R36 000 000	Timeous completion of professional documents for construction	Sub programme Manager
	Numerator	10	10					
	Denominator	28	28					
Mental Health Advocacy, Prevention and Promotion Improved	Number of community outreach programmes conducted	40	10	Conduct public education meeting and create community group therapies	1 April 2023 – 31 March 2024	R2 mil	Transport and Communication system	Sub programme Manager
Oversight functioning of the Mental Health Review Boards improved	Number of Quarterly report submitted	4	1	Support the development of quarterly report	1 April 2023 – 31 March 2024	R 19 6000 000	None	Sub programme Manager

4.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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. Tb 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 25: Summary of payments and estimates by economic classification: P4 – Provincial Hospital Services

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 24 and 25 above shows the summary of payments and estimates for Provincial Hospital Services per sub-programme and economic classification. The programme's total expenditure decreased from 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.

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PROGRAMME 5

CENTRAL & TERTIARY HOSPITALS

Together, moving the health system forward

2030 NDP

PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

5.1 Sub-Programme Purpose for Central Hospitals

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

SUB-PROGRAMMES

Central Hospital: Nelson Mandela Academic Hospital

Table 26: Activities, timeframes and budgets for Central Hospital

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	100%	Q4 – 100%	Hospitals conduct self-assessments, develop and implement QIP's. Monitor and support progress of QIP.	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	1	1					
	Denominator	1	1					
Patient satisfaction surveys conducted	Patient experience of care satisfaction rate	85%	Q2 - 85%	Data collection. Data capturing and reporting.	1 July 2023 – 30 September 2023	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	3 016	3 016					
	Denominator	3 548	3 548					
Patient Safety improved	Severity assessment code (SAC)1 incident reported within 24 hours rate	80%	80%	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	172	172					
	Denominator	215	215					
	Patient Safety Incident case closure rate	80%	80%	Investigate the problem Do the root cause analyses Develop remedial plan and redress	1 April 2023– 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	172	172					
	Denominator	215	215					
Hospital efficiencies improved	Average length of stay	8days	8days	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	1 April 2023– 31 March 2024	R6 000 000	Staff Availability Transportation Equipment Availability Accommodation	Sub programme Manager
	Numerator	212 840	212 840					
	Denominator	26 605	26 605					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Inpatient (usable) bed utilisation rates	83%	83%	Monitor availability of policies, protocols, guidelines and procedure manuals	1 April 2023– 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	229 661	229 661					
	Denominator	276 700	276 700					
	Expenditure per PDE	R4,953	R4,953	IYM and functionality of Cost Containment Committees Improve clinical/case management	1 April 2023– 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
Maternal mortality reduced	Number of maternal deaths in facility	39	Q1 - 10	Training of All health professionals on ESMOE and BANC	1 April 2023 – 30 June 2023	R3 500 000	None Staff Availability	Sub programme Manager Sub programme Manager
			Q2 - 10		1 July 2023 – 30 September 2023			
			Q3 - 10		1 October 2023 – 31 December 2023			
			Q4 - 9		1 January 2024 – 31 March 2024			
Child mortality reduced	Child under 5 years diarrhoea case fatality rate	9.3%	Q1- 9.3	Intensify Community based IMCI trainings for WBOT, IYA, traditional healers and other community	1 April 2023 – 31 March 2024	No Budget Required	None Staff Availability	Sub programme Manager Sub programme Manager
	Numerator	29	7					
	Denominator	309	77					
	Child under 5 years' pneumonia case fatality rate	9.2%	Q1 – 9.2%	Training of new professional nurses on IMCI to ensure 60% saturation in each facility	1 April 2023 – 31 March 2024	No Budget Required	None Staff Availability	Sub programme Manager Sub programme Manager
	Numerator	17	4					
	Denominator	187	46					
	Child under 5 years severe acute	25**%**	25%	To intensify community based	1 April 2023 – 31 March 2024	Operational Budget	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	malnutrition case fatality rate			interventions for early identification of malnourished children. Revitalization Growth Monitoring and Promotion sites in all districts. Ensure continuous availability of nutritional supplements				
	Numerator	*7*	*7*					
	Denominator	*31*	*31*					
Micro and macro nutrient malnutrition reduced	Number of death in facility under 5 years	360	90	Implement integrated nutrition programme and CHIPP	1 April 2023 – 31 March 2024	R4 000 000	Availability of Consumables Transportation Accommodation	Sub programme Manager

5.2 Sub-Programme Tertiary Hospital Services

Sub-Programme Purpose

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

Tertiary Hospitals

- Livingstone Hospital
- Frere Hospital

Table 27: Activities, timeframes and budgets for Tertiary Hospitals

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	100%	Q4 – 100%	Hospitals conduct self-assessments, develop and implement QIP's. Monitor and support progress of QIP.	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme manage
	Numerator	2	2					
	Denominator	2	2					
Patient satisfaction surveys conducted	Patient experience of care satisfaction rate	82%	Q2 – 82%	Data collection. Data capturing and reporting.	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	14 104	14 104					
	Denominator	17 200	17 200					
Patient Safety Incident (PSI) case closure rate	Severity assessment code (SAC)1 incident reported within 24 hours	80%	80%	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	37	37					
	Denominator	47	47					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Patient Safety Incident case closure rate	80%	80%	Investigate the problem Do the root cause analyses Develop remedial plan and redress	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	224	224					
	Denominator	280	280					
Hospital efficiencies improved	Average length of stay	6 days	6 days	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	1 April 2023 – 31 March 2024	R4 000 000	Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	460 698	460 698					
	Denominator	76 783	76 783					
	Inpatient (usable) bed utilisation rate	75%	75%	Monitor availability of policies, protocols, guidelines and procedure manuals	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
	Numerator	365 906	365 906					
	Denominator	487 875	487 875					
	Expenditure per PDE	R4,586	R4,586	IYM and functionality of Cost Containment Committees Improve clinical/case management	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme Manager
Maternal mortality reduced	Number of maternal deaths in facility	8	2	Training of All health professionals on ESMOE and BANC	1 April 2023 – 31 March 2024	R2 000 000	Availability of Consumables Transportation Accommodation	Sub programme Manager
Child mortality reduced	Child under 5 years diarrhoea case fatality rate	6%	6%	Intensify Community based IMCI trainings for WBOT, IYA, traditional healers and other community	1 April 2023 – 31 March 2024	R4 000 000	Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	12	12					
	Denominator	201	201					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Child under 5 years' pneumonia case fatality rate	<2%	<2%	Training of new professional nurses on IMCI to ensure 60% saturation in each facility	1 April 2023 – 31 March 2024	R2 000 000	Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	4	4					
	Denominator	219	219					
	Child under 5 years severe acute malnutrition case fatality rate	6%	6%	To intensify community based interventions for early identification of malnourished children. Revitalization Growth Monitoring and Promotion sites in all districts. Ensure continuous availability of nutritional supplements	1 April 2023 – 31 March 2024	R2 000 000	Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	1	1					
	Denominator	17	17					
Micro and macro nutrient malnutrition reduced	Number of death in facility under 5 years	130	33	Implement integrated nutrition programme and CHIPP	01 April- - 31 March	R4 000 000	Availability of Consumables Transportation Accommodation	Sub programme manager

5.3 Sub-Programme Specialised Tertiary Hospital

Sub-Programmes Purpose

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

Specialised Tertiary Hospitals

- Fort England (specialized psychiatric Hospital)

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

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Quality of health services improved	Ideal hospital status rate	100%	Q4 – 100%	Hospitals conduct self-assessments, develop and implement QIP's. Monitor and support progress of QIP.	1 April 2023 – 31 March 2024	No Budget Required	Staff Availability	Sub programme manager
	Numerator	1	1					
	Denominator	1	1					
Patient satisfaction surveys conducted	Patient experience of care satisfaction rate	87%	Q2 - 87%	Data collection. Data capturing and reporting.	1 July – 30 September	No Budget Required	Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	1 168	1 168					
	Denominator	1 343	1343					
Patient Safety Incident (PSI) case closure rate	Severity assessment code (SAC)1 incident reported within 24 hours rate	79%	79%	Report Severity Assessment Code (SAC) 1 incident within 24 hours rate	1 April – 31 March	No Budget Required	Availability of Consumables Transportation Accommodation	Sub programme Manager
	Numerator	46	46					
	Denominator	58	58					
	Patient Safety Incident case closure rate	100%	100%	Investigate the problem	1 April – 31 March	No Budget Required	Availability of Consumables Transportation	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Numerator	55	55	Do the root cause analyses Develop remedial plan and redress			Accommodation	
	Denominator	55	55					

5.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 29: Summary of payments and estimates by economic classification: P5 – Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2022/23
R thousand	2019/20	2020/21	2021/22		2022/23		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 30: Summary of payments and estimates by economic classification: P5 – Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2022/23
R thousand	2019/20	2020/21	2021/22		2022/23		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	15 959	–	–	(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 29 and 30 above show the summary of payments and estimates for Central Hospital Services per sub-programme and economic classification. The programme's total expenditure increased from 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.

Province of the
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HEALTH

PROGRAMME 6

HEALTH SCIENCES AND TRAINING (HST)

Together, moving the health system forward

2030 NDP

PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 Programme Purpose

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

Table 31: Activities, timeframes and budgets for Health Science and Training

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Qualified and competent staff	Number of students completed the 4 - year comprehensive course	380	Q4 - 380	Recruitment, Selection and payment of fees Administering the signing of bursary contracts and safe keeping registration of new students across all nursing academic programmes and other academic programmes in the department	1 January 2024 – 31 March 2024	335,233	None	Sub programme Manager
	Number of EMS Practitioners completed Emergency Care Qualification	36	Q4 - 36		1 January – 31 March	15,110	None	Sub programme Manager
	Number of registrars qualified as specialist	30	Q4 - 30		1 January – 31 March	89,008	None	Sub programme Manager
	Number of bursary students completed training	65	Q3 - 65		1 January – 31 March	Operational budget	None	Sub programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Number of youth placed on youth programs	1250	Q2 - 1250		1 July– 30 September	Operational budget	None	Sub programme manager
	% of Nurses at PHC level APC Trained	80%	Q4 – 80%		1 January – 31 March	806 192	None	Sub programme manager
	% of Professional Nurses at PHC Level IMCI trained	50%	Q4 – 50%		1 January – 31 March		None	Sub programme manager

6.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 33: Summary of payments and estimates by economic classification: P6 – Health Sciences and Training

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 32 and 33 above show the summary of payments and estimates for Health Sciences and Training per sub-programme and economic classification. The programme's total expenditure increased from 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 34.7per cent from R21.613 million to R29.105 million when compared to the 2022/23 revised estimate due to reprioritisation to fund medical equipment.

Province of the
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HEALTH

PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)

Together, moving the health system forward

2030 NDP

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 Programme Purpose

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

Transversal Health Services consists of:

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

Pharmaceutical Services is responsible for

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

Table 34: Activities, timeframes and budgets for Health care support

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Availability of assistive devices in primary health care	Wheelchair issued adult 19 years and older rate	60%	Q1 - 5%	Functional assessment of patients with conditions that require wheelchairs. Prescription for the conditions of patients that require wheelchairs and consolidation of central data base. Procurement of appropriate wheelchairs and accessories for the patients. Establishment of wheelchair seating outreach clinics projects in all three regions. Establishment of "Bridging the gap Rehabilitation Service Outreach campaign Sarah Baartman, Alfred Nzo and Amathole districts for early identification.	1 April 2023 – 31 June 2023	R16 506 000.00	Human resource Budget Transport Consumables SCM processes (availability of tenders & Specification) Industrial action (Strike) Support and commitment from facility management	Sub program Manager
	Numerator	2520	210					
	Denominator	4200	4200					
			Q2 -20%		1 July 2023 – 30 September 2023			
	Numerator		840					
	Denominator		4200					
			Q3- 30%		1 October 2023– 31 December 2023			
	Numerator		1260					
	Denominator		4200					
			Q4 -60%		1 January 2023 – 31 March 2023			
	Numerator		2520					
	Denominator		4200					
	Wheelchair issued child 0-18 years rate	100%	Q1 -15%		1 April 2023– 31 June 2023			
	Numerator	800	120					
	Denominator	800	800					
			Q2 -30%		1 July 2023 – 30 September 2023			
	Numerator		240					
	Denominator		800					
			Q3 -50%		1 October 2023 – 31 December 2023			
	Numerator		400					
	Denominator		800					
			Q4 -100%		1 January 2024 – 31 March 2024			
	Numerator		800					
	Denominator		800					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Training of therapists in basic and intermediate wheelchair seating courses. Outreach services and follow up to the wheelchair patients. Regular maintenance of wheelchairs				
	Hearing aid issued adult 19 years and older rate	60%	Q1 - 10%	Functional assessment of patients with conditions that require hearing aids Prescription of appropriate hearing aids for the conditions of patients that require hearing aids and consolidation of central data base. Procurement of appropriate hearing aids and accessories for the patients, manufacturing of custom made ear moulds impression and procurement of artificial ear moulds	1 April 2023– 31 June 2023	R3 300 000.00	Human resource Budget Availability of medical equipment Maintenance & calibration of medical equipment Transport Consumables SCM processes (availability of tenders & Specification) Industrial action (Strike) Support and commitment facility from management	Sub programme Manager
	Numerator	900	150					
	Denominator	1500	1 500					
			Q2 - 30%		1 July 2023 – 30 September 2023			
	Numerator		450					
	Denominator		1 500					
			Q3 - 40%		1 October 2023 – 31 December 2023			
	Numerator		600					
	Denominator		1 500					
			Q4 - 60%		1 January - 31 March			
	Numerator		900					
	Denominator		1 500					
	Hearing aid issued child 0-18 years rate	100%	Q1 - 10%		1 April – 31 June			
	Numerator	300	30					
	Denominator	300	300					
			Q2 - 50%		1 July – 30 September			
	Numerator		150					
	Denominator		300					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
			Q3 - 70%	Fitting of appropriate hearing aids to the patients Outreach services and school health services. Maintenance of hearing aids	1 October – 31 December			
	Numerator		210					
	Denominator		300					
			Q4 - 100%		1 January - 31 March			
	Numerator		300					
	Denominator		300					
Facilities supported by centrally procuring the Personal Protective Equipment; .	Percentage Personal Protective Equipment availability in facilities	86.2%	86%	Centrally procure the Personal Protective Equipment Monitor PPE Reporting compliance, Monitor PPE availability via SVS Follow up with non-performing facilities. Continue to work with IPC coordinators to promote rational use of the PPE	1 April 2023 – 31 March 2024	Operational budget	Contracted supplier performance Utilisation of SVS to monitor stock levels in facilities Monitoring facilities to prevent stock-outs. Facilities placing orders monthly for PPE replenishment	Sub program manager
	Numerator	6.9	6.9					
	Denominator	8	8					
Improve access to medical Orthotics and Prosthetics	Number of clients fitted with orthoses	6 000	1 500	Manufacture the Orthosis. Assessment of patients for orthoses	1 April 2023 – 31 March 2024	R12 743 Million	Supply Chain tender processes Availability of transport MOP staff adequate to provide outreach	Manager: MOP
	Number of Patients seen at outreach clinics	552	138	Patient seen at outreach sites	1 April 2023 – 31 March 2024	Operational budget	Availability of transport	Manager: MOP

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Assessment for new devices Issuing of devices (new and replacement)			MOP staff adequate to provide outreach	
Improved Access to Radiological Services	% of equipment breakdown resolved within 14 days	75%	75%	All equipment operational Equipment serviced according to schedule Equipment upgrades completed	1 April 2023 – 31 March 2024	The budget for Radiology services is under hospitals	Budget availability; supply chain processes	Sub programme Manager
	% of facilities complying with Radiation board standards	100%	100%	All facilities to have a registered radiology professional SOPs and policies in place and signed Equipment maintenance protocol available and approved Quality assurance tests to be done quarterly on all machines. Mobile radiology equipment compliant with radiation standards	1 April 2023 – 31 March 2024	Operational budget	Availability of budget Staff at hospitals Cooperation from the hospital leadership	Manager: Radiology Services

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Number of Patients seen in Radiology services	60 000	15 000	Availability of the service at all material times Patients seen at regional and tertiary hospitals	1 April 2023 – 31 March 2024	Budget allocation to Regional and Tertiary hospitals	Availability of budget Staff at hospitals Cooperation from the hospital leadership	DD: Radiology Manager: Clinical Support Services
Efficient laboratory services	% savings on electronic gate keeping (Egk)	< 5%	< 5%	Implementation of the eGK rules at all tertiary and regional hospitals Review of laboratory requisitions from intern and community service practitioners Clinical managers to review invoices monthly from NHLS Point of Care testing protocols approved and implemented NHLS service level agreement finalized and signed	1 April 2023 – 31 March 2024	Budget allocated to Districts.	Monitoring by Clinicians DOH to maintain the NHLS account up to date. Point of Care policy approved and implemented Appointment of Manager: Laboratory and Blood Services at head office.	Laboratory Coordinators in the districts and hospitals Clinical Managers and Hospital CEOs Director: THMS
	Numerator	R47 266 054.85	R11 816 513.25					
	Denominator	R945 321 097.00	R236 330 274.25					
	# of BLUC meetings conducted	32	8	BLUC established in all regional and tertiary hospitals Meeting convened quarterly	1 April 2023 – 31 March 2024	Operational Budget	Availability of the Clinical Manager to lead the committee	Clinical Managers Dir: THMS

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Minutes and BLUC reports to be submitted to the Clinical Support Services				
Facilities supported by centrally procuring the Personal Protective Equipment;	Percentage Personal Protective Equipment availability in facilities	86.2%	86%	Centrally procure the Personal Protective Equipment Monitor PPE Reporting compliance, Monitor PPE availability via SVS Follow up with non-performing facilities. Continue to work with IPC coordinators to promote rational use of the PPE	1 April 2023 – 31 March 2024	Operational Budget	Contracted supplier performance Utilisation of SVS to monitor stock levels in facilities Monitoring facilities to prevent stock-outs. Facilities placing orders monthly for PPE replenishment	Sub programme Manager
	Numerator	6.9	6.9					
	Denominator	8	8					
Availability of medicine in depos and facilities	Percentage Order fulfilment for essential drugs at depot	80%	80%	Monitor availability of essential medicine at the depots. Monitor order fulfilment of essential medicines by depots	1 April 2023 – 31 March 2024	R640 796 183	Timeous payment of orders with the depots	Sub programme Manager
	Numerator	619 452	154 863					
	Denominator	774 315	193 579					
	Percentage of availability of essential medicine at facilities	85%	85%	Monitor SVS Reporting compliance. Monitor SVS medicine availability.	1 April 2023 – 31 March 2024	R640 796 183		
	Numerator	68	68					

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
	Denominator	80	80	Follow up with non-performing facilities				
	Percentage of availability of essential medicine at facilities	85%	85%		1 April 2023 – 31 March 2024	R640 796 183		
	Numerator	68	68					
	Denominator	80	80					
	Percentage of availability of essential medicine at facilities	85%	85%		1 April 2023 – 31 March 2024	R640 796 183		
	Numerator	68	68					
	Denominator	80	80					
	Percentage of availability of essential medicine at facilities	85%	85%		1 April 2023 – 31 March 2024	R640 796 183		Sub programme Manager
	Numerator	68	68					
	Denominator	80	80					
	Number of active patients on CCMDD	351 500	87 875	Provincial Quarterly Review Target high volume facilities and assign contracted post basic pharmacist assistants -Set target for all the high volume facilities Support Visits to facilities In-service training via the SYNCH Helpdesk monthly	1 April 2023 – 31 March 2024	HAST R33 517 052	Budget for Accommodation, Data Service Provider Performance to the SLA. Reports from DHIS. CCMDD Stationery and promotional material	Sub program manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				-Use Health Promotion Unit to market CCMDD and external pick up points at facility levels -Increase the number of pick up point in districts. -Monitor the number of new patients' weekly Monitor renewals of prescriptions -Monitor the decanting to the differentiated model of care strategy (Fast Lane, Adherence clubs and External) -Weekly Monitoring of the Service provider performance. -Monitor pick up point adherence to the SLA Promote programme when they are provincial events -CCMDD formulary management every six months -Monitor operation Phutuma progress per district on CCMDD				

7.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 36: Summary of payments and estimates by economic classification: P7 – Health Care Support Services

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 35 and 36 above show a summary of payments and estimates for Health Care Support Services per sub-programme and economic classification. The programme's total expenditure increased from 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.

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PROGRAMME 8

HEALTH FACILITIES MANAGEMENT (HFM)

Together, moving the health system forward

2030 NDP

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 Programme Purpose

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

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

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

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

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Planning and provision of Health Care facilities, namely: • Primary Health Services, • District health Services, • Provincial Health Services • Other facilities such as *Lilitha College of*	Number of planned health facility projects with initiation reports	7	Q1 – 4 Q2 – 2 Q3 – 0 Q4 - 1	Clinical Brief or FIDPM Stage 1: initiation reports • GIS needs analysis • Size determination of Proposed Facility • Site Information • Final Scope of Project • Development Cost, Funding Requirements & Program of Implementation • Recommendations	1 April 2023 – 31 March 2024	R 4 979 987	DRDAR & DPWI – Land Transfers/Acquisitions District Development – clinical requirements HR – staff complements CEO – total budget approval HOD - approval	HFM: Planning Directorate Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
Nursing, Forensics & Pathologies, Specialised services, MHU, TB, Orthopaedic, etc.)	Number of planned health facility projects that have reached FIDPM Stage 5	29	Q1- 10 Q2 – 3 Q3 – 7 Q4 - 9	FIDPM Stage 5: Works (Site Handover) • Monitor and manage that projects implemented in line with the approved functional technical norms and standards, including National Treasury's FIDPM. • Recommend authorisation of payments in line with the conditions of the appointments, contract management practices and within financial delegations. • Monitor the implementation of Programmes and Projects by the Implementing Agent [IA] and the adherence to the Service Delivery Agreement.	1 April 2023 – 31 March 2024	R 94 619 759	Implementing Agents and/or Built Environment Professionals – for Professional services & Management Services SCM: Procurement processes	HFM: Planning Directorate Programme Manager (Stage 1 – 3) HFM: Delivery Directorate Programme Manager (Stage 3 – 5)
	Number of planned health facility projects that have reached FIDPM Stage 6	12	Q1- 6 Q2 – 2 Q3 – 2 Q4 – 2	FIDPM Stage 6 (Practical Completion) • Site/Progress meetings. • Monthly monitoring meetings with Implementing Agents &	1 April 2023 – 31 March 2024	R 453 732 178	Implementing Agents and/or Built Environment Professionals – for Project Management Services & Contract administration)	HFM: Delivery Directorate Programme Manager

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Built Environment Professionals. • Review and recommend Variation Orders in terms of contract management practice and Financial implications. • Prepare and submit progress • reports [financial and non- • financial indicators]. • Obtain all necessary Certificate of Occupancies and Completion certificates. • Obtain Building Occupancy Certificate from Local Municipality. • Recommend authorisation of • payments in line with the conditions of the appointments, • contract management practices • and within financial delegations. • Monitor the implementation of Programmes and Projects by the			Contractor: SCM returnable & Bank Guarantees Department of Labour – Work Permit Contractor: Quality & performance Built Environment Professional and Technicians - issuance of completion certificates Local Municipality – issuance of Occupancy Certificates	

Outputs	Output Indicator	Annual Target	Quarterly target	Activities	Timeframe	Budget per activity	Dependencies	Responsibility
				Implementing Agent [IA] and the adherence to the Service Delivery Agreement.				
Refurbishment of Generators	Number of Actual Generators Installed	12	Q1 – 0	Installation of actual generators to curb the effects of load shedding • Development of Specs and documentation. • 2.Procurement And Evaluation. • 3. Installation monitoring and sign off.	April 2023-March 2024	R 25 000 000	Market availability due to demand forecast	Sub programme manager

8.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 39: Summary of payments and estimates by economic classification: P8 – Health Facilities Management

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26	% change from 2022/23
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 38 and 39 above show the summary of payments and estimates for Health Facilities Management per sub-programme and economic classification. The programme's total expenditure decreased from R1.496 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.

Conclusion

This is 2023/24 Operational Plan of the Department, which stands as a proposal to accelerate service delivery towards the achievement of its vision and mission as set out in the 2023/24 Annual Performance Plan.

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

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