Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN 2020/21

2030 NDP

Together, moving the health system forward

Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN 2020/21

Together, moving the health system forward

TABLE OF CONTENTS

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
CIDB	Construction Industry Development Board
CMH	Cecilia Makhiwane Hospital
CSSD	Central Sterile Supply Department
CHCs	Community Health Centres
CHW	Community Health worker
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
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
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
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
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
UHC	Universal Health coverage
UPS	Uninterrupted Power supply
WBPHCOTs	Ward-based Primary Health Care Outreach Teams
WHO	World Health Organisation
YLL	Years Life Lost

LIST OF TABLES OP

Province of the
EASTERN CAPE
HEALTH

PART A
STRATEGIC FOCUS

PART A

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. OVERVIEW OF THE MAIN SERVICES

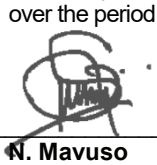
The Department operates through 8 programmes whose activities are spread out within 4 main branches i.e. Corporate Service Branch, Two Clinical Branches and Finance Branch. The core business of the Department is driven through Programme 2 (District Health Services), Programme 4 (Provincial Hospital Services) with the remainder of the programmes offering the necessary support. This operational plan is based on the 2020/21 Annual Performance Plan of the Department and reflects the activities that the Department will engage during 2020/21 financial year. Monitoring and Reporting to determine if the targets outlined in the plan have been attained, will be made through quarterly and annual reports including the In- Year monitoring system.

This is 2020/21 Operational Plan for the Eastern Cape Department of Health as approved below

OFFICIAL SIGN-OFF OF THE OPERATIONAL PLAN

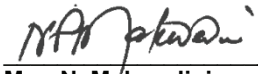
It is hereby certified that this Operational Plan:

Was developed by the management of the Eastern Cape Department of Health under the guidance of MEC for Health, 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 Outputs and Activities which the Eastern Cape Department of Health will endeavor to achieve over the period 2020/21

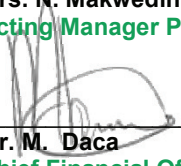


Mrs. N. Mavuso
Manager Programme: 1, 6, &8

Dr. L. Matiwane
Manager Programme: 2

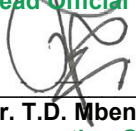


Mrs. N. Makwedini
Acting Manager Programme: 3, 4, 5& 7



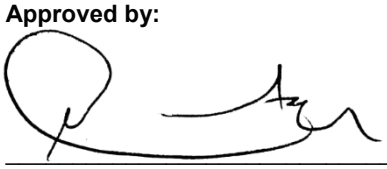
Mr. M. Daca
Chief Financial Officer

Dr. S.T. Moko
Head Official Responsible for Planning



Dr. T.D. Mbengashe
Accounting Officer

Approved by:



Hon. S. Gomba, MPL
Member of the Executive Council

5. 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 Reduce maternal and child mortality	N/A	Pillar 6: Strengthen service delivery through strengthened intergovernmental collaborative government model, (Thuma mina, Operation Masiphathisane and addressing social determinants of health)
Transform		Universal Health coverage for all South Africans achieved	Pillar 4: Engage the private sector in improving the access, coverage and quality of health services	Pillar 1. Rationalisation of health service delivery platform to facilitate National Health Insurance realisation and to address access to appropriate health services
			Pillar 6: Improve the efficiency of public sector financial management systems and processes	
			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	Pillar 3: Infrastructure planning, delivery, medical equipment and maintenance

	Impact	Outcomes	Presidential Health Summit Compact Pillars	Provincial Health Summit Pillars
			supply chain equipment and machinery	
			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

6. MTEF budgets

Table 2: Summary of payments and estimates by programme

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2019/20
R thousand	2016/17	2017/18	2018/19		2019/20		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 3: Summary of provincial payments and estimates by economic classification

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	% change from 2019/20
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 2 and 3 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.

Payments for capital assets show a positive growth of 12.2 per cent from R1.626 billion to R1.428 billion when compared to the 2019/20 revised estimate due to additional funding on infrastructure

Province of the
EASTERN CAPE
HEALTH

PART B

MEASURING OUR PERFORMANCE (PROVINCIAL DOH OPERATIONAL PLAN)

PROGRAMME I

HEALTH ADMINISTRATION AND MANAGEMENT

PART B – MEASURING OUR PERFORMANCE

PROGRAMME 1

HEALTH ADMINISTRATION AND MANAGEMENT

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

1.1 SUB-PROGRAMME: Health Administration - Office of the MEC

SUB - PROGRAMME PURPOSE

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

Table 4: Quarterly Targets and planned activities for the Office of the MEC

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Statutory planning and reporting document published	Statutory document submitted	Development and Submission of Statutory documents	Number of statutory documents tabled at Legislature	Approved statutory documents	6 statutory documents	8 statutory documents	8 statutory documents	-	1	2	5

1.2 SUB-PROGRAMME: HEALTH MANAGEMENT

SUB-PROGRAMME PURPOSE

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

The management component under the Superintendent General's supervision is comprised of three clusters 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
Quality Assurance

DISTRICT HEALTH SERVICES MANAGEMENT BRANCH

District Health Services
Communicable Diseases
Health Programmes

Table 5: Quarterly Targets and planned activities for Health Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
FINANCE											
Responsibility Manager: CFO, Mr M. Daca											
Unqualified Audit Opinion Achieved	Audit opinion of provincial DOH achieved	Monitor the Integrated Audit Improvement Strategy (IAIS)	Audit opinion	AGSA Audit report	Qualified	Unqualified	Unqualified	-	-	-	Unqualified
Improved financial management	Improved access to essential medicines, vaccines and medical products through better management of supply chain accruals reduced	Facilitate the approval, of the Annual Procurement plan	Approved Annual Procurement Plan	Approved Annual Plan	New Indicator	New Indicator	Approved Annual Procurement Plan	1st draft	2nd draft	3rd draft	Approved Annual Procurement Plan
Improved Financial management	Increased revenue collection	Improved revenue generation	Amount Revenue generated (R)	BAS report and minutes of the IYM meetings	R242. 5 mil	242.4mil	R271.2mil	R45 mil	R75.2 mil	R70 mil	R81 mil
	Budget tabled within legislative time frames	Tabling of the budget within legislative time frames.	Number of budgets prepared for tabling	Estimates of Provincial Revenue and Expenditure	New Indicator	New Indicator	2	1 Main Budget		1 Adjusted Budget	
	In year budget monitoring and reporting conducted	Expenditure monitoring and reporting	Number of in-year expenditure monitoring and reporting reviews conducted	BAS report and minutes of the IYM meetings	New Indicator	New Indicator	12	3	3	3	3

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Payment of creditors	Compliance with Treasury regulation of payment of suppliers within 30 days	Facilitate payment of creditors within 30 days	Number of valid invoices paid within 30 days	BAS report	New Indicator	New Indicator	314966	53242	38620	39244	183861
Corporate Services											
Responsibility Manager: Chief Director, Ms N. Maseko											
Quality of health services improved	Compliance to Occupational health and safety regulations	Ensure compliance to Occupational health and safety regulations	Percentage of Health facilities compliant with Occupational health and safety regulations	Health facility accreditation register	New Indicator	New Indicator	20%	20%	20%	20%	20%
Quality of health services improved	Approved costed HRH Strategy to create share vision to realise NHI	Facilitate the development and approval of the HRH strategy	Holistic Human Resources for Health(HRH) strategy approved	Approved and signed Strategy	New Indicator	New Indicator	Approved HRH Strategy	-	-	-	Approved HRH Strategy
Security incidents in health facility reduced	Security incidents reported	Installation of CCTV cameras in health facilities Training of security personnel	% reduction of security incidents	Security incidents register	New Indicator	New Indicator	30%	30%	30%	30%	30%
Reduced causes of medico legal claims in facilities by 80%	Causes of Medico legal claims reduced	Improve record management system Cluster district hospitals to conduct safe caesarean sections Improve access and reduce overcrowding at neonatal units	% reduction of causes of medico legal claims in facilities	Court rulings database	New Indicator	New Indicator	10%	-	-	-	10%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
ICT											
Responsibility Manager: Chief Information Officer, Ms N. Gumede											
Quality of health services improved	Broadband installed in hospitals for connectivity and access	Identification of sites per district Submission of prescribed forms Implementation, commissioning and monitoring	Percentage of Hospitals with broadband access	Internet rollout report	100%	100%	100%	100%	100%	100%	100%
			Numerator		89(6New)	89	89	89	89	89	89
			Denominator		89	89	89	89	89	89	89
		Identification of sites per district Submission of prescribed forms Implementation, commissioning and monitoring	Percentage of PHC with broadband access	Internet rollout report	71%	56%	100%	65%	80%	97.5%	100 %
			Numerator		551	428	768	499	614	756	768
			Denominator		772	768	768	768	768	768	768
	HIM2 system installed	Develop provincial project team Assessment of the institutions for readiness Implement and recommend	Number of hospitals with HMS2(Hospital Management System Version 2)	Systems Report	New Indicator	1	2	-	-	1	1
		Develop bid specifications Procuring of the digital system/ solution Implement and recommend	Number of hospitals with digitised medical records	Systems Report	New Indicator	New Indicator	3	-	-	-	3
IHRM											
Responsibility Manager: Chief Director, Ms B. Caga											
Quality of health services improved	Employee satisfaction survey conducted	Conduct Provincial Employee Satisfaction Survey	Employee satisfaction rate	Employee satisfaction survey report	75%	75%	75%	-	-	-	75%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Utilisation of employee wellness services	Attend to Employee Relations Cases	Employee wellness utilization rate	Statistics and Case Database	3%	3%	3%	3%	3%	3%	3%
	Employee labour relations cases finalised	Finalize Employee labour relations cases within 90 days	Percentage of employee labour relations cases finalized within 90 days.	Employee relations report	100%	100%	100%	100%	100%	100%	100%
	Employee exit benefits paid	Process the exit benefits of employees exiting the service within 3 months of termination	Percentage of employees whose exit benefits are paid within 3 months.	Persal reports	100%	100%	100%	100%	100%	100%	100%
	Health risk assessment conducted	Conduct Health Risk Assessments for employees	No. of Health Risk Assessments sessions done	Health Risk Assessment report and attendance registers	90	90	90	20	20	20	30
	Job evaluation conducted	Conduct Job evaluations	% of Job Evaluation conducted	Job evaluation report	100%	100%	100%	100%	100%	100%	100%
	Organogram approved and implemented	Design organogram implementation roll out and schedule	Approved Roll-Out Plan	Approved organogram roll out Plan	New Indicator	New Indicator	Approved Plan	Approved Plan	-	-	-
	Organogram communicated to districts	Conduct organogram roll out by visiting districts	Number of district visits on organogram roll-out done	Sessions Reports and Registers	New Indicator	New Indicator	8	2	2	2	2

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Corporate Services											
Responsibility Manager: Chief Director, Ms N. Maseko											
Quality of health services improved	Compliance to the PAIA act	Receive requests for information Respond to requests Notice of Motion or Application To Compel Provide medical records to attorneys Report statistics to SAHRC / OTP	Compliance to PAIA	Proof of compliance and requests file	60%	60%	100%	100%	100%	100%	100%
	Statutory documents designed for tabling at the legislature	Design of statutory documents Uploading Stat documents on the departmental website.	Number of statutory documents designed	Approved Designed statutory documents	6	2	8	-	1	2	5
	Medico legal trends analysed	Analysis of medico legal trends Advise management on trends and recommend solutions Report on statistics Outreach Legal Training	Percentage implementation of trend analysis recommendations	Opinions on legal claims	70%	70%	90%	90%	90%	90%	90%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Full compliance to the MISS policy	Screening of shortlisted candidates and service providers Vetting of employees implementation of the MISS outputs as reflected in the SMS handbook	Percentage of compliance to MISS outputs	Screening and Z204 forms & Registers.	100%	100%	100%	100%	100%	100%	100%
Quality of health services improved	Adherence to financial disclosure policy	Developing provincial policy linked to the National policy Submission of the policy for approval.	Approved Financial disclosure policy	Approved Policy	New Indicator	New indicator	Approved Plan	1st Draft	2nd Draft	Final Draft	Approved Plan
	Clinical records available in all facilities	Procure clinical records for all PHC facilities Conduct visits to facilities to check the availability of cards Facilitate training on using the cards	Availability of patient clinical records at all PHC facilities	Orders file Attendance register file	New indicator	New Indicator	100%	100%	100%	100%	100%
	Proper filling in place.	Developing departmental filing plan Submission of departmental filing plan for approval.	Approved Filing plan	Approved departmental filing plan	New Indicator	New indicator	Approved Plan	1st Draft	2nd Draft	Final Draft	Approved Plan

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	RMP reviewed in all facilities	Ensure availability of the RMP in all facilities Printing and distribution of the policy to facilities.	Availability of copies of reviewed RMP in all facilities	Approved Records Management Policy	30%	50%	100%	100%	100%	100%	100%
	Full compliance to records management policy	Decanting Archiving Digitization	Number of facilities compliant to records management policy	Digitized records report	0	0	26	6	10	5	5
Quality of health services improved	Availability of approved communication policy	Developing provincial policy linked to GCIS policy Submission of the policy for approval.	Approved communication policy	Approved Policy	New Indicator	New indicator	Approved Plan	1st Draft	2nd Draft	Final Draft	Approved Plan
	Availability of approved Legal services strategy	Developing provincial policy linked to National policy Submission of the policy for approval	Approved Legal Services Strategy	Approved Policy	New Indicator	New indicator	Approved Plan	1st Draft	2nd Draft	Final Draft	Approved Plan
Special Programmes											
Responsibility Manager: Chief Director, Ms A. Nkosi											
Quality of health services improved	Adherence to SPU guidelines	Develop the document on guidelines for SPU Consult with relevant internal and external stakeholders	Approved SPU guidelines	Approved SPU guidelines	New Indicator	New Indicator	Approved SPU guidelines	1st Draft	2nd Draft	Final Draft	Approved SPU guidelines

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Adherence to SPU guidelines	Develop and Submit the following reports Progress report on Job access strategy to DPSA x2 Gender strategic framework plan and report X1 Submit quarterly reports to OTP on SPU x 4 Gender equality report to DPSA x2 Youth Accord report to OTP x2 PSWMW report to DPSA x1	Number of mandated SPU reports submitted	Signed Submission letters	11	11	12	5	1	3	3
	Adherence to SPU guidelines	Visit districts and educate on disability disclosures Workshops Distribution of material on disability disclosures.	Number of campaigns conducted on disability disclosure	Disclosure Forms database Registers and Reports	New Indicator	New Indicator	4	1(H/O)	1 (Chris Hani)	1(BCM)	1(Amathole)
		Visit tertiary institutions for career exposure on disability Develop database on students with disability	Number of disability campaigns conducted	Registers Reports	4	4	4	1	1	1	1

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Health Awareness campaigns conducted	Conduct Imbizos/Dialogues Distribute material on all SPU desks Facilitate services on wheels events	Number of health awareness campaigns conducted	Registers Reports	1	1	1	1	-	-	-
	Sessions on youth skills development conducted	Identify the youth in need of skills training and recommend to relevant stakeholders	Number of sessions conducted on youth skills development	Sessions Reports Registers	New Indicator	1	4	1	1	1	1
Quality of health services improved	Creating platforms for men to debate issues of gender based violence in each district.	Conduct sessions on the policy through district visits. Distribute copies of the policy to all employees	Number Sexual Harassment policy roll out sessions	Reports and Attendance registers	2	0	3	-	1	1	1
	Sessions on HODs 8 point principle plan for women empowerment conducted.	Conduct sessions on the HOD's 8-point principle plan for women empowerment around the province	Number of sessions conducted	Report and Registers	New Indicator	1	1	-	1	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Quality assurance & quality assurance											
Responsibility Manager: Acting Chief Director, Mrs B. Ngada											
Quality of health services improved	SOP's developed	Development of SOP's for functional areas, namely: Service waiting time, Patient Experience of Care (PEC) , Application of Batho Pele (BP) principles	Approved SOP's	Availability of Signed SOP"s	New indicator	New indicator	3 Approved SOP's	3 first drafts	3 second drafts	3 third drafts	3 Approved SOP's
	Change management sessions conducted	Conduct Batho Pele Change Management and Engagement Program. Prepare information to be distributed.	Number of Batho Pele Change Management Training Sessions.	Report Attendance registers	New indicator	7	10	-	5	3	2
	Compliance to Batho pele guidelines	Support facilities BathoPele tools for baseline and development of QIPS	Number of facilities compliant with BathoPele	Report QIPs	New Indicator	New Indicator	99	20	28	32	19
	Patients' rights Campaigns conducted	Conduct Public awareness campaigns on Patients' Rights & Service Charter through Thuma - Mina Programme.	Number of Patients' rights Campaigns conducted	Report	New indicator	New Indicator	3	-	1	1	1

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Compliance to Complaints Management Framework	Put together package of tools to support of Complaint Resolution as per complaints management framework Ensure Facilities are complying with Web based complaints management reporting system through conducting onsite support visits on selected high burdened facilities to give support Develop reports after visits	Number of health facilities complying with Complaints Management Framework	Complaints register, redress report Web-based Reports	New indicator	New Indicator	96	20	28	32	16
	PEC survey conducted	Support Facilities conduct survey and Generate reports Support facilities develop quality improvement plans.	Number of facilities that conducted PEC survey	Reports from facilities. PEC survey rate	New Indicator	New Indicator	96	-	96	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Training on professional standards conducted	Facilitate trainings to empower officials for purposes of maintaining professional standards Conduct ESMO, Caesarean Sections operations, Anesthesia, Correct administration of drugs, Guidelines on management of non-communicable diseases, Infection prevention and control' DHIS data analysis	Number of trainings conducted on professional standards	List of officials trained, attendance registers and course content outline.	1	1	8	1	2	3	2
	Clinical risk management strategy compliance	Facilitate identification, monitoring and mitigation of the clinical risks.	No of facilities with clinical risk management strategy.	Copy of the clinical risk management strategy	New Indicator	New Indicator	96	20	28	32	16
		Initiate trainings roadshow on PSI identification and reporting by health professionals.	No of facilities trained on PSI identification and reporting	Attendance register and training content.	New Indicator	New Indicator	96	20	28	32	16

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Strategic and Organizational Performance											
Responsibility Manager: Chief Director, Dr S.T. Moko											
Leadership and governance in the health sector enhanced to improve quality of health care	Statutory documents developed and submitted to legislature.	Conduct environmental and Organisational scanning Facilitate sessions to develop departmental statutory and turn around plans Customize & Distribute the plan's templates. Consolidate the inputs into the plans. Conduct consultation sessions. Prepare tender for final printing. Submit to the Top management for vetting Submit to the Office of the MEC for approval. Print the approved plans and submit to the legislature.	Number of statutory documents developed	Submission letters Tabling letter	2 App OP	3 App OP	3 APP OP Strat Plan	-	1st Draft (APP + Strat Plan)	2nd Draft (APP + Strat Plan)	3 Approved (APP OP Strat Plan)

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Quality of health services improved	Strategic imperatives communicate	Support visits to districts & capacity building to communicate share government priorities and assist districts in the development of institutional plans.	Number of sessions hosted to communicate the strategic imperatives	Reports	8	8 consolidated reports submitted	8	2	2	2	2
	Planners forum hosted	Host Provincial Planners, Monitoring, & Evaluation Forum.	No of provincial planners, monitoring and evaluation forum hosted.	Planners and Monitoring & Evaluation forum Report	1 planner's forum hosted	2 planner's forum hosted.	2	-	1	-	1
Quality of health services improved	2021/22 DHP submitted to National	Offer technical support to district health planning 8 capacity building sessions on revised DHP framework for 8 districts. Circulate Standardized DHP template to all districts. Assessment of 8 DHPs and feedback to the districts	Number of 2021/22 DHPs submitted	Submission letter to NDOH.	2019/20 DHP s for eight districts submitted to NDOH	2020/21 DHP s submitted to NDOH	2021/22 DHP for 8 districts	-	Eight 1st Drafts DHPs submitted	Eight 2nd Drafts DHPs submitted	Eight final DHPs submitted

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	SDIP Submitted	Support the review of development of Service delivery improvement plan. Process mapping of key services.	Revised 2021/22 – 2023/24 SDIP submitted	2021/22 – 2023/24 Service delivery improvement plan	Draft 2018/19-20/21 SDIP	2018 /19 - 20/21 Reviewed SDIP	Revised 2021/22 – 2023/24 SDIP submitted	-	-	-	Revised 2021/22 – 2023/24 SDIP submitted
Health Information Management Systems											
Quality of health services improved	Completeness and timeliness of data	Measure Health facilities that submitted complete DHIS and art cohort data in compliance with revised facility SOP timelines.	% Health Districts that submitted complete DHIS data elements in compliance with revised facility SOP timelines.(and submission)	Monthly data quality index reports	93%	90%	90%	90%	90%	90%	90%
	Compliance to absolute validation rules	Measure Health facilities that complied with absolute validation rules	% of reporting Health Facilities that complied with absolute validation rules	Monthly data quality index reports	71%	75%	95%	95%	95%	95%	95%
	Compliance to verification process	Compile Pre-submission data verification report.	Number of Pre-submission data verification report compiled	Pre-submission data verification report compiled reports	12 reports	12 reports	12 reports	3 reports	3 reports	3 reports	3 reports
	Districts trained on new NIDS	Convene NIDS training workshops	Number of Districts trained on new 2020 NIDS	Training reports and attendance registers	New Indicator	New Indicator	8 Districts Trained	1	3	3	1

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	DHIMS institutionalised	Institutionalize DHIMS Policy and SOP's by capacitating Programme Managers, clinicians, CEOs, Information personnel clerks, EMS and EHS practitioners	Number of DHIMS and SOP's workshops conducted for Programme Managers	Workshop Reports Attendance Registers	New Indicator	New Indicator	4	1	1	1	1
	Capacitation of programme managers on DHMIS and SOPs	Requests for slots in programms PHC and Hospital services planned meeting for the discussion on DHMIS and SOPs	Number of slots conducted in programmes PHC and hospital services	Workshop Reports Attendance Registers	New Indicator	New Indicator	4	1	1	1	1

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Functional effective use of information systems and programmes in the province	Orientation on new developments in DHIS, ETR and Tier .Net Communication on new developments in DHIS, ETR and Tier .Net Ensure distribution of updated builds, data files, fixes and system upgraded versions for functionality to 6 Districts and 2 Metro's. Ensure timely and appropriate Response to data request Give regular feedback to districts and Programmes	Information systems support provided to 6 districts and 2 metros	Attendance Register System support report	8	8	8	8	8	8	8
	Availability of designed registers aligned to NIDS	Design template for PHC and hospital registers as aligned with NIDs and artwork done	Number of PHC and hospital registers designed with artwork done	Designed template	New Indicator	New Indicator	14	14	-	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	TB and HIV information systems integrated (THIS)	Identify eligible facilities for integration of Tier and ETR .Net	Number of facilities with Tier.Net & ETR module captured at facility level increased	List of the facilities capturing on Tier.Net & ETR module	402	402	470	118	118	118	116
	Unqualified audit achieved	Develop HIMS audit intervention strategy	Approved HIMS audit intervention strategy	Aproned HIMS strategy	New Indicator	New Indicator	Approved HIMS audit intervention strategy	-	-	Approved HIMS audit intervention strategy	-
	Information management and system governance structure in place.	Prepare all logistics for the quarterly PHISC	PHISC meetings conducted	Attendance register and minutes	New Indicator	New Indicator	4	1	1	1	1
Epidemiology & research											
Quality of health services improved	Training on influenza vaccination conducted	Coordinate influenza vaccination through - Training the nurses Monitor if the vaccination is being implemented Produce a report	No. of district trained on influenza vaccination.	Attendance Registers	8	8	8	-	8	-	-
			Influenza vaccine utilization rate	Report	93%	99%	≥90%	≥90%	-	-	-
		Post-influenza vaccination evaluation through – check if the correct vaccination has been used and properly recorded	No of Post influenza vaccination evaluation conducted	Report		8 districts	4	4	-	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Response teams developed and trained	Training the outbreak response teams for districts Develop an Epidemic Preparedness & Response plan Monitor the provincial outbreaks Develop reports on outbreaks investigated and responded to in the province.	No. of outbreak Response Team meetings held	Minutes Attendance Registers	2	2	4	1	1	1	1
		Coordinate and conduct disease surveillance	Acute Flaccid Paralysis (AFP) Detection rate (per 100 000 pop <15years)	Report	2.7	2.1.	4	4	4	4	4
	AFP Stool adequacy measured	Training on the collection of AFP specimen	AFP Stool adequacy rate	Report	51%	50%	80%	80%	80%	80%	80%
	Measles detected and managed	Training of clinicians on measles detection	Measles detection rate (non-febrile rash measles) – per 100 000	Report	2	2.6	2	2	2	2	2
	NMC database implemented	Training of health care workers on the NMC database Monitor the implementation of the NMC database	No. of hospital implementing Notifiable Medical Conditions (NMC) database	Report Attendance Register	New Indicator	5	20	2	5	10	3

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Research meetings conducted	Coordinate research through - Review and approve research protocols Develop research agenda	No. of Research Committee meetings held	Minutes; Attendance Register	1	1	4 meetings	1	1	1	1
	Research Agenda plan	Develop and review research agenda for the department	Approved Research agenda for the department	Approved Research Agenda (document)	New indicator	New indicator	Approved Research agenda for the department	1st Draft	Final Draft	Approved Research agenda for the department	-
	Research protocols approved	Create database of research protocols and assessment for approval	% of research protocols approved	Line-list of research being conducted	99%	96%	≥95%	≥95%	≥95%	≥95%	≥95%
	antenatal research survey conducted	Antenatal HIV survey through Training of nurses Distribution of equipment Monitor the survey	No. of antenatal research survey conducted	Report	1	1	1	-	1	-	-
	research seminars conducted	Conduct Research seminars	No. of research seminars	Reports Attendance registers	0	0	2	1	-	1	-
	Evaluations conducted	PHC supervision and WBOTs evaluation conducted	Number of Evaluations conducted	Reports	1	1	2	2	-	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Monitoring and Evaluation											
Quality of health services improved	performance review meetings held	Send Communication to relevant stakeholders Prepare and present Programme performance reports per target set. Assist with logistics for the meeting Compile Minutes of all the events before, during and after the Quarterly meeting.	Number of performance review meetings held	Attendance Register Performance review report	3	4	4	1	1	1	1
	quarterly Reports submitted	Coordinate, compile and submit compliance Performance Reports to relevant authorities.	No. of quarterly Reports submitted	Reports	15	15	15	4	5	3	3
	Portfolio of Evidence submitted	Ensure collection of Portfolio of Evidence (POE).	No. of Portfolio of Evidence (POE).	Documents	15	15	15	Collection of POE (4)	Collection of POE(5)	Collection of POE (3)	Collection of POE (3)
	Performance program improvement plans (PIP) developed	Support Program managers to develop performance improvement plans (PIP)	No. of Performance program improvement plans (PIP) developed.	Program improvement plans	4	4	4	1	1	1	1

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	district review meetings attended	Attend and participate during district performance review meetings	No. of district review meetings attended	Attendance Register	4	4	8	2	2	2	2
	Mentorship programme adherence	Mentor facility managers and staff on M&E systems	No. of Mentorship meetings	Attendance Registers	2	2	2	-	1 Mentorship meeting organized	-	1 Mentorship meeting organized
Risk , Fruad And Ethics											
Responsibility Manager: Chief Director, Ms T. Kakaza											
Leadership and governance in the heath sector enhanced to improve quality of health services	risk management strategy developed and approved	Review the existing risk strategy. Update the strategy with new requirements as required by policies and legislation. Communicate the approved risk management strategy	Approved risk management strategy	Approved risk management strategy	2017/18 risk management strategy	2018/19 risk management strategy	2019/20 Approved risk management strategy	Approved risk management strategy	-	-	-
	risk register approved	Update risk register with existing controls, control improvements and risk rating. Map strategic risk and conduct workshops on the development of risk register. Submit all quarterly reports done on assessments	Approved risk register	Approved risk register	2017/18 risk register	2018/19 risk register	2019/20 Approved risk register	Approved risk register	-	-	-

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	district awareness campaigns on fraud conducted	Conduct workshops on anticorruption on policies and procedures. Train staff members on whistle blowing policy. Roll out of fraud prevention plan	Number of district awareness campaigns on fraud	Report and attendance registers	New indicator	New indicator	8	2	2	2	2
	ethics workshop conducted	Policies and tools on ethics reviewed. Appoint DMs and CEOs as ethics officers. Capacity building on ethics. Distribution of ethics material	Number of ethics workshop conducted	Report Attendance register	New indicator	New indicator	4	1	1	1	1

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	% change from 2019/20
1. Office of the MEC	6 502	6 056	9 262	8 917	8 917	9 999	9 536	8 259	8 644	(4,6)
2. Management	700 435	583 402	685 570	705 444	662 444	651 179	711 267	713 469	738 331	9,2
Total payments and estimates	**706 937**	**589 458**	**694 832**	**714 361**	**671 361**	**661 178**	**720 803**	**721 728**	**746 975**	**9,0**

Table 7: Summary of payments and estimates by economic classification: P1 – 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 6 and 7 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.

PROGRAMME 2
DISTRICT HEALTH SERVICES (DHS)

2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

PROGRAMME PURPOSE

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

PROGRAMME DESCRIPTION

The District Health 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 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 8: Quarterly Targets and planned activities for District Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Acting Chief Director, Mrs N. Zamxaka											
Access to health services improved	Supervision of fixed PHC facilities.	Develop Provincial PHC supervision guidelines	% of Fixed PHC Facilities Supervised	Supervision register	New Indicator	New Indicator	60%	30%	40%	50%	60%
			Numerator				462	231	308	385	462
		Develop supervision tools	Denominator				771	771	771	771	771
	Outreach Thuma Mina Campaigns	Monitor Outreach campaigns	No. of districts conducted Thuma Mina Campaigns	Reports	New indicator	New indicator	8 districts	2	4	6	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 26 sub-districts.

Table 9: Quarterly Targets and planned activities for Clinics

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Acting Chief Director, Mrs N. Zamxaka											
Health facilities accredited for NHI	PHC facilities that qualify as Ideal clinics increased	Facilitate ICRM status determinations	Ideal clinic status obtained rate	ICRM tool	11%	19.9%	17.8%	-	-	-	17.8%
			Numerator		80	145	130				130
		Conduct ICRM review meetings	Denominator		727	727	730				730

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Community engagement improved	Clinic committees for all public health facilities established and trained	Conduct training of clinic committees Monitor clinic committee meetings. Review policy on clinic committee functioning.	Percentage of PHC facilities with functional clinic committee	Attendance registers	New Indicator	New Indicator	17.8%	4%	8%	12%	17.8%
			Numerator				130	30	60	90	130
			Denominator				730	730	730	730	730
Patient experience of care in public health facilities improved	Patient experience of care in fixed public health facilities improved	Allocate resources for the PEC survey in all districts. Facilitate and monitor the PEC survey implementation and analysis report.	% of fixed clinics conducted Patient experience of care surveys	PEC tool		New	60%	-	60%	-	-
			Numerator				438		438		
			Denominator				730		730		

2.3 Sub – Programme: Community Health Centers (CHCs)

SUB – PROGRAMME PURPOSE

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

Table 10: Quarterly Targets and planned activities for CHCs

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Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Acting Chief Director, Mrs N. Zamxaka											
Health facilities accredited for NHI	PHC facilities that qualify as Ideal CHC increased	Facilitate ICRM status determinations Conduct ICRM review meetings	Ideal CHC status obtained rate	ICRM tool	9.8%	12%	15%	-	-	-	15%
			Numerator				6	-	-	-	6
			Denominator				41	-	-	-	41
Community engagement improved	CHC committees for all public health facilities established and trained	Conduct training of CHC committees Monitor CHC committee meetings. Review policy on CHC committee functioning	% of PHC facilities with functional clinic committee	Attendance registers	New Indicator	New Indicator	39%	-	-	-	39%
			Numerator				16	-	-	-	16
			Denominator				41	-	-	-	-
Patient experience of care in public health facilities improved	Patient experience of care in public health facilities improved	Allocate resources for the PEC survey in all districts. Facilitate and monitor the PEC survey implementation and analysis report.	% of CHCs conducted Patient experience of care surveys	PEC tool	New Indicator	New Indicator	60%	-	60%	-	-
			Numerator				24	-	24	-	-
			Denominator				41	-	41	-	-

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

Table11: Quarterly Targets and planned activities for Non communicable diseases

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Chief Director, Ms M. Nokwe											
Hypertension prevalence managed	Clients initiated and controlled	Avail chronic diseases guidelines and IEC material and basic equipment in Ideal clinics NCD quarterly reviews Support training of chronic conditions guidelines Support district in diabetes awareness and hypertension	Hypertension client treatment new 18 - 44 years	PHC tick register OPD register	New Indicator	New Indicator	16 711	4 178	4 178	4 178	4 178
			Hypertension client treatment new 45 years and older	PHC tick register OPD register	New Indicator	New Indicator	6 777	1 694	1 694	1 694	1 694

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
			Hypertension clients controlled on treatment	CCMDD register	New Indicator	New Indicator	185 136	46 284	46 284	46 284	46 284
Diabetes prevalence managed	Clients initiated on diabetes treatment and controlled	Avail chronic diseases guidelines and IEC material and basic equipment in Ideal clinics NCD quarterly reviews Support training of chronic conditions guidelines Support district in diabetes awareness and hypertension	Diabetes client treatment new 18 - 44 years	PHC tick register OPD register	New Indicator	New Indicator	16 711	4 178	4 178	4 178	4 178
			Diabetes client treatment new 45 years and older	PHC tick register OPD register	New Indicator	New Indicator	6 777	1 694	1 694	1 694	1 694
			Diabetes clients controlled on treatment	CCMDD register	New Indicator	New Indicator	31 137	7 784	7 784	7 784	7 784
Reduced prevalence of mental health disorders	Prevention and early detection of mental illness	Support district in mental illness awareness Support training of chronic conditions guidelines on mental health	Mental disorder screening rate	PHC tick register OPD register	24%	20%	25%	25%	25%	25%	25%
			Mental disorder treatment rate new	PHC tick register OPD register	New Indicator	New Indicator	5%	5%	5%	5%	5%
Avoidable blindness reduced	Refractive errors corrected	Assessment done on clients who require spectacles. Eligible clients issued spectacles	Spectacles issued to children 7 -18 years old	PHC tick register OPD register	New Indicator	New Indicator	1440	360	360	360	360
			Spectacles issued to adults 19years and older	PHC tick register OPD register	New Indicator	New Indicator	5 200	1300	1300	1300	1300
		Conduct formalized Cataract outreach services	Cataract surgery rate	Theatre register	633/1 000 000	1300/1 000 000	1300/1 000 000	200/ 1 000 000	600/1 000 000	900/1 000 000	1300/1 000 000

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 12: Quarterly Targets and planned activities for Other community base services

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Chief Director, Ms M. Nokwe											
Compliance to health care risk waste management norms and standards improved	Hospitals comply with health care risk waste norms and standards	Delegation of waste officers per hospital Conduct situational analysis on medical waste management in Hospitals	Percentage of hospitals complying with health care risk waste norms and standards	Waste Management data base	New Indicator	New Indicator	60.6%	60.6%	60.6%	60.6%	60.6%
			Numerator				54	54	54	54	54
			Denominator				89	89	89	89	89

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 13: Quarterly Targets and planned activities for HAST

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Chief Director, Ms M. Nokwe											
People living with HIV retained on care	HIV new cases identified and initiated	Facilitate scaling up and implementation of the HAST District Implementation Plans (DIP) to achieve 90-90-90 targets	HIV test done	Tier.net and the Adult clinical record	1 851 552	1 544 932	1 748 488	400 000	499 244	499 244	350 000
			New clients initiated on ART	Tier.net and the Adult clinical record	New Indicator	New Indicator	70 222	19 222	19 222	12 556	19 222
	People living with HIV retained on care		ART adult remain on ART end of period	Tier.net and the Adult clinical record	New Indicator	New Indicator	668 349	624 796	639 313	653 830	668 349
			ART Child under 15 years remain on ART end of period	Tier.net and the Adult clinical record	New Indicator	New Indicator	27 848	26 741	26 636	27 240	27 848
	Access to condoms	Facilitate scaling up and implementation of the HAST District Implementation Plans (DIP) to achieve 90-90-90 targets	Male condoms distributed	Patients Records Bind card	73 672 416	14 847 000	93 277 176	23319294	23 319 294	23 319 294	23 319 294

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Male circumcision performed	Provision of medical supplies in all health facilities in the province in order to scale up Male Medical Circumcision	Medical male circumcision total	Tier.net and the Adult clinical record	73 672	8 679	12 201	2186	2578	2204	5233
		Report on Circumcision done in a traditional setting outside the facility	Traditional male circumcision total	Reports TMC database	New Indicator	New Indicator	22 516	0	6720	0	15 796
People on ART are virally suppressed	People viral load undetected	Viral load test done. Analysis of lab results	Adult - viral load suppressed rate at 12 months	Tier.net and the Adult clinical record Lab report	New Indicator	New Indicator	90%	90%	90%	90%	90%
			Child - viral load suppressed rate at 12 months	Tier.net and the Child clinical record Lab report	New Indicator	New Indicator	90%	90%	90%	90%	90%
	TB/HIV co-infected clients identified and initiated	Distribute Drug Sensitive Alerts to the districts weekly Review and analyse	TB/HIV co-infected clients started on ART	THIS	94.5%	74.8%	80%	80%	80%	80%	80%
TB Mortality reduced	Positive clients initiation done and controlled	District performance monthly -Provide feedback to the districts monthly. -Conduct supports to the Districts, focussing on high volume facilities	**Numerator**		16963	5742	12322	3081	3081	3080	3080
			Denominator		17945	7674	15402	3851	3851	3850	3850
			TB investigation done 5 years and older rate	TB registers	New Indicator	New indicator	90%	90%	90%	90%	90%
			Numerator			64335	312470	78117	78117	78118	78118
			Denominator			182354	347190	86797	86797	86797	86797
			DS - TB treatment start 5 years and older rate	TB registers	101%	95%	96%	96%	96%	96%	96%
			Numerator			15803	32181	8045	8045	8045	8046
			Denominator			16230	33176	8294	8294	8294	8294

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Distribute Drug Resistant TB Alerts to the districts weekly. - Rope in partners in tracing and linkage to care the RR TB cases. -Provide vehicles for the districts to assist with tracking of patients.	TB XDR treatment initiation rate	TB registers	New Indicator	54%	55%	55%	55%	55%	55%
			Numerator				234	58	58	59	59
			Denominator				260	65	65	65	65
		-Supports districts in conducting data verification. -Conduct support visits in selected high burdened facilities. - Support districts to conduct Advocacy and Social mobilization activities to strengthen adherence.	All TB client treatment success rate	TB registers	80.3%	77%	80%	80%	80%	80%	80%
			Numerator		33744	12783	26078	6520	6520	6519	6519
			Denominator		42023	16602	32597	8149	8149	8150	8149
			TB Rifampicin Resistant treatment success rate	TB registers	New Indicator	New Indicator	65%	65%	65%	65%	65%
			Numerator				717	179	179	179	180
			Denominator				1103	276	276	276	278
	Lost clients tracked and re initiated		All TB client LTF rate	TB registers	8.1%	13,6%	6.5%	6.5%	6.5%	6.5%	6.5%
			Numerator		3 384	1 360	2 731	2 731	2 731	2 731	2 731
			Denominator		42 023	9 984	42 023	42 023	42 023	42 023	42 023
Malaria fatality eliminated	Prevention and early detection of malaria cases managed	Surveillance and monitoring of malaria outbreaks	Malaria inpatient case fatality rate	Malaria Surveillance Midnight census	New Indicator	New Indicator	0	0	0	0	0

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 Cap e Province

Table 14: Quarterly Targets and planned activities for MCWH&N

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Chief Director, Ms M. Nokwe											
Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	Training of all health personnel on expanded methods of contraception and guidelines (this includes doctors).	Couple year protection rate	Facility registers, patient records	53.7%	52.4%	65%	65%	65%	65%	65%
			Numerator		1 020 122	252 255	1 233 581	1 233 581	1 233 581	1 233 581	1 233 581
			Denominator		1 897 817	1 924 091	1 897 817	1 897 817	1 897 817	1 897 817	1 897 817
	Antenatal clients visit before 20 weeks increased	Community mobilisation through campaigns and WBOT	Antenatal 1st visit before 20 weeks rate	Facility registers, patient records	61.7%	63.2%	63%	63%	63%	63%	63%
			Numerator		75 710	20 340	77 346	19 336	19 336	19 337	19 337
	Institutional Maternal Mortality Ratio reduced		***Denominator***		122 773	32 162	122 773	30 693	30 693	30 694	30 693
	Live birth in facility improved	Facilitate increased access and initiation to life-long ART for HIV positive	Antenatal clients start On ART rate	Facility registers, patient records	93.4%	84.4%	97%	97%	97%	97%	97%
			Numerator		12 171	2 490	12 634	3 158	3 158	3 159	3 159
			Denominator		13 025	2 951	13 025	3 256	3 256	3 257	3 256

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Maternal, Neonatal, Infant and Child Mortality reduced	Teenage pregnancy reduced	Training of health professionals on new national Adolescent and Youth policies Prepare all facilities to be youth friendly	Delivery 10 to 19 years in facility rate	Facility registers, patient records	16.4%	10%	10%	10%	10%	10%	10%
	Postnatal care coverage increased	Strengthening of Mom Connect so that mothers get informed during pregnancy.	Mother postnatal visit within 6 days rate	Facility registers, patient records	67.1%	72.4%	70%	70%	70%	70%	70%
			Numerator		70 331	18 111	73 378	18 344	18 344	18 345	18 345
			Denominator		104 827	25 014	104 827	26 206	26 207	26 207	26 207
	Institutional Maternal Mortality Ratio reduced	Training of All health professionals on ESMOE BANC	Maternal Mortality in facility Ratio	Facility registers, patient records	106/100 000	102/100 000	103/100 000	-	-	-	103/100 000
	Live birth in facility improved	Training of All health professionals on HBB MSSN Intra-partum care	Live birth under 2500g in facility rate	Facility registers, patient records	New Indicator	New Indicator	15/1000	-	-	-	15/1000
			Neonatal Death in facility rate	Facility registers, patient records	12.5/1000	12.8/1000	11/1000	-	-	-	11/1000
	Mother to child transmission eliminated		Infant PCR test positive around 10 weeks rate	Facility registers, patient records	1.0%	1%	<1%	<1%	<1%	<1%	<1%
			Numerator		218	56	213	53	53	53	53
			Denominator		21 343	5 639	21 343	5 335	5 336	5 336	5 336
	Institutional Infant mortality reduced	Monthly tracing of defaulters to ensure that they receive all scheduled	Fully Immunised < 1year	Facility registers, patient records	71.9%	76.4%	80%	80%	80%	80%	80%
			Numerator		117 114	31 107	130 218	32 554	32 554	32 556	32 556

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Vaccine before 1year. Ensure data Verification at facilities by districts.	***Denominator***		162 773	162 762	162 773	40 693	40 693	40 693	40 694
		Engage CBO, Community Leaders & WBOT to ensure that every eligible child receive their second dose within 2year of life.	Measles 2nd dose coverage	Facility registers, patient records	64.9%	76.3%	80%	80%	80%	80%	80%
			Numerator		107 475	31 318	132 356	33 089	33 089	33 089	33 089
			Denominator		165 446	164 250	165 446	41 361	41 361	41 362	41 362
		Training of All health professionals on HBB MSSN	Infant under 1 year Mortality rate (in facility)	Facility registers, patient records	New indicator	New indicator	11/1000	-	-	-	11/1000
	Institutional child mortality reduced	Strengthen Community Based Interventions e.g. WBOT, ISHP	1.4.1 Vitamin A dose 12-59 months coverage	Facility registers, patient records	54.9%	62.4%	62%	62%	62%	62%	62%
			Numerator		740 339	207 674	835 245	835 245	835 245	835 245	835 245
		Ensure that all WBOT and school health teams use standardized tick register for data collection.	***Denominator***		1 347 170	1 332 006	1 347 170	1 347 170	1 347 170	1 347 170	1 347 170
			1.4.2 School learner underweight rate	Facility registers, patient records	New Indicator	New Indicator	8%	8%	8%	8%	8%
		Intensify Community based IMCI trainings for WBOT, IYA, traditional healers and other community	1.4.3 Child under 5 years diarrhoea case fatality rate	Facility registers, patient records	3.0%	2.5%	2.8%	2.8%	2.8%	2.8%	2.8%
			Numerator		127	26	117	29	29	29	30
			Denominator		4 196	1 034	4 196	1 049	1 049	1 049	1 049

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Training of new professional nurses on IMCI to ensure 60% saturation in each facility	1.4.4 Child under 5 years pneumonia case fatality rate	Facility registers, patient records	3.2%	3.1%	3%	3%	3%	3%	3%
			Numerator		147	29	136	34	34	34	34
			Denominator		4 564	927	4 564	1 141	1 141	1 141	1 141
		To intensify community based interventions for early identification of malnourished children. Revitalization Growth Monitoring and Promotion sites in all districts. Ensure continuous availability of nutritional supplements.	1.4.5 Child under 5 years severe acute malnutrition case fatality rate	Facility registers, patient records	8.9%	9.2%	8%	8%	8%	8%	8%
			Numerator		131	28	117	29	29	29	29
			Denominator		1 464	306	1 464	366	366	366	366
Stunting among Children reduced	Children Stunting managed	Conduct awareness on expecting mothers about stunting and give them health education awareness	1.5.1 Child under 5 years food nutritional supplementation coverage	Facility registers, patient records	New Indicator	New Indicator	<10%	<10%	<10%	<10%	<10%
Morbidity and Premature mortality due to Non-Communicable diseases reduced	Obesity in children managed	Conduct health promotion campaigns and awareness programmes	41.1 Children <5 who are overweight	Facility registers, patient records	New Indicator	New Indicator	<10%	<10%	<10%	<10%	<10%
			4.1.2 School learner overweight rate	Facility registers, patient records	New Indicator	New Indicator	10%	10%	10%	10%	10%

2.8 Sub-Programme: Coroner Services

SUB-PROGRAMME PURPOSE

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

Table 15: Quarterly Targets and planned activities for Coroner Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Manager, Mr L. Bebula											
Post-mortem turnaround time improved	All post mortem cased finalised	Integration with EMS Procure new fridges, Refrigerated truck and a LODOX Improve staffing complement	Post-mortem turnaround time improved	Coroner registers	95%	97%	95%	95%	95%	95%	95%
			Numerator		10 159	2 584	10 139	10 139	10 139	10 139	10 139
			Denominator		10 673	2 666	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 16: Quarterly Targets and planned activities for District Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Acting Chief Director, Mrs N. Zamxaka											
Quality of health care services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDC and or Hospitals	Ideal Hospitals status obtained rate	Patient experience of care	New Indicator	New Indicator	30%	7,5%	15,1%	22,7%	30%
Community engagement improved	Hospital boards for all public health facilities established and trained	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Percentage of Hospitals with functional hospital boards	Patient Safety Incident Register	New Indicator	New Indicator	50%	50%	50%	50%	50%
Quality of health care services improved	Patient Safety Incident (PSI) case closure rate	report Severity assessment code (SAC) 1 incident within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	New Indicator	60%	60%	60%	60%	60%
		report patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases	Patient Safety Incident (PSI) case closure rate	Attendance Registers of meetings of hospital boards	New Indicator	New Indicator	80%	80%	80%	80%	80%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Leadership and governance in the health sector enhanced to improve quality of care	Number of Districts with Quality Improvement; monitoring and Response Forums formalized and convened quarterly	Districts to establish Quality Improvement; monitoring and Response The Forums to convened quarterly	Number of Districts with Quality Improvement; monitoring and Response Forums convened quarterly	Appointment letters	New Indicator	New Indicator	80%	80%	80%	80%	80%

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from
R thousand	2016/17	2017/18	2018/19		2019/20		2020/21	2021/22	2022/23	2019/20
1. District Management	866 726	881 476	973 747	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	2 636 946	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	1 135 530	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	569 552	616 872	612 432	564 811	685 004	648 400	636 491	21.3
5. Other Community Services	46 494	81 360	65 016	82 898	80 961	75 083	67 360	77 532	80 282	(10.3)
6. Hiv/Aids	1 745 442	2 045 769	2 089 536	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	32 333	41 778	47 715	36 713	39 546	41 920	43 411	7.7
8. Coroner Services	94 818	100 885	109 401	112 078	112 200	119 766	117 665	123 356	127 735	(1.8)
9. District Hospitals	4 020 031	4 314 006	5 167 739	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**	**12 779 800**	**12 862 682**	**13 219 822**	**13 593 904**	**13 676 205**	**14 721 216**	**15 318 473**	**0.6**

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

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	% change from 2019/20
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 17 and 18 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 R9.352 billion to 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 to R56.989 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.

PROGRAMME 3

EMERGENCY MEDICAL SERVICES (EMS)

3. PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

PROGRAMME PURPOSE

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

Table19: Quarterly Targets and planned activities for EMS

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Chief Director, Mr K. Matshotyana											
EMS P1 response time improved	EMS P1 rural and urban response time	Deploy human and material resources closer to communities platform Measure response times utilizing live tracking	EMS P1 urban response under 15 minutes rate	EMS province specific data collection tools	32%	55%	55%	55%	55%	55%	55%
		Deploy human and material resources closer to communities Measure response times utilizing live tracking	EMS P1 rural response under 40 minutes rate	EMS province specific data collection tools	51.4%	65%	70%	70%	70%	70%	70%
		Establish a dedicated fleet for inter-facility transfers Monitor dedicated fleet utilization Replace all ambulances that have reached 300 000 kilometres per annum	Inter facility transfer	EMS province specific data collection tools	33.3%	30%	25%	25%	25%	25%	25%
			Replacement rate of ambulances	Report Invoice	New indicator	New indicator	33%	-	-	-	33%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Improved quality of EMS care	Functional PTVs availability	Transportation of patients	Number of Patients transported on the PTV services	EMS province specific data collection tools	New Indicator	New Indicator	10 000	3000	3000	2000	2000

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 20: Summary of payments and estimates: P3 - Emergency Medical Services

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	% change from 2019/20
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 21: Summary of payments and estimates by economic classification: P3 - Emergency Medical Services

R thousand	Outcome 2016/17	2017/18	2018/19	Main appropriation	Adjusted appropriation 2019/20	Revised estimate	Medium-term estimates 2020/21	2021/22	2022/23	% change from 2019/20
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 20 and 21 *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 R319.716 million to R296.684 million when compared to the 2019/20 revised estimate *due to a low revised estimate as a result 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 R160.796 million to R147.011 million when compared to the 2019/20 revised estimate due *reprioritisation of funds to fleet management from finance lease under payments of capital assets.*

PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

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

PROGRAMME PURPOSE

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

4.1 Sub-Programme

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

4.2 Sub-Programme

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

4.3 Sub-Programme

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

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

4.1 Sub-Programme: Regional Hospitals

Table 22: Quarterly Targets and planned activities for Regional Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: DDG, Mrs N. Makwedini											
Quality of health care services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDC and or Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	New Indicator	20%	20%	20%	20%	20%
	Patient satisfaction surveys conducted	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Percentage of patients satisfied with their experience of care in public health facilities	Patient experience of care	New Indicator	New Indicator	60%	60%	60%	60%	60%
Quality of health care services improved	Patient Safety Incident (PSI) case closure rate	report Severity assessment code (SAC) 1 incident within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%
		report patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases	Patient Safety Incident (PSI) case closure rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Community engagement improved	Hospitals with functional hospital boards established	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	New Indicator	100%	100%	100%	100 %	100%
Quality of care services improved	Reduce average length of stay in hospitals	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average length of stay	Facility registers, patient registers	5.8days	5.8days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days
		Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient bed utilisation rate	Facility registers, patient registers	68%	71.3%	75%	75%	75%	75%	75%
			Numerator		528 803	405 654	581 371	154 342	145 343	145 343	145 343
			Denominator		775 162	569 158	775 162	193 790	193 790	193 791	193 791
	Expenditure per patient day equivalent reduced	IYM and functionality of Cost Containment Committees	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R3,349	R3,445	R3,500	R3,500	R3,500	R3,500	R3,500

4.2 Sub – Programme: Specialised TB Hospitals

Table 23: Quarterly Targets and planned activities for Specialised TB Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Chief Director, Ms M. Nokwe											
Quality of health care services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDC and or Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	New Indicator	20%	20%	20%	20%	20%
	Percentage of patients satisfied with their experience of care in public health facilities	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Percentage of patients satisfied with their experience of care in public health facilities	Patient experience of care	New Indicator	New Indicator	60%	60%	60%	60%	60%
Quality of health care services improved	Patient Safety Incident (PSI) case closure rate	report Severity assessment code (SAC) 1 incident within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%
		report patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases	Patient Safety Incident (PSI) case closure rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Improve community engagement	Hospitals with functional hospital boards established	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	New Indicator	100%	100%	100%	100 %	100%
Quality of health care services improved	Reduce average length of stay in hospitals	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average length of stay	Facility registers, patient registers	77 days	73.4 days	80 days	80 days	80 days	80 days	80 days
	Bed utilisation rate monitored	Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient bed utilisation rate	Facility registers, patient registers	50%	45.6%	60%	60%	60%	60%	60%
			Numerator		262 129	177 526	313 678	78 419	78 420	78 420	78 419
			Denominator		522 798	389 345	522 798	130 699	130 699	130 700	130 700
	Expenditure per patient day equivalent reduced	IYM and functionality of Cost Containment Committees	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R1,626	R 1,722	R1,758	R1,758	R1,758	R1,758	R1,758

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 24: Quarterly Targets and planned activities for Specialised Psychiatric Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: DDG, Mrs N. Makwedini											
Quality of health care services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDC and or Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	New Indicator	20%	20%	20%	20%	20%
	Patient satisfaction surveys conducted	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Percentage of patients satisfied with their experience of care in public health facilities	Patient experience of care	New Indicator	New Indicator	60%	60%	60%	60%	60%
	Patient Safety Incident (PSI) case closure rate	report Severity assessment code (SAC) 1 incident within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
		report patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases	Patient Safety Incident (PSI) case closure rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%
Improve community engagement	Hospitals with functional hospital boards established	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	New Indicator	100%	100%	100%	100 %	100%
Quality of health care services improved	Reduce average length of stay in hospitals	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average length of stay	Facility registers, patient registers	77 days	73.4 days	80 days	80 days	80 days	80 days	80 days
	Monitor availability of policies, protocols, guidelines and procedure manuals	Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient bed utilisation rate	Facility registers, patient registers	50%	45.6%	60%	60%	60%	60%	60%
	IYM and functionality of Cost Containment Committees	IYM and functionality of Cost Containment Committees	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R1,626	R 1,722	R1,758	R1,758	R1,758	R1,758	R1,758

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2019/20
R thousand	2016/17	2017/18	2018/19		2019/20		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 26: Summary of payments and estimates by economic classification: P4 - Provincial Hospital Services

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	% change from 2019/20
Current payments	**3 090 685**	**3 209 342**	**3 536 052**	**4 063 581**	**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	3 285 336	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	778 245	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**	**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	11 817	201 272	13 141	13 864	14 515	(93.5)
Payments for capital assets	**23 951**	**12 518**	**23 509**	**15 384**	**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	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**	**3 733 867**	**3 725 323**	**3 557 063**	**3 711 293**	**3 833 425**	**(4.5)**

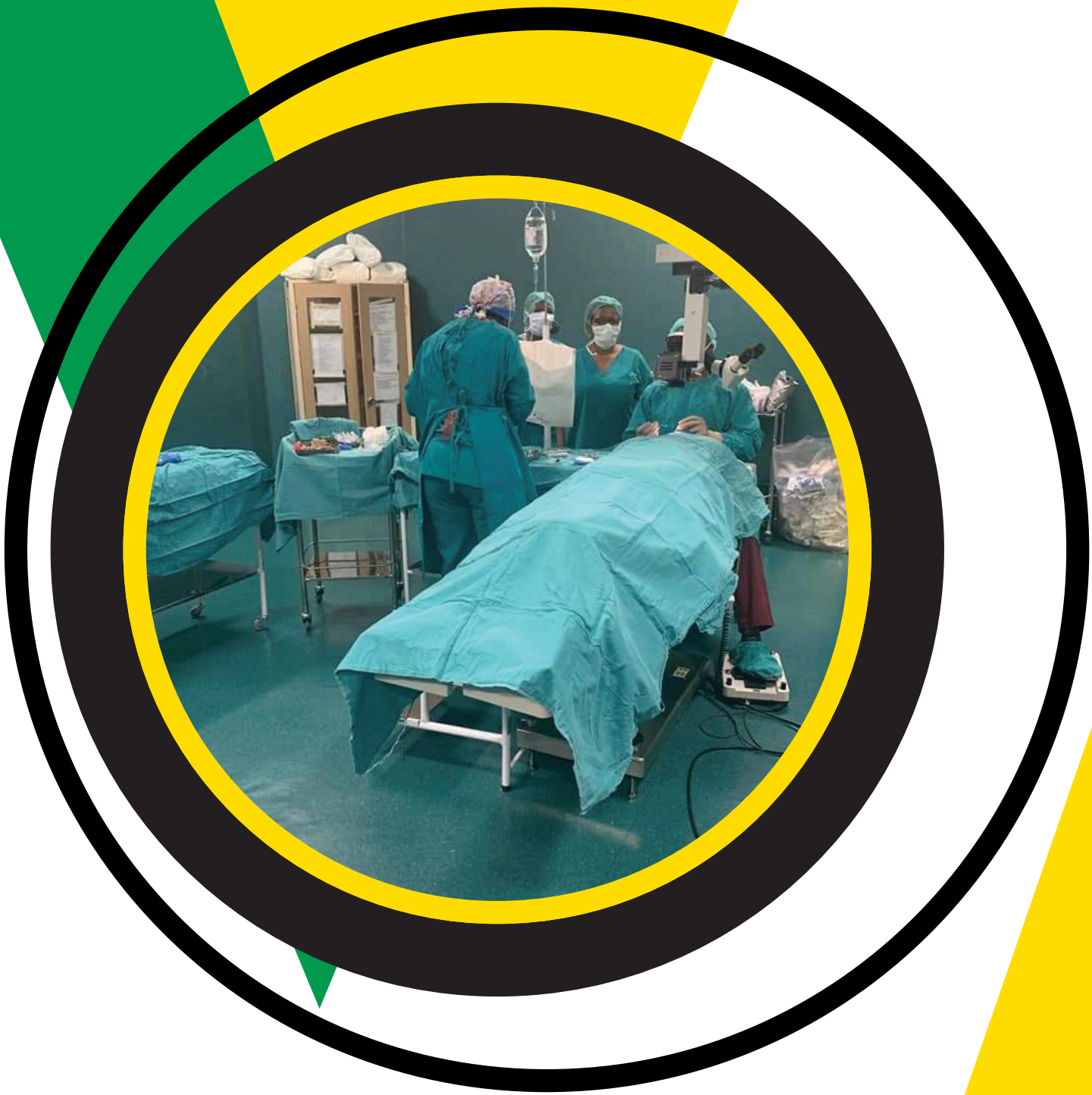
Tables 25 and 26 above show the summary of payments and estimates from 2016/17 to 2020 MTEF per sub-programme and economic classification. The programme's total expenditure increased from R3.250 billion in 2016/17 to a revised estimate of R3.725 billion in 2019/20. In 2020/21, the budget decreases by 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 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 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.*



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

.5.1 Sub-Programme Purpose for Central Hospitals

Table 27: Quarterly Targets and planned activities for Central Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: DDG, Mrs N. Makwedini											
Quality of health care services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDC and or Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	New Indicator	100%	-	-	-	100%
	Patient satisfaction surveys conducted	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Percentage of patients satisfied with their experience of care in public health facilities	Patient experience of care	New Indicator	New Indicator	60%	60%	60%	60%	60%
	Patient Safety Incident (PSI) case closure rate	report Severity assessment code (SAC) 1 incident within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%
		report patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases	Patient Safety Incident (PSI) case closure rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Improve community engagement	Hospitals with functional hospital boards established	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	New Indicator	100%	100%	100%	100 %	100%
Quality of health care services improved	Reduce average length of stay in hospitals	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average length of stay	Facility registers, patient registers	9 days	8.9days	8days	8days	8days	8days	8days
	Monitor availability of policies, protocols, guidelines and procedure manuals	Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient bed utilisation rate	Facility registers, patient registers	79%	83%	83%	83%	83%	83%	83%
			Numerator		218 522	172 723	227 540	227 540	227 540	227 540	227 540
			Denominator		274 145	207 525	274 145	274 145	274 145	274 145	274 145
	IYM and functionality of Cost Containment Committees	IYM and functionality of Cost Containment Committees	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R 3,472	R4,147	R4,586	R4,586	R4,586	R4,586	R4,586

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 28: Quarterly Targets and planned activities for Tertiary Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: DDG, Mrs N. Makwedini											
Quality of health care services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDC and or Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	New Indicator	50%	-	-	-	50%
	Patient satisfaction surveys conducted	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Percentage of patients satisfied with their experience of care in public health facilities	Patient experience of care	New Indicator	New Indicator	80%	80%	80%	80%	80%
	Patient Safety Incident (PSI) case closure rate	report Severity assessment code (SAC) 1 incident within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
		report patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases	Patient Safety Incident (PSI) case closure rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%
Improve community engagement	Hospitals with functional hospital boards established	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	New Indicator	100%	100%	100%	100 %	100%
Quality of health care services improved	Reduce average length of stay in hospitals	Facilitate recruitment of specialists and Health Professionals Facilitate conducting of out-reach and in-reach	Average length of stay	Facility registers, patient registers	6 days	4.8 days	6 days	6 days	6 days	6 days	6 days
	Monitor availability of policies, protocols, guidelines and procedure manuals	Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient bed utilisation rate	Facility registers, patient registers	75%	77.3%	75%	75%	75%	75%	75%
			Numerator		725 699	367235	725 699	181 424	181 425	181 425	181 425
			Denominator		967 599	481579	967 599	241 899	241 900	241 900	241 900
	IYM and functionality of Cost Containment Committees	IYM and functionality of Cost Containment Committees	Expenditure per patient day equivalent (PDE)	BAS, facility registers	R3,303	R3,733	R3,878	R3,878	R3,878	R3,878	R3,878

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 29: Quarterly Targets and planned activities for Specialised Tertiary Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: DDG, Mrs N. Makwedini											
Quality of health care services improved	Hospitals that qualify as Ideal hospitals increased	Report on health facilities that obtained Ideal status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and or CDC and or Hospitals	Ideal Hospitals status obtained rate	ICS	New Indicator	New Indicator	100%	-	-	-	100%
	Patient satisfaction surveys conducted	Calculate and interpret the total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Percentage of patients satisfied with their experience of care in public health facilities	Patient experience of care	New Indicator	New Indicator	80%	80%	80%	80%	80%
	Patient Safety Incident (PSI) case closure rate	report Severity assessment code (SAC) 1 incident within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
		report patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases	Patient Safety Incident (PSI) case closure rate	Patient Safety Incident Register	New Indicator	New Indicator	80%	80%	80%	80%	80%
Improve community engagement	Hospitals with functional hospital boards established	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Percentage of Hospitals with functional hospital boards	Attendance Registers of meetings of hospital boards	New Indicator	New Indicator	100%	100%	100%	100 %	100%

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 30: Summary of payments and estimates: P5 - Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2019/20
R thousand	2016/17	2017/18	2018/19		2019/20		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 31: Summary of payments and estimates by economic classification: P5 - Central Hospital Services

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	% change from 2019/20
Current payments	**2 769 476**	**3 331 701**	**3 606 700**	**3 515 798**	**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	2 386 505	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	1 129 293	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**	**110 753**	**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	110 753	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**	**3 626 551**	**4 233 036**	**4 505 024**	**4 618 025**	**4 764 090**	**5 040 641**	**2.5**

Tables 30 and 31 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 11.8 per cent from R1.2 billion to 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 R104.855 million to R29.596 million high revised as result of payments for leave gratuities and medico legal payments.

PROGRAMME 6

HEALTH SCIENCES AND TRAINING (HST)

PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

Programme Purpose

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

Table 32: Quarterly Targets and planned activities for Health Science and Training

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Chief Director, Mr N. Ntsoane											
Quality of care services improved	Qualified and competent staff	Recruitment and payment of fees Administering the signing of bursary contracts and safe keeping thereof	Number of registrars trained	DoH bursary database	New Indicator	New Indicator	20	-	-	-	20
	Qualified and competent staff	Recruitment (advert), selection and registration if new nursing students across all nursing academic programmes	Number of nurses trained on post basic courses	DoH bursary database	New Indicator	New Indicator	195	-	-	-	195
		Recruitment and payment of fees Administering the signing of Bursary contracts and safe keeping thereof	Number of Bursaries awarded for first year medicine students	DoH bursary database	97	10	10	-	-	-	10

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
		Recruitment (advert), selection and registration if new nursing students across all nursing academic programmes	Number of Bursaries awarded for first year nursing students	DoH bursary database	351	350	350	-	-	-	350
	Compliance to PMDS policy	PMDS register compiled Capturing on persal	% of SMS members with signed Performance Agreements	Persal PMDS Reports	100%	100%	100%	100%	100%	100%	100%
			% of all Employees with signed Performance Agreements	Persal report	100%	100%	100%	100%	100%	100%	100%
		Captured PA/ Review Validation of SMS Documents Collate PMDS Statistics	Percentage of performance contracts captured on persal.	Persal report Stats report Approved memo	81%	53%	100%	-	100%	-	-
	Semester reviews captured	Capturing of contracts & reviews	Number of semester reviews captured on persal.	Persal report Stats report Approved memo	4	4	2	-	1	-	1
		Moderation process Pay progression process	Number of officials/ employees paid Pay- Progression	Persal report Stats report Approved memo	81%	52%	100%	100%	-	-	-
			Num		31 584	22 923	40 297	40 297	-	-	-
			Den		38 974	44 251	40 297	40 297			

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
	Compliance to PMDS policy	Identify officials to be trained Provide in-service training for officials on the PMDS policy Provide information/material on PMDS Visit all districts including hospitals (tertiary and regional) and provincial offices	Percentage of trainings conducted according to the PMDS policy	Training reports and register	100%	100%	100%	100%	100%	100%	

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 33: Summary of payments and estimates: P6 - Health Sciences and Training

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2019/20
R thousand	2016/17	2017/18	2018/19	2019/20			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 34: Summary of payments and estimates by economic classification: P6 - Health Sciences and Training

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	% change from 2019/20
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 33 and 34 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 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.

PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

Programme Purpose

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

Transversal Health Services consists of:

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

Rehabilitation, laboratory, social work and radiological services are rendered at all Hospitals and/or community health centres.

Pharmaceutical Services is responsible for

Coordination of the full spectrum of the Pharmaceutical Management Framework including drug selection, supply, distribution and utilization.

Pharmaceutical standards development and monitoring for health facilities and the two medical depots are coordinated under this programme.

Table 35: Quarterly Targets and planned activities for Health care support

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Chief Director, K. Matshotyana											
Quality of health services improved	Availability of assistive devices in primary health care	Procure wheelchairs Issue the wheelchairs to eligible applicants	Wheelchair issued rate	Issuing register Database	21%	60%	60%	10%	30%	50%	60%
		Order the hearing aid as per measurement Issue and Fit the hearing aid to eligible applicants	Hearing aids issued rate	Issuing register Database	75.3%	70%	76%	10%	40%	60%	76%
		Design the Prosthesis Fit and Issue the prosthesis to eligible applicants	Percentage of eligible applicants supplied with prostheses	OP Centres reports	17.7%	30%	30%	5%	10%	25%	30%
			Numerator		260	639	600	100	200	500	600
			Denominator		1 462	2131	2000	2000	2000	2000	2000
	Availability of medicine in depos and facilities	Maintain 3-month buffer stock within the depots	% Order fulfilment for essential drugs at depot	MEDSAS	75.5%	90%	95%	95%	95%	95%	95%
		Monitor availability of essential drugs	% of availability of essential medicine at facilities.	MEDSAS	New Indicator	New Indicator	95%	95%	95%	95%	95%
		Ensure availability of chronic medicine in collection points on CCMDD	Number of active patients on CCMDD	CCMDD register	New Indicator	New Indicator	250 000	250 000	250 000	250 000	250 000

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 36: Summary of payments and estimates: P7 - Health Care Support Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2019/20
R thousand	2016/17	2017/18	2018/19	2019/20			2020/21	2021/22	2022/23	
1. Orthotic & Prosthetic Services	44 545	36 270	39 316	54 143	54 143	44 370	56 062	53 764	55 669	26.4
2. Medicine Trading Account	57 316	63 728	70 744	71 692	71 692	81 253	74 807	72 971	75 566	(7.9)
Total payments and estimates	**101 861**	**99 998**	**110 060**	**125 835**	**125 835**	**125 623**	**130 869**	**126 735**	**131 235**	**4.2**

Table 37: Summary of payments and estimates by economic classification: P7 - Health Care Support Services

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	% change from
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 36 and 37 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 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.

PROGRAMME 8

HEALTH FACILITIES MANAGEMENT (HFM)

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

Programme Purpose

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

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

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

Table 38: Quarterly Targets and planned activities for Health facilities management

Outcome (as per SP 2020/21-2024/25)	Outputs	Planned Activities	Output Indicator	Means of Verification	Baseline 2018/19	Estimated Performance 2019/20	Targets 2020/21	Quarterly Targets			
								Q1	Q2	Q3	Q4
Responsibility Manager: Acting Chief Director, Mr J. Cronje											
Quality of health services improved	Health facilities with major refurbishment or rebuild	Projects Site visit and inspections and month monitoring meetings with Implementing Agents	Number of Health facilities with major refurbishment or rebuild	Completion certificate SLA	15	3	4	-	1	2	1
			Number of Health facilities with minor refurbishment or rebuild	Completion certificate SLA	30	38	16	2	4	6	4

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 39: Summary of payments and estimates: P8 - Health Facilities Management

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2019/20
R thousand	2016/17	2017/18	2018/19	2019/20			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 40: Summary of payments and estimates by economic classification: P8 - Health Facilities Management

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23	% change from 2019/20
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 39 and 40 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.

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CONCLUSION

This is 2020/21 Operational Plan of the Department, which stands as a proposal to accelerate service delivery towards the achievement of its vision and mission as set out in the 2020/21 Annual Performance Plan.

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

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