



ANNUAL PERFORMANCE PLAN 2020/21 AMENDED



Together, moving the health system forward

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ABBREVIATIONS & ACRONYMS

AIP	Audit Intervention Plan
ART	Antiretroviral Therapy
BANC	Basic Ante Natal Care
BOD	Burden of disease
CCMDD	Central Chronic Medicine Dispensing and Distribution
CEO	Chief Executive officer
CFO	Chief Financial Officer
CHCs	Community Health Centres
CHW	Community Health worker
CIDB	Construction Industry Development Board
CMH	Cecilia Makhiwane Hospital
COVID 19	Corona Virus
CSSD	Central Sterile Supply Department
CQI	Continuous Quality Improvement
DCSTs	District Clinical Specialist Teams and General Practitioner
DDG	Deputy Director General
DHIS	District Health Information System
DHIMS	District Health Information Management System
DHS	District Health Services
DM	District Municipality
DMT	District Management Team
DOH	Department of Health
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECAC	Eastern Cape AIDS Council
ECSECC	Eastern Cape Socio-Economic Consultative Council
EDR-TB	Extreme Drug Resistance Tuberculosis
EMS	Emergency Medical Services
EPWP	Expanded programme on public works
ESMOE	Essential Steps in the Management of Obstetric Emergency
ETR	Electronic TB Register
GIAMA	Government Immovable Asset Management Act
GP	General Practitioner
HAST	HIV & AIDS, STI and TB control
HCSS	Health Care Support Services
HFM	Health Facilities Management
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMS	Hospital Management System
HPRS	Health Patient Registration System
HST	Health Sciences and training
HPTD	Health Professionals Training and Development (Grant)
HRM	Human Resource Management
HRD	Human Resource Development
HRH	Human Resources for Health
HT	Health Technology
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information and Communications Technology
IDMS	Infrastructure Delivery Management System
IDIP	Infrastructure Delivery Improvement Programme
IMCI	Integrated Management of Childhood Diseases
IMR	Infant mortality rate
IPC	Infection prevention and control
ISHP	Integrated School Health Programme
LEDIS	Local Economic Development Implementation Strategy
MDGs	Millennium Developmental Goals
MDR-TB	Multi-drug resistant TB
MEC	Member of the Executive Council
METROs	Medical Emergency Transport and Rescue Organizations
MLSIP	Medico Legal Strategy Implementation Plan
MMR	Maternal mortality ratio
MOU	Maternal Obstetric Unit
MPL	Member of Provincial Legislature
MRC	Medical Research council
MTCT	Mother-To-Child-Transmission
MTSF	Medium Term Strategic Framework
PMTSF	Provincial Medium Term Strategic Framework
MTEF	Medium Term Expenditure Framework
NCCEMD	National Committee on Confidential Evaluation on Maternal Deaths
NCDs	Non-Communicable Diseases
NCS	National Core Standards

NDoH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHA	National Health Act
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NHP	National Health Plan
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OD	Organisational Development
O&P	Orthotic and Prosthetic
OHH	Outreach Households
OHS	Occupational health and safety
OPD	Outpatient Department
OTP	Office of the Premier
PAJA	Promotion of Administration Justice Act
PAIA	Promotion of Access to Information Act
PCR	Polymerase Chain Reactive
PDE	Patient Day Equivalent
PDMT	Provincial District Management Team
PDP	Provincial Development Plan
PEC	Patient experience of care
PEPFAR	Presidential Emergency Programme Fund for Aids Relief
PERSAL	Personnel and Salaries
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMIS	Project Management Information system
PMTCT	Prevention of Mother-To-Child Transmission
PMTSF	Provincial Medium Term Strategic Framework
PPE	Personal protective equipment
PPPs	Public-Private Partnerships
PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Management
PSI	Patient Safety Incident
RDP	Reconstruction and Development Programme
RPHC	Re-engineering the Primary Health Care System
SADHS	South African Demographic Household Survey
SAHR	South African Human Rights
SARS- Cov	Severe Acute respiratory syndrome corona virus
SDGs	Sustainable Development Goals
SCM	Supply Chain Management
SIU	Special Investigating Unit
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SOPA	State of the Province Address
Stats SA	Statistics South Africa
TB	Tuberculosis
THIS	TB HIV information system
TROA	Total clients remaining On ART
TV	Television
UHC	Universal Health coverage
UPS	Uninterrupted Power supply
WBPHCOTs	Ward-based Primary Health Care Outreach Teams
WHO	World Health Organisation
YLL	Years Life Lost

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FOREWORD BY THE EXECUTIVE AUTHORITY

I take this opportunity and a privilege to present and submit the Eastern Cape Department of Health Annual Performance Plan 2020/21 for the Eastern Cape Department of Health. This government looks back at the twenty-five years since the advent of democracy with humility, appreciation and jubilation as it reflects to the greatest advances that our government has made in changing the lives of all South Africans especially the downtrodden. In 1994, almost ninety days after the 1st President of the democratic South Africa the late Dr. Nelson Rholihlahla Mandela promulgated free health services to the pregnant women, children and the elderly in South Africa. This gesture displayed the commitment of Dr. Mandela government to respond to the values and principles espoused in the National Health Plan (NHP) and the Reconstruction and Development Programme (RDP) of which this government is founded.

We present this Annual Performance Plan (APP) under very difficult conditions of the global pandemic of Corona Virus (Covid 19), however we remain resolute in the fight to curb the spread of the virus. The strategic intervention for Covid 19 pandemic include public health interventions to prevent infection, identify and isolate cases and provide clinical care to reduce severe disease and deaths. This is coupled with social and behavioral interventions which include social distancing, restriction of gathering, curtail travel, restrict large gathering, social and workplace. The Department prioritises the prevention and reduction of risk factors to protect all health care workers who are at the fore front of fighting the pandemic.

Furthermore, this plan is presented under constrained climate of economic melt-down and seriously constrained fiscal space. Notwithstanding the constrained fiscal space, this government will fast-track the implementation of the Universal Health Coverage (National Health Insurance in the SA context) in response to the Constitutional commitment for the state to take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of the right to access to health care services including reproductive health care. The implementation of the NHI is a reflection of the kind of society we wish to live in: one based on the values of justice, fairness and social solidarity. NHI is consistent with the global vision that health care should be seen as a social investment and therefore should not be subjected to market forces where it is treated as a normal commodity of trade.

Primary Health Care (PHC) is being re-engineered through four streams to improve timely access and promote health and prevent disease. The department will implement the following intervention as part of the NHI in all the districts and metros: Municipal Ward-Based Primary Health Care Outreach Teams (WBOTs); Integrated School Health Programme (ISHP); District Clinical Specialist Teams (DCSTs) and Contracting of the General Practitioners (to PHC facilities)

In response to the requirements of the NHI legislation, quality assurance in our health facilities is prioritized. The department will continue implementation of the Ideal Clinic Realization and Maintenance (ICRM) and Ideal Hospitals to enable health facilities to be certificated by the Office of Health Standards compliance (OHSC). This is one of the prioritized areas with our infrastructure budget with special focus on maintenance.

In the coming three years the department will implement the following strategic goals aligned with National Development Plan (NDP), Medium-Term Strategic Framework (MTSF), Provincial Development Plan (PDP) and Provincial -Medium Strategic Framework (PMTSF). The following are the areas of focus:

- Increase Life Expectancy, Improve Health and Prevent Disease
- Progressively achieve Universal Health Coverage through NHI Implementation
- Quality Improvement in the Provision of Care
- Build Health Infrastructure for effective service delivery

The implementation of the strategic goals will result in the reduction of maternal, neonate, infant and child mortalities in health facilities. The HIV/AIDS 90 90 90 strategy forms the cornerstone of our health care delivery in ensuring increased life expectancy. Health Lifestyles programmes will be intensified to promote and prevent non-communicable diseases like cancer, diabetes, hypertension and mental disorders.

The department will continue unblocking bottlenecks that will guarantee continuous and sustainable availability of all essential medicines in health facilities. This is the commitment that we must not fail to achieve and realize.

The social determinants of health pose a serious challenge in achieving the strategic goals for the sixth term of administration. Access to clean water, good conditions access roads, reliable electricity supply, suitable human settlements, reliable and safe public

transports, polluted environment (air pollution & poor refuse management) need a concerted effort in strengthening inter-governmental relations.

High crime rate, fraud and corruption also pose a serious threat in stifling the government attempts to improve the lives of Eastern Cape citizens. Notwithstanding these possible impediments, our resolve to change the lives of the population will continue.

I must extend my sincere and humble gratitude to all the stakeholders who positively and constructively contributed in the development of this Departmental Annual Performance Plan for 2020/21. I must also extend my gratitude to the philanthropic spirit of developmental partners, business and Non-Governmental Organizations for their consistent support to the department in pursuit of its strategic goals and strengthening social compact.

Lastly, I wish to express my appreciation to the departmental leadership and management, the entire departmental staff who continue bearing the torch in our pursuit to provide quality health care. The social partners are also thanked and appreciated for the contribution to sound labour relations in the department.



Hon. Sindiswa Gomba (MPL)
Member of the Executive Council
18 November 2020



STATEMENT BY THE HEAD AND ACCOUNTING OFFICER OF THE DEPARTMENT

As we welcome the 6th term of government, we strive to deliver the promise of providing quality health services to the people of the Province. The plans as captured in this 2020/21 Annual Performance Plan are premised on the National Development Plan's "Vision 2030" implementation plan, the State of the Nation Address, the State of the Province Address (SOPA) and the Provincial Development plan (PDP). This plan further captures the aspirations of our stakeholders as outlined during the provincial health summit which was used as a platform to fully engage internal and external stakeholders.

The department is confronted with a huge challenge of fighting Covid-19 spread. From the month of March when the first Covid-19 case was identified, to date with 108 993 confirmed cases and 4086 deaths Covid-19 were identified and investigated in the province. In order to deal with the current threat, the Eastern Cape Department of Health has set up the following systems:

- Activated the Provincial and District Outbreak Response Teams which are multidisciplinary and multi-sectoral in nature. These teams are led by Senior Managers of the Department in each district.
- The province together with the department has developed and implemented strategies which seek to combat the covid-19 pandemic and minimise its effects to public health and the economy of the province. All these strategies seek to early detect, isolate or quarantine, investigate, manage cases and do the tracing of the contacts.

For the next 3 years, we will therefore be focusing on the following key focus areas as the department:

- Rationalisation of health service delivery platform to facilitate National Health Insurance realisation and to address access to appropriate health services. Continue implementing the Re-engineering of Primary Health Care as a cornerstone to the National Health Insurance (NHI). We will also be leveraging on lessons learnt from the OR Tambo national NHI and Alfred Nzo provincial pilot sites to roll out the next phase of NHI readiness program to the rest of the health districts in the province.
- Development of Human Resources for Health plan to address the staff shortages and appropriate skills mix
- Strengthen implementation of mental health services through innovative planning focusing on mainstreaming the mental health services and ensuring that all mental health teams are multidisciplinary at all levels, including at district and primary health care level.
- Infrastructure planning, delivery and maintenance. The focus is on maintenance of the asset with development of planned maintenance schedule to sustain the asset and predictive maintenance informed by strong M&E
- Development of ICT platforms, automation and digitization of the sector through improving capacity, systems integration, disaster recovery and information security planning systems. Roll-out of telemedicine to reduce waiting times and travelling distance, workload, increase access to health services timeously. Leveraging on ICT to expand the e-health and digital connectivity strategy and invest in the development of essential technology and applications to achieve high levels of service delivery coordination across the service delivery platform; scale up web based operations for patient management and records; and implement a system wide data management strategy for document management and archiving system.
- Strengthen service delivery through strengthened intergovernmental collaborative government model, (Thuma mina, Operation Masiphathisane and addressing social determinants of health)
- Governance, leadership, monitoring & evaluation with emphasis on creation of a culture of accountability and participation by all members. Strengthening the management of the health system focusing on the 4 key areas that affect the public health system: human resources, procurement and Supply Chain Management, Financial Management.
- Small business development, financial management and innovative ways of revenue generation
- Quality and safety of health services will be given a special attention towards accreditation of health facilities for NHI, Scale up quality Improvement initiatives as outlined in the recommendations of the Office of Health Standards Compliance (OHSC); the Ideal Clinic Realisation and Maintenance (ICRM) programme; and enforcement of the Batho Pele principle through strengthening adherence to the National Core Standards
- Scaling up awareness campaigns to promote health and wellness, with special focus on screening and treating breast, cervical and prostate cancers as well as mental health disorders; prevent and reduce risks of life style diseases; as well as implementing the 90-90-90 strategy to treat and achieve high level of adherence for communicable diseases, maternal, neonatal and childhood diseases;
- Strengthening the implementation of the medico legal strategy which focuses on provision of critical human resources, procurement of essential medical equipment to monitor high risk maternity cases and high risk new born babies to detect early and intervene to prevent avoidable maternal and birth related complications; implement strict protocols with threshold defined decision referrals for maternal, medical and labour related risks; and digitisation and securing of patient files.

The department continues to be confronted with challenges of Covid 19 spread, shrinking fiscal envelope, the increasing demand for services, and the scourge of medico legal claims. These challenges require that we are innovative in our approach by doing much more with less resources, strengthen our clinical practices to improve quality of care especially on maternal and child health services, and intensify efforts to implement the departmental multi-pronged medico legal strategy

Whilst we are fully cognisant of the challenges that confront our department, we remain resolute in ensuring that we deliver uninterrupted quality health services to the people of the province and I am confident that my team at Head Office, districts and facilities are committed to this cause and together we will do everything possible to deliver on this promise.

Lastly, I wish to thank MEC Hon. S. Gomba for her support and leadership, to the Portfolio Committee on Health for the robust oversight, our health partners, stakeholders who continue to support us in achieving our objectives, and finally, the departmental staff, who make it possible for us to provide health services to our people.



Dr S. Zungu
Accounting Officer
18 November 2020

OFFICIAL SIGN-OFF OF THE AMENDED ANNUAL PERFORMANCE PLAN 2020/21

It is hereby certified that this amended Annual Performance Plan:

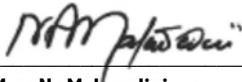
- Was developed by the management of the Eastern Cape Department of Health under the guidance of MEC for Health, Ms. S. Gomba MPL,
- Takes into account all the relevant policies, legislation and other mandates for which the Eastern Cape Province is responsible
- Accurately reflects the Impact and Outcomes and outputs which the Eastern Cape Department of Health will endeavor to achieve over the period 2020/21 financial year.



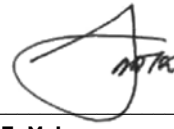
Mrs. N. Mavuso
Programme Manager: 1, 6, & 8
18 November 2020



Dr. L. Matiwane
Programme Manager: 2
18 November 2020



Mrs. N. Makwedini
Acting Programme Manager: 3, 4, 5 & 7
18 November 2020



Dr. S.T. Moko
Head Official responsible for Planning
18 November 2020



Mr. M. Daka
Chief Financial Officer
18 November 2020



Dr. S. Zungu
Accounting Officer
18 November 2020

Approved by:



Hon. S. Gomba, MPL
Member of the Executive Council
18 November 2020



PART A
GENERAL INFORMATION

PART A

OUR MANDATE

Constitutional Mandate

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

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

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

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care.

People also have the right to access information if it is required for the exercise or protection of a right;

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

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

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

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

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

LEGISLATIVE AND POLICY MANDATES (NATIONAL HEALTH ACT, AND OTHER LEGISLATION)

Legislation falling under the Department of Health's Portfolio

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

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

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

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

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

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

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

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

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

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

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

Choice on Termination of Pregnancy Act, 196 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

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

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

Council for Medical Schemes Levy Act, 2000 (Act 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

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

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

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

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

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

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

Other legislation applicable to the Department

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

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

provision regarding children's court.

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

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

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

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

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

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

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

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

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

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

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

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

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

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

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

Health Sector Policies and Strategies over the five-year planning period

National Health Insurance Bill

South Africa is at the brink of effecting significant and much needed changes to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all, entrenching equity, social solidarity, efficiency and effectiveness in the health system in order to realise Universal Health Coverage. To achieve Universal Health Coverage, institutional and Organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately to improve health outcomes particularly focusing on the poor, vulnerable and disadvantaged groups.

In many countries, effective Universal Health Coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator and a proxy outcome of any country's progress towards Universal Health Coverage.

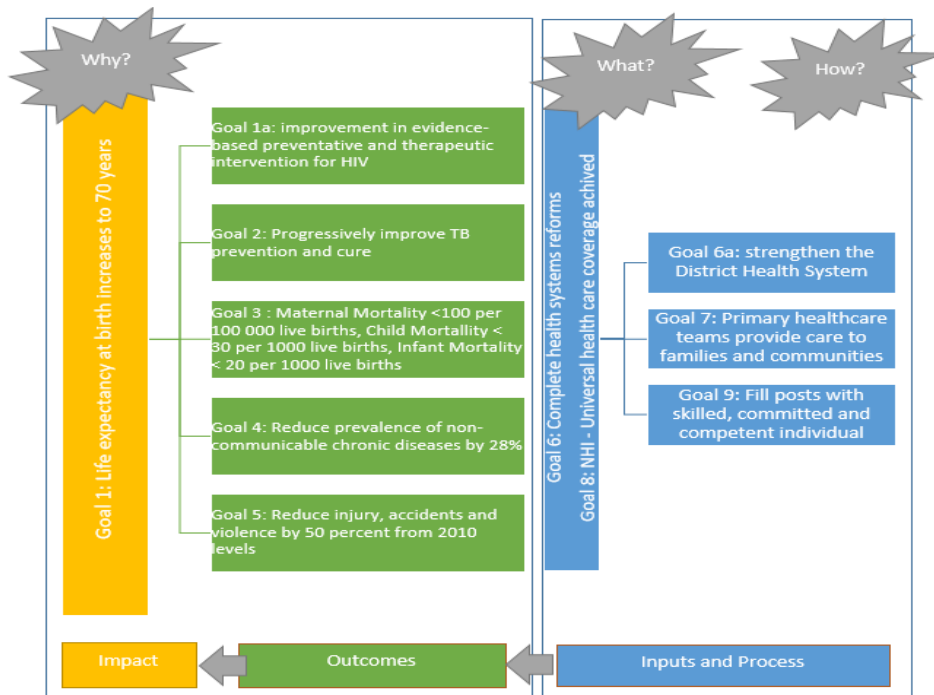
The phased implementation of National Health Insurance (NHI) is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate,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

An external evaluation of the first phase of National Health Insurance was published in July 2019. Phase 2 of the NHI Programme commenced during 2017, with official gazetting of the National Health Insurance as the Policy of South Africa. The National Department of Health (NDOH) drafted and published the National Health Insurance Bill for public comments on 21 June 2018. During August 2019, the National Department of Health sent the National Health Insurance Bill to Parliament for public consultation.

National Development Plan (NDP): Vision 2030

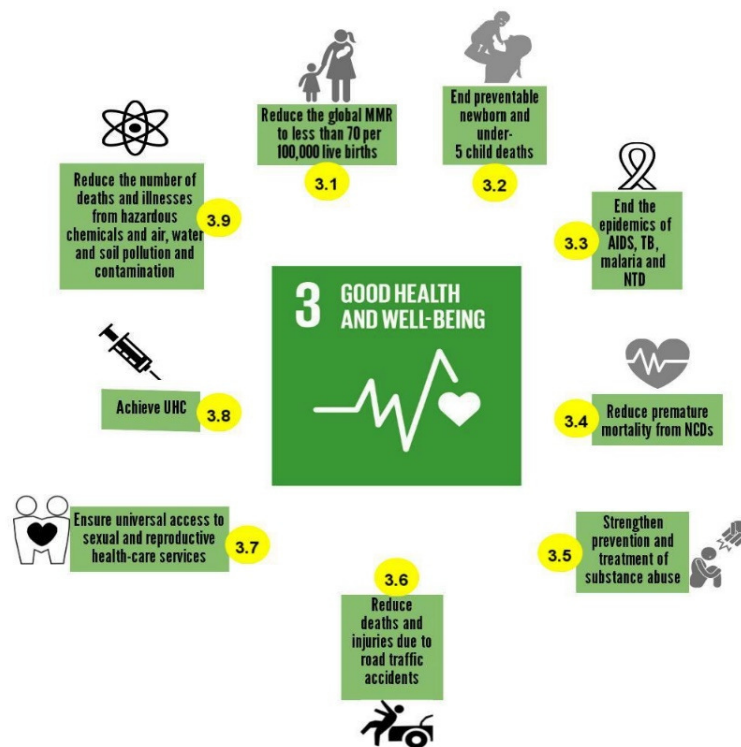
The National Development Plan (Chapter 10) has outlined 9 goals for the health system that it must reach by 2030. The NDP goals are best described using conventional public health logic framework. The overarching goal that measures impact is “Average male and female life expectancy at birth increases to at least 70 years”. The next 4 goals measure health outcomes, requiring the health system to reduce premature mortality and morbidity. Last 4 goals are tracking the health system that essentially measure inputs and processes to derive outcomes

Fig 1: National development plan



Sustainable Development Goals

Fig 2: Sustainable development Goals



Medium Term Strategic Framework and NDP Implementation Plan 2019-2024

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

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

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

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

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

Relevant Court Rulings

The EC department of Health continues to be confronted by the medico legal claims which seeks to undermine the efforts to manage the scourge and the threats towards the quality of healthcare for the public that continues to rely on the public healthcare. The Eastern Cape Department of Health is currently amongst the three highest sued provincial departments for medico legal. The department conducted a trend analysis on litigations. There is an increase in the OR Tambo district with pending claims, followed by Butterworth hospital with highest litigation statistics. The litigation trends are constantly positive on new matters but risks have shifted to backlog matters, which the highest values and statistics reside with the surrounding of the abovementioned district and Alfred Nzo district.

Medico legal claims account for highest numbers of current contingent liability in respect of claims against the State thereby making it the highest risk area. The Obstetric care and Gynaecology care related claims remain high risk with Retinopathy of prematurity (maternal) emerging as a new litigation trend on top of cerebral palsy. Orthopaedic / surgery care related claims remain 2nd highest risk. This is further constrained by the geographical challenges associated with the Province.

The department had discussed and developed strategies of intervention areas as reflected below: -

- Implementation of an electronic patient records management system
- Package interventions to prevent Cerebral Palsy
- Promotion of early intervention strategies
- Designating targeted district hospitals to have the full package of services
- Strengthening capacity for medico legal defence
- Rationalisation of contingent liability records
- Creation of a special medico legal trust fund to prevent huge lump sum payments or similar mechanisms
- Anti – Corruption and Fraud Multi Group on Medico Legal Claims (ACFMG) and Double Dipping Prevention Task Team (DDPT).

There have been meetings held between the department and state attorneys and other similar stakeholders to discuss and revise an approach to deal with challenges and propose solutions on handling of cases and provision of contingent liability confirmations for audit period to avoid similar challenges. The department embarked on conducting legal outreach sessions with focus on implementation of strategic direction, revised standard forms and best practises. In addition, the department continues to provide support to the 26 priority facilities as well as strengthening its defence of cases.

Mediation continues to be encouraged with a hope to mitigate our exposure surrounding the legal exposure currently that remains unsustainable

Current focus has been put on backlogs in order to reduce contingent liabilities. 63 matters have since been referred to Norton Rose Fulbright in terms of the transversal contract, and the Department continues to monitor the situation of Justice challenges and plugging the manageable risks through current interventions. Having noted the new trends of legal risks, we have also to a certain extent evolved our strategies without disclosing the detail.

Contractual relationship between the Department, the Consortium, the SIU, the forensic and prosecuting authorities, now the national and other provincial administration interventions such as provincial medico legal task team, mooted specialised legal support for the Department have continuously yielded positive results but not at a desired pace, but will be strengthened further to maximise the desired.

We have noted a huge increase of matters being withdrawn, ruled in favour of the department, decreasing settlements, despite increase in baseline of number of claims.

We have seen prosecutions of unethical practitioners taking a giant leap. Medico legal Jurisprudence taking a different course as opposed to previous challenges. The positive outcomes have increased to exceed potential saving in excess of a billion. These are positive strides associated with all the interventions and we are adamant that the situation could be much better than this.



PART B

STRATEGIC FOCUS

PART B: STRATEGIC FOCUS

1. VISION

Optimal health outcomes for the people of the Eastern Cape Province

2. MISSION

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

3. VALUES

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

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

4. DIAGNOSTIC ANALYSIS

Overview of the Province

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

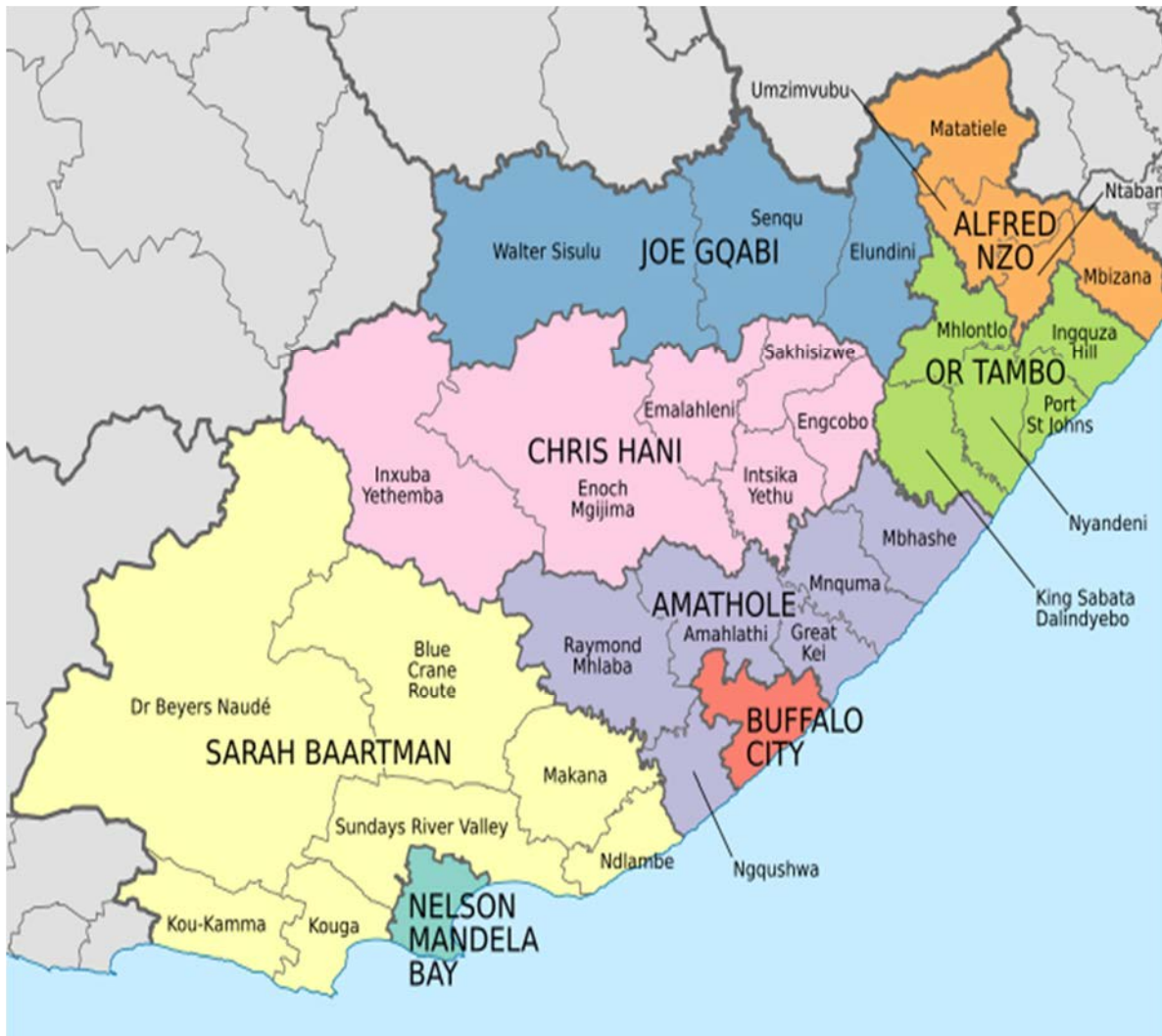
The Eastern Cape's main feature is its spectacular coastline bordering the Indian Ocean. It is the second-largest province in South Africa by surface area and has the third-largest population. The Eastern Cape is one of South Africa's poorest provinces incorporating large areas of South Africa's former homelands with excellent agricultural and forestry potential. The fertile Langkloof Valley in the south-west has enormous deciduous fruit orchards, while the Karoo interior is an important sheep-farming area. The Alexandria-Makhanda area produces pineapples, chicory and dairy products, while coffee and tea are cultivated at Magwa. People in the former Transkei region are dependent on the farming of cattle, maize and sorghum.

The metropolitan economies of Port Elizabeth and East London are based primarily on manufacturing, the most important industry being motor manufacturing. The province is the hub of South Africa's automotive industry.

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

According to Stats SA 2019 mid-year estimates, it covers an area of 168 966km² and has a population of 6 712 276. Between the 2011 Census and the 2019 mid-year estimates, the total population of the Eastern Cape increased from 6 562 million to 6.712 million (2.2 %) and constitutes a share of 11.4% to the SA population.

Fig.3 Map of the EC



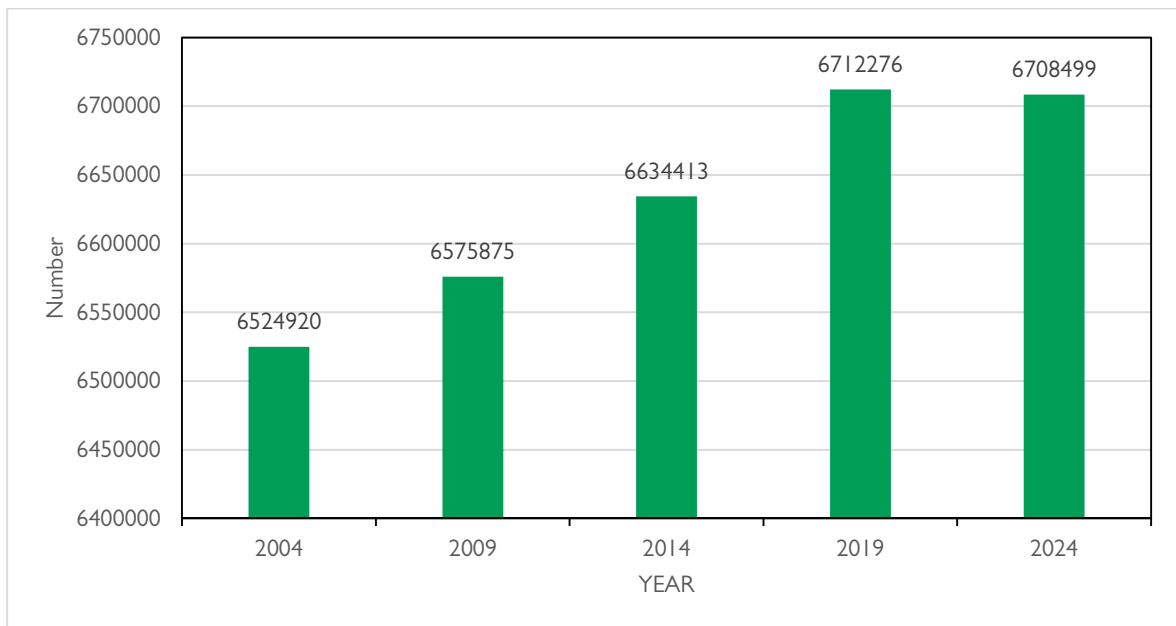
Source: Stassa 2019

5. EXTERNAL ENVIRONMENTAL ANALYSIS

5.1 Demography

Since 2004, the estimated total population for the EC province had been showing an increasing trend and in 2019 it peaked at 6 712 276. Further projections show year to year decrease between 2019 and 2024 (Figure 4: Statssa, 2019).

Figure 4: Eastern Cape population estimates by year



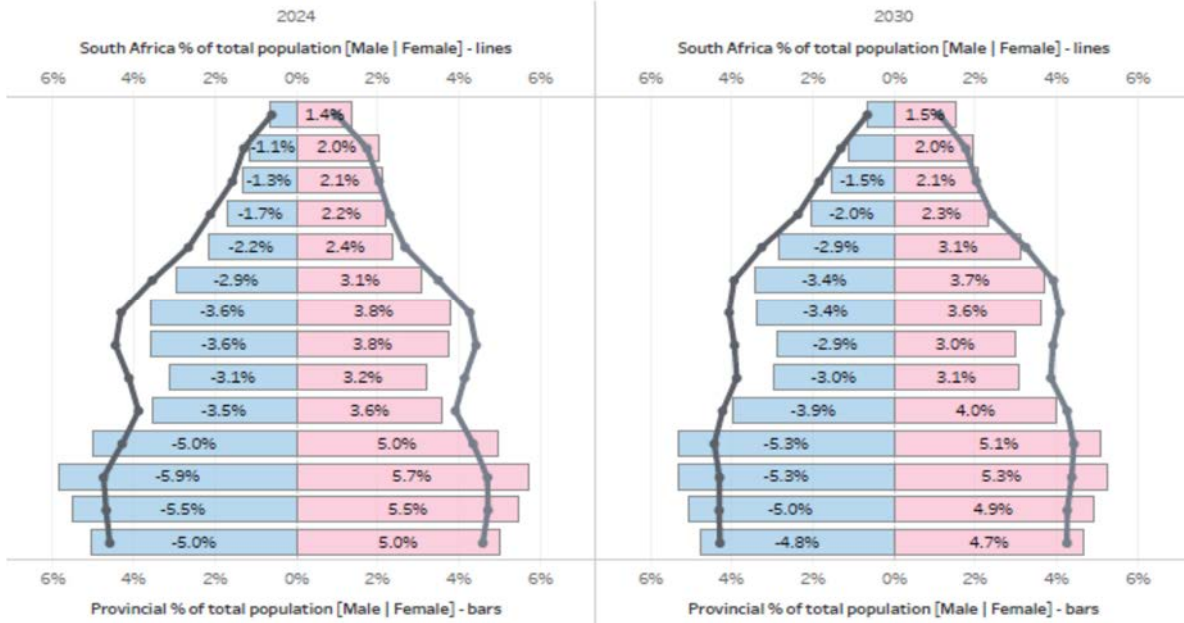
(Data source Statssa, 2019)

The EC share to national population has been showing a decreasing trend, for example, from 13% in 2009 to 11,4% ten years later in 2019. This is mainly due to the net outward migration as young people leave the province to seek employment opportunities in provinces including Gauteng and the Western Cape, whose share has been showing increasing trend during the same time period (Figure 5). The population loss to outward migration impacts negatively on the total appropriation of the EC DOH as the budget allocation is linearly correlated to the population figures of the Provinces.

Fig 5: Population pyramid

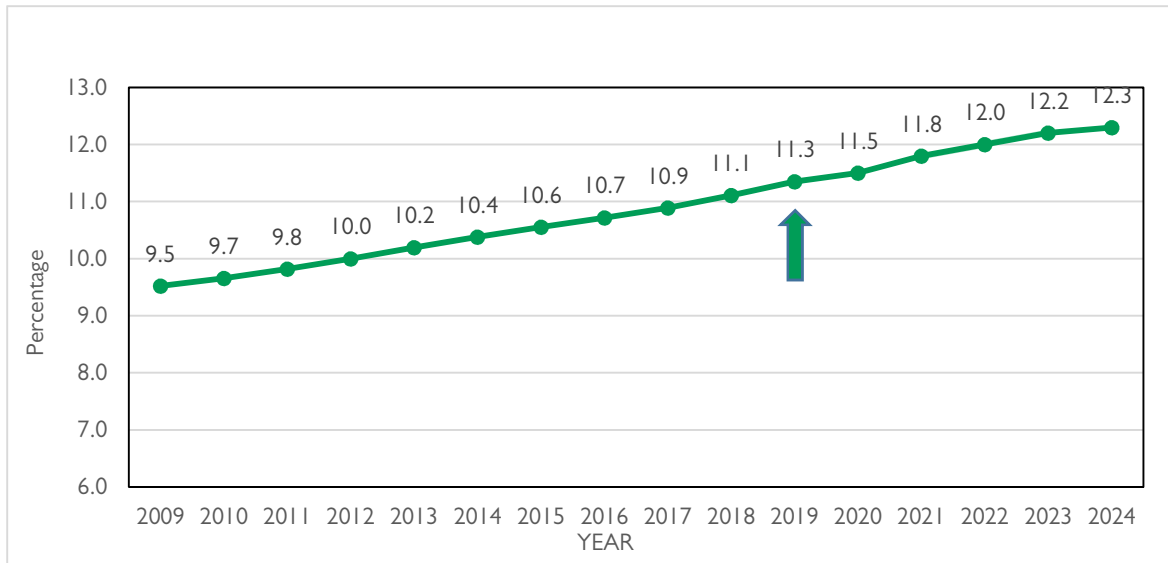
Provincial % population by age-gender group compared to South Africa





Nationally, the highest proportions of elderly persons aged 60 years and older were estimated for the Eastern Cape constituting 11,3% of the total EC population in 2019 and an increase to 12,3% by 2024 (Figure 6). To note, is the inward migration of the elderly and retired population which will require provision for specific needs of the elderly including increased provision of chronic medication, specialised health care service, social grants, old age homes etc.

Figure 6: Projections of EC population age 60 years and older



(Data source: Statssa, 2019)

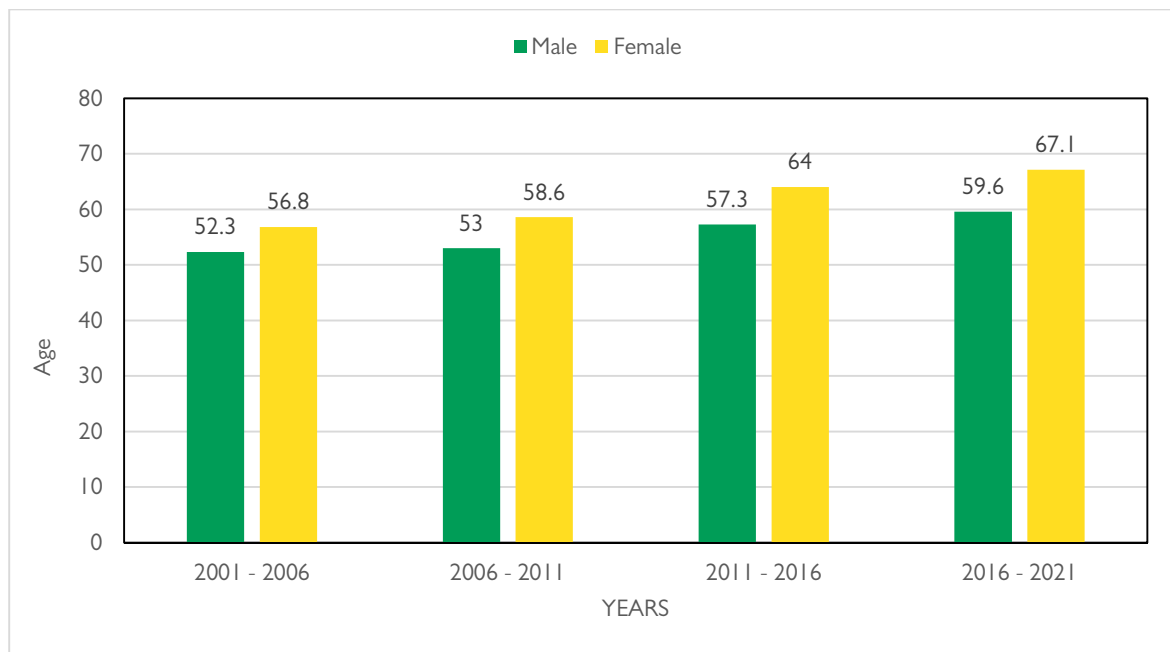
Furthermore, in 2019 the province had the highest proportion of persons younger than 15 years (33,3%) nationally. The high rate of unemployment and having the bulk of the EC population earning below poverty line has resulted in low percentage of the EC population having medical insurance (10.1%) with majority of these concentrated in the urban EC Metros. This leaves the bulk of the population depending solely on the state for their health care needs hence the proper and efficient implementation of the NHI and universal coverage brings hope to many citizens for a better health system.

The capacity of the EC province is usually stretched due to high demand of basic services like education, health care services, social services employment opportunities and housing. These challenges especially in the OR Tambo and Alfred Nzo districts with more than a quarter of the provincial population, are exacerbated by the historical backlogs that are as a result of the previous apartheid and homeland governments

The EC province has over the years experienced a significant decreasing trend in total fertility rate, from 3,3 in 2001 – 2006 to 2,88 in 2016 – 2021. However, contrary to the urban provinces, the EC province has been leading having the highest total fertility rate relative to other eight provinces. The province has the highest proportion of unwanted births in the country reported at 25,9% in 1998 and 26,4% in 2016 (Statssa, 2020). This can be attributed to lack of employment opportunities with unemployment rate reported to have increased from 36,1% in 2018 to 37,4% during quarter I of 2019 and Youth employment being at 50.8% (ECSECC, 2019), low education status or having no education and poverty as well as poor access to family planning services.

The National Development Plan has set a target to increase life expectancy to 70 years and raise an AIDS-free generation of the under-20 years. The life expectancy increased incrementally across all provinces but more significantly during the period 2011–2016 mainly due to the uptake of antiretroviral therapy and efforts to meet basic needs like access to clean water, electricity and adequate housing over time in South Africa. By the years 2016-2021, the life expectancy at birth for the Eastern Cape province was estimated at ages 59,6 and 67,1 for males and females respectively (figure 7).

Figure 7: Estimated Life Expectancy at Birth for the EC Province



(Data source: Statssa 2019)

Table 2: Migration in EC

	2006 TOTO 2011	2011 TO 2016 (000)
OUT-MIGRATION FLOW	512	500
IN-MIGRATION FLOW	154	326
NET OUT-MIGRATION FLOW	358	174

Source: Stats SA 2018

In addition to out-migration from the Province there is also intra-provincial migration with people choosing to live in the metros, in the non-metro towns (and their peripheries) and along transport corridors. Deep rural areas are de-populating. These urbanisation trends are generally positive. The challenge is to meet the service delivery needs in the growing metros and towns in a well-managed way. The relatively slow growth of the EC population is due to net out-migration rather than lower fertility rates or higher morbidity rates than the national average. The Provincial average fertility rate over time (2018-2021) is estimated at 2.89 (Stats SA 2018)

5.2 SOCIAL DETERMINANTS OF HEALTH FOR PROVINCE AND DISTRICTS

Globally, it is recognized that health and health outcomes are not only influenced by healthcare or access to health services. They result from multidimensional and complex factors linked to the social determinants of health which include a range of social, political, economic, environmental, and cultural factors, including human rights and gender equality. Health is influenced by the environment in which people live and work as well as societal risk conditions such as polluted environments, inadequate housing, poor sanitation, unemployment, poverty, racial and gender discrimination, destruction and violence. Social inequalities translate into a high burden of premature mortality and marked health inequities. For example, estimates of the infant mortality rate (IMR) from the 2011 Census in the predominantly rural Eastern Cape Province was 40.3 per 1 000 live births – double that of the Western Cape with an IMR of 20.4 per 1 000 live births.

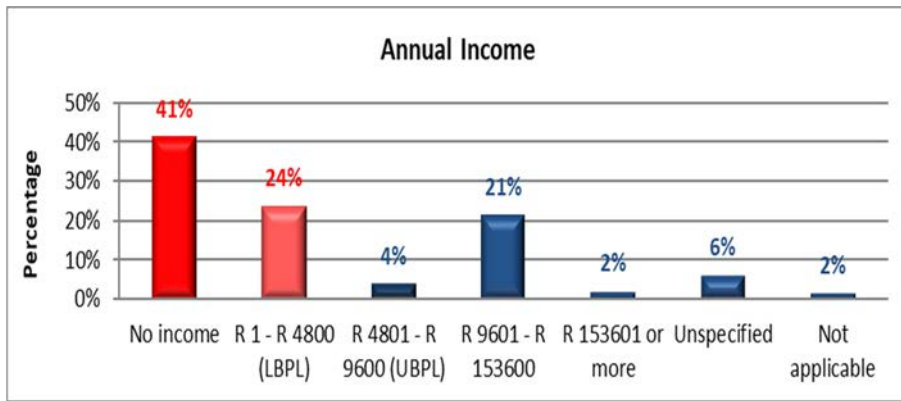
Addressing social determinants is a cornerstone in the National Department of Health's Primary Health Care Re-Engineering Strategy, and an approach that is embedded in the country's National Development Plan (The DOH aims to address social determinants in an integrated sector approach, into a programme of implementable actions across levels of the health system and in co-ordination with other sectors. The implementation of the integrated school health policy, one of the four sub-programmes of the Re-engineering strategy, for example, addresses social determinants of health proximally. Its goal is "to contribute to the improvement of the general health of school-going children as well as the environmental conditions in schools and address health barriers to learning in order to improve education outcomes of access to school, retention within school and achievement at school" (Integrated School Health policy, 2012).

Intermediate and distal factors which include socio-cultural, living and working conditions as well as structural factors include poor housing, inadequate water and sanitation, a sub-optimal food environment, high levels of alcohol and substance abuse, low levels of social cohesion, and inadequate health-system response across the three clusters. The EC Province is one of the provinces with the highest unemployment rate in the country of 34.4% hence outward migration (see Table 2). Unemployment rate amongst youths in the province continues to increase and during quarter 3 of 2018, was reported at 47,3% against national rate of 39% (ECSECC quarter 3 report). Job security increases health, well-being and job satisfaction whilst job insecurity adversely affects worker's health, resulting in high stress levels, other mental health issues amongst those unemployed. Insecurities result in low self-esteem that may lead to gender-based violence as well. This may manifest in high unemployment rate in the EC Province This has important implications as, in addition to health programme-specific responses, it suggests a need for an overarching plan that appreciates the synergies possible in addressing the social determinants. Furthermore, the social determinants operate at different levels (global, national, sector-specific, and local). This suggests that a set of different actions, operating at different levels, is required to address the social determinants. Strengthening of integrated planning by various sectors is critical to achieve the expected outcomes. Table 3 below shows the indicators for the social determinants of health in the Eastern Cape Province.

Table 3: Social determinants of Health (Source: HST 2017, Stats SA 2016)

INDICATOR	AN	AM	BCM	CH	JG	NM	OR	SB	EC Prov
Unemployed	43.5	42.9	35.1	39.0	35.4	36.6	44.1	24.9	34.4
Youth Unemployed	52.3	53.4	45.1	48.5	43.3	45.1	54.2	31.4	34
No Schooling	9.1	10.2	4.0	12.2	8.0	2.6	13.9	4.8	6.5
Higher Education	5.5	5.7	13.7	6.5	5.8	11.1	6.4	6.4	9.5
Household (HH)	195 975	213 763	253 477	194 291	95 107	368 520	314 080	138 182	1 773 395
Female Headed HH	57.0	52.2	45.3	51.5	46.9	41.6	57.1	40.0	49.1
Child headed household	1	0.8	0.2	0.8	0.1	0.1	1	0.3	0.6
Formal Dwell	42.6	55.9	70.2	56.3	69.6	92.5	43.6	87.1	65.1
Flush Toilet	4.2	17.0	73.1	31.6	28.2	90.5	9.4	77.2	44.4
Weekly Refuse	5.3	17.4	57.1	27.0	34.1	84.8	9.0	83.0	41.3
Electricity for Lighting	63.1	82.4	86.6	89.9	80.0	95.4	83.6	91.0	83.4
Blue Drop H2O	62.9	80.4	72.8	83.4	75.0	72.4	48.7	61.2	
Medical Aid coverage	3.5	8.7	24.6	5.9	5.0	22.6	4.6	14.6	10.7

Fig 8: Annual income



5.3 EPIDEMIOLOGY AND QUADRUPLE BURDEN OF DISEASE (BOD)

Epidemiologically South Africa is confronted with a quadruple BOD because of HIV and TB, high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma.

Years of Life Lost

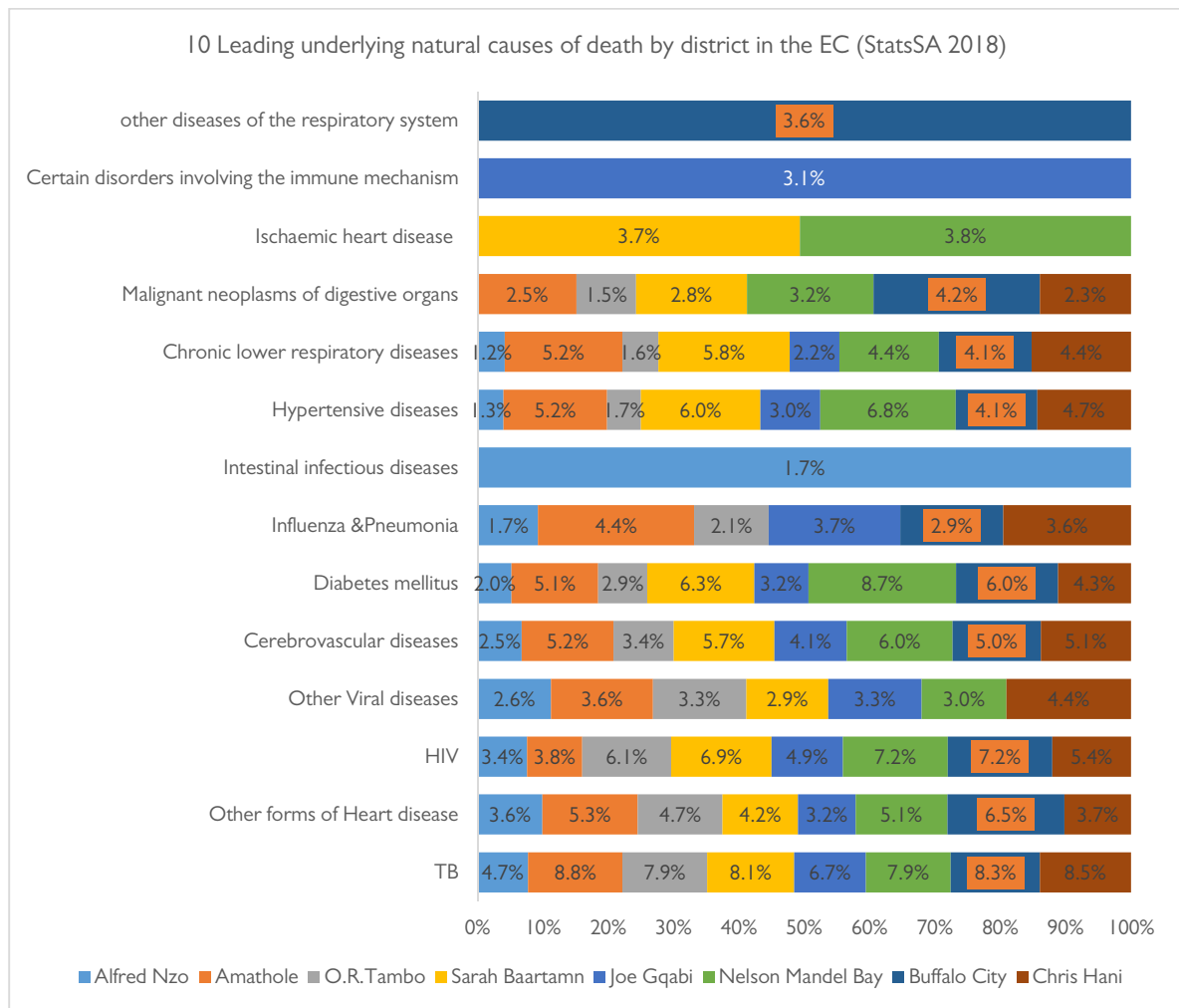
Years of Life Lost (YLLs) are an estimate of premature mortality based on the age at death and thus highlight the causes of death that should be targeted for mortality prevention. The biggest contributor to YLL in the Eastern Cape is TB, followed by Cerebrovascular, other viral diseases and diabetes

Tuberculosis maintained its rank as the leading cause of death in South Africa. Diabetes mellitus was the second leading natural cause of death, followed by other forms of heart disease and cerebrovascular disease. Human immunodeficiency virus (HIV) disease is in the fifth position. Overall, the results show a considerable burden of disease from non-communicable disease.

The Causes of Mortality

Fig 9: below shows the leading causes of death by district in the EC Province in 2018. Tuberculosis (TB) remained the leading cause of natural death in our district with the exception of Nelson Mandela Metro where it was reported as the second leading cause of death. In Nelson Mandela Metro the diabetes mellitus was reported as leading cause of death. In overall TB and HIV remained the top leading causes of death in the Eastern Cape.

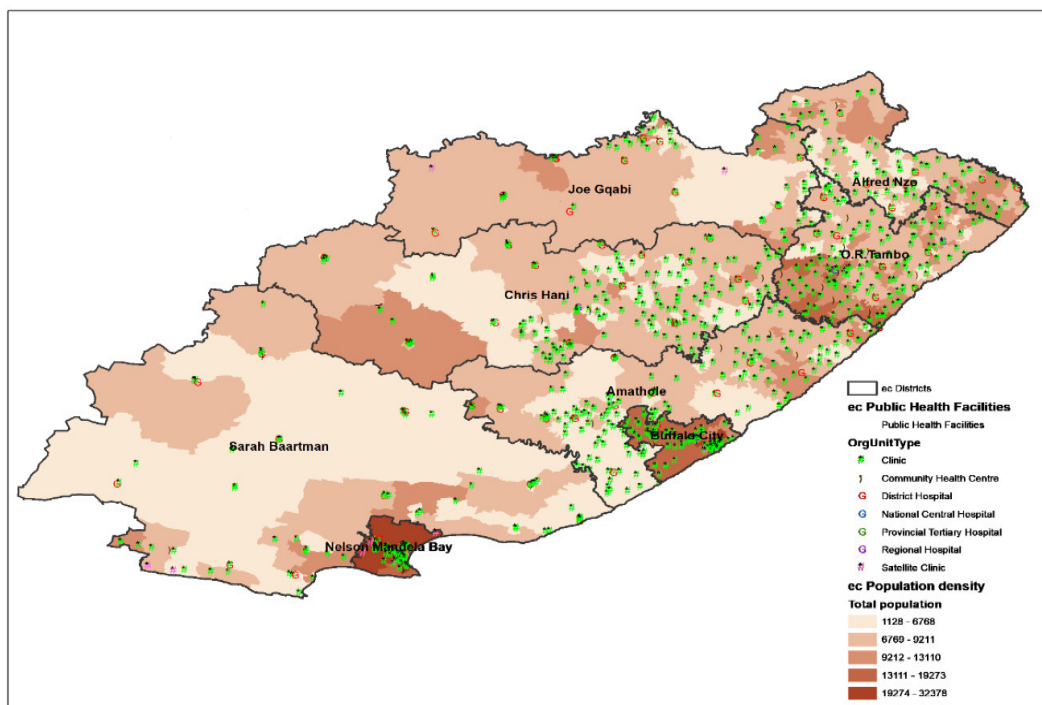
Fig 9: Broad causes of death by district



5.4 INTERNAL ENVIRONMENTAL ANALYSIS

5.4.1 Service Delivery Platform / Public Health services

Fig 10: Map showing EC Public health facilities



Source: DHIS 2019

Table 4: Facility type per district

Org Unit Type	ec Alfred Nzo District Municipality	ec Amathole District Municipality	ec Buffalo City Metropolitan Municipality	ec Chris Han District Municipality	ec Joe Gqabi District Municipality	ec Nelson Mandela Bay Municipality	ec Oliver Tambo District Municipality	ec Sarah Baartman District Municipality	Grand Total
Clinic	72	143	74	152	52	39	138	59	730
Community Health Centre	2	5	5	7	-	9	10	3	41
District Hospital	6	12	2	14	11	1	9	10	65
EMS Station	7	11	3	19	10	4	9	23	86
Mobile Service	9	33	21	33	17	26	14	33	186
National Central Hospital	-	-	-	-	-	-	1	-	1
Provincial Tertiary Hospital	-	-	1	-	-	2	-	-	3
Regional Hospital	-	-	1	1	-	1	2	-	5
Satellite Clinic	-	-	2	5	2	10	-	6	25
Specialised Clinic	-	-	-	-	-	1	-	-	1
Specialised Hospital	1	2	3	1	-	4	2	5	18
Grand Total	97	206	118	232	92	97	183	139	1158

Source: DHIS 2019

5.4.2 Universal Health Coverage (Population and Service Coverage)

During the period 2018/19, EC had 683 Ward based Primary Health care teams (WBPHCOTs) covering 681 out of 705 wards of the Province. WBPHCOTs are linked to a PHC facility and consist of CHWs lead by a nurse. CHWs assess the health status of individuals and households and provide health education and promotion service. They identify and refer those in need of preventive, curative or rehabilitative services to relevant PHC facilities.

Table 5: Ward based Primary Health Care Outreach Teams by district

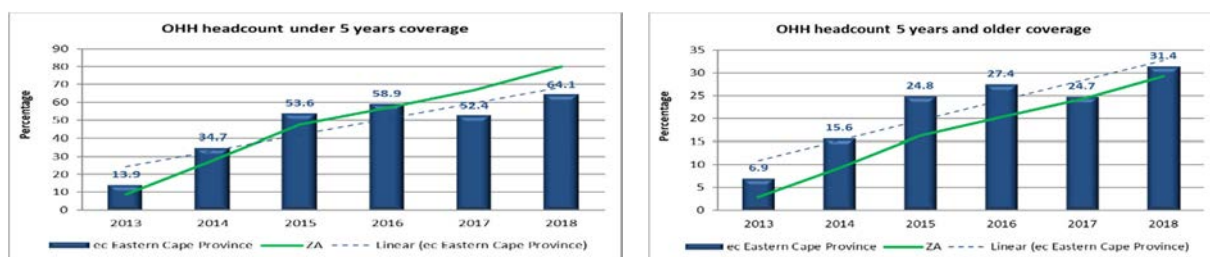
District	No of PHC Facilities	No of Wards	No of WBOTs	No of OTLs ENs	No of P/Ns OTLs	No of CHWs
Alfred Nzo	74	101	89	30	-	498
Amathole	148	120	147	35	-	843
BCM	79	50	27	21	37	635
Chris Hani	159	110	150	59	141	969
Joe Gqabi	52	45	32	45	31	334
NMM	48	60	59	26	13	304
O.R. Tambo	146	146	151	95	-	1050
Sarah Baartman	62	73	28	25	-	364
Total	768	705	683	336	222	4997

Source: DHIS

Outreach Visits

Figure 11 below shows that the Outreach Household Headcount coverage has increased over the past 5 years, most of the household visits were for child health and adherence support services.

Fig 11: OHH headcount

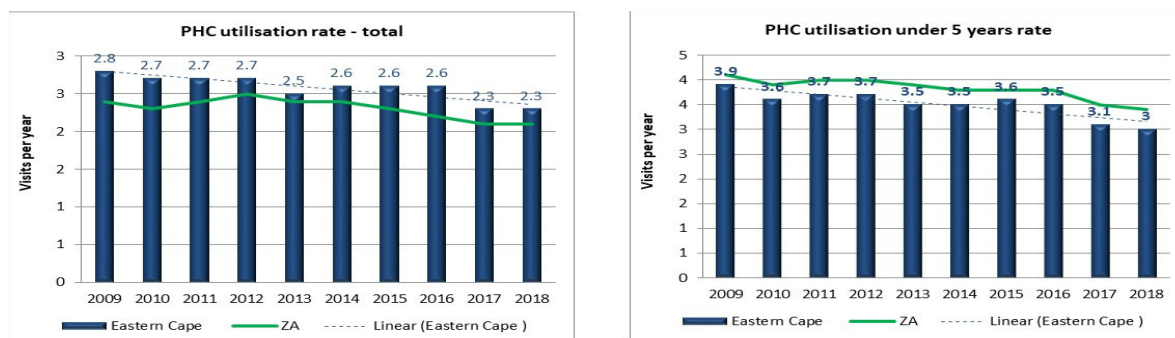


Source: DHIS

PHC Utilization Rate

The primary health care (PHC) utilisation rate indicators measures the average number of PHC visits per person per year to a public PHC facility.

Fig 12: PHC utilisation rate



Key observations

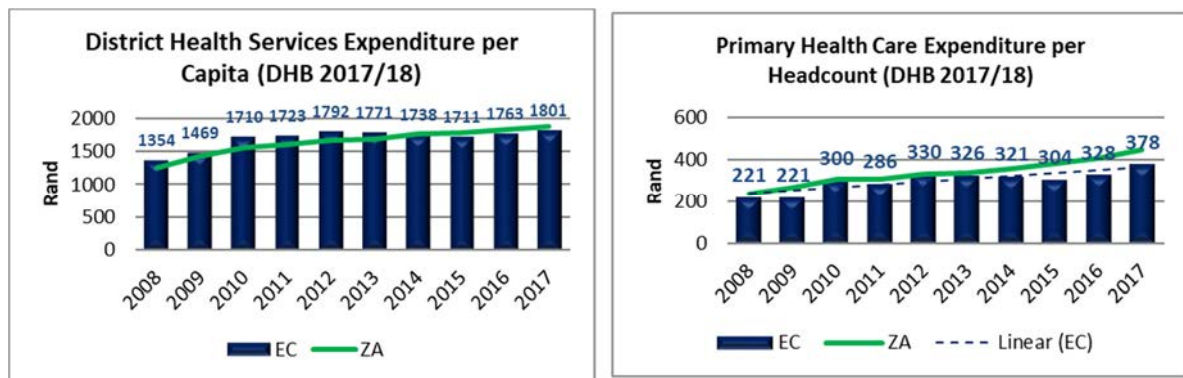
The PHC utilisation rate has been declining since 2009 for both populations of under and over 5 years. This may be attributed to the strengthened reengineering of Primary Health care services through increased outreach services and enrolment of the stable chronic clients in Centralised Chronic Medicines Dispensing and Distribution.

PHC EXPENDITURE PER HEADCOUNT

Figure 13 below shows PHC expenditure per headcount over the period of ten years. Expenditure per headcount in the province has increased over the period, in 2017/18, EC expenditure per headcount was R 378 while the SA average was R450 and the province with the highest cost was Gauteng at R 592. Inequities among districts was noted with Amathole expenditure per headcount at R 344 while Buffalo City was at R 428.

EC District health services expenditure per capita has been comparable to the National averages over the period of ten years. EC had higher districts health services expenditure between the period 2011 - 2013. PHC per capita and expenditure per capita is below the national averages. In 2017/18, PHC expenditure per capita in EC was R981 against the national average of R1 155. The province has also shown inter district inequities with Alfred Nzo expenditures lowest in the whole country at R 703 while Buffalo City Metro was at R1 272.

Fig 13: Expenditure per Capita and Headcount



Hospital Care

In the context of global escalation in healthcare costs and increasing demand for care because of shifting disease burden, the shrinking healthcare funding envelope requires that all hospitals render cost-effective and cost-efficient care. Case management must be strengthened to ensure minimal lengths of stay in hospital for the patients; and appropriate bed utilisation rates at facilities. Projects to generate revenue, optimise revenue collection and incentivized revenue retention will be incubated as the competitive edge for public sector hospitals over private enterprises. These projects include provision of good quality health care at lower cost, Investments in appropriate capital plant, buildings and medical equipment and strategic human resourcing which must translate into improved patient outcomes, better patient experience and increased throughput; in other words, a good return on the investment of public funds. Activity-based budgeting and resource allocation will be explored to incentivise facilities' management to collect good quality data that allows better performance management and improve controls.

In keeping with the fourth industrial revolution, ICT will be used to improve healthcare service delivery effectiveness and efficiency. The innovative EC developed Hospital Management System (HMS) and HPRS will be rolled out to key hospitals within the next five years. Better patient record management will have multiple benefits -better continuity of care of our patients within and between EC facilities, as clinicians will have rapid access to patient clinical data, results of investigations done and treatment plans; and also decrease waiting times for patient folders in admission areas and for medication from the pharmacies.

Table 6A & 6B below outlines the hospital efficiencies for different levels of hospital care, EC has a high OPD new client not referred rate across different levels of hospital care and that indicates that clients are by-passing PHC facilities and the effect of PHC re-engineering on OPD utilisation is not yet realised. A high OPD new client not referred rate value could indicate overburdened PHC facilities or a sub-optimal referral system. In light of the National Health Insurance Policy, a PHC level is the first point of contact with the health system and therefore key to ensure health system sustainability. If PHC works well and the referral system is seamless, it will result in fewer visits to specialists in referral hospitals and emergency rooms. High average length of stay high in regional,

tertiary and central hospitals, coupled with low bed utilisation rates are a concern. There is an urgent need to rationalise the number of beds in districts.

The average length of stay (ALOS) in the central hospital has decreased from 9.5 to 7.7 days although this is still high. This high ALOS is attributed to the longer stay of spinal orthopaedics and neurosurgical clients. Establishment of a rehabilitation centre in the Eastern part of the Province may alleviate the challenge. The central hospital has the highest caesarean section rate at 79.3%. The EC is undertaking a project to strengthen the surrounding district hospitals to offer safe caesarean sections to alleviate the situation.

Table 6A: Hospital efficiencies

ec Eastern Cape Province	OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
Hospital Type	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
District Hospital	63.3	63.1	63	5	4.9	4.7	56	54.7	54.9
Regional Hospital	48	49.2	49.1	5.5	5.8	5.8	64	68.2	70.9
Provincial Tertiary Hospital	15	11.4	13.6	5.7	6	4.8	74.8	76.6	77
National Central Hospital	16.6	17	15.7	9.5	7.7	7.7	85.1	80.8	84.8

Table 6B: Hospital efficiencies

ec Eastern Cape Province	Inpatient crude death rate			Delivery by Caesarean section rate		
Hospital Type	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
District	6.4	6.3	6	22.8	23.7	24.9
Regional	6.3	6.5	6.5	39.3	40.6	41.1
Provincial Tertiary	4.5	4.9	4.2	46	44.1	46.8
National Central I	8.9	6.7	7.3	77.3	76.9	79.3

Table 7: Hospital Efficiency Indicators

Referral Hospitals		OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Regional Hospital	ec Cecilia Makiwane Hospital	37.4	35.9	35.8	5.4	6.5	6.8	54.4	62.2	61.8
	ec Dora Nginza Hospital	34.9	37.8	52.6	5.5	5.7	5.8	70.3	70.6	75.5
	ec Frontier Hospital	53.1	60.3	56.4	4.6	4.7	4.8	68.2	67.7	75.6
	ec Mthatha General Hospital	66.2	64.3	62.4	7.1	6.5	6.2	66.8	73.9	75.6
	ec St Elizabeth's Hospital	49.9	48.7	38.7	5.6	5.6	5.1	66.5	71.2	69.6
Provincial Tertiary Hospital	ec Frere Hospital	17.9	14.4	16.8	5.4	5.8	5.6	77.8	79.3	78.9
	ec Livingstone Hospital	1.4	0.34	0.77	7.5	7.7	4.4	80.3	83.1	84.3
	ec Port Elizabeth Provincial Hospital	9.3	0.93	0.8	3.6	3.5	3.4	49.3	50.1	47.7
National Central Hospital	ec Nelson Mandela Academic Hospital	16.6	17	15.7	9.5	7.7	7.7	85.1	80.8	84.8

Hospital Case Management Indicators

Table 8. Hospital case management indicators

		Inpatient crude death rate			Delivery by Caesarean section rate		
Referral Hospitals		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Regional Hospital	ec Cecilia Makiwane Hospital	6	6.8	7.9	43.7	49.2	49.1
	ec Dora Nginza Hospital	5.6	5.6	5.6	54.2	53	55.9
	ec Frontier Hospital	6.6	7.1	6.7	38.3	33.7	38.1
	ec Mthatha General Hospital	8.6	7.1	6.6	26.5	31.9	34.4
	ec St Elizabeth's Hospital	5.8	6.6	6.3	29.2	31.1	25.3
Provincial Tertiary Hospital	ec Frere Hospital	4.2	4.7	4.5	46	44.1	46.8
	ec Livingstone Hospital	6.9	7.2	4.7	0	0	0
	ec Port Elizabeth Provincial Hospital	1.1	1.5	1.2	0	0	0
National Central Hospital	ec Nelson Mandela Academic Hospital	8.9	6.7	7.3	77.3	76.9	79.3

HIV and AIDS & STI

Eastern Cape is currently at 91-65-75 in terms of performance against 90-90-90 across its total population. Results for each of the sub-populations vary, with adult females at 93-69-78, adult males at 89-59-70, and children at 77-54-55.

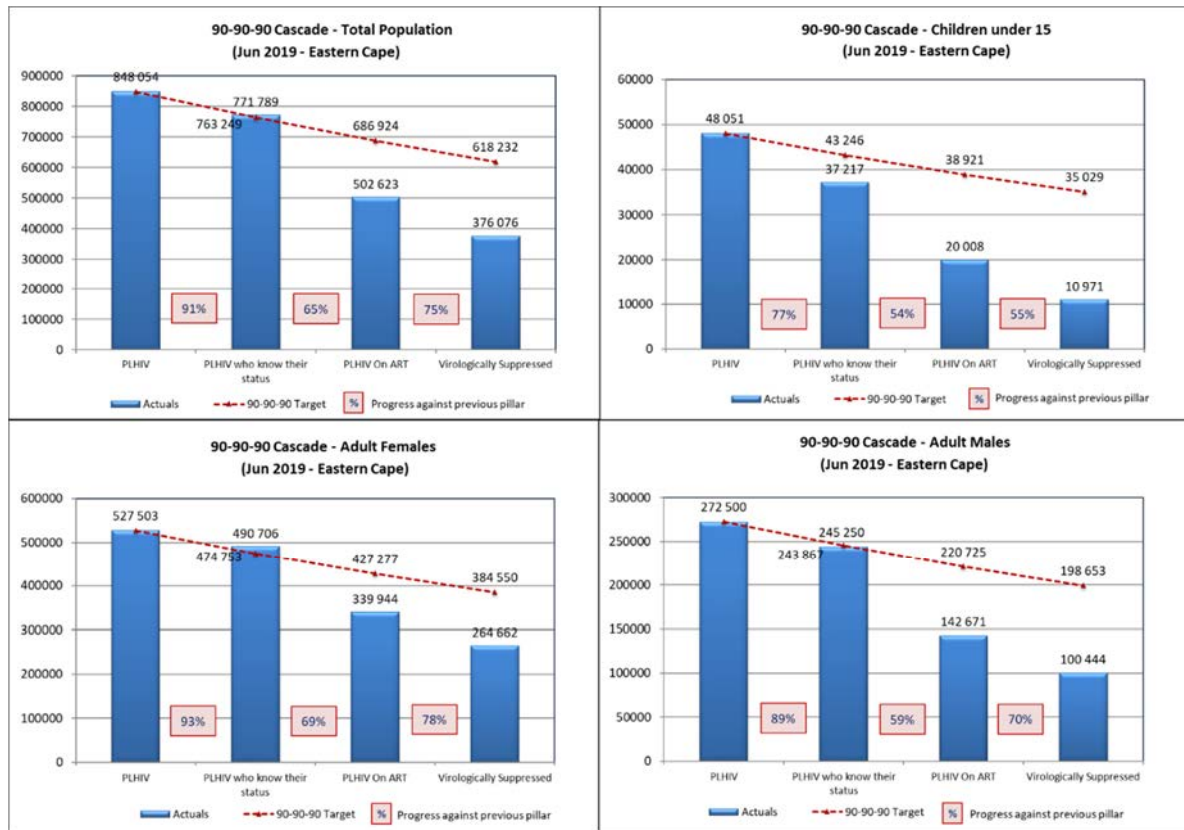
For adult males and females, focus must be placed not only on initiation onto ART, but also on ensuring that clients are retained in care. There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated. The results do show, that for women who remain on ART, suppression rates are higher.

There are gaps across the cascade for children under 15 years. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions.

To achieve 90-90-90 targets, the province must increase the number of adult men on ART by 78055, the number of adult women on ART by 87333, and the number of children on ART, by 18913, by December 2020.

Across the province, Amathole and Alfred Nzo are the closest to attaining 90-90-90 based on preliminary data collected

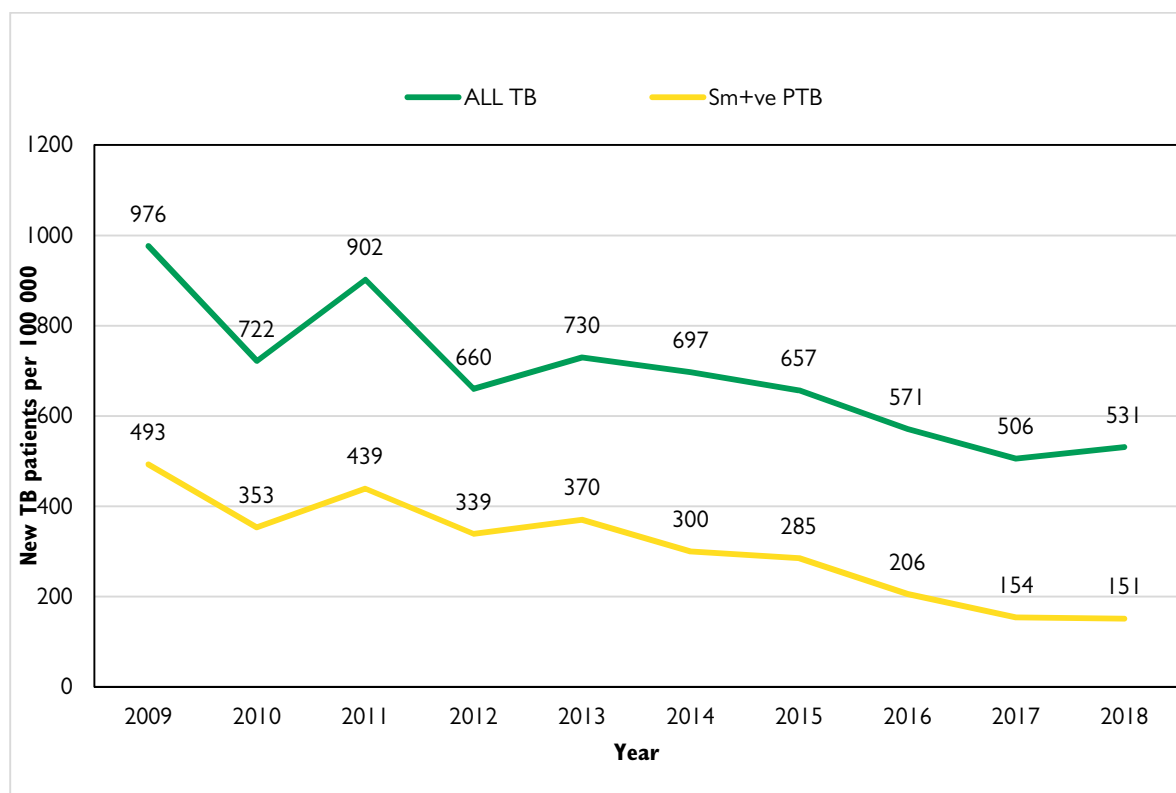
Figure 14: 909090 Cascades



Tuberculosis

The newly diagnosed TB patients have been gradually decreasing in the Eastern Cape over the years (Figure 15). In 2014 there were 976 patients diagnosed with TB which decreased in 2018 to 531 in every 100 000 populations, a notable 24% decrease. All the districts showed a decline in trend of new TB patients in 2018 when compared against 2014. The distribution of pulmonary TB (PTB) by districts shows that Sarah Baartman and the Nelson Mandela Metro remain with the highest incidence (745 and 691 per 100,000 populations respectively), The lowest incidence (353 per 100,000 population) was reported at Amathole district in 2018 (figure 16).

Figure 15: New TB patients per 100 000 EC population, 2009 – 2018



Whilst this is the case, both NMM and SBD had highest TB treatment success rates. This has resulted in a significant shift in NMM from TB being the leading cause of deaths to diabetes mellitus in 2016 (STATSSA, 2017). These two are amongst the three districts that met the target of 85% for TB treatment success rate and includes Joe Gqabi district (figure 17). Whilst there is a general increase in TB treatment success rate for the EC Province from 77% in 2014 to 81.7% in 2017, two districts Amathole and BCM regressed from a good performing to a lower performing status. However, TB continues to be a leading cause of deaths in other districts and therefore the TB programme will remain a priority programme in the next five years 2020/21 to 2024/25.

Patients on treatment lost to follow up have decreased in 2018 compared to 2014 in six of the eight districts but A Nzo and SBD, the two districts that showed an increase in 2018. SBD is predominantly a farming district with patients getting lost through seasonal farming. The newly introduced National Health Insurance (NHI) Health Patient Record System (HPRS) and TB and HIV Information Systems (THIS) are meant to correct this anomaly and to track patients where they seek health services nationally.

Fig 16: Distribution of new pulmonary TB patients per 100 000 population by EC district (Source: ETR)

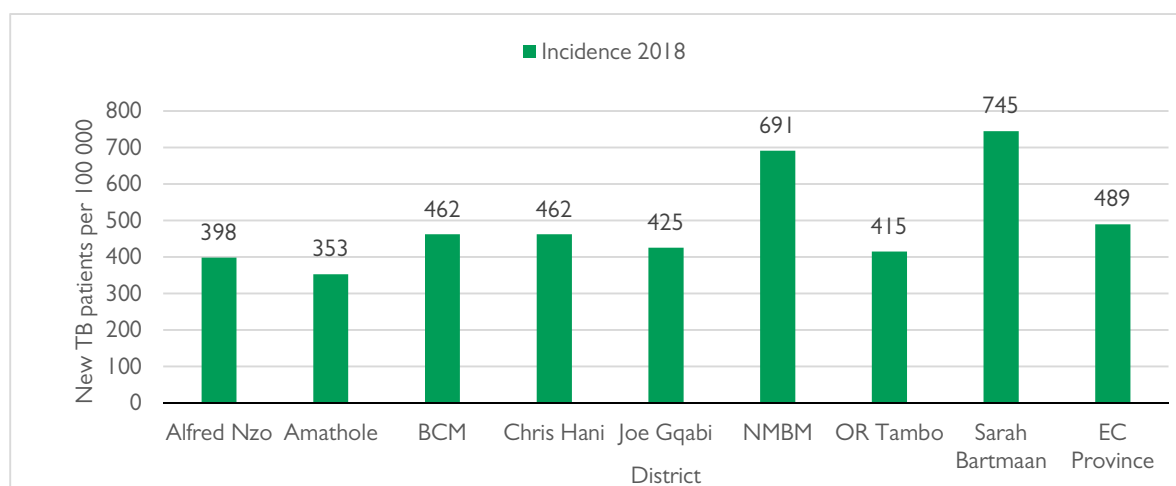
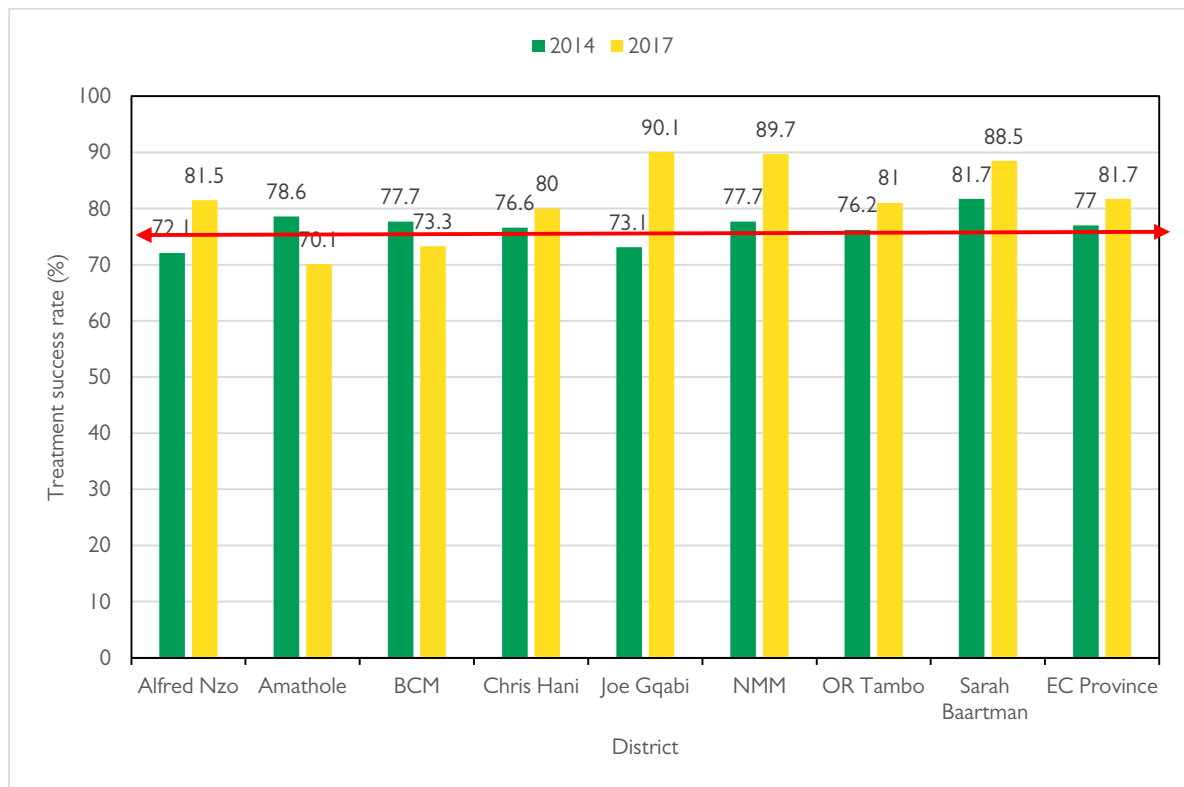
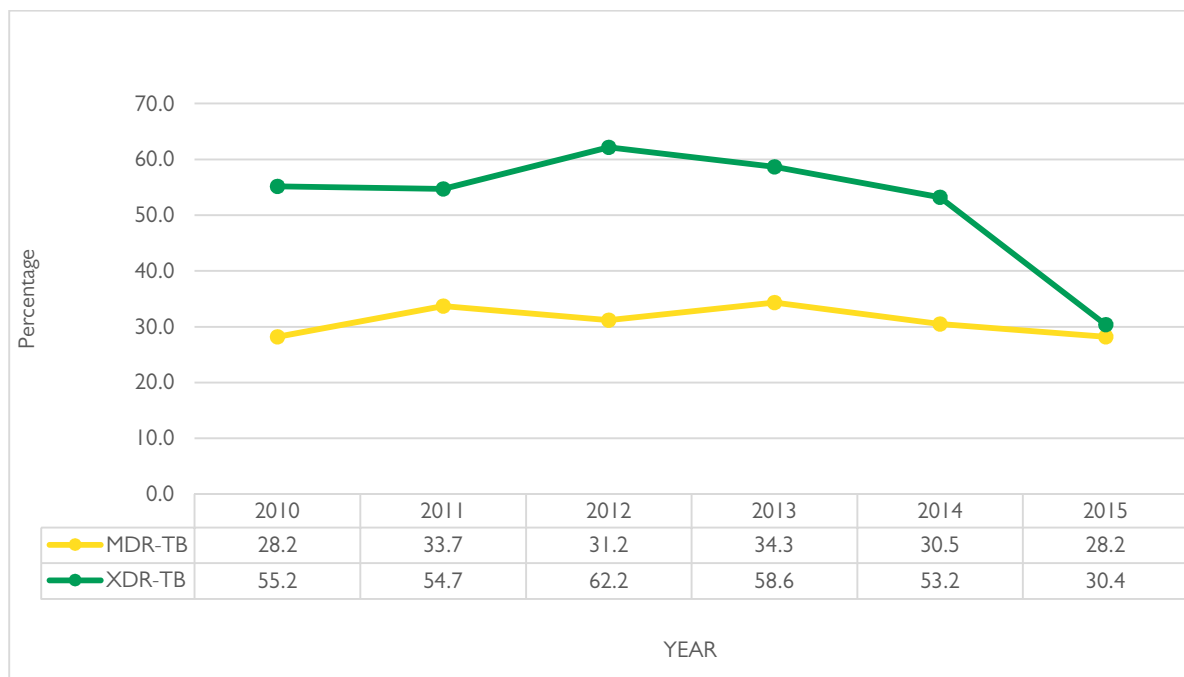


Figure 17: TB treatment success rate distributed by districts



The drug resistant TB treatment outcomes are showing encouraging trends in treatment success rate (figure 16) and a significant decrease in death rates (figure 18). This is due to new DR-TB treatment regimens that had been introduced in recent years with great success.

Fig 18 : Trends in DR-TB death rate



TB

					Country	Province		District						
					ZA	EC	BUF	DC10	DC12	DC13	DC14	DC15	DC44	NMA
					South Africa	Eastern Cape	Buffalo City MM	Sarah Baartman DM	Amathole DM	C Hani DM	Joe Gqabi DM	OR Tambo DM	A Nzo DM	N Mandela Bay MM
TB DS death rate (%)	Impact	DE Ind	2017		6.5	6.2	5.2	6.3	7	6.3	8	3.2	10.4	6.4
DS TB patients who died (No)		DE Ind	2017		16 133	2 674	275	306	289	314	156	238	397	699
All DS TB patients in cohort (No)		DE Ind	2018		225 553	40 401	4 755	4 748	3 616	4 267	1 777	6 609	3 771	10 858
TB DS client lost to follow up rate (%)	Outcome	DE Ind	2017		8	7.8	5.9	16.7	5.7	7	6.5	3.4	5.4	10.1
DS TB patients who were lost to follow up (No)		DE Ind	2017		19 761	3 386	311	812	235	350	126	249	204	1 099
TB DS treatment success rate (%)	Outcome	DE Ind	2017		76.3	77.1	80.9	64.4	76.8	79.3	75.2	80	78.1	78.2
DS TB patients who completed treatment or were cured..		DE Ind	2017		188 352	33 351	4 285	3 138	3 170	3 968	1 461	5 873	2 975	8 481
TB MDR client death rate (%)	long regimen Impact	DE Ind	2016		20.8	26	27.2	26.4	13.1	21.2	35.4	17.5	25.8	25.9
	short regimen.. Impact	DE Ind	2017		17.3	21.3	22	22	18	26.7	21.7	22.4	24.8	17.9
TB MDR client loss to follow up rate (%)	long regimen Outcome	DE Ind	2016		19.6	16.8	16.5	16.9	14.8	25	10.4	15.9	15.7	18
	short regimen.. Outcome	DE Ind	2017		14.6	11.1	11.3	12.6	8	11.9	0	7.8	10.4	13.5
TB MDR treatment success rate (%)	long regimen Outcome	DE Ind	2016		53.9	50.5	49	53.4	57.4	26.9	37.5	54	58.5	52.3
	short regimen.. Outcome	DE Ind	2017		49.6	48.5	46.1	61.6	50	42.6	50	42.2	55.2	49
TB XDR client death rate (%)	long regimen Impact	DE Ind	2016		21.3	27	24.7	0				33.3		28.6
	short regimen.. Impact	DE Ind	2017		20.7	27.9	31.8			100	0	0		25.2
TB XDR client loss to follow up rate (%)	long regimen Outcome	DE Ind	2016		11.3	4.4	4.1	0				0		4.8
	short regimen.. Outcome	DE Ind	2017		7.7	4.1	4.7			0	0	0		3.8
TB XDR treatment success rate (%)	long regimen Outcome	DE Ind	2016		58.1	58.9	61.9	0				0		58.5
	short regimen.. Outcome	DE Ind	2017		31.3	30.3	36.4			0	0	50		25.2
TB symptom 5 years and older screened in facility rate (..	Process..	DE Ind	2018/19		83.7	79.1	70.9	69.4	91.4	80.8	86.9	82.5	67.9	76.5
Screen for TB symptoms 5 years and older (No)		DE Ind	2018/19		82 929 115	11 122 458	1 207 796	778 438	2 161 601	1 526 299	589 988	2 202 379	959 679	1 696 278
PHC headcount 5 years and older (No)		DE Ind	2018/19		99 082 287	14 060 982	1 703 415	1 121 682	2 364 875	1 888 362	679 315	2 671 030	1 414 031	2 218 272
TB symptom child under 5 years screened in facility rate ..	Process..	DE Ind	2018/19		81.7	74.7	62.6	69.9	86.2	76.3	86.3	78.5	59.4	77.5
Screen for TB symptoms under 5 years (No)		DE Ind	2018/19		16 547 063	1 900 344	161 450	128 604	332 875	241 096	105 239	443 858	214 410	272 812
PHC headcount under 5 years (No)		DE Ind	2018/19		20 264 739	2 544 587	257 868	183 999	386 078	316 111	121 965	565 549	360 795	352 222
TB/HIV co-infected client on ART rate (ETR.Net) (%)	Outcome	DE Ind	2017		89.1	96.8	97.2	93.7	97.9	97.8	96.6	99.2	95.6	96
HIV-positive TB cases who are on ART (No)		DE Ind	2018		108 481	18 334	2 465	1 920	1 429	1 966	840	2 855	1 846	5 013
HIV-positive TB cases (No)		DE Ind	2018		125 222	19 490	2 672	2 015	1 487	2 042	962	3 059	1 921	5 332

- Other
- Best 10 DM
- Worst 10 DM

CORONA VIRUS DISEASE 19

The first confirmed Corona virus case was announced on the 5th March 2020, by the National minister of Health in the country. The Eastern Cape Province received its first confirmed case on the 21 March 2020 from one of the rural districts of the Province. In order to deal with the threat, the Eastern Cape Department of Health set up the following systems: Firstly, activated the Provincial and District Outbreak Response Teams which are multidisciplinary and multi-sectoral in nature. Secondly, the Province together with the department developed and implemented strategies which seek to combat the covid-19 pandemic and minimise its effects to public health and the economy of the Province. All these strategies seek to early detect, isolate or quarantine, investigate, manage cases and trace the contacts.

To strengthen the Provincial response to Covid 19, a Project Management Unit (PMU) and Incident Management Team (IMT) were established. The Incident management team operated through the following work-streams:

- Community Health
- Health systems
- Human resource and leadership
- Psychosocial support
- Business Continuity
- Surveillance, strategic information, Monitoring, and evaluation

SARS-Cov-2 CASES & DEATHS

As of 30 October 2020, the cumulative number of SARS-Cov-cases and deaths were **96, 093** and **3, 646** respectively. Sixty-one percent (61,1%) of the cases were females and 38,8% were males. The case fatality rate was 3,8%, i.e. 4,4% among males and 3,4% among females. The number of deaths and case fatality rate is the second highest in the country.

Table 9: Sars-Cov-2 Cases & Deaths

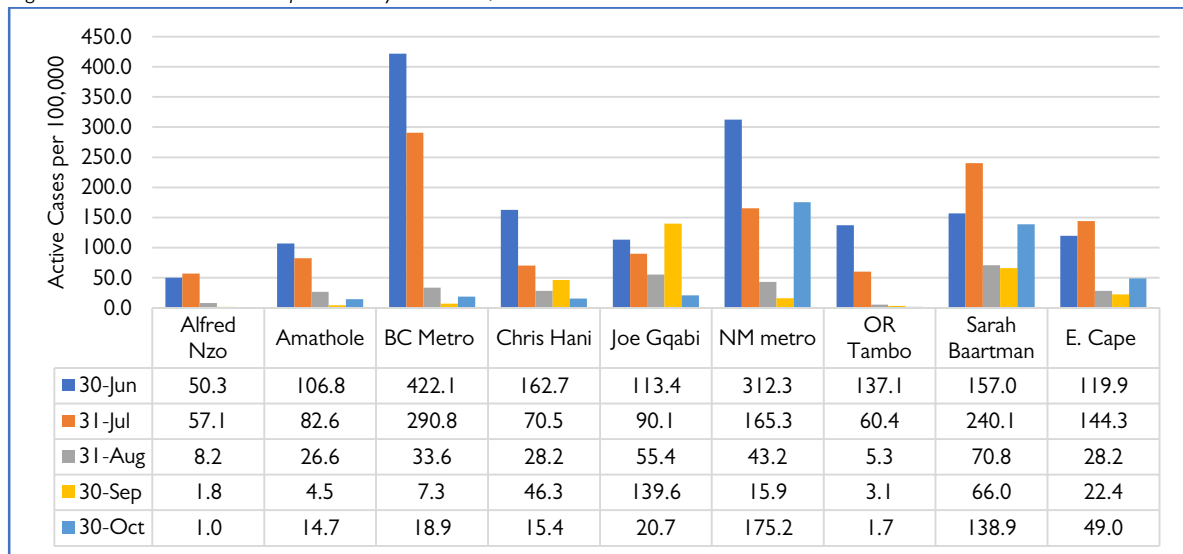
District	Cases	New Cases	Total Confirmed	Recoveries	Total Deaths	CFR%	Recovery Rate	Active Cases
Alfred Nzo	3422	2	3424	3357	59	1,7	98,0	8
Amathole	9330	26	9356	8950	289	3,1	95,7	117
BC Metro	21342	43	21385	20303	931	4,4	94,9	151
Chris Hani	9775	19	9794	9240	441	4,5	94,3	113
Joe Gqabi	4081	7	4088	3912	105	2,6	95,7	71
NM Metro	25486	313	25800	22527	1152	4,5	87,3	2121
OR Tambo	13062	2	13064	12650	388	3,0	96,8	26
S Baartman	8268	113	8381	7437	277	3,3	88,7	667
Imported	359	0	359	357	2	0,6	99,4	0
Unspecified	434	8	442	425	2	0,5	96,2	15
Eastern Cape	95559	533	96093	89158	3646	3,8	92,8	3289

Source: EC epi report

The number of newly diagnosed cases were 533, and 58.7% of these cases were from Nelson Mandela Metro. Twenty-one (21) newly reported deaths were from the two metros and Sarah Baartman district. The recovery rate was 92,8% and the case fatality rate remains at 3,8%. The total number of active cases were 3,289 and the majority of them being in the Nelson Mandela Metro followed by Sarah Baartman, Buffalo City Metro, Amathole and Chris Hani.

ACTIVE SARS-COV-2 CASES PER 100,000

Fig: 19 Active SARS-Cov-2 cases per 100k by the district, as on 30 Oct. 2020



The Department is embarking on the following strategies and efforts to curb the spread of Covid 19 which among other things include:

- Strengthening risk communication, community engagement and health promotion to fight against SARS-Cov-2 coupled with increase in the visibility of health messages using mass communication, radio, TV, print media, and social media.
- Implementation of track and trace solution for contact tracing, monitoring, recording, and reporting. Regular monitoring, recording and reporting of contacts is prioritized at all levels.
- Protecting healthcare workers who are at risk of developing severe disease from SARS-Cov-2. Instead of the elderly healthcare workers, strategically position healthcare workers who are younger and healthy as frontline workers to deal with the pandemic and increase the knowledgeability index of healthcare workers and managers at the facility levels. This may include increasing the knowledge and confidence of healthcare workers about the disease, the Infection Prevention and Control (IPC) measures, the role of Occupational Health and safety (OHS), the use of the guidelines at the facility levels, and promotion of the use of PPE as part of the IPC package.
- Provision of isolation and quarantine services to positive cases and their contacts to minimize further transmission.
- Strengthen inpatient management of Covid 19, ensuring availability of oxygen in hospitals as a golden treatment standard

Maternal and Women's health

Maternal mortality ratio (MMR) in health facilities is showing a steady declining trend (figure 19). A decrease from 156/100 000 live births in 2014/15 to 107/100 000 in 2018 was observed. (Figure 20). BCM and OR Tambo districts recorded MMR that were higher than 100/100 000 target i.e. 158 and 123 per 100 000 live births; this is because these districts have Regional, Tertiary and Central hospitals that are referral to the district hospitals. OR Tambo with the highly specialized central hospital Nelson Mandela Academic remains the most challenged district with the highest MMR (Figure 20).

Fig 20 Maternal, Perinatal mortality rates

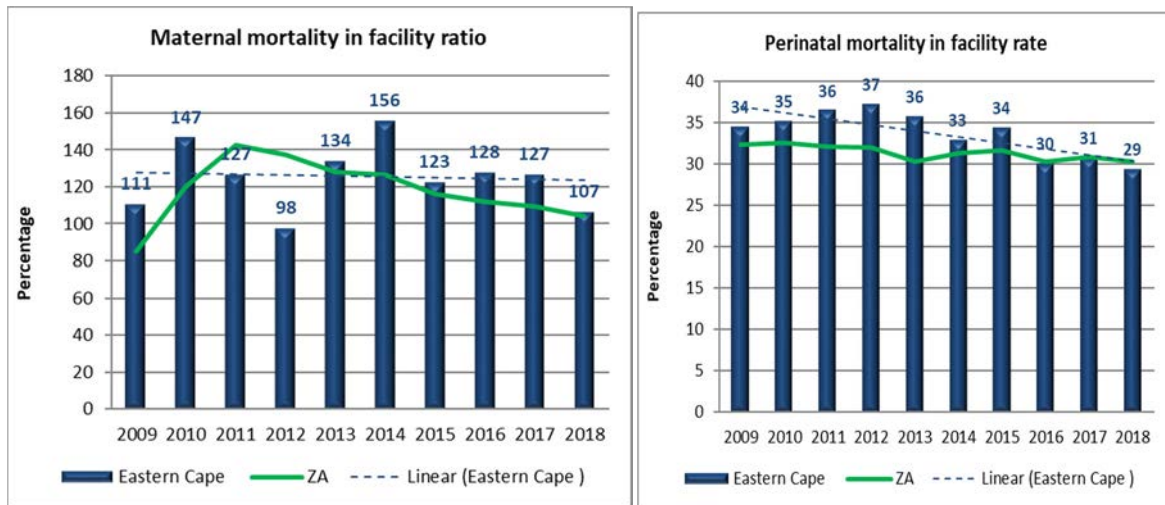
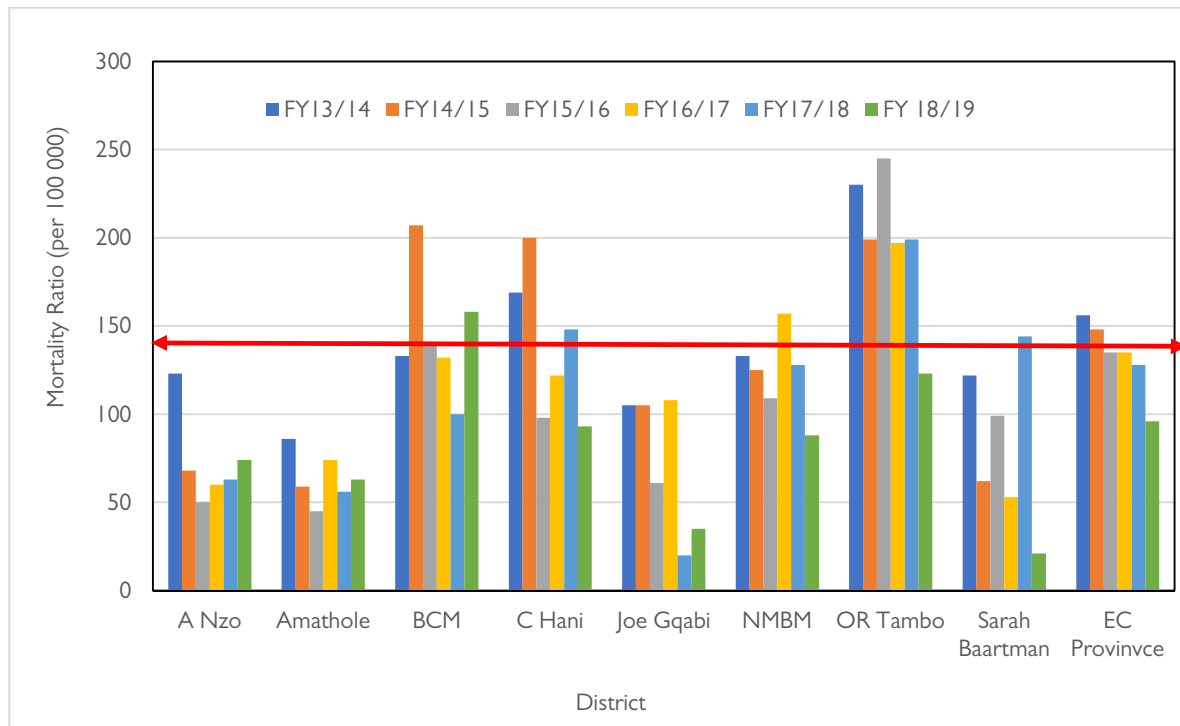


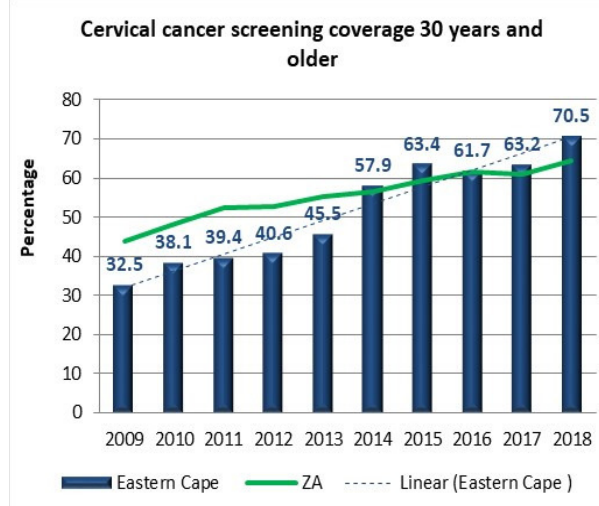
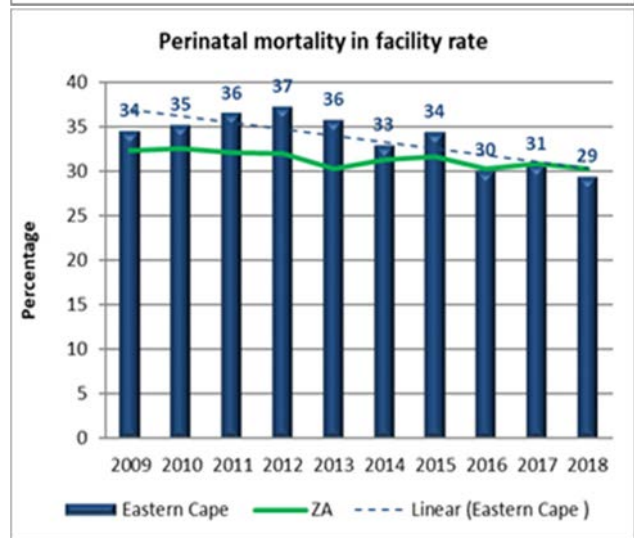
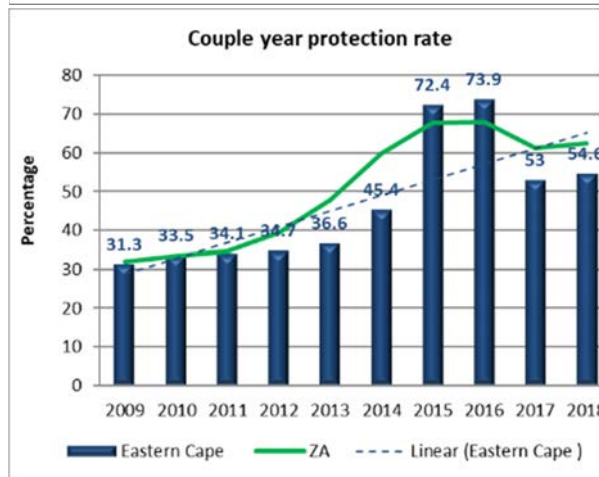
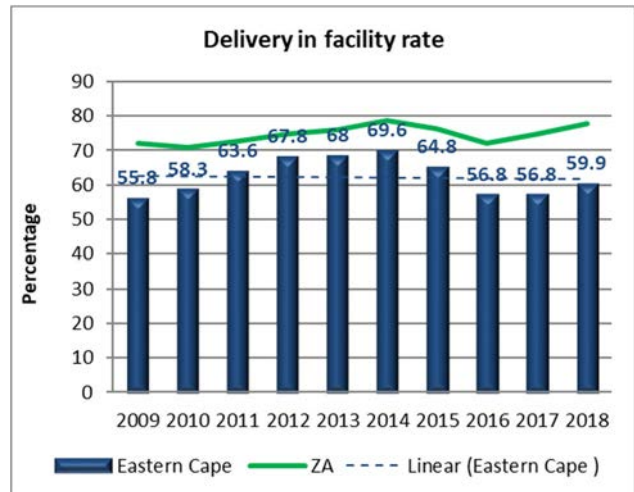
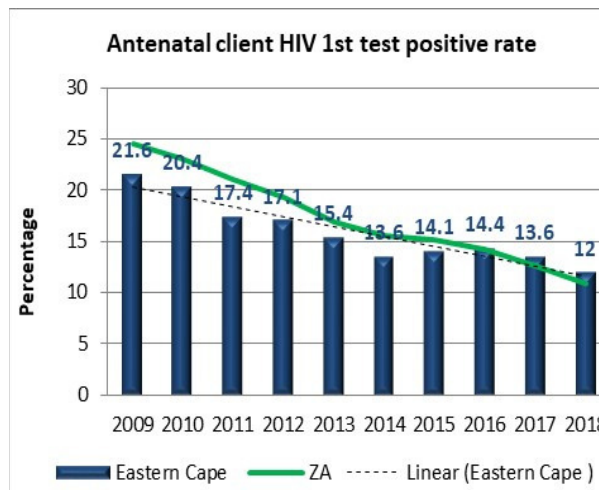
Fig 21: Maternal mortality in facility ratio/100 000 FY 2013/14 - 2018/19



Maternal and Women's Health Trends

Couple year protection rate was on the increase from 2009(31.3%) up to 2016 (73.9%) but there was a noticeable decline thereafter to 54.6% in 2018. Cervical cancer screening has shown great improvement in the past 10 years from 32.5% to 70.5 % All districts are performing well on cervical screening and this is attributed to the training that was conducted on cervical and breast cancer policy. Efforts to strengthen prevention and early detection of these cancers are underway. These include vaccinating school going young girls with HPV vaccine and campaigns on breast self-examination. The department is currently developing a provincial cancer strategy to outline interventions for cancer prevention and management. The delivery in facility rate in EC indicating low fertility rates in the province.

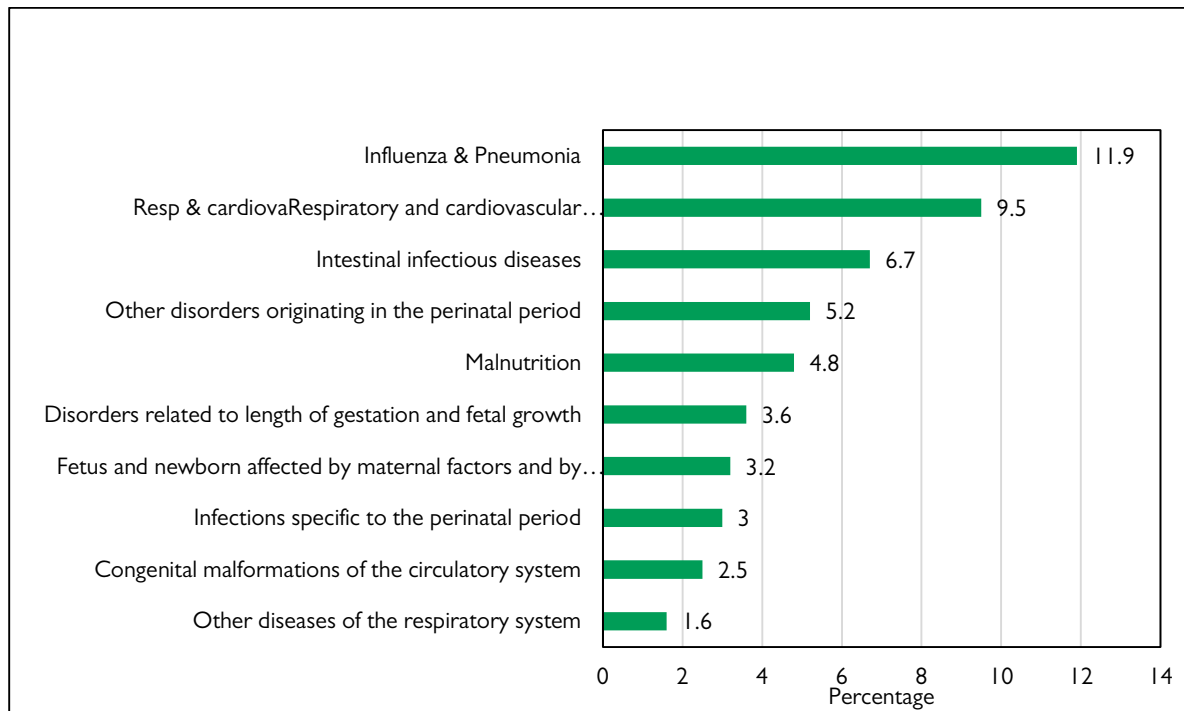
Fig 22: Maternal and Women's Health Trends



Child Health

The 10 leading causes of infant deaths in the EC Province are shown in figure 23. Influenza & pneumonia and Respiratory & Cardiovascular conditions ranked 1st and 2nd causes of death respectively in this population group. Infant mortality rate (IMR) in facility in the EC Province decreased from 21 per 1000 in 2014/15 to 17 per 1000 live births by December 2018. The 2019/20 target for inpatient deaths of children aged 0-7 days (early neonates) of 10 per 1000 live births was achieved at end of December 2018 from 13/1000 live births in 2014/15. Inpatient deaths of infants aged 0-28 days (neonates) decreased by 33% from 18/1000 in 2014/15 to 12 per 1000 live births by end December 2018.

Figure 23: Ten leading causes of infant deaths in the EC Province, 2016 (N=1741)



Neonatal deaths in facility rate which contributes to infant mortality, showed a declining trend from 18 in 2014 to 12 per 1000 live births in December 2018 (figure 23). Similarly, U5 case fatality rate at facility due to diarrhoea, pneumonia and severe acute malnutrition has been showing a declining trend (figure 24).

Fig 24 : Neonatal deaths in facility rate (per 1000 live births), 2013 - 2018

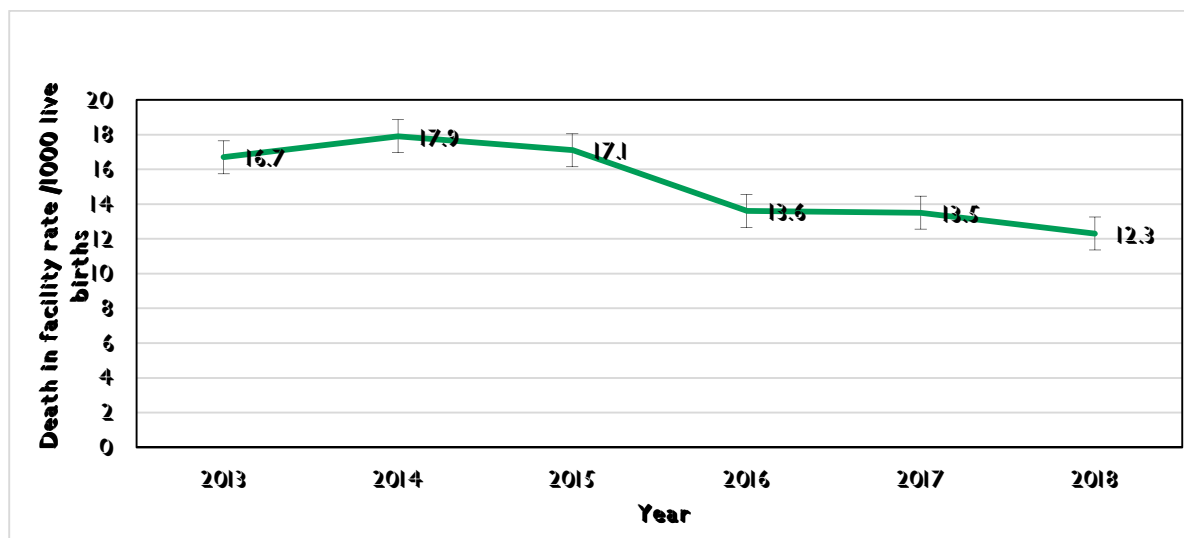
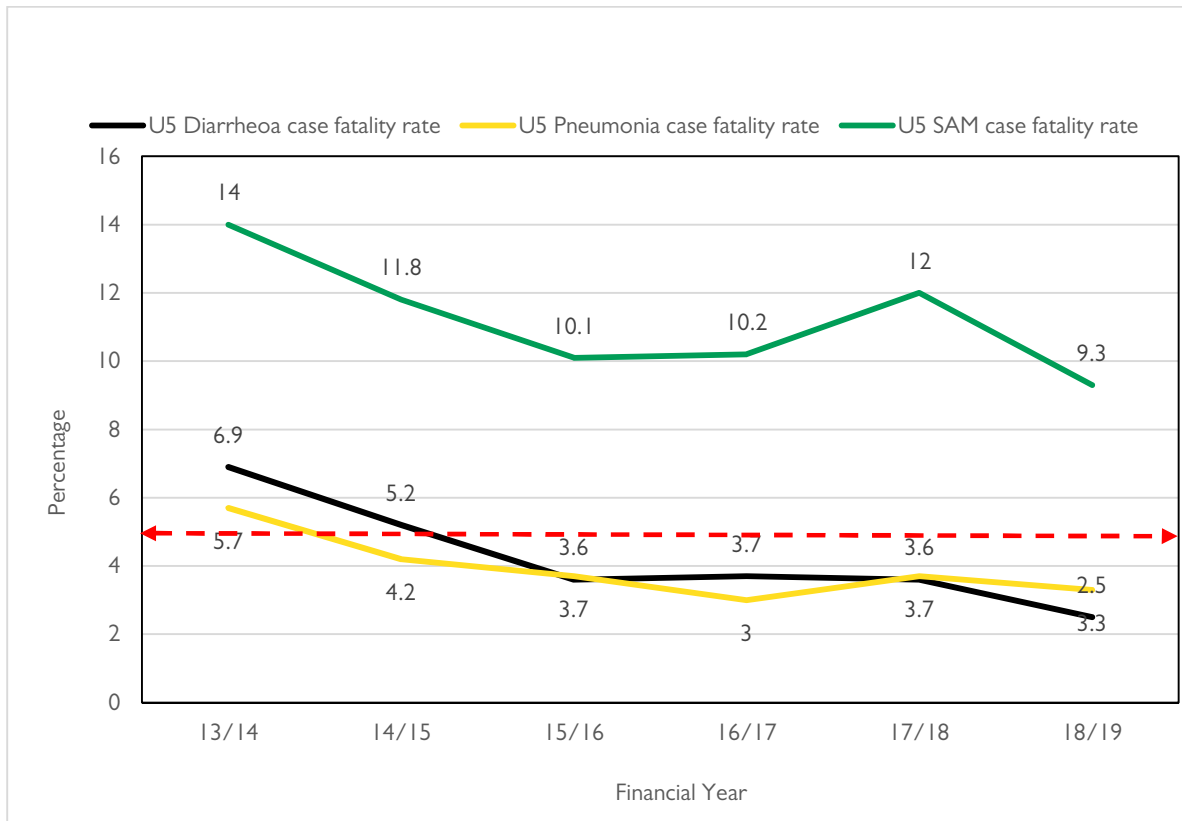


Figure 25 : Case fatality rate in U5 year children distributed by cause of death



The provincial immunisation coverage has consistently remained between 62- 75 % in the last ten years. This is below the level of desired immunity. Province experienced an outbreak of pertussis in the 2019/20 financial year, Child mortality under 1 year shows a declining trend, there is still a need to deal with lower respiratory and diarrhoeal diseases which are shown to be leading causes of infant mortality 20.6% and 20% respectively.

Fig. 26: Child health indicators

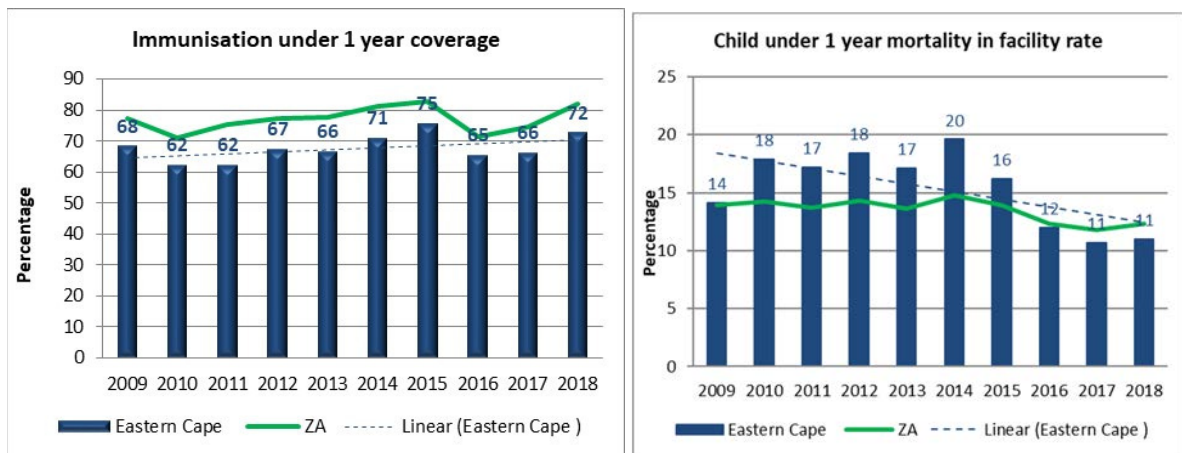


Table 10: Child Health

Child Health

		Country	Province		District								
		ZA	EC	BUF	DC10	DC12	DC13	DC14	DC15	DC44	NMA		
		South Africa	Eastern Cape	Buffalo City MM	Sarah Baartman DM	Amathole DM	C Hani DM	Joe Gqabi DM	OR Tambo DM	A Nzo DM	N Mandela Bay MM		
Death in facility under 1 year rate (%)	Impact	2018/19	7.5	6.7	6.5	4.2	6	4.1	9.4	10.2	8.5	4.2	
Death in facility under 1 year (No)	DE Ind	2018/19	14 841	1 860	292	54	92	140	79	750	178	275	
Death in facility under 5 years rate (%)	Impact	2018/19	4.8	5.1	5.4	2.4	3	3.2	5.9	8.3	6	3.3	
Death in facility under 5 years (No)	DE Ind	2018/19	16 844	2 154	325	60	106	171	91	882	219	300	
Diarrhoea case fatality under 5 years rate (%)	Impact	2018/19	1.9	3	2.2	0	2	1.8	1.9	5.9	4.5	1.1	
Diarrhoea death under 5 years (No)	DE Ind	2018/19	679	127	8	0	12	12	6	62	24	3	
Diarrhoea separation under 5 years (No)	DE Ind	2018/19	36 009	4 196	369	369	612	674	311	1 049	536	276	
Early neonatal death in facility rate (per1K)	Impact	2018/19	9.8	10.3	14.7	7.6	6.3	7	9	13.2	8.8	8.9	
Death in facility 0-7 days (No)	DE Ind	2018/19	9 431	1 080	188	45	55	81	43	394	107	167	
Live birth in facility (No)	DE Ind	2018/19	959 720	104 655	12 780	5 909	8 684	11 584	4 758	29 923	12 209	18 808	
Neonatal death in facility rate (per1K)	Impact	2018/19	12.1	12.5	17.4	8	7.4	7.8	10.5	16.9	9.9	11.1	
Death in facility 8-28 days (No)	DE Ind	2018/19	2 212	231	35	2	9	9	7	113	14	42	
Pneumonia case fatality under 5 years rate (%)	Impact	2018/19	1.9	3.2	1.8	0.5	2.7	2.4	3.2	5	4.2	2.4	
Pneumonia death under 5 years (No)	DE Ind	2018/19	962	147	10	2	10	11	6	75	15	18	
Pneumonia separation under 5 years (No)	DE Ind	2018/19	50 212	4 564	550	394	373	452	185	1 488	357	765	
Severe acute malnutrition case fatality under 5 years rate ..	Impact	2018/19	7.1	8.9	17.2	4.5	5.3	5.7	6.8	13.1	11.1	0.62	
Severe acute malnutrition death under 5 years (No)	DE Ind	2018/19	806	131	21	4	5	15	8	56	21	1	
Severe acute malnutrition inpatient under 5 years (No)	DE Ind	2018/19	11 280	1 464	122	88	94	263	117	429	190	161	
Infant PCR test positive around 10 weeks rate (%)	Outcome	2018/19	0.74	1	0.5	1.1	0.71	1	1	1.7	0.62	0.76	
Infant PCR test positive around 10 weeks (No)	DE Ind	2018/19	1 371	218	12	13	19	27	10	97	19	21	
Infant PCR test around 10 weeks (No)	DE Ind	2018/19	185 318	21 343	2 394	1 139	2 694	2 573	974	5 764	3 044	2 761	
Immunisation under 1 year coverage (%)	Output	2018/19	81.9	71.9	71.3	58.6	68.6	78.1	64	85.3	70.9	61.1	
Immunised fully under 1 year new (No)	DE Ind	2018/19	944 650	117 114	12 158	6 105	15 603	14 924	5 263	31 418	15 821	15 822	
Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose..	Output	2018/19	49.5	50	30.4	56.2	56	56.6	38.6	45	56.9	58.3	
Infant exclusively breastfed at DTaP-IPV-Hib-HBV (Hexaval..	Output	2018/19	477 084	55 911	3 522	2 750	7 049	6 757	2 022	14 000	9 264	9 629	
DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose (No)	DE Ind	2018/19	966 387	111 861	11 605	6 684	14 207	11 936	5 236	31 127	16 267	14 799	
Measles 2nd dose coverage (%)	Output	2018/19	76.5	65.1	64.9	58.8	62.6	67.6	59.4	71.7	68.9	58	
Measles 2nd dose (No)	DE Ind	2018/19	890 235	107 475	11 286	6 201	14 530	12 698	4 951	27 313	15 484	15 012	
School Grade 1 screening coverage (%)	Output	2018/19	17.7	17.7	27.9	16.5	36.9	46.7	39.6	59.2	36.4	21.6	
School Grade 1 - learners screened (No)	DE Ind	2018/19	381 110	32 505	1 857	2 498	4 570	4 191	5 395	8 305	3 090	2 599	
School Grade 1 - learners total (No)	DE Ind	2018/19	1 166 792	183 433	20 604	10 746	28 545	23 501	9 256	43 263	24 034	23 484	
School Grade 8 screening coverage (%)	Output	2018/19	13.1	76.3	17.8	5	27.7	29.1	27.4	44.3	25	9.3	
School Grade 8 - learners screened (No)	DE Ind	2018/19	196 461	17 236	19	803	3 410	1 108	3 266	4 880	1 284	2 466	
School Grade 8 - learners Total (No)	DE Ind	2018/19	889 304	131 545	15 838	6 869	19 451	15 522	6 770	31 231	18 705	17 159	
Vitamin A dose 12-59 months coverage (%)	Output	2018/19	56.6	55.4	54.8	45.6	63.6	61.5	49.6	51.6	60.5	49.9	
HIV test around 18 months (No)	DE Ind	2018/19	238 392	23 055	2 811	674	4 466	1 823	896	4 096	3 758	4 531	
Live birth to HIV positive woman (No)	DE Ind	2018/19	267 329	32 149	4 296	1 525	3 190	3 904	1 513	9 588	3 913	4 220	

Performance
■ Other
■ Best 10 DM
■ Worst 10 DM

Source: DHB 2018

According to SADHS 2016, 27% of children under 5 years of age are stunted in South Africa while Eastern Cape is reporting 25% stunting. Stunting is an indication of the chronic malnutrition. Acute malnutrition measured through the wasting is at 3% (SA) with Eastern Cape showing 1.5%. South Africa is a country in transition, overweight in children is also shown to be increasing with 20% children in EC being overweight. It is also reported that 61% of children in the country are anaemic.

Non communicable disease

The global trend of escalating non-communicable diseases is evident in our country and our province. Diseases of life-style such as obesity, hypertension and diabetes result, inevitably, in costly hospital admissions for complications such as stroke, renal failure, heart disease and blindness.

According to SADHS 2016, 13% of women and 8% of men 15 years and older are diabetic in South Africa, while hypertension prevalence was shown to be 46% and 44% for women respectively.

Mental Health

The Department identified systemic weaknesses in the leadership and governance of mental health services in the province. The infrastructure for the psychiatric facilities has degenerated over the time and this is coupled with a bed shortage of 1600 in the Province, mostly the beds are concentrated in the western area of the Province and also due to re-demarcation, 320 beds of Mzimkhulu hospital moved to Kwa Zulu Natal. The burden of disease has shown a radical increase in substance abuse in the Province

and the country, thus increasing a need for social service and rehabilitation. There is a critical need of facilities offering rehabilitation services to augment the 91 beds available from public and civil sector.

As part of strengthening the service, the National Department of Health appointed an administrator for the mental health services to support the EC. The service platform will be strengthened through implementation of community based psychiatric services within Primary Health care; strengthening of the 72-hour observation in district hospitals as well as focusing on the acute and chronic in-patient management. There is a plan to increase acute beds in the Eastern Part of the Province targeting St Barnabas, Madzikane Ka Zulu, Holy Cross, St Patricks and Zitulele hospitals.

During the next 5 years, the department will focus on strengthening the prevention of mental disorders, substance, drug and alcohol abuse and provision of sufficient resources for mental health. Community-based approach to rendering mental healthcare will be promoted, seeking to strengthen access to appropriate services at the appropriate level of care. Addressing the inequities of mental healthcare will be a focus area, to ensure our most disadvantaged communities have access to 72-hour acute psychiatric care at designated facilities, as well as services that speak to the burden of mental disease. Mental health teams will be established. Mental illness associated with substance abuse is a public health concern, and partnerships will be explored to render the relevant services to prevent and treat substance abuse effectively.

Cancer

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

Table 11: Top Most cancers in men in EC.

Type of cancers in men	No of cancers 1998-2002	Total %	No of cancers 2003-2007	Total %	No of cancers 2008-2012	Total %	No of cancers 2013-2017	Total %
Oesophagus	496	42.2	475	42.7	368	30.5	333	24.5
Prostate	81	6.9	105	9.4	178	14.8	321	23.6
Kaposi Sarcoma	25	1.3	42	3.8	84	7.0	133	9.8
Oral cavity	67	6.7	79	7.2	97	7.8	86	6.2
Lung	92	7.9	68	6.1	63	5.2	70	5.1
Liver	68	5.8	38	3.4	62	5.1	47	3.5
Larynx	42	3.6	49	4.4	47	3.9	43	3.2
Colo-rectum	21	1.8	25	2.3	36	3.0	37	2.7
Non-Hodgkin Lymphoma	5	0.5	11	1.0	23	1.9	23	1.7
Total Top Ten Cancers	897	88.0	892	80.2	958	79.4	1093	79.4
Other cancers in men								
Bladder	9	0.9	12	1.1	9	0.7	14	1.0
Stomach	23	2.0	13	1.2	20	1.7	13	1.0
Melanomas	10	1.0	11	1.0	6	0.5	9	0.7

Source: MRC 2018

Table 12: Most common cancers in the Eastern Cape

Type of cancers in women	No of cancers 1998-2002	Total %	No of cancers 2003-2007	Total %	No on cancers 2008-2012	Total %	No of cancers 2013-2017	Total %
Cervical Cancer	552	39 %	572	39.6	706	40.8	1153	48.6
Oesophagus	514	36.6	531	36.7	406	33.4	484	20.4
Breast Cancer	186	13.2	173	12	294	17	326	13.7
Kaposi Sarcoma	7	0.5	31	1.8	78	4.5	112	4.7
Ovary	20	1.4	21	1.4	58	3.3	78	3.3
Uterus	20	1.4	24	1.6	47	2.7	60	2.5
Colo-rectum	17	1.2	26	1.8	43	2.4	49	2.1
Liver	61	4.3	28	1.9	41	2.3	35	1.5
Non-Hodgkin Lymphoma	6	0.4	17	1.1	27	1.5	30	1.3
Lung	20	1.4	20	1.4	28	1.6	44	1.8
TOTAL TOP 10 CANCERS	1403	100	1443	100	1728	100	2371	100

Source: MRC 2016

The most common cancer in women in South Africa is breast cancer, however in the Eastern Cape, Cervical cancer is leading cancer among women and there was an increase over the period from 552 cases in (1998-2002) to 1153 during 2013 - 2017. Oesophageal cancer among women is still high although declining from 514 to 484 at the end of 2017, this decline is also seen among men although the Oesophageal cancer is still the leading cause of mortality among men.

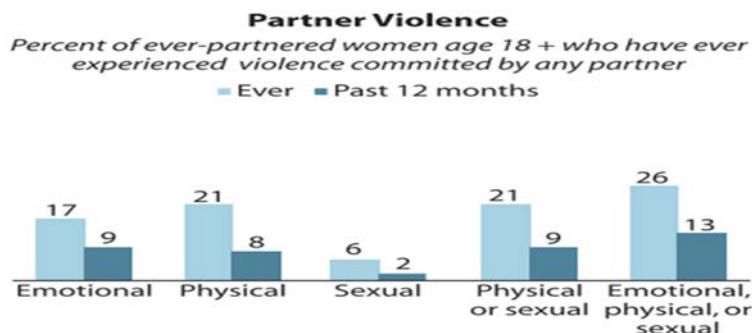
The cervical and breast cancer prevention and promotion policies were launched in August 2017. Training of 90 doctors was conducted in July 2019. EC also launched the liquid-based cytology with improved the suitability of smears leading to improved cervical cancer screening coverage from 60.3% to 72.3 %.

Nelson Mandela National Central has opened an oncology unit that services the Eastern region of the Province. Plans are still in progress to install the Linac machine. A project was launched to reduce lung cancer by introducing screening services in 5 Hospitals. The program also strengthened outreach by NMAH gynae- oncologist to establish sites for colposcopy in Eastern region. The EC has increased access to colposcopy services to treat cervical pre-cancer lesions cancer to include 16 district hospitals. This has improved access and travel distances as colposcopy was only available at Nelson Mandela National Central, Frere and 2 regional hospitals CMH and Dora Nginza. A total of five thousand eight hundred and sixty-five (5865) colposcopies were done in the province during the 2018/19 financial year.

Injury and Trauma

Domestic violence is rife in South Africa as shown in the South African Demographic Health survey 2016. 21% of South African women above the age of 18 years reported to have experienced domestic violence compared to 31 % in the Eastern Cape. The Eastern Cape Provincial Development plan outlines the safety and security crime efforts that are organised in a multi-agency approach. Some hospitals have Thuthuzela centres run by multi stakeholders to support the victims of crime. The support to victims and offenders in the correctional services are all elements of an effective crime prevention system. This also includes focused attention to rural safety programmes, drug intervention programmes and state capacity to respond to gender-based violence.

Fig 27: Partner Violence in SA



Source: SADHS 2016

Quality of Health Care

The Department is committed to the delivery of high-quality health service that meet the patient and community needs of the patients and put in place various mechanisms to improve service delivery following a customer centric approach. Amongst other things, these include a consumer feedback strategy which include management complaints, compliments and suggestion as well as scheduled patient experience of care surveys and interventions. The strategy is guided by the national paradigm Imperative of fast-tracking quality improvement in the Six Priority Areas. The main objective of the strategy seeks to guarantee the continuous effective and efficient service delivery through the embracing of Batho Pele Principles.

The National Guideline on Management Complaints, Suggestion and Compliments with accompanying web-based information system is in place to monitor implementation of framework. 448 out of 865 facilities are reporting on the web-based system. The website provides for categorisation of complaints data according to the six Core Standards and the Department performed as followed:

Table 13: Six core standards

Locality	Total	Staff Attitude	Access to Information	Physical Access	Waiting Times	Waiting List	Patient Care	Availability of Medicine	Safe and Secure Environment
Province	2091	24%	4%	3%	27%	3%	27%	3%	6%
Alfred Nzo	94	29%	6%	0%	21%	0%	22%	0%	6%
Amathole	492	18%	5%	2%	28%	0%	32%	3%	11%
BCM	336	22%	6%	3%	33%	4%	18%	4%	3%
Chris Hani	79	24%	3%	5%	34%	0%	16%	0%	8%
J- Gqabi	20	30%	10%	0%	45%	0%	25%	0%	5%
NMM	428	36%	3%	3%	27%	7%	16%	4%	4%
OR Tambo	414	16%	4%	0%	23%	4%	35%	2%	6%
S. Baartman	228	30%	4%	4%	21%	0%	40%	1%	5%

In the next five years the Department will improve performance with regards to reporting by health establishment to exceed the target of 80%. The improved performance envisaged will be done through onsite training of operational managers of health establishments. Performance will be monitored on quarterly basis and reports generated for management discussion. Facilities will be provided with Standard Operating Procedures to reduce complaints on waiting time, staff values and attitude as well as patient care.

The Eastern Cape Health has a legal obligation to conduct patient experience of care survey, on a regular basis, determine the experiences patients have with the healthcare they receive. By conducting rigorous patient experience of care surveys, any mismatch between the patient's expectation and the healthcare service they are receiving, is brought to the fore. The table below indicate how the Department performed in the 2019/20 financial year

Table 14: Patient experience of care

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

On the average the Province achieved the set satisfaction target of 80%, in the next five years' efforts will be made to improve on the gaps through implementation of quality improvement plans.

The Province will not only focus only on one annual official PEC survey per health establishment; however, all establishments will be provided with tools to allow them to conduct their own internal small scale survey to inform intermittent service delivery improvement.

The current department patient safety incident reports show that facilities are failing to report as required. In the financial year 18/19 only 32 % of facilities reported accordingly, whereas in 19/20 financial year the facility compliance on reporting was again at 34%.

Yet evidence shows that the majority of Patient Safety Incidents can be preventable by implementing ordinary standards of care. Failure to promote a culture of reporting Patient Safety Incidents is also identified as a gap. There is also lack of timely provision of a reliable and comprehensive Patient Safety Incident database.

The performance of all level of hospitals will be measured through the Ideal hospital realisation management framework which was initiated in 19/20 financial year. Out of 65 district hospitals a total of 59 has conducted their baseline ideal hospital management framework assessment, wherein they performed in the following manner:

Table 15: Ideal Hospital Services

Facility performance	Facilities score < 50 %	Facilities score 51-60 %	Facilities score 61-70%	Facilities score 71-80%	Facilities score 81-90%	Total
Number of hospitals	28	7	9	10	5	59
Overall performance per facilities	47%	12 %	15 %	17%	8%	100%

93% of hospitals in 2019/20 completed the annual returns and that has informed the planning interventions for the next five years.

6. ORGANISATIONAL ENVIRONMENT

The status of human resources in the department

At the end of the financial year 2018/19, the department employed 40 909 employees in a permanent capacity and of which more than 60% are health professionals. In terms of the employment equity profile of the department there are 109 persons with disability and 50.5 per cent of senior management positions are held by females.

The department is experiencing imbalances in workload within the health care professionals with high turnover in certain positions. The province has a challenge of attracting medical specialists, this is exacerbated by the long appointment processes. In the next five years, the human resources will need to focus on improving the productivity through development and implementation of the 2030 human resource for health strategy; transforming the bureaucracy; automating the recruitment process to address turnaround times; Improve training model of health professionals and ensure proper skills mix within the organisation

Organisational Development

The Department's organisational structure is aligned with an improved Service Delivery Model, which has its emphasis on the Primary Health Care (PHC) approach. The department effected organizational structure changes with the aim of strengthening both District Health Services and Hospital Services. The implementation of the above will enhance decentralisation of services to the district at large and will also encourage delayering of functions and thus improve on service delivery.

There is an intention to institutionalise the change management processes within the department to deal with poor organisational culture and to prepare the staff for imminent changes that will be brought by revised services delivery model and implementation of National Health insurance. Stakeholder engagement will be enhanced to deal with issues of rationalisation and effective use of resource. There is a great need to invest in an innovation unit that will be hub for trend analysis environmental scanning, continuous Organisational development and innovative ideas for change.

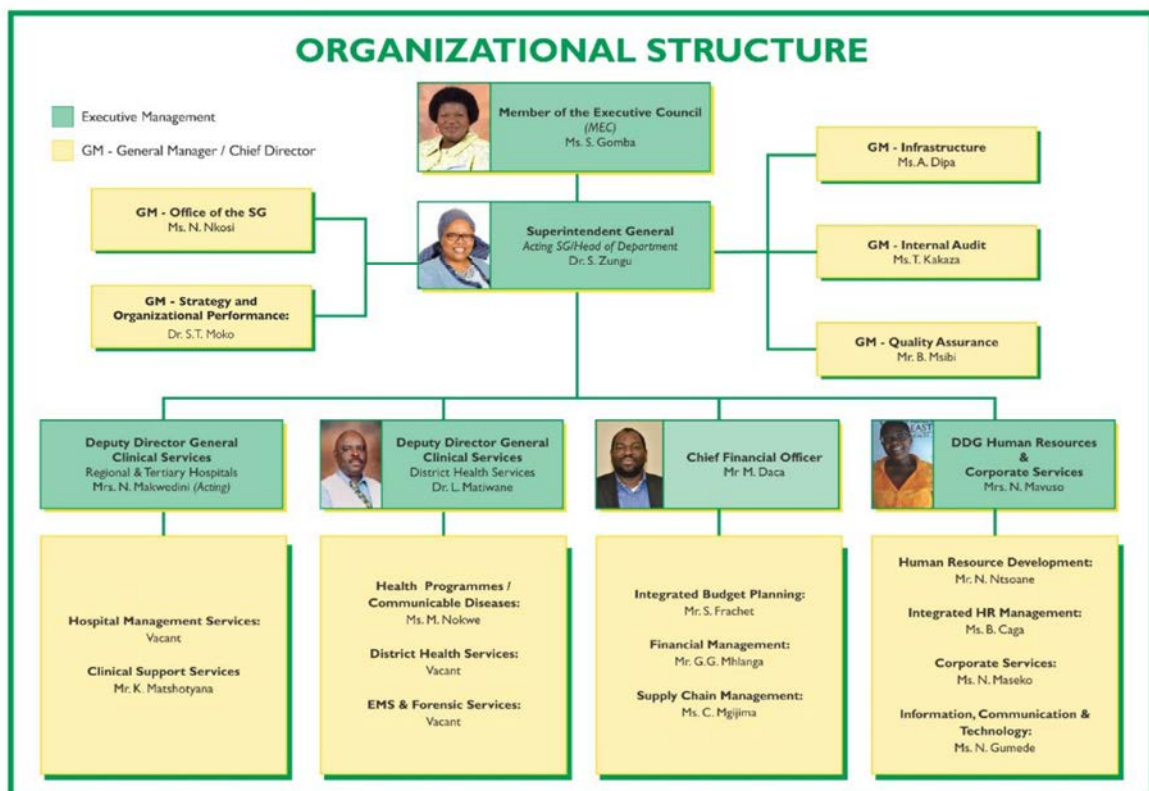
The department has seen the departure of its Deputy Director General for Hospitals and Clinical Support Services towards year end of 2019 and welcomed the Chief Financial Officer in its executive management.

Employee Wellness

The nature of work of the department is caring for the sick and vulnerable members of the community and therefore interventions of caring for the carers are key in delivery of quality health services, however the wellness program within the department is not institutionalised and the wellness unit does not have capacity to look after the 40 909 work force. There is a need to provide safe conducive working environment for all employees including the physically challenged employees. Employees for emergency medical services and forensic pathology services are prioritised for counselling and trauma debriefing services.

The department is dealing with a growing concern on the physical safety and security of staff in the health facilities as well as in the ambulances as they are attacked in the line of duty by criminals.

Fig 28: Organisational structure



ICT

The ECDoH developed an ICT strategy with the aim of creating a digitised organisation that will help standardise business processes and produce consistent information while reducing the cost of providing a world-class patient care. One of the outcomes of the digitisation process will be common platform where clinicians will be able to access patient information on any site. Eliminating duplication will also improve patient safety outcomes. As a single billing system, it will also improve revenue collection and deliver cost savings. The ICT Services strategic focus in the next five years will be:

- Providing the technological infrastructure to allow the department to render improved healthcare services for the people of the Eastern Cape
- Supporting the delivery, performance and management of departmental services
- Growing the availability of self- service to employees and patients
- Providing management with the data to inform their decision making ICT services aim is to use the power of digital technology to transform the way the ECDoH works and how we engage and support patients.

Financial Management

The 2019 mid-year population estimates have shown a net migration out of the province, this has resulted in further reductions in the departmental equitable share resource envelope over the 2020 MTEF. Despite the shrinking fiscal envelope, the department

continued to protect the non-negotiable (medicine, medical supplies, laboratory services and blood services, and others) as determined by the National Minister of Health. In order to do this, the department had to reprioritize from non-core items (catering, travel and subsistence, venues and facilities, etc.) to ensure that sufficient funding is available for the non-negotiable items.

Notwithstanding the increasing burden of diseases; increasing demand for services and the growing uninsured population that are dependent on public health services, the department is expected to adapt to these changes in the external environment with limited resources, whilst maintaining quality levels of service delivery. In order to adapt, the department has implemented stringent austerity measures and strict control over financial resources which include cost containment measures and efficiency gains on core items such as medicine and NHLS. Further efficiencies are expected to be generated by using information technologies to improve document management and process flows

Medico-legal claims against the department have remain the most significant contingent liabilities, and they have unfortunately increased over the years. The medico legal pressures are unfunded and unbudgeted for, however as they are court orders the department has no option but to pay these from the available cash flow. This invariably results in the shifting of funds from core services delivery items such as compensation of employees and medicines, to non-core being household claims against the state and consultants and professional services: legal costs. This has the impact of reducing the ability of the department to fund vacant posts, which leads to a decrease in head count whilst increasing the year end accruals for goods and services. The department has developed its medico legal strategy implementation plan (MLSIP), which is a short term, medium and introduction to the long-term action plan.

The MLISP comprises the following main intervention areas:

- Package of interventions to prevent Cerebral Palsy
- Implementation of an electronic patient records management system
- Promotion of early intervention strategies
- Designating targeted district hospitals to have the full package of services
- Strengthening capacity for medico legal defence
- Rationalization of contingent liability records
- Creation of a medico legal trust fund to prevent huge lump sum payments
- Anti-Corruption and Fraud Multi Group on Medico Legal Claims (ACFMG) and Double Dipping Prevention Task Team (DDPT)
- Reporting

The department was allocated an additional budget over the 2018 MTEF of R2,166 billion to improve maternity and reproductive health services in the 26 most highly litigated against facilities with additional investments in staffing, essential life-saving equipment and modern technology to monitor and identify high risk pregnancies and provide best support for new-born babies to prevent birth-related harm and defects. All facilities that provide Caesarean care were provided with C-PAP breathing support services.

The department is implementing its Local Economic Development Implementation Strategy (LEDIS) which aligns to the Eastern Cape Treasury issued Instruction Note No.7 of 2016/17 on Implementation of Local Development Procurement Framework which amongst others provides for the focused procurement of the following:

- Goods and services that are readily available and manufactured in the Province;
- Procuring from National Contracts;
- Goods and services sourced from suppliers outside the Province;
- Clustering of projects.
- Use of Cooperatives;
- Local Labour Contracting;
- Break-out Procurement; and
- Reducing barriers to entry for local suppliers.

Eastern Cape Department of Health has identified commodities for immediate implementation of the framework as well as identification of future interventions which will have a positive impact towards the provincial local development goals. These commodities include patient food, facility maintenance services, linen and patient clothing, furniture, soft services including security, cleaning and gardening services, medical waste management and transportation and cleaning material.

The department has obtained qualified audit opinion with findings in the past financial year. The department has developed and is implementing an integrated audit improvement strategy which specifically targets the findings identified by the Auditor General in the preceding audit. The successful implementation of this strategy will enable the department to reach its goal of an unqualified audit in 2025.

7. MTEF BUDGETS

Table 16: Summary of payments and estimates by programme

R thousand	Outcome			Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
1. Administration	706 937	589 458	694 832	714 361	671 361	661 178	720 803	721 728	746 975	9.0
2. District Health Services	10 420 604	11 342 496	12 779 800	12 862 682	13 219 822	13 593 904	13 676 205	14 721 216	15 318 473	0.6
3. Emergency Medical Services	1 067 653	1 279 087	1 273 093	1 393 057	1 393 057	1 418 492	1 431 884	1 466 845	1 519 072	0.9
4. Provincial Hospital Services	3 250 197	3 488 361	3 835 551	4 090 782	3 733 867	3 725 323	3 557 063	3 711 293	3 833 425	(4.5)
5. Central Hospital Services	2 913 621	3 471 073	3 749 152	3 626 551	4 233 036	4 505 024	4 618 025	4 764 090	5 040 641	2.5
6. Health Sciences And Training	749 372	727 692	776 535	929 809	930 010	888 939	906 026	980 620	1 010 314	1.9
7. Health Care Support Services	101 861	99 998	110 060	125 835	125 835	125 623	130 869	126 735	131 235	4.2
8. Health Facilities Management	1 295 934	1 274 514	1 253 296	1 446 555	1 459 400	1 485 516	1 349 703	1 267 373	1 334 618	(9.1)
Total payments and estimates	20 506 179	22 272 679	24 472 319	25 189 632	25 766 388	26 403 999	26 390 578	27 759 900	28 934 753	(0.1)

Table 17: Summary of provincial payments and estimates by economic classification

R thousand	Outcome			Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
Current payments	18,669,958	20,347,078	22,121,145	23,255,076	23,841,998	23,857,121	24,568,223	26,014,741	27,399,115	3.0
Compensation of employees	13,454,333	14,558,949	15,980,940	16,962,268	17,055,771	17,130,131	18,348,000	19,352,453	20,370,640	7.1
Goods and services	5,206,207	5,784,042	6,110,829	6,292,808	6,786,227	6,707,177	6,220,223	6,662,288	7,028,475	(7.3)
Interest and rent on land	9,418	4,087	29,376	-	-	19,813	-	-	-	(100.0)
Transfers and subsidies to:	558,634	689,345	1,051,664	296,705	307,643	914,539	235,546	332,805	337,902	(74.2)
Provinces and municipalities	8,451	313	3,091	-	2,853	2,853	-	-	-	(100.0)
Departmental agencies and accounts	18,877	11,013	11,856	13,733	13,733	13,733	13,058	17,998	18,844	(4.9)
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	7,278	17,566	15,000	11,300	11,640	8,495	14,336	15,010	(27.0)
Households	531,306	670,741	1,019,151	267,972	279,757	886,313	213,993	300,471	304,048	(75.9)
Payments for capital assets	1,277,587	1,236,256	1,287,172	1,637,851	1,616,747	1,632,339	1,586,809	1,412,354	1,197,736	(2.8)
Buildings and other fixed structures	654,895	637,152	912,450	980,582	1,041,545	1,072,319	935,918	732,438	468,637	(12.7)
Machinery and equipment	622,692	599,104	374,722	657,269	575,202	560,020	650,891	679,916	729,099	16.2
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	12,338	-	-	-	-	-	-	-
Total economic classification	20,506,179	22,272,679	24,472,319	25,189,632	25,766,388	26,403,999	26,390,578	27,759,900	28,934,753	(0.1)

Table 16 and 17 above show the summary of payments and estimates per programme and economic classification. The total payments grew from R20.506 billion in 2016/17 to a revised estimate of R26.403 billion in 2019/20. In 2020/21, the budget is declining by 0.1 per cent from R26.403 billion to R26.390 billion when compared to the 2019/20 revised estimate due to national adjustments.

Compensation of employees shows a growth of 7.1 per cent from R17.130 billion to R18.348 billion when compared to the 2019/20 revised estimate as a result of additional funding for EMS personnel and Human Resource Capacitation grant.

Goods and services show a negative growth of 7.3 per cent from R6.707 billion to R6.220 billion when compared to the 2019/20 revised estimate due to the national adjustments on Provincial Equitable Share (PES) formula.

Transfers and subsidies show a negative growth of 74.2 per cent from R914.539 million to R235.546 million when compared to the 2019/20 revised estimate due to payment of medico legal claims.

1ST ADJUSTED ESTIMATES OF DEPARTMENTAL REVENUE AND EXPENDITURE – JULY 2020

The 2020/21 EPRE has been adjusted as follows:

Table 18 : Summary by Programmes and economic classification

Adjusted Estimates of Departmental Expenditure 2020

Summary by Programmes and economic classification

Programmes	2020/21						
	Main appropriation	Utilisation of unspent funds Virements & Shifts	Adjustments appropriation		Section 25 of the PFMA	Total special adjustments appropriation	Adjusted appropriation
			Significant and unforeseeable economic and financial events	Suspension of funds			
R' 000							
Programme 1 : Administration	720 803	-	(23 157)	3 247	(10 985)	(30 895)	689 908
Programme 2 : District Health Services	13 676 205	-	(405 581)	990 704	124 718	709 841	14 386 046
Programme 3 : Emergency Medical Services	1 431 884	-	(41 783)	-	-	(41 783)	1 390 101
Programme 4 : Provincial Hospital Services	3 557 063	-	(120 997)	27 367	23 878	(69 752)	3 487 311
Programme 5 : Central Hospital Services	4 618 025	-	(132 517)	477 241	158 504	503 228	5 121 253
Programme 6 : Health Sciences and Training	906 026	-	(18 277)	-	(12 107)	(30 384)	875 642
Programme 7 : Health Care Support Services	130 869	-	(3 330)	44 551	-	41 221	172 090
Programme 8 : Health Facilities Management	1 349 703	-	(527)	663 791	-	663 264	2 012 967
Programme 9 : Programme 9	-	-	-	-	-	-	-
Total	26 390 578	-	(746 169)	2 206 901	284 008	1 744 740	28 135 318
Economic classification							
Current payments	24 568 223	680	(746 169)	1 527 384	272 008	1 053 903	25 622 126
Compensation of employees	18 348 000	(15 109)	(746 169)	205 266	164 000	(392 012)	17 955 988
Goods and services	6 220 223	15 789	-	1 322 118	108 008	1 445 915	7 666 138
Transfers and subsidies to:	235 546	-	-	-	-	-	235 546
Payments for capital assets	1 586 809	(680)	-	679 517	12 000	690 837	2 277 646
Payments for financial assets	-	-	-	-	-	-	-
Total	26 390 578	-	(746 169)	2 206 901	284 008	1 744 740	28 135 318
Amount to be voted							1 744 740

Approved July 2020 Special Adjustments Estimates Final Allocations for 2020/21

The Provincial Special Adjustment Budget sought to modify the 2020/21 current baseline allocations in order to reprioritise funds towards the provincial response to COVID-19. Thus, the Provincial Special Adjustments Budget catered for reprioritisation of funds as well as the allocation of additional funds, which enabled departments to spend on COVID-19:

Table 19: Approved July 2020 Special Adjustments Estimates

Amount in	R'000
Main Appropriation	26 390 578
Adjustments	
National Allocations	525 627
<i>Adjustments to conditional grants for:</i>	
2019/20 Provincial Disaster Relief Grant: Health	44 551
HIV, TB, Malaria and Community Outreach Grant: Covid-19 component	481 076
Provincial Allocations	1 988 374
Emergency Allocation for COVID-19 (Section 25)	307 100
Laboratory Tests	101 100
Ventilators	12 000
Field Hospitals	30 000
Enrolled nurses and Nursing assistants	164 000
Additional Funding	1 681 274
PPE and Consumables	461 421
Ventilators (240 ICU Beds)	173 791
Field Hospitals/Infrastructure/Operating Costs	840 796
Enrolled nurses & nursing assistants (822 + 171 for 12 Months)	17 401
Community Health Workers (5,400)	175 350
Cuban Medical Brigade Personnel	12 515

Amount in	R'000
Other Provincial Adjustments	(769 262)
Equitable Share Adjustment: Reprioritisation	(746 169)
Equitable Share Adjustment: Section 25 Reprioritisation	(23 092)
Total Adjustments	1 744 740
Adjusted Appropriation	28 135 000

The table above shows that the department's budget has been adjusted by R1.744 billion to a total adjusted appropriation of R28.135 billion. These adjustments emanate from the following below:

Adjustments to conditional grants amount to an additional R525.627 million as follows: R481.076 million has been allocated to the new COVID-19 component within the HIV, TB, Malaria and Community Outreach grant. This component complements spending for the purchase of personal protective equipment and ventilators. Furthermore, it is for the hiring of additional staff, including Cuban medical personnel, to assist in responding to the additional caseload resulting from the pandemic; and R44.551 million has been allocated by National Treasury from the 2019/20 Provincial Disaster Relief Grant. These funds will be utilised to purchase Personal Protective Equipment (PPE) and is allocated in the 2020/21 financial year.

The provincial allocation amounting to R1.988 billion is additionally allocated for the following:

- R307.100 million has been allocated in terms of Section 25 of the PFMA, for immediate response to Covid-19 pandemic, and in line with emergency provisions of the above act for the following:
 - R164 million for 822 Enrolled nurses and Nursing assistants for 12 months
 - R101.100 million for Laboratory tests.
 - R30 million for Field Hospitals; and
 - R12 million for Ventilators.

 - R1.681 billion is allocated as additional funding to deal with the COVID-19 pandemic through:
 - R840.796 million for Field Hospitals/ Infrastructure/ Operating Costs; o R461.421 million for PPE and Consumables; o R175.350 million for 5 400 Community Health Workers.
 - R173.791 million for Ventilators for 240 Intensive Care Unit (ICU) beds; o R17.401 million for 171 Enrolled nurses and Nursing assistants for 12 months; and
 - R12.515 million for Cuban Medical Brigade Personnel.
- Other provincial adjustments amount to a reduction of R769.262 million for the following:
- R746.169 million is the portion of the department's cut from R2.386 billion on equitable share; This amount came from the annual provision for Improved Conditions of Service (ICS) of R942 million, which implementation is in abeyance, pending further instructions in the second 2020/21 AEPRE.
 - R23.092 million is the portion of the department's cut from R264.858 million from the 45 per cent reduction on the Equitable Share Travel and subsistence budget.

As a result of the Covid 19 pandemic and lockdown period, the provincial own revenue of the department will be significantly affected. Therefore, it will be adjusted downwards by R145.953 million.



PART C
MEASURING OUR PERFORMANCE
PER BUDGET PROGRAMME

PART C – MEASURING OUR PERFORMANCE PER BUDGET PROGRAMME

I. PROGRAMME: HEALTH ADMINISTRATION AND MANAGEMENT

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

I.1 SUB-PROGRAMME: Health Administration - Office of the MEC

Sub - programme purpose

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

IMPACT STATEMENTS

Impact	Long, healthy and quality life for the people of the Eastern Cape
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Table20: Outcomes, outputs and outputs indicators for the next MTEF for the Office of the MEC

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				
								Q1	Q2	Q3	Q4	
9. Leadership and governance in the health sector enhanced to improve quality of care	Statutory document submitted	9.1.2 Number of statutory documents tabled at Legislature	6 statutory documents	6 statutory documents	6 statutory documents	8 statutory documents	-	1	2	5	8 statutory documents	7 statutory documents

I.2 SUB-PROGRAMME: HEALTH MANAGEMENT

SUB-PROGRAMME PURPOSE

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

The management component under the Superintendent General's supervision is comprised of four branches with their sub-components (branches) as listed below:

Finance Branch

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

Corporate Services Branch

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

Hospital and Clinical Support Management Branch

- Hospital Services
- Clinical Support Services
- Emergency Medical Services
- Quality Assurance

District Health Services Management Branch

- District Health Support
- Communicable Diseases
- Health Programmes

Table 2.1: Outcomes, outputs and outputs indicators for the next MTEF for Health Management

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2016/17	2017/18	2018/19		2020/21 Quarterly Targets						
							2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
7. Improve financial management	Audit opinion of provincial DOH achieved	7.1.1. Audit opinion	Unqualified	Unqualified	Qualified	Unqualified	-	-	Unqualified	-	Unqualified	Unqualified	Unqualified
			New Indicator	New Indicator	New Indicator	Approved Annual Procurement Plan	1 st draft	2 nd draft	3 rd draft	Approved Annual Procurement Plan	Approved Annual Procurement Plan	Approved Annual Procurement Plan	Approved Annual Procurement Plan
6. Quality of health services improved	Improved access to essential medicines, vaccines and medical products through better management of supply chain accruals reduced	7.1.2. Approved Annual Procurement Plan	New Indicator	New Indicator	New Indicator	New Indicator	242 mil	27.7 mil	30.7 mil	33 mil	269 mil	283 mil	
			New Indicator	New Indicator	New Indicator	New Indicator	125.2 mil	27.7 mil	30.7 mil	33 mil	269 mil	283 mil	
	Increased revenue collection	7.1.3. Amount Revenue generated (R)	New Indicator	R 165.5mil	R 165.5mil	New Indicator	20%	20%	20%	20%	20%	20%	
			New Indicator	New Indicator	New Indicator	New Indicator	170	170	170	170	170	170	
	Compliance to Occupational health and safety regulations	6.3.8 Percentage of Health facilities compliant with Occupational health and safety	New Indicator	New Indicator	New Indicator	New Indicator	858	858	858	858	858	858	
			New Indicator	New Indicator	New Indicator	New Indicator	858	858	858	858	858	858	
		Numerator				170	170	170	170	170	170	170	
		Denominator				858	858	858	858	858	858	858	

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2016/17	2017/18	2018/19		2019/20	2020/21 Quarterly Targets						
								Q1	Q2	Q3	Q4			
	Approved costed HRH Strategy to create share vision to realise NHI	6.4.1 Holistic Human Resources for Health (HRH) strategy approved	New Indicator	New Indicator	New Indicator	New Indicator	Approved HRH Strategy	-	-	-	-	Approved HRH Strategy		
	Security incidents reported	6.3.9 Number of security incidents reported	New Indicator	New Indicator	New Indicator	New Indicator	12	3	3	3	3	3	8	6
8. Reduced causes of medical legal claims in facilities by 80%	Causes of Medico legal claims reduced	8.1.1 % Reduction of medico Legal claims	New Indicator	New Indicator	New Indicator	New Indicator	10%	-	-	-	-	10%	10%	10%
11. Robust and effective health information systems to automate business processes and improve evidence based decision making	Improved connectivity in health facilities	11.1.1 Percentage of Hospitals with broadband access	97.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator	87	89	89	89	89	89	89	89	89	89	89	89
		Denominator	89	89	89	89	89	89	89	89	89	89	89	89
		11.1.2 Percentage of fixed PHC facilities with broadband access	65%	71%	55	56%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator	503	551	428	428	771	771	771	771	771	771	771	771
		Denominator	772	772	772	768	771	771	771	771	771	771	771	771

I.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 22: Summary of payments and estimates by sub programme: Programme 1: Administration

R thousand	Outcome		Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18				2018/19	2020/21	2021/22	
1. Office of the MEC	6,502	6,056	9,262	8,917	9,999	9,536	8,259	8,644	(4.6)
2. Management	700,435	583,402	685,570	705,444	651,179	711,267	713,469	738,331	9.2
Total payments and estimates	706,937	589,458	694,832	714,361	661,178	720,803	721,728	746,975	9.0

Table 20: Summary of payments and estimates by economic classification: PI – Administration

Current payments	689,969	580,128	681,305	706,007	663,007	651,191	712,215	713,168	738,014	9.4
Compensation of employees	386,413	390,869	414,236	474,224	431,224	426,428	507,736	526,997	543,509	19.1
Goods and services	302,924	188,964	266,664	231,783	231,783	224,263	204,479	186,171	194,505	(8.8)
Interest and rent on land	632	295	405	-	-	500	-	-	-	(100.0)
Transfers and subsidies to:	6,768	3,226	4,183	1,703	1,703	2,438	1,797	1,896	1,985	(26.3)
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Households	6,768	3,226	4,183	1,703	1,703	2,438	1,797	1,896	1,985	(26.3)
Payments for capital assets	10,200	6,104	9,344	6,651	6,651	7,549	6,791	6,664	6,976	(10.0)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	10,200	6,104	9,344	6,651	6,651	7,549	6,791	6,664	6,976	(10.0)
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	706,937	589,458	694,832	714,361	671,361	661,178	720,803	721,728	746,975	9.0

Tables 21 and 22 above show the summary of payments and estimates from 2016/17 to 2020 MTEF per sub-programme and economic classification. The programme's total expenditure increased from R706.937 million in 2016/17 to a revised estimate of R661.178 million in 2019/20. In 2020/21, the budget increased by 9 per cent from R661.178 million to R720.803 million when compared to the 2019/20 revised estimate.

Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of employees shows a positive growth of 19.1 per cent from R426.428 million to R507.736 million when compared to the 2019/20 revised estimate due to provision of ICS, pay progression and critical vacant funded posts. Goods and services show a negative growth of 8.8 per cent from R224.263 million to R204.479 million when compared to the 2019/20 revised estimate due to reprioritisation efforts for cost containment measures and national adjustments.

Transfers and subsidies show a negative growth of 26.3 per cent from R2.438 million to R1.797 million when compared to the 2019/20 revised estimate due to reduction in the payment of leave gratuities. Payments for capital assets show a negative growth of 10 per cent from R7.549 million to R6.791 million when compared to the 2019/20 revised estimate due to payment of ICT accounts in relation to maintenance of computer equipment, SITA data lines, desktops and computers, network for BAS, LOGIS and PERSAL.

IST ADJUSTED ESTIMATES OF DEPARTMENTAL REVENUE AND EXPENDITURE – JULY 2020

The 2020/21 EPRE has been adjusted as follows:

Table 23: programme 1 - Administration

Programme Adjustments

Programme 1 : Administration

Programmes	2020/21							
	Main appropriation	Utilisation of unspent funds Virements & Shifts	Adjustments appropriation			Section 25 of the PFMA	Total special adjustments appropriation	Adjusted appropriation
			Significant economic and financial events	Suspension of funds	Allocation of funds			
R' 000								
Office of the MEC	9 536	-	-	-	-	-	-	9 536
Management	711 267	-	(23 157)	3 247	(10 985)	(30 895)	(30 895)	680 372
Total	720 803	-	(23 157)	3 247	(10 985)	(30 895)	(30 895)	689 908
Economic classification								
Current payments	712 215	-	(23 157)	3 247	(10 985)	(30 895)	(30 895)	681 320
Compensation of employees	507 736	-	(23 157)	3 247	-	(19 910)	(19 910)	487 826
Goods and services	204 479	-	-	-	(10 985)	(10 985)	(10 985)	193 494
Transfers and subsidies to:	1 797	-	-	-	-	-	-	1 797
Payments for capital assets	6 791	-	-	-	-	-	-	6 791
Payments for financial assets	-	-	-	-	-	-	-	-
Total	720 803	-	(23 157)	3 247	(10 985)	(30 895)	(30 895)	689 908
Amount to be voted								(30 895)

I.4 Key Risks

The table below outlines the key risks.

Table 24: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
<ul style="list-style-type: none"> • Leadership and governance in the health sector enhanced to improve quality of care • Improve financial management • Contingent liability of medico-legal cases reduced by 80% • Robust and effective health information systems to automate business processes and improve evidence-based decision making 	<ul style="list-style-type: none"> • Increased Litigation • Perpetration of fraudulent and corrupt activities • Inadequate provision of ICT (Information Communication Technology) services to support service delivery. 	<ul style="list-style-type: none"> • Appointment of paralegal secretaries for deployment at districts and the targeted highly litigated facilities • Procurement of medico equipment to monitor high risk pregnancy and newborns • Contracting of a medico legal expert firm to defend the cases in court • Contracting of the SIU to investigate elements of fraud and corruption relating to theft of files • Adherence to contracts and SLAs • Periodic vetting of staff • Influence the prioritisation of the connectivity of health institutions with OTP



PROGRAMME 2
DISTRICT HEALTH SERVICES (DHS)

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

PROGRAMME PURPOSE

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

PROGRAMME DESCRIPTION

The District Health Service (DHS) programme is responsible for the management of health services in the eight (8) districts of the Province. The services offered are mainly preventive and minor curative, maternal, child and women's health and nutrition, HIV and AIDS, STI and TB (HAST), prevention and control of chronic diseases, public health / other community-based services such as waste management, and coroner services. These are offered through the following service delivery platforms: community Health Clinics, Community Health Centres (CHCs) and District Hospitals

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

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

2.1 SUB – PROGRAMME: DISTRICT MANAGEMENT

SUB-PROGRAMME PURPOSE

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

Table 2.5: Outcomes, outputs and outputs indicators for the next MTEF for District Management

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2016/17	2017/18	2018/19		2020/21 Quarterly Targets							
							2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23	
6. Quality of health services improved	Supervision of fixed PHC facilities.	6.4.2. % of Fixed PHC Facilities Supervised.	New Indicator	New Indicator	New Indicator	New Indicator	40%	10%	10%	10%	10%	10%	65%	70%
		Numerator				308	77	77	77	77	77	77	501	538
9. Leadership and governance in the health sector enhanced to improve quality of care	Outreach campaigns conducted	6.4.3 Number of Districts Conducted outreach campaigns (Thuma Mina).	New Indicator	New Indicator	New Indicator	New Indicator	8	2	4	6	8	8	8	8
		Denominator				771	771	771	771	771	771	771	771	771
9. Leadership and governance in the health sector enhanced to improve quality of care	Districts Quality Improvement, monitoring and Response Forums established	9.1.1 Number of Districts with Quality Improvement, Monitoring and Response Forums formalized and convened quarterly	New Indicator	New Indicator	New Indicator	New Indicator	8	8	8	8	8	8	8	8

2.2 Sub-Programme: Clinics

Sub- Programme purpose

The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority health programmes through accessible fixed clinics, outreach services (reengineering of PHC services) and mobile services in 8 districts.

Table 26: Outcomes, outputs and outputs indicators for the next MTEF for Clinics

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets								
			2016/17		2017/18			2018/19		2019/20		2020/21		2020/21 Quarterly Targets		
			2016/17	2017/18	2017/18	2018/19		2018/19	2019/20	2019/20	2020/21	Q1	Q2	Q3	Q4	2021/22
6. Quality of health services improved	PHC facilities that qualify as Ideal clinics increased	6.2.1 Ideal clinic status obtained rate Numerator	New Indicator	New Indicator	11%	19.9%	11%	-	-	11%	-	-	11%	21.9%	21.9%	
			80	727	80	727	80 new	730	80 new	730	80 new	730	80 new	730	160	160
10. Community engagement improved	Clinic committees for all public health facilities established and trained	10.1.1 Percentage of clinics with functional clinic committee Numerator Denominator	New Indicator	New Indicator	New Indicator	New Indicator	17.8%	4%	8%	12%	17.8%	17.8%	17.8%	27%	41%	
6. Quality of health services improved	Patient experience of care in fixed public health facilities improved	6.1.1 Patient experience of care satisfaction rate Numerator Denominator	New Indicator	New Indicator	New Indicator	New Indicator	60%	-	60%	-	60%	-	-	80%	100%	

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 27: Outcomes, outputs and outputs indicators for the next MTEF for CHCs

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets							
			2017/18		2018/19			2019/20		2020/21		2020/21 Quarterly Targets			
			2016/17	2017/18	2018/19	2019/20		2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23	
6. Quality of health services improved	PHC facilities that qualify as Ideal CHC rate increased	6.2.2 Ideal CHC status obtained rate Numerator	New Indicator	New Indicator	9.8%	12%	15%	-	-	-	15%	15%	15%	17%	
					4		6				6	6	6	7	
10. Community engagement improved	CHC committees for all public health facilities established and trained	10.1.2 % of CHC facilities with functional CHC committee Numerator Denominator	New Indicator	New Indicator	New Indicator	New Indicator	39%	-	-	-	39%	44%	44%	49%	
							16				16	18	18	20	
6. Quality of health services improved	Patient experience of care in public health facilities improved	6.1.2 Patient experience of care satisfaction rate Numerator Denominator	New Indicator	New Indicator	New Indicator	New Indicator	59%	-	59%	-	-	80%	80%	100%	
							41				41	41	41	41	

2.3.1 Explanation of Planned Performance over the Medium-Term Period:

Primary Health-Care systems strengthening and Governance

- Review the Provincial committee for Ideal Clinic Realisation and Maintenance (ICRM)
- Conduct District Ideal Clinic Reviews and status Determination according to the ICRM Framework
- Consolidate PHC policy guidelines and distribute to districts for the development of Standard Operating Procedures (SOPs)
- Revise the policy on clinic committee establishment and functionality
- Establishment and Training of clinic committees
- Mobilize resources for Patient Experience of Care Surveys in all fixed clinics

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 28: Outcomes, outputs and outputs indicators for the next MTEF for Non communicable diseases

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2020/21					2020/21 Quarterly Targets						
			2016/17	2017/18	2018/19	2019/20		2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Early diagnosis of NCDs and prevention of complications	4.2.1 Hypertension new client 18 years and older detection rate	New Indicator	New Indicator	New Indicator	New Indicator	20%	20%	20%	20%	20%	20%	20%	25%
		Numerator				411326	102832	102832	102832	102832	102832	102832	102832	719820
		Denominator				2056630	514157	514157	514157	514157	514157	514157	514157	2467956
		4.3.1 Diabetes new client 18 years and older detection rate	New Indicator	New Indicator	New Indicator	New Indicator	2%	2%	2%	2%	2%	2%	2%	4%
		Numerator				39138	9785	9785	9785	9785	9785	9785	9785	109587
		Denominator				1956904	489226	489226	489226	489226	489226	489226	489226	2739666
Prevention and early treatment of mental illness	4.4.1 Mental disorders treatment rate new	New Indicator	New Indicator	New Indicator	New Indicator	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	
		Numerator				15760	3940	3940	3940	3940	3940	3940	3940	15760
Refractive errors corrected	4.5.1 Cataract surgery rate	New Indicator	New Indicator	New Indicator	New Indicator	625/1000000	200/1000000	600/1000000	900/1000000	1300/1000000	1300/1000000	1300/1000000	1300/1000000	1300/1000000
		Numerator				5253392	1313348	1313348	1313348	1313348	1313348	1313348	1313348	5253392

2.4.1 Explanation of Planned Performance over the Medium-Term Period:

The Department plans to strengthen the Re-engineering of Primary Health Care which aims to take the services to communities and closer to the people. This will be achieved through implementation of Ward Based Primary Health Care Outreach Teams (WBPHCOTS); Integrated School Health Programme and Health Promoting activities in the communities. There is a need to strengthen community health-based services as a vehicle to Universal Health Coverage. This programme involves promotive, preventive, early detection and rehabilitative services coupled with appropriate referral for continuity of care. The motorcycles will be utilised to bring health services closer to the communities, homes, and workplaces, thereby reducing the burden of diseases and financial risk protection, especially to the hard to reach areas of the province. The motorcycles will be used for:

- o Delivery of chronic medication
- o Household screening and educational material for Covid 19
- o Any outreach services to the community and households

The Province is finalising the development of provincial cancer strategy. The strategy prioritises increasing access to oncology services to cover the Eastern part of the Province.

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

Sub- programme purpose

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

Table 29: Outcomes, outputs and outputs indicators for the next MTEF for Other community base services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets					
			2016/17	2017/18	2018/19	2019/20		2020/21	2020/21 Quarterly Targets			2021/22	2022/23
6. Quality of health services improved	Hospitals comply with health care risk waste norms and standards	6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	New Indicator	New Indicator	New Indicator	New Indicator	60.6%	60.6%	60.6%	60.6%	60.6%	65.1%	69.6%
							54	54	54	54	54	58	62
		Numerator					89	89	89	89	89	89	89
		Denominator											

2.6 SUB-PROGRAMME: HIV & AIDS, STI & TB (HAST) CONTROL

Sub – programme purpose

To control the spread of HIV infection, reduce and manage the impact of the disease to those infected and affected in line with 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 30: Outcomes, outputs and outputs indicators for the next MTEF for HAST

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2016/17	2017/18	2018/19		2019/20	2020/21 Quarterly Targets				
								Q1	Q2	Q3	Q4	
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	HIV new cases identified and initiated	3.1.1 HIV test done - sum	1 932 800	1 726 702	1 851 552	1 544 932	300 000	574 240	574 241	300 000	1 748 481	1 748 486
	People living with HIV retained on care	3.2.1 ART client naïve start ART during month – sum	New Indicator	New Indicator	New Indicator	New Indicator	17 081	17 081	17 081	17 081	68 324	60 489
		3.2.2 ART adult remain on ART end of period	New Indicator	New Indicator	New Indicator	New Indicator	543 671	576 810	609 949	643 089	643 089	735 058
Access to condoms	Male circumcision performed	3.2.3 ART child under 15 years remain on ART end of period	New Indicator	New Indicator	New Indicator	New Indicator	22 653	24 034	25 415	26 795	26 795	30 627
		3.2.4 Male condoms distributed	New Indicator	61 256 400	73 672 416	14 847 000	2 978 733	733	2 978 733	2 978 732	11 914 931	94 209 946
		3.2.5 Medical male circumcision - sum	56 859	60 835	47 345	8 679	1 093	1 289	1 102	2 617	6 101	12 199
People viral load undetected		3.2.6 Traditional male circumcision total	New Indicator	New Indicator	New Indicator	New Indicator	0	0	0	11 258	22 516	22 516
		3.2.7 ART Adult - viral load suppressed rate	New Indicator	New Indicator	New Indicator	New Indicator	90%	90%	90%	90%	90%	90%
		Numerator					489 304	519 129	548 954	578 780	578 780	578 780

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance 2019/20	MTEF Targets					
			2016/17	2017/18	2018/19	2020/21		2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
		Denominator				643 089	543 671	576 810	609 949	643 089	643 089	643 089	643 089
		3.2.8 ART Child - viral load suppressed rate	New Indicator	New Indicator	New Indicator	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator				24 116	20 388	21 631	22 874	24 116	24 116	24 116	24 116
		Denominator				26 795	22 653	24 034	25 415	26 795	26 795	26 795	26 795
	TB/HIV co-infected clients identified and initiated	3.2.9 TB/HIV co-infected client on ART rate	97.3%	97%	94.5%	74.8%	70%	70%	70%	70%	70%	70%	90%
		Numerator	18771	17991	16990	5742	2695	2695	2695	2695	2695	2695	15282
		Denominator	19291	18488	17980	7674	3851	3851	3850	3850	3850	3850	16980
	Positive clients initiation done and controlled	3.3.1 TB investigation done 5 years and older rate	New Indicator	New Indicator	New Indicator	New indicator	85%	85%	85%	85%	85%	85%	90%
		Numerator					295112	73777	73777	73777	73777	73777	344499
		Denominator					347190	86797	86797	86797	86797	86797	382776
		3.3.2 DS - TB treatment start 5 years and older rate	New Indicator	109%	101%	95%	95%	95%	95%	95%	95%	95%	98%
		Numerator					31517	7879	7879	7879	7879	7879	39340
		Denominator					33176	8294	8294	8294	8294	8294	40143
		3.3.3 TB XDR treatment start rate	New Indicator	New Indicator	New Indicator	New Indicator	90%	90%	90%	90%	90%	90%	92%
		Numerator					234	58	58	59	59	59	253
		Denominator					260	65	65	65	65	65	275
		3.3.4 All DS - TB client treatment success rate	84.8%	86%	80.3%	77%	75%	75%	75%	75%	75%	75%	85%
		Numerator	42486	36679	33746	12783	24447	6111	6112	6111	6111	6111	30090
		Denominator	50102	42651	42023	16602	32597	8149	8150	8149	8149	8149	35399

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance 2019/20	MTEF Targets								
			2016/17	2017/18	2018/19	2020/21		2020/21 Quarterly Targets								
			2016/17	2017/18	2018/19	2020/21		Q1	Q2	Q3	Q4	2021/22	2022/23			
		3.3.5 TB Rifampicin Resistant/MDR/pre - XDR treatment success rate	New Indicator	New Indicator	New Indicator	New Indicator	60%	60%	60%	60%	60%	60%	60%	67%	70%	
		Numerator					661	165	165	165	165	165	166	166		
		Denominator					1103	276	276	276	276	276	278	1451	1500	
		3.3.6 All DS - TB client lost to follow-up rate	7.1%	6.8%	8.1%	13.6%	12%	12%	12%	12%	12%	12%	12%	8%	7%	
		Numerator	3557	2900	3384	1360	3911	977	977	977	978	977	977	2574	2478	
		Denominator	50102	42651	42023	9984	32597	8149	8149	8150	8150	8149	8149	32181	35399	
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Prevention and early detection of malaria cases managed Social mobilisation and community engagement Screening of clients Testing of the clients who meet the testing criteria	3.4.1 Malaria cases reported	New Indicator	New Indicator	New Indicator	New Indicator	0	0	0	0	0	0	0	0	0	
		3.5.3 Covid-19 positivity rate	New indicator	New indicator	New indicator	New indicator	< 20%	< 20%	< 20%	< 20%	< 20%	< 20%	< 20%	< 20%	< 20%	
		3.5.4 Covid-19 incidence rate (per 100k)	New indicator	New indicator	New indicator	New indicator	<200 per 100 k	<200 per 100 k	<200 per 100 k	<200 per 100 k	<200 per 100 k	<200 per 100 k	<200 per 100 k	<200 per 100 k	<200 per 100 k	
		3.5.5. Case Fatality Rate for covid-19	New indicator	New indicator	New indicator	New indicator	< 5%	< 5%	< 5%	< 5%	< 5%	< 5%	< 5%	< 5%	< 5%	< 5%

2.6.1 Explanation of Planned Performance over the Medium Term Period

Planned interventions for the TB management will focus on finding the missing TB persons. These include people who do not know that they have TB and those that have been tested and not on treatment. In finding the missing TB persons, the department will optimize TB screening in health facilities, conduct effective contact screening of TB Index patients, enhance TB detection in vulnerable groups which are HIV positive and pregnant women, continue to improve diagnostic yield by implementing the use of GeneXpert Ultra as well as the use of Lateral Flow Lipoarabinomannan. Finally, close monitoring of the implementation of integrated TB HIV Information system to improve record and data management in the districts and health facilities.

In line with the 90-90-90 target strategies, the planned intervention for HIV/AIDS will focus on HIV testing, find people living with HIV who are not yet confirmed to be living with HIV, ensure those tested positive are initiated on ARV treatment as early as possible through implementation of the same day ART initiation strategy. Those who are initiated on ART are kept on treatment, adhering to a point of not being able to detect the HIV virus in the blood, a state referred to as viral suppression. Viral suppressed patients suggest that patient will be able to live a longer life, thus contributing to increased life expectancy of the people in the Eastern Cape Province. HIV Outcome indicators chosen are in line with the National Strategic Plan and 90-90-90 national targeting strategy that works towards achieving the NDP goal of achieving zero new HIV infection by 2030

The overarching objective in COVID19 management is to strengthen provincial and district level mechanisms for timely detection, management, and containment of the spread of COVID-19. Strengthened governance and leadership will focus on strengthening surveillance, health systems by improving capacity of the laboratories, improving infection prevention and control clarify as well as strengthening care pathways. Community engagement and intersectoral collaboration remain the key success factors in curbing the spread of the infection

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 3 I: Outcomes, outputs and outputs indicators for the next MTEF for MCWH&N

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2016/17		2017/18			2018/19		2019/20		2020/21 Quarterly Targets		
			2016/17	2017/18	2018/19	2019/20		2020/21	Q1	Q2	Q3	Q4	2021/22	2022/23
I. Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	I.1.1 Couple year protection rate	54.6%	49%	53.7%	52.4%	65%	65%	65%	65%	65%	68%	70%	
		Numerator			1 020 122	1 015 691	1 233 581	1 233 581	1 233 581	1 233 581	1 233 581	1 290 515	1 328 471	
	Antenatal clients visit before 20 weeks increased	Denominator			1 897 817	1 938 343	1 897 817	1 897 817	1 897 817	1 897 817	1 897 817	1 897 817	1 897 817	
		I.1.2 Antenatal 1 st visit before 20 weeks rate	63.8%	65%	61.7%	63.2%	63%	63%	63%	63%	63%	65%	68%	
	Teenage pregnancy reduced	Numerator			75 710	57 729	77 346	19 336	19 336	19 337	19 337	79 802	83 485	
		Denominator			122 773	93 076	122 773	30 693	30 693	30 694	30 693	122 773	122 773	
	Postnatal care coverage increased	I.1.3 Antenatal client start on ART rate	93.3%	86.6%	93.4%	84.4%	97%	97%	97%	97%	97%	97%	97%	
		Numerator			12 171	7713	12 634	3 158	3 158	3 159	3 159	12 634	12 634	
	Low birth weight reduced	I.1.4 Delivery in 10 - 19 years in facility rate			13 025	8069	13 025	3 256	3 256	3 257	3 256	13 025	13 025	
		Denominator			16.4%	17%	10%	10%	10%	10%	10%	10%	10%	
	Mother to child transmission eliminated	Numerator			15474	13 490	10483	2620	2620	2621	2621	10483	10483	
		Denominator			100759	79 565	104827	26207	26207	26207	26206	104827	104827	
	Mother to child transmission eliminated	I.1.5 Mother postnatal visit within 6 days rate	60%	63%	67.1%	69%	70%	70%	70%	70%	70%	75%	78%	
		Numerator			70 331	54 910	73 378	18 344	18 344	18 344	18 345	18 345	78 620	81 765
	Mother to child transmission eliminated	Denominator			104 827	79 565	104 827	26 206	26 206	26 207	26 207	104 827	104 827	
		I.2.1 Live birth under 2500g in facility rate			New Indicator	New Indicator	15/1000	15/1000	15/1000	15/1000	15/1000	15/1000	15/1000	
	Mother to child transmission eliminated	I.3.1 Infant PCR test positive around 10 weeks rate	1.6%	1.2%	1.0%	0.9%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	
		Numerator			218	142	213	53	53	53	53	213	213	
	Mother to child transmission eliminated	Denominator			21 343	16 341	21 343	5 335	5 336	5 336	5 336	21 343	21 343	

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance 2019/20	MTEF Targets							
			2016/17	2017/18	2018/19		2020/21 Quarterly Targets				2021/22	2022/23		
							2020/21	Q1	Q2	Q3			Q4	
Increased immunisation for children	I.3.2 Immunisation under 1 year coverage		78.6%	69%	71.9%	57%	80%	80%	80%	80%	80%	80%	80%	
		Numerator			117 114	92 434	130 218	130 218	130 218	130 218	130 218	130 218	130 218	130 218
					162 773	162 128	162 773	162 773	162 773	162 773	162 773	162 773	162 773	
	I.3.3 Measles 2nd dose coverage		91.6%	66%	64.9%	56%	80%	80%	80%	80%	80%	80%	80%	
					107 475	91 327	132 356	132 356	132 356	132 356	132 356	132 356	132 356	
					165 446	163 395	165 446	165 446	165 446	165 446	165 446	165 446	165 446	
	Reduced death for Children under 1	I.3.4 Death in facility 29 days – 11 months rate	New indicator	New indicator	New indicator	New indicator	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.23%	
		Numerator					282	70	70	71	71	71	240	240
		Denominator					104 655	26 163	26 164	26 164	26 164	26 164	104 655	104 655
	Increased immunization for children	I.3.5 Vitamin A dose 12-59 months coverage						10/1000	10/1000	10/1000	10/1000	10/1000	10/1000	9/1000
Numerator							1 046	261	261	262	262	262	941	941
							104 655	26 163	26 164	26 164	26 164	26 164	104 655	104 655
							62%	62%	62%	62%	62%	62%	64%	64%
							54.9%	53%	53%	54.9%	54.9%	54.9%	54.9%	54.9%
		Numerator					740 339	1 347 170	1 347 170	1 347 170	1 347 170	1 347 170	1 347 170	1 347 170
		Denominator					1 347 170	1 347 170	1 347 170	1 347 170	1 347 170	1 347 170	1 347 170	1 347 170
Nutritional status improved		I.3.6 School learner underweight rate	New Indicator	New Indicator	New Indicator	New Indicator	8%	8%	8%	8%	8%	8%	7.1%	6.4%
		Numerator					112	28	28	28	28	28	100	90
		Denominator					1 400	350	350	350	350	350	1 400	1 400
Reduced death for Children under 5	I.3.7 Child under 5 years diarrhoea case fatality rate		3.7%	3.6%	3.0%	2.5%	2.8%	2.8%	2.8%	2.8%	2.8%	2.6%	2.6%	
		Numerator					127	117	29	29	29	30	109	109
		Denominator					4 196	1 049	1 049	1 049	1 049	4 196	4 196	

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance 2019/20	MTEF Targets							
			2016/17		2017/18			2018/19		2020/21	2020/21 Quarterly Targets			2021/22	2022/23
			2016/17	2017/18	2018/19	2017/18		2018/19	Q1		Q2	Q3	Q4		
2. Stunting among children reduced	Nutritional status improved	1.3.8 Child under 5 years pneumonia case fatality rate	3%	3.7%	3.2%	3.1%	3%	3%	3%	3%	3%	3%	2.8%	2.8%	
		Numerator			147	29	136	34	34	34	34	34	127	127	
		Denominator			4 564	927	4 564	1 141	1 141	1 141	1 141	1 141	4 564	4 564	
		1.3.9 Child under 5 years severe acute malnutrition case fatality rate	10.2%	12%	8.9%	9.2%	8%	8%	8%	8%	8%	8%	8%	7%	
		Numerator			131	28	117	29	29	29	29	29	117	102	
		Denominator			1 464	306	1 464	366	366	366	366	366	1 464	1 464	
		2.1.1 Child under 5 years food nutritional supplementation coverage	New Indicator	New Indicator	New Indicator	New Indicator	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<8%	<7%
		Numerator					82 014	82 014	82 014	82 014	82 014	82 014	82 014	65 610	57 409
		Denominator					820 136	820 136	820 136	820 136	820 136	820 136	820 136	820 136	820 136
		4. Morbidity and Premature mortality due to Non-Communicable diseases reduced		4.1.1 School learner overweight rate	New Indicator	New Indicator	New Indicator	New Indicator	10%	10%	10%	10%	10%	10%	9.2%
Numerator							140	35	35	35	35	35	130	120	
Denominator							1 400	350	350	350	350	350	1 400	1 400	

2.7.1 Explanation of Planned Performance over the Medium Term Period

Maternal deaths in facilities have decreased over the past five years but districts with referral hospitals still experience challenges. Deaths happening in the institutions (or in communities) that could have been avoided must become an unacceptable occurrence and their prevention a top priority. Currently over 50% of audited maternal and child institutional deaths have one or more modifiable or avoidable factors. Monitoring numbers of deaths as the key outcome measure will require the identification and elimination of these avoidable deaths.

Improving access to family planning is key in curbing unwanted pregnancies and risks associated with teenage pregnancies. All pregnant women must access quality antenatal care services and those that are HIV positive must have access to antiretroviral therapy to reduce mother to child transmission. The Province has clustered district hospitals to conduct safe caesarean section to assist with resource sharing, reduction of distances travelled by inter facility obstetric ambulances thus reducing the mortalities. Furthermore, the following interventions are planned for the next five years: Improving and maintaining effective clinical skills levels, through structured skills training and mentoring and proper placement and retention of competent clinical staff, that must be linked to strong clinical accountability and governance,

through the District Clinical Specialist Teams as well as the entire clinical management and staff complement.

The province is planning to increase access to neonatal units in so doing reduce overcrowding in the existing units and also strengthen outreach services by neonatologists and neonatal nurses. Primary level and community-based services are intended to impact directly on the demand side of patient care-seeking behaviour in terms of educating mothers or caregivers to make use of preventive and curative services to improve health. There are also important elements of influencing the adoption of healthy practices or behaviours (nutrition in pregnancy, hygiene, handwashing, breastfeeding and infant feeding) and avoiding negative ones (herbal medicines to induce labour, early weaning). There critical partners (for example SASSA, Department of education, Department of social development and NGOs) will provide concrete support to at-risk families when they are involved.

Some districts within the province are experiencing problem of malnutrition. A multi sectoral approach is engaged on led by the Department of social development and other stakeholders to address the underlying causes of food insecurity and poverty

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 32: Outcomes, outputs and outputs indicators for the next MTEF for Coroner Services

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets			2021/22	2022/23
							Q1	Q2	Q3	Q4		
6. Quality of health services improved	All post mortem cases finalised	6.4.5 Percentage of post – mortem performed within 72 hours	94%	94%	95%	97%	95%	95%	95%	95%	96%	96%
		Numerator			10 159	2 584	10 139	10 139	10 139	10 139	10 139	10 246
		Denominator			10 673	2 666	10 673	10 673	10 673	10 673	10 673	10 673

2.9 SUB PROGRAMME: DISTRICT HOSPITALS

Sub-Programme Purpose

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

Table 33: Outcomes, outputs and outputs indicators for the next MTEF for District Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance 2019/20	MTEF Targets						
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets					
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.3 Ideal Hospitals status obtained rate	New Indicator	New Indicator	New Indicator	31%	-	-	-	31%	40%	50%	
			Numerator			20			20	26	32		
			Denominator			65			65	65	65		
10. Community engagement improved	Patient satisfaction increased Patient safety improved Hospital boards for all public health facilities established and trained	6.1.3 Patient experience of care satisfaction rate 6.3.1 Severity assessment code I incident reported within 24 hours rate 10.2.1 Percentage of hospitals with functional hospital boards	New Indicator	New Indicator	New Indicator	60%	60%	60%	60%	60%	63%	65%	
			Numerator			60%			60%	60%	60%	63%	65%
			Denominator			60%			60%	60%	60%	63%	65%
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Symptomatic Person under investigation and Covid 19 positive clients admitted for inpatient management	3.6.1 Number of admissions of patients with Covid 19 (sum of standard care and critical care)	New indicator	New indicator	New indicator	15 000	2 000	5 000	5 000	3 000	-	-	
			Numerator			32			32	32	32	32	32
			Denominator			65			65	65	65	65	65

2.10 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 34: Summary of payments and estimates: P2 - District Health Services

R thousand	Outcome		Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18				2018/19	2020/21	2021/22	
1. District Management	866,726	881,476	946,779	952,265	1,000,418	996,670	1,056,819	1,094,806	(0.4)
2. Community Health Clinics	2,163,846	2,420,417	2,451,659	2,621,679	2,833,786	2,562,791	2,755,875	2,862,692	(9.6)
3. Community Health Centres	1,019,053	948,991	1,307,341	1,322,547	1,219,017	1,374,293	1,432,632	1,488,243	12.7
4. Community Based Services	439,968	524,720	616,872	612,432	564,811	685,004	648,400	636,491	21.3
5. Other Community Services	46,494	81,360	82,898	80,961	75,083	67,360	77,532	80,282	(10.3)
6. Hiv/Aids	1,745,442	2,045,769	2,397,703	2,399,693	2,468,972	2,667,462	3,036,536	3,196,500	8.0
7. Nutrition	24,226	24,872	41,778	47,715	36,713	39,546	41,920	43,411	7.7
8. Coroner Services	94,818	100,885	112,078	112,200	119,766	117,665	123,356	127,735	(1.8)
9. District Hospitals	4,020,031	4,314,006	4,905,575	5,070,331	5,275,338	5,165,413	5,548,146	5,788,313	(2.1)
Total payments and estimates	10,420,604	11,342,496	12,862,682	13,219,822	13,593,904	13,676,205	14,721,216	15,318,473	0.6

Table 35: Summary of payments and estimates by economic classification: P2 - District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
Current payments	10 103 932	11 038 627	12 098 714	12 641 221	12 995 686	13 045 594	13 432 794	14 513 251	15 100 736	3.0
Compensation of employees	7 454 008	7 809 396	8 579 777	9 255 147	9 310 213	9 352 618	9 902 952	10 463 860	10 993 537	5.9
Goods and services	2 649 499	3 227 910	3 513 624	3 386 074	3 685 473	3 685 204	3 529 842	4 049 391	4 107 199	(4.2)
Interest and rent on land	425	1 321	5 313	-	-	7 772	-	-	-	(100.0)
Transfers and subsidies to:	175 939	182 610	568 015	86 185	85 338	408 826	56 989	65 497	68 575	(86.1)
Provinces and municipalities	8 451	313	3 091	-	2 853	2 853	-	-	-	(100.0)
Departmental agencies and accounts	11 138	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	7 278	17 566	15 000	11 300	11 640	8 495	14 336	15 010	(27.0)
Households	156 350	175 019	547 358	71 185	71 185	394 333	48 494	51 161	53 565	(87.7)
Payments for capital assets	140 733	121 259	100 733	135 276	138 798	139 484	186 422	142 468	149 162	33.7
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	140 733	121 259	100 733	135 276	138 798	139 484	186 422	142 468	149 162	33.7
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	12 338	-	-	-	-	-	-	-
Total economic classification	10 420 604	11 342 496	12 779 800	12 862 682	13 219 822	13 593 904	13 676 205	14 721 216	15 318 473	0.6

Tables 33 and 34 show the summary of payments and estimates from 2016/17 to 2020 MTEF per sub-programme and economic classification. The programme's total expenditure increased from R10.420 billion in 2016/17 to a revised estimate of R13.593 billion in 2019/20. In 2020/21, the budget increases by 0.6 per cent from R13.593 billion to R13.676 billion when compared to the 2019/20 revised estimate.

Compensation of employees shows a positive growth of 5.9 per cent from R9.902 billion when compared to the 2019/20 revised estimate due to the additional funds received for the Statutory Human Resources and Health Professions Training and Development Grant. Goods and services show a negative growth of 4.2 per cent from R3.685 billion to R3.529 billion when compared to the 2019/20 revised estimate due to a high revised estimate resulting from the payment of accruals for Medicine and Property payments.

Transfers and subsidies show a negative growth of 86.1 per cent from R408.826 million when compared to the 2019/20 revised estimate due to high revised estimates as a result of payment of medico legal claims. Payments for capital assets show a positive growth of 33.7 per cent from R139.484 million to R186.422 million when compared to the 2019/20 revised estimate due to additional funding purchase of medical equipment.

1ST ADJUSTED ESTIMATES OF DEPARTMENTAL REVENUE AND EXPENDITURE – JULY 2020

Programme Adjustments

Programme 2 : District Health Services

	Main appropriation	2020/21				Section 25 of the PFMA	Total special adjustments appropriation	Adjusted appropriation
		Adjustment's appropriation			Allocation of funds			
		Utilisation of unspent funds & Virements & Shifts	Significant and unforeseeable economic and financial events	Suspension of funds				
R' 000								
District Management	996 670	-	(34 203)	346 234	-	312 031	1 308 701	
Community Health Clinics	2 562 791	-	(86 493)	-	-	(86 493)	2 476 298	
Community Health Centres	1 374 293	-	(55 472)	-	-	(55 472)	1 318 821	
Community Based Services	685 004	-	(24 513)	-	-	(24 513)	660 491	
Other Community Services	67 360	-	(441)	-	-	(441)	66 919	
Hiv/Aids	2 667 462	-	-	481 076	-	481 076	3 148 538	
Nutrition	39 546	-	-	-	-	-	39 546	
Coroner Services	117 665	-	(4 060)	-	-	(4 060)	113 605	
District Hospitals	5 165 413	-	(200 399)	163 394	124 718	87 713	5 253 126	
Total	13 676 205	-	(405 581)	990 704	124 718	709 841	14 386 046	
Economic classification								
Current payments	13 432 794	680	(405 581)	974 978	124 718	694 795	14 127 589	
Compensation of employees	9 902 952	(5 109)	(405 581)	169 237	124 718	(116 735)	9 786 217	
Goods and services	3 529 842	5 789	-	805 741	-	811 530	4 341 372	
Transfers and subsidies to:	56 989	-	-	-	-	-	56 989	
Payments for capital assets	186 422	(680)	-	15 726	-	15 046	201 468	
Payments for financial assets	-	-	-	-	-	-	-	
Total	13 676 205	-	(405 581)	990 704	124 718	709 841	14 386 046	
Amount to be voted							709 841	

2.11 KEY RISKS

The table below outlines the key risks.

Table 37: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
<ul style="list-style-type: none"> • Quality of health services improved • Community engagement improved • Morbidity and Premature mortality due to Non-Communicable diseases reduced • Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced • Maternal, Neonatal, Infant and Child Mortality reduced • Stunting among children reduced 	<ul style="list-style-type: none"> • Increased maternal, Perinatal and child mortality • "Inadequate prevention, early detection and management of non-communicable and chronic diseases • Inadequate Primary Health Care Services • "Inadequate management of client with HIV, TB & STI Non-compliance to National Health Core Standards 	<ul style="list-style-type: none"> • Patient Related factors: <ul style="list-style-type: none"> - Implementation of quarterly Community mobilisation and education in each district - Ensure registration of pregnant women to Mom connect • Medical Related factors: <ul style="list-style-type: none"> - Training of health professionals on maternal and neo natal health on policy guidelines -Conduct immunisation catch-up campaigns • Administrative Systems: <ul style="list-style-type: none"> - Rationalisation of service delivery platforms -Ensure implementation of annual recruitment plan - Submission of quarterly reviews reports - Conduct Monitoring support visits quarterly - Conduct perinatal reviews and submit analysed reports -Ensure registration of patient on CCMDD Refurbishments of primary health care facilities (Infrastructure) - Implementation of HPRS (Health Patient Recording Systems) - Filing of vacant funded posts



PROGRAMME 3

EMERGENCY MEDICAL SERVICES (EMS)

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 PROGRAMME PURPOSE

To render an efficient, effective, and professional emergency medical service as well as planned patient transport services including disaster management services to the citizens of the Eastern Cape Province

Table 38: Outcomes, outputs, and outputs indicators for the next MTEF for EMS

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2016/17		2017/18			2018/19		2019/20		2020/21		
			2016/17	2017/18	2018/19	2019/20		2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	
6. Quality of health services improved	EMS PI rural and urban response time	6.5.1 EMS PI urban response under 30 minutes rate	New Indicator	New Indicator	New Indicator	New Indicator	55%	55%	55%	55%	55%	55%	55%	60%
		Numerator					22 149	5 537	5 537	5 537	5 537	5 537	22 149	24 163
		Denominator					40272	10 068	10 068	10 068	10 068	10 068	40 272	40 272
		6.5.2 EMS PI rural response under 60 minutes rate	New Indicator	New Indicator	New Indicator	New Indicator	70%	70%	70%	70%	70%	70%	70%	72%
Functional PTVs availability		Numerator					28 190	7 047	7 047	7 047	7 047	7 047	28 190	28 996
		Denominator					40272	10 068	10 068	10 068	10 068	10 068	40 272	40 272
		6.5.4 Number of Patients transported on the PTV services	New Indicator	New Indicator	New Indicator	New Indicator	10 000	3000	3000	2000	2000	2000	10 000	10 000

3.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome			Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
1. Emergency Transport	884 039	1 041 871	1 031 914	1 171 128	1 171 128	1 162 720	1 310 911	1 343 615	1 391 462	12.7
2. Planned Patient Transport	183 614	237 216	241 179	221 929	221 929	255 772	120 973	123 230	127 610	(52.7)
Total payments and estimates	1 067 653	1 279 087	1 273 093	1 393 057	1 393 057	1 418 492	1 431 884	1 466 845	1 519 072	0.9

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

R thousand	Outcome			Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
Current payments	975,306	1,115,425	1,171,266	1,230,473	1,230,473	1,254,451	1,281,279	1,319,517	1,364,819	2.1
Compensation of employees	712,944	933,626	971,943	881,223	881,223	934,735	984,595	1,007,311	1,054,654	5.3
Goods and services	262,362	181,799	199,323	349,250	349,250	319,716	296,684	312,206	310,165	(7.2)
Interest and rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	2,562	2,100	3,778	3,407	3,407	3,245	3,594	3,792	3,970	10.8
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Households	2,562	2,100	3,778	3,407	3,407	3,245	3,594	3,792	3,970	10.8
Payments for capital assets	89,785	161,562	98,049	159,177	159,177	160,796	147,011	143,536	150,283	(8.6)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	89,785	161,562	98,049	159,177	159,177	160,796	147,011	143,536	150,283	(8.6)
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	1,067,653	1,279,087	1,273,093	1,393,057	1,393,057	1,418,492	1,431,884	1,466,845	1,519,072	0.9

Tables 39 and 40 show the summary of payments and estimates from 2016/17 to 2020 MTEF per sub-programme and economic classification. The programme's total expenditure increased from R1.067 billion in 2016/17 to a revised estimate of R1.418 billion in 2019/20. In 2020/21, the budget increases by 0.9 per cent from R1.418 billion to R1.431 billion when compared to the 2019/20 revised estimate. Compensation of employees shows a growth of 5.3 per cent from R934,735 million to R984,595 million when compared to the 2019/20 revised estimate due to the high revised estimate as a result of the once off backlog overtime payments for EMS personnel.

Goods and services show a negative growth 7.2 per cent from R3 19.716 million to R296.684 million when compared to the 2019/20 revised estimate due to a low revised estimate as a result of delays in submission of invoices. Transfers and subsidies show a negative growth of 10.8 per cent from R3.245 million to R3.594 million when compared to the 2019/20 revised estimate due to payment of leave gratuities.

Payments for capital assets show a negative growth of 8.6 per cent from R1 60.796 million to R147.011 million when compared to the 2019/20 revised estimate due to reprioritisation of funds to fleet management from finance lease under payments of capital assets.

1ST ADJUSTED ESTIMATES OF DEPARTMENTAL REVENUE AND EXPENDITURE – JULY 2020

The 2020/21 EPRE has been adjusted as follows:

Table 41: Programme 3 EPRE adjustments

Programme Adjustments

Programme 3 : Emergency Medical Services

	2020/21						
	Main appropriation	Utilisation of unspent funds Virements & Shifts	Adjustments appropriation Significant and unforeseeable economic and financial events		Section 25 of the PFMA	Total special adjustments appropriation	Adjusted appropriation
			Suspension of funds	Allocation of funds			
R' 000							
Emergency Transport	1 310 911	-	(41 626)	-	(41 626)	1 269 285	
Planned Patient Transport	120 973	-	(157)	-	(157)	120 816	
Total	1 431 884	-	(41 783)	-	(41 783)	1 390 101	
Economic classification							
Current payments	1 281 279	-	(41 783)	-	(41 783)	1 239 496	
Compensation of employees	984 595	-	(41 783)	-	(41 783)	942 812	
Goods and services	296 684	-	-	-	-	296 684	
Transfers and subsidies to:	3 594	-	-	-	-	3 594	
Payments for capital assets	147 011	-	-	-	-	147 011	
Payments for financial assets	-	-	-	-	-	-	
Total	1 431 884	-	(41 783)	-	(41 783)	1 390 101	
Amount to be voted						(41 783)	

3.3 KEY RISKS

The table below outlines the key risks.

Table 42: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved	Inadequate EMS Services	<ul style="list-style-type: none"> • Filling of funded vacant posts • Request for an increase the number of functional vehicles suitable for the terrain. • Roll out the computerized call-taking and dispatch system • Strengthen EMS services for inter Hospital, XDR/MDR and Maternity transfers.



PROGRAMME 4
PROVINCIAL HOSPITAL SERVICES
(REGIONAL AND SPECIALISED)

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

4.1 PROGRAMME PURPOSE

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

Sub-Programme 4.1

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

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

Sub-Programme 4.2

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

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

Sub-Programme 4.3

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

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

Table 43: Outcomes, outputs and outputs indicators for the next MTEF for Regional Hospital

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance 2019/20	MTEF Targets					
			2016/17	2017/18	2018/19	2020/21		2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.4 Ideal Hospitals status obtained rate	New Indicator	New Indicator	New Indicator	20%	-	-	20%	40%	40%		
						1			1	2	2		
						5			5	5	5		
10. Community engagement improved	Patient satisfaction increased	6.1.4 Patient experience of care satisfaction rate	New Indicator	New Indicator	New Indicator	60%	60%	60%	60%	63%	65%		
						80%	80%	80%	80%	80%	80%		
						100%	100%	100%	100%	100%	100%		
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Patient Safety increased	6.3.2 Severity assessment code 1 incident reported within 24 hours rate	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%	80%	80%		
						5	5	5	5	5	5		
						5	5	5	5	5	5		
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Hospitals with functional hospital boards established	10.2.2 Percentage of Hospitals with functional hospital boards	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%		
						900	300	400	100	-	-		
						250	80	70	50	-	-		

4.2 SUB – PROGRAMME: SPECIALISED TB HOSPITALS

Table 44: Outcomes, outputs and outputs indicators for the next MTEF for Specialised TB Hospital

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				
								Q1	Q2	Q3	Q4	
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.5 Ideal Hospitals status obtained rate	New Indicator	New Indicator	New Indicator	New Indicator	20%	-	-	20%	30%	40%
		Numerator				2				2	3	4
10. Improve community engagement	Hospitals with functional hospital boards established	6.1.5 Patient experience of care satisfaction rate	New Indicator	New Indicator	New Indicator	New Indicator	60%	60%	60%	60%	63%	65%
		6.3.3 Severity assessment code 1 incident reported within 24 hours rate	New Indicator	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%	80%	80%
		10.2.3 Percentage of hospitals with functional hospital boards	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%
		Numerator				10	10	10	10	10	10	10
		Denominator				10	10	10	10	10	10	10

4.3 SUB – PROGRAMME: SPECIALISED PSYCHIATRIC HOSPITALS

Sub- Programme Priorities

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

Table 45: Outcomes, outputs and outputs indicators for the next MTEF for Specialised Psychiatric Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets						
			2016/17	2017/18	2018/19	2019/20		2020/21	2020/21 Quarterly Targets					
									Q1	Q2	Q3	Q4		
6. Quality of health services in public health facilities improved	Hospitals that qualify as ideal hospitals increased	6.2.6 Ideal Hospitals status obtained rate Numerator Denominator	New Indicator	New Indicator	New Indicator	New Indicator	33.3 %	-	-	-	33.3%	33.3%	66%	
							1					1	2	
							3					3	3	3
							60%	60%	60%	60%	60%	60%	63%	65%
Patient satisfaction increased	Patient Safety increased	6.1.6 Patient experience of care satisfaction rate 6.3.4 Severity assessment code 1 incident reported within 24 hours rate	New Indicator	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%	80%	80%	80%	
							80%	80%	80%	80%	80%	80%	80%	
10. Improve community engagement	Hospitals with functional hospital boards established	10.2.4 Percentage of Hospitals with functional hospital boards Numerator Denominator	New Indicator	New Indicator	New Indicator	New Indicator	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	
							2	2	2	2	2	2	2	
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Functional mental health review boards	4.4.2 District specialist mental health teams established	New Indicator	New Indicator	New Indicator	New Indicator	5	-	-	-	5	6	8	
							3	3	3	3	3	3	3	

4.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 46: Summary of payments and estimates: Programme 4 - Provincial Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
1. General (Regional) Hospitals	2,382,538	2,685,261	2,954,759	2,965,892	2,589,227	2,798,988	2,543,333	2,643,940	2,725,293	(9.1)
2. TB Hospitals	271,424	303,673	349,112	382,180	382,376	331,996	437,825	468,942	486,985	31.9
3. Psychiatric Mental Hospitals	596,235	499,427	531,680	742,710	762,264	594,339	575,905	598,411	621,147	(3.1)
Total payments and estimates	3,250,197	3,488,361	3,835,551	4,090,782	3,733,867	3,725,323	3,557,063	3,711,293	3,833,425	(4.5)

Table 47: Summary of payments and estimates by economic classification: P4 - Provincial Hospital Services

	Outcome		Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18				2018/19	2020/21	2021/22	
Current payments	3 090 685	3 209 342	3 536 052	3 706 666	3 507 901	3 530 051	3 682 654	3 803 441	0.6
Compensation of employees	2 405 489	2 511 845	2 762 095	2 850 830	2 650 730	2 801 646	2 997 459	3 136 326	5.7
Goods and services	683 794	695 326	770 873	855 836	847 554	728 405	685 195	667 115	(14.1)
Interest and rent on land	1 402	2 171	3 084	-	9 617	-	-	-	(100.0)
Transfers and subsidies to:	135 561	266 501	275 990	11 817	201 272	13 141	13 864	14 515	(93.5)
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	135 561	266 501	275 990	11 817	201 272	13 141	13 864	14 515	(93.5)
Payments for capital assets	23 951	12 518	23 509	15 384	16 150	13 871	14 775	15 469	(14.1)
Buildings and other fixed structures	-	-	486	-	-	-	-	-	-
Machinery and equipment	23 951	12 518	23 023	15 384	16 150	13 871	14 775	15 469	(14.1)
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	3 250 197	3 488 361	3 835 551	4 090 782	3 725 323	3 557 063	3 711 293	3 833 425	(4.5)

Tables 46 and 47 above show the summary of payments and estimates from 2016/17 to 2020 MTEF per sub-programme and economic classification. The programme's total expenditure increased from R3.250 billion in 2016/17 to a revised estimate of R3.725 billion in 2019/20. In 2020/21, the budget decreases by 4.5 per cent from R3.725 billion to R3.557 billion when compared to the 2019/20 revised estimate.

Compensation of employees shows a growth of 5.7 per cent from R2.650 billion to R2.801 billion when compared to the 2019/20 revised estimate due to the low revised estimates resulting from the process of de-complexing of facilities for employees that were paid under this programme and being allocated to Programme 5: Central Hospital Services.

Goods and services show a negative growth of 14.1 per cent from R847.554 million to R728.405 million when compared to the 2019/20 revised estimate due to reprioritisation of funds as a result of nation adjustments.

Transfers and subsidies show a negative growth of 93.5 per cent from R201.272 million to R13.141 million when compared to the 2019/20 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 14.1 per cent from R16.150 million to R13.871 million when compared to the 2019/20 revised estimate, due to reprioritised budget to core items such as *Inventory: Medical supplies and Property payments under Goods and services*.

1ST ADJUSTED ESTIMATES OF DEPARTMENTAL REVENUE AND EXPENDITURE – JULY 2020

The 2020/21 EPRE has been adjusted as follows:

Table 46: Programme 4 EPRE budget estimates

Programme Adjustments

Programme 4 : Provincial Hospital Services
Programmes

	Main appropriation	Utilisation of unspent funds Virements & Shifts	Adjustments appropriation Significant and unforeseeable economic and financial events			Section 25 of the PFMA	Total special adjustments appropriation	Adjusted appropriation
			Suspension of funds	Allocation of funds				
R' 000								
General (Regional) Hospitals	2 543 333	-	(90 784)	27 367	-	(63 417)	2 479 916	
TB Hospitals	437 825	-	(13 505)	-	-	(13 505)	424 320	
Psychiatric Mental Hospitals	575 905	-	(16 708)	-	23 878	7 170	583 075	
Total	3 557 063	-	(120 997)	27 367	23 878	(69 752)	3 487 311	
Economic classification								
Current payments	3 530 051	-	(120 997)	27 367	23 878	(69 752)	3 460 299	
Compensation of employees	2 801 646	-	(120 997)	20 083	23 878	(77 036)	2 724 610	
Goods and services	728 405	-	-	7 284	-	7 284	735 689	
Transfers and subsidies to:	13 141	-	-	-	-	-	13 141	
Payments for capital assets	13 871	-	-	-	-	-	13 871	
Payments for financial assets	-	-	-	-	-	-	-	
Total	3 557 063	-	(120 997)	27 367	23 878	(69 752)	3 487 311	
Amount to be voted							(69 752)	

4.6 KEY RISKS

The table below outlines the key risks.

Table 48: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
<ul style="list-style-type: none"> • Quality of health services in public health facilities improved • Management of patient safety incidents improved • Improve community engagement • Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10% 	<ul style="list-style-type: none"> • Non-compliance to National Health Core Standards • Non adherence to policies and guidelines on referrals between Primary, Secondary and Tertiary Services 	<ul style="list-style-type: none"> • Rationalisation of service delivery platforms • Infrastructure refurbishment as per the IRP • Full implementation of record management systems (HPRS) • Monitor the implementation of Quality Improvement Plans • Ensure timeous filling of critical posts and replacement • Ensure approval of the Referral policy / protocol



PROGRAMME 5
CENTRAL & TERTIARY HOSPITALS

PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

5.1 SUB-PROGRAMME PURPOSE FOR CENTRAL HOSPITALS

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

SUB-PROGRAMMES

Central Hospital: Nelson Mandela Academic Hospital

Table 49: Outcomes, outputs and outputs indicators for the next MTEF for Central Hospital

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance 2019/20	MTEF Targets				
			2016/17	2017/18	2018/19	2020/21		2020/21 Quarterly Targets				
								Q1	Q2	Q3	Q4	2021/22
6. Quality of health services improved	Hospitals that qualify as Ideal Hospitals increased	6.2.7 Ideal Hospitals status obtained rate	New Indicator	New Indicator	New Indicator	100%	-	-	100%	100%	100%	100%
		Numerator				1			1	1	1	1
		Denominator				1			1	1	1	1
	Patient satisfaction increased	6.1.7 Patient experience of care satisfaction rate	New Indicator	New Indicator	New Indicator	60%	60%	60%	60%	60%	63%	65%
10. Improve community engagement	Patient Safety increased	6.3.5 Severity assessment code 1 incident reported within 24 hours rate	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%	80%	80%	80%
		10.2.5 Percentage of Hospitals with functional hospital boards	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%
6. Quality of health services improved	Infrastructure refurbished Medical equipment Procured Unit staff recruited	Numerator				1	1	1	1	1	1	1
		Denominator				1	1	1	1	1	1	1
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Symptomatic Person under investigation and Covid 19 positive clients admitted for inpatient management	6.7.1 Penile rehabilitation unit established	New Indicator	New Indicator	New Indicator	Penile rehabilitation unit established	-	-	Penile rehabilitation unit established	-	-	-
		3.6.8 Number of inpatients with COVID 19 admitted in standard care bed	New Indicator	New Indicator	New Indicator	900	150	300	300	150	-	-
		3.6.9 Number of inpatients with Covid 19 admitted in critical care bed	New Indicator	New Indicator	New Indicator	700	100	200	200	200	-	-

5.2 SUB-PROGRAMME PURPOSE FOR TERTIARY HOSPITAL SERVICES

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

Sub-Programmes

Tertiary Hospitals

- Livingstone Hospital
- Frere Hospital

Table 50: Outcomes, outputs and outputs indicators for the next MTEF for Tertiary Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets					
			2016/17	2017/18	2018/19	2019/20		2020/21 Quarterly Targets				2021/22	2022/23
								Q1	Q2	Q3	Q4		
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	New Indicator	New Indicator	New Indicator	New Indicator	50%	-	-	-	50%	50%	50%	
	6.2.8 Ideal Hospitals status obtained rate	Numerator				1				1	1	1	
	Percentage of patients satisfied with their experience of care in public health facilities	New Indicator	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%	80%	82%	82%	
	6.1.8 Patient experience of care satisfaction rate	Denominator				2				2	2	2	
10. Improve community engagement	Patient satisfaction increased	New Indicator	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%	80%	80%	80%	
	6.3.6 Severity assessment code 1 incident reported within 24 hours rate												
	Patient Safety increased	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	
	10.2.6 Percentage of Hospitals with functional hospital boards												
	Numerator					2	2	2	2	2	2	2	
	Denominator					2	2	2	2	2	2	2	
3. Morbidity and Premature mortality due to	Symptomatic Person under investigation and Covid 19 positive	New Indicator	New Indicator	New Indicator	New Indicator	750	150	300	200	100	-	-	
	3.6.12 Number of inpatients with Covid 19 admitted in standard care bed												

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets				
			2016/17	2017/18	2018/19	2019/20		2020/21	2020/21 Quarterly Targets			
							Q1	Q2	Q3	Q4	2021/22	2022/23
Communicable diseases (HIV, TB and Malaria) reduced	clients admitted for inpatient management	3.6.13 Number of inpatients with Covid 19 admitted in critical care bed	New Indicator	New Indicator	New Indicator	New Indicator	50	100	50	50	-	-

5.3 SUB-PROGRAMME PURPOSE FOR SPECIALISED TERTIARY HOSPITAL

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

Sub-Programmes

- Specialised Tertiary Hospitals
 - Fort England (specialised psychiatric Hospital)

Table 51: Outcomes, outputs and outputs indicators for the next MTEF for Specialised Tertiary Hospital

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance 2019/20	2020/21	2020/21 Quarterly Targets				2021/22	2022/23
			2016/17	2017/18	2018/19			Q1	Q2	Q3	Q4		
			MTEF Targets										
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.9 Ideal Hospitals status obtained rate Numerator	New Indicator	New Indicator	New Indicator	100%	-	-	-	-	100%	100%	100%
						1					1	1	1
	Patient satisfaction increased	6.1.9 Patient experience of care satisfaction rate Denominator	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%	80%	80%	80%	80%
						1	1	1	1	1	1	1	1
10. Improve community engagement	Patient Safety increased	6.3.7 Severity assessment code 1 incident reported within 24 hours rate	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%	80%	80%	80%	80%
						1	1	1	1	1	1	1	1
	Percentage of Hospitals with functional hospital boards	10.2.7 Percentage of Hospitals with functional hospital boards Numerator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
						1	1	1	1	1	1	1	1
		Denominator				1	1	1	1	1	1	1	1

5.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 52: Summary of payments and estimates: P5 - Central Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
1. Central Hospital Services	997 233	1 084 905	1 249 007	1 202 539	1 228 005	1 388 655	1 441 847	1 483 710	1 546 863	3.8
2. Provincial Tertiary Services	1 916 388	2 386 168	2 500 145	2 424 012	3 005 031	3 116 369	3 176 178	3 280 380	3 493 778	1.9
Total payments and estimates	2 913 621	3 471 073	3 749 152	3 626 551	4 233 036	4 505 024	4 618 025	4 764 090	5 040 641	2.5

Table 53: Summary of payments and estimates by economic classification: P5 - Central Hospital Services

	Outcome		Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18				2018/19	2020/21	2021/22	
Current payments	2 769 476	3 331 701	3 606 700	4 122 613	4 310 899	4 460 643	4 610 599	4 879 935	3.5
Compensation of employees	1 954 815	2 375 151	2 643 838	2 882 648	3 108 622	3 402 113	3 575 103	3 828 737	9.4
Goods and services	812 194	956 250	962 592	1 239 965	1 200 353	1 058 530	1 035 496	1 051 198	(11.8)
Interest and rent on land	2 467	300	270	-	1 924	-	-	-	(100.0)
Transfers and subsidies to:	41 278	81 281	40 901	11 785	104 855	29 596	31 224	32 692	(71.8)
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	41 278	81 281	40 901	11 785	104 855	29 596	31 224	32 692	(71.8)
Payments for capital assets	102 867	58 091	101 551	98 638	89 270	127 786	122 267	128 014	43.1
Buildings and other fixed structures	-	-	152	-	-	-	-	-	-
Machinery and equipment	102 867	58 091	101 399	98 638	89 270	127 786	122 267	128 014	43.1
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	2 913 621	3 471 073	3 749 152	4 233 036	4 505 024	4 618 025	4 764 090	5 040 641	2.5

Tables 52 and 53 above show the summary of payments and estimates from 2016/17 to 2020 MTEF per sub-programme and economic classification. The programme's total expenditure increased from R2.913 billion in 2016/17 to a revised estimate of R4.505 billion in 2019/20. In 2020/21, the budget increases by 2.5 per cent from R4.505 billion to R4.618 billion when compared to the 2019/20 revised estimate.

Compensation of employees shows a positive growth of 9.4 per cent from R3.108 billion to R3.402 billion when compared to the 2019/20 revised estimate. This is due to low revised estimates resulting from the process of de-complexing of facilities for employees that were paid under Programme 4: Provincial Hospital Services and being allocated to the Programme 5: Central Hospital Services and Human Resource Capacitation grant additional funding.

Goods and services show a negative growth of 11.8 per cent from R1.058 billion when compared to the 2019/20 revised estimate due to reprioritisation of funds and national adjustments of PES formula.

Transfers and subsidies show a negative growth of 71.8 per cent from R1 044.855 million to R29.596 million high revised as result of payments for leave gratuities and medico legal payments.

Payments for capital assets show a positive growth of 43.1 per cent from R89.270 million to R127.786 million when compared to the 2019/20 revised estimate due to additional funding for medical equipment.

1ST ADJUSTED ESTIMATES OF DEPARTMENTAL REVENUE AND EXPENDITURE – JULY 2020

The 2020/21 EPRE has been adjusted as follows:

Table 54: Programme 5: 1st Adjusted Estimates of Revenue and Expenditure

Programme Adjustments

Programme 5 : Central Hospital Services

	2020/21						
	Main appropriation	Utilisation of unspent funds Virements & Shifts	Adjustments appropriation		Section 25 of the PFMA	Total special adjustments appropriation	Adjusted appropriation
			Significant economic and financial events	Allocation of funds			
R' 000			Suspension of funds	Allocation of funds			
Central Hospital Services	1 441 847	-	(42 083)	4 733	4 912	(32 438)	1 409 409
Provincial Tertiary Services	3 176 178	-	(90 434)	472 508	153 592	535 666	3 711 844
Total	4 618 025	-	(132 517)	477 241	158 504	503 228	5 121 253
Economic classification							
Current payments	4 460 643	-	(132 517)	477 241	146 504	491 228	4 951 871
Compensation of employees	3 402 113	(10 000)	(132 517)	12 699	15 404	(114 414)	3 287 699
Goods and services	1 058 530	10 000	-	464 542	131 100	605 642	1 664 172
Transfers and subsidies to:	29 596	-	-	-	-	-	29 596
Payments for capital assets	127 786	-	-	-	12 000	12 000	139 786
Payments for financial assets	-	-	-	-	-	-	-
Total	4 618 025	-	(132 517)	477 241	158 504	503 228	5 121 253
Amount to be voted							503 228

5.7 KEY RISKS

The table below outlines the key risks.

Table 55: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
<ul style="list-style-type: none"> • Quality of health services in public health facilities improved • Management of patient safety incidents improved • Improve community engagement 	<ul style="list-style-type: none"> • Non-compliance to National Health Core Standards • Non adherence to policies and guidelines on referrals between Primary, Secondary and Tertiary Services 	<ul style="list-style-type: none"> • Rationalisation of service delivery platforms • Infrastructure refurbishment as per the IRP • Full implementation of record management systems (HPRS) • Monitor the implementation of Quality Improvement Plans • Ensure timeous filling of critical posts and replacement • Ensure approval of the referral policy / protocol



PROGRAMME 6
HEALTH SCIENCES AND TRAINING (HST)

PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 PROGRAMME PURPOSE

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

Table 56: Outcomes, outputs and outputs indicators for the next MTEF for Health Science and Training

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets					
			2017/18		2018/19			2020/21 Quarterly Targets					
			2016/17	2017/18	2018/19	2019/20		2020/21	Q1	Q2	Q3	Q4	2021/22
6. Quality of health services improved	Qualified and competent staff	6.4.6 Number of registrars trained	New Indicator	New Indicator	New Indicator	New Indicator	20	-	-	-	20	30	30
		6.4.7 Number of nurses trained on post basic courses	New Indicator	New Indicator	New Indicator	New Indicator	195	-	-	-	195	195	195

6.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 57: Summary of payments and estimates: P6 - Health Sciences and Training

R thousand	Outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates				% change from 2019/20		
	2016/17		2017/18					2019/20		2021/22			2022/23	
	2016/17	2017/18	2018/19	2020/21				2021/22	2022/23	2020/21	2021/22		2022/23	
1. Nursing Training Colleges	285 627	276 980	288 232	344 888	344 888	289 571	358 144	365 125	379 164	23.7				
2. EMS Training Colleges	10 657	13 873	10 939	17 982	17 982	15 861	16 795	16 951	17 749	5.9				
3. Bursaries	186 239	141 117	147 216	184 728	184 728	184 748	121 632	203 700	202 730	(34.2)				
4. Other Training	266 849	295 722	330 148	382 211	382 412	398 759	409 455	394 844	410 671	2.7				
Total payments and estimates	749 372	727 692	776 535	929 809	930 010	888 939	906 026	980 620	1 010 314	1.9				

Table 58: Summary of payments and estimates by economic classification: P6 - Health Sciences and Training

	Outcome			Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
R thousand										
Current payments	541 960	562 753	611 253	712 072	711 382	669 270	753 616	744 353	773 487	12.6
Compensation of employees	470 198	468 511	519 800	577 680	597 480	564 559	637 207	655 062	681 360	12.9
Goods and services	71 762	94 242	91 453	134 392	113 902	104 711	116 409	89 291	92 127	11.2
Interest and rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	196 341	153 526	158 770	193 393	193 393	193 664	130 429	216 532	216 165	(32.7)
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	7 739	11 013	11 856	13 733	13 733	13 733	13 058	17 998	18 844	(4.9)
Higher education institutions	-	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	188 602	142 513	146 914	179 660	179 660	179 931	117 371	198 534	197 321	(34.8)
Payments for capital assets	11 071	11 413	6 512	24 344	25 235	26 005	21 981	19 735	20 662	(15.5)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	11 071	11 413	6 512	24 344	25 235	26 005	21 981	19 735	20 662	(15.5)
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	749 372	727 692	776 535	929 809	930 010	888 939	906 026	980 620	1 010 314	1.9

Tables 57 and 58 above show the summary of payments and estimates from 2016/17 to 2020 MTEF per sub-programme and economic classification. The programme's total expenditure increased from R749.372 million in 2016/17 to a revised estimate of R888.939 million in 2019/20. In 2020/21, the budget increases by 1.9 per cent from R888.939 million to R906.026 million when compared to the 2019/20 revised estimate.

Compensation of employees shows a growth of 12.9 per cent from R564.559 million to R637.207 million when compared to the 2019/20 revised estimate due to the ICS adjustment, pay progression and filling of critical vacant posts.

Goods and services show a growth of 11.2 per cent from R104.711 million to R116.409 million when compared to the 2019/20 revised estimate due to additional funding on National Tertiary Services Grant.

Transfers and subsidies show a negative growth of 32.7 per cent from R193.664 million to R130.429 million when compared to the 2019/20 revised estimate due to reprioritisation of funds to cater for Cuban Program.

Payments for capital assets show a negative growth of 15.5 per cent from R26.005 million to R21.981 million when compared to the 2019/20 revised estimate due to national adjustments on PES.

1ST ADJUSTED ESTIMATES OF DEPARTMENTAL REVENUE AND EXPENDITURE – JULY 2020

The 2020/21 EPRE has been adjusted as follows:

Table 59: Programme 6: EPRE Budget adjustments

Programme Adjustments

Programme 6 : Health Sciences and Training

R' 000	Main appropriation	2020/21				Section 25 of the PFMA	Total special adjustments appropriation	Adjusted appropriation
		Utilisation of unspent funds Virements & Shifts	Adjustments appropriation		Allocation of funds			
			Significant economic and financial events	Suspension of funds				
	358 144	-	(15 097)	-	-	(15 097)	343 047	
	16 795	-	(348)	-	-	(348)	16 447	
	121 632	-	-	-	-	-	121 632	
	409 455	-	(2 832)	-	(12 107)	(14 939)	394 516	
Total	906 026	-	(18 277)	-	(12 107)	(30 384)	875 642	
Economic classification								
	753 616	-	(18 277)	-	(12 107)	(30 384)	723 232	
Current payments	130 429	-	-	-	-	-	130 429	
Transfers and subsidies to:	21 981	-	-	-	-	-	21 981	
Payments for capital assets	-	-	-	-	-	-	-	
Payments for financial assets	906 026	-	(18 277)	-	(12 107)	(30 384)	875 642	
Total	906 026	-	(18 277)	-	(12 107)	(30 384)	875 642	
Amount to be voted							(30 384)	

6.3 KEY RISKS

The table below outlines the key risks.

Table 60 Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services in public health facilities improved	<ul style="list-style-type: none"> Lack of absorption of graduated bursary students by ECDoH Shortage of appropriate candidates for critical postgraduate skills programme 	<ul style="list-style-type: none"> Ensure that sufficient posts are available for bursary holders each year Implementation of the registrar program and the clinical teaching platform to attract and retain core clinical skills



PROGRAMME 7
HEALTH CARE SUPPORT SERVICES (HCSS)

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 PROGRAMME PURPOSE

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

Transversal Health Services consists of:

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

Pharmaceutical Services is responsible for

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

Table 61: Outcomes, outputs and outputs indicators for the next MTEF for Health care support

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets												
			2016/17	2017/18	2018/19		2020/21 Quarterly Targets				2021/22	2022/23							
							2019/20	Q1	Q2	Q3			Q4						
6. Quality of health services improved	Availability of assistive devices in primary health care	6.4.8 Wheelchair issued adult 19 year and older rate	New Indicator	New Indicator	New Indicator	New Indicator	55%	10%	20%	40%	55%	60%	70%						
			Numerator				1210	220	440	880	1210	1320	1540						
			Denominator				2200	2200	2200	2200	2200	2200	2200						
			3. Morbidity and Premature mortality due to Communicable	Monitor the NHLS	3.7.1 % Covid 19 tests with turnaround time (<48hours)	New Indicator	New Indicator	New Indicator	New Indicator	100%	10%	30%	50%	100%	100%	100%			
						Numerator				300	30	90	150	300	300	300			
						Denominator				300	300	300	300	300	300	300			
						6.4.9 Hearing aid issued adult 19 year and older rate	Hearing aid issued child 0-18 years rate	Hearing aid issued child 0-18 years rate	New Indicator	New Indicator	New Indicator	New Indicator	80%	10%	30%	60%	80%	90%	90%
									Numerator				880	110	330	660	880	990	990
									Denominator				1100	1100	1100	1100	1100	1100	1100
									6.4.9 Hearing aid issued adult 19 year and older rate	Hearing aid issued child 0-18 years rate	Hearing aid issued child 0-18 years rate	New Indicator	New Indicator	New Indicator	New Indicator	100%	10%	40%	70%
Numerator													900	90	360	630	900	900	900
Denominator													900	900	900	900	900	900	900
													60%	40%	40%	50%	60%	-	-

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance 2019/20	MTEF Targets					
			2016/17	2017/18	2018/19		2020/21	2020/21 Quarterly Targets				
								Q1	Q2	Q3	Q4	2021/22
diseases (HIV, TB and Malaria) reduced	Facilities supported by centrally procuring the Personal Protective Equipment;	3.8.1 % Personal Protective Equipment availability in facilities	New Indicator	New Indicator	New Indicator	90%	70%	80%	90%	90%	-	-
	Monitor facilities to prevent stock-outs.											
6. Quality of health services improved	Stock visibility system utilised to monitor stock levels in facilities											
	Protocols on rational use of PPE developed.											
6. Quality of health services improved	Availability of medicine in depots and facilities	6.4.10 % Order fulfilment for essential drugs at depot	84%	84%	75.5%	73,1%	95%	95%	95%	95%	95%	95%
		Numerator			472 310	90 475	594 423	148 606	148 606	148 606	148 606	594 423
		Denominator			625 709	123 735	625 709	156 427	156 427	156 428	156 427	625 709
		6.4.11 % of availability of essential medicine at facilities.	New Indicator	New Indicator	New Indicator	New Indicator	95%	95%	95%	95%	95%	95%
6.4.12 Number of active patients on CCMD		6.4.12 Number of active patients on CCMD	New Indicator	New Indicator	New Indicator	New Indicator	250 000	250 000	250 000	250 000	250 000	250 000

7.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 62: Summary of payments and estimates: P7 - Health Care Support Services

R thousand	Outcome		Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18				2018/19	2020/21	2021/22	
1. Orthotic & Prosthetic Services	44 545	36 270	39 316	54 143	44 370	56 062	53 764	55 669	26.4
2. Medicine Trading Account	57 316	63 728	70 744	71 692	81 253	74 807	72 971	75 566	(7.9)
Total payments and estimates	101 861	99 998	110 060	125 835	125 623	130 869	126 735	131 235	4.2

Table 63: Summary of payments and estimates by economic classification: P7 - Health Care Support Services

R thousand	Outcome			Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
Current payments	100 608	99 397	109 832	124 456	124 456	124 223	130 287	126 349	130 831	4.9
Compensation of employees	55 972	52 707	60 148	68 045	68 045	63 245	73 344	77 361	80 996	16.0
Goods and services	44 636	46 690	49 684	56 411	56 411	60 978	56 943	48 988	49 835	(6.6)
Interest and rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	185	34	16	200	200	233	-	-	-	(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	185	34	16	200	200	233	-	-	-	(100.0)
Payments for capital assets	1 068	567	212	1 179	1 179	1 167	582	386	404	(50.1)
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 068	567	212	1 179	1 179	1 167	582	386	404	(50.1)
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	101 861	99 998	110 060	125 835	125 835	125 623	130 869	126 735	131 235	4.2

Tables 62 and 63 above show the summary of payments and estimates from 2016/17 to 2020 MTEF per sub-programme and economic classification. The programme's total expenditure increased from R101.861 million in 2016/17 to a revised estimate of R125.623 million in 2019/20. In 2020/21, the budget increases by 4.2 per cent from R125.623 million to R130.869 million when compared to the 2019/20 revised estimate.

Compensation of employees shows a positive growth of 16 per cent from R63.245 million to R73.344 million when compared to the 2019/20 revised estimate due to ICS adjustments, pay progression and filling of critical vacant post.

Goods and services show a negative growth 6.6 per cent from R60.978 million to R56.943 million when compared to the 2019/20 revised estimate due to the high revised estimate resulting from reprioritisation of funds to critical core-items.

Payments for capital assets show a negative growth of 50.1 per cent from R1.167 million to R582 thousand when compared to the 2019/20 revised estimate due to lower indicative baseline.

1ST ADJUSTED ESTIMATES OF DEPARTMENTAL REVENUE AND EXPENDITURE – JULY 2020

The 2020/21 EPRE has been adjusted as follows:

Table 64: Programme 7: 1st adjusted estimates of revenue and expenditure

Programme Adjustments

Programme 7 : Health Care Support Services

	Main appropriation	Adjustment appropriation				Section 25 of the PFMA	Total special adjustments appropriation	Adjusted appropriation
		Utilisation of unspent funds & Virements & Shifts	Significant and unforeseeable economic and financial events		Allocation of funds			
			Suspension of funds	Allocation of funds				
R' 000								
Orthotic & Prosthetic Services	56 062	-	(1 377)	44 551	-	43 174	99 236	
Medicine Trading Account	74 807	-	(1 953)	-	-	(1 953)	72 854	
Total	130 869	-	(3 330)	44 551	-	41 221	172 090	
Economic classification								
Current payments	130 287	-	(3 330)	44 551	-	41 221	171 508	
Compensation of employees	73 344	-	(3 330)	-	-	(3 330)	70 014	
Goods and services	56 943	-	-	44 551	-	44 551	101 494	
Transfers and subsidies to:	-	-	-	-	-	-	-	
Payments for capital assets	582	-	-	-	-	-	582	
Payments for financial assets	-	-	-	-	-	-	-	
Total	130 869	-	(3 330)	44 551	-	41 221	172 090	
Amount to be voted							41 221	

7.3 KEY RISKS

The table below outlines the key risks.

Table 65: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved	<ul style="list-style-type: none"> Inconsistent medicine supply and availability Inadequate Inventory Management 	<ul style="list-style-type: none"> Recruitment for pharmaceutical posts at Depots and Institutions. Roll out Remote Demander Module for electronic medicines and consumables ordering. Monitor Distribution Contract Performance in all Depots Monitor the maintenance of essential medicine buffer stock at Depots and facilities Improvement of infrastructure facilities to meet good Pharmacy practice Expansion of Direct Delivery to facilities Roll Out of RX solution to all hospitals Purchase of vaccine fridges and cooler boxes



PROGRAMME 8
HEALTH FACILITIES MANAGEMENT (HFM)

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 PROGRAMME PURPOSE

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

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

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

Table 66: Outcomes, outputs and outputs indicators for the next MTEF for Health facilities management

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance 2019/20	2020/21	MTEF Targets				
			2016/17	2017/18	2018/19	2019/20			2020/21 Quarterly Targets				
									Q1	Q2	Q3	Q4	2021/22
6. Quality of health services improved	Health facilities with major refurbishment or rebuild	6.6.1 Number of Health facilities with major refurbishment or rebuild	New Indicator	4	18	1	4		1	2	1	3	3
	Health facilities with major refurbishment or rebuild	6.6.2 Number of Health facilities with minor refurbishment or rebuild	New Indicator	17	30	38	16	2	4	6	4	15	14
6. Quality of health services improved	Health facilities with major refurbishment or rebuild or repurposed for COVID management	6.6.3 Number of Major renovations or upgrades completed at facilities	New Indicator	New Indicator	New Indicator	New Indicator	4	-	-	2	2	4	4
	Increase the capacity for isolation, high care and intensive care	6.6.4 Number of Minor renovations or upgrades completed at facilities	New Indicator	New Indicator	New Indicator	New Indicator	4	-	-	2	2	4	4
		6.6.5 Number of additional Critical (High & ICU) Care beds at existing hospitals	New Indicator	New Indicator	New Indicator	New Indicator	257	-	-	57	200	-	-
		6.6.6 Number of additional Isolation beds at existing hospitals	New Indicator	New Indicator	New Indicator	New Indicator	1613	-	-	500	1113	-	-

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited/Actual performance				Estimated Performance	MTEF Targets					
			2018/19		2019/20			2020/21 Quarterly Targets					
			2017/18	2018/19	2019/20	2020/21		Q1	Q2	Q3	Q4	2021/22	2022/23
beds in existing hospitals Increase isolation, high care capacity in field hospitals	6.6.7 Number of additional Isolation Field Hospital beds	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	1600	-	-	400	1200	-	-
	6.6.8 Number of additional High Care Field Hospital beds	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	800	-	-	200	600	-	-
	6.6.9 Number of Regional and Tertiary Hospitals fitted with additional oxygen points at beds	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	8	-	2	2	4	-	-
	6.6.10 Number of District Hospitals fitted with additional oxygen points at beds	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	16	-	3	3	10	-	-

8.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 67: Summary of payments and estimates: P8 - Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
1. Community Health Facilities	246 170	155 394	106 070	234 824	224 071	212 758	301 505	157 408	169 223	41.7
2. Emergency Medical Rescue Service	–	281	136	–	–	–	–	–	–	–
3. District Hospital Services	429 957	752 511	661 090	639 617	651 412	703 590	659 926	698 974	570 956	(6.2)
4. Provincial Hospital Services	479 573	289 282	412 773	519 876	540 674	521 027	341 231	356 813	487 746	(34.5)
5. Other Facilities	140 234	77 046	73 227	52 238	43 243	48 141	47 041	54 178	106 693	(2.3)
Total payments and estimates	1 295 934	1 274 514	1 253 296	1 446 555	1 459 400	1 485 516	1 349 703	1 267 373	1 334 618	(9.1)

Table 68: Summary of payments and estimates by economic classification: P8 - Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates			% change from 2019/20
	2016/17	2017/18	2018/19				2020/21	2021/22	2022/23	
Current payments	398 022	409 705	306 023	261 468	287 715	293 592	267 338	304 850	607 852	(8.9)
Compensation of employees	14 494	16 844	29 103	34 108	34 108	29 194	38 407	49 300	51 521	31.6
Goods and services	379 036	392 861	256 616	227 360	253 607	264 398	228 931	255 550	556 331	(13.4)
Interest and rent on land	4 492	-	20 304	-	-	-	-	-	-	-
Transfers and subsidies to:	-	67	11	-	-	6	-	-	-	(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	-	67	11	-	-	6	-	-	-	(100.0)
Payments for capital assets	897 912	864 742	947 262	1 185 087	1 171 685	1 191 918	1 082 365	962 523	726 766	(9.2)
Buildings and other fixed structures	654 895	637 152	911 812	980 582	1 041 545	1 072 319	935 918	732 438	468 637	(12.7)
Machinery and equipment	243 017	227 590	35 450	204 505	130 140	119 599	146 447	230 085	258 129	22.4
Heritage Assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total economic classification	1 295 934	1 274 514	1 253 296	1 446 555	1 459 400	1 485 516	1 349 703	1 267 373	1 334 618	(9.1)

Tables 67 and 68 above show the summary of payments and estimates from 2016/17 to 2020 MTEF per sub-programme and economic classification. The programme's total expenditure increased from R1,295 billion in 2016/17 to a revised estimate of R1,485 billion in 2019/20. In 2020/21, the budget decreases by 9.1 per cent from R1,485 billion to R1,349 billion when compared to the 2019/20 revised estimate.

Compensation of employees shows a positive growth of 31.6 per cent from R29,194 million to R38,407 million when compared to the 2019/20 revised estimate to improve capacitation within the programme.

Goods and services show a negative growth 13.4 per cent from R264,398 million to R228,931 million when compared to the 2019/20 revised estimate due to high revised estimate as a result of delays of payments to contracts relating to the maintenance of infrastructure and machinery and equipment.

Payments for capital assets show a negative growth of 9.2 per cent from R1.191 billion to R1.082 billion when compared to the 2019/20 revised estimate due to high revised estimate resulting from payments made to Coega Projects ahead of schedule than anticipated in cash flow projections.

1ST ADJUSTED ESTIMATES OF DEPARTMENTAL REVENUE AND EXPENDITURE – JULY 2020

The 2020/21 EPRE has been adjusted as follows:

Table 69: Programme 8 1st adjusted EPRE

Programme Adjustments

Programme 8 : Health Facilities Management

Programmes

2020/21

R' 000	Main appropriation	Adjustments appropriation			Section 25 of the PFMA	Total special adjustments appropriation	Adjusted appropriation
		Utilisation of unspent funds & Virements & Shifts	Significant economic and financial events	Allocation of funds			
	301 505	-	-	-	-	-	301 505
	-	-	-	-	-	-	-
	659 926	-	(527)	218 853	218 326	878 252	
	341 231	-	-	211 931	211 931	553 162	
	47 041	-	-	233 007	233 007	280 048	
T total	1 349 703	-	(527)	663 791	663 264	2 012 967	
Economic classification							
Current payments	267 338	-	(527)	-	(527)	266 811	
Transfers and subsidies to:	-	-	-	-	-	-	
Payments for capital assets	1 082 365	-	-	663 791	663 791	1 746 156	
Payments for financial assets	-	-	-	-	-	-	
T total	1 349 703	-	(527)	663 791	663 264	2 012 967	
Amount to be voted						663 264	

8.3 KEY RISKS

The table below outlines the key risks.

Table 70: Key Risks and mitigating factors

Outcome	Risk	Mitigating factors
Quality of health services improved	<ul style="list-style-type: none"> • Unsuitable infrastructure • Non availability of water and sanitation 	<ul style="list-style-type: none"> • Improve human resource capacitation within the unit in the build environment profession • Strengthen contract management • Commit to and fast track the installation of back up water

I. INFRASTRUCTURE PROJECTS

Table 71: Infrastructure project list

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Madwaleni Hospital-Gateway Clinic	Refurbishment and rehabilitation	New Building including site works and bulk services	Handover & Commissioning	Amathole	Community Health Facilities	Buildings	-	-	-
St Elizabeth Hospital - Phase 1 Liitha College Paediatrics, Kitchen & Laundry	New infrastructure assets	Phase 1 of the core block scheme. Enabling works moving the paediatric and kitchen services out of the centre of the site.	Construction	OR Tambo	Provincial Hospital Services	Buildings	18 000 000	-	-
Cecilia Makiwane Hospital - New Building including site works and bulk services	New infrastructure assets	New Building including site works and bulk services	Close out	Buffalo City Metro	Provincial Hospital Services	Buildings	-	-	-
Frontier Hospital - CAS/OPD & Paeds	New infrastructure assets	Upgrade and additions to existing casualty ward, OPD and paediatric wards	Handover & Commissioning	Chris Hani	Provincial Hospital Services	Buildings	-	-	-
All Saints Hospital Water & Sanitation	Non Infrastructure	Sewage Inlet works, Maturation Ponds refurbishment, pipe reticulation and Raw water pump station supply lines and security structuring	Tender	Chris Hani	District Hospital Services	Machinery & Equipment	3 336 739	10 069 000	11 000 000
Khutsong Hospital - New Buildings. New 100 bedded facility	New infrastructure assets	New Buildings. New 100 bedded facility	Construction	Alfred Nzo	Provincial Hospital Services	Buildings	4 400 000	2 661 000	2 794 050
Bedford Orthopaedic Hospital - Submersible pumps refurbishment or renewal. Connection of diesel generator to the pumps.	Non Infrastructure	Submersible pumps refurbishment or renewal. Connection of diesel generator to the pumps.	Tender	OR Tambo	District Hospital Services	Machinery & Equipment	2 678 000	-	-
Bhisho Hospital Water & Sanitation	Non Infrastructure	Supply and install the biological contactor and electrical machines. Connection of piping system to the ponds.	Tender	Buffalo City Metro	District Hospital Services	Machinery & Equipment	2 500 000	3 000 000	-
Butterworth Hospital Water & Sanitation	Non Infrastructure	Concrete reservoir refurbishment and valve replacement.	Tender	Amathole	District Hospital Services	Machinery & Equipment	1 000 000	3 777 000	1 000 000

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Nessie Knight Hospital - Construction of new health professional accommodation	Refurbishment and rehabilitation	Construction of new health professional accommodation	Construction	OR Tambo	District Hospital Services	Buildings	8 500 000	-	-
Nessie Knight Hospital Renovations and Refurbishments	Refurbishment and rehabilitation	Renovations and refurbishments of existing level 1 facility	Construction	OR Tambo	District Hospital Services	Buildings	11 000 000	3 000 000	2 500 000
Taylor Bequest Mt. Fletcher Hospital Water & Sanitation	Non Infrastructure	Water Supply and providing continuous pressure requirements	Planning	Joe Gqabi	District Hospital Services	Machinery & Equipment	111 383	3 000 000	2 500 000
St Barnabas Hospital Water & Sanitation	Non Infrastructure	Refurbishment water and wastewater treatment plant	Tender	OR Tambo	District Hospital Services	Machinery & Equipment	1 600 000	4 400 000	371 700
Tafalofele Hospital Water & Sanitation	Non Infrastructure	Sewage Inlet works, Maturartion Ponds refurbishment, pipe reticulation and Raw water pump station supply lines and security structuring	Design	Amathole	District Hospital Services	Machinery & Equipment	1 068 000	7 241 000	37 000
Tower Hospital Water & Sanitation	Non Infrastructure	Water supply and fire pump station refurbishment.	Construction	Amathole	District Hospital Services	Machinery & Equipment			
Empilisweni Hospital Water & Sanitation	Non Infrastructure	Connection of sewage to the Municipality and decommission of existing ponds.	Construction	Joe Gqabi	District Hospital Services	Machinery & Equipment	3 800 000	7 000 000	6 000 000
Existing Hospitals Commissioning and Recommissioning - OR Tambo	Non Infrastructure	Procurement of new medical equipment and furniture for OR Tambo hospitals	Construction	OR Tambo	District Hospital Services	Machinery & Equipment	3 388 150	5 647 000	5 929 350
Existing Hospitals Commissioning and Recommissioning - Chris Hani	Non Infrastructure	Procurement of new medical equipment and furniture for Chris Hani hospitals	Construction	Chris Hani	District Hospital Services	Machinery & Equipment	3 144 717	9 584 000	5 063 200
Existing Hospitals Commissioning and Recommissioning - Alfred Nzo	Non Infrastructure	Procurement of new medical equipment and furniture for Alfred Nzo hospitals	Construction	Alfred Nzo	District Hospital Services	Machinery & Equipment	3 626 584	2 849 000	2 991 450
Existing Hospitals Commissioning and Recommissioning - Joe Gqabi	Non Infrastructure	Procurement of new medical equipment and furniture for Joe Gqabi hospitals	Construction	Joe Gqabi	District Hospital Services	Machinery & Equipment	3 593 750	6 814 000	2 154 700

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Existing Hospitals Commissioning and Recommissioning - Amathole	Non Infrastructure	Procurement of new medical equipment and furniture for Amathole hospitals	Construction	Amathole	District Hospital Services	Machinery & Equipment	3 000 750	6 814 000	2 154 700
Existing Hospitals Commissioning - Buffalo City Metro	Non Infrastructure	Procurement of new medical equipment and furniture for BCM hospitals	Construction	Buffalo City Metro	District Hospital Services	Machinery & Equipment	3 538 750	6 709 000	4 044 450
Existing Hospitals Commissioning and Recommissioning - Nelson Mandela Metro	Non Infrastructure	Procurement of new medical equipment and furniture for NMM hospitals	Construction	Nelson Mandela Metro	District Hospital Services	Machinery & Equipment	3 538 750	6 709 000	4 044 450
Existing Hospitals Commissioning and Recommissioning - Sarah Baartmann	Non Infrastructure	Procurement of new medical equipment and furniture for Sarah Baartman hospitals	Construction	Sarah Baartmann	District Hospital Services	Machinery & Equipment	3 093 750	6 814 000	7 154 700
Grey Hospital - Renovations & Refurbishments	Upgrades and additions	Grey Hospital Renovations & Refurbishments	Construction	Buffalo City Metro	District Hospital Services	Buildings	2 331 335	-	-
Radiology Equipment and Services - OR Tambo	Non Infrastructure	Procurement and installation of new medical imaging equipment and services for OR Tambo health facilities	Construction	OR Tambo	District Hospital Services	Machinery & Equipment	3 168 018	3 803 750	2 072 869
Radiology Equipment and Services - Chris Hani	Non Infrastructure	Procurement and installation of new medical imaging equipment and services for Chris Hani health facilities	Construction	Chris Hani	District Hospital Services	Machinery & Equipment	3 168 018	3 803 750	2 072 869
Radiology Equipment and Services - Joe Gqabi	Non Infrastructure	Procurement and installation of new medical imaging equipment and services for Joe Gqabi health facilities	Construction	Joe Gqabi	District Hospital Services	Machinery & Equipment	3 168 018	3 803 750	2 072 869
Radiology Equipment and Services - Sarah Baartman	Non Infrastructure	Procurement and installation of new medical imaging equipment and services for Sarah Baartman health facilities	Construction	Sarah Baartmann	District Hospital Services	Machinery & Equipment	3 168 018	3 803 750	2 072 869
Radiology Equipment and Services - Amathole	Non Infrastructure	Procurement and installation of new medical imaging equipment and services for Amathole health facilities	Construction	Amathole	District Hospital Services	Machinery & Equipment	3 168 018	3 803 750	2 072 869

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		services for Amathole health facilities							
Radiology Equipment and Services - Alfred Nzo	Non Infrastructure	Procurement and installation of new medical imaging equipment and services for Alfred Nzo health facilities	Construction	Alfred Nzo	District Hospital Services	Machinery & Equipment	3 168 018	3 803 750	2 072 869
Radiology Equipment and Services - Buffalo City Metro	Non Infrastructure	Procurement and installation of new medical imaging equipment and services for Buffalo City Metro health facilities	Construction	Buffalo City Metro	District Hospital Services	Machinery & Equipment	3 168 018	3 803 750	2 072 869
Radiology Equipment and Services - Nelson Mandela Metro	Non Infrastructure	Procurement and installation of new medical imaging equipment and services for Nelson Mandela Metro health facilities	Construction	Nelson Mandela Metro	District Hospital Services	Machinery & Equipment	3 168 018	3 803 750	2 072 869
District Hospitals Medical Equipment Maintenance - OR Tambo	Maintenance and repairs	Medical Equipment repairs and maintenance - OR Tambo District	Construction	OR Tambo	District Hospital Services	Goods & services	4 015 278	4 208 000	4 418 400
District Hospitals Medical Equipment Maintenance - Chris Hani	Maintenance and repairs	Medical Equipment repairs and maintenance - Chris Hani District	Construction	Chris Hani	District Hospital Services	Goods & services	3 015 280	4 208 000	4 418 400
District Hospitals Medical Equipment Maintenance - Alfred Nzo	Maintenance and repairs	Medical Equipment repairs and maintenance - Alfred Nzo District	Construction	Alfred Nzo	District Hospital Services	Goods & services	2 764 320	1 945 000	2 042 250
District Hospitals Medical Equipment Maintenance - Joe Gqabi	Maintenance and repairs	Medical Equipment repairs and maintenance - Joe Gqabi District	Construction	Joe Gqabi	District Hospital Services	Goods & services	3 736 590	3 916 000	4 111 800
District Hospitals Medical Equipment Maintenance - Amathole	Maintenance and repairs	Medical Equipment repairs and maintenance - Amathole District	Construction	Amathole	District Hospital Services	Goods & services	3 015 280	3 160 000	3 318 000
District Hospitals Medical Equipment Maintenance - Buffalo City Metro	Maintenance and repairs	Medical Equipment repairs and maintenance - Buffalo City Metro	Construction	Buffalo City Metro	District Hospital Services	Goods & services	3 011 460	3 156 000	3 313 800
District Hospitals Medical Equipment Maintenance - Nelson Mandela Metro	Maintenance and repairs	Medical Equipment repairs and maintenance - Nelson Mandela Metro	Construction	Nelson Mandela Metro	District Hospital Services	Goods & services	3 764 320	3 945 000	4 142 250

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District Hospitals Medical Equipment Maintenance - Sarah Baartman	Maintenance and repairs	Medical Equipment repairs and maintenance - Sarah Baartman	Construction	Sarah Baartman	District Hospital Services	Goods & services	3 764 320	3 945 000	4 142 250
Lift Replacement - Nelson Mandela Bay	Non Infrastructure	Refurbishment, modifications and replacement of the Lifts	Construction	Nelson Mandela Metro	District Hospital Services	Machinery & Equipment	3 692 500	3 870 000	4 063 500
Lift Replacement - Buffalo City Metro	Non Infrastructure	Refurbishment, modifications and replacement of the Lifts	Construction	Buffalo City Metro	District Hospital Services	Machinery & Equipment	3 692 500	3 870 000	4 063 500
Lift Replacement - Chris Hani	Non Infrastructure	Refurbishment, modifications and replacement of the Lifts	Construction	Chris Hani	District Hospital Services	Machinery & Equipment	2 215 500	2 322 000	2 438 100
Existing Clinics Commissioning and Recommissioning - OR Tambo	Non Infrastructure	HT Commissioning for OR Tambo Ideal Clinics and CHCs	Construction	OR Tambo	Community Health Facilities	Machinery & Equipment	2 714 380	1 797 000	1 886 850
Existing Clinics Commissioning and Recommissioning - Chris Hani	Non Infrastructure	HT Commissioning for Chris Hani Ideal Clinics and CHCs	Construction	Chris Hani	Community Health Facilities	Machinery & Equipment	1 714 380	1 797 000	1 886 850
Existing Clinics Commissioning and Recommissioning - Alfred Nzo	Non Infrastructure	HT Commissioning for Alfred Nzo Ideal Clinics and CHCs	Construction	Alfred Nzo	Community Health Facilities	Machinery & Equipment	1 714 380	1 797 000	1 886 850
Existing Clinics Commissioning and Recommissioning - Joe Gqabi	Non Infrastructure	HT Commissioning for Joe Gqabi Ideal Clinics and CHCs	Construction	Joe Gqabi	Community Health Facilities	Machinery & Equipment	1 714 380	1 797 000	1 886 850
Existing Clinics Commissioning and Recommissioning - Amathole	Non Infrastructure	HT Commissioning for Amathole Ideal Clinics and CHCs	Construction	Amathole	Community Health Facilities	Machinery & Equipment	1 714 380	1 797 000	1 886 850
Existing Clinics Commissioning and Recommissioning - Buffalo City Metro	Non Infrastructure	HT Commissioning for Buffalo City Metro Ideal Clinics and CHCs	Construction	Buffalo City Metro	Community Health Facilities	Machinery & Equipment	1 714 380	1 797 000	1 886 850
Existing Clinics Commissioning and Recommissioning - Nelson Mandela Metro	Non Infrastructure	HT Commissioning for Nelson Mandela Metro Ideal Clinics and CHCs	Construction	Nelson Mandela Metro	Community Health Facilities	Machinery & Equipment	1 714 380	1 797 000	1 886 850

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Existing Clinics Commissioning and Re-commissioning - Sarah Baartmann	Non Infrastructure	HT Commissioning for Sarah Baartman Ideal Clinics and CHCs	Construction	Sarah Baartmann	Community Health Facilities	Machinery & Equipment	1 714 380	1 797 000	1 886 850
Provincial Hospitals Medical Equipment Maintenance - OR Tambo	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	OR Tambo	Provincial Hospital Services	Goods & services	1 562 936	1 638 000	1 719 900
Provincial Hospitals Medical Equipment Maintenance - Chris Hani	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Chris Hani	Provincial Hospital Services	Goods & services	1 562 936	1 638 000	1 719 900
Provincial Hospitals Medical Equipment Maintenance - Buffalo City Metro	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	2 125 872	2 228 000	2 339 400
Provincial Hospitals Medical Equipment Maintenance - Nelson Mandela Metro	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	3 005 023	3 149 000	3 306 450
Sipetu Hospital - New Building including site works and bulk services	New infrastructure assets	New Building including site works and bulk services	Construction	Alfred Nzo	District Hospital Services	Buildings	65 000 000	25 808 000	27 098 400
Clinics Medical Equipment Maintenance - OR Tambo	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	OR Tambo	Community Health Facilities	Goods & services	3 000 000	30 000 000	31 500 000
Clinics Medical Equipment Maintenance - Chris Hani	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Chris Hani	Community Health Facilities	Goods & services	1 212 625	1 271 000	1 334 550
Clinics Medical Equipment Maintenance - Alfred Nzo	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Alfred Nzo	Community Health Facilities	Goods & services	1 212 625	1 271 000	1 334 550
Clinics Medical Equipment Maintenance - Joe Gqabi	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Joe Gqabi	Community Health Facilities	Goods & services	1 212 625	1 271 000	1 334 550
Clinics Medical Equipment Maintenance - Amathole	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Amathole	Community Health Facilities	Goods & services	1 212 625	1 271 000	1 334 550
Clinics Medical Equipment Maintenance - Buffalo City Metro	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Buffalo City Metro	Community Health Facilities	Goods & services	1 212 625	1 271 000	1 334 550
Clinics Medical Equipment Maintenance - Nelson Mandela Metro	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Nelson Mandela Metro	Community Health Facilities	Goods & services	1 212 625	1 271 000	1 334 550

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Clinics Medical Equipment Maintenance - Sarah Baartman	Maintenance and repairs	Medical equipment repairs and maintenance on high risk equipment	Construction	Sarah Baartman	Community Health Facilities	Goods & services	1 212 625	1 271 000	1 334 550
Cwele Clinic - New Building including site works and bulk services	New infrastructure assets	New Building including site works and bulk services	Tender	OR Tambo	Community Health Facilities	Buildings	10 519 834	9 310 658	1 209 176
Flagstaff CHC Phase 2 - New Building including site works and bulk services	Refurbishment and rehabilitation	New Building including site works and bulk services	Construction	OR Tambo	Community Health Facilities	Buildings	25 500 000	-	-
Meje CHC - New Building including site works and bulk services	New infrastructure assets	New Building including site works and bulk services	Construction	Alfred Nzo	Community Health Facilities	Buildings	40 562 859	10 653 000	-
Nyaniso CHC - New Building including site works and bulk services	New infrastructure assets	New Building including site works and bulk services	Construction	Alfred Nzo	Community Health Facilities	Buildings	30 363 000	45 000 000	-
St Elizabeth Hospital - Health Professional Accommodation 15 x 2 bedroom units	Refurbishment and rehabilitation	Health Professional Accommodation 15 x 2 bedroom units	Design	OR Tambo	District Hospital Services	Buildings			
Upgrades and additions to theatres, maternity, pharmacy.	Upgrades and additions	Upgrades and additions to theatres, maternity, pharmacy.	Construction	Alfred Nzo	District Hospital Services	Buildings	2 000 000	-	-
Butterworth Hospital - Repairs and Renovations	Refurbishment and rehabilitation	vertical circulation improvement, paediatric upgrade, new emergency & pharmacy, new stores & parking (phase 1 + Maternity, Phase 2)	Tender	Amathole	District Hospital Services	Buildings	8 158 957	18 260 000	5 1 000 000
Steynsburg Hospital - Refurbishments and Maintenance	Refurbishment and rehabilitation	Maintenance, Repairs and Additions & Renovations to Existing Pharmacy Internal and External Painting of Hospital. Internal Roads to be paved and repairing of covered walkways.	Construction	Joe Gqabi	District Hospital Services	Buildings	1 400 000	-	-
Clinical Engineering Management Services	Maintenance and repairs	Condition assessments, workshops and spares stock mobilization, inspective preventive maintenance.	Construction	Buffalo City Metro	District Hospital Services	Goods & services	5 455 878	12 958 000	13 605 900

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		HT commissioning, skills transfer and contract management							
Medical Gas Systems - OR Tambo	Non Infrastructure	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	Design	OR Tambo	District Hospital Services	Machinery & Equipment	1 338 000	1 402 000	1 472 100
Medical Gas Systems - Chris Hani	Non Infrastructure	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	Design	Chris Hani	District Hospital Services	Machinery & Equipment	1 338 000	1 402 000	1 472 100
Medical Gas Systems - Alfred Nzo	Non Infrastructure	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	Design	Alfred Nzo	District Hospital Services	Machinery & Equipment	1 338 000	1 402 000	1 472 100
Medical Gas Systems - Amathole	Non Infrastructure	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	Design	Amathole	District Hospital Services	Machinery & Equipment	1 338 000	1 402 000	1 472 100
Medical Gas Systems - Sarah Baartman	Non Infrastructure	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	Design	Sarah Baartman	District Hospital Services	Machinery & Equipment	1 338 000	1 402 000	1 472 100
Medical Gas Systems - Nelson Mandela Metro	Non Infrastructure	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	Design	Nelson Mandela Metro	District Hospital Services	Machinery & Equipment	338 000	354 000	371 700
Medical Gas Systems - Buffalo City Metro	Non Infrastructure	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	Design	Buffalo City Metro	District Hospital Services	Machinery & Equipment	1 384 688	1 451 000	1 523 550
Medical Gas Systems - Joe Gqabi	Non Infrastructure	Installations of new medical compressed air, oxygen, vacuum and vacuum systems	Design	Joe Gqabi	District Hospital Services	Machinery & Equipment	1 384 688	1 451 000	1 523 550
Technicians Training	Non Infrastructure	Clinical Engineering Workshops	Proposed	Alfred Nzo	District Hospital Services	Goods & Services	375 000	768 000	806 400
Technicians Training	Non Infrastructure	Clinical Engineering Workshops	Proposed	Amathole	District Hospital Services	Goods & Services	375 000	768 000	806 400
Technicians Training	Non Infrastructure	Clinical Engineering Workshops	Proposed	Buffalo City Metro	District Hospital Services	Goods & Services	375 000	768 000	806 400
Technicians Training	Non Infrastructure	Clinical Engineering Workshops	Proposed	Chris Hani	District Hospital Services	Goods & Services	375 000	768 000	806 400
Technicians Training	Non Infrastructure	Clinical Engineering Workshops	Proposed	Joe Gqabi	District Hospital Services	Goods & Services	375 000	768 000	806 400

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Technicians Training	Non Infrastructure	Clinical Engineering Workshops	Proposed	Nelson Mandela Metro	District Hospital Services	Goods & Services	375 000	768 000	806 400
Technicians Training	Non Infrastructure	Clinical Engineering Workshops	Proposed	OR Tambo	District Hospital Services	Goods & Services	375 000	768 000	806 400
Technicians Training	Non Infrastructure	Clinical Engineering Workshops	Proposed	Sarah Baartmann	District Hospital Services	Goods & Services	375 000	768 000	806 400
Mthatha General Hospital - Accommodation Project Rehabilitation of Mthatha Nursing Accommodation & Depot	Refurbishment and rehabilitation	Renovations, reconfiguration & refurbishment of existing Nursing Accommodation multi-storey building and Medical Depot	Construction	OR Tambo	Provincial Hospital Services	Buildings	3 300 000	-	-
All Saints Hospital Phase 1 - Health Professional & student accommodation upgrade, improvements to existing buildings for use a Gateway Clinic	Refurbishment and rehabilitation	Health Professional & student accommodation upgrade, improvements to existing buildings for use a Gateway Clinic	Construction	Chris Hani	District Hospital Services	Buildings	2 500 000	-	-
Canzibe Hospital Phase 2 - Health Professional Accommodation (736sqm) 8 x 2 bedroom units	Refurbishment and rehabilitation	Health Professional Accommodation (736sqm) 8 x 2 bedroom units	Tender	OR Tambo	District Hospital Services	Buildings	100 000	100 000	105 000
All Saints Hospital Phase 2 - Upgrading of existing staff accommodation	Refurbishment and rehabilitation	All Saints Hospital Ngcobo Phase 2: Upgrading of existing staff accommodation	Construction	Chris Hani	District Hospital Services	Buildings	2 793 000	5 240 000	5 502 000
Frontier Hospital - Health Professionals Accommodation	Refurbishment and rehabilitation	Health Professional Accommodation Repairs, renovations & reconfiguration of existing Health Professional Accommodation	Tender	Chris Hani	Provincial Hospital Services	Buildings	100 000	100 000	30 000 000
Taylor Bequest Hospital (Elundini) - Health Professionals Accommodation	Refurbishment and rehabilitation	Health Professional Accommodation (736sqm) 8 x 2 bedroom units	Tender	Joe Gqabi	District Hospital Services	Buildings	-	-	-
Isilimela Hospital Phase 1 - Health Professionals Accommodation	Refurbishment and rehabilitation	Health Professional Accommodation (736sqm) 8 x 2 bedroom units	Tender	OR Tambo	District Hospital Services	Buildings	7 250 000	10 742 000	11 279 100
Fencing & Guardhouses Amathole Project 1	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Close out	Amathole	Community Health Facilities	Buildings	-	-	-

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Fencing & Guardhouses Amathole Project 2	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	Amathole	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses BCM Project 1	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	Buffalo City Metro	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses Amathole & BCM Project 1	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	Buffalo City Metro	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses Amathole & BCM Project 2	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	Buffalo City Metro	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses BCM Project 2	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	Buffalo City Metro	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses Chris Hani Project No.1	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Close out	Chris Hani	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses Chris Hani/ Joe Gqabi Project No.1	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Close out	Chris Hani	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses Joe Gqabi Project 1	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	Joe Gqabi	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses OR Tambo Project 1	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	OR Tambo	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses Alfred Nzo Project 1	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	Alfred Nzo	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses NMB/Sarah Baartman Project 1	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	Sarah Baartman	Community Health Facilities	Buildings	-	-	-
Fencing & Guardhouses NMB/Sarah Baartman Project 2	Refurbishment and rehabilitation	Construction of new fencing & guard houses at various facilities	Construction	Sarah Baartman	Community Health Facilities	Buildings	-	-	-
EMS Base in PE - New Building including site works and bulk services	New infrastructure assets	New Building including site works and bulk services	Construction	Nelson Mandela Metro	Other Facilities	Buildings	-	-	-
EMS Training College PE - New Building including site works and bulk services	New infrastructure assets	New Building including site works and bulk services	Construction	Nelson Mandela Metro	Other Facilities	Buildings	-	-	-
Electrification and water connections - Alfred Nzo	Refurbishment and rehabilitation	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water	Tender	Alfred Nzo	Community Health Facilities	Buildings	2 250 000	2 358 000	2 475 900

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		Storage, Water Borne Sewage System and Associated Plumbing							
Electricification and water connections - OR Tambo	Refurbishment and rehabilitation	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Tender	OR Tambo	Community Health Facilities	Buildings	2 000 000	2 096 000	2 200 800
Electricification and water connections - Amathole	Refurbishment and rehabilitation	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Tender	Amathole	Community Health Facilities	Buildings	2 500 000	524 000	550 200
Electricification and water connections - Sarah Baartmann	Refurbishment and rehabilitation	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Tender	Sarah Baartmann	Community Health Facilities	Buildings	2 000 000	-	-
Electricification and water connections - Chris Hani	Refurbishment and rehabilitation	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Tender	Chris Hani	Community Health Facilities	Buildings	400 000	420 000	441 000
Electricification and water connections - Joe Gqabi	Refurbishment and rehabilitation	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Tender	Joe Gqabi	Community Health Facilities	Buildings	439 000	460 000	483 000
Bhisho Hospital Theatre HVAC	Non Infrastructure	Replacement of Theatre HVAC System	Tender	Buffalo City Metro	District Hospital Services	Machinery & Equipment	-	-	-
Empilisweni Hospital - Phase I (Emergency Accommodation)	Refurbishment and rehabilitation	Park homes for Emergency Accommodation for Staff and Students, associated bulk services (electrical and civils), Demolish Condemned Buildings	Construction	Joe Gqabi	District Hospital Services	Buildings	1 000 000	-	-
St Patricks Hospital - Upgrading CAS/OPD	Refurbishment and rehabilitation	Renovations & refurbishments	Handover & Commissioning	Alfred Nzo	District Hospital Services	Buildings	-	-	-

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Maclaur Hospital - Repairs and Renovations	Refurbishment and rehabilitation	Health Facilities Renovations & refurbishments	Construction	Joe Gqabi	District Hospital Services	Buildings	100 000	-	-
St Barnabas Hospital - New Building including site works and bulk services	Refurbishment and rehabilitation	New Building including site works and bulk services	Construction	OR Tambo	District Hospital Services	Buildings	11 405 828	-	-
SS Gida Hospital - Renovations & refurbishments	Refurbishment and rehabilitation	Renovations & refurbishments	Construction	Amathole	District Hospital Services	Buildings	7 966 069	2 248 000	-
Madwaleni Hospital - Renovations and Refurbishments to Nurses home	Refurbishment and rehabilitation	Renovations & refurbishments - to Nurses home	Handover & Commissioning	Amathole	District Hospital Services	Buildings	2 000 000	-	-
Craddock Hospital - Infrastructure Improvements including roof replacement	Refurbishment and rehabilitation	Maintenance work to existing facility - Infrastructure Improvements including roof replacement	Construction	Chris Hani	District Hospital Services	Buildings	500 000	-	-
Komga CHC - Renovations & refurbishments	Refurbishment and rehabilitation	Renovations & refurbishments	Tender	Amathole	District Hospital Services	Buildings	1 500 000	5 206 920	2 000 000
Victoria Hospital - Renovations & refurbishments of Health Professional housing and demolition of obsolete structures	Refurbishment and rehabilitation	Renovations & refurbishments of Health Professional housing and demolition of obsolete structures	Construction	Amathole	District Hospital Services	Buildings	-	-	-
Komani Hospital - Maintenance work to existing facility, ward 15 and 2 houses	Refurbishment and rehabilitation	Maintenance work to existing facility, ward 15 and 2 houses	Construction	Chris Hani	District Hospital Services	Buildings	100 000	-	-
Mjanyana Hospital - Infrastructure Improvements to the Pharmacy, OPD and upgrade of the vehicle & pedestrian access	Refurbishment and rehabilitation	Infrastructure Improvements to the Pharmacy, OPD and upgrade of the vehicle & pedestrian access	Construction	Chris Hani	District Hospital Services	Buildings	200 000	-	-
Willem Stahli Hospital - Upgrading of Health	Refurbishment and rehabilitation	Upgrading of Health Professional Accommodation	Construction	Chris Hani	District Hospital Services	Buildings	100 000	-	-

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g. Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Professional Accommodation									
Willowdale CHC - Internal roads, services block renovations and pharmacy upgrade & Sewer treatment and Doctors Accommodation	Refurbishment and rehabilitation	Internal roads, services block renovations and pharmacy upgrade & Sewer treatment and Doctors Accommodation	Construction	Amathole	Community Health Facilities	Buildings	-	-	-
Bhongweni Clinic Renovations and Extensions to Pharmacy, waiting areas and ablutions	Refurbishment and rehabilitation	Health Facilities Renovations & refurbishments (6%)	Construction	Sarah Baartmann	Community Health Facilities	Buildings	-	-	-
Leticia Bam CHC - Health Facility Renovations, refurbishment and improvements	Refurbishment and rehabilitation	Health Facility renovations, refurbishment and improvements	Construction	Nelson Mandela Metro	Community Health Facilities	Buildings	4 500 000	-	-
Renovations and Extensions to Consulting Rooms, Pharmacy, waiting areas and ablutions	Refurbishment and rehabilitation	Health Facilities Renovations & refurbishments	Construction	Sarah Baartmann	Community Health Facilities	Buildings	4 700 000	500 000	525 000
Tabase Clinic - Renovations, refurbishments, alterations & additions	Refurbishment and rehabilitation	Renovations, refurbishments, alterations & additions	Construction	OR Tambo	Community Health Facilities	Buildings	-	-	-
Khambi Clinic - Renovations, refurbishments, alterations & additions	Refurbishment and rehabilitation	Renovations, refurbishments, alterations & additions	Construction	OR Tambo	Community Health Facilities	Buildings	-	-	-
Mpindweni Clinic - Construction of a new clinic	Refurbishment and rehabilitation	Completion of a partially built clinic	Construction	Alfred Nzo	Community Health Facilities	Buildings	2 000 000	-	-
Gqebera CHC - Health Facility Renovations, refurbishment and improvements	Refurbishment and rehabilitation	Health Facility renovations, refurbishment and improvements	Tender	Nelson Mandela Metro	Community Health Facilities	Buildings	3 400 000	-	-

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COE - Clinical Engineering Services	Non Infrastructure	Compensation of employees	Construction	Alfred Nzo	District Hospital Services	Compensation of Employees	1 560 598	1 635 500	1 717 275
COE - Clinical Engineering Services	Non Infrastructure	Compensation of employees	Construction	Amathole	District Hospital Services	Compensation of Employees	1 560 598	1 635 500	1 717 275
COE - Clinical Engineering Services	Non Infrastructure	Compensation of employees	Construction	Buffalo City Metro	District Hospital Services	Compensation of Employees	1 560 598	1 635 500	1 717 275
COE - Clinical Engineering Services	Non Infrastructure	Compensation of employees	Construction	Chris Hani	District Hospital Services	Compensation of Employees	1 560 598	1 635 500	1 717 275
COE - Clinical Engineering Services	Non Infrastructure	Compensation of employees	Construction	Joe Gqabi	District Hospital Services	Compensation of Employees	1 560 598	1 635 500	1 717 275
COE - Clinical Engineering Services	Non Infrastructure	Compensation of employees	Construction	Nelson Mandela Metro	District Hospital Services	Compensation of Employees	1 560 598	1 635 500	1 717 275
COE - Clinical Engineering Services	Non Infrastructure	Compensation of employees	Construction	OR Tambo	District Hospital Services	Compensation of Employees	1 560 598	1 635 500	1 717 275
COE - Clinical Engineering Services	Non Infrastructure	Compensation of employees	Construction	Sarah Baartmann	District Hospital Services	Compensation of Employees	1 560 598	1 635 500	1 717 275
Westend Clinic CHC - Refurbishment and improvements	Refurbishment and rehabilitation	Health Facility renovations, refurbishment and improvements	Tender	Nelson Mandela Metro	Community Health Facilities	Buildings	4 000 000	-	-
Nontyambo CHC - Repairs & Renovations	Refurbishment and rehabilitation	Health Facilities Renovations & refurbishments	Tender	Buffalo City Metro	Community Health Facilities	Buildings	200 000	-	-
Cecilia Makiwane Hospital - Level 1 - Commissioning of Health Technology, Medical equipment and IT	Refurbishment and rehabilitation	New medical equipment, furniture, IT equipment, and organizational development services (OD)	Construction	Buffalo City Metro	Provincial Hospital Services	Buildings	12 044 670	10 623 000	11 154 150
Compensation of Employees	Non Infrastructure	Compensation of employees	Construction	Buffalo City Metro	Provincial Hospital Services	Compensation of Employees	34 815 000	36 486 000	38 310 300
Office Capacitation - Goods and Services	Non Infrastructure	Goods & services for employees	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	4 775 000	5 004 000	5 254 200
Clinical Engineering Technicians Training	Non Infrastructure	EPWP	Construction	Buffalo City Metro	Community Health Facilities	Goods & services	-	-	-
Office Capacitation - Machinery and Equipment	Non Infrastructure	Office equipment for employees	Construction	Buffalo City Metro	Provincial Hospital Services	Machinery & Equipment	4 775 000	5 004 000	5 254 200
Nelson Mandela Academic Hospital Oncology	Upgrades and additions	Provision of radiation oncology	Concept Stage	OR Tambo	Provincial Hospital Services	Buildings	-	-	-

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g. Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Project Management Services	Refurbishment and rehabilitation	Project Management Services	Construction	Buffalo City Metro	District Hospital Services	Buildings	5 000 000	2 000 000	-
Scheduled Maintenance to Boilers in Alfred Nzo and OR Tambo	Maintenance and repairs	Scheduled Maintenance to Boilers in Alfred Nzo and OR Tambo	Construction	Alfred Nzo	Provincial Hospital Services	Goods & services	1 861 009	2 998 000	3 147 900
Scheduled Maintenance to Boilers in Chris Hani and Joe Gqabi	Maintenance and repairs	Scheduled Maintenance to Boilers in Chris Hani and Joe Gqabi	Tender	Chris Hani	Provincial Hospital Services	Goods & services	1 861 009	2 998 000	3 147 900
Scheduled Maintenance to Boilers in Amathole and BCM	Maintenance and repairs	Scheduled Maintenance to Boilers in Amathole and BCM	Tender	Buffalo City Metro	Provincial Hospital Services	Goods & services	1 900 000	3 047 000	3 199 350
Scheduled Maintenance to Boilers in Sarah Baartman and Nelson Mandela Bay	Maintenance and repairs	Scheduled Maintenance to Boilers in Sarah Baartman and Nelson Mandela Bay	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	6 000 000	1 878 000	1 971 900
Scheduled Maintenance to Generators Alfred Nzo	Maintenance and repairs	Scheduled Maintenance to Generators Alfred Nzo	Construction	Alfred Nzo	Provincial Hospital Services	Goods & services	6 000 000	1 878 000	1 971 900
Scheduled Maintenance to Generators Amathole	Maintenance and repairs	Scheduled Maintenance to Generators Amathole	Construction	Amathole	Provincial Hospital Services	Goods & services	6 000 000	1 878 000	1 971 900
Scheduled Maintenance to Generators Buffalo City	Maintenance and repairs	Scheduled Maintenance to Generators Buffalo City	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	6 000 000	1 878 000	1 971 900
Scheduled Maintenance to Generators Chris Hani	Maintenance and repairs	Scheduled Maintenance to Generators Chris Hani	Construction	Chris Hani	District Hospital Services	Goods & services	2 000 000	1 949 000	2 046 450
Scheduled Maintenance to Generators Joe Gqabi	Maintenance and repairs	Scheduled Maintenance to Generators Joe Gqabi	Construction	Joe Gqabi	District Hospital Services	Goods & services	6 000 000	1 949 000	2 046 450
Scheduled Maintenance to Generators Nelson Mandela Bay	Maintenance and repairs	Scheduled Maintenance to Generators Nelson Mandela Bay	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	6 000 000	1 878 000	1 971 900
Scheduled Maintenance to Generators OR Tambo	Maintenance and repairs	Scheduled Maintenance to Generators OR Tambo	Design	OR Tambo	Provincial Hospital Services	Goods & services	6 000 000	1 878 000	1 971 900
Scheduled Maintenance to Generators Sarah Baartman	Maintenance and repairs	Scheduled Maintenance to Generators Sarah Baartman	Construction	Sarah Baartman	District Hospital Services	Goods & services	6 000 000	1 949 000	7 000 000
Scheduled Maintenance to Laundry Equipment Alfred Nzo	Maintenance and repairs	Scheduled Maintenance to Laundry Equipment Alfred Nzo	Design	Alfred Nzo	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g. Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Scheduled Maintenance to Laundry Equipment Amathole	Maintenance and repairs	Scheduled Maintenance to Laundry Equipment Amathole	Design	Amathole	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000
Scheduled Maintenance to Laundry Equipment Buffalo City	Maintenance and repairs	Scheduled Maintenance to Laundry Equipment Buffalo City	Design	Buffalo City Metro	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000
Scheduled Maintenance to Laundry Equipment Chris Hani	Maintenance and repairs	Scheduled Maintenance to Laundry Equipment Chris Hani	Design	Chris Hani	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000
Scheduled Maintenance to Laundry Equipment Joe Gqabi	Maintenance and repairs	Scheduled Maintenance to Laundry Equipment Joe Gqabi	Design	Joe Gqabi	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000
Scheduled Maintenance to Laundry Equipment Nelson Mandela Bay	Maintenance and repairs	Scheduled Maintenance to Laundry Equipment Nelson Mandela Bay	Design	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Laundry Equipment OR Tambo	Maintenance and repairs	Scheduled Maintenance to Laundry Equipment OR Tambo	Design	OR Tambo	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Laundry Equipment Sarah Baartman	Maintenance and repairs	Scheduled Maintenance to Laundry Equipment Sarah Baartman	Design	Sarah Baartman	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000
Scheduled Maintenance to Kitchen Equipment Alfred Nzo	Maintenance and repairs	Scheduled Maintenance to Kitchen Equipment Alfred Nzo	Design	Alfred Nzo	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000
Scheduled Maintenance to Kitchen Equipment Amathole	Maintenance and repairs	Scheduled Maintenance to Kitchen Equipment Amathole	Design	Amathole	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000
Scheduled Maintenance to Kitchen Equipment Buffalo City	Maintenance and repairs	Scheduled Maintenance to Kitchen Equipment Buffalo City	Design	Buffalo City Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Kitchen Equipment Chris Hani	Maintenance and repairs	Scheduled Maintenance to Kitchen Equipment Chris Hani	Design	Chris Hani	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Kitchen Equipment Joe Gqabi	Maintenance and repairs	Scheduled Maintenance to Kitchen Equipment Joe Gqabi	Design	Joe Gqabi	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Scheduled Maintenance to Kitchen Equipment Nelson Mandela Bay	Maintenance and repairs	Scheduled Maintenance to Kitchen Equipment Nelson Mandela Bay	Design	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Kitchen Equipment OR Tambo	Maintenance and repairs	Scheduled Maintenance to Kitchen Equipment OR Tambo	Design	OR Tambo	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Kitchen Equipment Sarah Baartman	Maintenance and repairs	Scheduled Maintenance to Kitchen Equipment Sarah Baartman	Design	Sarah Baartman	District Hospital Services	Goods & services	859 549	1 949 000	7 000 000
Scheduled Maintenance to Medium Voltage Facilities Frere, Bisho, Nelson Mandela Academic, Mhata General, Cecilia Makiwane and Greenville Hospital	Maintenance and repairs	Scheduled Maintenance to Medium Voltage Facilities Frere, Bisho, Nelson Mandela Academic, Mhata General, Cecilia Makiwane and Greenville Hospital	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Medium Voltage Facilities Cradock, Frontier, Komani, Burgersdorp, Victoria, Tower and All Saints Hospital	Maintenance and repairs	Scheduled Maintenance to Medium Voltage Facilities Cradock, Frontier, Komani, Burgersdorp, Victoria, Tower and All Saints Hospital	Construction	Chris Hani	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Medium Voltage Facilities Dora Nginza, Livingstone, PE Provincial Hospital	Maintenance and repairs	Scheduled Maintenance to Medium Voltage Facilities Dora Nginza, Livingstone, PE Provincial Hospital	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Medium Voltage Facilities Andries Vosloo, Humansdorp, Fort England, Settlers Hospital	Maintenance and repairs	Scheduled Maintenance to Medium Voltage Facilities Andries Vosloo, Humansdorp, Fort England, Settlers Hospital	Construction	Sarah Baartman	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Alfred Nzo DM	Maintenance and repairs	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Alfred Nzo DM	Construction	Alfred Nzo	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Amathole DM	Maintenance and repairs	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Amathole DM	Construction	Amathole	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Buffalo City DM	Maintenance and repairs	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Buffalo City DM	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Chris Hani DM	Maintenance and repairs	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Chris Hani DM	Construction	Chris Hani	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Joe Gqabi DM	Maintenance and repairs	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Joe Gqabi DM	Construction	Joe Gqabi	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Nelson Mandela Bay DM	Maintenance and repairs	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Nelson Mandela Bay DM	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - OR Tambo DM	Maintenance and repairs	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - OR Tambo DM	Construction	OR Tambo	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Sarah Baartman DM	Maintenance and repairs	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Sarah Baartman DM	Construction	Sarah Baartman	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Refrigeration,	Maintenance and repairs	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Alfred Nzo DM	Construction	Alfred Nzo	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900

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Mortuaries and Heat Pumps - Alfred Nzo DM									
Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Amathole DM	Maintenance and repairs	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Amathole DM	Design	Amathole	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Buffalo City DM	Maintenance and repairs	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Buffalo City DM	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Chris Hani DM	Maintenance and repairs	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Chris Hani DM	Design	Chris Hani	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Joe Gqabi DM	Maintenance and repairs	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Joe Gqabi DM	Construction	Joe Gqabi	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Nelson Mandela Bay DM	Maintenance and repairs	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Nelson Mandela Bay DM	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - OR Tambo DM	Maintenance and repairs	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - OR Tambo DM	Construction	OR Tambo	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Sarah Baartman DM	Maintenance and repairs	Scheduled Maintenance to Various Refrigeration, Mortuaries and Heat Pumps - Sarah Baartman DM	Construction	Sarah Baartman	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Alfred Nzo DM	Maintenance and repairs	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Alfred Nzo DM	Construction	Alfred Nzo	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g. Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Amathole DM	Maintenance and repairs	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Amathole DM	Concept Stage	Amathole	District Hospital Services	Goods & services	859 549	1 949 000	2 046 450
Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Buffalo City DM	Maintenance and repairs	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Buffalo City DM	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Chris Hani DM	Maintenance and repairs	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Chris Hani DM	Concept Stage	Chris Hani	Provincial Hospital Services	Goods & services	792 087	1 878 000	1 971 900
Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Joe Gqabi DM	Maintenance and repairs	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Joe Gqabi DM	Construction	Joe Gqabi	District Hospital Services	Goods & services	859 549	1 949 000	2 046 450
Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Nelson Mandela Bay DM	Maintenance and repairs	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Nelson Mandela Bay DM	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700
Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - OR Tambo DM	Maintenance and repairs	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - OR Tambo DM	Construction	OR Tambo	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700
Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Sarah Baartman DM	Maintenance and repairs	Scheduled Maintenance to Various Vacuum and Compressed Medical Gas Supply - Sarah Baartman DM	Construction	Sarah Baartman	District Hospital Services	Goods & services	255 729	1 316 000	1 381 800
Scheduled Maintenance to Various Fire Detection and Prevention - Alfred Nzo DM	Maintenance and repairs	Scheduled Maintenance to Various Fire Detection and Prevention - Alfred Nzo DM	Construction	Alfred Nzo	District Hospital Services	Goods & services	255 729	1 316 000	1 381 800
Scheduled Maintenance to Various Fire Detection and Prevention - Amathole DM	Maintenance and repairs	Scheduled Maintenance to Various Fire Detection and Prevention - Amathole DM	Concept Stage	Amathole	District Hospital Services	Goods & services	255 729	1 316 000	1 381 800

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Prevention - Amathole DM									
Scheduled Maintenance to Various Fire Detection and Prevention - Buffalo City DM	Maintenance and repairs	Scheduled Maintenance to Various Fire Detection and Prevention - Buffalo City DM	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700
Scheduled Maintenance to Various Fire Detection and Prevention - Chris Hani DM	Maintenance and repairs	Scheduled Maintenance to Various Fire Detection and Prevention - Chris Hani DM	Concept Stage	Chris Hani	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700
Scheduled Maintenance to Various Fire Detection and Prevention - Joe Gqabi DM	Maintenance and repairs	Scheduled Maintenance to Various Fire Detection and Prevention - Joe Gqabi DM	Construction	Joe Gqabi	District Hospital Services	Goods & services	255 729	1 316 000	1 381 800
Scheduled Maintenance to Various Fire Detection and Prevention - Nelson Mandela Bay DM	Maintenance and repairs	Scheduled Maintenance to Various Fire Detection and Prevention - Nelson Mandela Bay DM	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700
Scheduled Maintenance to Various Fire Detection and Prevention - OR Tambo DM	Maintenance and repairs	Scheduled Maintenance to Various Fire Detection and Prevention - OR Tambo DM	Construction	OR Tambo	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700
Scheduled Maintenance to Various Fire Detection and Prevention - Sarah Baartman DM	Maintenance and repairs	Scheduled Maintenance to Various Fire Detection and Prevention - Sarah Baartman DM	Construction	Sarah Baartman	District Hospital Services	Goods & services	255 729	1 316 000	1 381 800
Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Alfred Nzo DM	Maintenance and repairs	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Alfred Nzo DM	Construction	Alfred Nzo	District Hospital Services	Goods & services	255 729	1 316 000	1 381 800
Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Amathole DM	Maintenance and repairs	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Amathole DM	Concept Stage	Amathole	District Hospital Services	Goods & services	255 729	1 316 000	1 381 800
Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Buffalo City DM	Maintenance and repairs	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Buffalo City DM	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Comms, PV and UPS - Buffalo City DM									
Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Chris Hani DM	Maintenance and repairs	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Chris Hani DM	Concept Stage	Chris Hani	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700
Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Joe Gqabi DM	Maintenance and repairs	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Joe Gqabi DM	Construction	Joe Gqabi	District Hospital Services	Goods & services	255 729	1 316 000	1 381 800
Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Nelson Mandela Bay DM	Maintenance and repairs	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Nelson Mandela Bay DM	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700
Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - OR Tambo DM	Maintenance and repairs	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - OR Tambo DM	Construction	OR Tambo	Provincial Hospital Services	Goods & services	215 252	1 274 000	1 337 700
Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Sarah Baartman DM	Maintenance and repairs	Scheduled Maintenance to Various LV, Nurses Call, Comms, PV and UPS - Sarah Baartman DM	Construction	Sarah Baartman	District Hospital Services	Goods & services	255 729	1 316 000	1 381 800
Scheduled Maintenance to Various Theater HVAC - Alfred Nzo DM	Maintenance and repairs	Scheduled Maintenance to Various Theater HVAC - Alfred Nzo DM	Construction	Alfred Nzo	District Hospital Services	Goods & services	1 915 280	3 055 000	3 207 750
Scheduled Maintenance to Various Theater HVAC - Amathole DM	Maintenance and repairs	Scheduled Maintenance to Various Theater HVAC - Amathole DM	Concept Stage	Amathole	District Hospital Services	Goods & services	911 460	2 003 000	2 103 150
Scheduled Maintenance to Various Theater HVAC - Buffalo City DM	Maintenance and repairs	Scheduled Maintenance to Various Theater HVAC - Buffalo City DM	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	830 505	1 918 000	2 013 900
Scheduled Maintenance to Various Theater HVAC - Chris Hani DM	Maintenance and repairs	Scheduled Maintenance to Various Theater HVAC - Chris Hani DM	Concept Stage	Chris Hani	Provincial Hospital Services	Goods & services	830 505	1 918 000	2 013 900
Scheduled Maintenance to Various Theater HVAC - Joe Gqabi DM	Maintenance and repairs	Scheduled Maintenance to Various Theater HVAC - Joe Gqabi DM	Construction	Joe Gqabi	District Hospital Services	Goods & services	911 460	2 003 000	2 103 150

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Scheduled Maintenance to Various Theater HVAC - Nelson Mandela Bay DM	Maintenance and repairs	Scheduled Maintenance to Various Theater HVAC - Nelson Mandela Bay DM	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	830 510	1 918 000	2 013 900
Scheduled Maintenance to Various Theater HVAC - OR Tambo DM	Maintenance and repairs	Scheduled Maintenance to Various Theater HVAC - OR Tambo DM	Construction	OR Tambo	Provincial Hospital Services	Goods & services	830 505	1 918 000	2 013 900
Scheduled Maintenance to Various Theater HVAC - Sarah Baartman DM	Maintenance and repairs	Scheduled Maintenance to Various Theater HVAC - Sarah Baartman DM	Construction	Sarah Baartman	District Hospital Services	Goods & services	911 459	2 003 000	2 103 150
Scheduled Maintenance to Various Central HVAC Systems - Alfred Nzo DM	Maintenance and repairs	Scheduled Maintenance to Various Central HVAC Systems - Alfred Nzo DM	Construction	Alfred Nzo	District Hospital Services	Goods & services	1 011 459	2 108 000	2 213 400
Scheduled Maintenance to Various Central HVAC Systems - Amathole DM	Maintenance and repairs	Scheduled Maintenance to Various Central HVAC Systems - Amathole DM	Concept Stage	Amathole	District Hospital Services	Goods & services	1 011 459	2 108 000	2 213 400
Scheduled Maintenance to Various Central HVAC Systems - Buffalo City DM	Maintenance and repairs	Scheduled Maintenance to Various Central HVAC Systems - Buffalo City DM	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	930 505	2 023 000	2 124 150
Scheduled Maintenance to Various Central HVAC Systems - Chris Hani DM	Maintenance and repairs	Scheduled Maintenance to Various Central HVAC Systems - Chris Hani DM	Concept Stage	Chris Hani	Provincial Hospital Services	Goods & services	930 505	2 023 000	2 124 150
Scheduled Maintenance to Various Central HVAC Systems - Joe Gqabi DM	Maintenance and repairs	Scheduled Maintenance to Various Central HVAC Systems - Joe Gqabi DM	Construction	Joe Gqabi	District Hospital Services	Goods & services	1 011 459	2 108 000	2 213 400
Scheduled Maintenance to Various Central HVAC Systems - Nelson Mandela Bay DM	Maintenance and repairs	Scheduled Maintenance to Various Central HVAC Systems - Nelson Mandela Bay DM	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	930 505	2 023 000	2 124 150
Scheduled Maintenance to Various Central HVAC Systems - OR Tambo DM	Maintenance and repairs	Scheduled Maintenance to Various Central HVAC Systems - OR Tambo DM	Construction	OR Tambo	Provincial Hospital Services	Goods & services	930 505	2 023 000	2 124 150
Scheduled Maintenance to Various Central HVAC Systems - Sarah Baartman DM	Maintenance and repairs	Scheduled Maintenance to Various Central HVAC Systems - Sarah Baartman DM	Construction	Sarah Baartman	District Hospital Services	Goods & services	1 011 459	2 108 000	2 213 400

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Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Alfred Nzo DM	Maintenance and repairs	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Alfred Nzo DM	Construction	Alfred Nzo	District Hospital Services	Goods & services	200 639	1 056 000	1 108 800
Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Amathole DM	Maintenance and repairs	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Amathole DM	Concept Stage	Amathole	District Hospital Services	Goods & services	200 349	1 056 000	1 108 800
Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Buffalo City DM	Maintenance and repairs	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Buffalo City DM	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	2 953 670	6 239 000	6 550 950
Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Chris Hani DM	Maintenance and repairs	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Chris Hani DM	Concept Stage	Chris Hani	Provincial Hospital Services	Goods & services	6 953 670	999 000	1 048 950
Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Joe Gqabi DM	Maintenance and repairs	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Joe Gqabi DM	Construction	Joe Gqabi	District Hospital Services	Goods & services	2 252 423	7 601 000	7 981 050
Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Nelson Mandela Bay DM	Maintenance and repairs	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Nelson Mandela Bay DM	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	703 670	1 785 000	1 874 250
Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - OR Tambo DM	Maintenance and repairs	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - OR Tambo DM	Construction	OR Tambo	Provincial Hospital Services	Goods & services	1 760 150	1 845 000	1 937 250
Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Sarah Baartman DM	Maintenance and repairs	Scheduled Maintenance to Various Wet Services, Plumbing and WWTS - Sarah Baartman DM	Construction	Sarah Baartman	District Hospital Services	Goods & services	757 640	1 842 000	1 934 100
Canzibe Hospital - Repairs & Renovations	Refurbishment and rehabilitation	Roof replacement, fencing, painting and walkways	Construction	OR Tambo	District Hospital Services	Buildings	2 000 000	-	-
P.E. Provincial Hospital (Repairs and Renovations for purposes of providing	Refurbishment and rehabilitation	P.E. Provincial Psychiatric Ward (Repairs and renovations to the Psychiatric Observation Ward)	Construction	Nelson Mandela Metro	Provincial Hospital Services	Buildings	340 000	-	-

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space for a (Psychiatric Ward).									
Elizabeth Donkin Psychiatric Hospital Repairs and Renovations	Refurbishment and rehabilitation	Prefabricated buildings for outpatients department and upgrading of Group Therapy building at Elizabeth Donkin General	Construction	Nelson Mandela Metro	Provincial Hospital Services	Buildings	200 000	-	-
Elliot Hospital Infrastructure Improvements (Phase I)	Refurbishment and rehabilitation	General repairs and maintenance to the building including roof repairs & health professional accommodation.	Tender	Chris Hani	District Hospital Services	Buildings	-	100 000	105 000
Taylor Bequest Matatiele Water & Waste Water Treatment Works	Non Infrastructure	Matatiele Water & Waste Water Treatment Works	Tender	Alfred Nzo	Other Facilities	Machinery & Equipment	-	-	-
Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	Non Infrastructure	Nqamakhwe - Water Supply & Sanitation, Water connection, Mquma Health Facility	Tender	Amathole	Other Facilities	Machinery & Equipment	3 000 000	2 620 000	2 751 000
Holy Cross & Greenville Water & Waste Water Treatment Works	Non Infrastructure	Holy Cross & Greenville Water & Waste Water Treatment Works	Construction	OR Tambo	Other Facilities	Machinery & Equipment	2 500 000	2 096 000	2 200 800
St Lucy's Water Supply & Storage Water Tanks	Non Infrastructure	St Lucy's Water Supply & Storage Water Tanks	Tender	OR Tambo	Other Facilities	Machinery & Equipment	2 700 000	4 765 000	5 003 250
Water Supply and Storage Reservoirs - Livingstone, Dora Nginza and Ultenhage Hospital	Non Infrastructure	Water Supply and Storage Reservoirs - Livingstone & Dora Nginza Hospital	Construction	Nelson Mandela Metro	Provincial Hospital Services	Machinery & Equipment	93 247	98 000	102 900
Lilitha College: East London - Maintenance and renovation work to the existing three storey office blocks	Refurbishment and rehabilitation	Lilitha (Maintenance and renovation work to the existing three storey office blocks)	Construction	Buffalo City Metro	Other Facilities	Buildings	-	-	-
Lorraine & Northdene Frere Hospital (Repairs and renovations to staff accommodation)	Refurbishment and rehabilitation	Lorraine & Northdene Frere Hospital (Repairs and renovations to staff accommodation)	Construction	Buffalo City Metro	Provincial Hospital Services	Buildings	3 000 000	1 000 000	-
Dr Malizo Mpehle Hospital (Water Supply)	Non Infrastructure	Dr Malizo Mpehle Hospital (Water Supply)	Construction	OR Tambo	Other Facilities	Machinery & Equipment	100 000	-	-

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Mjanyana Hospital - Staff Accommodation Project	Upgrades and additions	Upgrading of existing staff accommodation, construction of 10 x 2 bedroom units; 10 x 1 bedroom units	Construction	Chris Hani	District Hospital Services	Buildings	34 053 000	15 816 000	-
Nelson Mandela Academic Hospital - Fencing	Upgrades and additions	NMAH - Various Fencing	Construction	OR Tambo	Provincial Hospital Services	Buildings	-	-	-
Nelson Mandela Academic Hospital - Repairs & Renovations	Refurbishment and rehabilitation	Nelson Mandela Academic Hospital - Repairs & Renovations of floors, roofs, bumper rails, windows etc.	Tender	OR Tambo	Provincial Hospital Services	Buildings	8 000 000	5 040 000	5 292 000
Livingstone Hospital - NMB District - Upgrade of the Cath Lab and CSSD areas	Upgrades and additions	NMB District - Upgrade of the Cath Lab and CSSD areas	Construction	Nelson Mandela Metro	Provincial Hospital Services	Buildings	3 431 230	-	-
Livingstone Hospital - NMB District - Upgrade of the Cath Lab and CSSD areas	Upgrades and additions	NMB District - Upgrade of the Cath Lab and CSSD areas	Construction	Nelson Mandela Metro	Provincial Hospital Services	Buildings	21 000 000	100 000	-
Kwa-Nonzakazi Clinic Refurbishment and Extension Consulting Rooms	Refurbishment and rehabilitation	Clinic Refurbishment and Extension	Construction	Sarah Baartmann	Community Health Facilities	Buildings	-	-	-
Tafalofefe Hospital Phase I Staff Accommodation and Gateway Clinic	Upgrades and additions	Painting, fix leaking roofs, glazing etc)	Tender	Amathole	District Hospital Services	Buildings	2 625 000	-	-
Nkqubela TB Hospital Repairs and Renovations	Upgrades and additions	Painting, fix leaking roofs, glazing etc)	Construction	Buffalo City Metro	Provincial Hospital Services	Buildings	-	-	-
Empilweni Gomo GHC - Repairs & Renovations	Upgrades and additions	Painting, fix leaking roofs, glazing etc)	Construction	Buffalo City Metro	Provincial Hospital Services	Buildings	-	-	-
Bhisho Hospital Repairs and Renovations	Refurbishment and rehabilitation	Painting, fix leaking roofs, glazing etc)	Construction	Buffalo City Metro	District Hospital Services	Buildings	100 000	-	-
Nelson Mandela Academic Hospital - Nelson Mandela Academic - Generator	Non Infrastructure	Nelson Mandela Academic - Generator	Construction	OR Tambo	Provincial Hospital Services	Machinery & Equipment	100 000	-	-
Nelson Mandela Academic - Provision of ICU and High Care for the Neo nates	Refurbishment and rehabilitation	Provision of ICU and High Care for the Neo nates	Construction	OR Tambo	Provincial Hospital Services	Buildings	100 000	-	-
Ndofela Clinic - General maintenance and repair	Refurbishment and rehabilitation	General maintenance and repair work and additional space requirements for ideal clinic	Construction	Joe Gqabi	Community Health Facilities	Buildings	1 000 000	-	-

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work and additional space requirements for ideal clinic									
Hamburg Clinic - Replacement of a clinic	New infrastructure assets	Replacement of a clinic	Close out	Amathole	Community Health Facilities	Buildings	-	-	-
Isikhoba Clinic - Construction of a new clinic	New infrastructure assets	Replacement of a clinic	Construction	Chris Hani	Community Health Facilities	Buildings	100 000	-	-
Qebe Clinic - Construction of a new clinic	New infrastructure assets	Replacement of a clinic	Construction	Chris Hani	Community Health Facilities	Buildings	-	-	-
Ngcizela Clinic - Replacement of a clinic	New infrastructure assets	Replacement of a clinic	Close out	Amathole	Community Health Facilities	Buildings	-	-	-
Nkwenkwana Clinic - Construction of a new clinic	New infrastructure assets	Replacement of a clinic	Construction	Chris Hani	Community Health Facilities	Buildings	100 000	-	-
NMBM - Cluster 1: New Brighton Clinic; Veepias Clinic; Soweto Clinic; Kwamagxaki Clinic; Lunga Kobese Clinic	Refurbishment and rehabilitation	Minor Renovations & refurbishments to ablution, roof, electrical and external works	Tender	Nelson Mandela Metro	Community Health Facilities	Buildings	900 000	2 370 000	-
NMBM - Cluster 2: Walmer 14th Avenue Clinic; Booyens Park Clinic; Chatty Clinic	Refurbishment and rehabilitation	Minor Renovations & refurbishments to ablution, roof, electrical and external works	Construction	Nelson Mandela Metro	Community Health Facilities	Buildings	500 000	2 800 000	-
NMBM - Cluster 3: Isalomzi Clinic; Masakhane Clinic; Wells Estate Clinic; Du-Preez Clinic; Gustav Lamour Clinic; Ikamvelihle Clinic	Refurbishment and rehabilitation	Minor Renovations & refurbishments to ablution, roof, electrical and external works	Tender	Nelson Mandela Metro	Community Health Facilities	Buildings	900 000	3 521 080	-
NMBM - Cluster 4: Missionvale Clinic; Edameni Clinic; Silvertown Clinic	Refurbishment and rehabilitation	Minor Renovations & refurbishments to ablution, roof, electrical and external works	Tender	Nelson Mandela Metro	Community Health Facilities	Buildings	100 000	1 550 000	-
Madwaleni Hospital - Upgrading of OPD, MOU	Upgrades and additions	Upgrades and additions to OPD, MOU, Consulting Rooms,	Tender	Amathole	District Hospital Services	Buildings	100 000	-	-

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		Pharmacy, Waiting Area, A&E, Theatres, Wards, Accommodation Units, Services Block.							
PVC Water tanks Alfred Nzo/ OR Tambo	Non Infrastructure	Supply and install water tanks in Alfred Nzo and OR Tambo	Construction	Alfred Nzo	Community Health Facilities	Machinery & Equipment	100 000	1 000	5 000 000
PVC Water tanks Chris Hani/ Joe Gqabi	Non Infrastructure	Supply and install water tanks in Chris Hani and Joe Gqabi	Construction	Chris Hani	Community Health Facilities	Machinery & Equipment	539 400	-	-
PVC Water tanks Buffalo City Metro	Non Infrastructure	Supply and install water tanks in Buffalo City and Amathole	Tender	Buffalo City Metro	Community Health Facilities	Machinery & Equipment	3 000 000	144 000	-
PVC Water tanks NIMB/Sarah Baartman	Non Infrastructure	Supply and install water tanks in Nelson Mandela Metro and Sara Baartman	Tender	Nelson Mandela Metro	Community Health Facilities	Machinery & Equipment	3 000 000	144 000	-
Umlamli Water and Sanitation plant upgrade (5023)	Non Infrastructure	Water Supply and Storage Reservoirs - Umlamli Hospital	Handover & Commissioning	Joe Gqabi	Other Facilities	Machinery & Equipment	-	-	-
Empilisweni Hospital - Phase 2 (Urgent Repairs and Maintenance)	Refurbishment and rehabilitation	Urgent Repairs and Maintenance to Empilisweni Hospital. Demolition of existing structures.	Construction	Joe Gqabi	District Hospital Services	Buildings	500 000	-	-
Taylor Bequest Hospital Mount Fletcher (Phase 1) - New Doctors & Health Professional Accommodation	New infrastructure assets	Health Professional Accommodation - 5 x New 2Bedroom units and 5 x New Bachelor Units. Ablutions facilities for the Caravan Park	Tender	Joe Gqabi	District Hospital Services	Buildings	100 000	-	-
Taylor Bequest Hospital Mount Fletcher (Phase 2) - New Nursing Staff Accommodation	New infrastructure assets	Health Professional Accommodation - 10 x New 2Bedroom units and 50 x 1 Bedroom Units	Tender	Joe Gqabi	District Hospital Services	Buildings	100 000	-	-
Thembsia Clinic - Phase 1 - Temporary accommodation	New infrastructure assets	General maintenance and repair work and additional space requirements for ideal clinics	Tender	Joe Gqabi	Community Health Facilities	Buildings	1 000 000	-	-
Ugie Clinic - Phase 1 - Construction of temporary structures	New infrastructure assets	Construction of temporary structures	Tender	Joe Gqabi	Community Health Facilities	Buildings	5 000 000	-	-
Middle Terrace & Virginia Shumane Clinics - Alterations and additions	Upgrades and additions	Clinic renovation to relocate pharmacy. Extension to accommodate additional ablation and waiting area. New Guardhouse.	Construction	Sarah Baartman	Community Health Facilities	Buildings	4 000 000	8 655 750	-

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		Reconstruction of Retaining Wall at Virginia Shumane							
Andriës Vosloo Hospital Roof Replacement	Upgrades and additions	Construction of a New Steel Roof over-leaking concrete roof.	Tender	Sarah Baartmann	District Hospital Services	Buildings	7 487 659	-	-
Misgund Clinic - Relocation of Facility	Upgrades and additions	Provision of temporal prefabricated units	Tender	Sarah Baartmann	Community Health Facilities	Buildings	100 000	-	-
Margery Parkes TB Hospital - Walkways and nursecall upgrade	Upgrades and additions	Nursecall system, covered walkways	Tender	Sarah Baartmann	Community Health Facilities	Buildings	100 000	-	-
Marjorie Parrish TB Hospital - Health Professional Accommodation renovations	Upgrades and additions	Nurses Home, no laundry (outsourced), Stepdown facility, Kitchen equipment, covered walkways	Tender	Sarah Baartmann	District Hospital Services	Buildings	100 000	-	-
Pellisrus Clinic - Reception closed up and door, M&C Subwaiting, Pharmacy small storage, Stormwater issues, Waste cages, Smoke room change to archive	Upgrades and additions	Reception closed up and door, M&C Subwaiting, Pharmacy small storage, Stormwater issues, Waste cages, Smoke room change to archive	Tender	Sarah Baartmann	Community Health Facilities	Buildings	150 000	-	-
Raglan Road - Building 3 convert into main clinic building (better functioning), covered walkways improve, patient ablation replace	Upgrades and additions	Building 3 convert into main clinic building (better functioning), covered walkways improve, patient ablation replace	Tender	Sarah Baartmann	Community Health Facilities	Buildings	431 000	-	-
Settlers CHC - Disabled ablation to be inside building, convert open building into training facility, reconfigure reception	Upgrades and additions	Disabled ablation to be inside building, convert open building into training facility, reconfigure reception	Tender	Sarah Baartmann	Community Health Facilities	Buildings	150 000	100 000	-
Kroonvale Clinic - Reconfiguration of Waiting area	Refurbishment and rehabilitation	Reconfiguration of Waiting area	Tender	Sarah Baartmann	Community Health Facilities	Buildings	350 000	300 000	-
Willowmore hospital - Construction of a new guard house	Refurbishment and rehabilitation	Construction of a new guard house	Tender	Sarah Baartmann	District Hospital Services	Buildings	100 000	-	-

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Zabasa & Mahlabini clinics - Construction of new clinics	New infrastructure assets	Close out of historical projects (Zabasa & Mahlabini clinics) at close out final account stage Chris Hani District.	Close out	Chris Hani	Community Health Facilities	Buildings	100 000	-	-
Komani Hospital , Wards 5 & 6 Upgrade	Upgrades and additions	Maintenance work and upgrade of existing wards 5 & 6	Design	Chris Hani	District Hospital Services	Buildings	100 000	-	-
Molteno Town Clinic - Maintenance & improvements	Refurbishment and rehabilitation	Repairs to Internal & External walls, floors, roof & ceiling repairs & plumbing repairs	Tender	Chris Hani	Community Health Facilities	Buildings	800 000	500 000	525 000
Haytor Clinic - Maintenance & improvements	Refurbishment and rehabilitation	Roof repairs to 3 x nurses homes, clinic building, new sewer septic tank, Repairs to Internal & External cracked walls, plumbing and sanitary fitting repairs	Tender	Chris Hani	Community Health Facilities	Buildings	100 000	-	-
Tarkastad Hospital - Maintenance & improvements	Refurbishment and rehabilitation	Internal & External Painting, roof repairs & plumbing repairs	Tender	Chris Hani	District Hospital Services	Buildings	100 000	-	-
Molteno Hospital X-ray room improvements	Refurbishment and rehabilitation	Renovations to existing rooms in accordance with the design guidelines suitable for the installation of the new X-Ray machines.	Tender	Chris Hani	District Hospital Services	Buildings	100 000	-	-
Indwe Hospital, X-ray room improvements	Refurbishment and rehabilitation	Renovations to existing rooms in accordance with the design guidelines suitable for the installation of the new X-Ray machines.	Tender	Chris Hani	District Hospital Services	Buildings	100 000	-	-
Wongalethu Clinic - Reception infection control glass, pharmacy hatch, PV System	Non Infrastructure	Reception infection control glass, pharmacy hatch, PV System	Tender	Sarah Baartmann	Community Health Facilities	Machinery & Equipment	500 000	-	-
Ntbankulu CHC - Emergency repairs to building	Refurbishment and rehabilitation	Emergency repairs to building	Tender	Alfred Nzo	Community Health Facilities	Buildings	3 941 612	-	-
Taylor Bequest Hospital Matatiele - Kitchen	Upgrades and additions	Kitchen Equipment & Installation & Commissioning	Tender	Alfred Nzo	District Hospital Services	Buildings	68 500	-	-

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Equipment & Installation & Commissioning									
Replacement of Machinery and Equipment (Generators, Laundry, Kitchen, etc) - Framework Contracts	Upgrades and additions	Replacement of Machinery and Equipment (Generators, Laundry, Kitchen, etc)	Design	Buffalo City Metro	Other Facilities	Buildings	6 500 000	7 860 000	8 253 000
Supply of Coal for Boilers	Maintenance and repairs	Supply of Coal for Boilers	Design	Buffalo City Metro	Other Facilities	Goods & services	5 000 000	5 000 000	5 250 000
SS Gida Hospital - Construction of a guard house and new fencing	New infrastructure assets	Construction of a guard house and new fencing	Construction	Amathole	District Hospital Services	Buildings	-	-	-
Frontier Hospital - OPD Casualty Project - Commissioning and Recommissioning	Non Infrastructure	Procurement of new medical equipment and furniture for Chris Hani hospitals	Tender	Chris Hani	Provincial Hospital Services	Machinery & Equipment	70 000 000	3 500 000	3 675 000
Nessie Knight Hospital - Staff Accommodation project - Commissioning and Recommissioning	Non Infrastructure	Procurement of residential domestic furniture & equipment	Tender	OR Tambo	Provincial Hospital Services	Machinery & Equipment	2 600 000	-	-
St Barnabas Hospital - Mental Health Unit - Commissioning and Recommissioning	Non Infrastructure	Procurement of new medical equipment and furniture	Tender	OR Tambo	Provincial Hospital Services	Machinery & Equipment	-	-	-
St Lucy's Hospital - Lillitha Nurses College - Commissioning and Recommissioning	Non Infrastructure	Procurement of new medical equipment and furniture	Tender	OR Tambo	Provincial Hospital Services	Machinery & Equipment	-	-	-
Khutsong Hospital - Procurement of new medical equipment and furniture	Non Infrastructure	Procurement of new medical equipment and furniture	Tender	Alfred Nzo	Provincial Hospital Services	Machinery & Equipment	25 400 000	14 661 000	15 394 050
St Patricks Hospital - Procurement of new medical equipment and furniture	Non Infrastructure	Procurement of new medical equipment and furniture	Tender	Alfred Nzo	Provincial Hospital Services	Machinery & Equipment	-	-	-

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St Patricks Hospital - Lillitha College Procurement of new medical equipment and furniture	Non Infrastructure	Procurement of new medical equipment and furniture	Tender	Alfred Nzo	Provincial Hospital Services	Machinery & Equipment	-	-	-
Middle Street Clinic - Minor Renovations & refurbishments to ablution, roof, electrical and external works	Refurbishment and rehabilitation	Minor Renovations & refurbishments to ablution, roof, electrical and external works	Tender	Nelson Mandela Metro	Community Health Facilities	Buildings	-	-	-
Bumbane Clinic - Completion contract	Upgrades and additions	Completion contract	Design	OR Tambo	Community Health Facilities	Buildings	-	-	-
Fencing & Gatehouse Phase 2	Upgrades and additions	Construction of new fencing & guard houses at various facilities	Tender	OR Tambo	District Hospital Services	Buildings	-	-	-
Livingstone Hospital: Upgrading of P-Block	Upgrades and additions	Upgrade/Conversion of P-Block into wards for the following specialist services: Day Ward, Cardiac Coronary Unit, Ophthalmology, Plastics, Neurology, Eurology and Paediatric Wards.	Design	Nelson Mandela Metro	Provincial Hospital Services	Buildings	100 000	-	-
Relocatable Health Professional Accommodation - Phase I Dr Malizo Mpehle & Zitulele Hospital	Upgrades and additions	Relocatable Health Professional Accommodation - Phase I Dr Malizo Mpehle & Zitulele Hospital	Tender	OR Tambo	District Hospital Services	Buildings	-	-	-
Nelson Mandela Academic, Mthatha Regional and Bedford Hospital - Replacement of Kitchen and Laundry	Non Infrastructure	Nelson Mandela Academic, Mthatha Regional and Bedford Hospital - Replacement of Kitchen and Laundry	Planning	OR Tambo	Provincial Hospital Services	Machinery & Equipment	-	-	-
Nelson Mandela Academic - Upgrade of Access Control	Non Infrastructure	Nelson Mandela Academic - Upgrade of Access Control	Planning	OR Tambo	Provincial Hospital Services	Machinery & Equipment	-	-	-
Close out of historical projects	Refurbishment and rehabilitation	Payment of contractors and consultants final accounts	Close out	Chris Hani	Community Health Facilities	Buildings	-	-	-
CDC close out of historical projects - FPL, Lillitha	Upgrades and additions	FPL, Lillitha Nursing Colleges Prefab Buildings,	Close out	Chris Hani	Other Facilities	Buildings	-	-	-

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Nursing Colleges Prefab Buildings.									
72 hour Psychiatric observation unit Alfred Nzo	Upgrades and additions	Reconfiguration to accommodate 72 hour Psychiatric Ward	Planning	Alfred Nzo	District Hospital Services	Buildings	875 000	505 000	6 250 000
72 hour Psychiatric observation unit Amathole	Upgrades and additions	Reconfiguration to accommodate 72 hour Psychiatric Ward	Planning	Amathole	District Hospital Services	Buildings	875 000	505 000	6 250 000
72 hour Psychiatric observation unit Cecilia Makwane Hospital - Buffalo City Metro	Upgrades and additions	Reconfiguration to accommodate 72 hour Psychiatric Ward	Planning	Buffalo City Metro	District Hospital Services	Buildings	875 000	505 000	6 250 000
72 hour Psychiatric observation unit Chris Hani	Upgrades and additions	Reconfiguration to accommodate 72 hour Psychiatric Ward	Planning	Chris Hani	District Hospital Services	Buildings	875 000	505 000	6 250 000
72 hour Psychiatric observation unit Joe Gqabi	Upgrades and additions	Reconfiguration to accommodate 72 hour Psychiatric Ward	Planning	Joe Gqabi	District Hospital Services	Buildings	875 000	505 000	6 250 000
72 hour Psychiatric observation unit Nelson Mandela Metro	Upgrades and additions	Reconfiguration to accommodate 72 hour Psychiatric Ward	Planning	Nelson Mandela Metro	District Hospital Services	Buildings	875 000	505 000	6 250 000
72 hour Psychiatric observation unit Sarah Baartmann	Upgrades and additions	Reconfiguration to accommodate 72 hour Psychiatric Ward - Andries Vosloo Hospital- 72 Hour Psychiatric Ward	Planning	Sarah Baartmann	District Hospital Services	Buildings	875 000	505 000	6 250 000
72 hour Psychiatric observation unit OR Tambo	Upgrades and additions	Reconfiguration to accommodate 72 hour Psychiatric Ward	Planning	OR Tambo	District Hospital Services	Buildings	875 000	505 000	6 250 000
Close out of historical projects	New infrastructure assets	Close out of historical projects	Construction	Chris Hani	Community Health Facilities	Buildings	2 500 000	2 500 000	2 625 000
St Elizabeth Hospital Commissioning	Non infrastructure	Commissioning	Construction	OR Tambo	Provincial Hospital Services	Machinery & Equipment	10 500 000	13 000 000	17 000 000
Nessie Knight Hospital Renovations and Refurbishments - HT Commissioning	Non infrastructure	Commissioning	Design	OR Tambo	District Hospital Services	Machinery & Equipment	4 000 000	2 000 000	2 100 000

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Mthatha General Hospital Accommodation Commissioning	Non Infrastructure	Commissioning	Design	OR Tambo	Provincial Hospital Services	Machinery & Equipment	5 000 000	5 240 000	5 502 000
Winterberg TB Hospital: Upgrading and Renovations Phase 1	Upgrades and additions	Winterberg TB Hospital: Upgrading and Renovations Phase 1	Close out	Amathole	Other Facilities	Buildings	-	-	-
CMH Level 1 Psychiatric Unit	Upgrades and additions	CMH Level 1 Psychiatric Unit	Planning	buffalo City Metro	Provincial Hospital Services	Buildings	10 000 000	27 500 000	50 000 000
All Saints Hospital Phase 1 Commissioning	Non Infrastructure	Commissioning	Construction	Chris Hani	District Hospital Services	Machinery & Equipment	3 000 000	-	-
All Saints Hospital Phase 2 Commissioning	Non Infrastructure	Commissioning	Construction	Chris Hani	District Hospital Services	Machinery & Equipment	1 500 000	-	-
Electricification and water connections - BCMM	Refurbishment and rehabilitation	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Construction	Buffalo City Metro	Community Health Facilities	Buildings	2 331 754	105 000	1 10 250
Victoria Hospital Commissioning	Non Infrastructure	Commissioning	Construction	Amathole	District Hospital Services	Machinery & Equipment	1 600 000	1 670 000	-
Project Management Services	Refurbishment and rehabilitation	Project Management Services	Construction	Buffalo City Metro	District Hospital Services	Buildings	-	-	-
Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Maintenance and repairs	Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Construction	Alfred Nzo	Provincial Hospital Services	Goods & services	1 000 000	652 875	1 810 519
Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Maintenance and repairs	Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Construction	Amathole	Provincial Hospital Services	Goods & services	1 000 000	652 875	1 810 519
Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Maintenance and repairs	Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Construction	Buffalo City Metro	Provincial Hospital Services	Goods & services	1 000 000	652 875	1 810 519
Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Maintenance and repairs	Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Construction	Chris Hani	Provincial Hospital Services	Goods & services	1 000 000	652 875	1 810 519
Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Maintenance and repairs	Provincial and Tertiary Hospital Facilities - Buildings Maintenance	Construction	Joe Gqabi	Provincial Hospital Services	Goods & services	1 000 000	652 875	1 810 519

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Provincial and Tertiary Hospital Facilities- Buildings Maintenance	Maintenance and repairs	Provincial and Tertiary Hospital Facilities- Buildings Maintenance	Construction	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	1 000 000	652 875	1 810 519
Provincial and Tertiary Hospital Facilities- Buildings Maintenance	Maintenance and repairs	Provincial and Tertiary Hospital Facilities- Buildings Maintenance	Construction	OR Tambo	Provincial Hospital Services	Goods & services	1 000 000	652 875	1 810 519
Provincial and Tertiary Hospital Facilities- Buildings Maintenance	Maintenance and repairs	Provincial and Tertiary Hospital Facilities- Buildings Maintenance	Construction	Sarah Baartmann	Provincial Hospital Services	Goods & services	1 000 000	652 875	1 810 519
Community Health Facilities- Building Maintenance	Maintenance and repairs	Community Health Facilities- Building Maintenance	Construction	Alfred Nzo	Community Health Facilities	Goods & services	3 750 000	562 500	1 465 625
Community Health Facilities- Building Maintenance	Maintenance and repairs	Community Health Facilities- Building Maintenance	Construction	Amathole	Community Health Facilities	Goods & services	3 750 000	562 500	1 465 625
Community Health Facilities- Building Maintenance	Maintenance and repairs	Community Health Facilities- Building Maintenance	Construction	Buffalo City Metro	Community Health Facilities	Goods & services	3 750 000	562 500	1 465 625
Community Health Facilities- Building Maintenance	Maintenance and repairs	Community Health Facilities- Building Maintenance	Construction	Chris Hani	Community Health Facilities	Goods & services	3 750 000	562 500	1 465 625
Community Health Facilities- Building Maintenance	Maintenance and repairs	Community Health Facilities- Building Maintenance	Construction	Joe Gqabi	Community Health Facilities	Goods & services	3 750 000	562 500	1 465 625
Community Health Facilities- Building Maintenance	Maintenance and repairs	Community Health Facilities- Building Maintenance	Construction	Nelson Mandela Metro	Community Health Facilities	Goods & services	3 750 000	562 500	1 465 625
Community Health Facilities- Building Maintenance	Maintenance and repairs	Community Health Facilities- Building Maintenance	Construction	OR Tambo	Community Health Facilities	Goods & services	3 750 000	562 500	1 465 625
Community Health Facilities- Building Maintenance	Maintenance and repairs	Community Health Facilities- Building Maintenance	Construction	Sarah Baartmann	Community Health Facilities	Goods & services	3 750 000	562 500	1 465 625
District Health Facilities- Buildings Maintenance	Maintenance and repairs	District Health Facilities- Buildings Maintenance	Construction	Alfred Nzo	District Hospital Services	Goods & services	1 875 000	812 500	2 365 625
District Health Facilities- Buildings Maintenance	Maintenance and repairs	District Health Facilities- Buildings Maintenance	Construction	Amathole	District Hospital Services	Goods & services	1 875 000	812 500	2 365 625

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
District Health Facilities- Buildings Maintenance	Maintenance and repairs	District Health Facilities- Buildings Maintenance	Construction	Buffalo City Metro	District Hospital Services	Goods & services	1 875 000	812 500	2 365 625
District Health Facilities- Buildings Maintenance	Maintenance and repairs	District Health Facilities- Buildings Maintenance	Construction	Chris Hani	District Hospital Services	Goods & services	1 875 000	812 500	2 365 625
District Health Facilities- Buildings Maintenance	Maintenance and repairs	District Health Facilities- Buildings Maintenance	Construction	Joe Gqabi	District Hospital Services	Goods & services	1 875 000	812 500	2 365 625
District Health Facilities- Buildings Maintenance	Maintenance and repairs	District Health Facilities- Buildings Maintenance	Construction	Nelson Mandela Metro	District Hospital Services	Goods & services	1 875 000	812 500	2 365 625
District Health Facilities- Buildings Maintenance	Maintenance and repairs	District Health Facilities- Buildings Maintenance	Construction	EC Whole Province	District Hospital Services	Goods & services	312 500		
District Health Facilities- Buildings Maintenance	Maintenance and repairs	District Health Facilities- Buildings Maintenance	Construction	OR Tambo	District Hospital Services	Goods & services	1 875 000	812 500	2 365 625
District Health Facilities- Buildings Maintenance	Maintenance and repairs	District Health Facilities- Buildings Maintenance	Construction	Sarah Baartmann	District Hospital Services	Goods & services	1 875 000	812 500	2 365 625
Other Facilities- Buildings Maintenance	Maintenance and repairs	Other Facilities- Buildings Maintenance	Construction	Alfred Nzo	Other Facilities	Goods & services	2 875 000	715 000	1 500 750
Other Facilities- Buildings Maintenance	Maintenance and repairs	Other Facilities- Buildings Maintenance	Construction	Amathole	Other Facilities	Goods & services	2 875 000	715 000	1 500 750
Other Facilities- Buildings Maintenance	Maintenance and repairs	Other Facilities- Buildings Maintenance	Construction	Buffalo City Metro	Other Facilities	Goods & services	2 875 000	715 000	1 500 750
Other Facilities- Buildings Maintenance	Maintenance and repairs	Other Facilities- Buildings Maintenance	Construction	Chris Hani	Other Facilities	Goods & services	2 875 000	715 000	1 500 750
Other Facilities- Buildings Maintenance	Maintenance and repairs	Other Facilities- Buildings Maintenance	Construction	Joe Gqabi	Other Facilities	Goods & services	2 875 000	715 000	1 500 750
Other Facilities- Buildings Maintenance	Maintenance and repairs	Other Facilities- Buildings Maintenance	Construction	Nelson Mandela Metro	Other Facilities	Goods & services	2 875 000	715 000	1 500 750
Other Facilities- Buildings Maintenance	Maintenance and repairs	Other Facilities- Buildings Maintenance	Construction	OR Tambo	Other Facilities	Goods & services	2 875 000	715 000	1 500 750
Other Facilities- Buildings Maintenance	Maintenance and repairs	Other Facilities- Buildings Maintenance	Construction	Sarah Baartmann	Other Facilities	Goods & services	2 875 000	715 000	1 500 750
Conditional Assessments to all Health Facilities - Alfred Nzo	Non Infrastructure	Conditional Assessments to all Health Facilities	Construction	Amathole	District Hospital Services	Goods & services	1 500 000	500 000	1 000 000
Conditional Assessments to all Ideal Clinics - Alfred Nzo	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	OR Tambo	Community Health Facilities	Goods & services	1 000 000	500 000	1 000 000

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Conditional Assessments to all Health Facilities - Or Tambo	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	OR Tambo	Community Health Facilities	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all ideal Clinics - Amathole	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Amathole	Community Health Facilities	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all Health Facilities - Buffalo City	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Buffalo City Metro	District Hospital Services	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all ideal Clinics - Buffalo City	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Buffalo City Metro	Community Health Facilities	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all Health Facilities - Nelson Mandela Bay Metro	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Nelson Mandela Metro	District Hospital Services	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all ideal Clinics - Nelson Mandela Bay Metro	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Nelson Mandela Metro	Community Health Facilities	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all Health Facilities - Joe Gqabi	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Joe Gqabi	District Hospital Services	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all ideal Clinics - Joe Gqabi	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Joe Gqabi	Community Health Facilities	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all Health Facilities - Chris Hani	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Chris Hani	District Hospital Services	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all ideal Clinics - Chris Hani	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Chris Hani	Community Health Facilities	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all Health Facilities - Sarah Baartman	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Sarah Baartman	District Hospital Services	Goods & services	1 000 000	500 000	1 000 000
Conditional Assessments to all ideal Clinics - Sarah Baartman	Non Infrastructure	Conditional Assessments to all Health Facilities	Tender	Sarah Baartman	Community Health Facilities	Goods & services	1 000 000	500 000	1 000 000
Livingstone Hospital- Doctors Accommodation	Upgrades and additions	Livingstone Hospital- Doctors Accommodation	Concept Stage	Nelson Mandela Metro	Provincial Hospital Services	Buildings	3 000 000	-	10 100 000

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Electricification and water connections - Sarah Baartman	Refurbishment and rehabilitation	Refurbishment of Solar Installations, New Grid Connections/Conversions, Water Storage, Water Borne Sewage System and Associated Plumbing	Tender	Sarah Baartman	Community Health Facilities	Buildings	2 000 000	1 358 000	1 425 900
Installation of Location/Direction Signage	Refurbishment and rehabilitation	EC Whole Province: Installation of Location/Direction Signage	Tender	Alfred Nzo	Community Health Facilities	Buildings	375 125	286 000	1 250 000
Installation of Location/Direction Signage	Refurbishment and rehabilitation	EC Whole Province: Installation of Location/Direction Signage	Tender	Amathole	Community Health Facilities	Buildings	375 125	286 000	1 250 000
Installation of Location/Direction Signage	Refurbishment and rehabilitation	EC Whole Province: Installation of Location/Direction Signage	Tender	Buffalo City Metro	Community Health Facilities	Buildings	375 125	286 000	1 250 000
Installation of Location/Direction Signage	Refurbishment and rehabilitation	EC Whole Province: Installation of Location/Direction Signage	Tender	Chris Hani	Community Health Facilities	Buildings	375 125	286 000	1 250 000
Installation of Location/Direction Signage	Refurbishment and rehabilitation	EC Whole Province: Installation of Location/Direction Signage	Tender	Joe Gqabi	Community Health Facilities	Buildings	375 125	286 000	1 250 000
Installation of Location/Direction Signage	Refurbishment and rehabilitation	EC Whole Province: Installation of Location/Direction Signage	Tender	Nelson Mandela Metro	Community Health Facilities	Buildings	375 125	286 000	1 250 000
Installation of Location/Direction Signage	Refurbishment and rehabilitation	EC Whole Province: Installation of Location/Direction Signage	Tender	OR Tambo	Community Health Facilities	Buildings	375 125	286 000	1 250 000
Installation of Location/Direction Signage	Refurbishment and rehabilitation	EC Whole Province: Installation of Location/Direction Signage	Tender	Sarah Baartman	Community Health Facilities	Buildings	375 125	286 000	1 250 000
Tafelofle Hospital Sanitation Project	Non Infrastructure	Refurbishment water and wastewater treatment plant	Tender	Amathole	District Hospital Services	Machinery & Equipment	101 000	1 000	1 050
Provincial and Tertiary Hospital Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Alfred Nzo	Provincial Hospital Services	Goods & services	283 258	470 275	1 071 327
Provincial and Tertiary Hospital Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Amathole	Provincial Hospital Services	Goods & services	283 258	470 275	1 071 327
Provincial and Tertiary Hospital Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Buffalo City Metro	Provincial Hospital Services	Goods & services	283 258	470 275	1 071 327

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Provincial and Tertiary Hospital Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Chris Hani	Provincial Hospital Services	Goods & services	283 258	470 275	1 071 327
Provincial and Tertiary Hospital Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Joe Gqabi	Provincial Hospital Services	Goods & services	283 258	470 275	1 071 327
Provincial and Tertiary Hospital Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Nelson Mandela Metro	Provincial Hospital Services	Goods & services	283 258	470 275	1 071 327
Provincial and Tertiary Hospital Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	OR Tambo	Provincial Hospital Services	Goods & services	283 258	470 275	1 071 327
Provincial and Tertiary Hospital Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Sarah Baartmann	Provincial Hospital Services	Goods & services	283 258	470 275	1 071 327
Community Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Alfred Nzo	Community Health Facilities	Goods & services	566 516	715 550	1 001 283
Community Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Amathole	Community Health Facilities	Goods & services	566 516	715 550	1 001 283
Community Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Buffalo City Metro	Community Health Facilities	Goods & services	566 516	715 550	1 001 283
Community Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Chris Hani	Community Health Facilities	Goods & services	566 516	715 550	1 001 283

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Community Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Joe Gqabi	Community Health Facilities	Goods & services	566 516	715 550	1 001 283
Community Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Nelson Mandela Metro	Community Health Facilities	Goods & services	566 516	715 550	1 001 283
Community Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	OR Tambo	Community Health Facilities	Goods & services	566 516	715 550	1 001 283
Community Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Sarah Baartmann	Community Health Facilities	Goods & services	566 516	715 550	1 001 283
District Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Alfred Nzo	District Hospital Services	Goods & services	566 516	690 550	1 100 078
District Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Amathole	District Hospital Services	Goods & services	566 516	690 550	1 100 078
District Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Buffalo City Metro	District Hospital Services	Goods & services	566 516	690 550	1 100 078
District Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Chris Hani	District Hospital Services	Goods & services	566 516	690 550	1 100 078
District Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Joe Gqabi	District Hospital Services	Goods & services	566 516	690 550	1 100 078
District Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Nelson Mandela Metro	District Hospital Services	Goods & services	566 516	690 550	1 100 078
District Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	OR Tambo	District Hospital Services	Goods & services	566 516	690 550	1 100 078

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g. Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
District Health Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Sarah Baartmann	District Hospital Services	Goods & services	566 516	690 550	1 100 078
Other Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Alfred Nzo	Other Facilities	Goods & services	472 096	742 125	878 125
Other Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Amathole	Other Facilities	Goods & services	472 096	742 125	878 125
Other Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Buffalo City Metro	Other Facilities	Goods & services	472 096	742 125	878 125
Other Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Chris Hani	Other Facilities	Goods & services	472 096	742 125	878 125
Other Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Joe Gqabi	Other Facilities	Goods & services	472 096	742 125	878 125
Other Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Nelson Mandela Metro	Other Facilities	Goods & services	472 096	742 125	878 125
Other Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	OR Tambo	Other Facilities	Goods & services	472 096	742 125	878 125
Other Facilities - Planned / Scheduled Buildings Maintenance	Maintenance and repairs	The facilities list will be created after the Conditional Assessments in 2020/21	Concept Stage	Sarah Baartmann	Other Facilities	Goods & services	472 096	742 125	878 125
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in Amathole	Refurbishment and rehabilitation	Tower Hospital SS Gida Hospital Phase 2 Victoria Hospital Phase 2 Fort Beaufort Hospital Tafalofele Hospital Water Project Bedford Hospital Adelaide Hospital Stutterheim Hospital Winterberg TB Hospital: Upgrading and Renovations Phase 1	Design	Amathole	District Hospital Services	Buildings	2 700 000	1 100 000	1 155 000

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Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Clinics in Amathole	Refurbishment and rehabilitation	Build a new clinic at Cebe village Build a small clinic for community of Xhora Mouth Build a small clinic for Rabula village Seymour Clinic - Upgrading of existing clinic Tanga Clinic - Upgrading of existing clinic EMS Bases Repairs and Renovations: Alice, Fort Beaufort, Cathcart, Peedie and Stutterheim Frere Hospital Orthopaedic Unit Frere Hospital - Upgrade of neo-natal unit, obstetrics unit and mothers lodges facility Frere Hospital - Construction of new kitchen and stores and repairs and improvements to the existing hospital façade Frere Hospital - Nerina House - Repairs and renovations to health professional accommodation Cymh Level 1 Psychiatric Unit	Design	Amathole	Community Health Facilities	Buildings	2 800 000	1 105 000	1 160 250
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in BCM	Refurbishment and rehabilitation	Build a CHC level clinic at NU 14, Mdantsane Build a CHC level clinic for Robby Delange community Build a CHC level clinic at Unit P village, Mdantsane Duncan Village CHC Newlands Clinic John Dube Clinic Greenfields Clinic Welcome Wood Clinic Frere Gateway Clinic Mincotsho Clinic Ginsburg Clinic	Design	Buffalo City Metro	Provincial Hospital Services	Buildings	2 860 000	1 000 000	2 140 000
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Clinics in BCM	Refurbishment and rehabilitation	Build a CHC level clinic at NU 14, Mdantsane Build a CHC level clinic for Robby Delange community Build a CHC level clinic at Unit P village, Mdantsane Duncan Village CHC Newlands Clinic John Dube Clinic Greenfields Clinic Welcome Wood Clinic Frere Gateway Clinic Mincotsho Clinic Ginsburg Clinic	Design	Buffalo City Metro	Community Health Facilities	Buildings	2 302 000	1 180 000	2 239 000

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		Drake Road Clinic Ilitha Clinic Mpongo Clinic Ndevana Clinic NU 12 Clinic NU 16 Clinic Tshatshu Clinic Shorneville Clinic Braelin Clinic NU 7 Clinic Japhta Clinic Tyutyu Village Clinic Fort Grey Clinic Chris Hani Clinic Mortuary Replacements at various District Hospitals							
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in Chris Hani	Refurbishment and rehabilitation	Build and complete Fencing at Komani Hospital and ensure the laundry is functional, complete works on the wards earmarked for renovations Build and refurbish the Kitchen and Laundry at All Saints Hospital Cofimvaba Hospital Phase 1 Elliot Hospital Phase 2 Frontier Hospital	Design	Chris Hani	District Hospital Services	Buildings	1 390 812	1 500 999	1 576 049
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Clinics in Chris Hani	Refurbishment and rehabilitation	Major Refurbishment at Philani Clinic Major Refurbishment at Linge Clinic Prioritize the rebuild of community clinics in community serviced with mud structures especially in the Chris Hani districts Indwe CHC Lower Didimane Clinic Sterkstroom Town Clinic	Design	Chris Hani	Community Health Facilities	Buildings	-	-	-

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Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in Joe Gqabi	Refurbishment and rehabilitation	<p>Framework Contract for General Building Maintenance to Clinics</p> <p>Rebuild the Lady Grey Hospital collapsed sections</p> <p>Maclear Hospital Upgrade - Phase 2</p> <p>Alival North Hospital: Maternity Obstetrics Unit (MOU) Upgrade</p> <p>Alival North Hospital - (Kitchen & Laundry Upgrade)</p> <p>Alival North Hospital: Upgrading of the existing Theatre and CSSD</p> <p>Empilaweni Hospital - Phase 3</p> <p>Taylor Bequest Hospital Mount Fletcher (Phase 3)</p> <p>Mlamli Hospital</p> <p>Burgersdorp Hospital</p> <p>Jamestown Hospital</p> <p>St Francis Hospital</p> <p>Steynsburg Hospital</p>	Design	Joe Gqabi	District Hospital Services	Buildings	3 877 500	1 161 000	1 219 050
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Clinics in Joe Gqabi	Refurbishment and rehabilitation	<p>Thembeia Clinic</p> <p>Ugie Clinic</p> <p>Block H Clinic</p> <p>Blue Gums Clinic</p> <p>Herschel Clinic</p> <p>Hilton Clinic</p> <p>Katkop Clinic</p> <p>Maclear Town Clinic</p> <p>Sterkspruit Town Clinic</p> <p>Alival Poly - Clinic</p> <p>Maletswai Clinic</p> <p>St Michael's Clinic</p> <p>Elundini Sub District Building Fencing & Guardhouses Joe Gqabi</p>	Design	Joe Gqabi	Community Health Facilities	Buildings	3 877 500	1 161 000	1 219 050
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and	Refurbishment and rehabilitation	<p>Livingstone Hospital</p> <p>Dora Nginza Hospital</p> <p>Empilaweni TB Hospital</p> <p>Jose Pearson TB Hospital</p>	Design	Nelson Mandela Metro	Provincial Hospital Services	Buildings	1 900 000	1 101 033	2 050 000

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prefabricated structures at the following Hospitals in Nelson Mandela Metro									
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Clinics in Nelson Mandela Metro	Refurbishment and rehabilitation	Increase space in Motherwell CHC Increase space in KwaZakhele CHC Increase space in New Brighton clinic Leticia Bam CHC Korsten CHC	Design	Nelson Mandela Metro	Community Health Facilities	Buildings	3 604 831	1 800 000	2 890 000
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in OR Tambo	Refurbishment and rehabilitation	Mthatha General Hospital Bedford Orthopaedics Unit St Elizabeth Hospital Holy Cross Hospital Mthatha Regional St Lucy Hospital St Barnabas Hospital Nessie Knight Hospital Dr Mailizo Mphahlele	Design	OR Tambo	Provincial Hospital Services	Buildings	2 403 003	1 101 899	5 105 000
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Clinics in OR Tambo	Refurbishment and rehabilitation	Nessie Knight Gateway Clinic Nzulwini Clinic	Design	OR Tambo	Community Health Facilities	Buildings	3 111 040	1 199 000	2 230 367
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in Sarah Baartmann	Refurbishment and rehabilitation	PZ Meyer Hospital Aberdeen Hospital	Design	Sarah Baartmann	District Hospital Services	Buildings	2 190 044	1 050 000	3 215 506
Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at the following Hospitals in Sarah Baartmann	Refurbishment and rehabilitation	Kwanonqubela CHC Loerie Clinic Krakeel Clinic Louerwater Clinic Sanddrift Clinic Weston Clinic	Design	Sarah Baartmann	Community Health Facilities	Buildings	2 648 120	1 484 794	2 751 889

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the following Clinics in Sarah Baartmann		Rietbron Clinic Sunday's Valley CHC Baviaans Clinic & Steydeville EMS Andries Kraal Clinic Willowmore Clinic Masakhane (Aberdeen) Clinic Masakhane (Hankey) Clinic Stormsvier Satellite Clinic St.Francis Clinic Imizamo Yethu Clinic Twee Riviere (Ravinia) Clinic Kareedouw Clinic Thomhill Clinic Joubertina CHC Port Alfred Town Clinic Graff Reiniet HVAC Mortuaries Project Joubertina; B] Vorster : Graaff Reiniet; Somerset East							
Lady Grey Hospital : Phase 1	Upgrades and additions	Lady Grey Hospital : Phase 1 - Demolition of existing dilapidated condemned hospital wing, renovation of existing Donald Woods building for use as a casualty/OPD area and internal repairs to existing hospital, including bathrooms.	Design	Joe Gqabi	Provincial Hospital Services	Buildings			-
Lady Grey Hospital : Phase 2	Refurbishment and rehabilitation	Lady Grey Hospital : Phase 2 - Rebuilding of a new OPD/Casualty & Pharmacy, replacing the demolished building. Procurement of built environment professionals and building contractor	Design	Joe Gqabi	Provincial Hospital Services	Buildings			-
St. Lucy's Hospital Phase 2	Refurbishment and rehabilitation	St. Lucy's Hospital Phase 2 - DPW project - Demolish existing condemned buildings and replace with transformed community facility	Design	OR Tambo	Provincial Hospital Services	Buildings			-

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Maintenance and repairs - District Hospitals Alfred Nzo	Maintenance and repairs	(procurement of built environment professionals and contractor) Maintenance and repairs of District Hospitals	Construction	Alfred Nzo	District Hospital	Goods & services	5 934 375	6 219 000	6 529 950
Maintenance and repairs - Regional Hospitals EC: Whole Province	Maintenance and repairs	Maintenance and repairs of Regional Hospitals	Construction	OR Tambo	Regional Hospitals	Goods & services	10 550 000	11 056 000	11 608 800
Maintenance and repairs - Regional Hospitals Chris Hani	Maintenance and repairs	Maintenance and repairs of Regional Hospitals	Construction	Chris Hani	Regional Hospitals	Goods & services	5 275 000	5 528 000	5 804 400
Maintenance and repairs - Central Hospitals	Maintenance and repairs	Maintenance and repairs of Central Hospitals	Construction	OR Tambo	Central Hospitals	Goods & services	30 595 000	32 064 000	33 667 200
Maintenance and repairs - Provincial Tertiary Hospitals	Maintenance and repairs	Maintenance and repairs of Provincial Tertiary Hospitals	Construction	Nelson Mandela Metro	Provincial Tertiary Hospitals	Goods & services	18 188 500	19 062 000	20 015 100
PPP Project	Non-Infrastructure	PPP for Settlers and Humansdorp Hospitals	Construction	Sarah Baartmann	District Hospital	Goods & services	63 300 000	66 337 767	69 217 681
Maintenance and repairs - Provincial Tertiary Hospitals	Maintenance and repairs	Maintenance and repairs of Provincial Tertiary Hospitals	Construction	Buffalo City Metro	Provincial Tertiary Hospitals	Goods & services	32 177 500	33 722 000	35 408 100
Maintenance and repairs - District Hospitals Amathole	Maintenance and repairs	Maintenance and repairs of District Hospitals	Construction	Amathole	District Hospital	Goods & services	5 934 375	6 219 000	6 529 950
Maintenance and repairs - District Hospitals Joe Gqabi	Maintenance and repairs	Maintenance and repairs of District Hospitals	Construction	Joe Gqabi	District Hospital	Goods & services	5 934 375	6 219 000	6 529 950
Maintenance and repairs - District Hospitals Buffalo City Metro	Maintenance and repairs	Maintenance and repairs of District Hospitals	Construction	Buffalo City Metro	District Hospital	Goods & services	5 934 375	6 219 000	6 529 950
Maintenance and repairs - District Hospitals Chris Hani	Maintenance and repairs	Maintenance and repairs of District Hospitals	Construction	Chris Hani	District Hospital	Goods & services	5 934 375	6 219 000	6 529 950
Maintenance and repairs - District Hospitals Sarah Baartmann	Maintenance and repairs	Maintenance and repairs of District Hospitals	Construction	Sarah Baartmann	District Hospital	Goods & services	5 934 375	6 219 000	6 529 950
Maintenance and repairs - District Hospitals OR Tambo	Maintenance and repairs	Maintenance and repairs of District Hospitals	Construction	OR Tambo	District Hospital	Goods & services	5 934 375	6 219 000	6 529 950

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Maintenance and repairs - District Hospitals/Nelson Mandela Metro	Maintenance and repairs	Maintenance and repairs of District Hospitals	Construction	Nelson Mandela Metro	District Hospital	Goods & services	5 934 375	6 219 000	6 529 950
COVID-19 Madzikane ka Zulu Hospital (reconfiguration)	Refurbishment and rehabilitation	Madzikane ka Zulu Hospital (reconfiguration)	Close out	Alfred Nzo	Provincial Hospital Services	Buildings	-		
COVID-19 KHUTSONG HOSP	Refurbishment and rehabilitation	KHUTSONG HOSP	Design	Alfred Nzo	Provincial Hospital Services	Buildings	-		
COVID-19 Siphethu TB Hospital	Refurbishment and rehabilitation	Siphethu TB Hospital	Design	Alfred Nzo	District Hospital Services	Buildings	-		
COVID-19 Taylor Bequest Hospital - phase 1 Provision of 20 additional beds using Alternative Building Tech for COVID - 19	New infrastructure assets	Taylor Bequest Hospital - phase 1 Provision of 20 additional beds using Alternative Building Tech for COVID - 19	Construction	Alfred Nzo	District Hospital Services	Buildings	-		
COVID-19 TAYLOR BEQUEST MATATIELE ACC-NEW	New infrastructure assets	TAYLOR BEQUEST MATATIELE ACC-NEW	Design	Alfred Nzo	District Hospital Services	Buildings	-		
COVID-19 Mt Ayiliff Hospital - (20 Beds ABT)	New infrastructure assets	Mt Ayiliff Hospital - (20 Beds ABT)	Construction	Alfred Nzo	District Hospital Services	Buildings	-		
COVID-19 Mount Ayiliff	Refurbishment and rehabilitation	Mount Ayiliff	Design	Alfred Nzo	District Hospital Services	Buildings	-		
COVID-19 MADWALENI HOSP	Refurbishment and rehabilitation	MADWALENI HOSP	Construction	Amathole	District Hospital Services	Buildings	-		
COVID-19 TAFALOFFE HOSP ACC-NEW BUILDING	Refurbishment and rehabilitation	TAFALOFFE HOSP ACC-NEW BUILDING	Design	Amathole	District Hospital Services	Buildings	-		
COVID-19 WINTERBERG TB HOSP	Refurbishment and rehabilitation	WINTERBERG TB HOSP	Construction	Amathole	District Hospital Services	Buildings	-		
COVID-19 Victoria Hospital - phase 1 (reconfiguration)	Refurbishment and rehabilitation	Victoria Hospital - phase 1 (reconfiguration)	Close out	Amathole	District Hospital Services	Buildings	-		
COVID-19 Victoria Hospital - phase 2 (reconfiguration)	Refurbishment and rehabilitation	Victoria Hospital - phase 2 (reconfiguration)	Construction	Amathole	District Hospital Services	Buildings	-		

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COVID-19 Nompumelelo Hospital - DPW project	Refurbishment and rehabilitation	Nompumelelo Hospital - DPW project	Close out	Amathole	District Hospital Services	Buildings	-		
COVID-19 Nompumelelo Hospital (phase 2) (reconfiguration)	Refurbishment and rehabilitation	Nompumelelo Hospital (phase 2) (reconfiguration)	Construction	Amathole	District Hospital Services	Buildings	-		
COVID-19 Butterworth Hospital (Reconfiguration)	Refurbishment and rehabilitation	Butterworth Hospital (Reconfiguration)	Construction	Amathole	District Hospital Services	Buildings	-		
COVID-19 SS GIDA HOSPITAL	Refurbishment and rehabilitation	SS GIDA HOSPITAL	Close out	Amathole	District Hospital Services	Buildings	-		
COVID-19 Ngqamakwe CHC (reconfiguration)	Refurbishment and rehabilitation	Ngqamakwe CHC (reconfiguration)	Close out	Amathole	District Hospital Services	Buildings	-		
COVID-19 Friere Hospital (reconfiguration)	Refurbishment and rehabilitation	Freire Hospital (reconfiguration)	Construction	buffalo City Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Friere Hospital (100 beds ABT)	New infrastructure assets	Freire Hospital (100 beds ABT)	Tender	Buffalo City Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Cecilia Makhwane Hospital - phase 1 (reconfiguration)	Refurbishment and rehabilitation	Cecilia Makhwane Hospital - phase 1 (reconfiguration)	Close out	Buffalo City Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Cecilia Makhwane Hospital - phase 2 (reconfiguration)	Refurbishment and rehabilitation	Cecilia Makhwane Hospital - phase 2 (reconfiguration)	Close out	Buffalo City Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Grey Hospital (reconfiguration)	Refurbishment and rehabilitation	Grey Hospital (reconfiguration)	Close out	Buffalo City Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Duncan Village Clinic	Refurbishment and rehabilitation	Duncan Village Clinic	Design	Buffalo City Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Cradock Hospital	Refurbishment and rehabilitation	Cradock Hospital	Design	Chris Hani	Provincial Hospital Services	Buildings	-		
COVID-19 Frontier Hospital (reconfiguration and commissioning of new OPD & Paeds ward)	Refurbishment and rehabilitation	Frontier Hospital (reconfiguration and commissioning of new OPD & Paeds ward)	Close out	Chris Hani	Provincial Hospital Services	Buildings	-		
COVID-19 Frontier Hospital (reconfiguration and commissioning of new OPD & Paeds ward)	Refurbishment and rehabilitation	Frontier Hospital (reconfiguration and commissioning of new OPD & Paeds ward)	Design	Chris Hani	Provincial Hospital Services	Buildings	-		

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COVID-19 All Saints (reconfiguration)	Refurbishment and rehabilitation	All Saints (reconfiguration)	Construction	Chris Hani	District Hospital Services	Buildings	-		
COVID-19 Glen Grey Hospital (10 beds ABT & repairs to Doctors Housing)	Refurbishment and rehabilitation	Glen Grey Hospital (10 beds ABT & repairs to Doctors Housing)	Construction	Chris Hani	District Hospital Services	Buildings	-		
COVID-19 Komani Psychiatric Hospital (75 beds reconfiguration including new fence)	Refurbishment and rehabilitation	Komani Psychiatric Hospital (75 beds reconfiguration including new fence)	Construction	Chris Hani	District Hospital Services	Buildings	-		
COVID-19 Hewu Hospital (Reconfiguration)	Refurbishment and rehabilitation	Hewu Hospital (Reconfiguration)	Construction	Chris Hani	District Hospital Services	Buildings	-		
COVID-19 HT Projects	Non Infrastructure	HT Projects	Design	ALFRED NZO	District Hospital Services	Machinery & Equipment	-		
COVID-19 HT Projects	Non Infrastructure	HT Projects	Design	AMATHOLE	District Hospital Services	Machinery & Equipment	-		
COVID-19 HT Projects	Non Infrastructure	HT Projects	Design	Buffalo City Metro	District Hospital Services	Machinery & Equipment	-		
COVID-19 HT Projects	Non Infrastructure	HT Projects	Design	CHRIS HANI	District Hospital Services	Machinery & Equipment	-		
COVID-19 HT Projects	Non Infrastructure	HT Projects	Design	JOE GQABI	District Hospital Services	Machinery & Equipment	-		
COVID-19 HT Projects	Non Infrastructure	HT Projects	Design	Nelson Mandela Metro	District Hospital Services	Machinery & Equipment	-		
COVID-19 HT Projects	Non Infrastructure	HT Projects	Design	OR Tambo	District Hospital Services	Machinery & Equipment	-		
COVID-19 HT Projects	Non Infrastructure	HT Projects	Design	Sarah Baartmann	District Hospital Services	Machinery & Equipment	-		
COVID-19 Aliwal North Hospital (30 ABT beds, Laundry & Kitchen)	Refurbishment and rehabilitation	Aliwal North Hospital (30 ABT beds, Laundry & Kitchen)	Construction	Joe Gqabi	Provincial Hospital Services	Buildings	-		
COVID-19 Emplisweni Hospital (reconfiguration)	Refurbishment and rehabilitation	Emplisweni Hospital (reconfiguration)	Construction	Joe Gqabi	Provincial Hospital Services	Buildings	-		
COVID-19 Maclear Hospital (General Building Alterations and Maintenance)	Refurbishment and rehabilitation	Maclear Hospital (General Building Alterations and Maintenance)	Construction	Joe Gqabi	Provincial Hospital Services	Buildings	-		

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COVID-19 Taylor Bequest (Mr Fletcher)	New infrastructure assets	Taylor-Bequest (Mr Fletcher)	Design	Joe Gqabi	Provincial Hospital Services	Buildings	-		
COVID-19 Mlamli Hospital	Refurbishment and rehabilitation	Mlamli Hospital	Construction	Joe Gqabi	Provincial Hospital Services	Buildings	-		
COVID-19 Livingstone Hospital (75 Beds reconfiguration A & E Basement)	Refurbishment and rehabilitation	Livingstone Hospital (75 Beds reconfiguration A & E Basement)	Construction	Nelson Mandela Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Dora Nginza Hospital (06 beds) reconfiguration Ablutions to Family Ward – phase 1	Refurbishment and rehabilitation	Dora Nginza Hospital (06 beds) reconfiguration Ablutions to Family Ward – phase 1	Close out	Nelson Mandela Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Dora Nginza Hospital - Ward T2 – phase 2. Rehabilitation of existing ward T2 as well as repair work at the family ward including wet works to avail 46 Covid-19 beds	Refurbishment and rehabilitation	Dora Nginza Hospital - Ward T2 – phase 2. Rehabilitation of existing ward T2 as well as repair work at the family ward including wet works to avail 46 Covid-19 beds	Close out	Nelson Mandela Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Dora Nginza Hospital	Refurbishment and rehabilitation	Dora Nginza Hospital	Design	Nelson Mandela Metro	Provincial Hospital Services	Buildings	-		
COVID-19 P.E. Provincial Hospital	Refurbishment and rehabilitation	P.E. Provincial Hospital	Design	Nelson Mandela Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Osmond TB Hospital (reconfiguration)	Refurbishment and rehabilitation	Osmond TB Hospital (reconfiguration)	Construction	Nelson Mandela Metro	Provincial Hospital Services	Buildings	-		
COVID-19 Emphilweni Hospital (New Brighton) - DPW Project - 30 Oxygen points + minor refurbishments, including bathrooms	Refurbishment and rehabilitation	Emphilweni Hospital (New Brighton) - DPW Project - 30 Oxygen points + minor refurbishments, including bathrooms	Construction	Joe Gqabi	District Hospital Services	Buildings	-		
COVID-19 Sir Henry Hospital	Refurbishment and rehabilitation	Sir Henry Hospital	Construction	OR Tambo	Provincial Hospital Services	Buildings	-		
COVID-19 Sir Henry Hospital Mortuary	Refurbishment and rehabilitation	Sir Henry Hospital Mortuary	Tender	OR Tambo	Provincial Hospital Services	Buildings	-		

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COVID-19 St Barnabas (20 Beds reconfiguration)	Refurbishment and rehabilitation	St Barnabas (20 Beds reconfiguration)	Close out	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 St Barnabas Hospital SCMU5-20/21-0018 ORR	Refurbishment and rehabilitation	St Barnabas Hospital SCMU5-20/21-0018 ORR	Tender	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Mthatha General Hospital (reconfiguration) Repairs on existing building including wet works to avail 30 Covid-19 beds	Refurbishment and rehabilitation	Mthatha General Hospital (reconfiguration) Repairs on existing building including wet works to avail 30 Covid-19 beds	Close out	OR Tambo	Provincial Hospital Services	Buildings	-		
COVID-19 Mthatha General Hospital (100 beds – ABT) Provision of new isolation wards (100 beds with 10 HC beds)	New infrastructure assets	Mthatha General Hospital (100 beds – ABT) Provision of new isolation wards (100 beds with 10 HC beds)	Tender	OR Tambo	Provincial Hospital Services	Buildings	-		
COVID-19 Nelson Mandela Academic Hospital Theatre	Refurbishment and rehabilitation	Rehabilitation of existing theatre to service Covid-19 patients	Awarded	OR Tambo	Provincial Hospital Services	Buildings	-		
COVID-19 St Elizabeth – phase 1 (reconfiguration)	Refurbishment and rehabilitation	St Elizabeth – phase 1 (reconfiguration)	Close out	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 St Elizabeth – phase 2 (reconfiguration)	Refurbishment and rehabilitation	St Elizabeth – phase 2 (reconfiguration)	Close out	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Zithulele Hospital (reconfiguration)	Refurbishment and rehabilitation	Zithulele Hospital (reconfiguration)	Close out	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Bambisana Hospital (reconfiguration)	Refurbishment and rehabilitation	Bambisana Hospital (reconfiguration)	Close out	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Bambisana – phase 2 (reconfiguration)	Refurbishment and rehabilitation	Bambisana – phase 2 (reconfiguration)	Construction	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Bambisana Hospital Phase 3	Refurbishment and rehabilitation	Bambisana Hospital Phase 3	Close out	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Bambisana – phase 4 (reconfiguration)	Refurbishment and rehabilitation	Bambisana – phase 4 (reconfiguration)	Construction	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Bambisana – phase 5 (reconfiguration)	Refurbishment and rehabilitation	Bambisana – phase 5 (reconfiguration)	Construction	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Isilimela Hospital (reconfiguration)	Refurbishment and rehabilitation	Isilimela Hospital (reconfiguration)	Close out	OR Tambo	District Hospital Services	Buildings	-		

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COVID-19 Isilimela Hospital Ph 2	Refurbishment and rehabilitation	Isilimela Hospital Ph 2	Tender	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Isilimela Hospital Medical Gas	Non Infrastructure	Isilimela Hospital Medical Gas	Tender	OR Tambo	District Hospital Services	Machinery & Equipment	-		
COVID-19 St Lucys Hospital (40 beds ABT)	Refurbishment and rehabilitation	St Lucys Hospital (40 beds ABT)	Construction	OR Tambo	Provincial Hospital Services	Buildings	-		
COVID-19 St Lucys Hospital (100 Beds reconfiguration of nurses home)	Refurbishment and rehabilitation	St Lucys Hospital (100 Beds reconfiguration of nurses home)	Construction	OR Tambo	Provincial Hospital Services	Buildings	-		
COVID-19 Dr Malizo Mpehle Hospital (reconfiguration)	Refurbishment and rehabilitation	Dr Malizo Mpehle Hospital (reconfiguration)	Tender	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Nessie Knight (reconfiguration)	Refurbishment and rehabilitation	Nessie Knight (reconfiguration)	Tender	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 Midlands Hospital	Refurbishment and rehabilitation	Midlands Hospital	Design	Sarah Baartmann	Provincial Hospital Services	Buildings	-		
COVID-19 Midlands Hospital - (4 Beds ABT)	Refurbishment and rehabilitation	Midlands Hospital - (4 Beds ABT)	Close out	Sarah Baartmann	Provincial Hospital Services	Buildings	-		
COVID-19 Willowmore Hospital (reconfiguration)	Refurbishment and rehabilitation	Willowmore Hospital (reconfiguration)	Construction	Sarah Baartmann	Provincial Hospital Services	Buildings	-		
COVID-19 Humansdorp Hospital	New infrastructure assets	Humansdorp Hospital	Close out	Sarah Baartmann	Provincial Hospital Services	Buildings	-		
COVID-19 Marjorie Parish	Refurbishment and rehabilitation	Marjorie Parish	Design	Sarah Baartmann	District Hospital Services	Buildings	-		
COVID-19 Mjanyana Hospital	Refurbishment and rehabilitation	Rehabilitation of existing ward to avail Covid-19 beds (26 Beds)	Construction	CHRIS HANI	Community Health Facilities	Buildings	-		
COVID-19 Joubertina Hospital (4 beds) Prefabricated isolation ward.	Refurbishment and rehabilitation	Joubertina Hospital (4 beds) Prefabricated isolation ward.	Construction	Sarah Baartmann	Community Health Facilities	Buildings	-		
COVID-19 Aberdeen Hospital - DPW Project: Additional bathroom and minor refurbishment	Refurbishment and rehabilitation	Aberdeen Hospital - DPW Project: Additional bathroom and minor refurbishment	Design	Sarah Baartmann	District Hospital Services	Buildings	-		

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g. Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
COVID-19 Bedford Hospital	Refurbishment and rehabilitation	Refurbishment of existing building for Covid-19 beds (14 Beds)	Construction	OR Tambo	District Hospital Services	Buildings	-		
COVID-19 ABT FIELD HOSPITAL (100 BEDS)	Refurbishment and rehabilitation	ABT FIELD HOSPITAL (100 BEDS)	Design	ALFRED NZO	Community Health Facilities	Buildings	-		
COVID-19 ABT FIELD HOSPITAL (100 BEDS)	Refurbishment and rehabilitation	ABT FIELD HOSPITAL (100 BEDS)	Design	AMATHOLE	Community Health Facilities	Buildings	-		
COVID-19 ABT FIELD HOSPITAL (100 BEDS)	Refurbishment and rehabilitation	ABT FIELD HOSPITAL (100 BEDS)	Design	Buffalo City Metro	Community Health Facilities	Buildings	-		
COVID-19 ABT FIELD HOSPITAL (100 BEDS)	Refurbishment and rehabilitation	ABT FIELD HOSPITAL (100 BEDS)	Design	CHRIS HANI	Community Health Facilities	Buildings	-		
COVID-19 ABT FIELD HOSPITAL (100 BEDS)	Refurbishment and rehabilitation	ABT FIELD HOSPITAL (100 BEDS)	Design	JOE GQABI	Community Health Facilities	Buildings	-		
COVID-19 ABT FIELD HOSPITAL (100 BEDS)	Refurbishment and rehabilitation	ABT FIELD HOSPITAL (100 BEDS)	Design	Nelson Mandela Metro	Community Health Facilities	Buildings	-		
COVID-19 ABT FIELD HOSPITAL (100 BEDS)	Refurbishment and rehabilitation	ABT FIELD HOSPITAL (100 BEDS)	Design	OR Tambo	Community Health Facilities	Buildings	-		
COVID-19 ABT FIELD HOSPITAL (100 BEDS)	Refurbishment and rehabilitation	ABT FIELD HOSPITAL (100 BEDS)	Design	Sarah Baartmann	Community Health Facilities	Buildings	-		
COVID-19 Ventilators (240 ICU Beds)	Non Infrastructure	Ventilators (240 ICU Beds)	Design	ALFRED NZO	District Hospital Services	Machinery & Equipment	-		
COVID-19 Ventilators (240 ICU Beds)	Non Infrastructure	Ventilators (240 ICU Beds)	Design	AMATHOLE	District Hospital Services	Machinery & Equipment	-		
COVID-19 Ventilators (240 ICU Beds)	Non Infrastructure	Ventilators (240 ICU Beds)	Design	Buffalo City Metro	District Hospital Services	Machinery & Equipment	-		
COVID-19 Ventilators (240 ICU Beds)	Non Infrastructure	Ventilators (240 ICU Beds)	Design	CHRIS HANI	District Hospital Services	Machinery & Equipment	-		
COVID-19 Ventilators (240 ICU Beds)	Non Infrastructure	Ventilators (240 ICU Beds)	Design	JOE GQABI	District Hospital Services	Machinery & Equipment	-		
COVID-19 Ventilators (240 ICU Beds)	Non Infrastructure	Ventilators (240 ICU Beds)	Design	Nelson Mandela Metro	District Hospital Services	Machinery & Equipment	-		
COVID-19 Ventilators (240 ICU Beds)	Non Infrastructure	Ventilators (240 ICU Beds)	Design	OR Tambo	District Hospital Services	Machinery & Equipment	-		
COVID-19 Ventilators (240 ICU Beds)	Non Infrastructure	Ventilators (240 ICU Beds)	Design	Sarah Baartmann	District Hospital Services	Machinery & Equipment	-		

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
COVID-19 Adelaide Hospital (30 ABT beds, Laundry & Kitchen)	Refurbishment and rehabilitation	Refurbishment of an existing building for Covid-19 beds (20 beds with 5 HC)	Construction	AMATHOLE	Community Health Facilities	Buildings			
COVID-19 Bhishe Hospital	Refurbishment and rehabilitation	Rehabilitation of existing building to avail Covid-19 Beds (92 Beds with 10 HC)	Construction	Buffalo City Metro	District Hospital Services	Buildings			
COVID-19 Burgersdorp Hospital	Refurbishment and rehabilitation	Refurbishment of an existing building to avail Covid-19 beds (8 Beds)	Construction	JOE GQABI	District Hospital Services	Buildings			
COVID-19 Butterworth Hospital Phase 2	Refurbishment and rehabilitation	Refurbishment of the nurses college to accommodate Covid-19 Patients (20 Beds)	Construction	AMATHOLE	District Hospital Services	Buildings			
COVID-19 Cala Hospital	Refurbishment and rehabilitation	Rehabilitation of existing ward to avail Covid-19 beds (11 Beds)	Construction	CHRIS HANI	District Hospital Services	Buildings			
COVID-19 Canzibe Hospital	Refurbishment and rehabilitation	Refurbishment of existing building for Covid-19 Beds (18 beds with 5 HC)	Construction	OR Tambo	District Hospital Services	Buildings			
COVID-19 Cathcart Hospital	Refurbishment and rehabilitation	Refurbishment of an existing building for Covid-19 beds (20 beds)	Construction	AMATHOLE	District Hospital Services	Buildings			
COVID-19 Dordrecht Hospital	Refurbishment and rehabilitation	Rehabilitation of existing ward to avail Covid-19 beds (9 Beds)	Construction	CHRIS HANI	District Hospital Services	Buildings			
COVID-19 Greenville Hospital	Refurbishment and rehabilitation	0	Awarded - on hold	ALFRED NZO	District Hospital Services	Buildings			
COVID-19 Holycross Hospital	Refurbishment and rehabilitation	0	Awarded - on hold	OR Tambo	District Hospital Services	Buildings			
COVID-19 Isilimeia Hospital Ph 2	Refurbishment and rehabilitation	Rehabilitating existing ward to avail Covid-19 beds (20 beds with 5 HC)	Construction	OR Tambo	District Hospital Services	Buildings			
COVID-19 Jamestown Hospital	Refurbishment and rehabilitation	0	Awarded - on hold	Joe Gqabi	District Hospital Services	Buildings			
COVID-19 Komani Hospital Phase 2	Refurbishment and rehabilitation	Rehabilitation of an existing ward to avail Covid-19 beds (64 beds with 10 HC)	Construction	Chris Hani	District Hospital Services	Buildings			
COVID-19 Konga Hospital	Refurbishment and rehabilitation	Refurbishments and alterations to the existing ward for Covid-19 Beds (30 beds with 5 HC)	Construction	Amathole	District Hospital Services	Buildings			

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
COVID-19 Lady Grey Hospital	Refurbishment and rehabilitation	Refurbishment of existing building for covid-19 beds (10 beds)	Construction	JOE GQABI	District Hospital Services	Buildings			
COVID-19 Madzikane ka Zulu Hospital (reconfiguration) Ph2	Refurbishment and rehabilitation	Madzikane ka Zulu Hospital (reconfiguration) Ph 2	Construction	Alfred Nzo	Provincial Hospital Services	Buildings			
COVID-19 Mthatha Airport Hanger	Refurbishment and rehabilitation	Internal repairs on the existing hanger for Covid-19 Beds (81 Beds)	Construction	OR Tambo	Provincial Hospital Services	Buildings			
COVID-19 Mthatha General Hospital – Nurses Home	Refurbishment and rehabilitation	COVID-19 Mthatha General Hospital – Nurses Home	Awarded - on hold	OR Tambo	Provincial Hospital Services	Buildings			
COVID-19 Nkqubela Hospital	Refurbishment and rehabilitation	Refurbishment of the existing building including ablutions (10 Beds)	Construction	Buffalo City Metro	District Hospital Services	Buildings			
COVID-19 SAWA Memorial Hospital	Refurbishment and rehabilitation	Rehabilitation of existing facility for Covid-19 Beds (20 Beds)	Construction	Sarah Baartmann	0	Buildings			
COVID-19 Sir Henry Hospital – Phase 3	Refurbishment and rehabilitation	Plumbing & drainage, thoroughfares including ramps linked to the 96 bed repair works	Close out	OR Tambo	Provincial Hospital Services	Buildings			
COVID-19 St Elizabeth-phase 3 (reconfiguration)	Refurbishment and rehabilitation	Rehabilitation of existing structure to avail Covid-19 Beds (14 beds with 4 HC beds)	Construction	OR Tambo	District Hospital Services	Buildings			
COVID-19 Steynsburg Hospital	Refurbishment and rehabilitation	Refurbishment of existing building for covid-19 beds (20 beds with 5 HC)	Construction	Joe Gqabi	District Hospital Services	Buildings			
COVID-19 Stutterheim Hospital	Refurbishment and rehabilitation	Refurbishment of an existing building for Covid-19 beds (20 beds with 5 HC)	Construction	Amathole	0	Buildings			
COVID-19 Sunday's River Valley CHC	Refurbishment and rehabilitation	COVID-19 Sunday's River Valley CHC	On Hold	Sarah Baartmann	0	Buildings			
COVID-19 Uitenhage Hospital	Refurbishment and rehabilitation	COVID-19 Uitenhage Hospital	Awarded - on hold	Nelson Mandela Metro	0	Buildings			
COVID-19 Zithulele Hospital Ph 2	Refurbishment and rehabilitation	COVID-19 Zithulele Hospital Ph 2	Awarded - on hold	OR Tambo	District Hospital Services	Buildings			
All Saints Hospital Kitchen and Laundry Refurbishments	Refurbishment and rehabilitation	Construction of Kitchen and Laundry services at All Saints including replacement of machinery and equipment	Planning	Chris Hani	District Hospital Services	Buildings	2 825 000	10 170 000	-

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Construction of New Manzana Clinic in Debera Village	New infrastructure assets	New Building including accommodation, site works and bulk services	Planning	Chris Hani	Community Health Facilities	Buildings	3 240 000	18 000 000	9 000 000
Construction of a New Clinic at Xhora Mouth	New infrastructure assets	New Building including site works and bulk services	Planning	Amathole	Community Health Facilities	Buildings	3 240 000	18 000 000	9 000 000
Construction of a new CHC in NU14	New infrastructure assets	New Building including site works and bulk services	Planning	Buffalo City Metro	Community Health Facilities	Buildings	7 500 000	44 518 000	72 600 000
Construction of a New CHC in Robby Delange Village	New infrastructure assets	New Building including site works and bulk services	Planning	Buffalo City Metro	Community Health Facilities	Buildings	7 500 000	44 518 000	72 600 000
Construction of a New CHC in Unit P Mdantsane	New infrastructure assets	New Building including site works and bulk services	Planning	Buffalo City Metro	Community Health Facilities	Buildings	7 500 000	44 518 000	72 600 000
Construction of a new Clinic in Cebe Village	New infrastructure assets	New Building including site works and bulk services	Planning	Amathole	Community Health Facilities	Buildings	3 240 000	18 000 000	9 000 000
Construction of Balfour Clinic	New infrastructure assets	New Building including accommodation, site works and bulk services	Planning	Amathole	Community Health Facilities	Buildings	3 240 000	18 000 000	9 000 000
Construction of New Rabule Clinic	New infrastructure assets	New Building including accommodation, site works and bulk services	Planning	Amathole	Community Health Facilities	Buildings	3 240 000	18 000 000	9 000 000
Construction of Tsolo Clinic	New infrastructure assets	New Building including accommodation, site works and bulk services	Planning	OR Tambo	Community Health Facilities	Buildings	3 240 000	21 000 000	6 000 000
Conversion of Bhisno Hospital Hall into a Contact Centre	Refurbishment and rehabilitation	Reconfiguration of Bhisno Hospital Hall into a Contact Centre for Head Office	Planning	Buffalo City Metro	Other Facilities	Buildings	5 500 000	6 500 000	-
Construction of New Lower Didimane Clinic	New infrastructure assets	New Building including accommodation, site works and bulk services	Planning	Chris Hani	Community Health Facilities	Buildings	3 240 000	18 000 000	9 828 906
Cwele Clinic - Procurement of furniture and medical equipment	Non Infrastructure	HT Commissioning for OR Tambo Ideal Clinics and CHCs	Construction	OR Tambo	Community Health Facilities	Machinery & Equipment	-	1 000 000	-

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g. Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
DPW close out of Covid19 projects	Refurbishment and rehabilitation	Payment of contractors and consultants final accounts	Close out	Buffalo City Metro	District Hospital Services	Buildings	5 300 000	-	-
Flagstaff CHC Phase 2 Commissioning	Non Infrastructure	Commissioning	Planning	OR Tambo	Community Health Facilities	Machinery & Equipment	4 000 000	-	-
Greenville Hospital - Upgrades and additions to theatres, maternity, pharmacy. - Procurement of Furniture and Medical Equipment	Non Infrastructure	HT Commissioning for OR Tambo Ideal Clinics and CHCs	Construction	Alfred Nzo	District Hospital Services	Machinery & Equipment	1 000 000	-	-
Komani Hospital Fencing, Laundry and renovations of wards	Refurbishment and rehabilitation	Construction of Fencing at Komani hospital and ensure the laundry at Komani is functional, complete works on the wards earmarked for renovation	Design	Chris Hani	District Hospital Services	Buildings	5 650 000	4 350 000	-
Lady Grey Hospital : Medium term intervention- Reconfiguration and upgrading of the existing hospital	Upgrades and additions	Construction of new entrance, guardhouse, pharmacy, OPD and A&E	Design	Joe Gqabi	Community Health Facilities	Buildings	3 560 000	25 990 000	-
Major refurbishment at Linge Clinic in Chris Hani	Refurbishment and rehabilitation	Repairs to Internal & External walls, floors, roof & ceiling repairs & plumbing repairs	Planning	Chris Hani	Community Health Facilities	Buildings	4 865 000	7 840 000	-
Major refurbishment at Philani Clinic near Komani in Chris Hani	Refurbishment and rehabilitation	Repairs to Internal & External walls, floors, roof & ceiling repairs & plumbing repairs	Planning	Chris Hani	Community Health Facilities	Buildings	1 865 000	2 840 000	-
Meje CHC - New Building including site works and bulk services- Commissioning	Non Infrastructure	Commissioning	Planning	Alfred Nzo	Community Health Facilities	Machinery & Equipment	4 000 000	-	-
Nyaniso CHC- Commissioning	Non Infrastructure	Commissioning	Planning	Alfred Nzo	Community Health Facilities	Machinery & Equipment	4 000 000	-	-
Operations and Management of Wet Services at Health Facilities	Maintenance and repairs	Management of Water and Sanitation Plants across the province	Planning	ALFRED NZO	District Hospital Services	Goods & services	528 275	557 858	585 751

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Operations and Management of Wet Services at Health Facilities	Maintenance and repairs	Management of Water and Sanitation Plants across the province	Planning	AMATHOLE	District Hospital Services	Goods & services	528 275	557 858	585 751
Operations and Management of Wet Services at Health Facilities	Maintenance and repairs	Management of Water and Sanitation Plants across the province	Planning	Buffalo City Metro	District Hospital Services	Goods & services	528 275	557 858	585 751
Operations and Management of Wet Services at Health Facilities	Maintenance and repairs	Management of Water and Sanitation Plants across the province	Planning	CHRIS HANI	District Hospital Services	Goods & services	528 275	557 858	585 751
Operations and Management of Wet Services at Health Facilities	Maintenance and repairs	Management of Water and Sanitation Plants across the province	Planning	Joe Gqabi	District Hospital Services	Goods & services	528 275	557 858	585 751
Operations and Management of Wet Services at Health Facilities	Maintenance and repairs	Management of Water and Sanitation Plants across the province	Planning	Nelson Mandela Metro	District Hospital Services	Goods & services	528 275	557 858	585 751
Operations and Management of Wet Services at Health Facilities	Maintenance and repairs	Management of Water and Sanitation Plants across the province	Planning	OR Tambo	District Hospital Services	Goods & services	528 275	557 858	585 751
Operations and Management of Wet Services at Health Facilities	Maintenance and repairs	Management of Water and Sanitation Plants across the province	Planning	Sarah Baartmann	District Hospital Services	Goods & services	528 275	557 858	585 751
PE Provincial Hospital (Repairs and Renovations for the purposes of providing space for a Psychiatric Ward)	Upgrades and additions	PE Provincial Hospital (Repairs and Renovations for the purposes of providing space for a Psychiatric Ward)	Construction	Nelson Mandela Metro	Provincial Hospital Services	Buildings	-	-	-
Provision of Satellite clinics using ABT structures	New infrastructure assets	Construction of ABT structures for satellite clinics identified sites in The Province.	Proposed	Buffalo City Metro	Community Health Facilities	Buildings	2 440 000	1 100 000	-
Sipetu Hospital - New Building including site works and bulk services - HT	Non Infrastructure	Procurement of new medical equipment and furniture	Construction	Alfred Nzo	Provincial Hospital Services	Machinery & Equipment	-	-	-
Sir Henry Elliot Hospital - Renovations,	Refurbishment and rehabilitation	Sir Henry Elliot Hospital - Renovations, Refurbishments and	Design	OR Tambo	Provincial Hospital Services	Buildings	-	-	-

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g. Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Refurbishments and alterations.		alterations of existing wards for NMAH							
St Elizabeth Hospital : Refurbishment and renovations to hospital and staff accommodation.	Refurbishment and rehabilitation	Refurbishment and renovations to hospital buildings and staff accommodation houses.	Design	OR Tambo	District Hospital Services	Buildings	-	-	-
St Lucy's Hospital Upgrade - Phase 2	Refurbishment and rehabilitation	Refurbishment, Renovation and Upgrade of Hospital Buildings	Design	OR Tambo	Community Health Facilities	Buildings	-	-	-
Stutterheim Hospital - Upgrading of Hospital	Refurbishment and rehabilitation	Construction of new fencing and guardhouse , Paediatric Ward, Staff Accommodation, Maternity and upgrading of Motuary Services	Design	Amathole	District Hospital Services	Buildings	-	-	-
Tower Hospital: Upgrading and Renovations Phase 1	Upgrades and additions	Winterberg TB Hospital: Upgrading and Renovations Phase 1	Design	Amathole	Other Facilities	Buildings	-	-	-
Upgrade of Newlands Clinic	Upgrades and additions	Replacement of a Mud Structure	Planning	Buffalo City Metro	Community Health Facilities	Buildings	50 000 000	22 000 000	3 000 000
Upgrading of Kwazakhele CHC	Refurbishment and rehabilitation	Reconfiguration of the facility to create more space	Planning	Nelson Mandela Metro	Community Health Facilities	Buildings	14 000 000	1 000 000	-
Upgrading of Motherwell CHC	Refurbishment and rehabilitation	Reconfiguration of the facility to create more space	Planning	Nelson Mandela Metro	Community Health Facilities	Buildings	100 000	100 000	100 000
Upgrading of New Brighton CHC	Refurbishment and rehabilitation	Reconfiguration of the facility to create more space	Planning	Nelson Mandela Metro	Community Health Facilities	Buildings	13 560 000	25 990 000	-
Stutterheim Hospital - Upgrading of Hospital	Refurbishment and rehabilitation	Construction of new fencing and guardhouse , Paediatric Ward, Staff Accommodation, Maternity and upgrading of Motuary Services	Design	Amathole			4 158 957	13 260 000	25 000 000
Tower Hospital: Upgrading and Renovations Phase 1	Upgrades and additions	Winterberg TB Hospital: Upgrading and Renovations Phase 1	Design	Amathole			4 001 000	6 000 000	800 000
Upgrade of Newlands Clinic	Upgrades and additions	Replacement of a Mud Structure	Planning	Buffalo City Metro			3 240 000	21 000 000	6 000 000
Upgrading of Kwazakhele CHC	Refurbishment and rehabilitation	Reconfiguration of the facility to create more space	Planning	Nelson Mandela Metro			1 500 000	22 000 000	20 000 000
Upgrading of Motherwell CHC	Refurbishment and rehabilitation	Reconfiguration of the facility to create more space	Planning	Nelson Mandela Metro			4 584 800	9 178 000	40 000 000

Project Name	Nature of Investment (Description e.g. New, Upgrade, Rehab, Maint etc)	Project Scope (Scope including no. of units)	Project Status (Initiation, Concept, Design Development, Design Documentation, Works, Closeout, Handover)	District Municipality	Sub Programme Name	SCOA Item Level 3 (e.g. Goods and Services, Building and other fixed structure, Capital Transfers and Subsidies)	Tabled Budget 2020/21	Indicative Budget 2021/22	Indicative Budget 2022/23
Upgrading of New Brighton CHC	Refurbishment and rehabilitation	Reconfiguration of the facility to create more space	Planning	Nelson Mandela Metro			2 000 000	17 244 000	11 000 000
							1 478 677 343	1 552 139 767	1 621 301 881

10. CONDITIONAL GRANTS

10.1 HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT

Table 72: Health professions training and development grant

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2020/21	Provincial Indicator targets for 2020/21
Health Professional Training and Development	Support Provinces to fund services costs associated with the training of health science trainees on the public service platform	<p>Availability of Business Plans.</p> <p>Number of site visits.</p>	<p>1 Provincial Consolidated business plans and 4 Facility Business Plans</p> <p>Number facility site visits will be confirmed after 28 February 2020</p>	<p>Approved business plan submitted</p> <p>10</p> <ul style="list-style-type: none"> • Nelson Mandela Central Hospital • Mthatha General Hospital • Livingston & PE Provincial Hospitals • Health resource Centres x 5 • Frere Hospital • Fort England • St. Elizabeth • Dora Nginza Hospital • Frontier Hospital • Cecilia Makiwane Hospital
		Availability of quarterly & annual performance report.	1 Annual performance reports Number of quarterly reports will be confirmed after 28 February 2020	4 quarterly reports & 1 annual report submitted

10.2 COMPREHENSIVE HIV/AIDS GRANT

Table 73: Comprehensive HIV/AIDS grant

Name conditional grant	Purpose of the grant	Performance indicators	Provincial Indicator targets for 2020/21
Comprehensive HIV Aids Conditional Grant	To enable the health sector to develop an effective response to HIV/AIDS and TB To support the Department with the PEPFAR transition process.	ART adult remain on ART end of month	668 349
		ART Child under 15 years remain on ART end of month	27 848
		Infant PCR test positive around 10 weeks rate	(<1) 213
		TB/HIV co-infected clients started on ART	80% (12322)
		New clients initiated on ART	70 222
		HIV tests done	1 748 488
	Medical Male Circumcisions total	12 201	

10.3 NATIONAL TERTIARY SERVICES GRANT

Table 74: National Tertiary Services grant

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2019/20	Provincial Indicator targets for 2020/21
National Tertiary services	To ensure provision of tertiary health services for all South African citizens	<ul style="list-style-type: none"> 9 Service Level Agreements (SLA) Availability of Business Plans. Number of site visits. Availability of quarterly & annual performance report. 	<ul style="list-style-type: none"> 9 SLA 39 Business Plans 9 (Provincial office visits combined with facilities) + 37 (facilities + provincial office) = 46 annual site visits 9 Annual performance reports and 39 quarterly reports (provincial consolidation + provincial office + facility reports) 	<ul style="list-style-type: none"> 1 SLA 1 Approved Business Plan 4 Quarterly Reports 1 Annual Report Submitted 1 Provincial Combined Facility Visit 1 Quarterly Visit to each of the 4 Benefiting Facilities
	To compensate tertiary facilities for the costs associated with the provision of these services	<ul style="list-style-type: none"> 100% Expenditure at the end of financial year. 	<ul style="list-style-type: none"> First Quarter 25% Second Quarter 50% Third quarter 75% Fourth quarter 100% Expenditure. 	<ul style="list-style-type: none"> 100% Expenditure at the end of financial year

10.4 HEALTH FACILITY REVITALISATION GRANT

Table 75: Health facility revitalisation grant

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2019/20	Provincial Indicator targets for 2020/21
Health Facility Revitalization Grant	<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including health technology (HT), Organisational design (OD) systems and quality assurance (QA) To enhance capacity to deliver health infrastructure 	<p>Approved Annual Implementation plans for both Health Facility Revitalization Grant and National Health Grant</p> <p>Monitoring number of projects receive funding from Health Facility Revitalization Grant and National Health Grant</p>	<p>Availability of approved Annual Implementation Plans (AIP) for all projects funded from National Health grant and Health Facility Revitalization Grant</p> <p>Monitor implementation of all conditional grant funded projects</p>	<ul style="list-style-type: none"> A signed and approved AIP 2018/19 submitted to NDOH. 59 Projects funded by HFRG to be implemented on 2018/19 B4. Monthly Infrastructure Reporting Model (IRM) and Quarterly Progress Report is submitted to NDOH, NT and PT.

11. PUBLIC ENTITIES

The department of Health does not have any Public Entities

12. PUBLIC-PRIVATE PARTNERSHIPS (PPPS)

Table 76: Public-private partnerships

Name of PPPs	Purpose	Outputs	Date of Termination	Measures to ensure smooth transfer of responsibilities
1. Humansdorp PPP	To construct a 30-bed private facility, enlarge current entrance and administration, enlarge casualty and out-patient ward, including two consulting rooms and a dentist room, upgrade and/or build two new operating theatres, a new CSSD, an new radiology unit and a new laboratory	30-bed Hospital Upgraded existing clinical areas	27 June 2023 20-year period	Management of contract by the department assisted by national and provincial Treasury
2. Port Alfred and Settlers Hospital PPP	To build and/or upgrade 30 private beds, private pharmacy, private administration, two private consulting rooms, 60 public beds, public outpatient facility, public pharmacy, public administration, Shared services facilities, maternity ward, radiology, casualty, theatres, CSSD, kitchen and staff facilities, mortuary, stores, linen areas, plant and workshop areas	30 private-bed and 60 public bed Hospital Upgraded existing clinical areas Upgraded existing administration, kitchen and staff and general areas	7 May 2022- 15-year period	Management of contract by the department assisted by national and provincial Treasury

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N:B POPULATION BASED INDICATORS ARE NOT DIVIDED BY 4 WHEN IT COMES TO QUARTERLY TARGETS

Table 77: Technical Indicator Data Set

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
PROGRAMME 1: HEALTH ADMINISTRATION & MANAGEMENT											
9.1.2 Number of statutory documents tabled at Legislature	Statutory documents submitted and tabled at the Provincial Legislature	Copies of the documents	Not applicable	None	Unavailability of statutory documents	Not applicable	Not applicable	Cumulative year end	Quarterly	Higher	Office of the MEC
7.1.1 Audit opinion	Audit opinion for Provincial Department of Health for financial performance	Documented Evidence: Annual Report Auditor General's Report	Not applicable	N/A	N/A	N/A	Not applicable	Categorical	Annual	Higher	Chief Financial Officer
7.1.2 Approved Annual Procurement Plan	List of projects according to capital budget	Final approved procurement plan	Not applicable	None	None	Not applicable	Not applicable	Categorical	Annual	Higher	Manager: Supply Chain Management
7.1.3 Amount Revenue generated (R)	Amount of revenue collected by districts	Financial management system	Amount of revenue collected	None	Client affordability	Not applicable	All districts	Non-cumulative	Quarterly	Higher	Manager: Financial Management
6.3.8 Percentage of Health facilities compliant with	Facilities that are compliant to occupational health and safety	Ideal facility tool	Number of facilities compliant with occupational health and safety	Total number of health facilities	Not applicable	Not applicable	All districts	%	Quarterly	Higher	Corporate services manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
Occupational health and safety											
6.4.1 Holistic Human Resources for Health (HRH) strategy approved	Approved HRH strategy for Health	HRH strategy	HRH strategy approved	Not applicable	Strategy developed and approved	Not applicable	Not applicable	Categorical	Annual	Higher	HRM manager
6.3.9 Number of security incidents reported	All security incidents recorded and reported	Security incident register or logbook	Number of security incidents reported	Not applicable	All security incidents reported	Not applicable	All Districts	Cumulative to date	Quarterly	Higher	Corporate services manager
8.1.1 % reduction of cases of medico-legal	% reduction of medico legal claims for all backlog cases that were on the case register as at 31 March 2019	Medico-legal case management system	Number of medico legal claims resolved	Number of medico legal claims for all backlog cases that were on the case register as at 31 March 2019	Accuracy dependent of reporting of data into the system	Not Applicable	All Districts	Non-cumulative	Annual	Higher	Finance Manager
1.1.1 Percentage of Hospitals with broadband access	Percentage of Hospitals with broadband access		Total Number of hospitals with minimum 2 Mbps connectivity	Total Number of Hospitals	Depending on Provincial broadband	Not applicable	Districts	Cumulative to date	Quarterly	Higher	ICT Directorate / Chief Directorate
1.1.2 Percentage of fixed PHC facilities with broadband access	Percentage of fixed PHC facilities with broadband access		Total Number of fixed PHC facilities with minimum 1 Mbps connectivity	Total Number of fixed PHC Facilities	Depending on Provincial broadband	Not applicable	Districts	Cumulative to date	Quarterly	Higher	ICT Directorate / Chief Directorate

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
DISTRICT HEALTH SERVICES (DHS)											
SUB PROGRAMME 2.1: DISTRICT DEVELOPMENT											
6.4.2 % of Fixed PHC Facilities Supervised.	All facilities supervised according to supervision manual	Reports	Number of PHC facilities supervised	Total number of PHC facilities	Not applicable	Not applicable	Districts	Cumulative to date	Quarterly	Higher	DHS Manager
6.4.3 Number of Districts Conducted outreach campaigns (Thuma Mina).	Community Outreach services Conducted (Thuma Mina Campaign)	Reports Attendance register	Not applicable	Not applicable	Not applicable	Not applicable	Districts	Number	Quarterly	Higher	DHS Manager
9.1.1 Number of Districts with Quality Improvement; monitoring and Response Forums in Districts	Establishment of Quality Improvement; monitoring and Response Forums in Districts	Reports Attendance register	Not applicable	Not applicable	Not applicable	Not applicable	Districts	Number	Quarterly	Higher	DHS Manager
SUB PROGRAMME 2.2: CLINICS											
6.2.1 Ideal Clinic status obtained rate	Health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDCs and or Hospitals	ICS	Fixed PHC clinics have obtained Ideal status	Fixed PHC clinics	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Annual	Higher	Quality Assurance Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
10.1.1 % of Clinics facilities with functional Clinic committee	Improve quality of services at PHC facilities conducting regular meetings with functional Clinic committees	Attendance Registers of meetings of Clinic committees	Number of clinics with functional clinic committees	Number of PHC Facilities	Attendance Registers are accurately kept	Not Applicable	All Districts	%	Quarterly	Higher	District Health Services Manager
6.1.1 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	%	Annual	Higher	Quality Assurance Manager
SUB PROGRAMME 2.3: CHC'S											
6.2.2 Ideal CHC status obtained rate	Health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDC and or Hospitals	ICS	Number of CHCs that have obtained Ideal status	Total number of CHCs facilities	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Annual	Higher	Quality Assurance Manager
10.1.2 % of CHC facilities with functional CHC committee	Improve quality of services at PHC facilities conducting regular meetings with functional CHC committees	Attendance Registers of meetings of CHC committees	Number of functional CHC committees	Number of CHC Facilities	Attendance Registers are accurately kept	Not Applicable	All Districts	%	Annual	Higher	District Health Services Manager
6.1.2 Patient experience of care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from	Patient Surveys	Patient Experience of Care survey responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data	Not Applicable	All Districts	%	Annual	Higher	Quality Assurance Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	Patient Experience of Care survey questionnaires		satisfied responses		submitted by health facilities						
SUB-PROGRAMME 2.4: COMMUNITY BASED SERVICES: DISEASE PREVENTION AND CONTROL (DPC)											
4.2.1 Hypertension new client 18 years and older detection rate	Client-18 and older newly diagnosed with hypertension at facility. Diagnosis made according to hypertension treatment guidelines.	DHS, patient files	Hypertension client 18 years and older new	Population 18 years and older	Not Applicable	Not Applicable	All Districts	%	Quarterly	Higher	Communicable Diseases
4.3.1 Diabetes new client 18 years and older detection rate	Client 18 years and older newly diagnosed with diabetes at facility. Diagnosis made according to diabetes treatment guidelines. count only once when client (18 - 44 years and older) to diagnosed with diabetes. Newly diagnosed clients with a fasting blood glucose of $> / = 7 \text{ mmol / l}$ or random blood glucose $> / = 11 \text{ mmol/l}$		Diabetes client 18 years and older new	Population 18 years and older	Not Applicable	Not Applicable	All Districts	Number	Quarterly	Higher	Communicable Diseases
4.4.1 Mental disorders treatment rate new	Clients screen for the first time for mental disorders (depression, anxiety, dementia,	PHC Comprehensive Register, DHS	PHC client treated for mental disorders - new	PHC headcount - total	Accuracy dependent on quality of data	None	All Districts	%	Quarterly	Higher	Communicable Diseases

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use) as a proportion of total PHC headcount				submitted by health facilities						
4.5.1 Cataract surgery rate	Clients who had cataract surgery per 1 million uninsured populations. The population will be divided by 12 in the formula to make provision for annualisation	Facility registers, patient registers	Cataract surgery total	Uninsured population	Accuracy dependent on quality of data from health facilities	None	Districts	Rate per 1 Million	Quarterly	Higher.	Hospital Services Manager
SUB-PROGRAMME 2.5: OTHER COMMUNITY SERVICES											
6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	This measure hospitals that dispose waste in line with SANS 10248 regulation as a proportion of the total health facilities	Waste disposal management	Number of Hospitals that dispose waste in line with SANS 10248 regulation at a given reporting period	Number of Hospitals during same time period.	None	None	Districts	%	quarterly	Higher	Manager health programmes
SUB-PROGRAMME 2.6 : HIV & AIDS, STI & TB (HAST) CONTROL											
3.1.1 HIV test done sum	Total number of HIV Tests done in all age groups	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or	SUM ([Antenatal client HIV 1st test]) +SUM ([Antenatal client HIV re-test]) +SUM ([HIV test	Accuracy dependent on quality of data submitted by health facilities	Dependent on the accuracy of facility register	Not applicable	Districts	Number	Quarterly	Higher	HIV/AIDS Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
3.2.1 ART client naive start ART during month – sum	All child and Adult who started live long ART as naive clients during the month	HCT module in TIER.Net	19-59 months]] + SUM (HIV test 5-14 years]] + SUM (HIV test 15 - 24 years and older + 25 – 49 years + HIV test 50 years and older (excl. ANC))	None	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Number	Quarterly	Higher	HIV/AIDS Programme Manager
3.2.2 ART adult remain on ART end of period	Total adults remaining on ART (Adult TROA) at the end of the reporting month are the sum of the following: -Any adult that has a current regimen in the column designating the month you are reporting on. -Any adult client that has a star without a circle (someone who is not yet considered loss to follow-up (LTF))	ART Register; Tiered System; DHIS	ART adult remain in care – total	None	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Number	Quarterly	Higher	HIV/AIDS Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
3.2.3 ART child under 15 years remain on ART end of period	<p>in the column designating the month you are reporting on. Clients remaining on ART equals [naïve (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]</p> <p>Total children under 15 years remaining on ART (Child TROA) at the end of the reporting month are the sum of the following: -Any child under 15 years that has a current regimen in the column designating the month you are reporting on. -Any child under 15 years that has a star without a circle (someone who is not yet considered lost to</p>	ART Register; Tiered System; DHIS	ART child remain in care – total	None	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Number	Quarterly	Higher	HIV/AIDS Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
3.2.4 Male condoms distribution	<p>follow-up (LTF) in the column designating the month you are reporting on. Clients remaining on ART equals [naive (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + lost to follow-up (LTF) + Transfer out (TFO)]</p> <p>Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).</p>	Bin/ Stock card	Male condoms distributed	None	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	HIV/AIDS Programme Manager
3.2.5 Medical male circumcision - sum	Medical male circumcisions performed - sum	MMC register	SUM ([Medical male circumcision 10-14 years]) + ([Medical male circumcision 15 years and older]) + male circumcision	None	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Number	Quarterly	Higher	HIV/AIDS Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
			performed by medical professional in traditional sector								
3.2.6 Traditional male circumcision - sum	Traditional male circumcisions performed - sum	TMC register	SUM TMC circumcision performed by Traditional practitioner in a traditional setting	Not applicable	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Number	Quarterly	Higher	HIV/AIDS Programme Manager
3.2.7 ART Adult - viral load suppressed rate	Adults with suppressed viral load (VLS) of under 400 per millilitre (cps/MI) at interval after ART started. An undetectable viral load is any result less than 400 copies / mL	Art clinical record	ART adult viral load under 400	ART adult viral load done	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	HIV/AIDS Programme Manager
3.2.8 ART Child - viral load suppressed rate	Child with suppressed viral load (VLS) of under 400 per millilitre (cps/MI) at interval after ART started. An undetectable viral load is any result less than 400 copies / mL	Art clinical record	ART child viral load under 400	ART child viral load done	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	HIV/AIDS Programme Manager
3.2.9 TB/HIV co-infected client on ART as a proportion of all HIV positive TB clients.	TB/HIV co infected client on ART as a proportion of all HIV positive TB clients.	TB register THIS Tier.net	DS TB client HIV positive on ART	DS TB client HIV positive	Accuracy dependent on quality of data	Not applicable	All Districts	%	Quarterly	Higher	HIV/AIDS Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
3.3.1 TB investigation done 5 years and older rate	TB symptomatic clients who tested positive as a proportion of TB symptomatic clients under 5 years with sputum sent	TB register THIS	TB investigation done under 5 years	TB symptomatic child under 5 years	submitted by health facilities Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	TB Programme Manager
3.3.2 DS - TB treatment start 5 years and older rate	DS TB treatment started as a proportion of those where confirmed DS TB in the 5 years and older age group	TB register THIS	DS - TB treatment start 5 years and older rate	DS TB confirmed 5 years and older	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	TB Programme Manager
3.3.3 TB XDR treatment start rate	TB XDR confirmed clients started on treatment as a proportion of TB XDR confirmed clients	DR TB register	TB XDR client confirmed start on treatment	TB XDR confirmed client	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	TB Programme Manager
3.3.4 All DS TB client treatment success rate	All TB clients who started drug susceptible tuberculosis (DS TB) treatment 12 ago and who have successfully completed treatment	TB register THIS	All TB client successfully completed treatment	All DSTB patients in treatment outcome cohort	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	TB Programme Manager
3.3.5 TB Rifampicin Resistant/MDR / pre - XDR	TB Rifampicin Resistant (RR), multiple drug resistant (MDR) and pre	TB register THIS	TB Rifampicin Resistant/MDR/pre - XDR successfully	TB Rifampicin Resistant/MDR/pre - XDR start on treatment	Accuracy dependent on quality of data	Not applicable	All Districts	%	Quarterly	Higher	TB Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
treatment success rate	extensive drug resistance (pre-XDR) clients successfully completed treatment. Client who were cured and those who completed treatment. Cure patients are those who received treatment for recommended period of time (short: 9 months or long: 18 months) , remained clinically stable, achieved TB culture conversion and had at least three negative culture results after TB culture conversion. Those who successfully completed treatment are similar to the cured clients expect that they do not have three negative TB culture after culture conversion.		completed treatment		submitted by health facilities						

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
3.3.6 All DS TB client lost to follow up rate	All TB clients who started DS TB treatment 12 months ago but were lost to follow up during TB treatment. This is a subset for all TB clients' treatment outcome cohort. Lost to follow up is defined as interruption of treatment for period of two consecutive months or longer at any time during the treatment period.	TB register THIS	All DS TB client lost to follow up	All DS TB patients in treatment outcome cohort	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Lower	TB Programme Manager
3.4.1 Malaria cases reported	Malaria deaths reported as a result from primary malaria diagnosis at the time of death	Malaria Information System Midnight census	Malaria case reported	None	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Number	Annual	Lower	Environmental Health-Malaria Program
3.5.3 Covid-19 positivity rate	Number of confirmed positive cases against the total tests done	Covid 19 reports ; Lab trek NICD report	Number of confirmed covid-19 cases - Total	Number of Covid-19 tests conducted	N/A	N/A	All districts	%	Quarterly	Lower	Health programmes manager
3.5.4 Covid-19 incidence rate (per 100k)	New Covid 19 positive test results per 100 000 population	Covid 19 epidemiologic report NICD report	Number of confirmed covid-19 cases - Total	Total population/ 100 000	N/A	N/A	All Districts	Cumulative to Date	Quarterly	Lower	Health programmes manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
3.5.5 Case Fatality Rate for covid-19 < 5 years	Number of deaths in positive Covid 19 <5 years	Facility registers NICD report	Number of deaths in positive Covid 19 cases < 5 years	Separations Covid 19 cases < 5 years (sum of deaths, discharges and transfer out)	N/A	N/A	All districts	%	Quarterly	Lower	Health programmes manager
SUB-PROGRAMME 2.7: MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)											
1.1.1 Couple year protection rate	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD inserted) * 4.5) + (SUM([Male condoms distributed] / 120) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x	PHC Comprehensive Register	(SUM ([Oral pill cycle] / 15) + (SUM ([Medroxyprogesterone injection] / 4) + (SUM ([Norethisterone enanthate injection] / 6) + (SUM ([IUCD inserted] * 4.5) + (SUM([Male condoms distributed] / 120) + (SUM([Sterilisation - male] * 10) + (SUM([Sterilisation - female] * 10) + (SUM([Female condoms distributed] / 120) + (SUM([Sub-	(SUM {[Female 15-44 years]} + SUM {[Female 45-49 years]})) / 12	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Higher	MCW&H Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	10) + (Female sterilisation x 10).		dermal implant inserted]] * 2.5)								
1.1.2 Antenatal 1 st visit before 20 weeks rate	Women who have a first visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	PHC Comprehensive Tick Register, Tick register OPD	Antenatal 1 st visit before 20 weeks	Antenatal 1 st visit total ([Antenatal 1st visit 20 weeks or later]) + SUM ([Antenatal 1st visit before 20 weeks])	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Higher	MCW&H Programme Manager
1.1.3 Antenatal client start on ART rate	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART	ART clinical record	Antenatal start on ART	Antenatal known HIV positive but NOT on ART at 1st visit	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Higher	MCW&H Programme Manager
1.1.4 Delivery in 10 to 19 years in facility rate	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities	Midnight census, Inpatient sick neonatal admission register, birth register, Peads register	Delivery 10-19 years in facility	Delivery in facility - total	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Lower	MCW&H Programme Manager
1.1.5 Mother postnatal visit within 6 days rate	Postnatal visits by a mother within 6 days of delivery. The visit can be at PHC facility or postnatal home visit by facility staff and	PHC comprehensive tick register Postnatal register, Maternity	Mother postnatal visit within 6 days after delivery	Delivery in facility - total	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Higher	MCW&H Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	include mother who were hospitalised within 6 days. The purpose of the visit if for postnatal check-up.	register, OPD register									
1.2.1 Live birth under 2500g in facility rate	Infant born alive in health facility who weighs less than 2500g	Delivery register	Live birth under 2500g in facility	Live birth in facility	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Lower	MCW&H Programme Manager
1.3.1 Infant PCR test positive around 10 weeks rate	Infants born to HIV positive women with PCR positive results around 10 weeks	PHC comprehensive tick register, HCT module in Tier.net, Peads ward register	Infant PCR test positive around 10 weeks	Infant PCR test around 10 weeks	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Lower	MCW&H Programme Manager
1.3.2 Immunisation under 1 year coverage	A child who have completed his or her primary course of immunisation before the age of 1 year	PHC comprehensive tick register,	Immunised fully under 1 year new	Population under 1 year	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Higher	MCW&H Programme Manager
1.3.3 Measles 2nd dose coverage	Measles vaccine 2 nd dose given to a child at 12 months after birth. The cut of age is under 33 months	PHC comprehensive tick register	Measles 2nd dose	Target population 1 year	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Higher	MCW&H Programme Manager
1.3.4 Death in facility 29 days – 11 months rate	Children 29 days to 11 months who died during their stay in the facility as a proportion of all live births	PHC comprehensive tick register, OPD tick register	Death in facility 29 days - 11 months	Live birth in facility	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	Per K	Quarterly	Lower	MCW&H Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
Neonatal death in facility rate	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility	PHC comprehensive tick register, OPD tick register	Neonatal deaths (under 28 days) in facility	Live birth in facility	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	Per 1K	Quarterly	Lower	MCW&H Programme Manager
1.3.5 Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months (The denominator is multiplied by 2 because each child should receive supplementation twice a year)	PHC comprehensive tick register, OPD tick register	Vitamin A dose 12-59 months (Vitamin A dose 15-59 months + COS vitamin A dose 12 to 59 months)	Target population 12 – 59 months *2 (Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	MCW&H Programme Manager
1.3.6 School learner underweight rate	Learner with weight diagnosed below the -2 SD line but above the -3 SD line for the first time	Tick register school health	School learner underweight	School learners screened - sum	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	lower	MCW&H Programme Manager
1.3.7 Child under 5 years diarrhoea case fatality rate	A child under 5 years who died in a health facility where diarrhoea was documented as the main cause of death (count only the main	Peasds register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Lower	MCW&H Programme Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	(diagnosis). Where applicable these deaths must also be counted under SAM and MAM deaths										
1.3.8 Child under 5 years pneumonia case fatality rate	A child under 5 years who died in a health facility where pneumonia was documented as the main cause of death	Peads register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Lower	MCW&H Programme Manager
1.3.9 Child under 5 years severe acute malnutrition case fatality rate	Death in child under 5 years with severe acute malnutrition (SAM)	Peads register	Severe acute malnutrition inpatient under 5 years	Total nutritional assessments under 5 years in facility	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Lower	MCW&H Programme Manager
2.1.1 Child under 5 years food nutritional supplementation coverage	Children under 5 newly started on food nutritional supplementation as proportion of population under 5 years	PHC comprehensive tick register, OPD register	Child under 5 years food nutritional supplementation new	Population under 5 years	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Higher	MCW&H Programme Manager
4.1.1 School learner overweight rate	A learner with weight recorded above the + 2 SD line for the first time	Tick register school health	School learner overweight	School learner screened - sum	Accuracy dependent on quality of data submitted by health facilities	Not application	All Districts	%	Quarterly	Lower	MCW&H Programme Manager
SUB-PROGRAMME 2.8: CORONER SERVICES											
6.4.5 Percentage of post-mortems	Measures number of post-mortems	Death register	Number of cold bodies with post-mortems	Total number of cold bodies	Not applicable	Not application	All Districts	%	Quarterly	Higher	Hospital services

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
post – mortem performed within 72 hours	performed by Forensic Pathologists within a period of 3 days of receiving the body from the SAPS as a percentage of the total number of bodies received		mortem performed within 72 hrs. of receipt of body	received from SAPS (expressed as percentage)							Programme Manager
SUB – PROGRAMME 2.9: DISTRICT HOSPITALS											
6.2.23 Ideal hospitals status obtained arte(District)	Health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDC and or Hospitals	ICS	Health facilities have obtained Ideal status	Number of hospitals	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Annual	Higher	Hospital Manager
6.1.3 Patient experience of care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	%	Quarterly	Higher	Quality Assurance Manager
6.3.1 Severity assessment code 1 incident reported within 24 hours rate	Severity assessment code (SAC) one incident in the reporting month reported within 24 hours after occurrence of the incident. This allows for speedy	Patient safety incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Annual	Higher	Hospital Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	follow up and intervention after the incident.										
10.2.1 Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Attendance Registers of meetings of hospital boards	Number of functional Hospital Boards	Number of Hospitals	Attendance Registers are accurately kept	Not Applicable	All Districts	%	Annual	Higher	Hospital manager
3.6.1 Number of admissions of patients with Covid 19 (sum of standard care and critical care)	Symptomatic COVID 19 clients admitted	Inpatient management register	Number of admissions of patients with Covid 19 (sum of standard care and critical care)	N/A	Symptomatic Covid 19 clients will seek medical care	N/A	All districts	Cumulative to date	Quarterly	Higher	Hospital services Manager
PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)											
6.5.1 EMS P1 urban response under 30 minutes rate	P1 responses in an urban area where the response time was under 30 minutes	EMS province specific data collection tool.	EMS P1 urban response under 30 minutes	EMS P1 urban response	Accuracy dependent on quality of data from reporting EMS station	Not applicable	All districts	%	Quarterly	Higher	EMS Manager
6.5.2 EMS P1 rural response under 60 minutes rate	P1 responses in an rural area where the response time was under 60 minutes	EMS province specific data collection tool.	EMS P1 response rural under 60 minutes	EMS P1 rural response	Accuracy dependent on quality of data from reporting EMS station	Not applicable	All districts	%	Quarterly	Higher	EMS Manager
6.5.4 Number of Patients transported on the PTV services care	Patients transported on the PTV referred to the next level of care	Logbook EMS province specific data collection tool.	Number of Patients transported on the PTV services	Not applicable	Not applicable	Not applicable	All districts	Number	Quarterly	Lower	EMS Manager
PROGRAMME 4											

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
SUB-PROGRAMME 4.1: REGIONAL HOSPITALS											
6.2.4 Ideal hospital status obtained rate (Regional)	Health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of Hospitals	IHS	Health facilities have obtained Ideal status	Number of Regional hospitals	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Annual	Higher	Quality Assurance Manager
6.1.4 Patient experience of care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	%	Quarterly	Higher	Quality Assurance Manager
6.3.2 Severity assessment code 1 incident reported within 24 hours rate	Severity assessment code (SAC) one incident in the reporting month reported within 24 hours after occurrence of the incident. This allows for speedy follow up and intervention after the incident.	Patient safety incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	Hospital Manager
10.2.2 Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Attendance Registers of meetings of hospital boards	Number of functional Hospital Boards	Number of Hospitals	Attendance Registers are accurately kept	Not Applicable	All Districts	%	Quarterly	Higher	Hospital manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
3.6.4 Number of inpatients with Covid 19 admitted in standard care bed	Number of clients admitted in standard care bed.	Inpatient management register	Number of inpatients with Covid 19 admitted in standard care bed	N/An	Symptomatic Covid 19 clients will seek medical care	N/A	All districts	Cumulative to date	Quarterly	Higher	Hospital services Manager
3.6.5 Number of inpatient Covid 19 admitted in critical care bed – 19 Total	Number of isolated critical care clients (High care and ICUs) Covid 19 admitted in critical care bed – 19 Total	Inpatient management register	Number of inpatient COVID 19 admitted in critical care bed – Total	N/A	Symptomatic Covid 19 clients will seek medical care	N/A	All districts	Cumulative to date	Quarterly	Higher	Hospital services Manager
SUB-PROGRAMME 4.2: SPECIALISED TB HOSPITALS											
6.2.5 Ideal hospital status obtained rate (TB)	Health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of TB Hospitals	IHS	Health facilities have obtained Ideal status	Number of hospitals	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Annual	Higher	Quality Assurance Manager
6.1.5 Patient experience of care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	%	Quarterly	Higher	Quality Assurance Manager
6.3.3 Severity assessment code 1 incident reported within 24 hours rate	Severity assessment code (SAC) one incident in the reporting month reported within 24 hours after occurrence of the incident. This	Patient safety incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	Hospital Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	allows for speedy follow up and intervention after the incident.										
10.2.3 Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Attendance Registers of meetings of hospital boards	Number of functional Hospital Boards	Number of Hospitals	Attendance Registers are accurately kept	Not Applicable	All Districts	%	Quarterly	Higher	Hospital manager
SUB-PROGRAMME 4.3: SPECIALISED PSYCHIATRIC HOSPITALS											
6.2.6 Ideal hospitals status obtained rate (Psychiatric)	Health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of Psychiatric Hospitals	IHS	Health facilities have obtained Ideal status	Number of hospitals	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Annual	Higher	Quality Assurance Manager
6.1.6 Patient experience of care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	%	Quarterly	Higher	Quality Assurance Manager
6.3.4 Severity assessment code 1 incident reported within 24 hours rate	Severity assessment code (SAC) one incident in the reporting month reported within 24 hours after occurrence of the incident. This allows for speedy	Patient safety incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	Hospital Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	follow up and intervention after the incident.										
10.2.4 Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Attendance Registers of meetings of hospital boards	Number of functional Hospital Boards	Number of Hospitals	Attendance Registers are accurately kept	Not Applicable	All Districts	%	Quarterly	Higher	Hospital manager
4.4.2 District specialist mental health teams established	All districts establish mental health teams	Attendance registers	Number of districts with mental health teams	Not applicable	Not applicable	Not Applicable	All Districts	Number	Quarterly	Higher	Hospital manager
PROGRAMME 5											
SUB-PROGRAMME 5.1: CENTRAL HOSPITALS											
6.2.7 Ideal hospital status obtained rate (Central)	Health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of Central Hospitals	ICS	Health facilities have obtained Ideal status	Number of hospitals	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Annual	Higher	Hospital Manager
6.1.7 Patient experience of care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	%	Quarterly	Higher	Quality Assurance Manager
6.3.5 Severity assessment code 1 incident	Severity assessment code (SAC) one incident in the reporting month	Patient safety incident register	Severity assessment code 1 incidents	Severity assessment code 1 incident reported	Accuracy dependent on quality of data	Not applicable	All Districts	%	Quarterly	Higher	Hospital Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
reported within 24 hours rate	reported within 24 hours after occurrence of the incident. This allows for speedy follow up and intervention after the incident.		reported within 24 hours		submitted by health facilities						
10.2.5 Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Attendance Registers of meetings of hospital boards	Number of functional Hospital Boards	Number of Hospitals	Attendance Registers are accurately kept	Not Applicable	All Districts	%	Quarterly	Higher	Hospital manager
6.7.1 Penile rehabilitation unit established	Functional penile rehabilitation unit established	Urology register	Unit established and functional	N/A	N/A	N/A	Nelson Mandela academic hospital	Non-cumulative	Annual	N/A	Hospital services Manager
3.6.8 Number of inpatients with Covid 19 admitted in standard care	Number of clients admitted in standard care bed.	Inpatient management register Covid 19 Data Base	Number of inpatients with Covid 19 admitted in standard care	N/An	Symptomatic COVID 19 clients will seek medical care	N/A	All districts	Cumulative to date	Quarterly	Higher	Hospital services Manager
3.6.9 Number of inpatients with Covid 19 admitted in critical care bed.	Number of isolated critical care clients (High care and ICUs) for Covid 19	Inpatient management register Covid 19 Data Base	Number of inpatients with Covid 19 admitted in critical care bed.	N/A	Symptomatic Covid 19 clients will seek medical care	N/A	All districts	Cumulative to date	Quarterly	Higher	Hospital services Manager
SUB-PROGRAMME 5.2: TERTIARY HOSPITALS											
6.2.8 Ideal hospital status obtained arte (Tertiary)	Health facilities that obtained Ideal status (bronze, silver, gold)	ICS	Health facilities have obtained Ideal status	Number of hospitals	Accuracy dependent on quality of data	Not applicable	All Districts	%	Annual	Higher	Quality Assurance Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	as a proportion of Tertiary Hospitals				submitted by health facilities						
6.1.8 Patient experience of care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	%	Quarterly	Higher	Quality Assurance Manager
6.3.6 Severity assessment code 1 incident reported within 24 hours rate	Severity assessment code (SAC) one incident in the reporting month reported within 24 hours after occurrence of the incident. This allows for speedy follow up and intervention after the incident.	Patient safety incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	Hospital Manager
10.2.6 Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Attendance Registers of meetings of hospital boards	Number of functional Hospital Boards	Number of Hospitals	Attendance Registers are accurately kept	Not Applicable	All Districts	%	Quarterly	Higher	Hospital manager
3.6.12 Number of inpatients with Covid 19 admitted in	Number of clients admitted in standard care bed.	Inpatient management register Covid 19 Data Base	Number of inpatients with Covid 19 admitted in standard care bed	N/An	Symptomatic Covid 19 clients will seek medical care	N/A	All districts	Cumulative to date	Quarterly	Higher	Hospital services Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
standard care bed											
3.6.13 Number of inpatients with Covid 19 admitted in critical care bed.	Number of isolated critical care clients (High care and ICUs) for Covid 19	Inpatient management register Covid 19 Data Base	Number of inpatients with Covid 19 admitted in critical care bed.	N/A	Symptomatic Covid 19 clients will seek medical care	N/A	All districts	Cumulative to date	Quarterly	Higher	Hospital services Manager
SUB-PROGRAMME 5.3: SPECIALISED TERTIARY HOSPITAL											
6.2.2 Ideal hospital status obtained arte (Specialised Tertiary Psysc)	Health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of specialised tertiary hospitals	ICS	Health facilities have obtained Ideal status	Number of hospitals	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Annual	Higher	Quality Assurance Manager
6.1.9 Patient experience of care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	%	Quarterly	Higher	Quality Assurance Manager
6.3.7 Severity assessment code 1 incident reported within 24 hours rate	Severity assessment code (SAC) one incident in the reporting month reported within 24 hours after occurrence of the incident. This allows for speedy follow up and	Patient safety incident register	Severity assessment code 1 incidents reported within 24 hours	Severity assessment code 1 incident reported	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All Districts	%	Quarterly	Higher	Hospital Manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
	intervention after the incident.										
10.2.7 Percentage of Hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Attendance Registers of meetings of hospital boards	Number of functional Hospital Boards	Number of Hospitals	Attendance Registers are accurately kept	Not Applicable	All Districts	%	Quarterly	Higher	Hospital manager
PROGRAMME 6: PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING											
6.4.6 Number of registrars trained	Doctors trained for specialisation	Attendance Registers	Number of registrars trained	Not applicable	Attendance Registers are accurately kept	Not Applicable	All Districts	Number	Annual	Higher	Human Resources Development Programme Manager
6.4.7 Number of nurses trained on post basic courses	Nurses trained on post basic course to improve service delivery	Attendance Registers	Number of registrars trained	Not applicable	Attendance Registers are accurately kept	Not Applicable	All Districts	Number	Annual	Higher	Human Resources Development Programme Manager
PROGRAMME 7: PERFORMANCE INDICATORS FOR HEALTH CARE AND SUPPORT											
6.4.8 Wheelchair issued adult 19 year and older rate	Wheelchairs issued to adults 19 years and older	PHC comprehensive tick register, Tick register OPD,	Wheelchairs issued to adults 19 years and older	Wheelchairs required 19 years and older	Depending on assessment and specialised need	Not applicable	All districts	%	Quarterly	Higher	Clinical support manager
Wheelchair issued child 0-18 years rate	Wheelchairs issued to children 0 - 18 years	PHC comprehensive tick register,	Wheelchairs issued children 0 - 18 years	Wheelchairs required by children 0 - 18 years	Depending on assessment and specialised need	Not applicable	All districts	%	Quarterly	Higher	Clinical support manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
6.4.9 Hearing aid issued to adults 19 years and older rate	Hearing aid issued to adults 19 years and older	Tick register OPD, PHC comprehensive tick register, Tick register OPD,	Hearing aid issued to adults 19 years and older	Hearing aid required by adults 19 years and older	Depending on assessment and specialised need	Not applicable	All districts	%	Quarterly	Higher	Clinical support manager
Hearing aid issued child 0-18 years rate	Hearing aid issued to children 0 - 18 years	PHC comprehensive tick register, Tick register OPD,	Hearing aid issued to children 0 - 18 years	Hearing aid required by children 0 - 18 years	Depending on assessment and specialised need	Not applicable	All districts	%	Quarterly	Higher	Clinical support manager
3.7.1 Turnaround time of Covid 19 tests	Time taken to get results from the Laboratory after the Covid 19 specimens have been taken	Lab trek	Number of Covid-19 tests with results < 48 hours	Number of Covid-19 tests conducted	Laboratory has a capacity to test Covid 19 specimens	N/A	All districts	%	Quarterly	Higher	Clinical support services programme manager
3.8.1 % Personal Protective Equipment availability in facilities - OP indicator	Availability of personal protective equipment for health workers working with Covid 19 management	Stock visibility system	Number of PPE available per facility	Total number of PPE available in the essential list	Availability of PPE from the manufacturers	N/A	All districts	%	Quarterly	Higher	Clinical support services Manager
6.4.10 % Order fulfilment for essential drugs at depot	Drug orders fulfilled completely	MEDSAS	Number of order fulfilled completely	Number of orders received x 100	Poor maintenance of stock levels by the depot	Not applicable	All districts	%	Quarterly	Higher	Clinical support manager
6.4.11 % of availability of essential	Manage number of essential medicine on stock	MEDSAS	Number of essential medicines out of stock	Total number of essential medicines	Poor maintenance of essential medicines stock	Not applicable	All districts	%	Quarterly	Higher	Clinical support manager

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
medicine at facilities.					levels at the depot						
6.4.12 Number of active patients on CCMDD	CCMDD clients who opted to collect their patient medicine parcels from CCMDD contracted external pick up points	CCMDD register	CCMDD Client collecting medicine parcel from contracted external pick up points (PUP)	Not applicable	Poor maintenance of essential medicines stock levels at the depot	Not applicable	All districts	Number	Quarterly	Higher	Clinical support manager
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT											
6.6.1 Number of Health facilities with major refurbishment or rebuild	Number of existing health facilities where Capital, Scheduled Maintenance, Management Contract projects only) have been completed (excluding new and replacement facilities).	Practical Completion Certificate Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	Number of health facilities that have undergone major refurbishment	Not applicable	Accuracy dependent on reliability of information captured on project lists.	Not applicable	All districts	Number	Annual	Higher	Manager Health facilities
6.6.2 Number of Health facilities with minor refurbishment or rebuild	Number of existing health facilities where Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Job card / invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities that have undergone minor refurbishment	Not applicable	Accuracy dependent on reliability of information captured on project lists.	Not applicable	All districts	Number	Annual	Higher	Manager Health facilities

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end); cumulative (year-to-date) or non-cumulative	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
6.6.3 Number of Major renovations or upgrades completed at facilities	Number of existing health facilities where Capital, Scheduled Maintenance, (Management Contract projects only) have been completed (excluding new and replacement facilities).	Practical Completion Certificate Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	Number of health facilities that have undergone major upgrades	Not applicable	Accuracy dependent on reliability of information captured on project lists.	Not applicable	OR Tambo, Alfred Nzo, Chris Hani, Amathole	Number Non-cumulative	Annual	Higher	Manager Health facilities
6.6.4 Number of Minor renovations or upgrades completed at facilities	Number of existing health facilities where Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Job card / invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities that have undergone minor upgrades	Not applicable	Accuracy dependent on reliability of information captured on project lists.	Not applicable	O R Tambo, Alfred Nzo, BCM, NMB	Number & Non-cumulative	Annual	Higher	Manager Health facilities
6.6.5 Number of additional Critical Care bed at existing hospitals	A count of critical high care beds created in the existing hospitals	Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects.	Number of additional Critical High Care bed beds at existing hospitals	Not applicable	Accuracy dependent on reliability of information captured on project lists.	N/A	All districts	Non-cumulative	Annual	Higher	Manager Health facilities
6.6.6 Number of additional Isolation beds at existing hospitals	A count of additional isolation bed spaces created in the existing hospitals	Capital infrastructure project list, Scheduled Maintenance	Number of additional Isolation bed spaces and beds at existing hospitals	Not applicable	Accuracy dependent on reliability of information	N/A	All Districts	Non-cumulative	Annual	Higher	Manager Health facilities

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
6.6.7 Number of additional Isolation Field Hospital beds	Additional beds for isolation in filed hospitals	project list, and Contract projects). Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	Number of additional Isolation Field Hospital bed spaces and beds	Not applicable	Accuracy dependent on reliability of information captured on project lists.	Not applicable	All Districts	Non-cumulative	Annual	Higher	Manager Health facilities
6.6.8 Number of additional High Care Field Hospital beds	Count of the additional high care beds in filed hospitals	Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	Number of additional High Care Field Hospital bed spaces and beds	Not applicable	Accuracy dependent on reliability of information captured on project lists.	Not applicable	All Districts	Non-cumulative	Annual	Higher	Manager Health facilities
6.6.9 Number of Regional and Tertiary Hospitals fitted with additional oxygen points at beds	Number of facilities (regional and tertiary hospitals that have been fitted with additional oxygen points for Covid 19	Job card / invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of Regional and Tertiary Hospitals fitted with additional oxygen points at beds	Not applicable	Accuracy dependent on reliability of information captured on project lists.	Not applicable	BCM, Chris Hani, Nelson Mandela, OR Tambo.	Non-cumulative	Annual	Higher	Manager Health facilities
6.6.10 Number of District Hospitals fitted with additional	Number of facilities (district hospitals) that are fitted with additional oxygen points	Job card / invoice, Professional Day-to-day Maintenance	Number of health facilities that have undergone minor refurbishment	Not applicable	Accuracy dependent on reliability of information	Not applicable	All Districts	Non-cumulative	Annual	Higher	Manager Health facilities

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type (Cumulative year-end; cumulative year-to-date or non-cumulative)	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator							
oxygen points at beds		project list (only Management Contract projects).			captured on project lists.						

CONCLUSION

This is the 2020/21 amended Annual Performance Plan of the Department, which stands as a proposal to accelerate service delivery towards the achievement of vision and mission as set out in the 2020/21 – 2024/25 Strategic Plan of the Department. The department is committed to supporting districts, sub-districts and the health facilities to achieve outcomes through implementation of outputs and agreed targets

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