



**Western Cape
Government**

Health

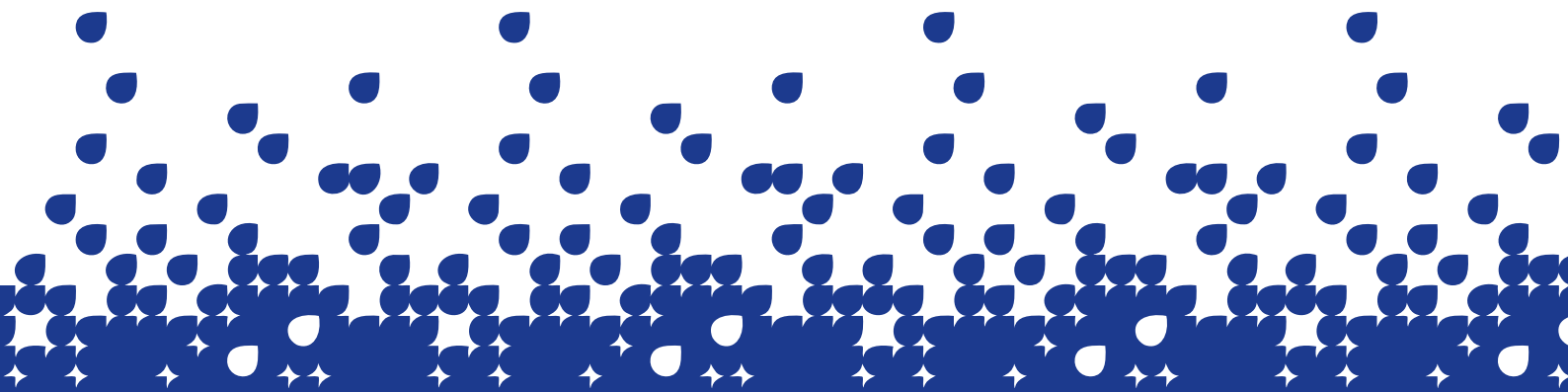


Annual Performance Plan

2019-2020



ANNUAL PERFORMANCE PLAN 2019





Foreword by the MEC for Health

Health systems nationally are experiencing severe service pressures. The effects of a depressed fiscal climate and a high burden of non-communicable diseases continue to be felt throughout service platforms. We also faced unintended consequences like the fire disasters at several facilities, as well as a drought over the past year.

As we approach the end, of not only the 2018/19 financial year, but the end of a political term, we look back at what we have been able to achieve amidst the challenges. I am so privileged to have been at the helm of the biggest and the most resilient Department within the Western Cape Government.

Over the past few years, I have travelled to every corner of this province to better understand the complexities we face in health. I have met many people, patients, and communities, along my journey, whom I consider the reason why our vision is to provide patient-centred healthcare to all in this province.

Central to my vision when I took office in 2015, was to improve the patients' voice. The aim was to ensure that we strengthen the voice of the patient, and that they become active participants in health. To this end, we passed the Western Cape Health Facility Boards and Clinic Committees Act of 2016, increasing the patient voice through the community representation at all levels of statutory bodies through appointment of Health Committees, Facility Boards, District and Provincial Health Councils.

We are continuously seeking innovative ways to provide health services through mutually beneficial partnerships. One such partnership was through the implementation of Provincial Strategic Goal 3 (PSG3) in Drakenstein, Khayelitsha, Mannenberg/Hanover Park and Saldanha. We thank all our civil society, NGOs and the private sector partners who came on board. We will continue to strive for safe, socially connected, resilient and empowered communities through a whole of society approach. This approach forms the basis of PSG 3, where we want to provide communities with equitable access to services and opportunities, through the alignment of resources, collaboration and partnership by all spheres of government.

This Department boasts the best health outcomes of all nine provinces in the country. Life expectancy in the Western Cape is the highest in the country, supported by a functional public healthcare system. For men, it has increased from 59 years to a projected 66 years for the period 2016-2021, and for women from 64 years to a projected 72 years over the same period.

We have made great strides in aligning with our vision and strategic framework as contained in Healthcare 2030 to deliver a quality, person-centred health service to all communities. One key achievement that speaks directly to this vision is access to health care. Approximately, 91.5 per cent of the citizens in the Western Cape have access to health services within 30 minutes of their residence. We further enhanced the element by ensuring rural access to healthcare through the HealthNet patient transport system that operates at around 230 pick-up points across the province. Every year over 150 000 patients are transported to healthcare facilities. This system is unique to the Western Cape.

Infrastructure is one of the building blocks within the health system, and forms part of our priorities as a way to address patient experience and service pressures. We delivered world-class infrastructure projects and continue to maintain clean and functional infrastructure.


We have also made great strides since the implementation of our e-vision enhancing digital innovations in health. We are close to reaching full coverage of basic IT systems across all hospitals and clinics in the Province, as well as implementing a range of applications that will enable and enhance the patient journey across the platform.

I want to thank the Head of Health, and the entire top-management team for their hard work and dedication to this Department. You have been steering this ship through many challenges. I commend you for the finalisation of the first phase for Management Efficiency and Alignment Project (MEAP) to improve efficiencies within administrative structures, functions and processes across the various levels and offices in the Department.

I would also like to commend you for the 14-year record of an unqualified audit. Clean and accountable governance is crucial. It reinforces public trust in the way that we manage the public purse. My heartfelt thanks to you and your team for ensuring that we do not let the people of the Western Cape down. To all, nearly, 32 000 employees who are part of the team, I thank you for your resilience in dealing with the pressures you deal with on a daily basis.

Western Cape Government, working Better Together!

I endorse the Annual Performance Plan 2019/20.



Noma French Mbombo
Minister of Health
February 2019

Statement by the Head of Department



The demand for public healthcare services has increased significantly over the past few years, fuelled by the quadruple burden of disease, natural disasters, steady population growth and a stagnating economy. The Department has had to sail the turbulent storms of a constantly shrinking budget against a backdrop of intractable service pressure.

Despite the above challenges, the Department has made impressive strides towards providing access to quality health care for all the people of the Western Cape and beyond. We can celebrate the highest life expectancy in the country, lowest inpatient crude deaths, the lowest child and maternal mortality rates nationally, the most successful HIV treatment programme in the country and 14 consecutive years of unqualified audits; including 3 consecutive years of clean financial audits. We can boast state-of-the-art health facilities such as District Six Community Health Centre and the Upgraded Worcester Hospital, and take heart that we have successfully navigated the drought crisis of 2018. Yet, our successes must embolden us. If we are to truly serve our patients, we will need to look beyond incremental improvements. Our focus should be on providing our citizens with dignity and improved quality lives. We need to take strides to transform the healthcare service delivery model. We have already started this journey with three ambitious undertakings: Community Oriented Primary Care (COPC), the Whole of Society Approach (WoSA) and investment in information and communication technology (ICT). The foundation of these initiatives is a health systems approach to redesigning healthcare and strengthening the whole system.

WoSA is the simple idea that if all government departments (provincial and local) work together, and partner with communities, we can greatly improve the quality of lives of the patients we serve, following a lifecourse approach. The Department of Health is leading this approach. There are four learning sites (Saldanha Bay Municipality, Drakenstein Municipality, Khayelitsha, and Mannenberg/Hanover Park). The learnings of this approach to improve collaboration, learning and adapting practices require a changed culture and mindset of all officials, it calls for a new leadership skills set. COPC goes beyond the traditional model of healthcare where the patient travels to the health facility. COPC involves healthcare workers going into communities and households, extending the network of healthcare into patients' homes, and link the citizen to the health system, and often other parts of government systems. We have 20 COPC learning sites and we plan to roll this programme out extensively. The combination of the reach of COPC and the ethos of WoSA has the potential to revolutionise healthcare and government in the Western Cape. More specifically, it is a key strategy for addressing the service pressures facing the Department of Health. Our ICT strategy will focus on increasing connectivity, improving communication systems and investing in infrastructure and innovation. We believe that investment in ICT holds immense leverage potential for efficiencies and improvements in service delivery and patient care.

In preparation of 2019/20, the Department has mapped out a set of priorities and milestones for the next five-year planning cycle. We remain focused in achieving the promises of Healthcare 2030, which includes universal health coverage. Our planning follows a systems strengthening approach, focusing on improving leadership and governance, dealing with service pressures, culture change, resource management and workforce capabilities. The Department will also continue with its management efficiency and alignment process, with the macro and meso-structure to be finalised this year. This unique process has remained resolute in its commitment to consult, and take staff along the transformation journey.

On New Year's Day 2019, the Western Cape Minister of Health visited the emergency department of Tygerberg Hospital. What she saw represented the health system as our patients and staff experience it. The system was overwhelmed with the sick and the injured. Staff were under extraordinary pressure, and there was a constant sense that there were more patients than the system could absorb. Yet when you looked deeper, you could see something more. Nobody was turned away. Everyone received quality care. Some were treated and discharged while others were admitted to the wards or ICU. Throughout everything, staff displayed a degree of resilience and competence that was inspiring. The story of Tygerberg Hospital is the story of the Department of Health: incredible staff, working to the best of their ability to deliver access to quality care to our patients. For this we salute you.

This APP unpacks what the investment of R24,6 billion will buy. Section A provides a strategic overview analysing factors in our internal and external environment that impact on the Department. Section B unpacks the envisaged deliverables by Budget Programme. Section C indicates linkages to other plans, especially infrastructure maintenance and delivery plan, as well as Conditional Grants. Note also the annexures, which outline technical indicator descriptions and a list of all facilities by geographic area.

Finally, I would like to express my appreciation to our executive authority, Minister Nomafrench Mbombo, whom we have learnt to depend upon for support during periods of political and economic uncertainty. She has been a faithful steward and a reliable captain in steering the ship through turbulent times!



Dr Beth Engelbrecht
Head of Health
February 2019

Official Sign-off

It is hereby certified that this Annual Performance Plan:

- a. Was developed by the management of Western Cape Government (WCG): Health.
- b. Was prepared in line with the current Strategic Plan of WCG: Health under the guidance of Minister NomaFrench Mbombo.
- c. Accurately reflects the performance targets which WCG: Health will endeavour to achieve given the resources made available in the budget for 2019/20.

Mr A van Niekerk
Chief Financial Officer

SIGNATURE:



DATE:

February 2019

Dr KN Vallabhjee
Chief Director: Strategy and Health Support

SIGNATURE:

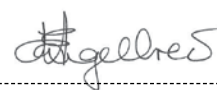


DATE:

February 2019

Dr B Engelbrecht
Head of Department

SIGNATURE:



DATE:

February 2019

APPROVED BY:

Minister NomaFrench Mbombo
Executive Authority

SIGNATURE:



DATE:

February 2019

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PART A

STRATEGIC OVERVIEW



Part A: Strategic Overview

Vision

Access to person-centred quality care

Mission

We undertake to provide equitable access to quality health services in partnership with the relevant stakeholders within a balanced and well-managed health system to the people of the Western Cape and beyond

Values



Innovation



Caring



Competence



Accountability



Integrity



Responsiveness



Respect

A set of consulted behaviours for each of these values form the foundation of the leadership values charter and as markers of our leadership and culture change journey.

Strategic Goals

Provincial Health Department's Strategic Goals

The Western Cape population is expected to continue to grow over the 2019 Medium Term Expenditure Framework (MTEF) period, which is currently an average of 2 per cent per annum. This, together with the quadruple burden of disease and increasing multi morbidity will place escalating pressure on the provincial health system in the context of a real reduction in the available budget over the next two to three years. As the demand for healthcare increases, the Department's ability to respond will be compromised by these realities and the pace and scale of Healthcare 2030 implementation will be modest at best. The Department's strategic goals are outlined in Table A 1 and guide the direction we take in the 5-year period between 2014/15 – 2019/20.

Table A 1: Strategic Objectives

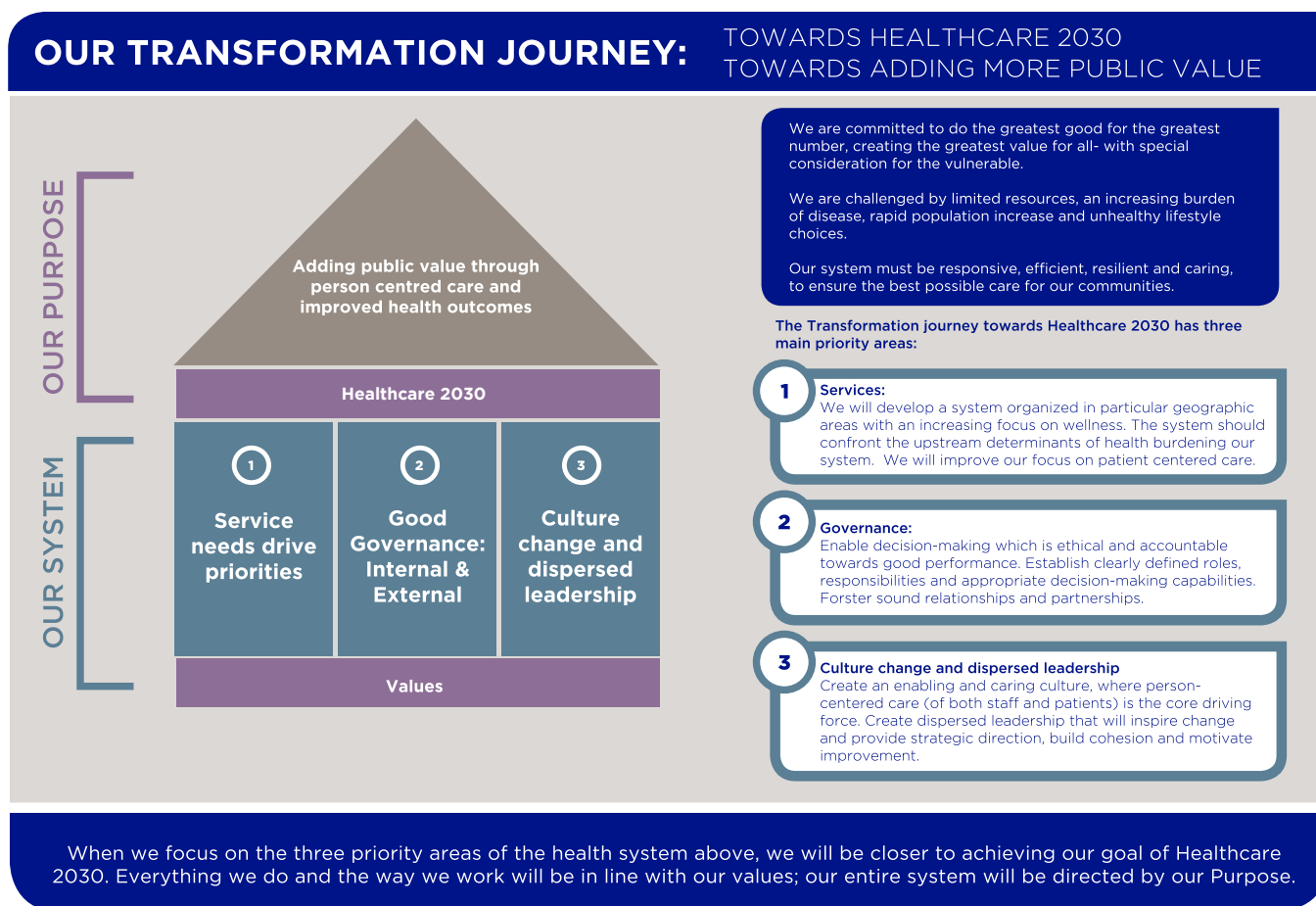
STRATEGIC GOAL 1 To promote health and wellness	
Goal Statement	To promote health and wellness with the aim of increasing the life expectancy of citizens in the Western Cape.
OUTCOME 1.1.	Comprehensive, efficient health services
Priority Strategies	<ul style="list-style-type: none"> Strengthen the continuum of care across the health system Person-centred approach to care provision Improve the waiting experience Comply with the National Core Standards Nurture a culture of continuous quality improvement
OUTCOME 1.2.	Effective PHC Services as part of a resilient, comprehensive health system
Priority Strategies	<ul style="list-style-type: none"> Service Re-design Strengthen Care Pathway Co-ordination Enhance the health system's capability for prevention Strengthen strategies to retain patients, with a chronic condition, in care
STRATEGIC GOAL 2 To embed good governance and values-driven leadership practices	
Goal Statement	To embed good governance and values-driven leadership practices that enables integrated service delivery and person-centred care
OUTCOME 2.1.	Competent, engaged, caring and empowered employees
Priority Strategies	<ul style="list-style-type: none"> Caring for the Carer Initiative Behaviour Change Programme
OUTCOME 2.2.	Managers who Lead
Priority Strategies	<ul style="list-style-type: none"> Management and leadership capacity development initiative
OUTCOME 2.3.	Basic Coverage of core ICT systems
Priority Strategies	<ul style="list-style-type: none"> Roll-out and operationalise Clinicom, PHCIS and JAC Develop a data harmonising approach to integrate data from all systems Develop an approach to encourage and manage innovation in ICT
OUTCOME 2.4.	Create an enabling built environment
Priority Strategies	<ul style="list-style-type: none"> Build health facilities that are conducive to healing and service excellence at the same time being sustainable, flexible, energy efficient, environmentally friendly and affordable
OUTCOME 2.5.	Unqualified Audit
Priority Strategies	<ul style="list-style-type: none"> Continuously improve alignment of practice to policy in financial, human resources and information management. Establish systems to comply with the regularity framework, for example medical waste management

Transformation Strategy

A transformation strategy has been set to give effect to the strategic vision of Healthcare 2030; which recognises the overall goal and focus of delivering public value (See figure A 1). It is the Public Value of improved health and wellness, a long quality life, and a good experience of our services, as envisaged in the drive to do the greatest good to the greatest number, adding the greatest value, through leveraging its resources. The three pillars of the Transformation Strategy are as follows:

- Service needs drive departmental priorities;
- Good governance both internally and externally, with a focus on improving relationships, system resilience, decision making, responsiveness and accountability.
- Culture change and dispersed leadership are critical in changing the way we do business.

Figure A 1: Transformation Strategy



Service Transformation

Service Design

We recognise that the needs of the health system require us to redesign the health service delivery model, as well as the way we conduct business. This ranges from what happens within a facility, between facilities across the platform as well as between the Health Department and other role players such as communities, NPOs and other departments and spheres of government. A range of projects are occurring in this area including, amongst others, a patient flow project being piloted at PHC facilities, the Collaborative Health Initiative within the Retreat CHC – Victoria – GSH axis and many Lean Management projects inter-related with a leadership development programme within GSH.

A workshop was convened with, amongst others, senior clinicians and nursing managers to launch the approach to service re-design. There was a clear recognition of the burning platform that took shape in various forms at different facilities and specialities. The comment that “it is the staff that burn” pointed the reality of staff on the ground. The participants appreciated the HOD sharing insights of the attempts by the Department to communicate the service pressures and engage with role players such as the PT and NDOH around resource allocation pressures. It was heartening to see the willingness of the clinical leadership to be part of the solution. It was agreed that this process will further unfold at local level with guidance and parameters from the centre.

The Department has already had some positive results in re-designing services as guided by clinicians. The clinicians from Tygerberg Hospital and Khayelitsha Hospital have taken joint ownership of the service platform to address the medical emergencies, as well as orthopaedic service pressures. This has strengthened the relationships between clinicians and managers at both institutions, enabled joint problem solving and a deeper understanding for each other’s circumstances. With minimal additional resources, they were able to at least bring the service pressure within manageable proportions. This has also created a model that is being embraced by other disciplines.

The psychiatric services at Helderberg Hospital have been partially mitigated by the clinicians from the hospital partnering with the PHC and community-based services, following up on the “frequent flyers” to ensure adherence with medication and support and this has reduced the admissions and the length of stay of these patients. An imaging task team has started to look at efficiencies by a pool of radiologists that can support a service across the platform as opposed to each institution having its own capacity. The specialists have been constructively engaging in this process and the early results look promising. These examples are confirming the need to strengthen the health system by building the inter-relationships through interface management. This is a key leverage in improving the efficiency and effectiveness of our services. It has also thrown up the need to rethink employing our staff across geographic areas as opposed to specific facilities.

Community Oriented Primary Care (COPC)

The Department has begun to pilot COPC in a number of sites. The intention is to strengthen the interconnectedness between home and community based care, primary care facilities and intermediate care services within a defined geographic area, with the singular purpose of improving health outcomes. This requires the galvanising of all role players within the health sector and between the health sector and other sectors towards a common purpose. This is giving effect to the true spirit of the Alma Ata definition of PHC in 1978. Managing the multiple interfaces and integrated data systems across the platform are key enablers. Good practice lessons from similar approaches as outlined by the World Health Organisation, by Accountable Care Organizations in other countries such as the USA and UK will be studied and adapted to our local circumstances.

Service Priorities

In addition to re-designing the health service platform as described above, the Department would need to address the more immediate service challenges. These include amongst others; service pressures, first 1000 days, HIV/TB epidemic and non-communicable diseases, including mental health.

Good Governance

Unqualified audit

Achieving an unqualified audit for 14 years, with 3 years of a clean people management and financial management audit is a great achievement, especially in the light of the fact that audit intensity has increased, as well as the regulatory environment having intensified.

Management Efficiency & Alignment Project (MEAP)

The Department has concluded the first phase of the management efficiency and alignment project (MEAP) which involved extensive engagement with staff on the redesign of how we can improve alignment and efficiencies in the management systems. The next phase is a transition that will include finalising a macro design. The intention is to have the SMS cadre matched and placed within the first quarter of 2019 to provide some certainty and stability. The Top Management of the Department will drive the implementation both in the transitional and final stages of the project.

The structured opportunities to engage in a participatory manner between all parts of the Department have unleashed a positive energy and fostered a spirit of co-creation and joint problem solving which must be sustained in the way we do business going forward. The Strategic cluster under the leadership of the HOD is envisaged to play a key role in building coherence and alignment horizontally and vertically in the Department.

A big message emerging from the MEAP project is that it requires a coordinated and balanced focus on functions, processes, culture and structures and to resist the temptation to focus almost wholly on structures alone. Whilst the Department has signalled a notional 10 per cent saving at the beginning of the project, this was more of a message that the Department needed to converge towards efficiency, as opposed to expansion of the management and administrative cadre.

Leadership & Culture Transformation

The Department is building on the processes we have initiated over recent years such as the value based journey and the C²AIR² Club project. A specific proposal is being finalised to take this initiative forward with dispersed leadership and behavioural alignment to values. The Department is strongly encouraging a shift to reflection and organisational learning in a more systematic manner. Cultural entropy has declined by at least 2 per cent with each survey and the 2017 survey results shows further improvements with an overall result of 18 per cent.

Provincial Government's Strategic Goals

The Western Cape Government has identified five strategic goals for the Province over the next five years, see Figure A 2. The Department is the lead for strategic goal 3 and the section on "Joint Planning initiatives" provides more detailed information on the undertakings to achieve this goal.

Figure A 2: Strategic Goals for the Western Cape Government



Medium - Term Strategic Framework

MTSF Priorities

Table A 2: Outcome Targets Committed by the Health Sector

IMPACT INDICATOR	2009 ¹ BASELINE (National)	2014 ² BASELINE (National)	2019 TARGETS (National)	2012 BASELINE (Provincial)	2019 TARGET (Provincial)
Life expectancy at birth: Total	57.1 years	62.9 years	65.0 years by March 2019	65.8 years (source: Stats-SA)	67.5 years
Life expectancy at birth: Male	54.6 years	60.0 years	61.5 years by March 2019	63.7 years (source: Stats-SA)	65 years
Life expectancy at birth: Female	59.7 years	65.8 years	67.0 years by March 2019	67.9 years (source: Stats-SA)	70 years
Under-5 Mortality Rate (U5MR)	56 per 1 000 live births	39 per 1 000 live births	33 per 1 000 live births	24.1 per 1 000 live births (source: Stats-SA) (2011 Mortality Report)	20 per 1 000 live births
Neonatal Mortality Rate	-	14 per 1 000 live births	8 per 1 000 live births	8.2 per 1 000 live births (source: neonatal deaths from 2011 Mortality Report and Stats-SA live births)	5 per 1 000 live births
Infant Mortality Rate (IMR)	39 per 1 000 Live births	28 per 1 000 live births	23 per 1 000 live births	19.1 per 1 000 live births (source: Stats-SA) (2011 Mortality Report)	18 per 1 000 live births
Maternal Mortality Ratio	280 per 100 000 live births	269 per 100 000 live births	<100 per 100 000 live births	78.64 per 100 000 live births (iMMR, from 10th interim report on confidential enquiries into Maternal Deaths in SA, 2011 and 2012)	65 per 100 000 live births
Live births under 2500g	-	12.9%	11.6%	14.8% (Source: Stats)	11.6%

¹ Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012.

² Medical Research Council (2014): Rapid Mortality Surveillance (RMS) Report 2015.

Situational Analysis

Performance Delivery Environment

Demographic Profile

Population

The 2018 mid-year, population estimates by Statistics South Africa have estimated the population in the Western Cape to be about 6 621 100, an increase of about 1.8 per cent per annum from the 2011 census population estimate of 5 822 734 (Census 2011 estimates) and the 2016 estimate of 6 279 731 (Community Survey 2016 estimates), see Figure A 3 below. There is a large proportion of the population in the middle age groups between 25 and 34, most likely due migration into the province, see Figure A4. There is also a large proportion of children under the age of 10, most likely due to children surviving compared to previous years due to the PMTCT programme. District distribution of the population remains relatively unchanged, with approximately 64 per cent of the provincial population residing in the Metro, followed by about 14 per cent in the Cape Winelands District and 10 per cent in the Garden Route District³.

Figure A 3: Total Population 2002-2018, Western Cape Province

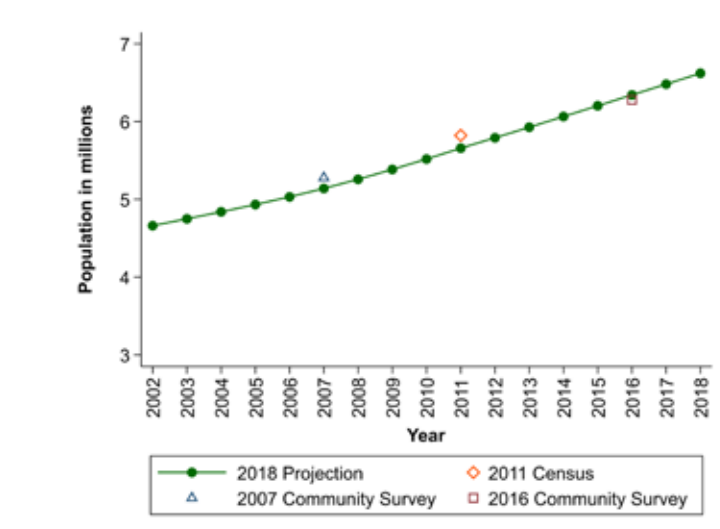
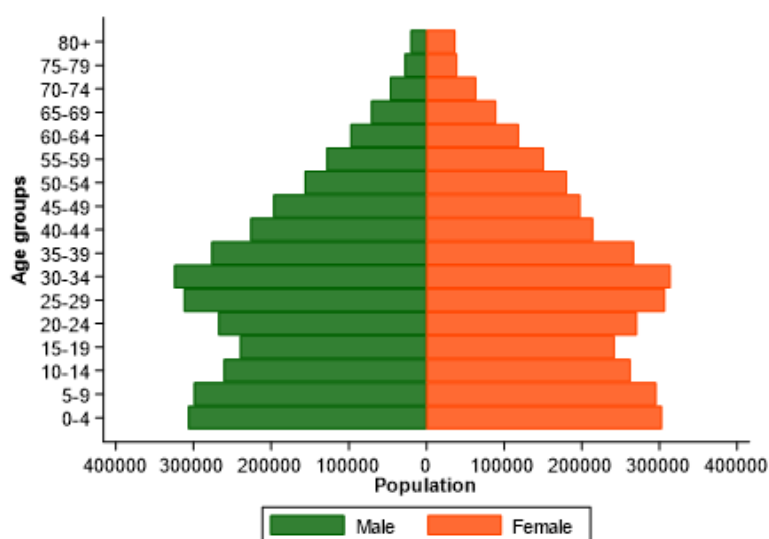


Figure A 4: 2018 Western Cape Population by Age⁴



³ Western Cape Provincial Gazette 7972 of 24 August 2018 stipulates that Eden District Municipality has been amended to Garden Route District Municipality.

The official population estimates being used for the purposes of planning are contained in Table A 3, with an uninsured population of 75.2 per cent, per the circular and the 2017 General Household Survey, respectively.

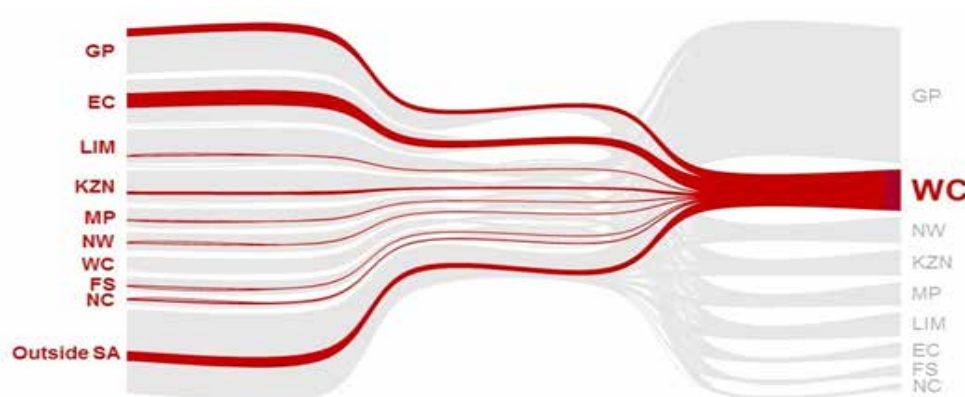
Table A 3: Population Estimates⁴

DISTRICT	2014	2015	2016	2017	2018	2019	2020
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/2021
Cape Town Metro District	3 904 218	3 964 984	4 027 059	4 084 946	4 140 564	4 194 179	4 246 442
Cape Winelands District	847 429	864 591	882 078	899 240	916 385	933 476	950 549
Central Karoo District	73 981	74 660	75 338	76 061	76 828	77 610	78 402
Garden Route District	596 779	604 701	612 783	620 759	628 623	636 317	643 806
Overberg District	270 406	276 168	282 022	287 777	293 506	299 204	304 859
West Coast District	419 201	428 914	439 003	449 287	459 683	470 159	480 692
WESTERN CAPE	6 112 014	6 214 017	6 318 283	6 418 069	6 515 589	6 610 944	6 704 749

Migration

Between 2006 and 2018, the Western Cape population saw an increase of roughly 1.4 million new residents in absolute terms, with approximately half of them added through in-migration flows, and the remainder through natural population growth⁵. Over the period 2016-2021, Gauteng and the Western Cape are expected to see the largest net in-migration of almost 1.5 million and 311 004, respectively. Most in-migrants to the Western Cape are anticipated from the Eastern Cape, Gauteng and abroad (see Figure A5)⁶.

Figure A 5: In-migration stream to the Western Cape, 2016-2018



Fertility Rates & Life Expectancy

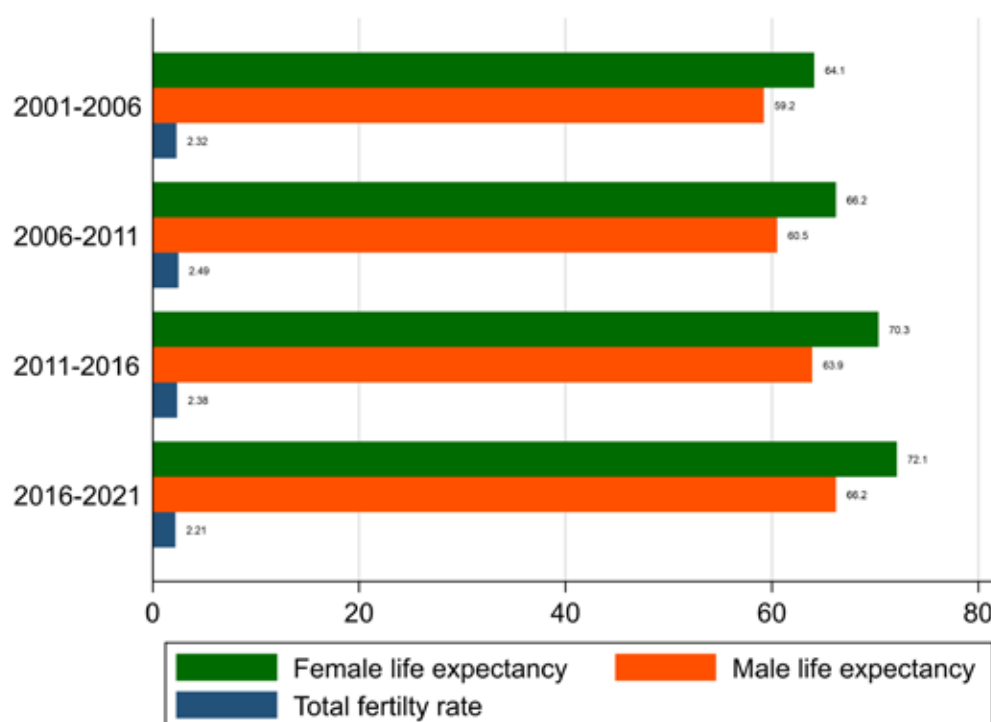
The Western Cape's average fertility rate is estimated to decline from 2.38 to 2.21 between the periods 2011-2016 and 2016-2021 (Stats-SA 2018 mid-year estimates). This means that, in the period between 2016 and 2021, women in the Western Cape who live through their reproductive years (10-49) are expected on average to have, 2.21 live births in the period between 2016 and 2021. Life expectancy in the Western Cape population is the highest in the country and has increased over the last 17 years (males: 59.2 years in 2001-2006 increasing to 66.2 years in 2016-2021; females: 64.1 in 2001-2006 increasing to 72.1 years in 2016-2021)⁵. See figure A6.

⁴ Source: Circular H11/2018

⁵ Western Cape Department of the Premier, 2018

⁶ Mid-year population estimates, 2018 Statistical Release P0302, Statistics South Africa

Figure A 6: Western Cape fertility rates and life expectancy



Socio-Economic Profile

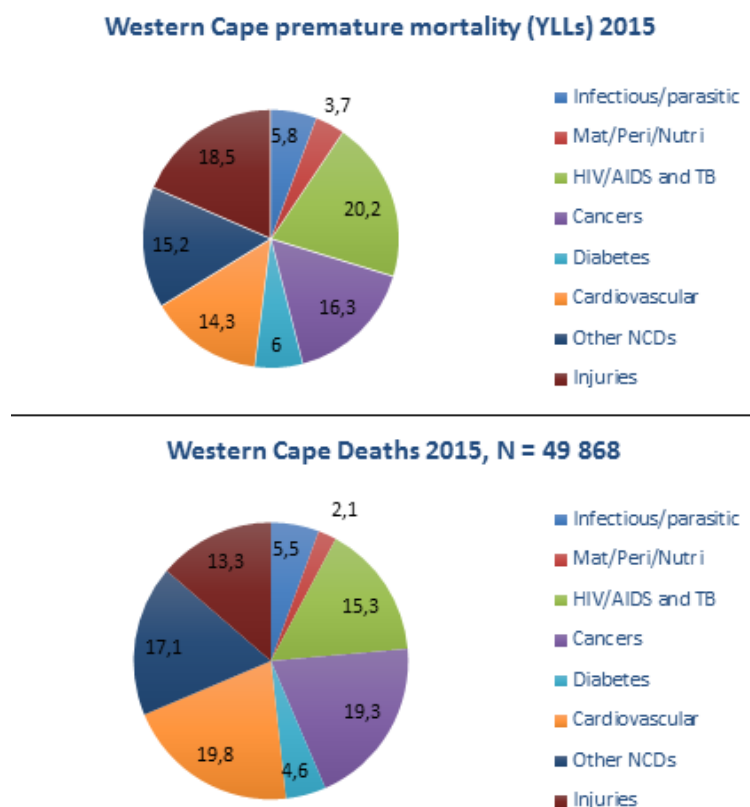
Social and economic factors have a significant influence on the health of individuals and populations worldwide. Health is the universal recipient of the results of poor socio-economic realities. Unemployment, lower income levels, informal housing, lower literacy levels, inadequate sanitation and food insecurity are all associated with poor health status and negative health outcomes. In the Western Cape, the unemployment rate is estimated at 20.7 per cent (Stats SA labour force survey)⁷. There is also a strong relationship between educational attainment and the rate of unemployment, which falls as educational attainment rises. Whilst the majority of the Province's unemployed have incomplete secondary education, results from the 2017 General Household Survey report that only 2.1 per cent of adults over 20 reported having no schooling, and adult literacy in the province remains relatively high (98.1 per cent, Stats SA General Household Survey 2017). Informal housing levels remain relatively high (19 per cent compared to national average of 13.6 per cent), yet 99 per cent of households have access to a tapped water supply and 94 per cent have adequate sanitation. Violence and safety concerns contribute significantly to the burden of ill-health, with abuse of alcohol and other substances being major behavioural risk factors.

Epidemiological Profile

Cause of death and premature mortality profiles for the Western Cape in 2015 are shown in Figure A 7. Profiles are based on an analysis of cause of death data for the Western Cape supplied by Statistics South Africa, which excludes 521 deaths with unspecified cause of death. Non-communicable diseases have continued to account for approximately two thirds of all deaths and half of the premature mortality burden, with injuries, HIV/AIDS and TB accounting for approximately 15 per cent of deaths and 20 per cent of the premature mortality burden.

⁷ Statistical Release P02112 Quarterly Labour Force Survey Quarter 2: 2018

Figure A 7: Causes of Death & Premature Mortality in the Western Cape



HIV/AIDS & TB

The proportion of people living with HIV in the Western Cape increased from an estimated 3.8 per cent in 2008 to 8.9 per cent in 2017⁸. Although age-standardised HIV mortality rates are declining, HIV accounts for the highest number of deaths (8.6 per cent of all deaths), and remains the single leading cause of premature mortality (12 per cent of YLL⁹) in the Province¹⁰.

The adoption and implementation of the World Health Organisation's 90-90-90 Strategy has strengthened the focus on HIV testing and treatment. During 2017/18, 1.43 million people in the Province were tested for HIV, up from 1.38 million in 2015/16. Of the estimated population living with HIV/AIDS in 2017/18, 93.9 per cent were aware of their HIV status, and 60.3 per cent were on Antiretroviral Therapy (ART). Of those on ART, 80.4 per cent had a confirmed viral suppression (a viral load of less than 1 000 copies per millilitre of blood). The net effect of the increased focus on detection and treatment has resulted in 45.5 per cent of HIV positive people knowing their status and receiving treatment (with confirmed viral suppression) in 2017/18 - an improvement from 36.9 per cent in 2015/16 (Table A 4).

⁸ South African National HIV Prevalence, Incidence and Behaviour Survey, 2017; launch presentation

⁹ Years of life lost (YLL): years of life lost due to premature deaths. YLL takes into account the age at which death occurs, placing greater emphasis on deaths occurring at a younger age. Therefore, YLLs shows which causes of death lead to the greatest shortening of life, can help determine which causes of death are important and aid planning.

¹⁰ Stats SA 2015 data, HIA: Epidemiology & Disease surveillance analysis

Table A 4: Trends in HIV testing, treatment and outcomes in the Western Cape, 2015/16 - 2017/18

	2015/16	2016/17	2017/18
Estimated HIV+	430 491	441 912	451 648
Of which: Known HIV+ (Tested)	92.30%	94.20%	93.90%
Of which: Clients started but no longer on ART	30.70%	36.70%	46.60%
Of which: Clients on ART	50.60%	56.40%	60.30%
Of which: Clients with confirmed viral suppression	79.00%	79.70%	80.40%
Net performance	36.90%	42.40%	45.50%

Note: The estimates are based on the Thembisa Model 2.5¹¹

The incidence of drug-sensitive TB continues to decrease in the Western Cape, with 655 new cases of TB per 100 000 notified in 2016¹². Eighty per cent of all TB cases were successfully treated (cured or completed treatment) in 2016, and the rates of loss to follow up and case fatality were 11.1 per cent and 3.8 per cent, respectively. See Table A 5.

The burden of drug-resistant TB (DR-TB) remains high, with 1525 DR-TB patients recorded as starting treatment in 2016; 92 per cent of these were multi-drug (MDR) or rifampicin resistant (RR) and 7 per cent extensively drug resistant (XDR). Treatment outcomes for DR-TB remain poor, with a treatment success of 43 per cent and 30 per cent of patients defaulting treatment¹³. See Table A 6.

Table A 5: Trends in drug-sensitive TB Notification & Outcomes in the Western Cape

	FY2015/16 (2014 cohort)	FY2016/17 (2015 cohort)	FY2017/18 (2016 cohort)
TB notification rate (per 100 000)*	699.1	682.1	654.5
TB treatment success (%)	82.3	80.4	80.2
TB lost to follow up (%)	9.6	10.5	11.1
TB case fatality rate (%)	3.6	3.9	3.8
TB/HIV co-infected (%)	38.5	38.6	38.5

* Total TB cases/population*100 000

Table A 6: Trends in drug-resistant TB Notification & Outcomes in the Western Cape

	FY2015/16 (2014 cohort)	FY2016/17 (2015 cohort)	FY2017/18 (2016 cohort)
Total DR-TB (n)	1648	1775	1525
No. Started on treatment (RR/MDR)	1532	1653	1407
No. Started on treatment (XDR)	116	122	118
Treatment success (DR-TB)	38.4%	43.3%	43.2%
LTF (DR-TB)	33.7%	31.4%	30.2%

¹¹ Provincial Health Data Centre

¹² ETR.net

¹³ EDR.web

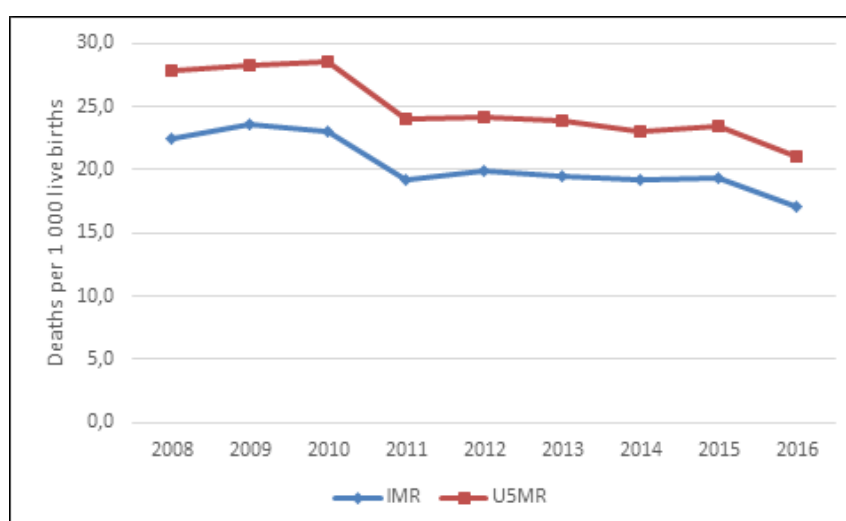
Infant, Child and Maternal Health

Improving women's, child and adolescent health is a global priority, as well as a key service priority in the department. The first 1 000 days (the period from conception to 2 years of age) is a critical window of time that sets the stage for a person's intellectual development and lifelong health. It is a period of enormous potential, but also of enormous vulnerability. The focus on the first 1 000 days require an inter-sectoral response and is one of the inter-departmental priority projects.

In 2017/18, of the 96 563 women attending antenatal services at least once, approximately 70 per cent attended within the first 20 weeks of their pregnancies. The estimated antenatal HIV prevalence has increased somewhat from 16.8 per cent in 2009 to 17.6 per cent in 2015 (based on preliminary findings from the 2015 Antenatal Survey). Self-reported ART usage among HIV positive pregnant women has increased significantly from 35.9 per cent in 2014 to 45.0 per cent in 2015 and the estimated rate of mother-to-child-transmission of HIV (MTCT) has continued to decrease in the Western Cape, down to 0.2 per cent for 2017/18.

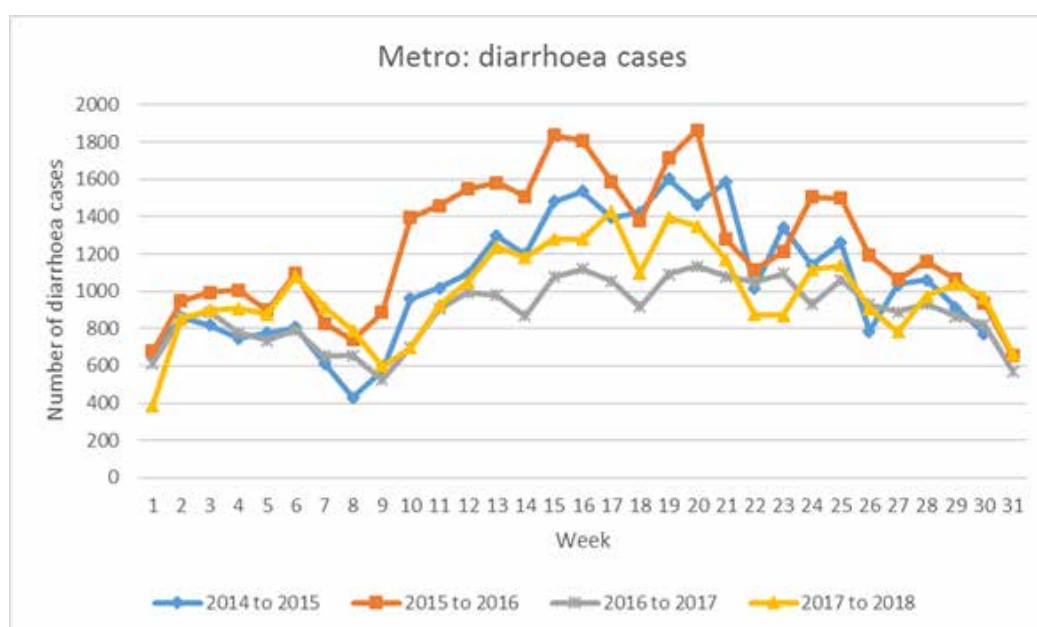
There were approximately 92 819 deliveries in public facilities in the Western Cape in 2017/18. In-facility maternal, and neonatal mortality rates remain relatively low at 57.3 per 100 000, and 9.3 per 1000 live births, respectively. Trends in infant and child (under 5) mortality rates, calculated from Stats-SA-reported deaths and live births for the Western Cape, are shown in Figure A 8. Rates appear to be plateauing, however data for 2013 and 2014 must be interpreted cautiously due to an apparent under-registration of births on the Vital Registration System (by approximately 10 000) in both these years. If this is indeed the case, then the true rates for 2013 and 2014 would be 10 per cent lower, i.e. around 21.7/1000 and 17.6/1000 in 2013; around 21.4/1000 and 17.3/1000 in 2014, all of which would be slight decreases compared to 2012.

Figure A 8: Infant & Under 5 Mortality Rates, Western Cape 2001-2016 (per live 1000)



Case fatality rates for diarrhoea (0.4 per cent), pneumonia (0.7 per cent) and severe acute malnutrition (2.2 per cent) in children under 5 years in 2017/18 were low; however preliminary results from the most recent Paediatric Surge Season (high burden months for diarrhoea and pneumonia occurring between November and May due to seasonal influences) shows incidence of diarrhoea remains high. This reflects that while diarrhoeal mortality is prevented, diarrhoeal morbidity remains a concern among children under 5 years of age. Figure A 9 shows the trends in the number of diarrhoea cases seen at health care facilities in the Metro from November to May from 2014/2015 to 2017/2018. The 2017/2018 surge season shows a slight increase in diarrhoeal cases compared to the previous year. The continued drought in the province may have been a contributory factor.

Figure A 9: Trends in the Number of Diarrhoea Cases seen at Facilities in the Metro (November to May of each Year)



Non-communicable Disease

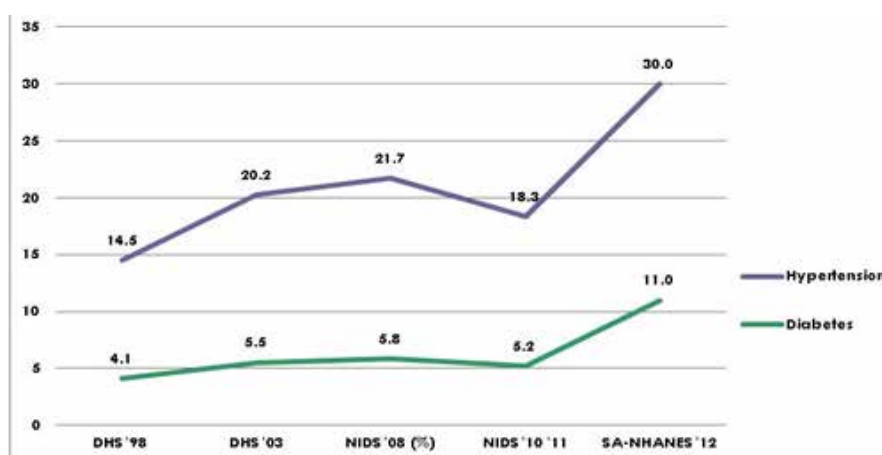
The burden of non-communicable diseases (NCDs) remains a concern when considering the high prevalence of risk factors such as obesity, smoking and physical unfit. Results from the South African National Health and Nutrition Examination Survey (SA-NHANES), conducted in 2012, found over half of the Western Cape respondents were overweight or obese (Body Mass Index greater than or equal to 25kg/m²), a third were smokers, and two-thirds were physically unfit. Results from National Community Based Surveys conducted in 2003 and 2012 indicated an increasing trend in the prevalence of non-communicable diseases in the Western Cape, specifically hypertension and type 2 diabetes mellitus (Figure A 10)¹⁴. The 2016 South African Demographic and Health Survey (SADHS) showed a 51.6 and 58.7 per cent prevalence of self-reported hypertension among women and men in the Western Cape, respectively. Among those with hypertension, 22 per cent of women and 13 per cent of men were controlled. An HbA1C greater than 6.5 per cent (indicative of poor glycaemic control) was prevalent among 12.2 and 13.2 per cent of diabetic women and men, respectively, in the province¹⁵. Thus this burden is expected to continue to escalate in the coming years.

Facility level structural processes and resources, clinical practice, and related outcomes of chronic diseases are assessed annually by means of the Integrated Chronic Disease Audit. The audit is being restructured and in 2018 was only completed for Diabetes. At participating facilities for 2018, among audited diabetic patient folders 41.2 per cent had an annual HbA1C test done, and of these 36.4 per cent were below 8 per cent. When considering diabetes-related complications (retinopathy and neuropathy), 35.6 and 43.6 per cent received biennial retinal assessments and annual foot screening, respectively. In addition, approximately 40 per cent of diabetics received insulin therapy. The audit also showed that 5.3 per cent of diabetic patients had a known HIV co-morbidity.

¹⁴ Sources: DHS '98: Department of Health. The South African Demographic and Health Survey 1998; DHS '03: Department of Health, Medical Research Council, OrcMacro. South Africa Demographic and Health Survey 2003; NIDS '08: Southern Africa Labour and Development Research Unit. National Income Dynamics Study 2008; NIDS '10/11: Southern Africa Labour and Development Research Unit. National Income Dynamics Study 2010/11; SA-NHANES: Shisana, O et al. South African National Health and Nutrition Examination Survey, 2012.

¹⁵ National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), and ICF. 2019. South Africa Demographic and Health Survey 2016. Pretoria, South Africa, and Rockville, Maryland, USA: NDoH, Stats SA, SAMRC, and ICF.

Figure A 10: Hypertension & Diabetes Prevalence in the Western Cape



Mental health

The mental health burden in the Western Cape is increasing, albeit a paucity of epidemiologic data, and a recent review emphasised the need to strengthen mental health service provision in the province¹⁶. Routine indicators reflect the number of mental health clients over and under 18 and have increased over the last three financial years (see table A7)¹⁷. The 2004 South African Stress and Health Survey (SASH)¹⁸ found a lifetime prevalence of 30.3 per cent of any mental disorders in the Western Cape, while a 2012¹⁹ study found a 6.7 per cent overall prevalence at primary health care facilities, although this is likely an underestimate. Among children in the Western Cape a 17 per cent prevalence of mental disorders is estimated²⁰.

The 2012 SA-NHANES used the Kessler-10 psychological distress scale, with 14 per cent of those in the Western Cape distressed. When looking at lifetime experiences of traumatic events, 8.1 per cent had experienced personal assault and 11.2 per cent family-related traumatic events in the province. Containing this major burden on individuals and society requires a Whole of Society Approach that strengthens social fibre, give hope, and strengthen the resilience of individuals, families, and constructive social networks.

Table A 7: Routine mental health indicators

	FY2015/16	FY2016/17	FY2017/18
Mental health client 18 years and older	206 323	207 096	214 148
Mental health client under 18 years	9 121	10 317	11 799
Total	215 444	217 413	225 947

¹⁶ Jacob and Coetzee Mental illness in the Western Cape Province, South Africa: A review of the burden of disease and healthcare interventions S Afr Med J 2018; 108(30):176-180.

¹⁷ Sinjani

¹⁸ Herman AA et al. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. SAMJ: S Afr Med J 2009;99(5):339-344.

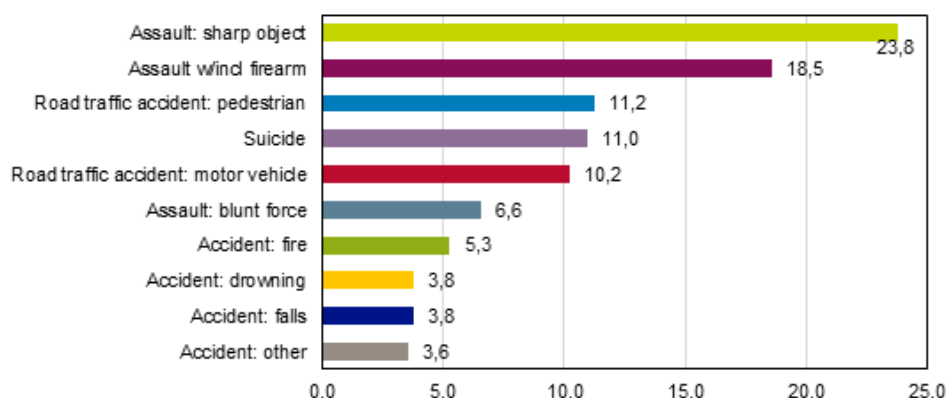
¹⁹ Isaacs AA et al. A snapshot of non-communicable disease profiles and their prescription costs at ten primary healthcare facilities in the in the western half of the Cape Town Metropole. South African Family Practice 2014;56(1):43-49.

²⁰ Kleintjes S et al. The prevalence of mental disorders among children, adolescents and adults in the Western Cape, South Africa: original article. South African Psychiatry Review 2006;9(3):157-160.

Injuries

A recent analysis of data on injury related-deaths in the Province sheds light on the types of injuries people have succumbed to (Western Cape Injury Mortality profile 2010-2016). In 2016, assault with a sharp object accounted for 23.8 deaths per 100 000 population, followed by assault with a firearm at 18.5 deaths per 100 000 population (Figure A11). Deaths as a result of injuries related to road traffic accidents ranked third (pedestrians) and fifth (motor vehicle occupants), while suicide ranked fourth. Age (20-39 years) and male sex are the main biological drivers of injury burden.

Figure A 11: Top 10 injury-related deaths by cause, 2016



Note: Data are age standardised rates per 100 000 population²¹

There has been a huge increase in gunshot injuries during inter-personal violence as evidenced in table A8 below. While these figures are for homicides, the same trends would be applicable to trauma patients in emergency centres. Gunshot (and are often multiple gunshot) injuries are more complex and expensive to treat owing to surgical interventions, longer lengths of stay and high or intensive care being required. While the workload norm of autopsies / specialist is 350, our staff are doing between 800 – 950 per specialist per year, which is not sustainable. The workload has increased by 25 per cent in the last five years.

Table A 8: Homicides from Firearms

	July	Aug	Sep	over 3 months
2016	94	88	124	306
2017	140	163	176	479
% increase year on year	49%	85%	41%	56,54%

It is estimated that the ratio of non-fatally to fatally injured patients presenting to an emergency ward is 30:1. Health Systems Trust (HST) conducted 5 rapid assessments of injury morbidity in emergency centres in the Metro between September 2013 and 2015. Across all surveys, violence (mainly interpersonal violence in men) was the most common cause of injury (~60 per cent), followed by unintentional (~25 per cent) and transport-related injuries (~12 per cent) presenting at emergency centres. Alcohol use was reported in over half (55 per cent) of all violent injuries and the relative-risk of a transport related injury was twice as high for those who reported alcohol use compared to those who did not. Alcohol has also been identified as the third leading risk factor for death and disability in South Africa. Reducing harms related to alcohol is one of the seven priority interventions in the province, also referred to as “Game Changers”.

²¹ Western Cape Injury Mortality Profile 2010-2016

Following a successful Child Death Review (CDR) pilot at Salt River mortuary in 2014, an additional four CDRs were established in the Western Cape by 2017, covering the health districts. These CDRs investigate unnatural and natural unexpected deaths in children under 18 years of age. Each CDR is multidisciplinary and intersectoral comprising Forensic Pathology Services leads the CDR, with additional Department of Health representatives, as well as representatives from Department of Social Development, South African Police Services and the National Prosecuting Authority. A standardised approach is used to understand the context in which each death occurred, and based on findings, appropriate action is taken to improve child health and protection services.

Climate Change

Climate change is the most serious environmental challenge in the world and the Western Cape is one of the most vulnerable regions in Africa. The Department has been active over the past few years in developing mitigation and adaptation strategies to combat the consequences and effects of climate change.

Various initiatives have been identified and are currently underway to reduce the impact of health facilities on climate change, namely:

- Improving energy security
- Improving water security
- Waste reduction
- Improved laundry and linen services
- Reduced utilisation of medical gas
- Improved efficiencies with respect to sterilisation of instruments

The significance of climate change in the Western Cape, and WCGH more specifically, is rapidly becoming even more evident with extreme weather events, the current water crisis. In order to ensure water security and business continuity, WCGH has proactively been putting various strategies in place.

WCGH is furthermore committed to reducing its carbon footprint on the environment. Over the past decade the Department has introduced green principles into the design, construction, operation and maintenance of its facilities and adhering to the previously mentioned 5Ls Agenda. This has resulted in the design and construction of natural resource-efficient buildings; the recently completed Hillside Clinic in Beaufort West is one example.

WCGH is committed to one of the WCG's priority interventions, also referred to as Game Changers, namely the Energy Security Game Changer and is placing significant emphasis on reducing energy consumption at its facilities. The Global Green & Healthy Hospitals (GGHH) 2020 pledge aligns with this commitment. The pledge is part of the Climate Change 2020 Challenge, in line with which WCGH has committed to reducing its carbon footprint from energy consumption at provincial hospitals.

Carbon footprint drives climate change. A major contribution to reducing WCGH carbon footprint lies in energy efficiency initiatives. These include:

- The gradual elimination of wasteful steam reticulation systems coupled with the upgrading of coal fired boilers. The ultimate objective is to eliminate coal fired boilers at hospitals and only have coal fired boilers at the large laundries.
- The implementation of building management systems that ensure that energy is not wasted in unoccupied areas of health facilities at night and over weekends.
- The revision of air conditioning systems to reduce heating and cooling loads by cascading air from "clean" to "dirty" areas. This will simultaneously improve air borne infection control.
- The reduction of energy required by fans and pumps by introducing speed controls to reduce volumes.
- The installation of high efficiency water to water heat pump systems that reduce both energy and water consumption – typically on air conditioning chillers and on autoclaves.
- High efficiency laundry equipment such as continuous batch washing machines that save both water and energy, high efficiency tumble driers with electronic moisture monitoring, and high efficiency flexible bed ironing machines.

WCGH is considering alternative mechanisms for waste disposal. It is the intention of the Department to expand the current pilot at Khayelitsha Hospital for alternative green technology for health care risk waste management.

It is thus evident that WCGH remains committed to introduce measures to reduce its impact on climate change.

Organisational Environment

People Management

Organisational Structure

The official macro-organisational structure (see organogram below) reflects the senior management service (SMS) members as at 1 February 2019; please note only filled posts are reflected. The Department is currently engaged in a process to improve efficiencies and alignment of the management structures, functions and processes, referred to as the Management Efficiency and Alignment Project (MEAP). This intervention will address duplication of functions, imbalances in centralisation/decentralisation, excessive “red tape” and administrative inefficiencies. It also includes a new model for the Department’s macro and meso structures. Reporting lines of some managers have been re-aligned following due PM processes.

In addition to the above, the Department is also correcting all out of adjustment cases (employees employed against incorrect posts), addressing incorrect utilisation (employees responsible for different functions and responsibilities as reflected in their job descriptions) and ensuring that the same job titles and occupational classification codes are being used for similar posts. This will ensure a more reliable staff establishment and will reduce the number of unnecessary job titles substantively. It will also assist in upholding the integrity of the PERSAL system.

Organisational Capacity

Employment & Vacancy Rates

The Business Management Instrument (BMI) and Approved Post List (APL) are tools that assist managers to plan and monitor personnel expenditure against the personnel budget with due regard to staff turnover and the filling of posts. Standard Operating Procedure (SOP) was developed to ensure uniformity in the application and management of the APL, funded vacancies, creation and filling of posts, as well as control over the approved departmental staff establishment on the PERSAL system. The APL Tool is coordinated through a central process driven by Sector Managers together with the Division Finance and the Chief Directorate People Management. The impending financial pressures over the MTEF may lead to an increase in the vacancy rates as posts are deliberately not filled especially in the administrative and non-clinical sections of the Department in order to allow more funding for the filling of posts within the service delivery areas (see Figures A12, A13 and A14).

Notwithstanding the above, the current vacancy rate (4.4 per cent in terms of vacant funded posts) is very low in terms of national standards and is only 0.8 per cent higher than the previous financial year. The average turn-around time of the Department in the filling of posts is three months which is shorter than the national norm of the Department of Public Service and Administration (DPSA) of four months.

Organisational Organogram

Structure as at 1 February 2019.

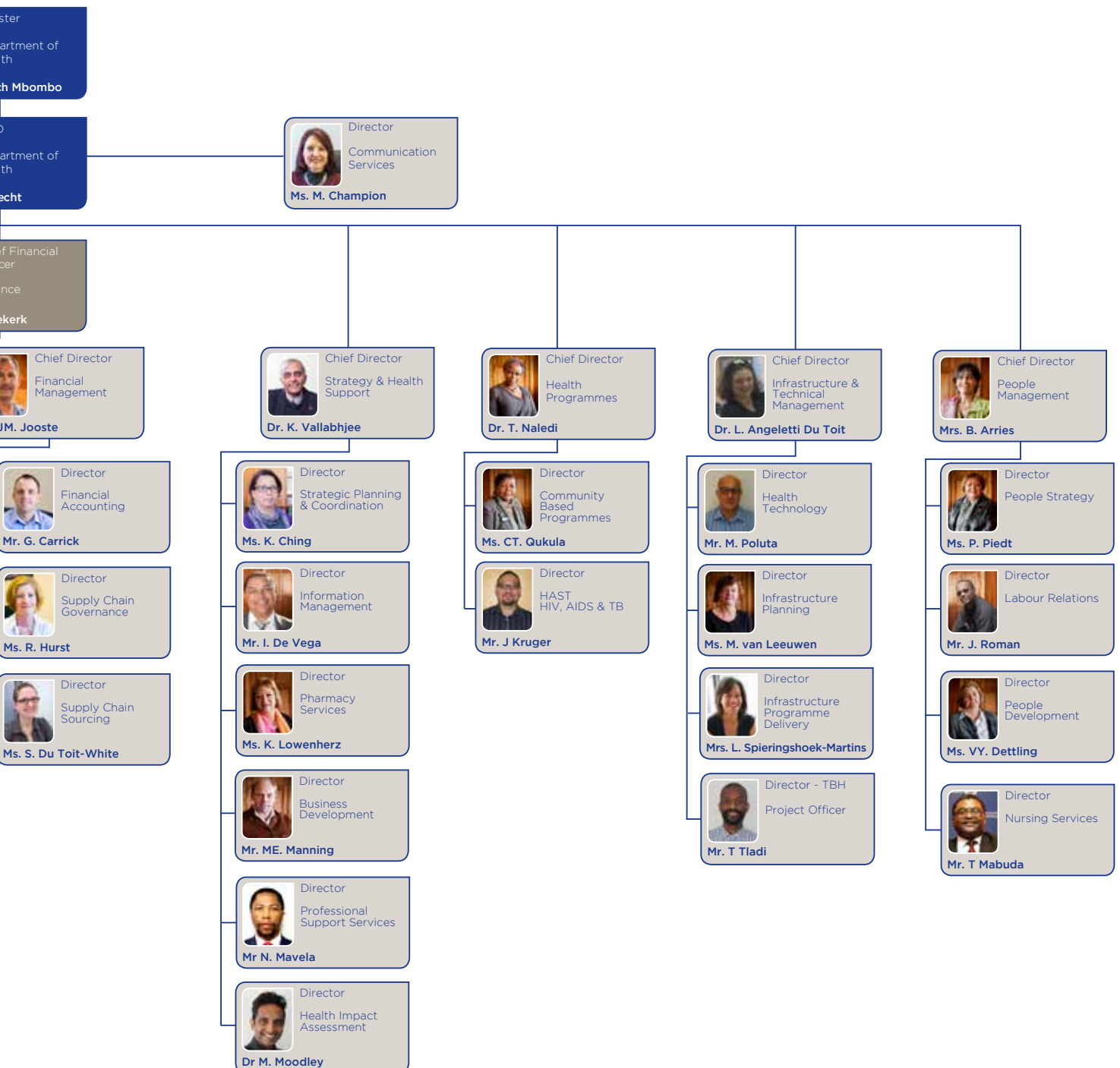


Figure A 12: Employment & Vacancies by Programme as at the 29th March 2018



Figure A 13: Employment & Vacancies per Salary Band, 29th March 2018

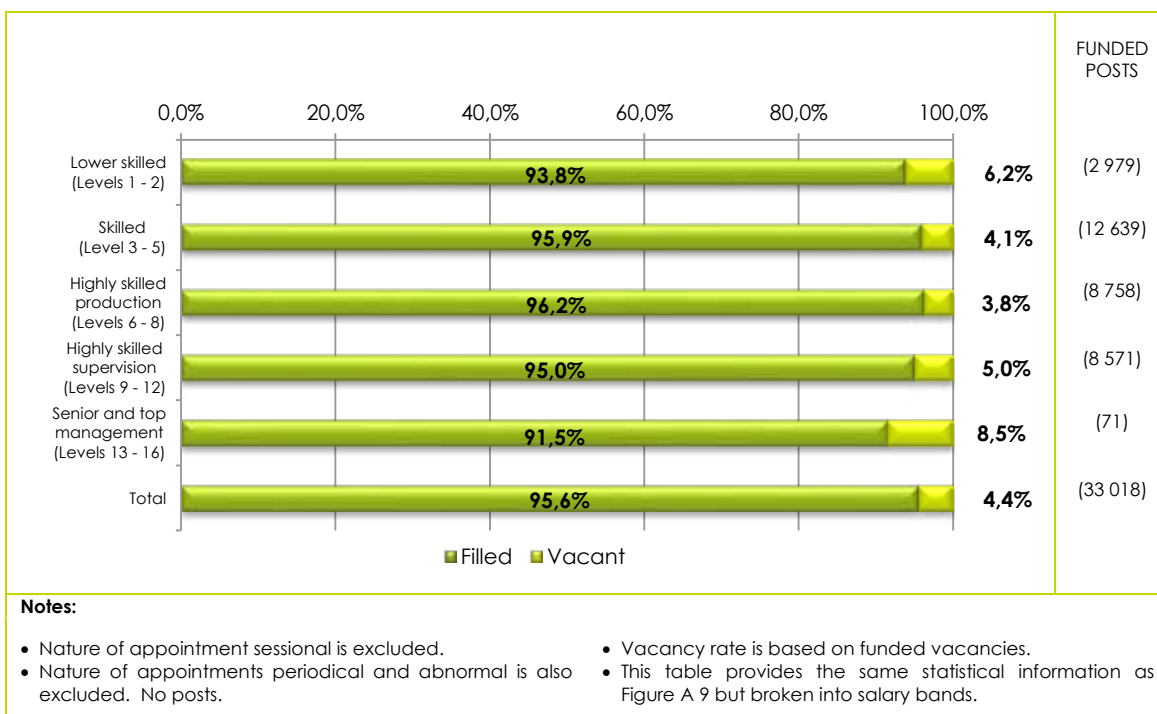
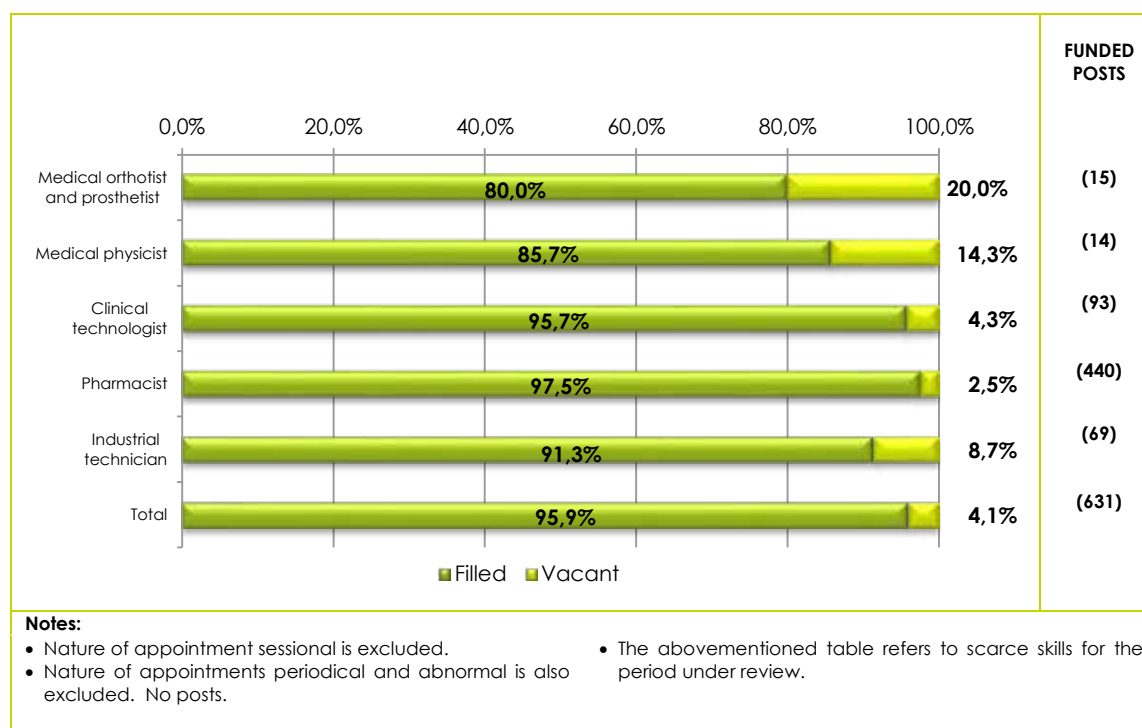


Figure A 14: Employment & Vacancies by Critical Occupations, 29th March 2018



The use of block advertisements (number of adverts for entry level ranks within the health professional cadre placed as a “block” which is valid for 12 months) to recruit employees within the health professional environment assist greatly in ensuring shorter turn-around times. The total staff establishment is 31 549 of which 20 258 falls under the health professional (OSD category) while 11 205 are within the Non-OSD category, see Table A9.

Table A 9: OSD vs. Non-OSD Posts per Salary Level

Salary Levels	OSD Category	NON-OSD Category	Grand Total
1	0	349	349
2	0	2446	2446
3	2148	1323	3471
4	1343	1008	2351
5	2851	3448	6299
6	2493	671	3164
7	3289	548	3837
8	775	649	1424
9	2261	357	2618
10	1800	65	1865
11	1924	124	2048
12	1534	78	1612
13	3	47	50
14	0	10	10
15	0	4	4
16	0	1	1
Grand Total	20 421	11 128	31 549

Imbalances in Service Structures & Staff Mix

Nursing in the specialty occupational streams poses the greatest scarce skills challenge. The specialty areas include all the following categories:

- Clinical Nurse Practitioner
- Advanced Midwifery and Neonatal
- Advanced Psychiatric
- Child Care
- Critical Care
- Critical Care: Child
- Critical Care: Trauma
- Oncology
- Operating Theatre
- Orthopaedic
- Ophthalmological

A Provincial Nursing Strategy is in effect to rigorously address the imbalance and staff mix challenges for nursing. Key interventions include:

- A 3-year training plan intended to optimise the utilisation of the Western Cape College of Nursing (WCCN) capacity for speciality nurse training programmes;
- increasing the number of professional nurses released by the health facilities to undergo speciality nursing training programmes;
- Putting measures in place to ensure services are maintained while the professional nurses are released for training, funding for replacement relief staff has been made available;
- Rural nursing campuses of WCCN were established in George and Boland Overberg respectively to recruit and train nursing students in the rural areas as part of a recruitment and retention strategy.

Ultrasound and Diagnostic Radiographers also present a challenge, in terms of recruitment thereof in the rural areas. A strategy is to provide bursaries to students in these categories, including identifying the potential of learners from rural areas, to ensure a pipeline of talent.

Further imbalances are being experienced within the occupations Engineering and Related Professions in the form of Artisans (in rural areas) and Engineering Technicians. Internship programmes, the offer of bursaries and links with Technical and Vocational Education and Training (TVET) colleges and Cape Peninsula University of Technology (CPUT) are interventions to ensure optimal service.

Retention of medical case managers is identified as a problematic area; the turnover is increasing due to private sector demands and improved benefits. This is an area that requires addressing.

Table A 10: Public Health Personnel, 29th March 2018

PUBLIC HEALTH PERSONNEL							
CATEGORY	No. EMPLOYED	% OF TOTAL EMPLOYED	No. / 100 000 PEOPLE	No. / 100 000 UNINSURED PEOPLE	VACANCY RATE	% OF TOTAL PERSONNEL BUDGET	ANNUAL COST / STAFF MEMBER
Medical Officers	2 050	6.50%	31.641	42.302	2.75%	16.1%	790 004
Medical Specialists	696	2.21%	10.743	14.362	4.66%	9.7%	1 224 756
Dental Specialists	5	0.02%	0.077	0.103	0.00%	0.1%	1 196 904
Dentists	92	0.29%	1.420	1.898	8.91%	0.8%	583 672
Professional Nurse	6 179	19.59%	95.372	127.503	5.10%	22.9%	415 388
Pharmacists	429	1.36%	6.622	8.852	2.50%	2.4%	639 899
Physiotherapists	147	0.47%	2.269	3.033	1.34%	0.5%	347 292
Occupational Therapists	179	0.57%	2.763	3.694	4.28%	0.6%	376 893
Psychologists	79	0.25%	1.219	1.630	7.06%	0.4%	545 693
Radiographers	458	1.45%	7.069	9.451	4.58%	1.8%	453 680
Emergency Medical Staff	1845	5.85%	28.477	38.071	5.63%	4.7%	309 825
Dieticians	92	0.29%	1.420	1.898	3.16%	0.3%	395 690
Staff Nurses	2 626	8.32%	40.532	54.187	2.96%	5.4%	252 352
Nursing Assistant	4184	13.26%	64.579	86.337	2.65%	7.3%	214 601
Other Allied Health Prof & Tech	1 555	4.93%	24.001	32.087	5.81%	4.6%	332 625
Other Staff	10 933	34.65%	168.749	225.602	5.07%	22.5%	210 282
GRAND TOTAL	31 549	100.00%	486.952	651.011	4.40%	100.0%	346 836

Employment Equity

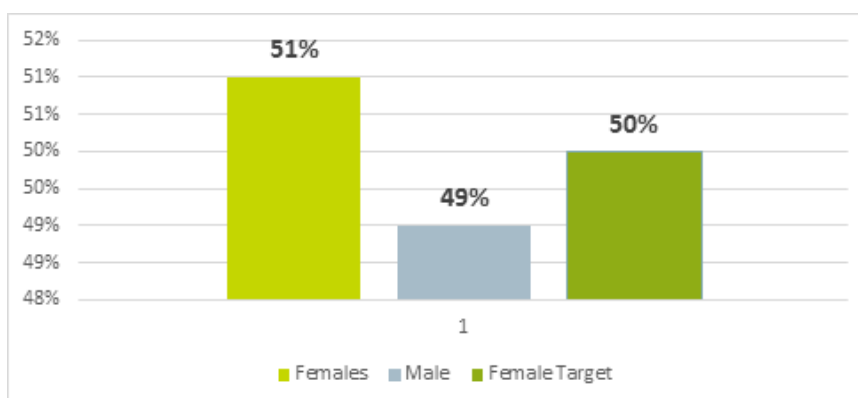
The Department of Health Western Cape's current global staff profile indicates that we need to employ 7764 more males and 7764 less females. However, due to the fact that nurses comprise a large section of the Department's staff complement and that the nursing profession is historically female dominated due to societal norms, it is near impossible to conform to the targets as set nationally. The racial figures indicate that the Department is lacking in Africans by 4.14 per cent as well as Whites by 3.60 per cent and over in the Coloured and Indian categories 6.98 per cent and 0.75 per cent respectively. The under and over representivity can be ascribed to the demographic profile of the Western Cape which is currently African 32.9 per cent, Coloured 48.8 per cent, Indian 1.1 per cent Whites 15.7 per cent with other groups being 1.6 per cent.

Table A 11: Employment Equity Profile

	Male	Female	African	Coloured	Indian	White	Total
Western Cape Departmental Target	16 626	14 923	11 137	14 576	347	5 489	31 549
% Target	52,7%	47,3%	35,3%	46,2%	1,1%	17,4%	100,0%
Western Cape Government Health Profile	8 862	22 687	9 831	16 779	584	4 355	31 549
Nominal Gap	7 764	-7 764	1 306	-2 203	-237	1 134	0
% Gap			4,1%	-7,0%	-0,8%	3,6%	

	Under Representative
	Over Representative

Figure A 15: Gender Profile of SMS



The Department needs to achieve numerical targets in order to have an employment profile that reflects the community to which it delivers a health service. The following targets were set for the 2017-2022 EE Plan:

- 2 per cent employment profile for persons with disabilities;
- 50 per cent employment profile for women at senior management level;
- 50 per cent employment profile for black persons at senior management level-

The area of concern are the SMS and MMS echelons where the representation profile of African males and females is still below target. The new EE Plan 2017-22 was implemented on 1 September 2017. The implementation plan includes:

- a leadership development strategy;
- a succession planning policy;
- a retention strategy;

These interventions will assist in achieving a pool of suitably qualified employees to achieve the numerical targets at SMS and MMS levels.

The overall total of employees with disabilities are currently at 198 which equates to 0.63 per cent of the overall staff establishment, the Department of Health further support the achievement of these numerical targets in the following manner:

- disability sensitisation and awareness programmes;
- provision of reasonable accommodation, assistive devices and workplace access assessments;
- disability management and disclosure of disability status for new and existing staff due to illness and injury in the workplace.
- mainstreaming of disability into skills development programmes

The purpose of the EE Plan for the period 1 September 2017 to 31 August 2022 for the Department of Health, Western Cape Government is to establish a state of equity in the workplace through the transformation of the organisational culture, values, employment practices and profiles which is conducive to diversity, safe and free of discrimination through focus on the following:

Establish an employment profile through the setting of numerical targets which reflects the economically active population of the Western Cape to which the Department of Health delivers a health service.

Eliminate discriminative practices and employment barriers through the identification of practices of unfair discrimination and barriers to employment and the establishment of policies and practices free of discrimination and barriers.

Improve the cultural entropy of the Department.

The new EE Plan supports the broader transformation agenda of the Department that includes three sequential phases, namely Planning, Development and Monitoring and Evaluation to ensure more comprehensive management of Employment Equity matters.

Staff Turnover

The average staff turnover rate (which measures staff exiting the service throughout the financial year as a proportion of the staff complement at the beginning of the financial year) for the Department in the 2017/18 financial year was 10.64 per cent (including fixed-term contractual appointments such as health professional performing community service, medical interns and medical registrars) and 6.34 per cent (excluding fixed-term contractual appointments such as community service, interns and registrars). This is a decrease of 0.32 per cent from the previous reporting period.

Annual staff losses occur as a result of the retirement and resignation of employees, employees (health professionals) completing their compulsory training (community service, internship and registrarship). This is deemed to be part of the natural turnover rate which amounts to 13.01 per cent for health professionals. This is within the average of health sector institutions in both the private and public sector in South Africa. In South Africa, the average is approximately 12-13 per cent in the private sector and 8.6 per cent in the public sector (excluding fixed-term contractual appointments such as community service, interns and registrars).

Staff Recruitment & Retention Challenges

The main challenges are to secure sufficient funding for the filling of vacant posts on the staff establishment and to recruit suitably qualified and skilled staff with the right attitude to be appointed against the funded vacant posts. The attrition rate for health professionals is within the acceptable norm excluding the first three years of employment for newly graduated professionals. Notwithstanding the above, the Department has shown the ability to fill most of these vacancies on a year-on-year basis from the existing capacity found within the labour market. However, the regular loss of health employees creates a challenge for maintaining the continuity of services with an extra burden on on-going training to rebuild capacity.

The recruitment of qualified and skilled health and technical professionals pose a challenge due to the scarcity of skills in some of these areas and the restrictive appointment measures that are imposed on certain of the occupations through the various occupational specific dispensations e.g. engineers, professional nurses in specialty fields and emergency services staff. Due to the fact that the OSDs form part of collective agreements reached between the Department of Health and organised labour at a national level, these challenges need to be addressed at a national level. The average age of initial entry into the Department by professionals is approximately 23 to 26 years, e.g. medical officers after completing their studies and compulsory in-service duties (i.e. 7 years). The challenge remains to retain these occupational groups on a permanent basis.

Corporate management capacity is often hampered by a relatively small pool of experienced staff in Finance, Supply Chain Management and People Management, as well as in general facility management. Several strategies are underway to respond to this challenge. The following interventions to address the challenges have been identified and will be implemented:

- The development of a Retention Strategy.
- Roll-out of change management interventions targeted at leadership and management development.
- Continuing with Internship programmes.
- Quarterly assessment of exit interview reports by TEXCO and planning the way forward.

Absenteeism

The management of normal sick leave remains problematic. The Department has however put measures in place to monitor and manage sick leave on a continuous basis. A new report has been developed which indicates the number of sick leave days utilized as well as the number of sick leave incidents. This has been made available to institutions on a quarterly basis and line managers must identify risk areas and address possible abuse. During the period 1 January 2017 to 31 December 2017 the average days' sick leave utilized per employee was 7.9 days. The highest incidence of sick leave is found in salary levels 6 to 8 which could be ascribed to the workload, operational responsibilities and accountability within these groups.

The Health Risk Manager is an outsourced service provider that assists the Department in assessing incapacity leave requests. The current Health Risk Manager for the Department of Health is Alexander Forbes, and was appointed with effect from 1 November 2013. The contract has been extended until 31 December 2018, on request from DPSA. A review of the current Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) modality has been conducted by KPMG and a directive in this regard is awaited from DPSA. The Department has quarterly PILIR Steering Committee meetings with the Health Risk Manager where problem areas are identified and addressed. The service is delivered within the prescribed timeframes. The incapacity leave cases have increased in 2018 as it is the last year of the three-year sick leave cycle.

Employee Wellness

Work related stress and mental health issues have become the top priority for the Department. This is primarily due to the financial and behavioural risk implications it has for the Department. The programme assists employees to manage negative emotions such as fear, anger, anxiety, and worry which constrict a person's cognitive skills and weaken resiliency. Managers who create a positive, appreciative atmosphere that promotes job satisfaction strengthen resilience, increase mental alertness and accuracy, and keep the best employees strongly committed to the department (LMI Research Institute). The broad array of services provided to employees in the programme by today's EHWP's goes further than just psychological counselling but includes an integration of a host of "work/life" resources. The programme provides employees with resources to assist with the challenges such as starting a family, dealing with personal finances, legal problems or maintaining work life balance.

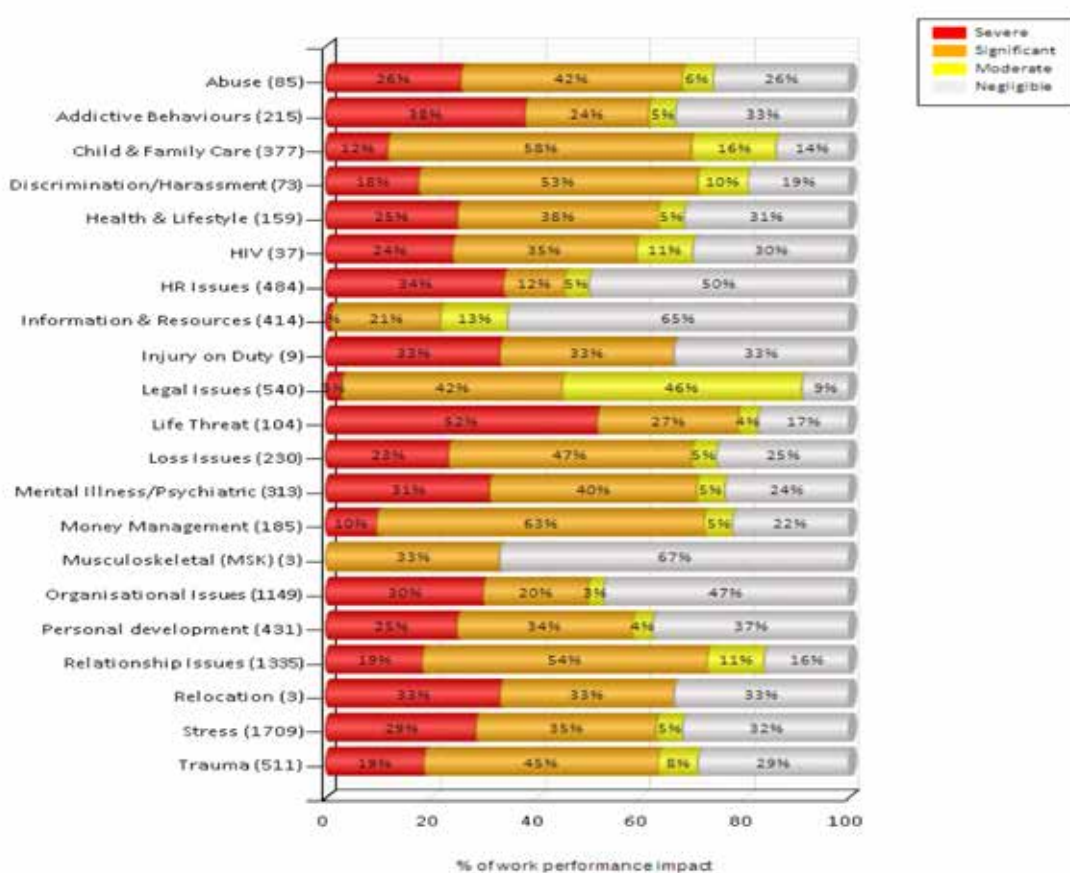
The overall engagement rate, which includes uptake of all services provided, amounted to 28.2 per cent during the 2017/18 period under review, which compares to 27.0 per cent during the comparable previous 2016/17 period. Annualised individual usage of the core counselling and advisory services of 11.0 per cent was recorded during the most recent period, which compares to 11.7 per cent during the previous period.

Problems relating to Stress constituted the most commonly presenting broad problem category during the most recent review period, accounting for 20.0 per cent of all difficulties. This has changed from the previous comparable period, when Relationship Issues was the most commonly presenting problem, accounting for 16.8 per cent of all issues dealt with by the Employee Health and Wellness Programme (EHWP).

Figure A 16 represents the severe (1-60), significant (61-80) and moderate (81-90) scale of work performance impact as a comparison with the problem categories that contributed to these ratings. Using a 10-item scale of global functioning at work, clinical staff estimates the overall impact on the employee's work life. A 'severe work and significant impact' may cause impairment in the occupational functioning of the individual and may include absenteeism, presentism, conflict, compromised performance and may lead to disciplinary processes.

Life threat is the highest most severe problem identified of work functioning. Life threat is defined as the employee presents with suicidal ideation or suicidal thoughts. Suicidal thoughts, or suicidal ideation, means thinking about or planning suicide. Thoughts can range from a detailed plan to a fleeting consideration. It does not include the final act of suicide. Life threat drivers are Relationship Issues, Stress, Mental Illness, Loss, and Addictive Behaviours. This has a following impact of the individual and work. The Employee Wellness programme has a response plan in place to deal with life threat emergencies. Employees are referred for face to face counselling and is further referred for necessary psychiatric assistance.

Figure A 16: Work Impact per Problem Cluster 2017/18

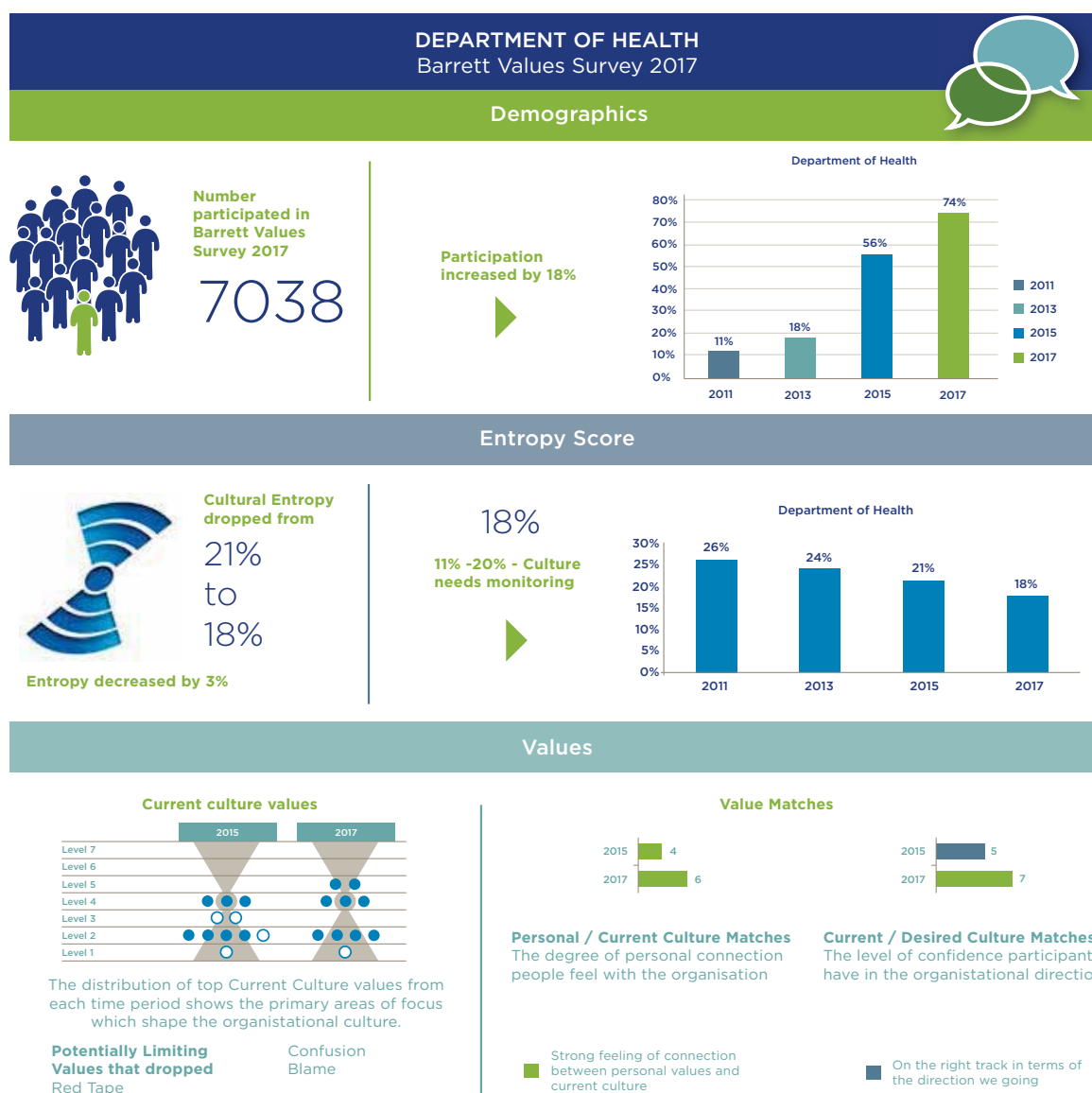


Organisational Culture

The 2017 Barret Values Survey, Figure A 17 was conducted in August and continues to show survey on survey increases in participation, with significant improvement in 2015 and 2017 respectively. The Department's entropy level (the level by which the culture of the organisation is maligned to the values of individual staff members) is declining, from 26 per cent in 2011 to a much lower entropy score of 18 per cent in 2017. This is a positive factor to note and is to be celebrated as an achievement; it indicates that the concerning values highlighted in previous surveys are being effectively addressed, as more positive values are starting to emerge. The Department now falls into the cultural entropy risk band of 10 to 19 per cent, which means we have problems requiring attention and careful monitoring.

The 2017 survey found that the Department's organisational culture has shifted from a level 3 (efficiency) focus in 2015 to a level 4 (transformation) and level 5 (internal cohesion) in 2017. This means that departmental energies are focused on renewal, transformation and building internal connections. The current culture is highly aligned as there are no immediate hindrances experienced, with the exception of controlling behaviour. There are many positive aspects to the current culture as employees are able to live out some of their personal values, namely accountability, caring, respect, honesty, responsibility and commitment, which they wish to continue seeing in the desired culture.

Figure A 17: Barrett's Survey Results 2017



The Department is described as being ‘client-orientated and accessibility’, an enabling factor in delivering its services. Its employees are described as having “a positive attitude”; and are “responsible, caring and committed” public servants who follow a disciplined approach to their work. The values of honesty, respect and family are important to employees; and trust is deeply valued. What is noteworthy is that even though employees confirm several positive values, trust is the one value that is most important for employees personally that is not finding expression in the current culture. It could mean that there is “something missing”; creating a disconnection between employees and the Department, which should be explored.

In addressing the disconnection experienced between employees and the Department, existing challenges of the current culture and the limiting values described in the Barret’s survey, the Transformation Strategy to HC 2030 identified Culture Change and distributed leadership as one of the main priorities. In transforming the culture of the organisation, Leadership Development is key enabler to support the transformation journey.

Quality of Care

New National Guidelines

The National Department of Health (NDoH) developed three sets of guidelines for monitoring the levels of patient satisfaction and patient safety incidents. The Guidelines were approved by the National Health Council Technical Committee for implementation in 2018.

1. National Guideline to Manage Complaints, Compliments and Suggestions in the Public Health Sector of South Africa: April 2017.
2. National Guideline for Patient Safety Incident Reporting and Learning in the Public Health Sector of South Africa: April 2017.
3. National Guideline on Conducting Patient Experience of Care Surveys in Public Health Establishments: October 2017.

The Western Cape Government: Health (WCG: H) has implemented the Complaints Compliments and Suggestions Guideline and the Guideline for Patient Safety Incident Reporting and Learning. WCG: H will not be implementing the Patient Experience of Care Survey as there are a several concerns with the survey that still need to be addressed by the NDoH. The Department will therefore continue with the Guideline to Measuring Client Satisfaction (2000) until such time as the concerns are addressed.

Management of Complaints & Compliments

Complaints and compliments may be lodged verbally, in writing, telephonically, via e-mail or sending a text message to a hotline. Whilst the encouraged route for lodging a complaint or paying a compliment is to facility management, there are multiple bodies to which such complaints and compliments may be addressed, including the Offices of the President/Premier, Health Ministries (national and provincial), Directors General (national and provincial), the Ombudsman located in the Office of Health Standards Compliance, the Human Rights Commission, the Public Protector, the Public Service Commission, MomConnect, and others. The Department has also set up a Western Cape Independent Health Complaints Committee (IHCC) to which complaints that have not been satisfactorily resolved can be referred by the HOD or MEC.

It is accepted that complaints and compliments are a normal and healthy part of service provision as each one is considered as an opportunity to learn and improve the service. In the 2017/18 financial year, the Department

received 4 887 complaints and 11 816 compliments, the number of complaints and compliments received needs to be viewed in relation to the total number of patient encounters which for the year was 17 520 917 million. The greatest number of complaints received was in the categories Care and Professional Treatment, Waiting Times and Staff Attitudes. The greatest number of compliments received was in the categories Care and Professional Treatment and Staff Attitudes.

National Core Standards for Health Establishments (NCS)

The Norms and Standards Regulations Applicable to Different Categories of Health Establishments have been promulgated (Government Gazette No. 41419 dated February 2018) and will come into operation in February 2019.

Hospitals continue to conduct annual self-assessments to measure compliance with the NCS, in addition, the Office of Health Standards Compliance (OHSC) conduct unannounced inspections of facilities using the NCS tool to determine compliance status. In the 2017/18 financial year, the OHSC conducted 40 inspections (2 hospitals and 38 Primary Health Care facilities).

The OHSC has also embarked on a process of conducting Healthcare Risk Management Audits at facilities and audited 8 facilities in the 2017/18 financial year.

Ideal Health Facility

Ideal Clinic Realisation and Maintenance Programme (ICRM)

Operation Phakisa, coordinated by the National Department of Health in 2014, resulted in the finalisation of plans to ensure that all clinics in the country meet the elements listed on the Ideal Clinic Dashboard by the end of the 2018/19 financial year. The WCG: H commenced with the program in 2016/17, a year after the other provinces.

For the 2017/18 financial year 83 PHC facilities were identified for scale-up of which 64 (77%) achieved Ideal Clinic Status. Of the total 179 facilities which were part of the ICRM in 2017/18, 106 (59%) achieved Ideal Clinic Status, 74 Silver, 28 Gold and 4 Platinum Status. This is a significant improvement from the previous year where only 38 clinics achieved status.

The Office of Health Standards Compliance (OHSC) also conducts unannounced inspections of Primary Health Care Facilities, and they inspected 38 PHC's in 2017/18. PHC facilities perform far better with the Ideal Clinic requirements than the NCS requirements of the OHSC. There are a number of reasons for this which includes that the OHSC tool is somewhat hospi-centric, has not been updated since 2013, there are no guidelines and definitions for the OHSC questionnaire whereas the Ideal Clinic Dashboard is updated annually, includes a manual setting out what the steps are to achieve compliance and has an excellent web-based application to generate reports and monitor progress.

Ideal Community Health Centre Realisation and Maintenance Programme

The National Department of Health has developed an Ideal Community Health Centre Framework for implementation in 2019. The Framework is an expansion of the Ideal Clinic Programme to include Emergency Centres and Midwife Obstetric Units.

Ideal Hospital Realisation and Maintenance Framework

The National Department of Health developed an Ideal Hospital Realisation and Maintenance Framework for implementation in 2019. The successful implementation of the ICRM programme created the impetus to extend the goals of universal health access, cost effective and efficient services of a high quality and standard by creating a similar framework for Ideal hospitals as the ideal Clinic Framework.

Infection Prevention Control (IPC)

An essential component of providing safe and patient-centred health care is preventing health care acquired infections. The rational and appropriate use of antibiotics is key in reducing the prevalence of drug-resistant organisms and the Department has a Provincial Antimicrobial Stewardship Programme which endeavours to uphold the effectiveness of antibiotics by ensuring rational prescribing. The Best Care Always Infection Prevention and Control Quality Improvement initiative aimed at reducing health care acquired infections continues to expand to include more district hospitals. Many hospitals on the programme have managed to dramatically reduce some health care acquired infections.

The Revised Provincial Infection Prevention and Control Policy will be finalized in 2019. The main features of the policy are:

1. Rationale for an IPC Programme in the Department of Health.
2. IPC governance for the WCG: H.
3. Monitoring and evaluation of the effectiveness of the IPC Programme.

Occupational Health & Safety (OHS)

WCGH has developed and released an implementation plan relating to the Safety, Health, Environment, Risk and Quality ("SHERQ") Policy. The plan spans the five-year period 2016 – 2021 and categorises activities under the occupational health services as follows:

1. Governance: Organisational Structures
2. Capacity Building: Provincial OHS Training
3. Risk Assessment and Management
4. IOD/COIDA and Disability Management
5. Medical Surveillance and Work Ability

Work continues in each of these areas with particular focus on the completion of the appointment of 16(2) appointees (Governance); the training and appointment of health and safety representatives and the institution of health and safety committees (Governance and Training); identification of an appropriate information management system (Governance); continuation of the risk assessment cycle (Training and Risk Assessment); review of communication processes with COID claims (IOD/COIDA) and signoff and completion of provincial medical surveillance protocols (Medical Surveillance)

Built Environment

The primary objective of the infrastructure programme is to promote and advance the health and well-being of health facility users in the Province in a sustainable responsible manner, whereby infrastructure is being planned, delivered, operated and maintained with an increased focus on resilient infrastructure whilst ensuring sustainability of both the infrastructure itself as well as that of the environment. This objective is being met through what has been termed the “5Ls Agenda²²”:

- Long life – sustainability and resilience in the built environment
- Loose fit – facility design allowing flexibility, expandability and adaptability
- Low impact – reduction of the carbon footprint by introducing Green Building principles, particularly in terms of energy and water, materials, land use and ecology, indoor environmental quality, transport and emissions.
- Luminous healing space, patient and staff friendly environment
- Lean design and construction – integration of design and construction to reduce wastage and improve efficiency and effectiveness.

Important contextual changes in the planning and delivery of provincial government health infrastructure in the Western Cape in recent years are:

- The publication of National Treasury Instruction No 4 of 2015/16 legislated the implementation of the Standard for Infrastructure Procurement and Delivery Management (SIPDM) with effect from 01 July 2016. This necessitated a review of the Infrastructure Delivery Management Toolkit 2010, which subsequently resulted in the SIPDM also requiring revision. These revisions are currently still underway and, until such time that they are finalised, infrastructure procurement and delivery will continue to be managed according to the requirements of the SIPDM and the Western Cape Infrastructure Delivery Management System (IDMS).
- The change in focus from the delivery of new infrastructure to asset care (maintenance and renewal) is continuing. Capital projects categorised as “Renovations, rehabilitation and refurbishments” by National Treasury, are further categorised as “renewals” and includes work on existing assets, which returns the service potential of the asset, or expected useful life of the asset, to that which it had originally. Thus, although work undertaken under this category is undertaken as capital projects they are considered as asset care activities. Both maintenance and renewal are therefore recognised as asset care activities.

In keeping with the WCGH’s User Asset Management Plan (U-AMP), the increased emphasis on proactive life-cycle management of engineering assets, including health technology will continue. For health technologies, the increasingly important role of health technology assessment, a set of tools supporting performance measures such as access, coverage, equity, efficiency (both allocative and technical) and cost-effectiveness, is recognised.

The budget for the infrastructure programme comprises of a baseline allocation plus a performance-based incentive allocation – the latter is allocated to provinces annually in December.

²² Sir Alex Gordon RIBA President coined the 3Ls Agenda – Low Energy, Loose Fit, and Long Life – in 1971

Knowledge Management

The objectives of Knowledge Management are informed by the service delivery imperatives for patient-centred quality care and improved health outcomes within a regulated environment. The processes are heavily influenced by an evolving IT and ICT environment. Synergy and collaboration between Information Management, ICT, health programmes, budget programmes, health services and other stakeholders is essential to achieve the aim of providing services and the department with a toolbox to collect, collate and report accurately on the outcomes and impact of the health service in the Western Cape to inform decision making and planning.

The principles and strategies adopted to achieve this are:

Information Management (IM) culture

Building an IM culture entails shifting the mind-set from mechanistically reporting data to recognising the meaningful use of information for decision making at all levels. This requires a systematic effort over the medium term to build a culture change through training, communication and publicising of IM tools, processes and procedures. The increased use of data will improve the quality of data.

Information Systems

Consists of organised, standardised processes and tools for the collection, collation, storage, and provisioning of data and information within a data governance framework. There is a particular focus on lean management processes with long term goals of phased incremental automation and integration of data and systems, and therefore a robust continuous review of the data being collected and the related governance mechanisms is required. What we collect needs to ultimately inform services to enable better health outcomes and the processes employed to gather the data must not over burden frontline staff. Striking this balance is complex, and is dependent on both national and provincial stakeholders working together.

Information Management Capacity

IM capacity is built through a variety of training programmes touching all levels and cadres of staff so that we have skilled information management staff as well as informed information producers and information users who are capacitated to use information.

Information Risk & Audit Preparedness

The Department continuously improves data collection processes to ensure robust systems, policies and processes are in place and that the necessary checks and balances are developed and implemented to ensure the data collected and reported is valid, reliable and ultimately auditable. A strong level of accountability is built into the information gathering process at all stages from planning to collecting and reporting.

Integrated Data Systems

The Department has implemented a unique patient identifier for each patient visiting our services. This has enabled the Department to track patients across their life course, across facilities over the service platform, and across different IT systems. The Department has created a Provincial Health Data Centre as a mechanism for collating and consolidating patient level data from a variety of internal and external systems. This is one of the most significant developments in recent history of the Department. This will enable improved clinical management of patients through the single patient viewer during their visit to a health facility as well as through their life-course across the service platform, the aggregation and analysis of data for improved management of health services at strategic and operational levels as well as data availability for research to improve our knowledge base.

Information Technology

The Department is the largest and most complex department within the provincial government and therefore generally manual process heavy. Automation is recognised as a major game changer and ICT as a critical and dynamic enabler to improving efficiency, effectiveness and service delivery. In 2016/17 the Department developed its eVision, an IT strategy, which was adopted by Cabinet in August 2017. The strategy provides a roadmap to developing an optimally efficient, effective and affordable IT system with the cumulative benefit to improve health outcome and patient experience. The Department has identified specific priorities both within the service rendering and corporate environments to give effect to the vision. Funds have been prioritised and allocated to this effect over the MTEF period, which signals the priority given to IT systems and its potential to improve efficiency, effectiveness and the quality of health service delivery and patient care. Governance arrangements, processes and tools, and metrics to monitor progress have been put in place. Regular reports on progress are also tabled with the IT stratcom chaired by the HOD and the broader e-PTM within WCG.

Financial Management

Since 2005 the Department has managed to establish a track record for unqualified financial statements. Impressively, starting from the 2015/16 financial year onwards, it also succeeded to achieve a clean financial audit report; the only Health Department in the country to achieve this fate.

As an indication of the size and complexity of this Department, it purchases 60 per cent of all goods and services in the Province through a decentralised management structure. Spending in recent financial years consistently varied by less than 1 per cent from budget. The financial management systems employed have been continually refined and improved over the years and the following management tools have been central to the Department's success:

- The Budget Management Instrument (BMI) assists facility and programme management to accurately project and manage expenses.
- The Approved Post List (APL) has succeeded to contain human resource expenditure.
- The Internal Assessment (IA) and the Compliance Assessment (CA) have institutionalised internal control mechanisms to perform routine checks on all payments as well as other financial activities.
- The cascading system of Financial Management Committees (FMCs) enables monthly monitoring of expenditure against the budget allocations and provides oversight for the internal assessments.
- The Essential Supplies List (ESL) increasingly standardise clinical consumables.
- The increase in the transversal contracts reduces work load and irregular procurement.

Levels of funding & sustainability of health services

Salary increases known as the Improvement of Conditions of Service (ICS), are determined at a national level and have been consistently more than the general consumer inflation levels and also more than the increase in the budget of the Department. In addition, the Department is subject to Medical Inflation on many items of Goods and Services, and Medical Inflation also exceeds the increase in the consumer price index (CPI).

The Department distinguishes between the general purpose budget and special purpose budgets, such as for the Comprehensive HIV, AIDS and TB Conditional Grant and EPWP funds.

The allocation received from National Treasury reduces the general purpose budget in real terms by approximately R187 million. Despite this funding shortfall, the Department decided not to reduce the budgets or staffing of operational facilities. A range of alternative mechanisms were used to deal with the real budget decline, including some less conservative assumptions with respect to, for instance, Medico legal claims and salary notch increases.

An amount of R135 million has formally been allocated to the Department for 2019/20 for the Human Resources Capacitation Grant, but this is insufficient for the purpose. The total cost of the additional 204 Medical Interns and

the other 125 Critical Posts is estimated at about R248 million for the 2019/20 financial year. Clarification of the funding is awaited.

While the budget is decreasing in real terms, population numbers and therefore demand for services are increasing. The average annual growth in population numbers is about 2 per cent per annum. It is therefore estimated that the budget per member of the population, in real terms, decreases by the same percentage on an annual basis.

The budget of the Department was reduced in real terms by R151 million in 2016/17, by R144 million in 2017/18 and by R307 million in 2018/19; a total of R602 million. The estimated budget decrease, in real terms, over the 2019 MTEF period, with respect to the General Purpose Budget can be summarised as follows:

Estimated Decrease (Rm)	2019/20	2020/21	2021/22
Real decrease in the particular year, compared to the previous	187	269	118
Real cumulative decrease, compared to 2018/19	187	456	574

The total budget decline over the 6-year period is therefore about R1.2 billion (R602 million plus R574 million). This is about 6 per cent of the Department's budget.

Over the same period population numbers grow by about 12 per cent. This means the budget per member of the population reduces by about 18 per cent over the period of six years.

The Department's policy with respect to performance awards is an indication of the financial pressure experienced. The Department is legally allowed to pay 1.5 per cent of the salary bill for such awards, but it budgets less than 0.4 per cent for this item. Performance awards have been limited to salary level 1- 8 staff only.

The Comprehensive HIV, AIDS and TB increases in real terms only by about 3 per cent, while AIDS patient numbers grow by about 10 per cent per annum. This conditional grant will be under pressure during 2019/20, which will put additional pressure on the general purpose budgets.

Various projects have been initiated to ensure that the Department will be able to do more with less and to maintain current levels of services. For instance, the Department is critically examining the staffing in Head Office. The Head Office budget was already reduced by 10 per cent in real terms. However, it is inevitable that service delivery will deteriorate, queues will lengthen and backlogs will increase. The Department is forced to prioritise high value low cost services over other services. This means, inter alia:

- That the Department has to become more selective in the patients and conditions it treats;
- That the commissioning of new facilities will be an increasing challenge;
- That the focus for infrastructure development will have to shift to maintenance.

Review of resource trends

Indicated budgets for years 2 and 3 of 2019 MTEF are materially lower than the current year budget in real terms. However, these budgets are subject to negotiation and adjustment during the next budget cycle.

Changes in funding levels

The Department must continue to rigorously scrutinise its business processes and ensure that they are appropriately adapted to ensure efficiency to enable optimal health service benefits with the available resources.

Dependencies & Partnerships

City of Cape Town

The Department has a service level agreement with the City of Cape Town Municipality (local government) for the provision of personal primary health care in the Cape Town Metro District. These services have been provincialised in the rural districts.

Non-Profit Organisations (NPOs)

The Department has service level agreements with several non-governmental organisations (NGOs) for the rendering of intermediate care and home-and community-based care (HCBC).

South African Police Services (SAPS)

An MOU governs the relationship with SAPS in forensic pathology and EMS. A collaborative working relationship is being established around reducing harm amongst injectable substance abusers.

Western Cape Government: Transport & Public Works

The Department has an annual Service Delivery Agreement with the WCG: Transport and Public Works (TPW), as WCG: TPW is the preferred implementing agent for health infrastructure delivery for capital and scheduled maintenance projects. In addition to this, WCG: TPW renders an Immovable Asset Management service to WCGH, as custodian in terms of GIAMA, which includes the management of leases and office accommodation. This relationship is also managed through the annual Service Delivery Agreement. As Custodian, WCG: TPW furthermore monitors NHI projects undertaken by NDoH and funded through the In-kind Grant as well as donation projects.

Centre for e-Innovation (CEI)

There is a dependence on CEI to ensure that WCG: Health has the necessary infrastructure to be able to communicate, transact and input meaningful day-to-day data through its information systems. In essence they are to ensure that there is sufficient connectivity, adequate IT infrastructure and server capacity to host WCG: Health systems and data and a full back up infrastructure capacity in case of downtime that may be experienced. The Department is also reliant on CEI to support its 320 000 computer users on a day-to-day basis. CEI is equally charged to ensure that WCG benefits from a shared services offering by ensuring that software licenses etc. are provided in a cost-effective manner in order to reduce cost of ICT. Currently a generic MOU with service schedules are used to manage this relationship with DotP for all shared services that are provided centrally. The Department is engaging CEI to add an addendum to the MOU to contain the Department of Health's specific needs.

State Information Technology Agency (SITA)

The Department is dependent on SITA for the procurement and support for hardware and infrastructure; however, the relationship is mediated via CEI.

Department of Community Safety (DOCS)

The Department has a MOU with DOCS to enlist their support to assess the security risks at health facilities as well as support to develop appropriate responses to address the security needs within the Department.

Higher Education Institutions (HEIs)

The Department has a multilateral agreement (MLA) with four HEIs (University of the Western Cape, University of Stellenbosch, University of Cape Town, Cape Peninsula University of Technology) for providing access for the training of health sciences students on its service platform. A separate bilateral agreement governs the relationship with each of the universities under the principles of the MLA. In 2009 there were 6.5 million student hours on the service platform.

Private Health Sector

Groote Schuur Hospital (GSH) has entered into an agreement with Mediclinic, via the hospital board, for them to provide a number of surgical procedures, to assist in reducing waiting lists.

Revision of Legislation and other Mandates

National Legislation

1. Allied Health Professions Act, 63 of 1982 as amended
2. Atmospheric Pollution Prevention Act, 45 of 1965
3. Basic Conditions of Employment Act, 75 of 1997
4. Births and Deaths Registration Act, 51 of 1992
5. Broad Based Black Economic Empowerment Act, 53 of 2003
6. Children's Act, 38 of 2005
7. Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982
8. Choice on Termination of Pregnancy Act, 92 of 1996
9. Compensation for Occupational Injuries and Diseases Act, 130 of 1993
10. Constitution of the Western Cape, 1 of 1998
11. Construction Industry Development Board Act, 38 of 2000
12. Correctional Services Act, 8 of 1959
13. Council for the Built Environment Act (No 43 of 2000)
14. Criminal Procedure Act, 51 of 1977
15. Dental Technicians Act, 19 of 1979
16. Division of Revenue Act (Annually)
17. Domestic Violence Act, 116 of 1998
18. Drugs and Drug Trafficking Act, 140 of 1992
19. Employment Equity Act, 55 of 1998
20. Environment Conservation Act, 73 of 1998
21. Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
22. Government Immovable Asset Management Act, 19 of 2007
23. Hazardous Substances Act, 15 of 1973
24. Health Professions Act, 56 of 1974
25. Higher Education Act, 101 of 1997
26. Inquests Act, 58 of 1959
27. Intergovernmental Relations Framework, Act 13 of 2005
28. Institution of Legal Proceedings against Certain Organs of State Act, 40 of 2002
29. International Health Regulations Act, 28 of 1974
30. Labour Relations Act, 66 of 1995 [LRA]
31. Local Government: Municipal Demarcation Act, 27 of 1998
32. Local Government: Municipal Systems Act, 32 of 2000
33. Medical Schemes Act, 131 of 1998
34. Council for Medical Schemes Levies Act, 58 of 2000
35. Medicines and Related Substances Act, 101 of 1965
36. Medicines and Related Substances Control Amendment Act, 90 of 1997
37. Mental Health Act, 18 of 1973
38. Mental Health Care Act, 17 of 2002
39. Municipal Finance Management Act, 56 of 2003
40. National Building Regulations and Building Standards Act (No 103 of 1977)
41. National Environmental Management Act, 1998
42. National Environmental Management: Waste Act, 59 of 2008
43. National Environmental Management: Waste Amendment Act, 26 of 2014
44. National Health Act, 61 of 2003
45. National Health Amendment Act, 12 of 2013
46. National Health Laboratories Service Act, 37 of 2000
47. Non Profit Organisations Act, 71 of 1977
48. Nuclear Energy Act, 46 of 1999
49. Nursing Act, 33 of 2005
50. Occupational Diseases in Mines and Works Act, 78 of 1973
51. Occupational Health and Safety Act, 85 of 1993 [OHSA]

52. Older Persons Act, 13 of 2006
53. Pharmacy Act, 53 of 1974, as amended
54. Preferential Procurement Policy Framework Act, 5 of 2000
55. Prevention and Combating of Corrupt Activities Act 12 of 2004
56. Prevention and Treatment of Drug Dependency Act, 20 of 1992
57. Prevention of and Treatment for Substance Abuse Act, 70 of 2008
58. Promotion of Access to Information Act, 2 of 2000 [PAIA]
59. Promotion of Administrative Justice Act, 3 of 2000
60. Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000
61. Protected Disclosures Act, 26 of 2000
62. Protection of Personal Information Act, 2013 (Act No. 4 of 2013)
63. Public Audit Act, 25 of 2005
64. Public Finance Management Act, 1 of 1999
65. Public Service Act, 1994
66. Road Accident Fund Act, 56 of 1996
67. Sexual Offences Act, 23 of 1957
68. Skills Development Act, 97 of 1998
69. Skills Development Levies Act, 9 of 1999
70. South African Medical Research Council Act, 58 of 1991
71. South African Police Services Act, 68 of 1978
72. Spatial Planning and Land Use Management Act, 16 of 2013
73. State Information Technology Agency Act, 88 of 1998
74. Sterilisation Act, 44 of 1998
75. Tobacco Products Control Act, 83 of 1993
76. Traditional Health Practitioners Act, 35 of 2004
77. University of Cape Town (Private) Act, 8 of 1999

Provincial Legislation

1. Constitution of the Western Cape, 1 of 1998
2. Western Cape Ambulance Services Act, 3 of 2010
3. Western Cape District Health Councils Act, 5 of 2010
4. Western Cape District Health Amendment Act, 9 of 2013
5. Western Cape Health Care Waste Management Act, 7 of 2007
6. Western Cape Health Facility Boards Amendment Act, 2012 (Act No. 7 of 2012)
7. Western Cape Health Facility Boards and Committees Act, 4 of 2016
8. Western Cape Health Services Fees Act, 5 of 2008
9. Western Cape Independent Health Complaints Committee Act, 2 of 2014
10. Exhumation Ordinance, 12 of 1980. Health Act, 63 of 1977
11. Training of Nurses and Midwives Ordinance 4 of 1984
12. Regulations Governing Private Health Establishments. Published in PN 187 of 2001
13. Regulations Relating to the Criteria and Process for the Clustering of Primary Health Care Facilities, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016
14. Regulations Relating to the Financial Governance of Health Facility Boards and Committees, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016
15. Western Cape Health Services Fees Regulations in terms of the Western Cape Health Services Fees Act, 2008
16. Regulations Relating to the Procedures for the Nomination of Members for Appointment to Boards and Committees, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016; and
17. The Western Cape Independent Health Complaints Committee Regulations, 2014 in terms of the Western Cape Health Complaints Committee Act, (Act No. 2 of 2014).

Policy Mandate

International Policies

There are currently no new international policies that have a significant, on-going impact on the operations or service delivery obligations of the Department.

National Department of Health Policies

National Health Insurance Bill, 2018 (this is a major policy reform for achieving Universal Health Coverage in South Africa).

Provincial Government Policies

There are currently no new provincial policies that have a significant, on-going impact on the operations or service delivery obligations of the Department.

Relevant Court Rulings

There are currently no new court rulings that have a significant, on-going impact on the operations or service delivery obligations of the Department.

Joint Planning Initiatives

Provincial Government Initiatives

Strategic Goal 3 (SG3): Increasing Wellness & Safety, and Tackling Social Ills

The current state of wellness (including physical, psychological, financial and social) in the province contributes to escalating pressure on demands for health and social services, community safety and policing, education, and human settlements. In complex, socially challenging environments, there is no choice but to closely collaborate as a whole of government and whole of society. This requires, most importantly, a commitment to co-create enabling environments in order to positively influence individual behaviours and lifestyle choices; to initiate broad system and community-wide improvements towards building and optimising sustainable human development; and to improve wellness and the quality of life through resilient communities, active and resilient citizenry. Health plays a leadership role in collaboration with 4 sister departments (DTPW, DOCS, DECAS, DSD), and has designed a WoSA, which has now been endorsed by 13 departments, who are also involved in the 4 learning sites, as previously mentioned. Health, furthermore, takes the lead in a few initiatives, as follows:

WoW!

This novel wellness-promoting partnership initiative promotes and activates healthy lifestyles at population level towards the prevention, reduction and better self-management of non-communicable diseases (NCDs), including obesity. WoW! currently partners with Agriculture, DOCS, WCED, DCAS, DOTP, the four universities in the city, multiple NPOs and CBOs, several community groups and networks; and a number of private sector partners and sponsors. The overarching purpose is to promote and sustain healthy lifestyle-enabling behaviours and environments in order to increase health-related physical activity or fitness; healthy eating and healthy weight management; support school attendance, academic performance and physical wellness through the provision of 3 000 Qhubeka bicycles to learners; increase availability of healthy foods in government buildings and schools; and ensure an inclusive communication platform to enable access to healthy lifestyles-promoting information. Using a settings-based (Communities, Schools, Worksites, Health Care Facilities and Public Spaces) and life cycle (from Pregnancy to Senior Citizen) approach, WoW! aims to co-create a culture of wellness in the Western Cape. Informed by evaluative, outcome and impact findings, the WoW! movement has been scaled incrementally over the last three years. The number of WoW! partners have increased from 32 in 2017 to 51 in 2018. The number of trained Wellness Champions (volunteer unpaid Peer Leaders) increased from 133 to 225, and the number of operational WoW! Groups from 51 to 80 during the same period. Additional groups are being established in multiple Metro and Rural settings as part of scaling wellness-promoting actions. Integration of a Continuous Improvement Framework ensures a community responsive and person-centred approach towards positive behaviour and social change for the co-creation of wellness-enabling environments. Despite multiple challenges and limitations, promising impact results reveal individual behaviour change, positive health outcomes, co-creation of wellness-enabling environments; and social connectedness, inclusiveness and gender equity. These achievements are made possible through the ever-expanding wellness-promoting partnership with emphasis on supported self-management for active healthy lifestyles.

First 1000 Days

The overarching goal of the First 1000 Days initiative is to ensure that every pregnant woman and child is nurtured; parents and care-givers are supported from conception onwards, especially the most vulnerable, through a whole of society approach, so that children can achieve their full potential throughout the course of life.

The Department of Health has prioritised the first 1000 days as a key priority internally and transversally working with other government departments, sectors and key stakeholders to improve maternal, neonatal and child health outcomes. A systemic intervention framework inclusive of 'survive', 'thrive' and 'transform' elements is implemented to improve outcomes.

Ending preventable deaths, making sure that caregivers and parents are supported to enable children to reach their full potential requires transformation with strong intersectoral focus and addressing the social determinants of health. In 2019/20 the first 1000 days will be a focal area as part of the early childhood development continuum encompassing the following:

Survive

- Health systems interventions addressing avoidable causes of deaths related to patient factors, health worker factors, health system factors and community factors.
- Monitoring, evaluation and response system across the care continuum with a focus on thrive indicators such as low birth weight.

Thrive

- Service re-design to assess and respond to antenatal risks comprehensively through linkages and referrals in facility and community based services.
- Implement the new Road to Health Booklet (RtHB) and side by side campaign.
- Introduce a parent/ caregiver support package of care for the first 1000 days.

Transform

- Communication and engagement strategy towards addressing social determinants.
- Identify and support at risk households in the four prioritised geographic areas with inter-sectoral support, via PSG3.

Overview of the 2019/20 Budget and MTEF Estimates

Economic Context

South Africa is facing a weak economic outlook. The International Monetary Fund (IMF) growth prospects have marginally worsened for emerging markets and developing economies, where financial conditions have generally tightened. However, Global growth for 2019 and 2020 is projected to increase to 3.5 per cent in 2019 and 3.6 per cent in 2020, 0.2 and 0.1 percentage point below October 2018 projections. (IMF, 2019). The rate was increased to 1.9 per cent for 2019 and 2.0 per cent for 2020 (SARB, 2019). A revision in January resulted in 0.2 points decrease in the growth forecast for 2019 (1.7 per cent).

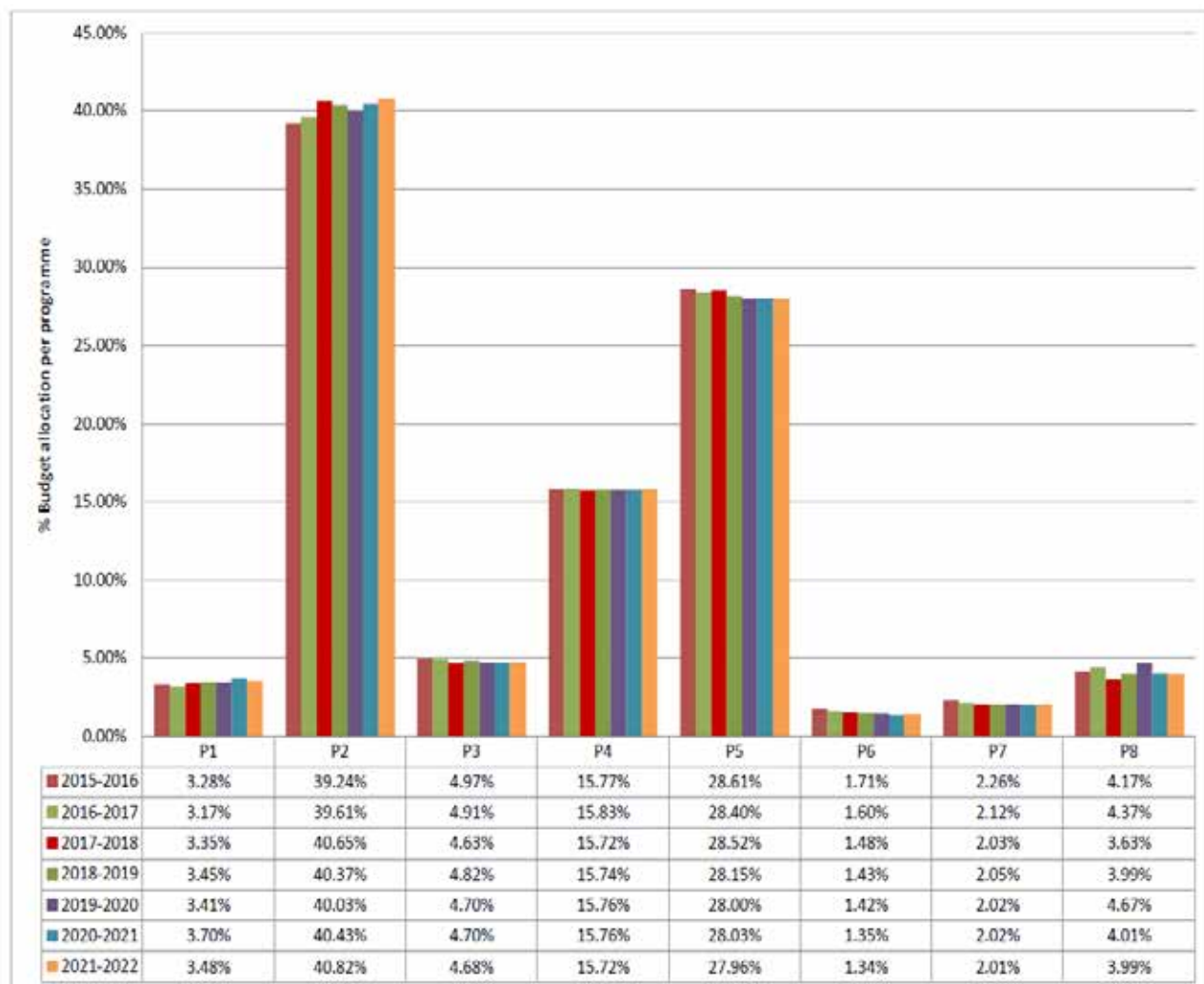
Core Inflation for 2019 is forecasted to be 5.0 per cent on average, lower than the expected 5.3 per cent as per 2018 forecast (SARB, 2019). Unemployment in South Africa increased by 0,5 points from first quarter to 27.2 per cent, in the second quarter of 2018.

A high cost of living has reduced the consumers' disposable income thereby increasing numbers of vulnerable households into living below the poverty datum line. Unemployment rate in the Western Cape is lower than the national rate i.e. 21,3 per cent. The usage of public health services will continue to come under much more pressure as much of the population shift from private medical aid due to a reduction in disposable income. In the past year, the Department has grappled with the increasing medical inflation on technology, medical equipment and drugs.

Resource trends over the next years

The following graph illustrates the expenditure trends over the reporting period.

Figure A 18: Budget Allocation per programme over the reporting period, expressed as a percentage of the departmental budget



It is worth noting that Programme 1 carries, inter alia, the transversal costs related to IT and medical litigation claims.

Changes in funding levels

The Department must continue to rigorously scrutinise its business processes and ensure that they are appropriately adapted to ensure efficiency to enable optimal health service benefits with the available resources.

Expenditure Estimates

Table A 12: Summary of Payments and Estimates

Programme R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
1. Administration	614 141	635 774	720 112	845 174	810 356	797 178	843 908	5.86	964 621	965 526
2. District Health Services	7 352 880	7 953 437	8 737 909	9 344 338	9 341 766	9 333 836	9 909 455	6.17	10 527 485	11 329 232
3. Emergency Medical Services	931 132	984 923	994 862	1 096 633	1 116 257	1 115 499	1 162 580	4.22	1 224 753	1 299 658
4. Provincial Hospital Services	2 955 353	3 179 214	3 379 527	3 631 615	3 637 053	3 638 534	3 901 123	7.22	4 103 657	4 362 333
5. Central Hospital Services	5 360 411	5 701 407	6 129 748	6 439 035	6 453 231	6 507 145	6 931 081	6.51	7 297 948	7 760 676
6. Health Sciences and Training	319 793	320 291	317 453	349 618	328 616	331 308	352 736	6.47	351 499	371 526
7. Health Care Support Services	422 977	425 700	436 812	469 674	474 207	473 577	501 255	5.84	525 815	557 949
8. Health Facilities Management	780 431	877 438	779 633	887 616	938 493	922 893	1 155 305	25.18	1 044 684	1 107 482
Total payments and estimates	18 737 118	20 078 184	21 496 056	23 063 703	23 099 979	23 119 970	24 757 443	7.08	26 040 462	27 754 382

Notes:

- Programme 1: MEC total remuneration package: R1 977 795 with effect from 1 April 2018.
- Programmes 1, 2, 4 and 5: National conditional grant: National Tertiary Services – R3 221 651 000 (2019/20), R3 437 406 000 (2020/21) and R3 626 463 000 (2021/22).
- Programme 2: National conditional grant: Comprehensive HIV, AIDS and TB – R1 685 517 000 (2019/20), R1 864 096 000 (2020/21) and R2 118 533 000 (2021/22).
- Programme 2: National conditional grant: Human Papillomavirus Vaccine – R20 697 000 (2019/20), R21 835 000 (2020/21) and R23 036 000 (2021/22).
- Programmes 4 and 5: National conditional grant: Health Professions Training and Development – R606 334 000 (2019/20), R639 682 000 (2020/21) and R674 865 000 (2021/22).
- Programmes 2, 4 and 5: National conditional grant: Human Resources Capacitation Grant – R135 284 000 (2019/20), R144 213 000 (2020/21) and R153 442 000 (2021/22).
- Programme 6: National conditional grant: Social Sector EPWP Incentive Grant for Provinces – R13 495 000 (2019/20).
- Programme 7: National conditional grant: Expanded Public Works Programme Integrated Grant for Provinces – R2 046 000 (2019/20).
- Programme 8: National conditional grant: Health Facility Revitalisation – R812 626 000 (2019/20), R640 033 000 (2020/21) and R690 199 000 (2021/22).

Table A 13: Summary of Payments and Estimates by Economic Classification

Economic classification R'000	Outcome			Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	Medium-term estimate				
	Audited 2015/16	Audited 2016/17	Audited 2017/18				% Change from Revised estimate	2019/20	2018/19	2020/21	2021/22
Current payments	16 925 915	18 291 347	19 552 820	20 925 733	20 920 589	20 848 110	22 451 376	7.69	23 604 245	25 109 976	
Compensation of employees	10 949 652	11 833 864	12 660 391	13 606 180	13 563 600	13 591 844	14 707 591	8.21	15 488 030	16 463 873	
Salaries and wages	9 702 893	10 484 241	11 200 934	11 994 786	11 956 599	12 009 996	12 975 646	8.04	13 649 265	14 503 566	
Social contributions	1 246 759	1 349 623	1 459 457	1 611 394	1 607 001	1 581 848	1 731 945	9.49	1 838 765	1 960 307	
Goods and services	5 976 263	6 457 483	6 892 429	7 319 553	7 356 989	7 256 266	7 743 785	6.72	8 116 215	8 646 103	
of which											
Administrative fees	1 106	1 030	54	364	364	240	383	59.58	399	420	
Advertising	26 645	14 810	20 754	11 370	16 709	17 844	14 374	(19.45)	14 969	15 776	
Minor Assets	47 489	45 741	46 919	60 921	58 239	51 586	78 261	51.71	71 938	65 199	
Audit cost: External	23 701	19 176	19 028	22 293	22 293	20 559	23 497	14.29	24 507	25 830	
Bursaries: Employees	8 703	9 509	10 345	10 297	10 297	10 297	10 853	5.40	11 320	11 931	
Catering: Departmental	4 192	4 743	4 364	3 541	5 193	5 697	5 069	(1102)	5 335	5 659	
Communication (G&S)	79 904	72 022	60 039	82 188	76 213	56 308	68 755	22.11	71 740	75 527	
Computer services	64 709	68 760	81 485	132 249	105 388	98 935	130 879	32.29	136 556	142 280	
Consultants and professional services: Business and advisory services	73 427	81 533	85 249	100 618	105 906	97 599	91 629	(6.12)	96 114	101 636	
Infrastructure and planning	29 976	23 779	13 693	45 114	61 801	26 214	15 296	(4165)	12 292	12 985	
Laboratory services	554 754	557 112	656 136	649 856	665 181	692 837	727 266	4.97	761 140	807 464	
Legal costs	12 145	22 168	13 865	18 267	26 267	25 893	19 236	(25.71)	20 063	21 146	
Contractors	389 949	485 974	536 142	523 752	539 766	560 830	546 689	(2.52)	577 690	614 324	
Agency and support/outourced services	431 294	427 454	471 002	460 703	461 890	474 616	464 982	(2.03)	487 857	517 073	
Entertainment	41	58	134	212	215	151	280	85.43	287	295	
Fleet services (including government motor transport)	166 292	181 492	178 727	187 995	188 208	180 619	194 817	7.86	203 187	214 155	
Inventory: Food and food	49 496	53 519	51 981	53 908	56 473	55 590	59 657	7.32	63 327	67 817	
Inventory: Materials and	31016	39 168									
Inventory: Medical supplies	1298 695	1344 775	1465 841	1549 471	1530 696	1486 732	1 607 072	8.09	1720 382	1851 146	
Inventory: Medicine	1 136 188	1 357 475	1 459 321	1 538 924	1 531 006	1 489 800	1 631 526	9.51	1 774 222	1 935 731	
Medicines inventory interface						(51)		(100.00)			
Inventory: Other supplies	36 301	12 059	12 145	17 078	17 118	18 268	15 101	(17.34)	16 039	17 192	
Consumable supplies	328 998	358 650	423 633	445 911	449 388	479 761	466 629	(2.74)	486 905	513 175	
Consumable: Stationery, printing and office supplies	79 370	82 328	88 759	95 386	96 653	86 881	95 845	10.32	99 960	105 448	
Operating leases	23 850	22 047	21 349	30 554	30 354	20 279	28 482	40.45	29 708	31 320	
Property payments	962 296	1 064 555	1 056 916	1 157 394	1 175 767	1 170 325	1 293 003	10.48	1 274 507	1 325 235	
Transport provided: Departmental activity	1 968	2 003	1 664	1 822	1 822	1 666	1 520	(8.76)	1 584	1 669	
Travel and subsistence	39 503	37 241	39 619	39 410	40 181	39 171	44 218	12.88	46 385	49 221	
Training and development	35 106	31 737	29 518	39 784	34 280	36 917	53 896	45.99	49 359	54 726	
Operating payments	15 835	16 699	22 240	15 120	24 541	25 923	28 089	8.36	29 435	31 156	
Venues and facilities	1 353	1 204	812	791	920	943	1 494	58.43	1 438	1 508	
Rental and hiring	21 961	18 662	20 695	24 260	23 860	23 836	24 987	4.83	27 570	29 059	
Transfers and subsidies to	1 057 614	995 592	1 180 182	1 390 099	1 362 413	1 352 636	1 325 793	(198)	1 397 324	1 544 631	
Provinces and municipalities	432 972	461 878	520 683	543 809	549 953	549 953	593 689	7.95	629 248	666 238	
Provinces			18	16	16	16	17	6.25	18	19	
Provincial agencies and funds			18	16	16	16	17	6.25	18	19	
Municipalities	432 972	461 878	520 665	543 793	549 937	549 937	593 672	7.95	629 230	666 219	
Municipal bank accounts	432 972	461 878	520 665	543 793	549 937	549 937	593 672	7.95	629 230	666 219	
Departmental agencies and accounts	4 861	5 238	5 580	6 211	6 211	6 216	6 600	6.18	6 928	7 313	
Departmental agencies (non-business entities)	4 861	5 238	5 580	6 211	6 211	6 216	6 600	6.18	6 928	7 313	
Sector Education and Training	4 579	4 790	5 128	5 699	5 699	5 703	6 056	6.19	6 349	6 698	
Other	282	448	452	512	512	513	544	6.04	579	615	
Higher education institutions	3 992		10 000	14 772	10 209	10 209	10 000	(2.05)	5 000	5 000	
Non-profit institutions	463 520	375 424	431 578	605 051	572 683	574 520	543 545	(5.39)	579 289	687 093	
Households	152 269	153 052	212 341	220 256	223 357	211 738	171 959	(18.79)	176 859	178 987	
Social benefits	49 229	50 120	54 414	63 131	62 997	55 855	66 584	19.21	70 314	74 106	
Other transfers to households	103 040	102 932	157 927	157 125	160 360	155 883	105 375	(32.40)	106 545	104 881	

Economic classification R'000	Outcome			Main appro- piation 2018/19	Adjusted appro- piation 2018/19	Revised estimate 2018/19	Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18				% Change from Revised estimate			
	2015/16	2016/17	2017/18				2019/20	2018/19	2020/21	2021/22
Payments for capital assets	747 064	784 560	751 434	747 871	816 977	913 731	980 274	7.28	1038 893	1099 775
Buildings and other fixed structures	312 853	344 366	287 493	320 099	348 121	373 353	535 214	43.35	531 128	638 331
Buildings	312 853	344 366	287 493	320 099	348 121	373 353	535 214	43.35	531 128	638 331
Machinery and equipment	428 026	428 847	458 485	416 984	459 351	532 471	443 317	(16.74)	503 273	457 288
Transport equipment	153 817	150 434	173 502	171 230	163 730	173 082	183 408	5.97	193 661	204 114
Other machinery and equipment	274 209	278 413	284 983	245 754	295 621	359 389	259 909	(27.68)	309 612	253 174
Software and other intangible assets	6 185	11 347	5 456	10 788	9 505	7 907	1 743	(77.96)	4 492	4 156
Payments for financial assets	6 525	6 685	11 620			5 493		(100.00)		
Total economic classification	18 737 118	20 078 184	21 496 056	23 063 703	23 099 979	23 119 970	24 757 443	7.08	26 040 462	27 754 382

Notes:

Due to reclassification of various medicine and medical supplies items on the Standard Chart of Accounts (SCOA) as from 1 April 2016, the growth percentage might fluctuate.

Relating Expenditure Trends to Specific Goals

Table A 14: Trends in Provincial Public Health Expenditure ('000)

Expenditure	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Current prices								
Total excluding capital	16 592 885	17 956 687	19 200 746	20 716 423	22 140 810	23 602 138	24 995 778	26 646 900
Total Capital	712 923	780 431	877 438	779 633	922 893	1 155 305	1 044 684	1 107 482
Grand Total	17 305 808	18 737 118	20 078 184	21 496 056	23 063 703	24 757 443	26 040 462	27 754 382
Total per person	2 831	3 015	3 178	3 349	3 540	3 745	3 884	4 077
Total per uninsured person	3 842	3 978	4 220	4 448	4 701	4 973	5 158	5 414
Constant 2017/18 prices								
Total excluding capital	20 981 514	20 941 847	20 846 930	20 716 423	20 649 428	20 674 893	20 648 415	20 714 423
Total Capital	563 803	669 184	808 151	779 633	989 548	1 318 878	1 264 634	1 424 658
Grand Total	21 545 317	21 611 031	21 655 081	21 496 056	21 638 976	21 993 772	21 913 049	22 139 080
Total per person	3 525	3 478	3 427	3 349	3 321	3 327	3 268	3 252
Total per uninsured person	4 783	4 588	4 552	4 448	4 411	4 418	4 340	4 319
% of Total spent on:								
District Health Services	39,10%	39,24%	39,61%	40,65%	40,47%	40,03%	40,43%	40,82%
Provincial Hospital Services	15,77%	15,77%	15,83%	15,72%	15,78%	15,76%	15,76%	15,72%
Central Hospital Services	28,68%	28,61%	28,40%	28,52%	28,21%	28,00%	28,03%	27,96%
Other Health Services	12,32%	12,21%	11,79%	11,49%	11,54%	11,55%	11,78%	11,51%
Capital	4,12%	4,17%	4,37%	3,63%	4,00%	4,67%	4,01%	3,99%
Health as % of total public expenditure (current prices)	36,8%	36,2%	36,3%	36,0%	36,8%	36,9%	37,0%	37,2%

Table A 15: CPIX multipliers for adjusting current prices to constant 2017/18 rands²³

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
1,264	1,166	1,086	1,000	0,933	0,876	0,826	0,777

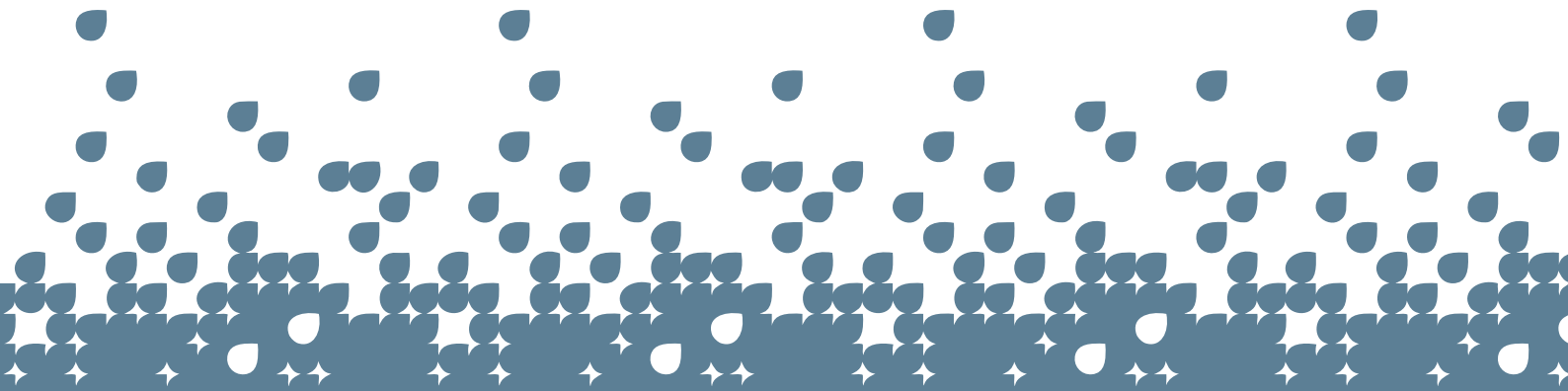
²³ Source: CFO's Office

Strategic Risks

Budget Constraints	
Mitigating Factors	<ul style="list-style-type: none"> • Monitor expenditure regularly against budget • Tight control of the filling of posts • Hold programme managers accountable for expenditure against budget • Communicate concerns to the Minister and treasury on budget constraints • Advocate for additional funds to treasury • Budget priorities to be determined by Budget Planning Committee and TEXCO • Establish and embed mechanisms to enhance cost containment and efficiencies
Staff related security incidents	
Mitigating Factors	<ul style="list-style-type: none"> • Safety guidelines and protocols that empower staff to make decisions around their own safety • Raise employee awareness on safety in the workplace • Ensuring optimal security measures are in place at health facilities • Engage the SAPS and community safety stakeholders on ways in which closer collaboration and interagency partnerships could assist in securing the physical safety of staff
Stock-outs of essential pharmaceutical goods	
Mitigating Factors	<ul style="list-style-type: none"> • Monitor stock levels • Monitor vaccine supply • Provide alternatives to the essential medicines, where possible • Tight contract management with suppliers • Create provincial contracts for items that have been excluded from the revised national tenders, where possible • Optimal functioning of ICT system for stock management
Fraud	
Mitigating Factors	<ul style="list-style-type: none"> • Monitor the implementation of the fraud prevention plan • Embark upon change management initiatives that emphasises the values of the organisation • Ensure all verification checks are conducted for the appointment of new employees • Conduct fraud awareness workshops across the department
Service delivery pressures	
Mitigating Factors	<ul style="list-style-type: none"> • PHC strengthening • Service redesign • Responsive critical support services • Management efficiency and alignment project
Water Shortage	
Mitigating Factors	<ul style="list-style-type: none"> • Reduce water consumption and supply of potable water by means of behaviour change (surgical scrubs, alcohol hand sanitizers, reduced utilisation of laundry services, etc.) • Engineering interventions (elimination of leaks, installation of low flow sanitary fixtures, waterless urinals, re-use of treated water etc.) • Continue with roll-out of boreholes programme and installation of storage tanks • Investigate and implement feasible water treatment technologies • Implementation and monitoring of Water Preparedness Plan • Monitor and address disease outbreaks and other potential health impacts • Monitor and address security related impacts of water crisis
Aging Infrastructure and health technology	
Mitigating Factors	<ul style="list-style-type: none"> • Planning and prioritisation of maintenance and renewals • Ongoing monitoring of infrastructure expenditure • Develop a capacity building and retention strategy for both Engineering and Health Technology to help ensure support sustainability • Implement alternative contracting strategies to streamline service delivery • Monitor compliance with the Service Delivery Agreement between WCGH and WCGTPW • Develop improved asset and maintenance management system for Health Technology and Engineering assets • Identify and implement Health Technology strategies, options and interventions related to funding and service delivery impact scenarios for medical equipment • Review policies for emergency maintenance and repairs • Utilise Facility Condition Assessments to prioritise facility maintenance • Implement the Hub and Spoke Maintenance Blueprints for both Engineering and Health Technology

PART B

PROGRAMME & SUB-PROGRAMME PLANS



Part B: Programme & Sub-Programme Plans

Programme 1: Administration

Purpose

To conduct the strategic management and overall administration of the Department of Health

Structure

Sub-Programme 1.1: Office of the MEC

Rendering of advisory, secretarial and office support services

Sub-Programme 1.2: Management

Policy formulation, overall management and administration support of the Department and the respective districts and institutions within the Department

Programme Priorities

The priorities of the key management components that provide strategic leadership and support are described below.

Finance

- To promote efficient use of and good governance over financial resources within the shrinking budget envelope over the MTEF
- To strengthen the capacity and processes to improve efficiency of supply chain management

People Management

- Transformation of the organisational culture to reduce entropy levels within the Department
- Develop an analysis of and strategies to address shortage of scarce and critical skilled staff
- To facilitate leadership and management development across the Department
- Ensure sound people management practices

Information and IT Systems Management

- To ensure adequate IT connectivity of our facilities and staff through our partners, i.e. CEI
- To incrementally implement the IT vision within available resources
- To strengthen data and Information Systems governance within the Department

Pharmacy Services

- The efficient and effective procurement, warehousing and distribution of pharmaceuticals and consumables to health sites to promote service delivery.
- Manage the Chronic Dispensing Unit's (CDU) services.
- Support the integration and expansion of Antibiotic Stewardship at all levels of care within the Department.

Management

Strategic Objectives – Annual Targets

Table B 1: Annual targets for Programme 1 Strategic Objectives

Strategic objective	Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance 2018/19	Medium term targets			
			2015/16	2016/17	2017/18		2019/20	2020/21	2021/22	
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
1. Promote efficient use of financial resources.	1.1.1 Percentage of the annual equitable share budget allocation spent	100.0%	98.6%	99.6%	99.1%	100.0%	100.0%	100.0%	100.0%	
		Numerator	17 413 820 000	13 735 431 000	14 831 612 000	16 048 977 000	17 205 716 000	17 413 820 000	18 524 654 000	19 982 702 000
		Denominator	17 413 820 000	13 928 107 000	14 897 973 000	16 201 006 000	17 205 716 000	17 413 820 000	18 524 654 000	19 982 702 000
2. Develop and implement a comprehensive Human Resource Plan.	1.2.1 Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
		Element								
3. Transform the organisational culture.	1.3.1 Cultural entropy level for WCG: Health	16.0%	20.9%	Survey conducted every 2nd year	17.9%	Survey conducted every 2nd year	16.0%	Survey conducted every 2nd year	15.0%	
		Numerator	12 000	15 261	-	12 568	-	12 000	-	11 250
		Denominator	75 000	72 980	-	70 380	-	75 000	-	75 000
	1.3.2 Number of value matches in the Barrett survey	6	3	Survey conducted every 2nd year	5	Survey conducted every 2nd year	6	Survey conducted every 2nd year	7	
		Element								

Notes:

- Indicator 1.3.1: A reduction in the cultural entropy is desirable since it enables a more optimal work environment that improves organisational performance, increases employee engagement and reduces employee turnover.
- Indicator 1.3.1 & 1.3.2: The target is dependent on the Barret Survey which is conducted once every 2 years in the Western Cape Government.

Performance Indicators & Annual Targets

Table B 2: Annual Targets for Programme 1 Performance Indicator

Programme performance indicator		Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
SECTOR SPECIFIC INDICATORS										
1.1	Audit opinion from Auditor-General of South Africa Element	Annual	Categorical	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified
1.2	Percentage of hospitals with broadband access Numerator Denominator	Quarterly	%	48.1% 26 54	68.5% 37 54	96.2% 51 53	100.0% 52 52	100.0% 52 52	100.0% 52 52	100.0% 52 52
1.3	Percentage of fixed PHC facilities with broadband access Numerator Denominator	Quarterly	%	61.4% 172 280	84.2% 230 273	91.8% 246 268	94.0% 249 265	95.5% 253 265	96.2% 255 265	97.0% 257 265

Notes

- General: There are no additional provincial indicators for Programme 1.
- Indicator 1.1: An "unqualified" audit opinion implies the Department did not receive a qualified, disclaimer or adverse audit opinion. Only "matters of emphasis" was reported in the Audit Report from the AGSA.
- Indicator 1.3: The Department has intensified the rollout of Broadband across the PHC platform since 2015/16 and currently almost all PHC facilities are connected. The target allows for slight fluctuations due to PHC facilities closing down or new facilities opening.

Quarterly Targets for 19/20

Table B 3: Quarterly Targets for Programme 1

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1	Percentage of the annual equitable share budget allocation spent	Annual	100.0%				100.0%
	Numerator		17 413 820 000				17 413 820 000
	Denominator		17 413 820 000				17 413 820 000
1.2.1	Timeous submission of a Human Resource Plan for 2015 – 2019 to DPSA	Annual	Yes				Yes
	Element						
1.3.1	Cultural entropy level for WCG: Health	Biennial	16.0%				16.0%
	Numerator		12 000				12 000
	Denominator		75 000				75 000
1.3.2	Number of value matches in the Barrett survey	Biennial	6				6
	Element						
Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS							
1.1	Audit opinion from Auditor-General of South Africa	Annual	Unqualified				Unqualified
	Element						
1.2	Percentage of hospitals with broadband access	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
	Numerator		52	52	52	52	52
	Denominator		52	52	52	52	52
1.3	Percentage of fixed PHC facilities with broadband access	Quarterly	95.5%	94.3%	94.7%	95.1%	95.5%
	Numerator		253	250	251	252	253
	Denominator		265	265	265	265	265

Notes:

There are no additional provincial indicators for Programme 1.

Reconciling Performance Targets with the Budget & MTEF

Table B 4: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
1. Office of the MEC	6 208	6 935	6 880	7 919	7 955	7 440	7 475	0.47	7 848	8 320
2. Management	607 933	628 839	713 232	837 255	802 401	789 738	836 433	5.91	956 773	957 206
Total payments and estimates	614 141	635 774	720 112	845 174	810 356	797 178	843 908	5.86	964 621	965 526

Notes:

Sub-programme 1.1:
Sub-programme 1.2:

MEC total remuneration package: R1 977 795 with effect from 1 April 2018.
2019/20 National conditional grant: National Tertiary Services: R7 080 000 (Compensation of employees R6 071 000, Goods and services R809 000 and Payments for capital assets R200 000).

Table B 5: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
Current payments	558 852	579 613	608 913	712 779	683 697	674 921	753 889	1170	798 150	839 267
Compensation of employees	278 385	301267	322 897	347 847	345 748	344 231	386 454	12.27	411710	431536
Salaries and wages	244 532	263 317	281771	305 809	303 710	301153	340 104	12.93	362 810	379 425
Social contributions	33 853	37 950	41 126	42 038	42 038	43 078	46 350	7.60	48 900	52 111
Goods and services	280 467	278 346	286 016	364 932	337 949	330 690	367 435	1111	386 440	407 731
of which										
Administrative fees	1040	980	54	360	360	238	379	59.24	395	416
Advertising	19 804	9 606	11667	8 582	8 582	9 081	8 332	(8.25)	8 691	9 161
Minor Assets	1457	465	583	1409	1406	993	1 500	5106	1558	1640
Audit cost: External	23 258	18 713	19 028	22 293	22 293	20 559	23 497	14.29	24 507	25 830
Catering: Departmental	817	512	602	661	661	529	745	40.83	773	812
Communication (G&S)	8 545	9 215	8 670	9 853	9 853	7 889	10 388	3168	10 828	11412
Computer services	58 297	62 141	72 461	119 251	94 537	90 848	118 048	29.94	124 011	129 274
Consultants and professional services: Business and advisory services	6 710	8 741	7 902	16 142	15 323	8 702	6 783	(22.05)	7 075	7 456
Legal costs	12 145	22 168	13 865	18 267	26 267	25 893	19 236	(25.71)	20 063	21146
Contractors	131752	128 053	131507	145 929	137 929	147 330	155 415	5.49	164 157	175 094
Agency and support/outourced services				1500	50	50	209	318.00	288	236
Entertainment	22	36	92	73	76	56	82	46.43	81	83
Fleet services (including government motor transport)	3 850	3 783	5 850	3 984	3 984	5 236	4 199	(19.81)	4 378	4 615
Inventory: Materials and	27	170								
Inventory: Medical supplies		7		7	7	4	7	75.00	7	7
Consumable supplies	131	642	319	490	490	344	493	43.31	511	535
Consumable: Stationery, printing and office supplies	3 250	3 642	4 157	5 797	5 797	3 367	5 598	66.26	5 827	6 142
Operating leases	1271	1318	1381	1315	1315	607	1 387	128.50	1446	1526
Property payments	83	333	163	329	329	268	328	22.39	343	362
Travel and subsistence	6 418	6 081	6 070	6 947	6 947	6 655	7 987	20.02	8 469	8 788
Training and development	826	697	954	1031	1031	1315	1 746	32.78	1911	2 013
Operating payments	498	480	217	493	493	326	520	59.51	543	573
Venues and facilities	226	426	435	105	105	389	436	12.08	453	478
Rental and hiring	40	137	39	114	114	11	120	990.91	125	132
Transfers and subsidies to	35 008	44 977	92 486	110 688	110 688	103 099	66 764	(35.24)	65 779	61918
Departmental agencies and accounts	5	446	452	512	512	512	544	6.25	579	615
Departmental agencies (non-business entities)	5	446	452	512	512	512	544	6.25	579	615
Other	5	446	452	512	512	512	544	6.25	579	615
Non-profit institutions	1000									
Households	34 003	44 531	92 034	110 176	110 176	102 587	66 220	(35.45)	65 200	61303
Social benefits	6 479	6 630	5 048	9 839	9 839	7 185	10 371	44.34	10 953	11543
Other transfers to households	27 524	37 901	86 986	100 337	100 337	95 402	55 849	(4146)	54 247	49 760
Payments for capital assets	17 441	9 007	17 932	21707	15 971	19 138	23 255	2151	100 692	64 341
Machinery and equipment	17 441	8 494	17 442	21707	15 971	19 091	23 255	2181	98 692	62 233
Transport equipment	6 748	5 926	12 794	5 750	5 750	7 571	6 076	(19.75)	6 400	6 745
Other machinery and equipment	10 693	2 568	4 648	15 957	10 221	11520	17 179	49.12	92 292	55 488
Software and other intangible assets		513	490			47		(100.00)	2 000	2 108
Payments for financial assets	2 840	2 177	781			20		(100.00)		
Total economic classification	614 141	635 774	720 112	845 174	810 356	797 178	843 908	5.86	964 621	965 526

Performance and Expenditure Trends

Programme 1 is allocated 3.41 per cent of the Vote in 2019/20 in comparison to the 3.45 per cent allocated in the revised estimate of the 2018/19 budget. This amounts to an increase of R46.730 million or 5.86 per cent.

The unusual increase in expenditure on settlement of medical negligence claims between 2017 and 2018 is due to several factors, most notably the growing interest in high-value birth injury claims within the legal profession, and to a lesser extent, “bunching” of settlements in this 24-month period as a result of complex negotiations prior to settlement. In the opinion of the medical advisors responsible for claims handling, these negotiations do lead to lower settlements, and better accountability where overall cost and safeguarding of the amounts paid out are concerned. Overall, the Department will need to focus on containment of error within Obstetric Services as the most effective means to reverse this negative trend in expenditure.

Risk Management

Medico-legal claims	
Mitigating Factors	<ul style="list-style-type: none"> • Strengthen capacity within the Department to defend claims. • Monitor trends in Medico-legal claims. • Test case law on creation of trust for funds for life course of the affected patient and unused funds to be returned to Department. • Raise awareness of lessons from claims within the Department.
ICT system disruption	
Mitigating Factors	<ul style="list-style-type: none"> • Monitor downtime of main systems. • Ensure Business Continuity Plans and Disaster Recovery Plans are in place.
Cyber Security	
Mitigating Factors	<ul style="list-style-type: none"> • Networks are monitored 24/7 by external service provider. • Preventative layered controls in place e.g. firewall. • Service providers have a dedicated/limited port (concentrated environment). • User account management (network infrastructure and applications). • Departmental user account management policy and configuration. • Periodic reviews on active users. • AGSA performs annual internal vulnerability assessment. • AGSA performs annual external penetration test.

Programme 2: District Health Services

Purpose

To render facility-based district health services (at clinics, community health centres and district hospitals) and community-based district health services (CBS) to the population of the Western Cape Province

Structure

Programme 2.1: District Management

Management of District Health Services, corporate governance, including financial, human resource management and professional support services e.g. infrastructure and technology planning and quality assurance (including clinical governance)

Sub-Programme 2.2: Community Health Clinics

Rendering a nurse-driven primary health care service at clinic level including visiting points and mobile clinics

Sub-Programme 2.3: Community Health Centres

Rendering a primary health care service with full-time medical officers, offering services such as: mother and child health, health promotion, geriatrics, chronic disease management, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable disease management, mental health and others

Sub-Programme 2.4: Community Based Services

Rendering a community-based health service at non-health facilities in respect of home-based care, community care workers, caring for victims of abuse, mental and chronic care, school health etc.

Sub-Programme 2.5: Other Community Services

Rendering environmental and port health services (port health services have moved to the National Department of Health)

Sub-Programme 2.6: HIV/AIDS

Rendering a primary health care service in respect of HIV/AIDS campaigns

Sub-Programme 2.7: Nutrition

Rendering a nutrition service aimed at specific target groups, combining direct and indirect nutrition interventions to address malnutrition

Sub-Programme 2.8: Coroner Services

Rendering forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death; these services are reported in Sub-Programme 7.3: Forensic Pathology Services

Sub-Programme 2.9: District Hospitals

Rendering of a district hospital service at sub-district level

Sub-Programme 2.10: Global Fund

Strengthen and expand the HIV and AIDS prevention, care and treatment programmes

Programme Priorities

- Improving health
- Improving quality of care, patient experience and clinical governance
- Progressively achieve the Ideal Clinic standards within PHC facilities
- Planning of PHC infrastructure within the Department within the envisaged Healthcare 2030 framework
- Reviewing the patient flow within PHC facilities to enable improved service redesign

Service Delivery Sites

Facility Type	CITY OF CAPE TOWN	CAPE WINELANDS	CENTRAL KAROO	Garden Route	OVERBERG	WEST COAST	PROVINCE
Non-fixed Clinics	37	33	10	37	23	37	177
Fixed Clinics	69	39	8	32	17	25	193
CHCs	10	0	0	0	0	0	10
CDCs	46	6	1	7	2	1	63
Total No. of PHC Facilities	162	78	19	76	42	63	443
District Hospitals	8	4	4	6	4	7	33
2017/18 Uninsured Population	Not available at district level						
PHC Headcount	9 258 722	1 679 386	219 295	1 458 587	754 330	860 184	14 230 504
District Hospital Separations	152 363	27 971	10 543	43 017	20 221	34 856	288 971
Per Capita (uninsured utilisation)	Not available at district level						

Notes:

Uninsured population is not available at a district level, as per Circular H11/2017

DHS

Situational Analysis

Table B 6: DHS situational analysis indicators

Performance indicator	Type	Provincial wide view 2017/18	Cape Town district 2017/18	Cape Winelands District 2017/18	Central Karoo District 2017/18	Garden Route District 2017/18	Overberg District 2017/18	West Coast District 2017/18
SECTOR SPECIFIC INDICATORS								
2.1 Ideal clinic status rate	%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator		0	0	0	0	0	0	0
Denominator		0	0	0	0	0	0	0
2.2 PHC utilisation rate - Total	No	2.2	2.3	1.8	2.8	2.3	2.6	1.9
Numerator		14 140 046	9 302 025	1 616 134	213 072	1 418 161	755 524	835 130
Denominator		6 418 069	4 084 946	899 240	76 061	620 759	287 776	449 287
2.3 Complaint resolution within 25 working days rate (PHC)	%	94.1%	94.9%	97.0%	96.1%	81.7%	96.4%	98.2%
Numerator		2 365	1 660	128	49	197	163	168
Denominator		2 514	1 750	132	51	241	169	171

Strategic Objectives – Annual Targets

There are no Provincial strategic objectives specified for District Health Services

Performance Indicators & Annual Targets

Table B 7: Annual Targets for DHS Performance Indicators

Performance indicator	Type	Audited / Actual performance			Estimated performance 2018/19	Medium term targets		
		2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
SECTOR SPECIFIC INDICATORS								
2.1 Ideal clinic status rate	%	0.0%	30.0%	69.0%	65.3%	90.5%	94.7%	98.1%
Numerator		0	82	185	173	239	250	259
Denominator		280	273	268	265	264	264	264
2.2 PHC utilisation rate - Total	No	2.3	2.3	2.2	2.2	2.2	2.2	2.2
Numerator		14 150 180	14 413 350	14 140 046	14 230 504	14 439 998	14 555 187	14 670 375
Denominator		6 214 018	6 318 283	6 418 069	6 515 589	6 610 945	6 704 750	6 798 556
2.3 Complaint resolution w ithin 25 w orking days rate (PHC)	%	95.5%	95.6%	94.1%	93.7%	94.8%	95.3%	95.6%
Numerator		3 220	3 175	2 365	1 836	1 791	1 736	1 657
Denominator		3 371	3 320	2 514	1 959	1 890	1 821	1 732

Notes:

Indicator 2.2:

Population data has been updated retrospectively, as per Circular H11/2017.

At the time of printing population figures were not available for 2021/22; therefore, as an interim measure the difference in population values between 2019/20 and 2020/21 was added to 2020/21, to provide an estimate of the 2021/22 population.

Quarterly Targets for 19/20

Table B 8: Quarterly Targets for DHS

Programme performance indicator	Frequency	Annual target 2019/20	Quarterly targets			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
2.1 Ideal clinic status rate	Annual	90.5%				90.5%
Numerator		239	— — — —	— — — —	— — — —	239
Denominator		264	— — — —	— — — —	— — — —	264
2.2 PHC utilisation rate - Total	Quarterly	2.2	2.2	2.3	2.1	2.2
Numerator		14 439 998	3 560 004	3 740 159	3 501 442	3 638 393
Denominator		6 610 945	1 652 737	1 652 737	1 652 737	1 652 734
2.3 Complaint resolution w ithin 25 w orking days rate (PHC)	Quarterly	94.8%	94.6%	94.5%	94.7%	95.2%
Numerator		1 791	455	427	432	477
Denominator		1 890	481	452	456	501

District Hospitals

Situational Analysis

Table B 9: District Hospital situational analysis indicators

Performance indicator	Type	Provincial wide view	Cape Town district	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
		2017/18	2017/18	2017/18	2017/18	2017/18	2017/18	2017/18
SECTOR SPECIFIC INDICATORS								
2.5 Average length of stay (district hospitals)	No	3.3	3.7	2.8	2.9	2.8	2.7	2.8
Numerator		940,690	565,786	74,558	30,893	121,229	50,868	97,358
Denominator		285,936	152,217	27,017	10,614	42,724	18,581	34,783
2.6 Inpatient bed utilisation rate (district hospitals)	%	88.3%	96.0%	79.1%	70.5%	83.9%	69.0%	81.9%
Numerator		940,690	565,786	74,558	30,893	121,229	50,868	97,358
Denominator		1,064,943	589,661	94,302	43,805	144,556	73,738	118,881
2.7 Expenditure per PDE (district hospitals)	R	R 2,331.55	R 2,463.09	R 1,933.86	R 2,521.34	R 2,081.12	R 2,357.91	R 2,156.15
Numerator		R 3,232,463,711.00	R 2,018,113,682.00	R 233,592,289.00	R 108,732,631.00	R 368,561,670.00	R 187,830,970.00	R 315,632,469.00
Denominator		1,386,403	819,342	120,791	43,125	177,098	79,860	146,387
2.8 Complaint resolution within 25 working days rate (district hospitals)	%	91.1%	92.1%	92.9%	69.8%	85.5%	97.3%	91.3%
Numerator		1,244	685	52	30	189	215	73
Denominator		1,365	744	56	43	221	221	80

Strategic Objectives – Annual Targets

There are no Provincial strategic objectives specified for District Hospitals

Performance Indicators & Annual Targets

Table B 10: Annual Targets for District Hospital Performance Indicators

Performance indicator	Type	Audited / Actual performance			Estimated performance 2018/19	Medium term targets		
		2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
SECTOR SPECIFIC INDICATORS								
2.5 Average length of stay (district hospitals)	No	3.3	3.2	3.3	3.3	3.4	3.3	3.3
	Numerator	931,177	909,891	940,690	962,954	960,094	965,939	971,783
	Denominator	281,849	280,580	285,936	288,971	286,514	288,612	290,710
2.6 Inpatient bed utilisation rate (district hospitals)	%	87.5%	84.8%	88.3%	89.7%	90.3%	90.8%	91.4%
	Numerator	931,177	909,891	940,690	962,954	960,094	965,939	971,783
	Denominator	1,063,909	1,072,731	1,064,943	1,073,218	1,063,726	1,063,727	1,063,727
2.7 Expenditure per PDE (district hospitals)	R	R 1,954	R 2,142	R 2,332	R 2,405	R 2,580	R 2,694	R 2,846
	Numerator	R 2,731,832,162	R 2,928,243,000	R 3,232,463,711	R 3,409,314,000	R 3,652,489,000	R 3,838,148,000	R 4,079,878,000
	Denominator	1,397,974	1,366,830	1,386,403	1,417,586	1,415,628	1,424,705	1,433,783
2.8 Complaint resolution within 25 working days rate (district hospitals)	%	90.2%	90.4%	91.1%	90.8%	91.3%	92.1%	92.8%
	Numerator	1,590	1,501	1,244	837	799	764	721
	Denominator	1,763	1,661	1,365	922	875	829	777

Quarterly Targets for 19/20

Table B 11: Quarterly Targets for District Hospitals

Programme performance indicator	Frequency	Annual target 2019/20	Quarterly targets			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
2.5 Average length of stay (district hospitals)	Quarterly	3.4	3.4	3.3	3.3	3.4
Numerator		960,094	238,712	242,839	239,120	239,423
Denominator		286,514	70,975	72,617	71,627	71,295
2.6 Inpatient bed utilisation rate (district hospitals)	Quarterly	90.3%	89.8%	91.3%	89.9%	90.0%
Numerator		960,094	238,712	242,839	239,120	239,423
Denominator		1,063,726	265,932	265,933	265,933	265,928
2.7 Expenditure per PDE (district hospitals)	Quarterly	R 2,580.12	R 2,600.22	R 2,552.97	R 2,589.36	R 2,578.40
Numerator		R 3,652,489,000	R 913,122,250	R 913,122,250	R 913,122,250	R 913,122,250
Denominator		1,415,628	351,171	357,670	352,644	354,143
2.8 Complaint resolution within 25 working days rate (district hospitals)	Quarterly	91.3%	91.3%	91.4%	91.7%	90.9%
Numerator		799	199	201	199	200
Denominator		875	218	220	217	220

HIV/AIDS, STIs & Tuberculosis (HAST) Situational Analysis

Table B 12: HAST Situational Analysis Indicators

Performance indicator	Type	Provincial wide view 2017/18	Cape Town district 2017/18	Cape Winelands District 2017/18	Central Karoo District 2017/18	Garden Route District 2017/18	Overberg District 2017/18	West Coast District 2017/18
SECTOR SPECIFIC INDICATORS								
2.9 ART Client remain on ART end of month - total	No	256 821	181 644	29 136	1 884	21 713	11 856	10 588
Element								
2.10 TB/HIV co-infected client on ART rate	%	90.3%	93.3%	90.9%	78.1%	86.8%	75.4%	74.7%
Numerator		14 584	9 869	1 965	146	1 389	499	716
Denominator		16 152	10 582	2 162	187	1 600	662	959
2.11 HIV test done - total	No	1 436 042	873 276	181 479	37 358	154 282	83 592	106 055
Element								
2.12 Male condom distributed	No	114 396 200	72 478 400	14 503 800	2 304 000	10 872 000	5 437 800	8 800 200
Element								
2.13 Medical male circumcision - total	No	16 544	9 597	2 262	399	2 072	989	1 225
Element								
2.14 TB client 5yrs and older start on treatment rate	%	89.4%	83.5%	98.4%	93.1%	93.4%	96.5%	94.4%
Numerator		21 193	10 208	3 916	380	2 892	1 252	2 545
Denominator		23 708	12 231	3 981	408	3 095	1 297	2 696
2.15 TB client treatment success rate	%	80.2%	80.0%	78.8%	73.5%	79.1%	87.1%	83.1%
Numerator		33 694	18 922	5 760	436	3 741	1 678	3 157
Denominator		42 009	23 651	7 308	593	4 732	1 927	3 798
2.16 TB client lost to follow up rate	%	11.1%	10.7%	13.5%	19.1%	12.6%	6.4%	8.8%
Numerator		4 674	2 526	984	113	594	123	334
Denominator		42 009	23 651	7 308	593	4 732	1 927	3 798
2.17 TB client death rate	%	3.8%	3.8%	3.4%	5.4%	4.9%	2.5%	4.1%
Numerator		1 605	888	251	32	232	48	154
Denominator		42 009	23 651	7 308	593	4 732	1 927	3 798
2.18 TB MDR treatment success rate	%	43.4%	39.4%	58.8%	16.7%	38.6%	60.4%	50.0%
Numerator		611	357	120	2	54	32	46
Denominator		1 407	906	204	12	140	53	92

Strategic Objectives – Annual Targets

Table B 13: Annual Targets for HAST Strategic Objectives

Strategic Objective	Programme Performance Indicator	Strategic Plan Target	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
SR=TRATEGIC GOAL: Improve the proportion of ART clients who remain on ART									
1.1 85% of people who initiate ART must remain in care after 12 months by 2019/20	ART retention in care after 12 months	85%	60.1%	72.2%	61.4%	61.2%	63.1%	63.3%	63.4%
	Numerator	29750	6 328	33 307	28 908	29 160	29 658	29 842	29 982
	Denominator	35000	10 522	46 120	47 097	47 667	47 014	47 149	47 257
1.2 70 % of people who initiate ART must remain in care after 48 months	ART retention in care after 48 months	70%	49.7%	60.7%	49.5%	52.5%	54.3%	54.4%	54.5%
	Numerator	24500	2 671	19 700	16 088	21 556	21 675	21 746	21 822
	Denominator	35000	5 376	32 455	32 519	41 073	39 899	39 954	40 021

Performance Indicators & Annual Targets

Table B 14: Annual Targets for HAST Performance Indicators

Performance indicator	Type	Audited / Actual performance			Estimated performance 2018/19	Medium term targets		
		2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
SECTOR SPECIFIC INDICATORS								
2.9 ART Client remain on ART end of month - total	No	203 565	230 931	256 821	269 345	300 369	312 506	325 202
Element								
2.10 TB/HIV co-infected client on ART rate	%	Not required to report	89.4%	90.3%	89.5%	88.0%	88.5%	88.9%
Numerator		0	14 902	14 584	14 314	14 111	14 228	14 342
Denominator		0	16 673	16 152	15 996	16 033	16 085	16 138
2.11 HIV test done - total	No	1 384 563	1 379 375	1 436 042	1 614 617	1 624 453	1 634 231	1 644 009
Element								
2.12 Male condom distributed	No	114 157 641	113 913 868	114 396 200	112 463 400	113 896 655	114 719 889	115 572 348
Element								
2.13 Medical male circumcision - total	No	13 310	11 687	16 544	16 460	20 530	20 441	20 562
Element								
2.14 TB client 5yrs and older start on treatment rate	%	Not required to report	Not required to report	89.4%	89.4%	92.7%	92.7%	92.7%
Numerator		0	0	21 193	22 040	22 998	23 190	23 382
Denominator		0	0	23 708	24 640	24 818	25 017	25 216
2.15 TB client treatment success rate	%	82.3%	80.4%	80.2%	80.6%	81.8%	82.2%	82.5%
Numerator		35 756	34 651	33 694	33 332	33 435	33 642	33 820
Denominator		43 445	43 099	42 009	41 330	40 868	40 936	41 001
2.16 TB client lost to follow up rate	%	Not required to report	Not required to report	11.1%	10.2%	9.6%	9.5%	9.4%
Numerator		0	0	4 674	4 198	3 943	3 897	3 851
Denominator		0	0	42 009	41 330	40 868	40 936	41 001
2.17 TB client death rate	%	Not required to report	Not required to report	3.8%	3.7%	3.7%	3.6%	3.6%
Numerator		0	0	1 605	1 537	1 515	1 492	1 474
Denominator		0	0	42 009	41 330	40 868	40 936	41 001
2.18 TB MDR treatment success rate	%	39.4%	44.6%	43.4%	47.2%	50.5%	50.4%	50.6%
Numerator		604	738	611	695	755	765	781
Denominator		1 532	1 653	1 407	1 471	1 496	1 519	1 544

Notes:

Indicator 2.15: Definition changed in 2017/18 and indicator has been adjusted retrospectively.

Quarterly Targets for 19/20

Table B 15: Quarterly Targets for HAST

Programme performance indicator	Frequency	Annual target 2019/20	Quarterly targets			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
2.1.1 ART retention in care after 12 months	Quarterly	63.1%	63.1%	63.1%	63.1%	63.1%
Numerator		29 658	7 326	7 270	7 394	7 668
Denominator		47 014	11 614	11 526	11 723	12 151
2.1.2 ART retention in care after 48 months	Quarterly	54.3%	54.2%	54.6%	54.3%	54.2%
Numerator		21 675	5 331	5 385	5 379	5 580
Denominator		39 899	9 829	9 869	9 915	10 286
SECTOR SPECIFIC INDICATORS						
2.9 ART Client remain on ART end of month - total	Quarterly	300 369	282 050	288 540	294 981	300 369
Element						
2.10 TB/HIV co-infected client on ART rate	Quarterly	88.0%	88.0%	88.0%	88.0%	88.0%
Numerator		14 111	3 478	3 564	3 517	3 552
Denominator		16 033	3 951	4 049	3 995	4 038
2.11 HIV test done - total	Quarterly	1 624 453	382 635	410 659	405 739	425 420
Element						
2.12 Male condom distributed	Quarterly	113 896 655	28 025 882	28 798 262	28 347 993	28 724 518
Element						
2.13 Medical male circumcision - total	Quarterly	20 530	4 104	6 514	4 617	5 295
Element						
2.14 TB client 5yrs and older start on treatment rate	Quarterly	92.7%	92.4%	92.6%	93.1%	92.5%
Numerator		22 998	5 007	6 157	5 885	5 949
Denominator		24 818	5 418	6 646	6 321	6 433
2.15 TB client treatment success rate	Quarterly	81.8%	81.8%	81.8%	81.8%	81.8%
Numerator		33 435	8 211	8 458	8 329	8 437
Denominator		40 868	10 038	10 339	10 179	10 312
2.16 TB client lost to follow up rate	Quarterly	9.6%	9.6%	9.7%	9.6%	9.6%
Numerator		3 943	968	999	982	994
Denominator		40 868	10 038	10 339	10 179	10 312
2.17 TB client death rate	Annual	3.7%				3.7%
Numerator		1 515				1 515
Denominator		40 868				40 868
2.18 TB MDR treatment success rate	Annual	50.5%				50.5%
Numerator		755				755
Denominator		1 496				1 496

Maternal, Child and Women's Health (MCWH) Situational Analysis

Table B 16: MCWH Situational Analysis Indicators

Performance indicator	Type	Provincial wide view 2017/18	Cape Town district 2017/18	Cape Winelands District 2017/18	Central Karoo District 2017/18	Garden Route District 2017/18	Overberg District 2017/18	West Coast District 2017/18
SECTOR SPECIFIC INDICATORS								
2.19 Antenatal 1st visit before 20 weeks rate	%	69.7%	66.4%	74.4%	74.1%	78.0%	80.1%	70.8%
Numerator		67 292	41 095	9 692	892	7 258	3 759	4 596
Denominator		96 563	61 848	13 020	1 203	9 306	4 691	6 495
2.20 Mother postnatal visit within 6 days rate	%	59.8%	57.3%	64.9%	58.3%	58.4%	79.9%	70.7%
Numerator		55 532	36 295	8 489	564	4 855	2 667	2 662
Denominator		92 819	63 360	13 081	967	8 308	3 336	3 767
2.21 Antenatal client start on ART rate	%	92.1%	95.9%	81.0%	66.7%	87.6%	82.4%	92.6%
Numerator		6 420	4 445	691	22	566	370	326
Denominator		6 968	4 635	853	33	646	449	352
2.22 Infant 1st PCR test positive around 10 weeks rate	%	0.2%	0.2%	0.1%	0.0%	0.5%	0.0%	0.0%
Numerator		27	21	1	0	5	0	0
Denominator		13 876	10 157	1 436	106	1 052	607	518
2.23 Immunisation under 1 year coverage	%	81.2%	86.8%	73.9%	79.2%	74.8%	75.0%	63.3%
Numerator		85 822	56 713	11 462	1 044	7 880	3 462	5 261
Denominator		105 655	65 357	15 519	1 319	10 534	4 618	8 308
2.24 Measles 2nd dose coverage	%	78.3%	82.5%	69.7%	76.6%	75.2%	79.6%	63.6%
Numerator		84 437	55 266	11 072	1 065	7 997	3 770	5 267
Denominator		107 885	66 960	15 880	1 390	10 636	4 734	8 285
2.25 Diarrhoea case fatality under 5 years rate	%	0.4%	0.3%	0.6%	0.6%	0.4%	0.8%	0.0%
Numerator		24	11	7	1	3	2	0
Denominator		6 565	3 571	1 187	177	805	254	571
2.26 Pneumonia case fatality under 5 years rate	%	0.7%	0.6%	0.5%	2.8%	1.4%	0.4%	0.0%
Numerator		45	31	5	2	6	1	0
Denominator		6 859	4 853	922	71	432	280	301
2.27 Severe acute malnutrition case fatality under 5 years rate	%	2.2%	0.4%	9.2%	0.0%	0.0%	0.0%	0.0%
Numerator		10	1	9	0	0	0	0
Denominator		462	227	98	17	78	5	37
2.28 School Grade 1 - learners screened	No	48 889	28 577	7 149	927	7 666	2 533	2 037
Element								
2.29 School Grade 8 - learners screened	No	11 401	5 789	1 217	-	2 527	1 868	-
Element								
2.30 Delivery in 10 to 19 years in facility rate	%	11.2%	9.7%	13.4%	17.4%	15.0%	13.8%	16.8%
Numerator		10 369	6 122	1 747	168	1 244	462	626
Denominator		92 819	63 360	13 081	967	8 308	3 336	3 767
2.31 Couple year protection rate (Int)	%	81.3%	80.7%	75.2%	120.2%	86.3%	87.3%	81.8%
Numerator		1 443 501	909 436	193 096	25 209	145 585	67 969	102 206
Denominator		1 776 519	1 127 356	256 872	20 970	168 607	77 844	124 870
2.32 Cervical cancer screening coverage 30 years and older	%	57.8%	55.3%	55.2%	85.3%	79.4%	63.5%	48.8%
Numerator		96 469	60 247	12 048	1 507	12 761	4 618	5 288
Denominator		166 813	109 021	21 837	1 767	16 078	7 278	10 832
2.33 HPV 1st dose	No	32 356	17 123	5 843	638	4 242	1 840	2 670
Element								
2.34 HPV 2nd dose	No	34 397	18 581	6 111	630	4 447	1 946	2 682
Element								
2.35 Vitamin A 12 – 59 months coverage	%	48.9%	44.3%	54.8%	67.4%	65.5%	58.5%	45.6%
Numerator		427 878	241 089	70 798	7 780	55 853	22 491	29 867
Denominator		874 217	544 212	129 229	11 551	85 260	38 478	65 487
2.36 Maternal mortality in facility ratio	No per 100 000	57.3	58.3	51.5	96.8	80.7	28.4	24.9
Numerator		55	38	7	1	7	1	1
Denominator / 100 000		0.961	0.652	0.136	0.010	0.087	0.035	0.040
2.37 Neonatal death in facility rate	No per 1000	9.3	9.1	9.5	19.9	11.4	4.2	9.2
Numerator		860	576	123	19	94	14	34
Denominator / 1 000		92.34	63.15	12.95	0.95	8.25	3.33	3.72

Strategic Objectives – Annual Targets

There are no provincial strategic objectives specified for Maternal, Child and Women's Health

Performance Indicators & Annual Targets

Table B 17: Annual Targets for MCWH Performance Indicators

Performance indicator	Type	Audited / Actual performance			Estimated performance 2018/19	Medium term targets			
		2015/16	2016/17	2017/18		2019/20	2020/21	2021/22	
SECTOR SPECIFIC INDICATORS									
2.19 Antenatal 1st visit before 20 weeks rate	%	67.7%	69.6%	69.7%	69.0%	71.1%	71.7%	72.3%	
Numerator		60 521	63 901	67 292	69 980	72 661	73 650	74 667	
Denominator		89 431	91 849	96 563	101 489	102 243	102 773	103 303	
2.20 Mother postnatal visit within 6 days rate	%	67.8%	60.0%	59.8%	60.6%	61.8%	62.3%	62.8%	
Numerator		63 971	54 816	55 532	57 595	59 090	59 793	60 518	
Denominator		94 342	91 322	92 819	95 041	95 613	96 005	96 397	
2.21 Antenatal client start on ART rate	%	77.5%	90.8%	92.1%	83.2%	86.9%	87.3%	87.8%	
Numerator		6 070	7 009	6 420	5 875	6 183	6 249	6 318	
Denominator		7 834	7 715	6 968	7 062	7 119	7 156	7 192	
2.22 Infant 1st PCR test positive around 10 weeks rate	%	Not required to report	0.8%	0.2%	0.4%	0.5%	0.5%	0.5%	
Numerator		0	95	27	63	73	73	73	
Denominator		0	12 013	13 876	14 432	14 513	14 574	14 635	
2.23 Immunisation under 1 year coverage	%	84.5%	75.1%	81.2%	82.9%	84.1%	86.0%	88.9%	
Numerator		89 942	78 933	85 822	88 382	90 217	92 372	95 551	
Denominator		106 451	105 108	105 653	106 549	107 296	107 383	107 470	
2.24 Measles 2nd dose coverage	%	82.2%	86.3%	78.3%	77.9%	79.7%	82.3%	85.3%	
Numerator		88 873	92 898	84 437	84 271	86 261	88 840	91 863	
Denominator		108 143	107 595	107 885	108 135	108 178	107 940	107 702	
2.25 Diarrhoea case fatality under 5 years rate	%	0.1%	0.2%	0.4%	0.3%	0.3%	0.3%	0.3%	
Numerator		13	17	24	23	23	23	23	
Denominator		8 685	6 992	6 565	7 458	7 331	7 249	7 174	
2.26 Pneumonia case fatality under 5 years rate	%	0.3%	0.4%	0.7%	0.3%	0.3%	0.3%	0.3%	
Numerator		36	29	45	37	38	38	38	
Denominator		10 726	7 943	6 859	12 346	12 165	12 049	11 942	
2.27 Severe acute malnutrition case fatality under 5 years rate	%	0.9%	0.6%	2.2%	2.1%	2.4%	2.4%	2.4%	
Numerator		11	5	10	12	13	13	13	
Denominator		1 254	841	462	560	552	547	542	
2.28 School Grade 1 - learners screened	No	54 107	55 171	48 889	24 560	23 735	24 445	25 438	
Element									
2.29 School Grade 8 - learners screened	No	7 657	9 364	11 401	7 801	6 410	6 591	6 839	
Element									
2.30 Delivery in 10 to 19 years in facility rate	%	Not required to report	Not required to report	11.2%	11.1%	10.9%	10.7%	10.5%	
Numerator		0	0	10 369	10 593	10 392	10 234	10 089	
Denominator		0	0	92 819	95 041	95 613	96 005	96 397	
2.31 Couple year protection rate (ht)	%	Not required to report	Not required to report	81.3%	80.3%	80.9%	80.9%	81.1%	
Numerator		0	0	1 443 501	1 438 902	1 461 466	1 474 072	1 488 701	
Denominator		0	0	1 776 519	1 791 703	1 806 990	1 821 063	1 835 134	
2.32 Cervical cancer screening coverage 30 years and older	%	55.2%	55.7%	57.8%	58.1%	59.4%	59.7%	60.2%	
Numerator		87 169	90 454	96 469	99 472	103 383	105 320	107 678	
Denominator		157 923	162 460	166 812	171 086	174 161	176 529	178 896	
2.33 HPV 1st dose	No	33 537	36 182	32 356	32 664	35 279	35 813	36 526	
Element									
2.34 HPV 2nd dose	No	Not required to report	34 941	34 397	40 390	40 864	41 414	42 150	
Element									
2.35 Vitamin A 12 – 59 months coverage	%	39.0%	48.8%	48.9%	51.6%	53.0%	53.9%	55.1%	
Numerator		339 480	425 757	427 878	450 980	461 277	467 943	476 813	
Denominator		869 839	872 328	874 217	873 395	870 790	868 254	865 717	
2.36 Maternal mortality in facility ratio	No per 100 000	Not required to report	Not required to report	57.3	60.6	60.8	60.6	60.3	
Numerator		0	0	55	60	60	60	60	
Denominator / 100 000		0.000	0.000	0.961	0.990	0.986	0.990	0.994	
2.37 Neonatal death in facility rate	No per 1000	Not required to report	Not required to report	9.3	4.9	8.1	8.0	7.9	
Numerator		0	0	860	471	775	764	756	
Denominator / 1 000		0.00	0.00	92.34	95.21	95.41	95.79	96.18	

Notes:

Indicators 2.23, 2.24, 2.32, and 2.35:

Population data has been updated retrospectively, as per Circular H11/2017.

At the time of printing population figures were not available for 2021/22; therefore, as an interim measure the difference in population values between 2019/20 and 2020/21 was added to 2020/21, to provide an estimate of the 2021/22 population.

Indicator 2.31, 2.36 and 2.37:

Not reported as per current definition in 2015/16 and 2016/17.

Quarterly Targets for 19/20

Table B 18: Quarterly Targets for MCWH

Programme performance indicator	Frequency	Annual target 2019/20	Quarterly targets			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
2.19 Antenatal 1st visit before 20 weeks rate	Quarterly	71.1%	71.0%	71.0%	71.1%	71.1%
Numerator		72 661	16 954	18 818	17 877	19 012
Denominator		102 243	23 870	26 493	25 146	26 734
2.20 Mother postnatal visit within 6 days rate	Quarterly	61.8%	60.1%	61.8%	63.4%	61.9%
Numerator		59 090	13 950	14 794	15 436	14 910
Denominator		95 613	23 227	23 946	24 346	24 094
2.21 Antenatal client start on ART rate	Annual	86.9%				86.9%
Numerator		6 183				6 183
Denominator		7 119				7 119
2.22 Infant 1st PCR test positive around 10 weeks rate	Quarterly	0.5%	0.6%	0.5%	0.5%	0.5%
Numerator		73	19	19	18	17
Denominator		14 513	3 450	3 750	3 730	3 583
2.23 Immunisation under 1 year coverage	Quarterly	84.1%	82.7%	86.4%	84.1%	83.1%
Numerator		90 217	22 186	23 184	22 557	22 290
Denominator		107 296	26 826	26 826	26 826	26 818
2.24 Measles 2nd dose coverage	Quarterly	79.7%	78.4%	82.0%	79.8%	78.8%
Numerator		86 261	21 210	22 175	21 576	21 300
Denominator		108 178	27 045	27 045	27 046	27 042
2.25 Diarrhoea case fatality under 5 years rate	Quarterly	0.3%	0.3%	0.3%	0.3%	0.4%
Numerator		23	5	5	5	8
Denominator		7 331	1 800	1 782	1 876	1 873
2.26 Pneumonia case fatality under 5 years rate	Quarterly	0.3%	0.3%	0.2%	0.4%	0.4%
Numerator		38	8	7	11	12
Denominator		12 165	2 988	2 970	3 112	3 095
2.27 Severe acute malnutrition case fatality under 5 years rate	Quarterly	2.4%	1.5%	2.2%	2.1%	3.5%
Numerator		13	2	3	3	5
Denominator		552	134	135	142	141
2.28 School Grade 1 - learners screened	Quarterly	23 735	8 928	4 383	6 243	4 181
Element						
2.29 School Grade 8 - learners screened	Quarterly	6 410	2 474	1 055	1 755	1 126
Element						
2.30 Delivery in 10 to 19 years in facility rate	Quarterly	10.9%	10.2%	11.4%	10.7%	11.1%
Numerator		10 392	2 378	2 728	2 603	2 683
Denominator		95 613	23 227	23 946	24 346	24 094
2.31 Couple year protection rate (Int)	Quarterly	80.9%	79.7%	80.4%	81.5%	81.9%
Numerator		1 461 466	360 267	363 172	368 226	369 801
Denominator		1 806 990	451 749	451 748	451 748	451 745
2.32 Cervical cancer screening coverage 30 years and older	Quarterly	59.4%	57.7%	61.2%	59.2%	59.2%
Numerator		103 383	24 473	28 026	24 448	26 436
Denominator		174 161	42 413	45 798	41 284	44 666
2.33 HPV 1st dose	Annual	35 279				35 279
Element						
2.34 HPV 2nd dose	Annual	40 864				40 864
Element						
2.35 Vitamin A 12 – 59 months coverage	Quarterly	38.3%	50.8%	53.0%	52.8%	54.8%
Numerator		461 277	110 844	115 658	115 170	119 605
Denominator		1 204 672	218 138	218 139	218 139	218 141
2.36 Maternal mortality in facility ratio	Annual	60.8				60.8
Numerator		60				60
Denominator / 100 000		0.986				0.986
2.37 Neonatal death in facility rate	Annual	8.1				8.1
Numerator		775				775
Denominator / 1 000		95.4				95.4

Situational Analysis

Table B 19: Situational Analysis Indicators for Disease Prevention & Control

Performance Indicator	Type	Provincial wide view 2017/18	Cape Town district 2017/18	Cape Winelands District 2017/18	Central Karoo District 2017/18	Garden Route District 2017/18	Overberg District 2017/18	West Coast District 2017/18
SECTOR SPECIFIC INDICATORS								
2.38 Cataract surgery performed	No	7,443	5,142	1,245	113	803	0	140
Element								
2.39 Malaria case fatality rate	%	0.5%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%
Numerator		1	0	1	0	0	0	0
Denominator		186	150	8	0	14	9	5

Strategic Objectives – Annual Targets

There are no provincial strategic objectives specified for Disease Prevention & Control

Performance Indicators & Annual Targets

Table B 20: Annual Targets for Disease Control & Prevention Performance Indicators

Performance Indicator	Type	Audited / Actual performance			Estimated performance 2018/19	Medium term targets		
		2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
SECTOR SPECIFIC INDICATORS								
2.38 Cataract surgery performed	No	7 684	8 050	7 443	7 667	7 731	7 808	7 914
Element								
2.39 Malaria case fatality rate	%	0.0%	0.7%	0.5%	0.6%	0.6%	0.6%	0.6%
Numerator		0	1	1	1	1	1	1
Denominator		110	139	186	165	164	164	164

Quarterly Targets for 19/20

Table B 21: Quarterly Targets for Disease Control & Prevention Indicators

	Frequency	Annual target 2019/20	Quarterly targets			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
2.38 Cataract surgery performed	Quarterly	7 731	1 948	1 973	1 902	1 908
Element						
2.39 Malaria case fatality rate	Quarterly	0.6%	0.0%	0.0%	0.0%	2.5%
Numerator		1	0	0	0	1
Denominator		164	41	43	40	40

Reconciling Performance Targets with the Budget & MTEF

Table B 22: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
1. District Management	317 524	344 875	394 909	440 506	441 183	441 596	467 629	5.90	493 694	524 149
2. Community Health Clinics	1 079 406	1 180 111	1 239 496	1 327 652	1 327 648	1 314 289	1 392 863	5.98	1 472 040	1 563 512
3. Community Health Centres	1 679 765	1 846 888	2 037 564	2 208 821	2 212 735	2 174 575	2 328 450	7.08	2 454 604	2 613 982
4. Community Based Services	196 777	197 956	216 596	222 491	222 491	228 792	242 291	5.90	256 776	272 244
5. Other Community Services				1	1		1		1	1
6. HIV/Aids	1 208 872	1 387 801	1 527 815	1 613 625	1 613 625	1 613 625	1 772 204	9.83	1 955 551	2 215 018
7. Nutrition	41 305	47 060	47 573	50 250	50 250	49 572	53 526	7.98	56 669	60 446
8. Coroner Services				1	1		1		1	1
9. District Hospitals	2 735 939	2 928 243	3 232 464	3 353 736	3 371 191	3 409 314	3 652 489	7.13	3 838 148	4 079 878
10. Global Fund	93 292	20 503	41 492	127 255	102 641	102 073	1	(100.00)	1	1
Total payments and estimates	7 352 880	7 953 437	8 737 909	9 344 338	9 341 766	9 333 836	9 909 455	6.17	10 527 485	11 329 232

Notes:

Sub-programme 2.1:

2019/20: National conditional grant: Human Papillomavirus Vaccine – R20 697 000 (Compensation of employees R2 886 000; and Goods and services R17 811 000).

Sub-programme 2.6:

2019/20: National conditional grant: Comprehensive HIV, AIDS and TB – R1 685 517 000 (Compensation of employees R527 729 000; Goods and services R696 023 000, Transfers and subsidies R461 590 000 and Payments for capital assets R175 000).

Sub-programmes 2.2 and 2.9:

2019/20: National conditional grant: National Tertiary Services: R630 000 (Goods and services R400 000 and Payments for capital assets R230 000).

Sub-programmes 2.9:

2019/20: National conditional grant: Human Resources Capacitation Grant: R35 793 000 (Compensation of employees).

Sub-programme 2.10:

The Global Fund has reached its closure in 2018/19 as per the Global Fund agreement.

Table B 23: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome			Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18				% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
Current payments	6 479 222	7 102 462	7 746 299	8 164 183	8 176 148	8 153 523	8 730 179	7.07	9 285 704	9 941 002
Compensation of employees	4 032 421	4 385 145	4 685 005	5 070 336	5 049 366	5 040 764	5 472 373	8.56	5 777 552	6 147 114
Salaries and wages	3 555 275	3 869 447	4 127 468	4 455 001	4 434 001	4 430 950	4 808 565	8.52	5 072 451	5 395 185
Social contributions	477 146	515 698	557 537	615 335	615 365	609 814	663 808	8.85	705 101	751 929
Goods and services	2 446 801	2 717 317	3 061 294	3 093 847	3 126 782	3 112 759	3 257 806	4.66	3 508 152	3 793 888
of which										
Administrative fees	17									
Advertising	6 534	4 869	8 941	2 186	7 525	8 462	5 433	(35.80)	5 643	5 946
Minor Assets	14 100	14 297	14 118	18 611	18 715	16 643	18 301	9.96	19 070	20 097
Audit cost: External	443	463								
Catering: Departmental activities	1363	2 119	2 305	1747	3 059	2 901	2 850	(176)	3 030	3 233
Communication (G&S)	33 394	32 029	26 880	35 991	36 052	25 859	34 290	32.60	35 785	37 629
Computer services	2 898	3 143	3 910	3 784	3 784	3 589	3 660	1.98	3 418	3 601
Consultants and professional services: Business and advisory services	6 262	6 555	8 733	9 647	15 827	15 541	5 704	(63.30)	6 495	7 178
Laboratory services	319 559	327 860	388 623	388 294	397 651	410 290	436 856	6.47	458 243	488 212
Contractors	48 591	116 218	160 499	98 995	100 787	101 536	90 106	(1126)	97 403	104 005
Agency and support/outsourced services	260 127	243 156	275 913	259 454	268 705	282 009	257 906	(8.55)	270 689	287 077
Entertainment	12	13	20	104	104	71	143	10141	147	153
Fleet services (including government motor transport)	28 265	29 372	28 818	34 042	34 055	31 361	33 423	6.58	34 858	36 737
Inventory: Food and food	34 463	38 827	35 687	35 336	38 901	39 544	41 920	6.01	44 489	47 622
Inventory: Materials and	3 130	3 553								
Inventory: Medical supplies	376 035	399 848	431 728	472 467	460 188	449 656	479 768	6.70	527 467	576 523
Inventory: Medicine	837 734	1015 043	1131 121	1165 276	1169 635	1133 866	1 240 743	9.43	1359 075	1490 635
Inventory: Other supplies	23 199	706	102	4 462	4 462	12	753	6175.00	801	858
Consumable supplies	98 906	101838	121 126	115 244	117 572	122 263	122 404	0.12	127 897	134 784
Consumable: Stationery, printing and office supplies	41 224	41 023	47 841	49 573	49 509	46 885	49 820	6.26	51 963	54 851
Operating leases	11 991	11 393	11 744	15 098	15 098	11 919	15 596	30.85	16 265	17 151
Property payments	251 755	280 982	323 011	321 868	329 549	353 023	355 849	0.80	376 365	402 003
Transport provided: Departmental activity	1 128	1 173	1 219	1 432	1 432	1 463	1 309	(10.53)	1 364	1 438
Travel and subsistence	13 569	12 840	13 304	14 981	15 366	14 194	14 874	4.79	16 583	17 923
Training and development	11 605	9 611	11 450	19 838	13 603	15 022	18 561	23.56	20 809	24 397
Operating payments	4 487	5 146	5 976	7 491	7 148	6 535	7 778	19.02	8 131	8 485
Venues and facilities	110	423	164	171	300	167	285	70.66	343	353
Rental and hiring	15 900	14 817	18 061	17 755	17 755	19 948	19 474	(2.38)	21 819	22 997
Transfers and subsidies to	782 741	762 015	880 847	1 094 350	1 064 905	1 066 020	1 082 828	158	1 147 185	1 288 505
Provinces and municipalities	432 972	461 878	520 665	543 793	549 937	549 937	593 672	7.95	629 230	666 219
Municipalities	432 972	461 878	520 665	543 793	549 937	549 937	593 672	7.95	629 230	666 219
Municipal bank accounts	432 972	461 878	520 665	543 793	549 937	549 937	593 672	7.95	629 230	666 219
Departmental agencies and accounts	136	2								
Departmental agencies (non-business entities)	136	2								
Other	136	2								
Non-profit institutions	335 177	285 410	340 464	532 284	496 949	498 786	469 899	(5.79)	497 619	600 856
Households	14 456	14 725	19 718	18 273	18 019	17 297	19 257	11.33	20 336	21 430
Social benefits	14 382	14 407	19 558	17 660	17 485	16 067	18 614	15.85	19 658	20 718
Other transfers to households	74	318	160	613	534	1 230	643	(47.72)	678	714
Payments for capital assets	89 867	87 605	109 417	85 805	100 713	112 681	96 448	(14.41)	94 596	99 725
Buildings and other fixed structures	69									
Buildings	69									
Machinery and equipment	89 711	87 586	106 795	85 763	100 671	112 638	96 425	(14.39)	94 552	99 679
Transport equipment	46 808	43 590	52 888	51 007	45 242	51 999	53 366	2.63	57 960	61 086
Other machinery and equipment	42 903	43 996	53 907	34 756	55 429	60 639	43 059	(28.99)	36 592	38 593
Software and other intangible assets	87	19	2 622	42	42	43	23	(46.51)	44	46
Payments for financial assets	1050	1355	1346			1612		(100.00)		
Total economic classification	7 352 880	7 953 437	8 737 909	9 344 338	9 341 766	9 333 836	9 909 455	6.17	10 527 485	11 329 232

Performance and Expenditure Trends

Programme 2 is allocated 40.03 per cent of the Vote in 2019/20 in comparison to the 40.37 per cent allocated in the revised estimate of the 2018/19 budget. This amounts to an increase of R575.619 million or 6.17 per cent.

Sub-programmes 2.1 – 2.5, Primary Health Care Services, is allocated 44.72 per cent of the Programme 2 allocation in 2019/20 in comparison to the 44.56 per cent that was allocated in the revised estimate of the 2018/19 budget. This amounts to an increase of R271.982 million or 6.54 per cent.

Sub-programme 2.6: HIV and AIDS is allocated 17.95 per cent of the Programme 2 allocation in 2019/20 in comparison to the 17.29 per cent allocated in the revised estimate of the 2018/19 budget. This amounts to an increase of R158.579 million or 9.83 per cent.

Sub-programme 2.7: Nutrition is allocated 0.54 per cent of the Programme 2 allocation in 2019/20 in comparison to the 0.53 per cent of the revised estimate of the 2018/19 budget. This amounts to a nominal increase of 7.98 per cent or R3.954 million.

Sub-programme 2.9: District hospitals is allocated 36.86 per cent of the Programme 2 allocation in 2019/20, in comparison to the 36.53 per cent allocated in the revised estimate of the 2018/19 budget. This amounts to an increase of 7.13 per cent or R243.175 million.

Sub-programme 2.10: Due to Global fund exit strategy, no money was allocated from 2019/20 onwards.

Risk Management

Fragmented PHC Services in the City of Cape Town

- | | |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mitigating Factors | <ul style="list-style-type: none">• Develop and manage the SLA for better, co-ordinated services within the Metro.• Advocate for provincialisation through technical support of the political process.• Use opportunities in specific instances to provincialise the service where feasible. |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Programme 3: Emergency Medical Services

Purpose

To render pre-hospital emergency medical services including inter-hospital transfers, and planned patient transport; including clinical governance and co-ordination of emergency medicine within the Provincial Health Department

Structure

Sub-Programme 3.1: Emergency Transport

To render emergency medical services including ambulance services, special operations, communications and air ambulance services

Sub-Programme 3.2: Planned Patient Transport

To render planned patient transport including local outpatient transport (within the boundaries of a given town or local area) and inter-city or town outpatient transport (into referral centres)

Programme Priorities

- Access to safe and efficient Emergency Medical Services for both patients and staff.
- Improved service delivery through integrated services for maximum impact.
- To ensure registration and licensing of ambulances as per the regulations to the National Health Act, 2003.

EMS

Situational Analysis

Table B 24: EMS Situational Analysis Indicators

Programme performance indicator	Frequency	Type	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
			2017/18	2017/18	2017/18	2017/18	2017/18	2017/18	2017/18
SECTOR SPECIFIC INDICATORS									
3.1 EMS P1 urban response under 15 minutes rate	Quarterly	%	59.5%	52.5%	52.0%	89.8%	88.4%	58.5%	64.4%
Numerator			79 131	41 709	8 511	4 050	15 795	4 484	4 582
Denominator			133 019	79 496	16 364	4 508	17 873	7 666	7 112
3.2 EMS P1 rural response under 40 minutes rate	Quarterly	%	79.3%	62.0%	78.5%	60.6%	80.5%	83.4%	79.8%
Numerator			9 655	31	2 134	357	3 144	1 560	2 429
Denominator			12 180	50	2 718	589	3 908	1 870	3 045
3.3 EMS inter-facility transfer rate	Quarterly	%	31.6%	47.5%	20.1%	12.1%	14.0%	17.1%	16.0%
Numerator			155 373	113 067	15 614	1 602	10 455	6 333	8 302
Denominator			492 303	238 168	77 695	13 244	74 445	36 962	51 789
ADDITIONAL PROVINCIAL INDICATORS									
3.4 Total number of EMS emergency cases	Quarterly	No	492 303	238 168	77 695	13 244	74 445	36 962	51 789
Element									

Strategic Objectives – Annual Targets

Table B 25: Annual Targets for EMS Strategic Objective Indicators

Strategic objective	Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.									
1.1 Ensure registration and licensing of ambulances as per the statutory requirements.	3.1.1 Number of WCG: Health operational ambulances registered and licensed	249	Not required to report	246	247	247	249	249	250
	Denominator								

Performance Indicators & Annual Targets

Table B 26: Annual Targets for EMS Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets			
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	
SECTOR SPECIFIC INDICATORS										
3.1 EMS P1 urban response under 15 minutes rate	Quarterly	%	61.7%	58.0%	59.5%	47.0%	50.0%	52.0%	54.0%	
Numerator			138 444	121 339	79 131	62 836	67 495	70 897	74 360	
Denominator			224 462	209 107	133 019	133 655	134 991	136 341	137 705	
3.2 EMS P1 rural response under 40 minutes rate	Quarterly	%	80.6%	79.0%	79.3%	75.0%	81.0%	82.0%	83.0%	
Numerator			15 713	13 874	9 655	9 102	9 925	10 148	10 374	
Denominator			19 497	17 570	12 180	12 132	12 253	12 375	12 499	
3.3 EMS inter-facility transfer rate	Quarterly	%	40.4%	39.8%	31.6%	32.5%	32.5%	32.5%	32.5%	
Numerator			210 116	203 699	155 373	157 015	158 585	160 171	161 772	
Denominator			520 113	512 256	492 303	483 445	488 279	493 162	498 094	
ADDITIONAL PROVINCIAL INDICATORS										
3.4 Total number of EMS emergency cases	Quarterly	No	520 113	512 256	492 303	483 445	488 279	493 162	498 094	
Element										

Quarterly Targets for 19/20

Table B 27: Quarterly Targets for EMS Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
3.1.1	Number of WCG: Health operational ambulances registered and licensed Denominator	Annual	249				249
SECTOR SPECIFIC INDICATORS							
3.1	EMS P1 urban response under 15 minutes rate Numerator Denominator	Quarterly	50.0% 67 495 134 991	50.0% 16 874 33 748	50.0% 16 874 33 748	50.0% 16 874 33 748	50.0% 16 873 33 747
3.2	EMS P1 rural response under 40 minutes rate Numerator Denominator	Quarterly	81.0% 9 925 12 253	81.0% 2 481 3 063	81.0% 2 481 3 063	81.0% 2 481 3 063	81.0% 2 482 3 064
3.3	EMS inter-facility transfer rate Numerator Denominator	Quarterly	32.5% 158 585 488 279	32.5% 39 646 122 070	32.5% 39 646 122 070	32.5% 39 646 122 070	32.5% 39 647 122 069
ADDITIONAL PROVINCIAL INDICATORS							
3.4	Total number of EMS emergency cases Element	Quarterly	488 279	122 070	122 070	122 070	122 069

Reconciling Performance Targets with the Budget & MTEF

Table B 28: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
1. Emergency Transport	850 341	893 938	903 461	1 010 146	1 029 770	1 022 093	1 071 030	4.79	1 128 769	1 198 177
2. Planned Patient Transport	80 791	90 985	91 401	86 487	86 487	93 406	91 550	(1.99)	95 984	101 481
Total payments and estimates	931 132	984 923	994 862	1 096 633	1 116 257	1 115 499	1 162 580	4.22	1 224 753	1 299 658

Table B 29: Payment & Estimates by Economic Classification

Economic classification R'000	Outcome			Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	Medium-term estimate			
	Audited	Audited	Audited				% Change from Revised estimate			
	2015/16	2016/17	2017/18				2019/20	2018/19	2020/21	2021/22
Current payments	791628	878 936	909 023	1005 836	1022 642	1019 434	1 066 824	4.65	1 121 994	1 191 349
Compensation of employees	540 269	594 689	632 175	679 183	679 183	683 864	722 590	5.66	761 280	809 471
Salaries and wages	459 325	509 814	541 843	578 994	578 994	584 356	615 569	5.34	647 400	687 995
Social contributions	80 944	84 875	90 332	100 189	100 189	99 508	107 021	7.55	113 880	121 476
Goods and services	251 359	284 247	276 848	326 653	343 459	335 570	344 234	2.58	360 714	381 878
of which										
Minor Assets	647	1888	476	2 642	842	852	2 784	226.76	2 904	3 061
Catering: Departmental	86	37	137	219	219	418	323	(22.73)	336	353
Communication (G&S)	6 656	7 439	5 942	8 019	8 019	6 612	6 858	3.72	7 155	7 542
Computer services				70	70	35		(100.00)		
Consultants and professional services: Business and advisory services	44	96	115	43	43	45	45		47	50
Contractors	87 398	102 592	107 092	132 435	151 041	156 430	142 799	(8.71)	150 197	159 572
Agency and support/outourced services	500	443	530	710	710	681	650	(4.55)	677	714
Entertainment	2	1		3	3		3		3	3
Fleet services (including government motor transport)	116 822	130 550	125 134	129 379	129 379	123 255	136 366	10.64	142 230	149 910
Inventory: Materials and	2 104	3 082								
Inventory: Medical supplies	10 801	9 419	6 686	12 083	12 083	7 160	11 809	64.93	12 543	13 445
Inventory: Medicine	524	729	954	1279	1279	1143	1 279	11.90	1359	1457
Inventory: Other supplies	10	6								
Consumable supplies	10 116	11796	12 884	18 408	18 408	20 815	19 155	(7.98)	19 972	21 051
Consumable: Stationery, printing and office supplies	2 523	2 889	1477	3 356	3 356	1369	2 000	46.09	2 086	2 198
Operating leases	1647	1022	878	4 296	4 296	988	2 177	120.34	2 272	2 395
Property payments	8 034	8 964	10 381	9 944	9 944	10 859	12 877	18.58	13 605	14 509
Travel and subsistence	2 672	2 831	3 160	2 427	2 427	3 186	3 593	12.77	3 747	3 951
Training and development	714	377	947	1 151	1 151	1348	1 300	(3.56)	1356	1429
Operating payments	51	61	10	91	91	87	96	10.34	100	106
Venues and facilities		7		97	97	57	120	110.53	125	132
Rental and hiring	8	18	45	1	1	230		(100.00)		
Transfers and subsidies to	52 789	707	998	772	772	1115	812	(27.17)	858	905
Provinces and municipalities			16	16	16	16	17	6.25	18	19
Provinces			16	16	16	16	17	6.25	18	19
Provincial agencies and funds			16	16	16	16	17	6.25	18	19
Departmental agencies and accounts	16									
Departmental agencies (non-business entities)	16									
Other	16									
Non-profit institutions	52 144									
Households	629	707	982	756	756	1099	795	(27.66)	840	886
Social benefits	629	707	982	756	756	1028	795	(22.67)	840	886
Other transfers to households						71		(100.00)		
Payments for capital assets	84 938	102 976	84 384	90 025	92 843	92 450	94 944	2.70	101 901	107 404
Machinery and equipment	84 938	102 976	84 384	90 025	92 843	92 450	94 944	2.70	101 901	107 404
Transport equipment	71 249	72 166	76 239	81 512	81 512	81 116	89 200	9.97	92 928	97 946
Other machinery and equipment	13 689	30 810	8 145	8 513	11 331	11 334	5 744	(49.32)	8 973	9 458
Payments for financial assets	1777	2 304	457			2 500		(100.00)		
Total economic classification	931 132	984 923	994 862	1096 633	1116 257	1115 499	1 162 580	4.22	1224 753	1299 658

Performance and Expenditure Trends

Programme 3: Emergency Medical Services is allocated 4.70 per cent of the Vote in 2019/20 in comparison to the 4.82 per cent allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R47.081 million or 4.22 per cent.

Risk Management

Programme 3 is affected by some of the transversal Departmental risks and has no programme-specific risks with unique mitigation strategies.

Programme 4: Provincial Hospital Services

Purpose

Delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialised rehabilitation service, dental service, psychiatric service, as well as providing a platform for training health professionals and conducting research.

Structure

Sub-Programme 4.1: General (Regional) Hospitals

Rendering of hospital services at a general specialist level and providing a platform for the training of health workers and conducting research

Sub-Programme 4.2: Tuberculosis Hospitals

To convert present tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive level of treatment, as well as the application of the standardized multi-drug and extreme drug-resistant protocols

Sub-Programme 4.3: Psychiatric or Mental Hospitals

Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for the training of health workers and conducting research

Sub-Programme 4.4: Sub-Acute, Step Down and Chronic Medical Hospitals

Rendering specialised rehabilitation services for persons with physical disabilities including the provision of orthotic and prosthetic services

Sub-Programme 4.5: Dental Training Hospitals

Rendering an affordable and comprehensive oral health service and providing a platform for the training of health workers and conducting research

Programme Priorities

- Improving service delivery and health system strengthening
- Improving quality of care, patient experience and clinical governance
- Improving corporate governance

General / Regional Hospitals

Strategic Objectives – Annual Targets

Table B 30: Annual Targets for Regional Hospital Strategic Objective Indicators

Strategic objective	Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance 2018/19	Medium term targets		
			2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
STRATEGIC GOAL: Promote health and wellness.									
1.1 Provide quality general/regional hospital services.	4.1.1 Actual (usable) beds in regional hospitals Element	1 427	1 389	1 393	1 413	1 427	1 427	1 427	1 427

Performance Indicators & Annual Targets

Table B 31: Annual Targets for Regional Hospital Performance Indicators

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
SECTOR SPECIFIC INDICATORS										
4.2 Average length of stay (regional hospitals)	Quarterly		No	3.9	4.0	3.9	4.0	4.0	4.0	4.0
Numerator		4		451 758	454 770	455 333	466 375	466 380	466 385	466 390
Denominator		5		116 499	114 099	115 099	116 561	116 566	116 571	116 576
4.3 Inpatient bed utilisation rate (regional hospitals)	Quarterly		%	89.1%	89.4%	88.6%	89.5%	89.5%	89.5%	89.5%
Numerator		4		451 758	454 770	455 333	466 375	466 380	466 385	466 390
Denominator		6		507 041	508 501	513 733	520 912	520 912	520 912	520 912
4.4 Expenditure per PDE (regional hospitals)	Quarterly		R	R 2 717	R 2 925	R 3 106	R 3 290	R 3 562	R 3 742	R 3 978
Numerator		7		1 602 371 869	1 725 945 856	1 841 574 080	2 001 217 016	2 166 740 000	2 276 756 000	2 420 743 000
Denominator		10		589 797	590 126	592 935	608 314	608 369	608 424	608 479
4.5 Complaint resolution within 25 working days rate (regional hospitals)	Quarterly		%	97.1%	97.6%	98.1%	98.9%	98.9%	98.9%	98.8%
Numerator		13		372	286	265	268	263	258	253
Denominator		11		383	293	270	271	266	261	256
ADDITIONAL PROVINCIAL INDICATORS										
4.6 Mortality and morbidity review rate (regional hospitals)	Quarterly		%	83.8%	83.3%	106.4%	90.2%	83.3%	83.3%	83.3%
Numerator		14		171	170	217	184	170	170	170
Denominator		15		204	204	204	204	204	204	204

Quarterly Targets for 19/20

Table B 32: Quarterly Targets for Regional Hospital Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
4.1.1	Actual (usable) beds in regional hospitals Element	Annual	1 427				1 427
SECTOR SPECIFIC INDICATORS							
4.2	Average length of stay (regional hospitals) Numerator Denominator	Quarterly	4.0 466 380 116 566	4.0 116 878 29 485	4.0 116 596 29 194	4.1 117 239 28 453	3.9 115 667 29 434
4.3	Inpatient bed utilisation rate (regional hospitals) Numerator Denominator	Quarterly	89.5% 466 380 520 912	89.7% 116 878 130 228	89.5% 116 596 130 228	90.0% 117 239 130 228	88.8% 115 667 130 228
4.4	Expenditure per PDE (regional hospitals) Numerator Denominator	Quarterly	R 3 562 2 166 740 000 608 369	R 3 345 512 062 777 153 062	R 3 608 556 037 584 154 116	R 3 622 557 783 765 153 984	R 3 674 540 855 874 147 207
4.5	Complaint resolution within 25 working days rate (regional hospitals) Numerator Denominator	Quarterly	98.9% 263 266	98.6% 69 70	100.0% 67 67	98.6% 70 71	98.3% 57 58
ADDITIONAL PROVINCIAL INDICATORS							
4.6	Mortality and morbidity review rate (regional hospitals) Numerator Denominator	Quarterly	83.3% 170 204	84.3% 43 51	86.3% 44 51	78.4% 40 51	84.3% 43 51

Tuberculous Hospitals

Strategic Objectives – Annual Targets

Table B 33: Annual Targets for Tuberculous Hospital Strategic Objective Indicators

Strategic objective		Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
				2015/16	2016/17	2017/18		2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.										
1.1	Provide quality tuberculosis hospital services.	4.1.2 Actual (usable) beds in tuberculosis hospitals Element	1 026	1 026	1 026	1 026	1 026	1 026	1 026	1 026

Performance Indicators & Annual Targets

Table B 34: Annual targets for Tuberculous Hospital Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
ADDITIONAL PROVINCIAL INDICATORS									
4.7 Mortality and morbidity review rate (TB hospitals)	Quarterly	%	88.9%	95.8%	93.1%	93.1%	91.7%	91.7%	91.7%
Numerator			64	69	67	67	66	66	66
Denominator			72	72	72	72	72	72	72

Quarterly Targets for 19/20

Table B 35: Quarterly Targets for Tuberculous Hospital Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
4.1.2 Actual (usable) beds in tuberculosis hospitals Element	Annual	1 026				1 026
ADDITIONAL PROVINCIAL INDICATORS						
4.7 Mortality and morbidity review rate (TB hospitals)	Quarterly	91.7%	94.4%	88.9%	94.4%	88.9%
Numerator		66	17	16	17	16
Denominator		72	18	18	18	18

Psychiatric Hospitals

Strategic Objectives – Annual Targets

Table B 36: Annual Targets for Psychiatric Hospital Strategic Objective Indicators

Strategic objective		Programme performance indicator		Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
					2015/16	2016/17	2017/18		2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.											
1.1	Provide quality psychiatric hospital services.	4.1.3	Actual (usable) beds in psychiatric hospitals	1 799	1 680	1 700	1 700	1 799	1 799	1 799	
			Element								

Performance Indicators & Annual Targets

Table B 37: Annual Targets for Psychiatric Hospital Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2022/22
ADDITIONAL PROVINCIAL INDICATORS									
4.8 Mortality and morbidity review rate (psychiatric hospitals)	Quarterly	%	95.8%	91.7%	91.7%	91.7%	91.7%	91.7%	91.7%
Numerator			46	44	44	44	44	44	
Denominator			48	48	48	48	48	48	48

Quarterly Targets for 19/20

Table B 38: Quarterly Targets for Psychiatric Hospital Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
4.1.3 Actual (usable) beds in psychiatric hospitals Element	Annual	1 799				1 799
ADDITIONAL PROVINCIAL INDICATORS						
4.8 Mortality and morbidity review rate (psychiatric hospitals)	Quarterly	91.7%	100.0%	100.0%	75.0%	91.7%
Numerator		44	12	12	9	11
Denominator		48	12	12	12	12

Rehabilitation Hospitals

Strategic Objectives – Annual Targets

Table B 39: Annual target for Rehabilitation Hospital Strategic Objective Indicator

Strategic objective		Programme performance indicator		Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
					2019/20	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.											
1.1	Provide quality rehabilitation hospital services.	4.1.4	Actual (usable) beds in rehabilitation hospitals	156	156	156	156	156	156	156	

Performance Indicators & Annual Targets

Table B 40: Annual targets for Rehabilitation Hospital Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2022/22
ADDITIONAL PROVINCIAL INDICATORS									
4.9 Mortality and morbidity review rate (rehabilitation hospitals)	Quarterly	%	100.0%	91.7%	91.7%	91.7%	91.7%	91.7%	91.7%
Numerator			12	11	11	11	11	11	11
Denominator			12	12	12	12	12	12	12

Quarterly Targets for 19/20

Table B 41: Quarterly Targets for Rehabilitation Hospital Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
4.1.4 Actual (usable) beds in rehabilitation hospitals	Annual	156				156
Element						
ADDITIONAL PROVINCIAL INDICATORS						
4.9 Mortality and morbidity review rate (rehabilitation hospitals)	Quarterly	91.7%	100.0%	100.0%	66.7%	100.0%
Numerator		11	3	3	2	3
Denominator		12	3	3	3	3

Sector Indicators for Sub-Programmes 4.2 – 4.4 (Specialised Hospitals)

There are no Provincial strategic objectives specified for Specialised Hospitals

Performance Indicators & Annual Targets

Table B 42: Annual Targets for Specialised Hospital Sector Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
SECTOR SPECIFIC INDICATORS									
4.11 Complaint resolution within 25 working days rate (Specialised hospitals)	Quarterly	%	Not required to report	96.5%	99.1%	99.1%	98.1%	98.1%	98.0%
Numerator				192	221	209	205	203	201
Denominator				199	223	211	209	207	205

Quarterly Targets for 19/20

Table B 43: Quarterly Targets for Specialised Hospital Sector Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
4.11 Complaint resolution w within 25 w working days rate (Specialised hospitals)	Quarterly	98.1%	100.0%	100.0%	96.9%	96.2%
Numerator		205	41	50	63	51
Denominator		209	41	50	65	53

Dental Training Hospital

Strategic Objectives – Annual Targets

Table B 44: Annual Target for Dental Hospital Strategic Objective Indicator

Strategic objective		Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
STRATEGIC GOAL: Promote health and wellness.										
1.1	Provide quality dental training hospital services.	4.1.5. Oral health patient visits at dental training hospitals	126 801	122 373	124 103	126 938	126 791	126 801	126 811	126 821
		Element								

Performance Indicators & Annual Targets

Table B 45: Annual Target for Dental Hospital Performance Indicator

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
ADDITIONAL PROVINCIAL INDICATORS									
4.12 Number of removable oral health prosthetic devices manufactured (dentures)	Quarterly	No	4 315	4 581	4 853	4 549	4 559	4 569	4 579
Element									

Quarterly Targets for 19/20

Table B 46: Quarterly Targets for Dental Hospital Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
4.1.5. Oral health patient visits at dental training hospitals Element	Quarterly	126 801	34 406	34 945	24 758	32 692
ADDITIONAL PROVINCIAL INDICATORS						
4.12 Number of removable oral health prosthetic devices manufactured (dentures) Element	Quarterly	4 559	1 169	1 532	1 449	409

Reconciling Performance Targets with the Budget & MTEF

Table B 47: Summary of Payments & Estimates

Sub-programme R'000	Outcome			Main			Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate 2019/20	2018/19	2020/21	2021/22
1. General (Regional) Hospitals	1 625 357	1 748 697	1 864 768	1 998 148	2 001 217	2 005 069	2 166 740	8.06	2 276 755	2 420 702
2. Tuberculosis Hospitals	265 748	289 081	301 129	327 067	328 013	328 069	347 415	5.90	365 588	388 678
3. Psychiatric/Mental Hospitals	755 887	818 818	867 702	921 793	921 445	928 088	983 693	5.99	1 036 185	1 101 501
4. Sub-acute, Step down and Chronic Medical Hospitals	166 601	179 407	192 738	211 116	210 925	208 457	223 313	7.13	235 135	249 455
5. Dental Training Hospitals	141 760	143 211	153 190	173 491	175 453	168 851	179 962	6.58	189 994	201 997
Total payments and estimates	2 955 353	3 179 214	3 379 527	3 631 615	3 637 053	3 638 534	3 901 123	7.22	4 103 657	4 362 333

Notes:

Sub-programmes 4.1, 4.3 and 4.5:

2019/20: National conditional grant: Health Professions Training and Development: R176 297 000 (Compensation of employees).

Sub-programmes 4.1, 4.2, 4.3 and 4.4:

2019/20: National conditional grant: National Tertiary Services: R256 000 (Goods and services R256 000).

Sub-programme 4.1:

2019/20: National conditional grant: Human Resources Capacitation Grant: R27 800 000 (Compensation of employees).

Table B 48: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate				
				Main appro- priation	Adjusted appro- priation	Revised estimate	% Change from Revised estimate	2019/20	2018/19	2020/21	2021/22
	Audited	Audited	Audited								
	2015/16	2016/17	2017/18								
Current payments	2 901 827	3 126 646	3 326 720	3 573 946	3 573 679	3 570 123	3 837 690	7.49	4 040 832	4 296 094	
Compensation of employees	2 119 313	2 274 739	2 454 090	2 603 736	2 602 784	2 626 554	2 815 077	7.18	2 964 512	3 151 582	
Salaries and wages	1 872 565	2 006 875	2 163 682	2 282 660	2 281 708	2 315 642	2 469 770	6.66	2 597 869	2 760 754	
Social contributions	246 748	267 864	290 408	321 076	321 076	310 912	345 307	11.06	366 643	390 828	
Goods and services	782 514	851 907	872 630	970 210	970 895	943 569	1 022 613	8.38	1 076 320	1 144 512	
of which											
Administrative fees	49	48		4	4	2	4	100.00		4	4
Advertising	126	42	96	160	160	68	139	104.41	145	152	
Minor Assets	8 422	10 001	9 121	10 517	10 127	9 888	10 352	4.69	10 796	11 380	
Catering: Departmental	170	470	141	278	278	312	345	10.58	360	379	
Communication (G&S)	17 220	15 909	11 284	16 862	11 528	8 408	8 894	5.78	9 278	9 779	
Computer services	468	604	2 104	1 223	1 123	1 447	2 127	46.99	1 952	2 057	
Consultants and professional services: Business and advisory services	58 347	63 987	66 200	71 833	71 833	70 519	75 869	7.59	79 131	83 405	
Laboratory services	62 531	58 564	66 673	68 880	68 980	69 204	73 823	6.67	76 997	81 154	
Contractors	219 19	27 970	31 139	31 962	32 346	317 10	33 941	7.04	35 743	38 019	
Agency and support/outourced services	57 237	66 582	68 080	73 841	75 229	77 918	83 824	7.58	87 929	93 199	
Entertainment	2	4	12	15	15	19	15	(21.05)	15	15	
Fleet services (including government motor transport)	5 350	5 326	5 367	6 034	6 234	5 105	5 792	13.46	6 040	6 366	
Inventory: Food and food	5 241	4 988	5 022	6 979	6 979	6 536	6 778	3.70	7 200	7 719	
Inventory: Materials and	7 938	11 240									
Inventory: Medical supplies	202 393	211 992	211 437	242 837	239 227	227 228	252 509	11.13	267 518	286 139	
Inventory: Medicine	61 376	75 226	75 354	87 972	87 419	81 662	91 937	12.58	97 635	104 664	
Inventory: Other supplies	3 370	13 16	10 15	1 885	1 885	1 043	1 860	78.33	1 976	2 118	
Consumable supplies	75 469	82 913	97 644	105 232	109 542	110 279	111 896	1.47	116 706	123 012	
Consumable: Stationery, printing and office supplies	12 327	13 538	13 920	14 633	14 723	12 573	14 791	17.64	15 425	16 257	
Operating leases	4 713	4 523	3 777	5 062	4 862	3 852	5 305	37.72	5 533	5 830	
Property payments	168 380	166 853	164 927	212 396	216 767	215 467	230 641	7.04	243 658	259 927	
Transport provided: Departmental activity	840	818	445	181	181	203	191	(5.91)	199	209	
Travel and subsistence	3 644	4 239	4 143	4 704	4 704	3 872	4 668	20.56	4 871	5 132	
Training and development	2 885	3 256	3 119	4 805	4 834	4 464	5 246	17.52	5 473	5 767	
Operating payments	1 448	870	866	1 332	1 332	1 447	1 472	1.73	1 534	1 616	
Venues and facilities	2	1	5	5	5	6	5	(16.67)	5	5	
Rental and hiring	647	627	739	578	578	337	189	(43.92)	197	208	
Transfers and subsidies to	12 170	12 275	12 975	18 320	18 320	14 435	19 002	3.164	20 083	21 187	
Departmental agencies and accounts	52					1		(100.00)			
Departmental agencies (non-business entities)	52					1		(100.00)			
Other	52					1		(100.00)			
Non-profit institutions	2 505	2 823	3 032	3 253	3 253	3 253	3 446	5.93	3 657	3 874	
Households	9 613	9 452	9 943	15 067	15 067	11 181	15 556	39.13	16 426	17 313	
Social benefits	9 520	9 175	9 943	14 758	14 758	11 181	15 556	39.13	16 426	17 313	
Other transfers to households	93	277		309	309						
Payments for capital assets	40 836	40 017	39 219	39 349	45 054	53 682	44 431	(17.23)	42 742	45 052	
Machinery and equipment	40 748	38 783	37 203	39 349	45 054	53 625	44 431	(17.14)	42 742	45 052	
Transport equipment	9 253	10 148	11 182	9 962	9 062	10 603	11 604	9.44	11 767	12 402	
Other machinery and equipment	31 495	28 635	26 021	29 387	35 992	43 022	32 827	(23.70)	30 975	32 650	
Software and other intangible assets	88	1 234	2 016			57		(100.00)			
Payments for financial assets	520	276	613			294		(100.00)			
Total economic classification	2 955 353	3 179 214	3 379 527	3 631 615	3 637 053	3 638 534	3 901 123	7.22	4 103 657	4 362 333	

Performance and Expenditure Trends

Programme 4: Provincial Hospital Services is allocated 15.76 per cent of the Vote during 2019/20 in comparison to the 15.74 per cent allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R262.589 million or 7.22 per cent.

Sub-programme 4.1: General (Regional) Hospitals is allocated 55.54 per cent of the Programme 4 budget 2019/20 in comparison to the 55.11 per cent allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R161.671 million or 8.06 per cent.

Sub-programme 4.2: TB Hospitals is allocated 8.91 per cent of the Programme 4 budget in 2019/20 in comparison to the 9.02 per cent that was allocated in the revised estimate of the 2018/19 budget. This is a nominal increase of R19.346 million or 5.90 per cent.

Sub-programme 4.3: Psychiatric Hospitals is allocated 25.22 per cent of the Programme 4 budget in 2019/20 in comparison to the 25.51 per cent that was allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R55.605 million or 5.99 per cent.

Sub-programme 4.4: Rehabilitation Hospitals is allocated 5.72 per cent of the Programme 4 budget in 2019/20 in comparison to the 5.73 per cent that was allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R14.856 million or 7.13 per cent.

Sub-programme 4.5: Dental Training Hospitals is allocated 4.61 per cent of the Programme 4 budget for 2019/20 in comparison to the 4.64 per cent that was allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R11.111 million or 6.58 per cent.

Risk Management

Programme 4 is affected by some of the transversal Departmental risks and has no programme-specific risks with unique mitigation strategies.

Programme 5: Central Hospital Services

Purpose

To provide tertiary and quaternary health services and to create a platform for the training of health workers and research

Structure

Sub-Programme 5.1: Central Hospital Services

Rendering of general and highly specialised medical health and quaternary services on a national basis and maintaining a platform for the training of health workers and research

Sub-Programme 5.2: Provincial Tertiary Hospital Services

Rendering of general specialist and tertiary health services on a national basis and maintaining a platform for the training of health workers and research

Programme Priorities

- Improving service delivery and health system strengthening
- Improving quality of care and patient experience

Central Hospitals

There are two central hospitals in the Western Cape, namely Groote Schuur Hospital (975 beds) and Tygerberg Hospital (1384 beds).

Strategic Objectives – Annual Targets

Table B 49: Annual Target for Central Hospital Strategic Objective Indicator

Strategic objective	Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
STRATEGIC GOAL: Promote health and wellness.									
1.1 Provide access to the full package of central hospital services.	5.1.1 Actual (usable) beds in central hospitals	2 359	2 359	2 359	2 359	2 359	2 359	2 359	2 359
	Element								

Performance Indicators & Annual Targets

Table B 50: Annual Targets for Central Hospital Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
SECTOR SPECIFIC INDICATORS									
5.2 Average length of stay (central hospitals)	Quarterly	Days	6.3	6.4	6.5	6.5	6.6	6.5	6.4
Numerator			745,141	742,396	750,954	750,504	754,152	751,626	749,100
Denominator			117,668	115,448	116,152	116,005	114,988	115,349	116,759
5.3 Inpatient bed utilisation rate (central hospitals)	Quarterly	%	86.5%	86.2%	87.2%	87.2%	87.6%	87.3%	87.0%
Numerator			745,141	742,396	750,954	750,504	754,152	751,626	749,100
Denominator			861,129	861,129	861,129	861,129	861,129	861,129	861,129
5.4 Expenditure per PDE (central hospitals)	Quarterly	R	R 4,602	R 4,987	R 5,319	R 5,634	R 5,979	R 6,292	R 6,702
Numerator			4,641,532,000	4,950,579,000	5,328,069,158	5,648,962,000	6,027,893,000	6,346,237,000	6,748,644,000
Denominator			1,008,606	992,676	1,001,686	1,002,628	1,008,248	1,008,550	1,007,028
5.5 Complaint resolution within 25 working days rate (central hospitals)	Quarterly	%	83.0%	88.7%	92.0%	88.7%	88.9%	88.8%	88.8%
Numerator			648	716	599	715	695	703	712
Denominator			781	807	651	807	782	792	802
ADDITIONAL PROVINCIAL INDICATORS									
5.6 Mortality and morbidity review rate (central hospitals)	Quarterly	%	103.6%	91.7%	98.8%	94.0%	100.0%	100.0%	100.0%
Numerator			87	77	83	79	84	84	84
Denominator			84	84	84	84	84	84	84

Quarterly Targets for 19/20

Table B 51: Quarterly Targets for Central Hospital Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
5.1.1	Actual (usable) beds in central hospitals	Annual	2,359				2,359
	Element						
SECTOR SPECIFIC INDICATORS							
5.2	Average length of stay (central hospitals)	Quarterly	6.6	6.5	6.7	6.5	6.6
	Numerator		754,152	188,848	192,618	184,148	188,538
	Denominator		114,988	28,977	28,747	28,517	28,747
5.3	Inpatient bed utilisation rate (central hospitals)	Quarterly	87.6%	88.0%	88.7%	85.8%	87.8%
	Numerator		754,152	188,848	192,618	184,148	188,538
	Denominator		861,129	214,692	217,052	214,693	214,692
5.4	Expenditure per PDE (central hospitals)	Quarterly	R 5,979	R 5,979	R 5,798	R 5,979	R 6,171
	Numerator		6,027,893,000	1,506,973,250	1,506,973,250	1,506,973,250	1,506,973,250
	Denominator		1,008,248	252,062	259,915	252,063	244,208
5.5	Complaint resolution within 25 working days rate (central hospitals)	Quarterly	88.9%	89.7%	88.8%	89.3%	87.7%
	Numerator		695	175	174	175	171
	Denominator		782	195	196	196	195
ADDITIONAL PROVINCIAL INDICATORS							
5.6	Mortality and morbidity review rate (central hospitals)	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
	Numerator		84	21	21	21	21
	Denominator		84	21	21	21	21

Tertiary Hospital

There is one provincial tertiary hospital in the Western Cape, namely Red Cross War Memorial Children's Hospital (272 beds). Maitland Cottage Home is a provincially-aided health facility which operates as an extension of Red Cross War Memorial Children's Hospital and provides for specialist orthopaedic surgery, post-operative care and rehabilitation for children with orthopaedic conditions. The facility has 85 beds and performs over 500 surgical procedures per annum.

Strategic Objectives – Annual Targets

Table B 52: Annual Target for Tertiary Hospital Strategic Objective

Strategic objective		Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance 2018/19	Medium term targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
STRATEGIC GOAL: Promote health and wellness.										
1.1	Provide access to the full package of central hospital services at ROWMCH	5.1.2 Actual (usable) beds in tertiary hospitals Element	272	272	272	272	272	272	272	

Performance Indicators & Annual Targets

Table B 53: Annual Targets for Tertiary Hospital Performance Indicators

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2015/16	2016/17	2017/18		2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS										
5.8 Average length of stay (Tertiary hospitals)	Quarterly		Days	4.0	4.0	3.8	3.8	3.9	4.0	4.1
Numerator		3		79 852	78 222	78 402	79 201	80 417	81 408	82 402
Denominator		4		20 166	19 581	20 465	20 962	20 620	20 352	20 098
5.9 Inpatient bed utilisation rate (Tertiary hospitals)	Quarterly		%	80.4%	78.8%	79.0%	79.8%	81.0%	82.0%	83.0%
Numerator		3		79 852	78 222	78 402	79 201	80 417	81 408	82 402
Denominator		5		99 291	99 291	99 291	99 291	99 291	99 291	99 291
5.10 Expenditure per PDE (Tertiary hospitals)	Quarterly		R	R 5 472	R 5 980	R 6 453	R 6 759	R 7 044	R 7 314	R 7 690
Numerator		6		708 917 790	739 990 486	790 081 704	838 303 992	889 983 000	937 698 000	997 189 000
Denominator		9		129 543	123 748	122 439	124 027	126 338	128 211	129 675
5.11 Complaint resolution within 25 working days rate (Tertiary hospitals)	Quarterly		%	92.2%	95.5%	92.5%	91.4%	94.0%	94.0%	94.0%
Numerator		12		130	168	123	128	158	157	158
Denominator		10		141	176	133	140	169	167	169
ADDITIONAL PROVINCIAL INDICATORS										
5.12 Mortality and morbidity review rate (Tertiary hospitals)	Quarterly		%	91.7%	100.0%	100.0%	91.7%	100.0%	100.0%	100.0%
Numerator		13		11	12	12	11	12	12	12
Denominator		14		12	12	12	12	12	12	12

Quarterly Targets for 19/20

Table B 54: Quarterly Targets for Tertiary Hospital Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
5.1.2	Actual (usable) beds in tertiary hospitals Element	Annual	272				272
SECTOR SPECIFIC INDICATORS							
5.8	Average length of stay (Tertiary hospitals) Numerator Denominator	Quarterly	3.9 80 417 20 620	3.9 20 185 5 196	4.0 20 667 5 155	3.8 19 461 5 114	3.9 20 104 5 155
5.9	Inpatient bed utilisation rate (Tertiary hospitals) Numerator Denominator	Quarterly	81.0% 80 417 99 291	81.5% 20 185 24 755	82.6% 20 667 25 027	78.6% 19 461 24 754	81.2% 20 104 24 755
5.10	Expenditure per PDE (Tertiary hospitals) Numerator Denominator	Quarterly	R 7 044 889 983 000 126 338	R 7 044 222 495 750 31 585	R 6 774 222 495 750 32 848	R 7 045 222 495 750 31 584	R 7 338 222 495 750 30 321
5.11	Complaint resolution within 25 working days rate (Tertiary hospitals) Numerator Denominator	Quarterly	94.0% 158 169	90.5% 38 42	95.2% 40 42	95.2% 40 42	93.0% 40 43
ADDITIONAL PROVINCIAL INDICATORS							
5.12	Mortality and morbidity review rate (Tertiary hospitals) Numerator Denominator	Quarterly	100.0% 12 12	100.0% 3 3	100.0% 3 3	66.7% 2 3	100.0% 3 3

Reconciling Performance Targets with the Budget & MTEF

Table B 55: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
1. Central Hospital Services	4 641 532	4 950 579	5 328 069	5 590 320	5 602 460	5 648 962	6 027 893	6.71	6 346 237	6 748 644
2. Provincial Tertiary Hospital Services	718 879	750 828	801 679	848 715	850 771	858 183	903 188	5.24	951 711	1 012 032
Total payments and estimates	5 360 411	5 701 407	6 129 748	6 439 035	6 453 231	6 507 145	6 931 081	6.51	7 297 948	7 760 676

Notes:

Sub-programmes 5.1 and 5.2:

2019/20: National conditional grant: National Tertiary Services: R3 213 685 000 (Compensation of employees R1 896 468 000, Goods and services R1 304 453 000 and Payments for capital assets R12 764 000).

Sub-programmes 5.1 and 5.2:

2019/20: National conditional grant: Health Professions Training and Development: R430 037 000 (Compensation of employees).

Sub-programmes 5.1:

2019/20: National conditional grant: Human Resources Capacitation Grant: R71 691 000 (Compensation of employees).

Table B 56: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
Current payments	5 268 274	5 598 758	6 033 098	6 349 604	6 349 779	6 365 641	6 837 165	7.41	7 201 523	7 658 972
Compensation of employees	3 606 404	3 859 793	4 126 085	4 388 508	4 388 508	4 413 876	4 759 104	7.82	5 011 006	5 326 837
Salaries and wages	3 242 945	3 465 102	3 698 428	3 918 001	3 922 501	3 946 893	4 252 900	7.75	4 473 835	4 754 341
Social contributions	363 459	394 691	427 657	470 507	466 007	466 983	506 204	8.40	537 171	572 496
Goods and services	166 1870	1738 965	1907 013	1961096	1961271	1951765	2 078 061	6.47	2 190 517	2 332 135
of which										
Administrative fees		2								
Advertising	105	57	35	208	208	125	219	75.20	229	241
Minor Assets	7 019	7 740	7 717	12 018	11018	9 190	11 167	2151	11647	12 275
Catering: Departmental	3	34	30	78	78	39	82	110.26	86	90
Communication (G&S)	10 520	3 982	3 765	6 713	5 713	3 474	4 176	20.21	4 356	4 591
Computer services	451	838	899	1132	1307	1314	1 194	(9.13)	1245	1312
Consultants and professional services: Business and advisory services	1910	2 017	2 238	2 294	2 294	2 383	2 418	147	2 521	2 657
Laboratory services	172 183	170 060	200 252	191975	197 975	212 772	215 842	144	225 123	237 279
Contractors	85 335	96 796	102 754	100 486	103 486	109 444	108 880	(0.52)	113 956	120 507
Agency and support/outourced services	98 273	108 256	115 891	109 162	103 762	101571	107 065	5.41	112 283	118 991
Entertainment			1	2	2		2		2	2
Fleet services (including government motor transport)	1010	1022	965	1225	1225	1291	1 341	3.87	1398	1473
Inventory: Food and food	9 792	9 704	11272	11593	10 593	9 510	10 959	15.24	11638	12 476
Inventory: Materials and	7 903	7 730								
Inventory: Medical supplies	702 257	716 337	809 887	813 455	810 455	794 685	855 753	7.68	905 170	966 805
Inventory: Medicine	211475	236 645	251890	274 658	272 658	273 125	297 458	8.91	315 899	338 643
Inventory: Other supplies	8 805	9 185	10 168	9 614	9 614	12 674	11 243	(11.29)	11941	12 801
Consumable supplies	110 333	115 108	131900	140 561	138 561	130 802	147 452	12.73	153 790	162 095
Consumable: Stationery, printing and office supplies	15 888	17 424	17 276	17 705	18 705	17 979	19 161	6.57	19 984	21063
Operating leases	2 914	2 296	2 239	3 158	3 158	1737	2 529	45.60	2 638	2 781
Property payments	203 877	224 602	227 895	251775	257 175	258 753	267 769	3.48	282 686	301376
Transport provided:				209	209		20		21	22
Departmental activity										
Travel and subsistence	1646	1501	1727	1680	1680	1998	1 871	(6.36)	1951	2 057
Training and development	3 845	3 851	5 458	5 128	5 128	5 397	5 405	0.15	5 637	5 941
Operating payments	1268	1112	1332	1092	1092	809	1 101	36.09	1149	1211
Venues and facilities				55	55	1	58	5700.00	60	63
Rental and hiring	5 058	2 666	1422	5 120	5 120	2 692	4 896	8187	5 107	5 383
Transfers and subsidies to	27 355	28 362	29 066	31312	31312	31228	33 068	5.89	34 988	36 951
Departmental agencies and accounts	71									
Departmental agencies (non-business entities)	71									
Other	71									
Non-profit institutions	9 961	10 838	11597	12 467	12 467	12 467	13 205	5.92	14 013	14 843
Households	17 323	17 524	17 469	18 845	18 845	18 761	19 863	5.87	20 975	22 108
Social benefits	16 783	17 524	17 454	18 845	18 845	18 761	19 863	5.87	20 975	22 108
Other transfers to households	540		15							
Payments for capital assets	64 727	73 981	66 834	58 119	72 140	109 474	60 848	(44.42)	61437	64 753
Buildings and other fixed structures	27	16								
Buildings	27	16								
Machinery and equipment	64 700	73 965	66 834	57 019	71040	106 274	60 848	(42.74)	60 277	63 531
Transport equipment	2 851	2 869	2 874	3 775	3 015	3 659	3 873	5.85	4 167	4 381
Other machinery and equipment	61849	71096	63 960	53 244	68 025	102 615	56 975	(44.48)	56 120	59 150
Software and other intangible assets				1100	1100	3 200		(100.00)	1160	1222
Payments for financial assets	55	306	750			802		(100.00)		
Total economic classification	5 360 411	5 701407	6 129 748	6 439 035	6 453 231	6 507 145	6 931 081	6.51	7 297 948	7 760 676

Performance and Expenditure Trends

Programme 5: Central Hospital Services is allocated 28.00 per cent of the Vote in 2019/20 in comparison to the 28.15 per cent of the Vote that was allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R423.936 million or 6.51 per cent.

Risk Management

Aging Infrastructure

Mitigating Factors

- Enhanced pro-active maintenance and replacement of infrastructure as budget allows.

Programme 6: Health Science & Training

Purpose

To create training and development opportunities for actual and potential employees of the Department of Health

Structure

Sub-Programme 6.1: Nurse Training College

Training of nurses at undergraduate and post-basic level, target group includes actual and potential employees

Sub-Programme 6.2: Emergency Medical Services (EMS) Training College

Training of rescue and ambulance personnel, target group includes actual and potential employees

Sub-Programme 6.3: Bursaries

Provision of bursaries for health science training programmes at undergraduate and postgraduate levels, target group includes actual and potential employees

Sub-Programme 6.4: Primary Health Care (PHC) Training

Provision of PHC related training for personnel, provided by the regions

Sub-Programme 6.5: Training (Other)

Provision of skills development interventions for all occupational categories in the Department, target group includes actual and potential employees

Programme Priorities

- Facilitate education and training opportunities to address scarce and critical skills to strengthen the health system and enable quality people-centred healthcare.
- Implementation of a leadership and management development strategy to capacitate managers and drive organisational culture change.
- Ensure the continuous competency-based clinical skills and professional development of current health professionals including empathic engagement.
- Orientation and Induction for all new appointees.
- Capacitate all staff to provide integrated care across the Department.

Strategic Objectives – Annual Targets

Table B 57: Annual Target for Strategic Objective Indicator

Strategic objective	Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.									
6. Implement a Human Resource Development (HRD) strategy.	6.1.1 Number of bursaries awarded for scarce and critical skills categories	1 900	2 554	2 447	2 052	1 875	1 900	1 925	1 925
	Element								

Notes:

Indicator 6.1.1

The allocation is based on service needs but importantly, the availability of vacant funded posts when nursing bursars graduate. The reduction in the allocation of nursing bursaries is due to a reduction in the availability of vacant funded nursing posts where the supply of graduate nurses outstrips the demand for entry level nurses (the shortages of nurses are in the specialty categories).

Performance Indicators & Annual Targets

Table B 58: Annual Targets for Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
SECTOR SPECIFIC INDICATORS									
6.1 Number of bursaries awarded to first year medicine students Element	Annual	No	50	49	58	50	50	50	50
6.2 Number of bursaries awarded to first year nursing students Element	Annual	No	288	195	153	100	130	130	130
ADDITIONAL PROVINCIAL INDICATORS									
6.3 EMC intake on accredited HPCSA courses Element	Annual	No	78	90	90	90	60	30	30
6.4 Intake of home community based carers (HCBCs) Element	Annual	No	759	882	1 154	800	800	800	800
6.5 Intake of Admin interns Element	Annual	No	192	220	219	180	300	350	400
6.6 Intake of learner basic/post basic pharmacist assistants Element	Annual	No	87	123	125	130	130	130	130
6.7 Intake of assistant to artisan (ATA) interns Element	Annual	No	124	119	146	120	120	120	120
6.8 Intake of PAY interns Element	Annual	No	150	153	185	180	300	350	400
6.9 Intake of emergency medical care (EMC) assistant interns Element	Annual	No	104	162	137	110	100	100	100
6.10 Intake of forensic pathology service (FPS) assistant interns Element	Annual	No	15	13	9	20	50	60	70

Notes:

Indicator 6.3: The target for EMC courses is declining sharply over the MTEF period due to the phasing out of the programme and the reduction in the need for EMC interns within the Department.

Indicator 6.5: Was previously named 'Intake of data capturer interns'.

Indicator 6.8: The intake of the Premier's Advancement of Youth (PAY) interns as a potential recruitment measure to deal with the scarce finance and HR skills is a priority programme. Additional budget has been set aside to grow the number of interns incrementally as per the Departmental need over the 2019 MTEF period. This indicator was previously named 'Intake of finance and admin interns'.

Indicator 6.10: The target for FPS interns is growing significantly over the MTEF period due to the need to strengthen Forensic Pathology Services in the Department.

Quarterly Targets for 19/20

Table B 59: Quarterly Targets for Programme 6 Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS:							
6.1.1	Number of bursaries awarded for scarce and critical skills categories <div>Element</div>	Annual	1 900				1 900
Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS:							
6.1	Number of bursaries awarded to first year medicine students <div>Element</div>	Annual	50				50
6.2	Number of bursaries awarded to first year nursing students <div>Element</div>	Annual	130				130
ADDITIONAL PROVINCIAL INDICATORS:							
6.3	EMC intake on accredited HPCSA courses <div>Element</div>	Annual	60				60
6.4	Intake of home community based carers (HCBCs) <div>Element</div>	Annual	800				800
6.5	Intake of Admin interns <div>Element</div>	Annual	300				300
6.6	Intake of learner basic/post basic pharmacist assistants <div>Element</div>	Annual	130				130
6.7	Intake of assistant to artisan (ATA) interns <div>Element</div>	Annual	120				120
6.8	Intake of PAY interns <div>Element</div>	Annual	300				300
6.9	Intake of emergency medical care (EMC) assistant interns <div>Element</div>	Annual	100				100
6.10	Intake of forensic pathology service (FPS) assistant interns <div>Element</div>	Annual	50				50

Reconciling Performance Targets with the Budget & MTEF

Table B 60: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- piation 2018/19	Adjusted appro- piation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
1. Nurse Training College	91 555	80 785	59 145	95 435	68 152	65 161	71 874	10.30	75 809	80 514
2. Emergency Medical Services (EMS) Training	30 664	28 562	32 250	32 679	32 679	34 013	31 718	(6.75)	36 839	39 088
3. Bursaries	83 470	73 945	87 299	66 163	69 477	69 477	59 736	(14.02)	62 940	66 338
4. Primary Health Care (PHC) Training				1	1		1		1	1
5. Training (Other)	114 104	136 999	138 759	155 340	158 307	162 657	189 407	16.45	175 910	185 585
Total payments and estimates	319 793	320 291	317 453	349 618	328 616	331 308	352 736	6.47	351 499	371 526

Notes:

Sub-programme 6.5:

2019/20: National conditional grant: Social Sector EPWP Incentive Grant for Provinces – R13 495 000 (Transfers and subsidies).

Table B 61: Payment & estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate 2018/19	2019/20	2020/21	2021/22
Current payments	175 384	184 495	163 647	219 736	195 420	178 879	237 599	32.83	222 503	235 495
Compensation of employees	113 676	113 785	121 960	166 671	150 355	137 492	173 770	26.39	164 671	174 353
Salaries and wages	102 336	121 310	109 559	148 253	131 937	128 845	157 240	22.04	147 314	155 896
Social contributions	11 340	12 475	12 401	18 418	18 418	8 647	16 530	91.16	17 357	18 457
Goods and services	61 708	50 710	41 687	53 065	45 065	41 387	63 829	54.22	57 832	61 142
of which										
Advertising	14	234	15	234	234	108	251	132.41	261	276
Minor Assets	577	313	821	839	539	634	693	9.31	723	762
Bursaries: Employees	8 703	9 509	10 345	10 297	10 297	10 297	10 853	5.40	11 320	11 931
Catering: Departmental	1 665	1 396	1 052	323	323	931	464	(50.16)	481	508
Communication (G&S)	989	857	979	1 000	1 000	802	851	6.11	888	936
Computer services						19		(100.00)		
Consultants and professional services: Business and advisory services	96	32	32	144	144	32	40	25.00	42	44
Contractors	127	81	20	155	155	227	134	(40.97)	140	147
Agency and support/outsourced services	5 756	968	2 180	6 465	4 205	2 610	5 171	98.12	5 393	5 684
Entertainment		1		4	4		3		3	3
Fleet services (including government motor transport)	14 17	1448	1454	1246	1246	1658	1 207	(27.20)	1258	1326
Inventory: Materials and	104	312								
Inventory: Medical supplies	253	316	134	332	332	151	390	158.28	414	444
Inventory: Medicine	1	8	1	14	14	3	12	300.00	13	14
Consumable supplies	6 855	7 104	3 243	7 317	5 168	2 780	4 167	49.89	4 347	4 582
Consumable: Stationery, printing and office supplies	966	685	690	849	849	1245	711	(42.89)	742	783
Operating leases	531	504	278	535	535	199	439	120.60	458	483
Property payments	10 831	8 838	4 822	11 629	8 338	5 460	11 587	12.22	12 249	13 072
Travel and subsistence	8 718	5 808	7 907	4 670	4 670	5 735	6 942	2105	6 260	6 601
Training and development	12 912	11 654	6 987	6 516	6 516	7 414	19 229	159.36	12 289	12 964
Operating payments	216	377	303	158	158	456	137	(69.96)	143	151
Venues and facilities	950	235	208	256	256	221	483	18.55	340	359
Rental and hiring	27	30	216	82	82	405	65	(83.95)	68	72
Transfers and subsidies to	136 634	131 763	143 274	123 907	125 416	125 706	112 485	(10.52)	122 550	129 237
Departmental agencies and accounts	4 581	4 790	5 128	5 699	5 699	5 703	6 056	6.19	6 349	6 698
Departmental agencies (non-business entities)	4 581	4 790	5 128	5 699	5 699	5 703	6 056	6.19	6 349	6 698
Sector Education and Training	4 579	4 790	5 128	5 699	5 699	5 703	6 056	6.19	6 349	6 698
Other	2									
Higher education institutions	3 992			4 772						
Non-profit institutions	52 733	61 353	66 485	57 047	60 014	60 014	56 995	(5.03)	64 000	67 520
Households	75 328	65 620	71 661	56 389	59 703	59 989	49 434	(17.59)	52 201	55 019
Social benefits	519	1 184	895	523	523	809	551	(31.89)	581	612
Other transfers to households	74 809	64 436	70 766	55 866	59 180	59 180	48 883	(17.40)	51 620	54 407
Payments for capital assets	7 775	3 972	4 307	5 975	7 780	26 611	2 652	(90.03)	6 446	6 794
Machinery and equipment	7 775	3 972	4 282	5 954	7 759	26 590	2 652	(90.03)	6 424	6 771
Transport equipment	2 095	2 461	2 021	2 516	2 516	2 536	2 652	4.57	2 800	2 951
Other machinery and equipment	5 680	1 511	2 261	3 438	5 243	24 054		(100.00)	3 624	3 820
Software and other intangible assets			25	21	21	21		(100.00)	22	23
Payments for financial assets		61	6 225			112		(100.00)		
Total economic classification	319 793	320 291	317 453	349 618	328 616	331 308	352 736	6.47	351 499	371 526

Performance and Expenditure Trends

Programme 6: Health Sciences and Training is allocated 1.42 per cent of the Vote in 2019/20 in comparison to the 1.43 per cent that was allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R21.428 million or 6.47 per cent.

Risk Management

Programme 6 is affected by some of the transversal Departmental risks and has no programme-specific risks with unique mitigation strategies.

Programme 7: Health Care Support Services

Purpose

To render support services required by the Department to realise its aims

Structure

Sub-Programme 7.1: Laundry Services

To render laundry and related technical support service to health facilities

Sub-Programme 7.2: Engineering Services

Rendering routine, day-to-day and emergency maintenance service to buildings, engineering installations and health technology

Sub-Programme 7.3: Forensic Services

To render specialised forensic pathology and medico-legal services in order to establish the circumstances and causes surrounding unnatural death. It includes the provision of the Inspector of Anatomy functions, in terms of Chapter 8 of the National Health Act and its Regulations

Sub-Programme 7.4: Orthotic & Prosthetic Services

To render specialised orthotic and prosthetic services; please note this service is reported in Sub-programme 4.4

Programme 7.5: Cape Medical Depot

The management and supply of pharmaceuticals and medical supplies to health facilities

Programme Priorities

Laundry Services

- Improve the efficiency of in-house laundry services.
- Improve measurement of and reporting on linen losses.
- Monitor and improve quality of both in-house and outsourced laundry services.

The Department is currently considering the development of new and improved indicators for Laundry Services. A thorough process will, however, be followed to ensure indicators are of good quality and have been adequately tested before including such in the APP.

Engineering Services

- Continue, within budget constraints, with the implementation of the Blueprint: Organisation and Establishment for the Provisioning of Day-to-day, Routine and Emergency Building Maintenance Services and the Blueprint on the Organisation and Establishment for the Provision of Health Technology Maintenance Services by the Department of Health.
- Ensure compliance with the Health Risk Waste regulations and the relevant policy.
- Continue with a phased approach to ensure fire compliance at all facilities.
- Reducing water consumption and supply of potable water, through:
 - behaviour change (surgical scrubs, use of alcohol hand sanitizers, bottled water for drinking, reduce water consumption awareness campaign, lower utilisation of laundries) and closer monitoring of water utilisation; and
 - engineering interventions (elimination of leaks, shutting off of basin taps (use hand sanitizers), installation of low flow sanitary fixtures and waterless urinals, re-use of treated water, installation of water efficient equipment and systems, recycling of autoclave water in CSSDs).

- On-going implementation of processes to ensure a reduction in utility consumption at all facilities. The Western Cape Government launched its Energy Security Game Changer in partnership with the World Wide Fund for Nature. WCGH is committed to this Game Changer and aims to achieve a 10 per cent reduction in energy utilisation at provincial hospitals by 2020.
- Continue to focus on water security programme for limiting the impact of drought at health facilities.
- Assist to improve Health Care Risk Waste Management at facilities.

The Department is currently considering the development of new and improved indicators for Engineering Services. A thorough process will, however, be followed to ensure indicators are of good quality and have been adequately tested before including such in the APP.

Forensic Pathology Services

- Serving the criminal justice process by ensuring access to the Forensic Pathology.
- Establishing standardising toxicology practice (death scene and post-mortem practice) and through the development of a toxicology case review mechanism.
- Support to the Alcohol Harms Reduction project as well as the Directorate: Land Transport Safety (LTS), within the Department of Transport & Public Works.
- Effective management of major incidents.
- Improve the management of child deaths in the Western Cape by ensuring that all child deaths are reviewed through the child death review process.
- Improve the management of unidentified persons with the continued assistance of our stakeholders.
- Ensure a capacitated workforce by the development of and implementation of the Forensic Pathology Officer Diploma.
- Commission the Observatory Forensic Pathology Institute.
- Ensure the implementation of identified infrastructure and maintenance projects which include:
 - the relocation of Wolseley FPL with the commissioning of Ceres FPL;
 - the commissioning of Vredenburg FPL; and
 - the construction of Knysna FPL.
- Development of the Forensic Pathology Service Business Information Management Platform.
- Migration of the Enterprise Content Management System to the latest version available; prioritization and development of transversal projects within the Directorate Forensic Pathology Services and Western Cape Government: Health.
- Improve the management of Human Tissue by ensuring compliance with the National Health Act and its' regulations.

Cape Medical Depot

- Ensuring adequate infrastructure for the Cape Medical Depot (CMD), including a computerised system implemented for the relevant warehouse functions with respect to the procurement, warehousing and accounting requirements to meet its own as well as its clients' needs. The investigation and feasibility study with respect to the replacement/upgrade of the computerised system (MEDSAS), as well as the infrastructure currently in use at the CMD is the primary priority for the 2018/19 financial year.
- On-going quality improvement efforts include:
 - Improving service delivery to facilities
 - The timely purchase and distribution of adequate stock

Laundry Services

Strategic Objectives – Annual Targets

Table B 62: Annual Target for Laundry Services Strategic Objective Indicator

Strategic objective	Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance 2018/19	Medium term targets		
			2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.									
7(a) Provide an efficient and effective laundry service.	7.1.1 Average cost per item laundered in-house	R 5.83	R 4.49	R 4.67	R 5.03	R 5.40	R 5.83	R 6.30	R 6.76
	Numerator	78 116 095	58 486 645	58 696 958	65 882 918	71 929 800	78 116 095	84 427 157	90 613 451
	Denominator	13 398 987	13 030 231	12 562 691	13 087 829	13 332 538	13 398 987	13 401 136	13 412 285

Performance Indicators & Annual Targets

Table B 63: Annual Targets for Laundry Services Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
ADDITIONAL PROVINCIAL INDICATORS									
7.1(a) Average cost per item laundered outsourced	Quarterly	R	R 3.31	R 3.56	R 3.80	R 4.15	R 4.43	R 4.74	R 4.77
Numerator			27 376 128	28 471 463	29 399 503	35 561 787	38 072 678	40 760 127	41 028 476
Denominator			8 266 131	7 991 134	7 742 569	8 572 884	8 594 284	8 599 183	8 604 082

Quarterly Targets for 19/20

Table B 64: Quarterly Targets for Laundry Services Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
7.1.1 Average cost per item laundered in-house	Quarterly	R 5.83	R 5.80	R 5.83	R 5.84	R 5.86
Numerator		78 116 095	19 412 178	19 447 384	19 495 688	19 760 845
Denominator		13 398 987	3 349 747	3 337 727	3 340 522	3 370 991
Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
ADDITIONAL PROVINCIAL INDICATORS:						
7.1(a) Average cost per item laundered outsourced	Quarterly	R 4.43	R 4.40	R 4.43	R 4.44	R 4.45
Numerator		38 072 678	9 457 794	8 962 922	9 647 576	10 004 386
Denominator		8 594 284	2 148 571	2 023 558	2 173 584	2 248 571

Engineering Services

Strategic Objectives – Annual Targets

Table B 65: Annual Target for Engineering Services Strategic Objective

Strategic objective	Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance 2018/19	Medium term targets		
			2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.									
7(b) Provide an efficient and effective maintenance service.	7.1.2 Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)	10.0%	Not required to report	2.7%	4.0%	4.0%	10.0%	10.0%	10.0%
	Numerator	15 327 925	-	4 156 880	6 197 229	6 197 230	15 327 925	15 327 925	15 327 925
	Denominator	153 279 246	-	153 279 246	153 279 246	153 279 246	153 279 246	153 279 246	153 279 246

Performance Indicators & Annual Targets

Table B 66: Annual Targets for Engineering Services Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
ADDITIONAL PROVINCIAL INDICATORS									
7.1(b) Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed Element	Quarterly	Yes / No	Not required to report	Not required to report	Yes	Yes	Yes	Yes	Yes
7.2(b) Threshold (provincial benchmark) achieved for engineering maintenance jobs Element	Quarterly	Yes / No	Not required to report	Not required to report	Yes	Yes	Yes	Yes	Yes
7.3(b) Percentage of hospitals achieving the provincial benchmark for water utilisation Numerator	Annual	%	Not required to report	Not required to report	70.0%	69.2%	75.0%	78.8%	78.8%
Denominator					35	36	39	41	41
			-	-	50	52	52	52	52

Quarterly Targets for 19/20

Table B 67: Quarterly Targets for Engineering Services Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
7.1.2 Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)		Annual	10.0%				10.0%
	Numerator		15 327 925				15 327 925
	Denominator		153 279 246				153 279 246
Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
ADDITIONAL PROVINCIAL INDICATORS:							
7.1(b) Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed	Element	Quarterly	Yes	Yes	Yes	Yes	Yes
7.2(b) Threshold (provincial benchmark) achieved for engineering maintenance jobs completed	Element	Quarterly	Yes	Yes	Yes	Yes	Yes
7.3(b) Percentage of hospitals achieving the provincial benchmark for water utilisation		Annual	75.0%				75.0%
	Numerator		39				39
	Denominator		52				52

Forensic Pathology Services

Strategic Objectives – Annual Targets

Table B 68: Annual Targets for FPS Strategic Objectives

Strategic objective	Programme performance indicator	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance 2018/19	Medium term targets			
			2015/16	2016/17	2017/18		2019/20	2020/21	2021/22	
STRATEGIC GOAL: Promote health and wellness.										
7 c) Ensure access to a Forensic Pathology Service.	7.1.3 Percentage of Child Death Cases Review ed by the Child Death Review Boards	100.0%	Not required to report	Not required to report	Not required to report	100.0%	100.0%	100.0%	100.0%	
	Numerator	2 083	-	-	-	2 044	2 083	2 123	2 163	
	Denominator	2 083	-	-	-	2 044	2 083	2 123	2 163	

Note:

Indicator 7.1.3

Child death review provides an opportunity to explore the pattern of child deaths and to inform prevention with the potential to influence and improve child survival in the Western Cape. This further links to the First 1000 Days Policy of the Western Cape Government.

Performance Indicators & Annual Targets

There are no sector indicators specified for Forensic Pathology Services

Quarterly Targets for 19/20

Table B 69: Quarterly Targets for FPS Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
7.1.3 Percentage of Child Death Cases Reviewed by the Child Death Review Boards	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		2 083	524	535	519	505
Denominator		2 083	524	535	519	505

Cape Medical Depot (CMD)

Strategic Objectives – Annual Targets

Table B 70: Annual Target for CMD Strategic Objective Indicator

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets			
			2015/16	2016/17	2017/18		2018/19	2019/20	2020/21	2021/22
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
7 (d) Ensure optimum pharmaceutical stock levels to meet the demand.	7.1.4 Percentage of pharmaceutical stock available	95.1%	93.8%	93.8%	95.1%	95.1%	95.1%	95.1%	95.1%	
	Numerator	694	716	676	694	694	694	694	694	
	Denominator	730	763	721	730	730	730	730	730	

Performance Indicators & Annual Targets

There are no sector indicators specified for Cape Medical Depot

Quarterly Targets for 19/20

Table B 71: Quarterly Targets for CMD Indicator

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
7.1.4 Percentage of pharmaceutical stock available	Quarterly	95.1%	95.1%	95.1%	95.1%	95.1%
Numerator		694	694	694	694	694
Denominator		730	730	730	730	730

Reconciling Performance Targets with the Budget & MTEF

Table B 72: Summary of Payments & Estimates

Sub-programme R'000	Outcome			Main appropriation			Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	2018/19	Adjusted appropriation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
1. Laundry Services	80 467	93 711	100 938	105 669	105 669	105 668	111 337	5.36	116 753	123 664
2. Engineering Services	117 814	93 182	95 292	109 667	109 777	107 826	119 023	10.38	122 544	129 860
3. Forensic Services	150 958	155 784	177 347	183 136	187 559	190 586	195 279	2.46	206 596	219 361
4. Orthotic and Prosthetic Services				1	1		1		1	1
5. Cape Medical Depot	73 738	83 023	63 235	71 201	71 201	69 497	75 615	8.80	79 921	85 063
Total payments and estimates	422 977	425 700	436 812	469 674	474 207	473 577	501 255	5.84	525 815	557 949

Notes:

Sub-programme 7.2: 2019/20:

National conditional grant: Expanded Public Works Programme Integrated Grant for Provinces: R2 046 000 (Compensation of employees).

Day-to-day and Emergency maintenance allocation transferred from Sub-programme 7.2 to various sub-programmes in Programme 8 as from 1 April 2016.

Table B 73: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome			Main appropriation 2018/19	Adjusted appropriation 2018/19	Revised estimate 2018/19	Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18				% Change from Revised estimate		2020/21	2021/22
							2019/20	2018/19		
Current payments	393 973	402 031	405 136	442 370	445 472	444 235	474 769	6.87	496 954	527 532
Compensation of employees	222 286	242 775	270 754	292 652	295 774	295 675	316 034	6.89	330 722	351 632
Salaries and wages	191 825	209 963	234 603	253 046	255 770	256 665	273 716	6.64	285 713	303 630
Social contributions	30 461	32 812	36 151	39 606	40 004	39 010	42 318	8.48	45 009	48 002
Goods and services	17 1687	159 256	134 382	149 718	149 698	148 560	158 735	6.85	166 232	175 900
of which										
Advertising	2									
Minor Assets	1744	944	1501	1845	1805	1637	1 823	11.36	1900	2 002
Catering: Departmental	84	125	93	215	215	172	227	31.98	235	247
Communication (G&S)	2 342	2 469	2 393	3 589	3 864	3 079	3 098	0.62	3 233	3 409
Computer services	1879	1985	1835	2 839	2 829	1662	1 802	8.42	1879	1981
Consultants and professional services: Business and advisory services	29	22	29	499	426	377	753	99.73	785	827
Laboratory services	481	628	588	707	575	571	745	30.47	777	819
Contractors	14 600	13 959	13 131	13 790	14 022	14 147	15 413	8.95	16 093	16 979
Agency and support/outourced services	9 401	7 949	8 408	9 571	9 229	9 777	10 157	3.89	10 598	11 172
Entertainment	1			9	9	4	9	125.00	9	9
Fleet services (including government motor transport)	9 576	9 991	11 139	12 085	12 085	12 713	12 489	(176)	13 025	13 728
Inventory: Materials and	9 712	13 023								
Inventory: Medical supplies	3 877	4 886	4 388	6 364	6 364	5 741	6 836	19.07	7 263	7 783
Inventory: Medicine	25 078	29 824	1	9 725	1	1	97	9600.00	241	318
Medias inventory interface						(51)		(100.00)		
Inventory: Other supplies	917	846	860	1117	1157	1145	1 245	8.73	1321	1415
Consumable supplies	25 657	37 573	54 923	57 859	57 859	57 622	61 026	5.91	63 643	67 076
Consumable: Stationery, printing and office supplies	2 346	2 590	2 463	3 186	3 186	2 975	3 403	14.39	3 547	3 739
Operating leases	756	964	1052	1070	1070	977	1 028	5.22	1073	1 130
Property payments	52 116	18 823	14 985	16 476	16 686	16 097	17 477	8.57	18 475	19 722
Transport provided: Departmental activity		12								
Travel and subsistence	2 027	2 808	2 432	2 843	3 043	2 622	2 927	11.63	3 053	3 217
Training and development	874	814	482	851	851	794	943	18.77	983	1037
Operating payments	7 847	8 579	13 506	4 366	14 110	16 183	16 887	4.35	17 733	18 905
Venues and facilities	65	75		102	102	102	107	4.90	112	118
Rental and hiring	276	367	173	610	210	213	243	14.08	254	267
Transfers and subsidies to	781	448	519	738	738	764	777	170	820	863
Provinces and municipalities			2							
Provinces			2							
Provincial agencies and funds			2							
Households	781	448	517	738	738	764	777	170	820	863
Social benefits	781	448	517	738	738	764	777	170	820	863
Payments for capital assets	28 114	23 015	29 709	26 566	27 997	28 425	25 709	(9.55)	28 041	29 554
Buildings and other fixed structures		26								
Buildings		26								
Machinery and equipment	28 078	22 989	29 709	26 566	27 997	28 425	25 709	(9.55)	28 041	29 554
Transport equipment	14 812	13 274	15 504	16 708	16 633	15 598	16 637	6.66	17 649	18 603
Other machinery and equipment	13 266	9 715	14 205	9 858	11 364	12 827	9 072	(29.27)	10 392	10 951
Software and other intangible assets	36									
Payments for financial assets	109	206	1448			163		(100.00)		
Total economic classification	422 977	425 700	436 812	469 674	474 207	473 577	501 255	5.84	525 815	557 949

Performance and Expenditure Trends

Programme 7 is allocated 2.02 per cent of the Vote in 2019/20 in comparison to the 2.05 per cent allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R27.678 million or 5.84 per cent.

Sub-programme 7.1: Laundry Services is allocated 22.21 per cent of the 2019/20 Programme 7 budget in comparison to the 22.31 per cent that was allocated in the revised estimate of the 2018/19 budget. This is a nominal increase of R5.669 million or 5.36 per cent.

Sub-programme 7.2: Engineering Services is allocated 23.75 per cent of the Programme 7 budget in 2019/20 in comparison to the 22.77 per cent that was allocated in the revised estimate of the 2018/19 budget. This is a nominal increase of R11.197 million or 10.38 per cent.

Sub-programme 7.3: Forensic Pathology Services is allocated 38.96 per cent of the Programme 7 budget in 2019/20 in comparison to the 40.24 per cent that was allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R4.693 million or 2.46 per cent in nominal terms.

Sub-programme 7.5: Cape Medical Depot is allocated 15.09 per cent of the Programme 7 budget in 2019/20 in comparison to the 14.67 per cent of the Programme 7 budget that was allocated in the revised estimate of the 2018/19 budget. This amounts to a nominal increase of R6.118 million or 8.80 per cent.

Risk Management

Waste Management	
Mitigating Factors	<ul style="list-style-type: none">• Improve contract management for waste management.• Regular audits and reports for monitoring waste management practices.

Programme 8: Health Facilities Management

Purpose

The provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities, including health technology

Structure

Sub-Programme 8.1: Community Health Facilities

Planning, design, construction, upgrading, refurbishment, additions and maintenance of community health centres, community day centres, and clinics

Sub-Programme 8.2: Emergency Medical Rescue Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of emergency medical services facilities

Sub-Programme 8.3: District Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of district hospitals

Sub-Programme 8.4: Provincial Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of provincial hospitals

Sub-Programme 8.5: Central Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of central hospitals

Sub-Programme 8.6: Other Facilities

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities

Programme Priorities

National Treasury Instruction No 4 of 2015/2016 prescribes the implementation of the Standard for Infrastructure Procurement and Delivery Management (SIPDM). Implementation thereof, effective from 01 July 2016, has necessitated a review of Infrastructure Delivery Management Toolkit 2010, which in turn will require amendment of the SIPDM. These changes will directly impact on Provincial Treasury Instruction (PTI) 16B and the Western Cape Infrastructure Delivery Management System (IDMS) and lead to these also requiring revision to ensure alignment.

In addition, the Department's Water Security Strategy has been developed and comprises the following elements:

- Augment availability of alternative supply of water
 - Use of ground water at large health facilities (reinstatement of existing boreholes and drilling of new, storage tanks, engineering work for connection to water reticulation system, water treatment technologies) – the programme is close to completion
 - Deployment of water tankers at other facilities (as Water Preparedness Plan)
 - Implement water saving measures e.g. closer monitoring of water utilisation at all health facilities

The following priorities for this programme have been identified:

- Continue development and implementation of Health Technology Strategy and Standard Equipment List per facility type;
- Strengthen and improve the primary health care infrastructure and health technology in all Districts;
- Modernise emergency centres at hospitals;
- Provide or upgrade acute psychiatric units at hospitals;
- Continue with the design of the new Klipfontein Hospital and preparing the Strategic Briefs for the new Tygerberg Regional and Central Hospitals and replacement of the Swartland Hospital;
- Focus on maintenance, renewals (rehabilitation, refurbishment, and renovation); and
- Implement fire safety at existing health facilities pragmatically.

The Department is currently considering the development of new and improved indicators for Health Facilities Management. A thorough process will, however, be followed to ensure indicators are of good quality and have been adequately tested before including such in the APP.

Strategic Objectives – Annual Targets

Table B 74: Annual Target for Strategic Objective Indicator

Strategic objective		Programme performance indicator		Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
					2015/16	2016/17	2017/18		2018/19	2019/20	2020/21
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.											
8	Efficient and effective management of infrastructure.	8.1.1	Percentage of Programme 8 Capital infrastructure budget spent (excluding Maintenance)	100.0%	81.0%	105.5%	93.1%	107.2%	100.0%	100.0%	100.0%
			Numerator	535 214 000	312 931 802	344 324 084	287 493 435	373 354 000	535 214 000	531 128 000	638 331 000
			Denominator	535 214 000	386 357 000	326 399 000	308 949 000	348 121 000	535 214 000	531 128 000	638 331 000

Performance Indicators & Annual Targets

Table B 75: Annual Targets for Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets			
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	
SECTOR SPECIFIC INDICATORS										
8.1 Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Garden Route District) <div>Element</div>	Annual	No	Not required to report	5	4	0	1	3	2	
8.2 Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (Garden Route District) <div>Element</div>	Annual	No	Not required to report	58	38	7	26	56	16	
ADDITIONAL PROVINCIAL INDICATORS										
8.3 Percentage of Programme 8 Maintenance budget spent <div>Numerator</div> <div>Denominator</div>	Quarterly	%	Not required to report	Not required to report	88.3%	85.3%	100.0%	100.0%	100.0%	
			-	-	294 424 853	340 000 000	411 771 000	339 418 000	327 249 000	
			-	-	333 603 000	398 780 000	411 771 000	339 418 000	327 249 000	
8.4 Percentage of Programme 8 Health Technology budget spent <div>Numerator</div> <div>Denominator</div>	Quarterly	%	109.4%	167.5%	110.6%	119.8%	100.0%	100.0%	100.0%	
			119 789 046	113 359 879	128 782 098	146 306 000	126 335 000	92 943 000	55 321 000	
			109 545 000	67 665 000	116 394 000	122 156 000	126 335 000	92 943 000	55 321 000	

Quarterly Targets for 19/20

Table B 76: Quarterly Targets for Programme 8 Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
8.1.1	Percentage of Programme 8 Capital infrastructure budget spent (excluding Maintenance)	Quarterly	100.0%	19.9%	45.1%	75.8%	100.0%
	Numerator		535 214 000	106 252 400	241 554 639	405 665 156	535 214 000
	Denominator		535 214 000	535 214 000	535 214 000	535 214 000	535 214 000
Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2019/20	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS							
8.1	Number of health facilities that have undergone major and minor refurbishment in Nhl Pilot District (Garden Route District)	Annual	1				1
	Element						
8.2	Number of health facilities that have undergone major and minor refurbishment outside Nhl pilot District (Garden Route District)	Annual	26				26
	Element						
ADDITIONAL PROVINCIAL INDICATORS							
8.3	Percentage of Programme 8 Maintenance budget spent	Quarterly	100.0%	18.1%	43.7%	69.7%	100.0%
	Numerator		411 771 000	74 372 104	179 757 483	287 107 733	411 771 000
	Denominator		411 771 000	411 771 000	411 771 000	411 771 000	411 771 000
8.4	Percentage of Programme 8 Health Technology budget spent	Quarterly	100.0%	5.0%	15.0%	30.0%	100.0%
	Numerator		126 335 000	6 316 750	18 950 250	37 900 500	126 335 000
	Denominator		126 335 000	126 335 000	126 335 000	126 335 000	126 335 000

Reconciling Performance Targets with the Budget & MTEF

Table B 77: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate			
							2019/20	2018/19	2020/21	2021/22
1. Community Health Facilities	180 130	240 119	183 278	145 586	151 576	109 332	212 935	94.76	254 151	334 377
2. Emergency Medical Rescue Services	18 611	18 228	8 055	17 983	10 869	8 092	38 037	370.06	18 432	9 619
3. District Hospital Services	145 995	251 651	186 616	274 234	291 158	276 447	311 479	12.67	230 184	234 043
4. Provincial Hospital Services	214 428	135 356	103 511	107 112	107 620	93 378	125 549	34.45	122 192	141 426
5. Central Hospital Services	145 503	152 372	202 150	165 305	194 507	228 671	231 693	1.32	291 387	286 019
6. Other Facilities	75 764	79 712	96 023	177 396	182 763	206 973	235 612	13.84	128 338	101 998
Total payments and estimates	780 431	877 438	779 633	887 616	938 493	922 893	1 155 305	25.18	1 044 684	1 107 482

Notes:

Sub-programme 8.1 – 8.6: 2019/20: National conditional grant: Health Facility Revitalisation: R812 626 000 (Compensation of employees R52 100 000; Goods and services R193 280 000; Transfers and subsidies R57 000 and Payments for capital assets R567 189 000).
Day-to-day and Emergency maintenance allocation transferred from Sub-programme 7.2 to various sub-programmes in Programme 8 as from 1 April 2016.

Table B 78: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2015/16	Audited 2016/17	Audited 2017/18	Main appro- priation 2018/19	Adjusted appro- priation 2018/19	Revised estimate 2018/19	% Change from Revised estimate 2019/20	2018/19	2020/21	2021/22
Current payments	356 755	418 406	359 984	457 279	473 752	441 354	513 261	16.29	436 585	420 265
Compensation of employees	36 898	41 671	47 425	57 247	51 882	49 388	62 189	25.92	66 577	71 348
Salaries and wages	34 090	38 413	43 580	53 022	47 978	45 492	57 782	27.02	61 873	66 340
Social contributions	2 808	3 258	3 845	4 225	3 904	3 896	4 407	13.12	4 704	5 008
Goods and services	319 857	376 735	312 559	400 032	421 870	391 966	451 072	15.08	370 008	348 917
of which										
Advertising	60	2								
Minor Assets	13 523	10 093	12 582	13 040	13 787	11 749	31 641	169.31	23 340	13 982
Catering: Departmental	4	50	4	20	360	395	33	(91.65)	34	37
Communication (G&S)	238	122	126	161	184	185	200	8.11	217	229
Computer services	716	49	276	3 950	1 738	21	4 048	19176.19	4 051	4 055
Consultants and professional services: Business and advisory services	29	83		16	16		17		18	19
Infrastructure and planning	29 976	23 779	13 693	45 114	61 801	26 214	15 296	(41.65)	12 292	12 985
Contractors	227	305				6	1	(83.33)	1	1
Agency and support/outourced services		100								
Entertainment	2	3	9	2	2	1	23	2200.00	27	27
Fleet services (including government motor transport)	2									
Inventory: Materials and	98	58								
Inventory: Medical supplies	3 079	1 970	1 581	1 926	2 040	2 107		(100.00)		
Inventory: Other supplies						3 394		(100.00)		
Consumable supplies	1 531	1 676	1 594	800	1 788	34 856	36	(99.90)	39	40
Consumable: Stationery, printing and office supplies	846	537	935	287	528	488	361	(26.02)	386	415
Operating leases	27	27		20	20		21		23	24
Property payments	267 220	335 160	280 732	332 977	336 979	310 398	396 475	27.73	327 126	314 264
Travel and subsistence	809	1 133	876	1 158	1 344	909	1 356	49.17	1 451	1 552
Training and development	1 445	1 477	1 21	464	1 166	1 163	1 466	26.05	901	1 178
Operating payments	20	74	30	97	117	80	98	22.50	102	109
Venues and facilities		37								
Rental and hiring	5									
Transfers and subsidies to	10 136	15 045	20 017	10 012	10 262	10 269	10 057	(2.06)	5 061	5 065
Higher education institutions			10 000	10 000	10 209	10 209	10 000	(2.05)	5 000	5 000
Non-profit institutions	10 000	15 000	10 000							
Households	136	45	17	12	53	60	57	(5.00)	61	65
Social benefits	136	45	17	12	53	60	57	(5.00)	61	65
Payments for capital assets	413 366	443 987	399 632	420 325	454 479	471 270	631 987	34.10	603 038	682 152
Buildings and other fixed structures	312 757	344 324	287 493	320 099	348 121	373 353	535 214	43.35	531 128	638 331
Buildings	312 757	344 324	287 493	320 099	348 121	373 353	535 214	43.35	531 128	638 331
Machinery and equipment	94 635	90 082	111 836	90 601	98 016	93 378	95 053	179	70 644	43 064
Transport equipment	1									
Other machinery and equipment	94 634	90 082	111 836	90 601	98 016	93 378	95 053	179	70 644	43 064
Software and other intangible assets	5 974	9 581	303	9 625	8 342	4 539	1 720	(62.11)	1 266	757
Payments for financial assets	174									
Total economic classification	780 431	877 438	779 633	887 616	938 493	922 893	1 155 305	25.18	1 044 684	1 107 482

Performance and Expenditure Trends

Programme 8 is allocated 4.67 per cent of the Vote in 2019/20 in comparison to the 3.99 per cent that was allocated in the revised estimate of the 2018/19 budget. This translates into an increase of R232.412 million or 25.18 per cent due to an increase in maintenance and capital budgets.

Risk Management

Fire Outbreak

- | Mitigating Factors | |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • | Ensure that design and construction of infrastructure is compliant through phased fire compliance. |
| • | Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order. |
| • | Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards. |

Capital Infrastructure Programme

Deliverables

The long-term strategy of the Department is to plan ahead according to the projected health service requirements and future growth of the population. In line with this strategy, infrastructure takes these requirements into consideration in its planning and execution of projects, whilst taking cognisance of the Department's drive towards improving patient-centred care. This is achieved by allowing some flexibility in the design and size of facilities, which often results in facilities requiring staged commissioning. WCGH's infrastructure planning needs are documented in its annual U-AMP – the 2018/19 U-AMP being the latest version available at www.westerncape.gov.za and the Infrastructure Programme Management Plan (IPMP). Flexibility, expandability, and adaptability in design render more resilient health infrastructure, facilitating improved responsiveness to service pressures. The overarching infrastructure priorities for Programme 8 are:

1. To promote and advance the health and well-being of health facility users in the Province in a sustainable responsible manner, whereby infrastructure is being planned, delivered, operated and maintained with an increased focus on ensuring sustainability of both the infrastructure itself as well as that of the environment, whilst retaining focus on a patient-centred approach. This objective is being met through what has been termed the “5Ls Agenda”.
2. Planning for the replacement of both Helderberg and Swartland Hospitals (district hospitals) and the replacement of the Central Tygerberg Hospital as well as planning for the new Klipfontein Regional and Regional Tygerberg Hospitals.
3. Rehabilitation of the current Tygerberg Hospital building and engineering systems to retain the hospital fully functional until the new hospitals are commissioned.

Infrastructure planning and delivery is faced with the following challenges:

- Under expenditure of the grant allocation; and
- Scarcity of skilled human resources and expertise.

The tables that follow indicate the deliverables in the capital infrastructure programme. The project categories stipulated by NT are firstly provided in the table below, followed by the milestone definitions.

Project Categories

NT Infrastructure Budget Categories	
New or replaced infrastructure asset – Capital	<ul style="list-style-type: none"> New infrastructure includes any construction of structure such as new building, new school, new clinic, new hospital, new community health care centre, new tarred and gravel roads etc. It does not include additions to existing structures. Replaced infrastructure asset refers to the replacing of the existing old structure with a new structure, for example demolition or relocation of a school or health facility to build the new one. When a new asset has been created or an old asset replaced, the expenditure is classified as capital expenditure (payments of capital assets).
Upgrade & additions – Capital	<ul style="list-style-type: none"> This involves activities aimed at improving the capacity and effectiveness of an asset above that of the initial design purpose. The decision to upgrade or enlarge an asset is a deliberate investment decision which may be undertaken at any time and is not dictated by the condition of the asset, but rather in response to a change in demand and/or change in service requirements. Upgrades and additions are classified as payments for capital assets.
Rehabilitation, renovations & refurbishments – Capital	<ul style="list-style-type: none"> Activities required due to neglect or unsatisfactory maintenance or degeneration of an asset. The action implies that the asset is restored to its original condition, thereby enhancing the capacity and value of an existing asset that has become inoperative due to the deterioration of the asset. Such transactions are classified as payments for capital assets.
Maintenance & repairs – Current	<ul style="list-style-type: none"> Includes activities aimed at maintaining the capacity and effectiveness of an asset at its intended level. The maintenance action implies that the asset is restored to its original condition and there is no significant enhancement to its capacity, or the value of the asset. Spending under this classification is of a current nature.
Infrastructure transfers – Capital	<ul style="list-style-type: none"> This category is relevant when the department makes a transfer of funds that the beneficiary must use either For the construction of new infrastructure; or For upgrades / additions to capital or refurbishment / rehabilitation of existing infrastructure
Infrastructure transfers – Current	<ul style="list-style-type: none"> This category is relevant when the department makes a transfer of funds to an entity to cover administrative payments relating to the construction of infrastructure, such as conducting a feasibility study in the construction of a new office building. Administrative costs directly relating to the infrastructure project will only be capitalised once the decision has been made to construct the infrastructure. Therefore, records of such costs should be maintained until the final decision on the project is made.

As stated in Part A, it is important to note that capital projects categorised as “Renovations, rehabilitation or refurbishments” by National Treasury, are further categorised as “renewals” and includes work on existing assets (infrastructure) which returns the service potential of the asset, or expected useful life of the asset, to that which it had originally. Thus, although work undertaken under this category is undertaken as *capital projects* it is considered as *asset care activities*. Both maintenance and renewal are therefore recognised as asset care activities.¹

Milestone Definitions

Milestone definitions, updated in line with the SIPDM and reflected in Schedules 1 to 6 below, are included in the table below.

Stage	Description
Stage 0: Project Initiation	Project Initiation Report (Business Case) being prepared
Stage 1: Infrastructure Planning	Project Initiation Report completed and Infrastructure Plan (e.g. U-AMP) being prepared
Stage 2: Strategic Resourcing	Infrastructure Plan completed and delivery and / or procurement strategy being prepared
Stage 3: Preparation & Briefing OR Stage 3: Prefeasibility	Delivery and / or procurement strategy accepted and Strategic Brief being prepared
Stage 4: Concept and Viability OR Stage 4: Feasibility	Delivery and / or procurement strategy accepted and Prefeasibility Report being prepared
Stage 5: Design Development	Strategic Brief accepted and Concept Report being prepared
Stage 6: Design Documentation	Prefeasibility Report accepted and Feasibility Report being prepared
Stage 6A: Production Information	Concept Report or Feasibility Report accepted and Design Development Report being prepared
Stage 6B: Manufacture, Fabrication & Construction Information	Design Development Report accepted and production information being prepared
Stage 7: Works	Design Development Report accepted and manufacture, fabrication and construction information for construction being prepared
Stage 8: Handover	Design documentation accepted and construction underway
Stage 9: Close Out	Construction completed and process of record information preparation and hand over underway
	Record information and hand over complete; Final Account and Close-out report being prepared

¹ The definition of renewals from NIAMM is as follows:

“Expenditure on an existing asset which returns the service potential of the asset or expected useful life of the asset to that which it had originally”. Note 1: Renewal can include works to replace existing assets or facilities with assets or facilities of equivalent capacity or performance capability. Note 2: Capital expenditure” NIAMM Standard p.14: “There is wide recognition in both local and international literature that asset care activities, these being maintenance and renewal, form part of the lifecycle management of assets, and that the lifecycle of assets should be managed holistically.

Schedule 1: Sub-programme 8.1 Community Health Facilities

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
Stage 1: Infrastructure Planning											
1	CI810251	HFRG	Bonteheuwel - Vanguard CHC - Upgrade and Additions (Alpha)	Cape Town	1-Feb-21	1-Mar-25	10 000	-	-	-	1
2	CI810007	HFRG	Caledon - Caledon Clinic - Replacement	Overberg	1-Jun-20	31-Dec-23	25 000	-	-	-	676
3	CI810138	HFRG	Grabouw - Grabouw CDC - Upgrade and Additions Ph2	Overberg	1-Apr-20	30-Aug-23	10 000	-	-	50	500
4	CI810263	HFRG	Kraaifontein - Scottsdene CDC - Upgrade and Additions (Alpha)	Cape Town	1-Feb-21	1-Apr-25	10 000	-	-	-	1
5	CI810112	HFRG	Masiphumelele - Masiphumelele CDC - New	Cape Town	1-Apr-20	31-Mar-24	50 000	-	-	250	1 000
6	CI810068	HFRG	Mossel Bay - George Road Clinic - Replacement	Garden Route	1-May-20	30-Nov-21	5 000	-	-	50	640
7	CI810077	HFRG	Piketberg - Piketberg Clinic - Upgrade and Additions(Alpha)	West Coast	1-Jul-21	1-Apr-24	10 000	-	-	-	50
8	CI810084	HFRG	Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha)	West Coast	1-Dec-21	1-Apr-24	6 000	-	-	-	50
9	CI810094	HFRG	Strand - Rusthof CDC - Replacement	Cape Town	1-Aug-21	1-Jul-26	80 000	-	-	-	500
Stage 3: Preparation and Briefing											
1	CI810248	HFRG	Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	Cape Town	21-Dec-18	31-Mar-21	7 200	-	100	1 000	3 000
2	CI810129	HFRG	Kraaifontein - Bloekombos CHC - New	Cape Town	1-Mar-19	1-Apr-23	90 000	-	500	5 000	11 075
Stage 4: Concept and Viability											
1	CI810048	HFRG	Bothasig - Bothasig CDC - Upgrade and Additions	Cape Town	26-Apr-17	1-Sep-20	10 000	594	1 400	8 000	1 000
2	CI810013	HFRG	De Doorns - De Doorns CDC - Upgrade and Additions	Cape Winelands	9-Apr-14	30-Sep-22	15 000	684	3 047	3 583	6 900
3	CI810021	HFRG	Elsies River - Elsie's River CHC - Replacement	Cape Town	25-May-16	31-Oct-23	126 000	10	3 839	10 866	35 000
4	CI810038	HFRG	Hanover Park - Hanover Park CHC - Replacement	Cape Town	30-Jun-16	31-Mar-23	126 000	2 086	3 000	16 500	42 700
5	CI810043	HFRG	Hout Bay - Hout Bay CDC - Replacement and Consolidation	Cape Town	21-Jun-18	30-Jun-23	50 000	1 353	1 500	7 638	21 483
6	CI810052	HFRG	Ladismith - Ladismith Clinic - Replacement	Garden Route	16-Mar-17	28-Mar-21	19 500	491	1 279	4 406	11 827
7	CI810055	HFRG	Maitland - Maitland CDC - Replacement	Cape Town	13-Dec-17	30-Sep-23	67 000	1	1 557	4 121	1 087
8	CI810062	HFRG	Philippi - Weltevreden CDC - New	Cape Town	30-Nov-17	30-Nov-23	80 000	1	2 500	5 000	35 000
9	CI810086	HFRG	Saldanha - Diazville Clinic - Replacement	West Coast	21-Nov-17	31-Mar-23	28 000	758	1 500	1 488	14 986
10	CI810088	HFRG	St Helena Bay - Sandy Point Satellite Clinic - Replacement	West Coast	5-May-15	30-Dec-22	5 000	108	1 000	2 000	2 000

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
11	CI810130	HFRG	Various Pharmacies Upgrade 8.1 - Pharmacies Rehabilitation	Various	30-Jun-15	1-Nov-20	7 000	76	3 000	4 000	100
12	CI810096	HFRG	Vredenburg - Vredenburg CDC - New	West Coast	30-Nov-17	30-Mar-23	70 000	1	500	4 058	10 000
13	CI810162	HFRG	Wellington - Windmeul Clinic - Upgrade and Additions (Alpha)	Cape Winelands	1-Jun-16	30-Jun-20	2 050	52	1 189	809	-
Stage 5: Design Development											
1	CI810032	HFRG	Gouda - Gouda Clinic - Replacement	Cape Winelands	30-Mar-17	31-Oct-20	14 000	917	2 042	10 917	336
2	CI810074	HFRG	Paarl - Paarl CDC - New	Cape Winelands	28-Feb-17	31-May-23	66 000	499	2 929	8 793	23 568
3	CI810095	HFRG	Villiersdorp - Villiersdorp Clinic - Replacement	Overberg	30-Jun-17	1-Jun-22	27 300	1 248	2 000	12 460	12 000
Stage 6A: Production Information											
1	CI810057	HFRG	Malmesbury - Chatsworth Satellite Clinic - Replacement	West Coast	16-Mar-17	1-Jun-20	5 917	243	3 000	1 900	-
2	CI810161	HFRG	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	Cape Town	1-Jun-16	30-Apr-20	3 767	95	2 347	751	500
3	CI810080	HFRG	Parow - Ravensmead CDC - Replacement	Cape Town	1-Aug-15	1-Jul-22	62 600	1 565	5 000	30 000	15 000
4	CI810101	HFRG	Worcester - Avian Park Clinic - New	Cape Winelands	1-Jul-15	30-Dec-22	29 900	785	7 458	16 100	4 000
Stage 7: Works											
1	CI810022	HFRG	Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	Overberg	31-Jul-14	31-May-20	21 643	2 000	13 768	2 268	720
2	CI810053	HFRG	Laingsburg - Laingsburg Clinic - Upgrade and Additions	Central Karoo	30-Apr-14	30-Jun-20	31 700	4 532	18 500	3 000	-
3	CI810056	HFRG	Malmesbury - Abbotsdale Satellite Clinic - Replacement	West Coast	5-May-15	1-Jun-20	5 854	668	4 000	537	-
Stage 8: Handover											
1	CI810016	HFRG	Delft - Symphony Way CDC - New	Cape Town	26-Jan-11	6-Jul-15	56 498	919	3 535	-	-
2	CI810030	HFRG	George - Thembaletu CDC - Replacement	Garden Route	16-Mar-15	14-Apr-18	65 326	1 600	250	-	-
3	CI810069	HFRG	Napier - Napier Clinic - Replacement	Overberg	22-Oct-12	4-Oct-17	24 415	1 217	235	-	-
4	CI810079	HFRG	Prince Alfred Hamlet - Prince Alfred Hamlet Clinic - Replacement	Cape Winelands	20-Mar-12	11-Dec-17	29 930	1 361	10	-	-
5	CI810098	HFRG	Wellington - Wellington CDC - Pharmacy Additions and Alterations	Cape Winelands	1-Apr-13	19-Apr-18	4 813	1 169	252	-	-
6	CI810100	HFRG	Wolseley - Wolseley Clinic - Replacement	Cape Winelands	20-Mar-12	28-Feb-19	25 274	6 315	1 900	55	-
7	CI810102	HFRG	Worcester - Worcester CDC - Dental Suite Additions and Alterations	Cape Winelands	1-Apr-12	30-Sep-15	4 690	128	259	-	-
Stage 9: Close-Out											

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
1	CI810004	HFRG	Beaufort West - Hill Side Clinic - Replacement	Central Karoo	1-Nov-12	4-May-17	26 073	836	1	-	-
2	CI810017	HFRG	Cape Town - District Six CDC - New	Cape Town	11-Jan-12	8-Dec-17	109 228	4 597	3 382	-	-
3	CI810039	HFRG	Heideveld - Heideveld CDC - Temporary EC at Klipfontein Hub (Enabling work for GF Jooste Hospital)	Cape Town	1-Oct-12	19-Jun-14	39 875	-	150	-	-
4	HMP810001	PES	Maint - Prof Day-to-day - 8.1 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	1 723	500	-	-
5	CI810061	HFRG	Mfuleni - Mfuleni CDC - Temporary	Cape Town	1-Apr-14	14-Aug-15	33 300	2 168	754	-	-
Maintenance											
1	HMD810001	PES	Maint - Day-to-day - 8.1 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	20 139	17 450	18 815	19 463
2	HME810001	PES	Maint - Emergency - 8.1 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	1 017	1 403	1 863	1 967
3	HMR810001	PES	Maint - Routine - 8.1 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	5 262	5 553	5 864
4	MS810001	HFRG	Maint - Scheduled - 8.1 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	58 659	62 106	25 370	17 376
5	MS810001	PES	Maint - Scheduled - 8.1 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	885	626	2 934	10 611
Non-infrastructure											
1	CH810252	HFRG	Albertinia - Albertinia Clinic - HT - NHI upgrade	Garden Route	1-Apr-20	31-Mar-21	300	-	-	300	-
2	CH810207	HFRG	Beaufort West - Kwamandlenkosi Clinic - HT - General upgrade and maintenance (Alpha)	Central Karoo	10-Apr-19	31-Mar-20	600	-	600	-	-
3	CH810208	HFRG	Bellville - Reed Street CDC - HT - Pharmacy compliance and general maintenance	Cape Town	31-Mar-18	31-Mar-21	1 500	500	700	800	-
4	CH810048	HFRG	Bothasig - Bothasig CDC - HT - Upgrade and Additions	Cape Town	1-Apr-20	31-Mar-22	4 000	-	-	2 000	2 000
5	CH810209	HFRG	Bredasdorp - Elim Satellite Clinic - HT - General upgrade and maintenance (Alpha)	Overberg	1-Apr-19	31-Mar-21	1 000	-	500	500	-
6	CH810253	HFRG	Calitzdorp - Calitzdorp Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	30-Mar-20	300	-	300	-	-
7	CH810254	HFRG	Ceres - Bella Vista Clinic - HT - General maintenance (Alpha)	Cape Winelands	1-Apr-19	31-Mar-20	800	-	800	-	-
8	CH810210	HFRG	Ceres - Ceres CDC - HT - General upgrade, extension and maintenance	Cape Winelands	1-Apr-19	31-Mar-22	2 100	-	100	1 000	1 000
9	CH810211	HFRG	Darling - Darling Clinic - HT - Paving upgrade and general maintenance	West Coast	1-Apr-19	31-Mar-21	600	-	800	400	-
10	CH810013	HFRG	De Doorns - De Doorns CDC - HT - Upgrade and Additions	Cape Winelands	1-Apr-21	30-Mar-24	6 000	-	-	-	50
11	CH810183	HFRG	De Doorns - Orchard Clinic - HT - Upgrade and Additions (Alpha)	Cape Winelands	1-Apr-19	31-Mar-21	1 200	-	800	400	-

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
12	CO810021	HFRG	Elsies River - Elsie's River CHC - OD - Replacement	Cape Town	25-May-16	31-Oct-23	260	-	-	-	130
13	CH810022	HFRG	Gansbaai - Gansbaai Clinic - HT - Upgrade and Additions (Alpha)	Overberg	1-Apr-19	31-Mar-21	2 500	-	1 000	1 500	-
14	CO810022 & CO810022	HFRG	Gansbaai - Gansbaai Clinic - OD and QA - Upgrade and Additions (Alpha)	Overberg	1-Apr-19	31-Mar-20	100	-	100	-	-
15	CH810212	HFRG	Genadendal - Genadendal Clinic - HT - General upgrade and maintenance (Alpha)	Overberg	1-Apr-19	31-Mar-21	1 758	-	1 558	200	-
16	CH810190	HFRG	George - Blanco Clinic - HT - NHI upgrade	Garden Route	1-Dec-19	31-Mar-20	1 200	300	800	-	-
17	CH810191	HFRG	George - Pacaltsdorp Clinic - HT - NHI upgrade	Garden Route	1-Dec-19	31-Mar-20	1 350	300	1 000	-	-
18	CH810268	HFRG	George - Touwsranteen Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	31-Mar-20	300	-	300	-	-
19	CH810213	HFRG	Goodwood - Goodwood CDC - HT - Pharmacy compliance and general maintenance	Cape Town	1-Apr-19	31-Mar-20	800	-	800	-	-
20	CH810032	HFRG	Gouda - Gouda Clinic - HT - Replacement	Cape Winelands	1-Apr-19	1-Mar-21	2 050	-	50	2 000	-
21	CO810032 & CO810032	HFRG	Gouda - Gouda Clinic - OD and QA - Replacement	Cape Winelands	30-Mar-17	31-Oct-20	70	-	70	-	-
22	CH810248	HFRG	Green Point - Green Point CDC - HT - Pharmacy refurbishment and general maintenance	Cape Town	1-Apr-20	31-Mar-21	300	-	-	300	-
23	CH810235	HFRG	Gugulethu - Gugulethu CHC - HT - General maintenance (Alpha)	Cape Town	1-Apr-21	31-Mar-23	3 500	-	-	-	500
24	CH810267	HFRG	Haarlem - Haarlem Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	31-Mar-20	300	-	300	-	-
25	CO810038 & CO810038	HFRG	Hanover Park - Hanover Park CHC - OD and QA - Replacement	Cape Town	1-Apr-21	31-Mar-23	260	-	-	-	130
26	CO810043 & CO810043	HFRG	Hout Bay - Hout Bay CDC - OD and QA - Replacement and Consolidation	Cape Town	29-Jun-18	30-Jun-23	260	-	-	-	130
27	CH810236	HFRG	Khayelitsha - Michael Mapongwana CDC - HT - General maintenance (Alpha)	Cape Town	1-Apr-19	31-Mar-21	1 000	-	500	500	-
28	CH810255	HFRG	Knysna - Keurhoek Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	31-Mar-20	300	-	300	-	-
29	CH810256	HFRG	Knysna - Khayelethu Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	31-Mar-20	300	-	300	-	-
30	CH810257	HFRG	Knysna - Knysna Town Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	31-Mar-20	300	-	300	-	-
31	CH810258	HFRG	Knysna - Kranshoek Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	31-Mar-20	300	-	300	-	-
32	CH810237	HFRG	Kraaifontein - Kraaifontein CHC - HT - General maintenance (Alpha)	Cape Town	1-Apr-21	31-Mar-24	3 500	-	-	-	500
33	CH810238	HFRG	Kraaifontein - Kraaifontein CHC - HT - Pharmacy compliance and roof over outside waiting area	Cape Town	1-Apr-19	31-Mar-20	300	-	300	-	-

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34	CH810052	HFRG	Ladismith - Ladismith Clinic - HT - Replacement	Garden Route	1-Apr-20	31-Mar-21	1 500	-	-	1 500	-
35	CO810052 & CG810052	HFRG	Ladismith - Ladismith Clinic - OD and QA - Replacement	Garden Route	30-Mar-17	28-Mar-21	70	-	-	70	-
36	CH810053	HFRG	Laingsburg - Laingsburg Clinic - HT - Upgrade and Additions	Central Karoo	1-Apr-19	31-Mar-21	2 000	-	1 000	1 000	-
37	CO810053 & CG810053	HFRG	Laingsburg - Laingsburg Clinic - OD and QA - Upgrade and Additions	Central Karoo	1-Apr-19	31-Mar-20	100	-	100	-	-
38	CH810215	HFRG	Lamberts Bay - Lamberts Bay Clinic - HT - General maintenance (Alpha)	West Coast	1-Apr-19	31-Mar-21	4 562	-	2 000	2 562	-
39	CH810197	HFRG	Lutzville - Lutzville Clinic - HT - Clinic (Alpha)	West Coast	1-Apr-17	31-Mar-20	1 300	28	200	-	-
40	CH810056	HFRG	Malmesbury - Abbotsdale Satellite Clinic - HT - Replacement	West Coast	1-Jan-19	31-Mar-21	1 373	301	1 000	373	-
41	CH810057	HFRG	Malmesbury - Chatsworth Satellite Clinic - HT - Replacement	West Coast	1-Apr-19	31-Mar-21	800	-	200	600	-
42	CH810239	HFRG	Mitchells Plain - Mitchells Plain CHC - HT - Records upgrade	Cape Town	1-Apr-19	31-Mar-20	300	-	300	-	-
43	CH810217	HFRG	Moorreesburg - Moorreesburg Clinic - HT - General upgrade and maintenance (Alpha)	West Coast	1-Apr-19	31-Mar-21	3 261	-	1 000	2 261	-
44	CH810227	HFRG	Mossel Bay - Eyethu Clinic - HT - General maintenance (Alpha)	Garden Route	1-Apr-19	31-Mar-20	500	-	400	-	-
45	CH810068	HFRG	Mossel Bay - George Road Clinic - HT - Replacement	Garden Route	1-Apr-21	31-Mar-23	2 000	-	-	-	50
46	CH810260	HFRG	Nyanga - Nyanga CDC - General maintenance (Alpha)	Cape Town	1-Apr-20	31-Mar-23	2 000	-	-	50	1 000
47	CH810189	HFRG	Oudtshoorn - Bongoletu Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	31-Mar-20	1 000	-	1 000	-	-
48	CH810218	HFRG	Paarl - Dalevale Clinic - HT - General maintenance (Alpha)	Cape Winelands	1-Apr-20	31-Mar-22	1 640	-	-	1 000	640
49	CH810074	HFRG	Paarl - Paarl CDC - HT - New	Cape Winelands	1-Apr-21	31-Mar-24	14 000	-	-	-	2 000
50	CO810074 & CG810074	HFRG	Paarl - Paarl CDC - OD and QA - New	Cape Winelands	28-Feb-17	31-Mar-22	260	-	-	130	130
51	CH810080	HFRG	Parow - Ravensmead CDC - HT - Replacement	Cape Town	1-Apr-20	31-Mar-23	8 000	-	-	500	3 000
52	CO810080 & CG810080	HFRG	Parow - Ravensmead CDC - OD and QA - Replacement	Cape Town	1-Sep-15	31-Mar-22	260	-	-	130	130
53	CH810219	HFRG	Paternoster - Paternoster Satellite Clinic - HT - General upgrade and maintenance (Alpha)	West Coast	1-Dec-18	31-Mar-21	900	619	300	10	-
54	CH810231	HFRG	Pearly Beach - Pearly Beach Satellite Clinic - HT - General maintenance (Alpha)	Overberg	1-Apr-20	31-Mar-22	1 200	-	-	900	300
55	CO810062 & CG810062	HFRG	Philippi - Weltevreden CDC - OD and QA - New	Cape Town	30-Nov-17	30-Nov-23	260	-	-	-	130
56	CH810077	HFRG	Piketberg - Piketberg Clinic - HT - Upgrade and Additions (Alpha)	West Coast	31-Mar-21	31-Dec-23	3 500	-	-	-	500

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57	CH810261	HFRG	Plettenberg Bay - New Horizon Clinic - HT - NHI upgrade	Garden Route	1-Apr-20	31-Mar-21	300	-	-	300	-
58	CH810262	HFRG	Plettenberg Bay - Plettenberg Bay Clinic - HT - NHI upgrade	Garden Route	1-Apr-20	31-Mar-21	300	-	-	300	-
59	CH810241	HFRG	Retreat - Retreat CHC - HT - General maintenance (Alpha)	Cape Town	1-Apr-20	31-Mar-22	2 500	-	-	500	2 000
60	CH810249	HFRG	Saldanha - Saldanha Clinic - HT - Prefab for Diazville Clinic interim service	West Coast	4-Jan-20	31-Mar-22	4 500	-	-	2 000	2 000
61	CH810264	HFRG	Saldanha - Saldanha Clinic - HT - Upgrade and Additions (Alpha)	West Coast	1-Jan-19	31-Mar-19	300	-	300	-	-
62	CH810242	HFRG	Scottsdene - Scottsdene CDC - HT - General maintenance (Alpha)	Cape Town	4-Jan-21	31-Mar-24	3 500	-	-	-	500
63	CH810265	HFRG	Sedgefield - Sedgefield Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	31-Mar-20	300	-	300	-	-
64	CH810223	HFRG	St Helena Bay - Laingville Clinic - HT - General upgrade, extension and maintenance	West Coast	1-Apr-18	31-Mar-21	1 748	634	1 500	300	-
65	CH810088	HFRG	St Helena Bay - Sandy Point Satellite Clinic - HT - Replacement	West Coast	1-Apr-19	31-Mar-22	800	-	50	500	300
66	CH810224	HFRG	Stellenbosch - Cloeteville CDC - HT - General maintenance (Alpha)	Cape Winelands	1-Apr-19	31-Mar-22	3 176	-	1 000	1 000	1 176
67	CH810230	HFRG	Strand - Gustrow CDC - HT - General maintenance (Alpha)	Cape Town	1-Apr-21	31-Mar-23	1 500	-	-	-	500
68	CH810229	HFRG	Swellendam - Raiton Clinic - HT - General maintenance (Alpha)	Overberg	1-Apr-19	31-Mar-21	1 370	-	1 000	370	-
69	CH810225	HFRG	Tulbagh - Tulbagh Clinic - HT - Structural repair	Cape Winelands	1-Apr-19	31-Mar-21	1 400	-	400	1 000	-
70	CH810095	HFRG	Villiersdorp - Villiersdorp Clinic - HT - Replacement	Overberg	1-Apr-20	31-Mar-21	4 000	-	-	2 000	-
71	CH810096	HFRG	Vredenburg - Vredenburg CDC - HT - New	West Coast	1-Apr-21	31-Mar-24	15 000	-	-	-	3 000
72	CH810097	HFRG	Vredendal - Vredendal North Clinic - HT - Upgrade and Additions (Alpha)	West Coast	1-Apr-19	31-Mar-22	5 000	-	1 500	500	100
73	CH810228	HFRG	Wellington - Saron Clinic - HT - General maintenance and upgrade (Alpha)	Cape Winelands	1-Apr-18	31-Mar-21	955	655	677	10	-
74	CH810162	HFRG	Wellington - Windmeul Clinic - HT - Upgrade and Additions (Alpha)	Cape Winelands	1-Apr-19	31-Mar-21	1 500	-	700	350	-
75	CH810101	HFRG	Worcester - Avian Park Clinic - HT - New	Cape Winelands	1-Apr-21	31-Mar-24	8 000	-	-	-	1 000
76	CH810243	HFRG	Worcester - Worcester CDC - HT - Upgrade of MOU area	Cape Winelands	1-May-21	1-Dec-23	1 500	-	-	-	500
77	CH810226	HFRG	Wynberg - Lady Michaelis CDC - HT - General maintenance incl fire compliance	Cape Town	31-Mar-19	31-Mar-21	4 000	-	100	3 900	-
78	CH810259	HFRG	Zoar - Amalienstein Clinic - HT - NHI upgrade	Garden Route	1-Apr-19	31-Mar-20	300	-	300	-	-
Sub-programme 8.1 Grand Total							124 837	212 935	254 151	334 377	

Schedule 2: Sub-Programme 8.2 Emergency Medical Rescue Services

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
Stage 1: Infrastructure Planning											
1	CI820045	HFRG	Bitterfontein - Bitterfontein Ambulance Station - Upgrade and Additions incl wash bay	West Coast	1-Dec-20	1-Mar-24	2 000	-	-	-	1 000
2	CI820011	HFRG	Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	Central Karoo	1-Jul-19	30-Apr-24	1 500	-	1	500	1 000
3	CI820042	HFRG	Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	Central Karoo	1-Jul-19	31-Mar-22	1 500	-	1	500	1 000
Stage 5: Design Development											
1	CI820033	HFRG	Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	West Coast	1-Jun-16	1-Apr-20	1 350	101	1 177	72	-
2	CI820027	HFRG	Villiersdorp - Villiersdorp Ambulance Station - Replacement	Overberg	26-Jun-17	1-Jun-22	8 000	374	166	-	300
Stage 6A: Production Information											
1	CI820002	HFRG	De Doorns - De Doorns Ambulance Station - Replacement	Cape Winelands	1-Sep-14	30-Sep-20	19 660	313	12 000	5 460	-
2	CI820034	HFRG	Prince Albert - Prince Albert Ambulance Station - Upgrade and Additions incl wash bay	Central Karoo	1-Jun-16	1-Apr-20	2 200	165	1 718	317	-
3	CI820023	HFRG	Swellendam - Swellendam Ambulance Station - Upgrade and Additions	Overberg	31-Mar-15	31-Jan-20	4 000	529	3 242	-	-
Stage 7: Works											
1	CI820032	HFRG	Bonnievale - Bonnievale Ambulance Station - Upgrade and Additions incl wash bay	Cape Winelands	1-Jun-16	1-Apr-20	2 175	163	1 900	116	-
2	CI820001	HFRG	Caledon - Caledon Ambulance Station - Communications Centre Extension	Overberg	1-Aug-14	1-Apr-20	7 300	507	5 500	800	-
Maintenance											
1	HMD820001	PES	Maint - Day-to-day - 8.2 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	850	635	685	708
2	HME820001	PES	Maint - Emergency - 8.2 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	20	21	28	29
3	HMR820001	PES	Maint - Routine - 8.2 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	3 355	2 541	2 682
4	MS820001	HFRG	Maint - Scheduled - 8.2 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	2 938	6 749	663	500
5	MS820001	PES	Maint - Scheduled - 8.2 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	-	5 250	2 000

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Non-infrastructure											
1	CH820032	HFRG	Bonnievale - Bonnievale Ambulance Station - HT - Upgrade and Additions incl wash bay	Cape Winelands	1-Apr-20	30-Mar-21	300	-	-	300	-
2	CH820001	HFRG	Caledon - Caledon Ambulance Station - HT - Communications Centre Extension	Overberg	1-Apr-19	31-Mar-21	722	200	222	500	-
3	CH820033	HFRG	Darling - Darling Ambulance Station - HT - Upgrade and Additions incl wash bay	West Coast	1-Apr-19	31-Mar-21	200	-	100	100	-
4	CH820046	HFRG	Laingsburg - Laingsburg Ambulance Station - HT - General maintenance (Alpha)	Central Karoo	1-Apr-19	31-Mar-20	300	-	300	-	-
5	CH820047	HFRG	Murraysburg - Murraysburg Ambulance Station - HT - General maintenance (Alpha)	Central Karoo	1-Apr-21	31-Mar-23	300	-	-	-	100
6	CH820048	HFRG	Pinelands - Pinelands Ambulance Station - HT - General maintenance (Alpha)	Cape Town	31-Mar-19	31-Mar-21	600	-	300	300	-
7	CH820034	HFRG	Prince Albert - Prince Albert Ambulance Station - HT - Upgrade and Additions incl wash bay	Central Karoo	1-Apr-19	31-Mar-21	350	-	50	300	-
8	CH820043	HFRG	Sedgefield - Sedgefield Ambulance Station - HT - Wash bay and general maintenance	Garden Route	1-Apr-19	31-Mar-20	300	-	300	-	-
9	CH820023	HFRG	Swellendam - Swellendam Ambulance Station - HT - Upgrade and Additions	Overberg	31-Mar-19	31-Mar-20	300	-	300	-	-
10	CH820027	HFRG	Villiersdorp - Villiersdorp Ambulance Station - HT - Replacement	Overberg	1-Apr-21	31-Mar-22	300	-	-	-	300
Sub-programme 8.2 Grand Total								6 160	38 037	18 432	9 619

Schedule 3: Sub-Programme 8.3 District Health Services

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief Issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
Stage 1: Infrastructure Planning											
1	CI830141	HFRG	Bellville - Karl Bremer Hospital - OPD Upgrade and Additions (Alpha)	Cape Town	1-May-20	1-Apr-26	80 000	-	-	-	500
2	CI830142	HFRG	Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	Cape Town	1-Aug-19	1-Aug-22	2 000	-	1	1 500	500
3	CI830028	HFRG	Malmesbury - Swartland Hospital - Replacement	West Coast	1-Apr-20	31-Mar-26	600 000	-	-	250	8 000
4	CI830144	HFRG	Mitchells Plain - Mitchells Plain Hospital - Fire doors	Cape Town	1-Mar-19	31-Mar-21	2 000	-	2 000	-	-
5	CI830145	HFRG	Various Facilities 8.3 - Fencing	Various	1-Apr-19	31-Mar-21	3 000	-	3 000	-	-
6	CI830143	HFRG	Various Facilities 8.3 - Laundry upgrades and additions (West Coast)	Various	1-Dec-20	31-Mar-23	6 000	-	-	-	100
Stage 3: Preparation and Briefing											
1	CI830131	HFRG	Atlantis - Wesfleur Hospital - Record Room extension	Cape Town	24-Dec-18	1-Jul-22	11 700	-	750	1 000	3 000
2	CI830124	HFRG	Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	Cape Town	24-Dec-18	1-Oct-22	17 000	10	1 000	1 000	9 428
3	CI830034	HFRG	Montagu - Montagu Hospital - Rehabilitation	Cape Winelands	1-Mar-19	31-Dec-24	14 000	-	1	500	3 000
4	CI830044	HFRG	Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	Cape Winelands	15-Oct-18	31-May-22	35 000	10	400	3 000	10 000
Stage 4: Concept and Viability											
1	CI830002	HFRG	Beaufort West - Beaufort West Hospital - Rationalisation	Central Karoo	15-Oct-18	30-Apr-24	35 000	10	1 000	1 000	6 000
2	CI830127	HFRG	Bellville - Karl Bremer Hospital - Demolitions and parking	Cape Town	19-Dec-17	1-Apr-21	3 000	54	1 500	1 400	-
3	CI830119	HFRG	Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	Cape Town	19-Dec-17	31-Mar-25	50 000	100	2 000	15 000	15 000
4	CI830118	HFRG	Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	Overberg	30-Apr-16	1-Mar-21	6 500	270	5 500	1 000	-
5	CI830120	HFRG	Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	Cape Winelands	28-Feb-18	31-Mar-22	20 000	541	1 000	5 000	10 000
6	CI830067	HFRG	Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	Garden Route	15-Oct-18	31-Dec-22	42 000	-	1 109	1 613	20 600
7	CI830121	HFRG	Somerset West - Heiderberg Hospital - Repairs and Renovation	Cape Town	30-Nov-17	31-Dec-22	20 000	10	1 000	2 000	4 000
8	CI830122	HFRG	Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	Cape Winelands	5-Oct-17	31-Mar-22	19 000	479	1 000	2 000	11 000

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9	CI830117	HFRG	Swellendam - Swellendam Hospital - Acute Psychiatric Ward	Overberg	1-Jun-16	1-Mar-21	2 000	150	500	1 500	20
10	CI830073	HFRG	Various Pharmacies Upgrade 8.3	Various	30-Jun-15	30-Apr-20	6 000	51	3 000	3 000	50
Stage 5: Design Development											
1	CI830123	HFRG	Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	Overberg	3-Jul-17	31-Aug-20	6 700	374	4 300	2 000	-
2	CI830114	HFRG	Ceres - Ceres Hospital - New Acute Psychiatric Ward	Cape Town	1-Jun-16	1-Apr-21	4 200	240	2 790	1 170	-
3	CI830015	HFRG	Eerste River - Eerste River Hospital - Acute Psychiatric Unit	Cape Town	23-Feb-15	30-Dec-22	61 000	1 634	5 000	6 000	15 000
4	CI830115	HFRG	Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	Overberg	1-Jun-16	31-Dec-20	2 200	150	1 744	300	-
5	CI830021	HFRG	Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	Cape Town	23-Feb-15	1-Aug-21	65 000	1 858	6 000	32 984	19 968
6	CI830116	HFRG	Piketberg - Radie Kotze Hospital - Hospital layout improvement	West Coast	1-Jun-16	1-May-20	6 000	449	4 232	1 319	-
Stage 7: Works											
1	HC1830005	HFRG	Malmesbury - Swartland Hospital - EC extension to fire-damaged building Ph3 EC and Old Kitchen Block	West Coast	26-Apr-18	1-Apr-20	25 000	500	13 900	10 000	-
2	HC1830006	HFRG	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital Ph2	West Coast	17-Aug-17	31-Oct-19	33 000	22 000	11 000	-	-
3	HC1830007	HFRG	Mitchell's Plain - Mitchell's Plain Hospital - Rehabilitation of Fire-damaged EC	Cape Town	24-May-18	30-Jun-19	15 500	10 000	5 600	-	-
4	CI830045	HFRG	Somerset West - Heiderberg Hospital - EC Upgrade and Additions	Cape Town	1-Apr-13	21-Jan-20	45 707	19 210	35 000	2 748	-
5	CI830052	HFRG	Wynberg - Victoria Hospital - New EC	Cape Town	1-Apr-12	21-Nov-20	80 000	3 749	36 000	28 000	6 135
6	HC1830004	HFRG	Wynberg - Victoria Hospital - Temporary EC	Cape Town	27-Feb-18	30-Jun-19	8 954	8 000	1 000	-	-
Stage 8: Handover											
1	CI830125	HFRG	Malmesbury - Swartland Hospital - Prefabricated Wards	West Coast	15-Jul-17	30-Mar-19	22 669	34 281	7 000	50	-
2	CI830080	HFRG	Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	West Coast	31-Mar-15	15-Feb-19	176 000	56 794	10 000	-	-
Stage 9: Close Out											
1	CI830003	HFRG	Bellville - Karl Bremer Hospital - New Bulk Store	Cape Town	10-Sep-13	23-Jun-17	21 098	15	1	-	-
2	CI830031	HFRG	Mitchells Plain - Mitchells Plain Hospital - New	Cape Town	1-Apr-05	14-Dec-13	528 378	236	2 510	-	-

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3	CI830047	HFRG	Stellenbosch - Stellenbosch Hospital - EC Upgrade and Additions	Cape Winelands	30-Nov-13	27-Nov-17	33 395	489	1	-	-
Maintenance											
1	HMD830001	PES	Maint - Day-to-day - 8.3 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	12 865	12 395	13 365	13 825
2	HME830001	PES	Maint - Emergency - 8.3 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	2 882	3 157	4 196	4 430
3	HMP830001	PES	Maint - Prof Day-to-day - 8.3 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	3 100	40 464	23 773	14 743
4	HMR830001	PES	Maint - Routine - 8.3 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	13 779	13 266	14 010
5	MS830001	HFRG	Maint - Scheduled - 8.3 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	36 096	32 357	14 190	13 602
6	MS830001	PES	Maint - Scheduled - 8.3 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	200	4 816	6 850
7	MS830001	P E S : Maintenance	Maint - Scheduled - 8.3 Various Facilities - PES Maint	Various	1-Apr-16	31-Mar-30	-	5 403	309	-	-
Non-infrastructure											
1	CH830131	HFRG	Atlantis - Wesfleur Hospital - HT - Record Room extension	Cape Town	1-Apr-21	31-Mar-23	300	-	-	-	150
2	CH830119	HFRG	Bellville - Karl Bremer Hospital - HT - Hospital Repairs and Renovation	Cape Town	1-Apr-21	31-Mar-24	10 000	-	-	-	2 000
3	CH830133	HFRG	Bellville - Karl Bremer Hospital - HT - Nurses Home repairs and renovation	Cape Town	1-Apr-18	31-Mar-22	3 000	-	1 000	2 000	50
4	CH830118	HFRG	Bredasdorp - Otto du Plessis Hospital - HT - Acute Psychiatric Ward	Overberg	1-Apr-19	30-Mar-21	930	-	200	730	-
5	CH830123	HFRG	Caledon - Caledon Hospital - HT - Acute Psychiatric Unit and R & R	Overberg	1-Apr-19	31-Mar-21	1 000	-	100	900	-
6	CH830135	HFRG	Caledon - Caledon Hospital - HT - Theatre upgrade and maintenance	Overberg	4-Jan-18	31-Mar-23	8 000	3 790	100	2 000	1 000
7	CH830120	HFRG	Ceres - Ceres Hospital - HT - Hospital and Nurses Home Repairs and Renovation	Cape Winelands	1-Apr-21	31-Mar-24	5 000	-	-	-	1 000
8	CH830114	HFRG	Ceres - Ceres Hospital - HT - New Acute Psychiatric Ward	Cape Winelands	1-Apr-19	30-Mar-21	500	-	250	250	-
9	CH830146	HFRG	Citrusdal - Citrusdal Hospital - HT - Laundry - Electrification	West Coast	1-Apr-19	31-Mar-20	500	-	500	-	-
10	CH830059	HFRG	Eerste River - Eerste River Hospital - HT - Upgrade (Alpha)	Cape Town	1-Apr-21	1-Dec-25	8 000	-	-	-	2 000
11	CH830147	HFRG	Hermanus - Hermanus Hospital - HT - General maintenance (Alpha)	Overberg	1-Apr-21	31-Mar-23	1 000	-	-	-	500
12	CH830115	HFRG	Hermanus - Hermanus Hospital - HT - New Acute Psychiatric Ward	Overberg	1-Apr-19	30-Mar-20	500	-	350	-	-

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief Issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
13	CH830021	HFRG	Khayelitsha - Khayelitsha Hospital - HT - Acute Psychiatric Unit	Cape Town	1-Apr-21	31-Mar-25	1 500	-	-	-	100
14	CH830125	HFRG	Malmesbury - Swartland Hospital - HT - Prefabricated Wards	West Coast	1-Apr-18	31-Mar-21	12 000	8 259	100	100	-
15	HCH830001	HFRG	Malmesbury - Swartland Hospital - HT - Rehabilitation of fire-damaged hospital	West Coast	1-Aug-17	31-Mar-22	8 260	1 000	2 000	2 000	500
16	CO830125 & CO830125	HFRG	Malmesbury - Swartland Hospital - OD and QA - Prefabricated Wards	West Coast	1-Apr-19	31-Mar-21	350	-	300	100	-
17	CH830093	HFRG	Mitchells Plain - Mitchells Plain Hospital - HT - Waste Management	Cape Town	1-Apr-19	31-Mar-21	3 000	-	1 000	2 000	-
18	CO830072	HFRG	Mitchells Plain - Mitchells Plain Hospital - SCM Support	Cape Town	1-Apr-16	31-Mar-30	-	3 509	4 644	4 960	5 311
19	CH830034	HFRG	Montagu - Montagu Hospital - HT - Rehabilitation	Cape Winelands	1-Apr-21	31-Mar-24	4 000	-	-	-	1 000
20	CO830089	HFRG	Mossel Bay - Eden District - SCM Support	Garden Route	1-Apr-16	31-Mar-30	-	467	502	537	574
21	CH830067	HFRG	Mossel Bay - Mossel Bay Hospital - HT - Entrance, Admissions and EC	Garden Route	1-Apr-21	31-Mar-24	6 000	-	-	-	500
22	CH830134	HFRG	Mossel Bay - Mossel Bay Hospital - HT - NHI upgrade	Garden Route	1-Apr-18	31-Mar-21	4 000	1 028	2 000	2 000	-
23	CH830116	HFRG	Piketberg - Radie Kotze Hospital - HT - Hospital layout improvement	West Coast	1-Apr-19	31-Mar-21	3 000	-	1 000	2 000	-
24	CH830137	HFRG	Porterville - LAPA Munnik Hospital - HT - General maintenance (Alpha)	West Coast	1-Apr-21	31-Mar-24	2 000	-	-	-	500
25	CH830140	HFRG	Riversdale - Riversdale Hospital - HT - General maintenance (Alpha)	Garden Route	1-Apr-20	31-Mar-22	1 000	-	-	500	500
26	CH830044	HFRG	Robertson - Robertson Hospital - HT - Acute Psychiatric Ward and New EC	Cape Winelands	1-Apr-21	31-Mar-24	4 000	-	-	-	1 000
27	CH830139	HFRG	Robertson - Robertson Hospital - HT - General maintenance (Alpha)	Cape Winelands	1-Apr-20	31-Mar-23	3 000	-	-	500	500
28	CH830045	HFRG	Somerset West - Heiderberg Hospital - HT - EC Upgrade and Additions	Cape Town	1-Apr-19	31-Mar-22	9 000	-	9 000	50	-
29	CH830121	HFRG	Somerset West - Heiderberg Hospital - HT - Repairs and Renovation	Cape Town	1-Apr-21	31-Mar-25	5 000	-	-	-	50
30	CH830122	HFRG	Stellenbosch - Stellenbosch Hospital - HT - Hospital and Stores Repairs and Renovation	Cape Winelands	1-Apr-21	31-Mar-23	4 000	-	-	-	1 000
31	CH830117	HFRG	Swellendam - Swellendam Hospital - HT - Acute Psychiatric Ward	Overberg	1-Apr-19	30-Dec-21	750	-	500	250	-
32	CH830149	HFRG	Various Facilities 8.3 - HT replacement of Specialised imaging systems	Various	1-Apr-19	31-Mar-30	11 250	-	3 750	3 750	3 750
33	CH830069	HFRG	Vredenburg - Vredenburg Hospital - HT	West Coast	1-Apr-12	31-Mar-22	45 000	3 538	2 000	2 000	-
34	CO830082	HFRG	Vredenburg - Vredenburg Hospital - Project Support	West Coast	1-Apr-16	31-Mar-30	-	676	725	776	830

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief Issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
35	CO830078	HFRG	Vredenburg Hospital - SCM Support	West Coast	1-Apr-16	31-Mar-30	-	713	758	812	867
36	CH830136	HFRG	Vredendal - Vredendal Hospital - HT - General upgrade and maintenance (Alpha)	West Coast	1-Apr-20	31-Mar-24	4 000	-	-	500	500
37	CH830052	HFRG	Wynberg - Victoria Hospital - HT - New EC	Cape Town	1-Apr-19	31-Mar-23	9 500	-	7 000	2 429	100
38	CG830052	HFRG	Wynberg - Victoria Hospital - QA - New EC	Cape Town	1-Apr-19	31-Mar-21	300	-	200	100	-
Sub-programme 8.3 Grand Total								244 990	311 479	230 184	234 043

Schedule 4: Sub-Programme 8.4 Provincial Hospital Services

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
Stage 1: Infrastructure Planning											
1	CI840025	HFRG	Belhar - Tygerberg Regional Hospital - New Phl	Cape Town	1-Apr-20	1-Mar-30	2 900 000	-	-	1 000	1 000
2	CI840083	HFRG	George - George Hospital - Wards R, R and R (Alpha)	Garden Route	1-Jun-19	31-Dec-23	15 001	-	1	500	2 000
3	CI840066	HFRG	Green Point - New Somerset Hospital - Repairs and renovation incl stores upgrade	Cape Town	1-Jan-20	31-Mar-25	20 000	-	-	500	5 000
4	CI840068	HFRG	Mowbray - Mowbray Maternity Hospital - Rehabilitation (Alpha)	Cape Town	1-Nov-20	31-Mar-25	20 000	-	-	100	4 178
5	CI840049	HFRG	Somerset West - Helderberg Hospital - Replacement	Cape Town	1-Oct-21	31-Mar-30	1 300 000	-	-	-	50
6	CI840081	P E S : Tygerberg	Various Facilities 8.4 - Enabling works for Tygerberg Hospital decanting wards	Various	1-Apr-19	1-Mar-21	6 000	-	5 000	1 000	-
7	CI840086	HFRG	Various Facilities 8.4 - Fencing	Various	1-Apr-19	31-Mar-21	3 000	-	3 000	-	-
Stage 3: Preparation and Briefing											
1	CI840055	HFRG	Manenberg - Klipfontein Regional Hospital - Replacement Phl	Cape Town	3-Dec-18	31-Mar-26	2 201 598	-	6 000	16 000	28 000
Stage 4: Concept and Viability											
1	CI840008	HFRG	Green Point - New Somerset Hospital - Upgrading of Theatres and Ventilation	Cape Town	22-May-15	1-Aug-21	30 000	428	7 000	20 000	3 000
2	CI840067	HFRG	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	Cape Town	18-Mar-18	31-Aug-22	20 000	540	691	4 000	9 656
3	CI840070	HFRG	Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	Cape Town	1-Mar-18	30-Jun-20	5 000	135	2 845	2 070	-
4	CI840061	HFRG	Worcester - Worcester Hospital - Relocation of MOU	Cape Winelands	30-Jan-18	30-Mar-22	5 000	135	500	3 000	1 500
Stage 5: Design Development											
1	CI840010	HFRG	Green Point - New Somerset Hospital - Acute Psychiatric Unit	Cape Town	23-Feb-15	1-Oct-21	72 000	2 024	3 000	5 000	5 000
2	CI840053	HFRG	Worcester - Worcester Hospital - Fire Compliance	Cape Winelands	1-Apr-15	31-Dec-21	9 000	915	6 000	2 000	-
Stage 6A: Production Information											
1	CI840019	HFRG	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	Cape Town	1-Apr-10	30-Sep-26	243 000	-	-	-	5 000
2	CI840016	HFRG	Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	Cape Town	1-Apr-10	1-Sep-21	20 000	-	1 643	5 000	12 000
Stage 9: Close Out											

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
1	HMP840001	PES	Maint - Prof Day-to-day - 8.4 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	7 367	500	-	-
2	CI840022	HFRG	Observatory - Valkenberg Hospital - Renovations to Historical Admin Building Ph2	Cape Town	1-Apr-10	29-May-17	68 264	2 701	1 941	-	-
3	CI840023	HFRG	Paarl - Paarl Hospital - Acute Psychiatric Unit	Cape Winelands	1-Apr-11	26-Apr-16	42 630	160	1	-	-
Maintenance											
1	HMD840001	PES	Maint - Day-to-day - 8.4 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	9 610	8 659	9 336	9 658
2	HME840001	PES	Maint - Emergency - 8.4 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	1 388	1 496	1 986	2 098
3	HMR840001	PES	Maint - Routine - 8.4 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	13 635	13 242	13 984
4	MS840001	HFRG	Maint - Scheduled - 8.4 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	45 051	47 537	9 075	15 050
5	MS840001	PES	Maint - Scheduled - 8.4 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	200	11 000	13 000
6	MS840001	PES	Maint - Scheduled - 8.4 Various Facilities - PES MAINT	Various	1-Apr-16	31-Mar-30	-	9 916	1 472	3 801	-
Non-infrastructure											
1	CH840067	HFRG	Maitland - Alexandra Hospital - HT - Repairs and Renovation (Alpha)	Cape Town	1-Apr-21	31-Mar-24	2 000	-	-	-	500
2	CH840078	HFRG	Mitchells Plain - Lentegeur Hospital - HT - General maintenance to Ward 5	Cape Town	1-Apr-21	31-Mar-23	1 000	-	-	-	500
3	CH840079	HFRG	Mitchells Plain - Lentegeur Hospital - HT - Ward 5A Seclusion Rooms upgrade	Cape Town	1-Apr-20	31-Mar-21	1 000	-	-	1 000	-
4	CH840082	HFRG	Mitchells Plain - Lentegeur Hospital - HT - Ward maintenance (Alpha)	Cape Town	1-Apr-21	31-Mar-23	1 000	-	-	-	500
5	CO840051	HFRG	Observatory - Valkenberg Hospital - Commissioning Support	Cape Town	1-Apr-16	31-Mar-30	-	1 093	1 172	1 254	1 340
6	CO840043	HFRG	Observatory - Valkenberg Hospital - Project Support	Cape Town	1-Apr-16	31-Mar-30	-	943	1 006	1 078	1 152
7	CH840075	HFRG	Retreat - DP Marais Hospital - HT - General upgrade and maintenance (Alpha)	Cape Town	1-Apr-21	31-Mar-25	4 000	-	-	-	500
8	CH840081	HFRG	Various Facilities 8.4 - HT - Enabling works for Tygerberg Hospital decanting wards	Various	1-Apr-19	31-Dec-24	3 500	-	1 000	1 000	500
9	CH840084	HFRG	Various Facilities 8.4 - HT replacement of Specialised imaging systems	Various	1-Apr-19	31-Mar-30	23 750	-	11 250	6 250	6 250
10	CH840061	HFRG	Worcester - Worcester Hospital - HT - Relocation of MOU	Cape Winelands	1-Apr-20	31-Mar-23	3 000	-	-	3 000	10
Sub-programme 8.4 Grand Total								82 406	125 549	122 192	141 426

Schedule 5: Sub-Programme 8.5 Central Hospital Services

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief Issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
Stage 1: Infrastructure Planning											
1	CI8500056	PES	Observatory - Groote Schuur Hospital - R & R to OPD	Cape Town	1-Dec-19	31-Dec-23	45 000	-	-	1 000	3 043
2	CI8500075	PES: Tygerberg	Parow - Tygerberg Hospital - 11kV network upgrade Ph3 to 7	Cape Town	1-Jul-19	1-Mar-24	77 500	-	1 000	10 000	15 000
3	CI8500079	PES: Tygerberg	Parow - Tygerberg Hospital - Consolidated Security Control Centre	Cape Town	1-Apr-19	31-Mar-23	55 000	-	2 000	8 000	15 000
4	CI8500082	PES: Tygerberg	Parow - Tygerberg Hospital - External and Internal Logistics	Cape Town	1-Apr-19	1-Mar-24	31 000	-	1 000	5 000	8 000
5	CI8500083	PES: Tygerberg	Parow - Tygerberg Hospital - Fire Safety	Cape Town	1-Jun-19	1-Dec-24	55 000	-	500	6 500	11 000
6	CI8500087	PES: Tygerberg	Parow - Tygerberg Hospital - New public transport terminus	Cape Town	1-Dec-19	1-Dec-24	21 500	-	-	500	3 500
7	CI8500088	PES: Tygerberg	Parow - Tygerberg Hospital - Perimeter security upgrade	Cape Town	1-Nov-19	1-Dec-24	51 500	-	-	850	1 000
8	CI8500084	PES: Tygerberg	Parow - Tygerberg Hospital - Pneumatic tube rehabilitation	Cape Town	1-Oct-20	1-Oct-24	9 000	-	-	-	500
9	CI8500078	PES: Tygerberg	Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha)	Cape Town	1-Apr-19	1-Oct-28	1 018 000	-	1 500	5 000	10 000
10	HC18500002	PES: Tygerberg	Parow - Tygerberg Hospital - Replacement (PPP)	Cape Town	1-Apr-12	30-Jun-24	7 800 000	611	678	-	-
Stage 3: Preparation and Briefing											
1	CI8500081	PES: Tygerberg	Parow - Tygerberg Hospital - Enabling work for ward decanting (existing buildings)	Cape Town	1-Mar-19	1-Mar-23	25 500	-	2 000	9 000	14 000
2	CI8500085	PES: Tygerberg	Parow - Tygerberg Hospital - Enabling work for ward decanting (prefab solution)	Cape Town	1-Mar-19	1-Mar-22	90 000	-	20 000	30 000	25 000
3	CI8500074	PES: Tygerberg	Parow - Tygerberg Hospital - Hot water system upgrade	Cape Town	1-Mar-19	31-Mar-22	30 000	-	1 000	5 500	7 000
Stage 5: Design Development											
1	CI8500005	HFRG	Observatory - Groote Schuur Hospital - EC Upgrade and Additions	Cape Town	3-Jul-10	30-Jun-23	150 000	20	5 000	10 000	11 130
2	CI8500055	HFRG	Observatory - Groote Schuur Hospital - Ventilation and AC refurbishment incl mechanical installation	Cape Town	25-Jul-17	31-Mar-23	55 000	1 638	10 000	30 000	15 000
Stage 6A: Production Information											
1	CI8500048	PES: Tygerberg	Parow - Tygerberg Hospital - Medical Gas Upgrade	Cape Town	2-May-17	1-Mar-22	33 000	-	11 000	9 000	6 600
Stage 7: Works											

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief Issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
1	CI850054	HFRG	Observatory - Groote Schuur Hospital - BMS Upgrade	Cape Town	1-Jun-16	18-Jun-21	21 000	5 586	6 000	5 889	3 000
2	HC1850004	HFRG	Observatory - Groote Schuur Hospital - Greywater recycling	Cape Town	2-Feb-18	16-Jul-19	11 400	7 000	4 400	-	-
3	CI850047	PES: Tygerberg	Parow - Tygerberg Hospital - 11kV Generator Panel Upgrade	Cape Town	1-Oct-16	13-Dec-19	11 000	-	7 000	500	-
4	CI850052	PES: Tygerberg	Parow - Tygerberg Hospital - 11kV Main Substation Upgrade	Cape Town	1-Oct-16	31-Mar-21	23 000	-	11 000	4 000	-
Transfer Capital											
1	CI850042	PES	Observatory - Groote Schuur Hospital - Neuroscience Rehabilitation	Cape Town	1-Jun-16	31-Mar-22	40 000	10 000	10 000	5 000	5 000
Maintenance											
1	HMD850001	PES	Maint - Day-to-day - 8.5 Various Facilities - PES	Cape Town	1-Apr-16	31-Mar-30	-	-	1 090	1 175	1 216
2	HMP850001	PES: Tygerberg	Maint - Day-to-day - Tygerberg Hospital - PES TBH	Cape Town	1-Apr-19	31-Mar-30	-	-	33 000	24 500	18 000
3	HME850001	PES	Maint - Emergency - 8.5 Various Facilities - PES	Cape Town	1-Apr-16	31-Mar-30	-	2 106	2 361	3 135	3 311
4	HME850001	PES: Tygerberg	Maint - Emergency - Tygerberg Hospital - PES TBH	Cape Town	1-Apr-19	31-Mar-30	17 000	-	2 000	2 000	2 000
5	HMR850001	PES	Maint - Routine - 8.5 Various Facilities - PES	Cape Town	1-Apr-16	31-Mar-30	-	-	3 629	5 830	6 156
6	HMR850001	PES: Tygerberg	Maint - Routine - Tygerberg Hospital - PES TBH	Cape Town	1-Apr-19	31-Mar-30	22 000	-	4 000	4 000	2 000
7	MS850001	HFRG	Maint - Scheduled - 8.5 Various Facilities - HFRG	Cape Town	1-Apr-16	31-Mar-30	-	30 618	8 724	111	-
8	MS850001	PES: Maintenance	Maint - Scheduled - 8.5 Various Facilities - PES MAINT	Cape Town	1-Apr-16	31-Mar-30	-	49 373	23 219	22 574	27 826
9	MS850001	PES: Tygerberg	Maint - Scheduled - Tygerberg Hospital - PES TBH	Cape Town	1-Apr-16	31-Mar-30	-	-	48 000	76 025	64 226
Non-infrastructure											
1	CH850005	HFRG	Observatory - Groote Schuur Hospital - HT - EC Upgrade and Additions	Cape Town	1-Apr-21	31-Mar-24	40 000	-	-	-	2 000
2	CH850057	HFRG	Observatory - Groote Schuur Hospital - HT - Refurbishment	Cape Town	1-Apr-18	31-Mar-20	20 981	18 475	3 000	-	-
3	CH850069	HFRG	Parow - Tygerberg Hospital - HT - Maintenance and Remedial Works to Theatres Ph1	Cape Town	1-Apr-18	31-Mar-20	3 800	3 800	500	-	-
4	CH850050	HFRG	Parow - Tygerberg Hospital - HT - Refurbishment	Cape Town	1-Apr-15	31-Mar-21	300 000	-	3 000	1 000	-
5	CH850089	HFRG	Parow - Tygerberg Hospital - HT - Wards maintenance (Alpha)	Cape Town	1-Apr-19	31-Mar-23	10 000	-	2 000	2 000	2 000

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief Issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
6	CO850029	HFRG	Parow - Tygerberg Hospital - Project Support	Cape Town	1-Apr-16	31-Mar-30	-	2 698	3 092	3 298	3 511
Sub-programme 8.5 Grand Total								131 925	231 693	291 387	286 019

Schedule 6: Sub-Programme 8.6 Other Facilities

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
Stage 1: Infrastructure Planning											
1	CI860057	HFRG	Mitchells Plain - Lentegeur Laundry - Upgrade and Additions (Alpha)	Cape Town	1-Jul-19	30-Dec-23	5 500	-	1	1 500	4 000
2	CI860021	HFRG	Vredenburg - Vredenburg FPL - Rehabilitation (Alpha)	West Coast	1-Dec-20	31-Mar-23	3 249	-	-	-	100
Stage 4: Concept and Viability											
1	HC1860001	HFRG	Parow - Cape Medical Depot - Replacement	Cape Town	31-Oct-18	30-Apr-23	9 303	1 470	4 040	1 520	2 273
2	CI860025	HFRG	Worcester - WCCN Boland Campus - Training Facility at Keerom	Cape Winelands	1-Apr-12	31-Dec-26	30 000	-	1 000	-	-
Stage 5: Design Development											
1	CI860016	HFRG	Thornton - Orthotic and Prosthetic Centre - Upgrade	Cape Town	17-Dec-14	30-Sep-20	38 200	1 550	3 546	-	-
Stage 6A: Production Information											
1	CI860051	HFRG	Nelspoort - Nelspoort Hospital - Repairs to Wards	Central Karoo	15-Aug-17	31-Mar-21	15 200	202	5 000	9 500	500
Stage 7: Works											
1	CI860007	HFRG	Knysna - Knysna FPL - Replacement	Garden Route	1-Nov-14	29-May-22	27 000	2 000	4 999	16 000	2 000
2	CI860012	HFRG	Observatory - Observatory FPL - Replacement	Cape Town	1-Apr-12	7-Jun-19	574 600	81 290	103 879	3 000	3 000
Stage 8: Handover											
1	CI860024	HFRG	Worcester - WCCN Boland Campus - Additional Nurses Accommodation - Erica Hostel	Cape Winelands	1-Apr-12	10-May-16	11 885	-	150	-	-
2	CI860023	HFRG	Worcester - WCCN Boland Campus - Nurses Accommodation at Erica Hostel, R & R	Cape Winelands	1-Apr-12	24-Nov-16	34 000	500	350	-	-
Stage 9: Close Out											
1	CI860003	HFRG	Beaufort West - Beaufort West FPL - Replacement	Central Karoo	1-Apr-09	31-Mar-12	11 461	272	1	-	-
2	CI860050	HFRG	Nelspoort - Nelspoort Hospital - Electrical cable replacement	Central Karoo	30-Apr-17	30-Oct-17	5 000	195	200	-	-
Transfer Current											
1	HC1860002	PES	Transfer to CEI for ICT	Various	1-Apr-16	31-Mar-22	13 500	1 693	4 000	4 000	4 000
Maintenance											
1	HMD860001	PES	Maint - Day-to-day - 8.6 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	4 200	5 216	5 624	5 818

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
2	HME860001	PES	Maint - Emergency - 8.6 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	448	597	792	837
3	HMR860001	PES	Maint - Routine - 8.6 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	3 141	3 314	3 500
4	MS860001	HFRG	Maint - Scheduled - 8.6 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	6 756	2 527	4 090	4 972
5	MS860001	PES	Maint - Scheduled - 8.6 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	-	500	4 937
Non-infrastructure											
1	CO860030	HFRG	Infra Unit - Bellville Eng Workshop - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	7 591	8 172	8 692	9 235
2	CO860030	PES	Infra Unit - Bellville Eng Workshop - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	224	241	258	275
3	CO860032	HFRG	Infra Unit - Eng and Tech Services - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	216	1 287	1 363	1 444
4	CO860032	PES	Infra Unit - Eng and Tech Services - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	433	458	490	524
5	CO860034	HFRG	Infra Unit - HT Unit - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	4 655	4 835	5 148	5 480
6	CO860034	PES	Infra Unit - HT Unit - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	2 196	2 331	2 496	2 670
7	CO860036	HFRG	Infra Unit - Infra Man CD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	2 787	4 060	4 702	5 418
8	CO860036	PES	Infra Unit - Infra Man CD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	3 522	5 367	5 659	6 056
9	CO860038	HFRG	Infra Unit - Infra Planning - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	12 056	14 375	15 298	16 279
10	CO860038	PES	Infra Unit - Infra Planning - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	1 450	1 540	1 648	1 763
11	CO860040	HFRG	Infra Unit - Infra Prog Delivery - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	7 473	8 329	8 865	9 426
12	CO860040	PES	Infra Unit - Infra Prog Delivery - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	2 066	2 363	2 525	2 703
13	CH860007	HFRG	Knysna - Knysna FPL - HT - Replacement	Garden Route	1-Apr-20	31-Mar-22	1 600	-	-	1 000	600
14	CH860062	HFRG	Laingsburg - Laingsburg FPL - HT - General maintenance (Alpha)	Central Karoo	1-Apr-19	31-Mar-20	300	-	100	-	-
15	CO860049	PES	Mitchells Plain - Metro East District Maintenance Hub - Infrastructure Support	Cape Town	1-Apr-17	31-Mar-30	-	1 586	1 608	1 806	1 943
16	CH860055	HFRG	Mossel Bay - Rural District Services - HT - Office furniture	Garden Route	1-Apr-19	31-Mar-20	400	-	100	-	-
17	CH860051	HFRG	Nelspoort - Nelspoort Hospital - HT - Repairs to Wards	Central Karoo	1-Apr-20	31-Mar-23	2 000	-	-	1 000	500
18	CH860012	HFRG	Observatory - Observatory FPL - HT - Replacement	Cape Town	30-Apr-18	31-Mar-22	72 990	27 867	44 328	16 148	1 345

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2018/19 R000's	2019/20 R000's	2020/21 R000's	2021/22 R000's
19	CO860012 & CQ860012	HFRG	Observatory - Observatory FPL - OD and QA - Replacement	Cape Town	1-Jun-17	31-Dec-20	300	520	350	-	-
20	HCH860001	HFRG	Parow - Cape Medical Depot - HT - Replacement	Cape Town	1-Apr-21	31-Mar-24	55 000	-	-	-	200
21	CH860016	HFRG	Thornton - Orthotic and Prosthetic Centre - HT - Upgrade	Cape Town	1-Apr-20	31-Mar-24	8 000	-	-	1 000	100
22	CH860021	HFRG	Vredenburg - Vredenburg FPL - HT - Rehabilitation (Alpha)	West Coast	1-Apr-19	31-Mar-23	2 500	-	1 000	400	100
Sub-programme 8.6 Grand Total								175 218	235 612	128 338	101 998

PART C

LINKS TO OTHER PLANS



Long-term infrastructure & Other Plans¹

New & Replacement Assets

Table C 1: New and Replacement Assets

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
1	Cape Town - District Six CDC - New	8.1	Cape Town	New	30 557	43 658	12 399	1 042	4 597	4 597	3 382	-	-
2	Delft - Symphony Way CDC - New	8.1	Cape Town	New	2 249	83	5 631	1	919	919	3 535	-	-
3	Elsies River - Elsie's River CHC - Replacement	8.1	Cape Town	Replacement	-	-	-	400	10	10	3 839	10 866	35 000
4	Hanover Park - Hanover Park CHC - Replacement	8.1	Cape Town	Replacement	-	-	689	500	2 086	2 086	3 000	16 500	42 700
5	Hout Bay - Hout Bay CDC - Replacement and Consolidation	8.1	Cape Town	Replacement and Consolidation	-	-	-	1	1 353	1 353	1 500	7 638	21 483
6	Kraaifontein - Bloekombos CHC - New	8.1	Cape Town	New	-	-	-	1	-	-	500	5 000	11 075
7	Maitland - Maitland CDC - Replacement	8.1	Cape Town	Replacement	-	-	-	120	1	1	1 557	4 121	1 087
8	Masiphumelele - Masiphumelele CDC - New	8.1	Cape Town	Clinic Replacement (current clinic CoCT facility)	-	-	-	-	-	-	-	250	1 000
9	Mfuleni - Mfuleni CDC - Temporary	8.1	Cape Town	Temporary	15 194	902	-168	-	2 168	2 168	754	-	-
10	Parow - Ravensmead CDC - Replacement	8.1	Cape Town	Replacement	-	-	1 302	500	1 565	1 565	5 000	30 000	15 000
11	Philippi - Weltevreden CDC - New	8.1	Cape Town	New	-	-	-	50	1	1	2 500	5 000	35 000
12	Strand - Rusthof CDC - Replacement	8.1	Cape Town	Replacement	-	-	-	-	-	-	-	-	500
13	Gouda - Gouda Clinic - Replacement	8.1	Cape Winelands	Replacement	-	-	-	250	917	917	2 042	10 917	336
14	Paarl - Paarl CDC - New	8.1	Cape Winelands	New	-	-	-	399	499	499	2 929	8 793	23 568

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
15	Prince Alfred Hamlet - Prince Alfred Hamlet Clinic - Replacement	8.1	Cape Winelands	Replacement	1 099	6 529	16 653	2 000	1 361	1 361	10	-	-
16	Wolseley - Wolseley Clinic - Replacement	8.1	Cape Winelands	Replacement	1 183	4 401	8 167	5 060	6 315	6 315	1 900	55	-
17	Worcester - Avian Park Clinic - New	8.1	Cape Winelands	New	-	289	388	800	785	785	7 458	16 100	4 000
18	Beaufort West - Hill Side Clinic - Replacement	8.1	Central Karoo	Replacement	5 715	14 656	3 732	38	836	836	1	-	-
19	George - Thembaletu CDC - Replacement	8.1	Garden Route	Replacement	4 593	35 937	22 135	750	1 600	1 600	250	-	-
20	Ladismith - Ladismith Clinic - Replacement	8.1	Garden Route	Replacement	-	-	-	400	491	491	1 279	4 406	11 827
21	Mossel Bay - George Road Clinic - Replacement	8.1	Garden Route	Replacement	-	-	-	-	-	-	-	50	640
22	Caledon - Caledon Clinic - Replacement	8.1	Overberg	Replacement	-	-	-	-	-	-	-	-	676
23	Napier - Napier Clinic - Replacement	8.1	Overberg	Replacement	1 372	9 820	11 248	549	1 217	1 217	235	-	-
24	Villiersdorp - Villiersdorp Clinic - Replacement	8.1	Overberg	Replacement	-	-	-	200	1 248	1 248	2 000	12 460	12 000
25	Malmesbury - Abbotdale Satellite Clinic - Replacement	8.1	West Coast	Replacement	-	-	607	2 000	668	668	4 000	537	-
26	Malmesbury - Chatsworth Satellite Clinic - Replacement	8.1	West Coast	Replacement	-	-	148	750	243	243	3 000	1 900	-
27	Saldanha - Diazville Clinic - Replacement	8.1	West Coast	Replacement	-	-	-	25	758	758	1 500	1 488	14 986
28	St Helena Bay - Sandy Point Satellite Clinic - Replacement	8.1	West Coast	Replacement	-	-	-	1	108	108	1 000	2 000	2 000
29	Vredenburg - Vredenburg CDC - New	8.1	West Coast	New	-	-	-	300	1	1	500	4 058	10 000
30	De Doorns - De Doorns Ambulance Station - Replacement	8.2	Cape Winelands	Replacement	697	500	-	3 500	313	313	12 000	5 460	-
31	Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	Replacement	-	-	-	150	374	374	166	-	300
32	Bellville - Karl Bremer Hospital - Demolitions and parking	8.3	Cape Town	Enabling work for demolitions and ring road	-	-	-	500	54	54	1 500	1 400	-
33	Mitchells Plain - Mitchells Plain Hospital - New	8.3	Cape Town	New	462	261	1 220	1 000	236	236	2 510	-	-
34	Malmesbury - Swartland Hospital - Replacement	8.3	West Coast	Replacement	-	-	-	-	-	-	-	250	8 000
35	Belhar - Tygerberg Regional Hospital - New Phl	8.4	Cape Town	New Phl	-	-	-	-	-	-	-	1 000	1 000

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
36	Manenberg - Klipfontein Regional Hospital - Replacement Ph1	8.4	Cape Town	Replacement Ph1	-	-	-	-	-	-	6 000	16 000	28 000
37	Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	8.4	Cape Town	Forensic Precinct Enabling Work	92	343	-	50	-	-	1 643	5 000	12 000
38	Somerset West - Helderberg Hospital - Replacement	8.4	Cape Town	Replacement	-	-	-	-	-	-	-	-	50
39	Paarl - Paarl Hospital - Acute Psychiatric Unit	8.4	Cape Winelands	Acute Psychiatric Unit	31 455	2 318	235	-	160	160	1	-	-
40	Parow - Tygerberg Hospital - Replacement (PPP)	8.5	Cape Town	Replacement (PPP)	-	-	1 548	250	611	611	678	-	-
41	Observatory - Observatory FPL - Replacement	8.6	Cape Town	Replacement of Salt River FPL	7 033	9 075	33 062	63 373	81 290	81 290	100 000	3 000	3 000
42	Parow - Cape Medical Depot - Replacement	8.6	Cape Town	Replacement	-	-	-	3 000	1 470	1 470	4 040	1 520	2 273
43	Beaufort West - Beaufort West FPL - Replacement	8.6	Central Karoo	Replacement	75	24	-	-	272	272	1	-	-
44	Knysna - Knysna FPL - Replacement	8.6	Garden Route	Replacement	165	67	1 528	10 000	2 000	2 000	4 999	16 000	2 000
Total new and replacement assets								97 960	116 527	116 527	187 209	191 769	299 501

Maintenance & Repairs

Table C 2: Maintenance and Repairs

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's		2018/19 R000's		2019/20 R000's	2020/21 R000's	2021/22 R000's
Provincial Equitable Share: Infrastructure													
Day-to-day Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - PES	-	-	8 905	20 139	20 139	20 139	17 450	18 815	19 463
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - PES	-	-	53	850	850	850	635	685	708
3	District Hospital Services	8.3	Various	8.3 Various Facilities - PES	-	-	12 475	12 865	12 865	12 865	12 395	13 365	13 825
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES	-	-	6 274	9 610	9 610	9 610	8 659	9 336	9 658
5	Central Hospital Services	8.5	Cape Town	8.5 Various Facilities - PES	-	-	4 412	-	-	-	1 090	1 175	1 216
6	Other Facilities	8.6	Various	8.6 Various Facilities - PES	-	-	2 695	4 200	4 200	4 200	5 216	5 624	5 818
Emergency Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - PES	-	-	-	1 861	1 017	1 017	1 403	1 863	1 967
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - PES	-	-	-	1 000	20	20	21	28	29
3	District Hospital Services	8.3	Various	8.3 Various Facilities - PES	-	-	-	2 000	2 882	2 882	3 157	4 196	4 430
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES	-	-	-	500	1 388	1 388	1 496	1 986	2 098
5	Central Hospital Services	8.5	Cape Town	8.5 Various Facilities - PES	-	-	1 417	2 000	2 106	2 106	2 361	3 135	3 311
6	Other Facilities	8.6	Various	8.6 Various Facilities - PES	-	-	-	500	448	448	597	792	837
Prof Day-to-day Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - PES	-	-	13 715	-	1 723	1 723	500	-	-
3	District Hospital Services	8.3	Various	8.3 Various Facilities - PES	-	-	24 288	7 000	3 100	3 100	40 464	23 773	14 743
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES	-	-	3 875	-	7 367	7 367	500	-	-
Routine Maintenance													

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation R000's	Revised Estimate	Medium Term Estimates			
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's	
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - PES	-	-	6 646	-	-	-	5 262	5 553	5 864	
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - PES	-	-	876	-	-	-	3 355	2 541	2 682	
3	District Hospital Services	8.3	Various	8.3 Various Facilities - PES	-	-	13 527	-	-	-	13 779	13 266	14 010	
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES	-	-	9 687	-	-	-	13 635	13 242	13 984	
5	Central Hospital Services	8.5	Cape Town	8.5 Various Facilities - PES	-	-	16 479	-	-	-	3 629	5 830	6 156	
6	Other Facilities	8.6	Various	8.6 Various Facilities - PES	-	-	3 403	-	-	-	3 141	3 314	3 500	
Scheduled Maintenance														
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - PES	-	-	-	1 000	885	885	626	2 934	10 611	
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - PES	-	-	-	-	-	-	-	5 250	2 000	
3	District Hospital Services	8.3	Various	8.3 Various Facilities - PES	-	-	-	-	-	-	200	4 816	6 850	
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES	-	-	-	-	-	-	200	11 000	13 000	
5	Other Facilities	8.6	Various	8.6 Various Facilities - PES	-	-	-	-	-	-	-	500	4 937	
Total Provincial Equitable Share: Infrastructure									63 525	68 600	68 600	139 771	153 019	161 697
Provincial Equitable Share: Maintenance														
Scheduled Maintenance														
1	District Hospital Services	8.3	Various	8.3 Various Facilities - PES Maint	-	-	-	4 820	5 403	5 403	309	-	-	
2	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES Maint	-	-	-	16 749	9 916	9 916	1 472	3 801	-	
3	Central Hospital Services	8.5	Cape Town	8.5 Various Facilities - PES Maint	-	-	-	28 431	49 373	49 373	23 219	22 574	27 826	
Total Provincial Equitable Share: Maintenance									50 000	64 692	64 692	25 000	26 375	27 826
Provincial Equitable Share: Tygerberg														
Emergency Maintenance														
1	Central Hospital Services	8.5	Cape Town	Tygerberg Hospital Emergency Maintenance - PES TBH	-	-	-	-	-	-	2 000	2 000	2 000	
Prof Day-to-day Maintenance														

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome				Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
1	Central Hospital Services	8.5	Cape Town	Tygerberg Hospital Day-to-day Maintenance - PES TBH	-	-	11 294	-	-	-	-	33 000	24 500	18 000
Routine Maintenance														
1	Central Hospital Services	8.5	Cape Town	Tygerberg Hospital Routine Maintenance - PES TBH	-	-	-	-	-	-	-	4 000	4 000	2 000
Scheduled Maintenance														
1	Central Hospital Services	8.5	Cape Town	Tygerberg Hospital Scheduled Maintenance - PES TBH	-	-	-	-	-	-	-	48 000	76 025	64 226
Total Provincial Equitable Share: Tygerberg									-	-	-	87 000	106 525	86 226
Health Facility Revitalisation Grant														
Scheduled Maintenance														
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - HFRG	72 147	71 808	35 939	58 659	73 136	58 659	58 659	62 106	25 370	17 376
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - HFRG	6 683	8 155	5 654	2 938	4 498	2 938	2 938	6 749	663	500
3	District Hospital Services	8.3	Various	8.3 Various Facilities - HFRG	52 320	41 991	17 464	36 096	32 638	36 096	36 096	32 357	14 190	13 602
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - HFRG	33 188	40 319	27 905	45 051	47 599	45 051	45 051	47 537	9 075	15 050
5	Central Hospital Services	8.5	Various	8.5 Various Facilities - HFRG	34 469	34 617	52 364	30 618	12 410	30 618	30 618	8 724	111	-
6	Other Facilities	8.6	Various	8.6 Various Facilities - HFRG	6 699	5 452	5 447	6 756	3 490	6 756	6 756	2 527	4 090	4 972
Total Health Facility Revitalisation Grant									173 771	180 118	180 118	160 000	53 499	51 500
Total maintenance and repairs									287 296	313 410	313 410	411 771	339 418	327 249

Upgrades & Additions

Table C 3: Upgrades and Additions

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
1	Bonteheuwel - Vanguard CHC - Upgrade and Additions (Alpha)	8.1	Cape Town	Upgrade and Additions	-	-	-	-	-	-	-	-	1
2	Bothasig - Bothasig CDC - Upgrade and Additions	8.1	Cape Town	Upgrade and Additions	-	-	-	500	594	594	1 400	8 000	1 000
3	Heideveld - Heideveld CDC - Temporary EC at Klipfontein Hub (Enabling work for GF Jooste Hospital)	8.1	Cape Town	Temporary EC at Klipfontein Hub (Enabling work for GF Jooste Hospital)	822	-	-	-	-	-	150	-	-
4	Kraaifontein - Scottsdene CDC - Upgrade and Additions (Alpha)	8.1	Cape Town	Upgrade and Additions	-	-	-	-	-	-	-	-	1
5	De Doorns - De Doorns CDC - Upgrade and Additions	8.1	Cape Winelands	Upgrade and Additions	366	191	-	50	684	684	3 047	3 583	6 900
6	Wellington - Wellington CDC - Pharmacy Additions and Alterations	8.1	Cape Winelands	Pharmacy Additions and Alterations	138	243	2 593	681	1 169	1 169	252	-	-
7	Wellington - Windmeul Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Upgrade and Additions	-	-	-	1 200	52	52	1 189	809	-
8	Worcester - Worcester CDC - Dental Suite Additions and Alterations	8.1	Cape Winelands	Dental Suite Additions and Alterations	1 844	285	-	1	128	128	259	-	-
9	Laingsburg - Laingsburg Clinic - Upgrade and Additions	8.1	Central Karoo	Upgrade and Additions	28	254	1 277	750	4 532	4 532	18 500	3 000	-
10	Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	Upgrade and Additions	278	250	1 157	3 000	2 000	2 000	13 768	2 268	720
11	Grabouw - Grabouw CDC - Upgrade and Additions Ph2	8.1	Overberg	Upgrade and Additions Ph2	-	-	-	-	-	-	-	50	500
12	Piketberg - Piketberg Clinic - Upgrade and Additions(Alpha)	8.1	West Coast	Upgrade and Additions	-	-	-	-	-	-	-	-	50
13	Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Upgrade and Additions	-	-	-	-	-	-	-	-	50
14	Bonnievale - Bonnievale Ambulance Station - Upgrade and Additions incl wash bay	8.2	Cape Winelands	Upgrade and Additions including wash bay	-	-	-	-	163	163	1 900	116	-
15	Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	8.2	Central Karoo	Upgrade and Additions	-	-	-	-	-	-	1	500	1 000
16	Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	Upgrade and Additions including wash bay	-	-	-	-	-	-	1	500	1 000

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
17	Prince Albert - Prince Albert Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	Upgrade and Additions including wash bay	-	-	-	500	165	165	1 718	317	-
18	Caledon - Caledon Ambulance Station - Communications Centre Extension	8.2	Overberg	Communications Centre Extension	36	72	428	500	507	507	5 500	800	-
19	Swellendam - Swellendam Ambulance Station - Upgrade and Additions	8.2	Overberg	Upgrade and Additions	-	229	-	2 100	529	529	3 242	-	-
20	Bitterfontein - Bitterfontein Ambulance Station - Upgrade and Additions incl wash bay	8.2	West Coast	Upgrade and Additions including wash bay	-	-	-	-	-	-	-	-	1 000
21	Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	8.2	West Coast	Upgrade and Additions including wash bay	-	-	-	1 000	101	101	1 177	72	-
22	Atlantis - Wesfleur Hospital - Record Room extension	8.3	Cape Town	Extension of Record Room	-	-	-	-	-	-	750	1 000	3 000
23	Bellville - Karl Bremer Hospital - New Bulk Store	8.3	Cape Town	New Bulk Store	963	11 368	5 052	500	15	15	1	-	-
24	Belville - Karl Bremer Hospital - OPD Upgrade and Additions (Alpha)	8.3	Cape Town	Hospital Repairs and Renovation	-	-	-	-	-	-	-	-	500
25	Eerste River - Eerste River Hospital - Acute Psychiatric Unit	8.3	Cape Town	Acute Psychiatric Unit	-	-	726	700	1 634	1 634	5 000	6 000	15 000
26	Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	8.3	Cape Town	Upgrade and additions of Linen Bank and Waste Management area	-	-	-	-	-	-	1	1 500	500
27	Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	8.3	Cape Town	Acute Psychiatric Unit	-	-	760	400	1 858	1 858	6 000	32 984	19 968
28	Wynberg - Victoria Hospital - New EC	8.3	Cape Town	New EC	1 632	1 085	892	9 000	3 749	3 749	36 000	28 000	6 135
29	Wynberg - Victoria Hospital - Temporary EC	8.3	Cape Town	Temporary EC	-	-	-	10 000	8 000	8 000	1 000	-	-
30	Ceres - Ceres Hospital - New Acute Psychiatric Ward	8.3	Cape Winelands	New Acute Psychiatric Ward	-	-	-	160	240	240	2 790	1 170	-
31	Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	Acute Psychiatric Ward and New EC	-	-	-	50	10	10	400	3 000	10 000
32	Stellenbosch - Stellenbosch Hospital - EC Upgrade and Additions	8.3	Cape Winelands	EC Upgrade and Additions	2 290	10 578	19 253	500	489	489	1	-	-
33	Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	8.3	Garden Route	Entrance, Admissions and EC	-	-	-	250	-	-	1 109	1 613	20 600
34	Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	New Acute Psychiatric Ward	-	-	-	450	150	150	1 744	300	-
35	Various Facilities 8.3 - Fencing	8.3	Various	Fencing at district hospitals	-	-	-	-	-	-	3 000	-	-
36	Various Facilities 8.3 - Laundry upgrades and additions (West Coast)	8.3	Various	On-premises Laundries - upgrades and additions	-	-	-	-	-	-	-	-	100
37	Malmesbury - Swartland Hospital - EC extension to fire-damaged building Ph3 EC and Old Kitchen Block	8.3	West Coast	EC extension to fire-damaged building	-	-	-	500	500	500	13 900	10 000	-

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
38	Green Point - New Somerset Hospital - Acute Psychiatric Unit	8.4	Cape Town	Acute Psychiatric Unit	54	249	505	500	2 024	2 024	3 000	5 000	5 000
39	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	8.4	Cape Town	Forensic Precinct - Admission, Assessment, High Security	7 326	-	-	-	-	-	-	-	5 000
40	Various Facilities 8.4 - Fencing	8.4	Various	Fencing at specialist hospitals	-	-	-	-	-	-	3 000	-	-
41	Observatory - Groote Schuur Hospital - Greywater recycling	8.5	Cape Town	Greywater recycling	-	-	-	2 500	7 000	7 000	4 400	-	-
42	Parow - Tygerberg Hospital - Enabling work for ward decanting (prefab solution)	8.5	Cape Town	Enabling work for ward decanting (prefab solution)	-	-	-	-	-	-	20 000	30 000	25 000
43	Parow - Tygerberg Hospital - 11kV network upgrade Ph3 to 7	8.5	Cape Town	11 kV network upgrade Phases 3 to 7 - Main Ring sub-stations	-	-	-	-	-	-	1 000	10 000	15 000
44	Parow - Tygerberg Hospital - Consolidated Security Control Centre	8.5	Cape Town	Consolidation of security control rooms and BMS monitoring	-	-	-	-	-	-	2 000	8 000	15 000
45	Parow - Tygerberg Hospital - New public transport terminus	8.5	Cape Town	New public transport terminus	-	-	-	-	-	-	-	500	3 500
46	Mitchells Plain - Lentegeur Laundry - Upgrade and Additions (Alpha)	8.6	Cape Town	Upgrade and Additions	-	-	-	-	-	-	1	1 500	4 000
47	Thornton - Orthotic and Prosthetic Centre - Upgrade	8.6	Cape Town	Orthotic and Prosthetic Centre Upgrade	-	391	484	2 150	1 550	1 550	3 546	-	-
48	Worcester - WCCN Boland Campus - Additional Nurses Accommodation - Erica Hostel	8.6	Cape Winelands	Additional Nurses Accommodation - Erica Hostel	5 463	322	87	-	-	-	150	-	-
49	Worcester - WCCN Boland Campus - Training Facility at Keerom	8.6	Cape Winelands	Training Facility at Keerom	263	121	-	-	-	-	1 000	-	-
Total upgrades and additions								37 942	37 843	37 843	161 897	160 582	160 525

Rehabilitation, Renovation & Refurbishments

Table C 4: Rehabilitation, Renovations and Refurbishments

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
1	Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	8.1	Cape Town	Rehabilitation to accommodate the upgrade of the Pharmacy	-	-	-	-	-	-	100	1 000	3 000
2	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	8.1	Cape Town	Pharmacy Compliance and General Maintenance	-	-	74	2 500	95	95	2 347	751	500
3	Various Pharmacies Upgrade 8.1 - Pharmacies Rehabilitation	8.1	Various	Various Pharmacies Upgrade 8.1 - Pharmacies Rehabilitation	-	-	-	1 000	76	76	3 000	4 000	100
4	Belville - Karl Bremer Hospital - Hospital Repairs and Renovation	8.3	Cape Town	Hospital Repairs and Renovation	-	-	-	250	100	100	2 000	15 000	15 000
5	Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	8.3	Cape Town	Fire Compliance Completion and Changes to Internal Spaces	-	-	-	200	10	10	1 000	1 000	9 428
6	Mitchell's Plain - Mitchell's Plain Hospital - Rehabilitation of Fire-damaged EC	8.3	Cape Town	Rehabilitation of fire-damaged EC	-	-	-	-	10 000	10 000	5 600	-	-
7	Mitchell's Plain - Mitchell's Plain Hospital - Fire doors	8.3	Cape Town	Fire doors	-	-	-	-	-	-	2 000	-	-
8	Somerset West - Helderberg Hospital - EC Upgrade and Additions	8.3	Cape Town	EC Upgrade and Additions	638	1 973	661	15 000	19 210	19 210	35 000	2 748	-
9	Somerset West - Helderberg Hospital - Repairs and Renovation	8.3	Cape Town	Repairs and Renovation	-	-	-	240	10	10	1 000	2 000	4 000
10	Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	Hospital and Nurses Home Repairs and Renovation	-	-	-	50	541	541	1 000	5 000	10 000
11	Montagu - Montagu Hospital - Rehabilitation	8.3	Cape Winelands	Rehabilitation	-	-	-	-	-	-	1	500	3 000
12	Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	Hospital and Stores Repairs and Renovation	-	-	-	100	479	479	1 000	2 000	11 000
13	Beaufort West - Beaufort West Hospital - Rationalisation	8.3	Central Karoo	Rationalisation	-	-	-	1	10	10	1 000	1 000	6 000
14	Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	8.3	Overberg	Acute Psychiatric Ward	-	-	-	400	270	270	5 500	1 000	-
15	Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	8.3	Overberg	Acute Psychiatric Unit and R & R	-	-	-	250	374	374	4 300	2 000	-
16	Swellendam - Swellendam Hospital - Acute Psychiatric Ward	8.3	Overberg	Acute Psychiatric Ward	-	-	-	500	150	150	500	1 500	20

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
17	Various Pharmacies Upgrade 8.3	8.3	Various	Various Pharmacies Upgrade 8.3	-	-	-	1 000	51	51	3 000	3 000	50
18	Malmesbury - Swartland Hospital - Prefabricated Wards	8.3	West Coast	Prefabricated Wards	-	-	1 360	20 000	34 281	34 281	7 000	50	-
19	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital Ph2	8.3	West Coast	Rehabilitation of fire-damaged hospital Ph2	-	-	-	30 000	22 000	22 000	11 000	-	-
20	Piketberg - Radie Kotze Hospital - Hospital layout improvement	8.3	West Coast	Hospital Layout Improvement	-	-	-	200	449	449	4 232	1 319	-
21	Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	8.3	West Coast	Upgrade Ph2B Completion	624	46 098	46 896	54 500	56 794	56 794	10 000	-	-
22	Green Point - New Somerset Hospital - Repairs and renovation incl stores upgrade	8.4	Cape Town	Repairs and renovation including stores upgrade	-	-	-	-	-	-	-	500	5 000
23	Green Point - New Somerset Hospital - Upgrading of Theatres and Ventilation	8.4	Cape Town	Upgrading of Theatres and Ventilation	-	-	-	750	428	428	7 000	20 000	3 000
24	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	8.4	Cape Town	Repairs and Renovation	-	-	-	200	540	540	691	4 000	9 656
25	Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	Cape Town	R, R & R - Alexandra Hospital wards renovations for allowing the decanting from Valkenberg Hospital (parent project: Valkenberg Forensic Precinct revitalization project)	-	-	-	750	135	135	2 845	2 070	-
26	Mowbray - Mowbray Maternity Hospital - Rehabilitation (Alpha)	8.4	Cape Town	Rehabilitation	-	-	-	-	-	-	-	100	4 178
27	Observatory - Valkenberg Hospital - Renovations to Historical Admin Building Ph2	8.4	Cape Town	Renovations to Historical Admin Building Ph2	2 594	40 134	20 894	1 000	2 701	2 701	1 941	-	-
28	Various Facilities 8.4 - Enabling works for Tygerberg Hospital decanting wards	8.4	Cape Town	Enabling works for Tygerberg Hospital decanting wards	-	-	-	-	-	-	5 000	1 000	-
29	Worcester - Worcester Hospital - Fire Compliance	8.4	Cape Winelands	Fire Compliance	-	-	281	3 000	915	915	6 000	2 000	-
30	Worcester - Worcester Hospital - Relocation of MOU	8.4	Cape Winelands	MOU Relocation	-	-	-	150	135	135	500	3 000	1 500
31	George - George Hospital - Wards R, R and R (Alpha)	8.4	Garden Route	Wards R, R and R (Alpha)	-	-	-	-	-	-	1	500	2 000
32	Observatory - Groote Schuur Hospital - BMS Upgrade	8.5	Cape Town	BMS Upgrade	-	-	1 343	2 000	5 586	5 586	6 000	5 889	3 000
33	Observatory - Groote Schuur Hospital - EC Upgrade and Additions	8.5	Cape Town	EC Upgrade and Additions	2 402	2 179	-	500	20	20	5 000	10 000	11 130
34	Observatory - Groote Schuur Hospital - R & R to OPD	8.5	Cape Town	R & R to OPD	-	-	-	-	-	-	-	1 000	3 043

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
35	Observatory - Groote Schuur Hospital - Ventilation and AC refurbishment incl mechanical installation	8.5	Cape Town	Ventilation and AC refurbishment incl mechanical installation	-	-	-	2 000	1 638	1 638	10 000	30 000	15 000
36	Parow - Tygerberg Hospital - Enabling work for ward decanting (existing buildings)	8.5	Cape Town	Enabling work for ward decanting in TBH Main Building and other buildings on the estate	-	-	-	-	-	-	2 000	9 000	14 000
37	Parow - Tygerberg Hospital - 11kv Generator Panel Upgrade	8.5	Cape Town	11kv Generator Panel Upgrade	-	-	61	6 500	-	-	7 000	500	-
38	Parow - Tygerberg Hospital - 11kv Main Substation Upgrade	8.5	Cape Town	11kv Main Substation Upgrade	-	-	378	9 000	-	-	11 000	4 000	-
39	Parow - Tygerberg Hospital - External and Internal Logistics	8.5	Cape Town	Improving external and internal logistics including masterplanning for wayfinding and the flow of people, vehicles, goods and services	-	-	-	-	-	-	1 000	5 000	8 000
40	Parow - Tygerberg Hospital - Fire Safety	8.5	Cape Town	Improving fire safety and compliance in the hospital including Block X through the preparation of a rational fire design and implementation of various packages	-	-	-	-	-	-	500	6 500	11 000
41	Parow - Tygerberg Hospital - Hot water system upgrade	8.5	Cape Town	Hot water system upgrade	-	-	-	-	-	-	1 000	5 500	7 000
42	Parow - Tygerberg Hospital - Medical Gas Upgrade	8.5	Cape Town	Medical Gas Upgrade	-	-	153	7 600	-	-	11 000	9 000	6 600
43	Parow - Tygerberg Hospital - Perimeter security upgrade	8.5	Cape Town	Development and implementation of a total perimeter security solution	-	-	-	-	-	-	-	850	1 000
44	Parow - Tygerberg Hospital - Pneumatic tube rehabilitation	8.5	Cape Town	Pneumatic tube rehabilitation	-	-	-	-	-	-	-	-	500
45	Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha)	8.5	Cape Town	Paeds Neonatal ICU Ward A9, Block G ground, Paediatric EC	-	-	-	-	-	-	1 500	5 000	10 000
46	Worcester - WCCN Bolland Campus - Nurses Accommodation at Erica Hostel, R & R	8.6	Cape Winelands	Nurses Accommodation at Erica Hostel, R & R	14 578	13 224	698	600	500	500	350	-	-
47	Nelspoort - Nelspoort Hospital - Electrical cable replacement	8.6	Central Karoo	Electrical cable replacement	-	-	3 161	50	195	195	200	-	-
48	Nelspoort - Nelspoort Hospital - Repairs to Wards	8.6	Central Karoo	Repairs to Wards	-	-	-	250	202	202	5 000	9 500	500
49	Vredenburg - Vredenburg FPL - Rehabilitation (Alpha)	8.6	West Coast	Rehabilitation	-	-	-	-	-	-	-	-	100
Total rehabilitation, renovations and refurbishments											160 541	157 895	178 305

Table C 5: Non-infrastructure

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
1	Bellville - Reed Street CDC - HT - Pharmacy compliance and general maintenance	8.1	Cape Town	HT - General upgrade and maintenance	-	-	-	400	500	500	700	800	-
2	Bothasig - Bothasig CDC - HT - Upgrade and Additions	8.1	Cape Town	HT - Upgrade and Additions	-	999	-	-	-	-	-	2 000	2 000
3	Elsies River - Elsie's River CHC - OD - Replacement	8.1	Cape Town	OD and QA - Replacement	-	-	-	-	-	-	-	-	130
4	Goodwood - Goodwood CDC - HT - Pharmacy compliance and general maintenance	8.1	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	800	-	-
5	Green Point - Green Point CDC - HT - Pharmacy refurbishment and general maintenance	8.1	Cape Town	HT - Pharmacy upgrade and general maintenance	-	-	-	-	-	-	-	300	-
6	Gugulethu - Gugulethu CHC - HT - General maintenance (Alpha)	8.1	Cape Town	HT - General maintenance	-	-	-	-	-	-	-	-	500
7	Hanover Park - Hanover Park CHC - OD and QA - Replacement	8.1	Cape Town	OD and QA - Replacement	-	-	-	-	-	-	-	-	130
8	Hout Bay - Hout Bay CDC - OD and QA - Replacement and Consolidation	8.1	Cape Town	OD and QA - Replacement and Consolidation	-	-	-	-	-	-	-	-	130
9	Khayelitsha - Michael Mapongwana CDC - HT - General maintenance (Alpha)	8.1	Cape Town	HT - General maintenance	-	-	-	-	-	-	500	500	-
10	Kraaifontein - Kraaifontein CHC - HT - General maintenance (Alpha)	8.1	Cape Town	HT - General maintenance	-	-	-	-	-	-	-	-	500
11	Kraaifontein - Kraaifontein CHC - HT - Pharmacy compliance and roof over outside waiting area	8.1	Cape Town	HT - Pharmacy compliance and roof over outside waiting area	-	-	-	-	-	-	300	-	-
12	Mitchells Plain - Mitchells Plain CHC - HT - Records upgrade	8.1	Cape Town	HT - Records upgrade	-	-	-	-	-	-	300	-	-
13	Nyanga - Nyanga CDC - General maintenance (Alpha)	8.1	Cape Town	HT - General maintenance	-	-	-	-	-	-	-	50	1 000
14	Parow - Ravensmead CDC - HT - Replacement	8.1	Cape Town	HT - Replacement	-	-	-	-	-	-	-	500	3 000
15	Parow - Ravensmead CDC - OD and QA - Replacement	8.1	Cape Town	OD and QA - Replacement	-	-	-	-	-	-	-	130	130
16	Philippi - Weltevreden CDC - OD and QA - New	8.1	Cape Town	OD and QA - New	-	-	-	-	-	-	-	-	130
17	Retreat - Retreat CHC - HT - General maintenance (Alpha)	8.1	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	-	500	2 000

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome				Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
18	Scottsdene - Scottsdene CDC - HT - General maintenance (Alpha)	8.1	Cape Town	HT - General maintenance	-	-	-	-	-	-	-	-	-	500
19	Strand - Gustrouw CDC - HT - General maintenance (Alpha)	8.1	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	-	-	-	500
20	Wynberg - Lady Michaelis CDC - HT - General maintenance incl fire compliance	8.1	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	-	100	3 900	-
21	Ceres - Bella Vista Clinic - HT - General maintenance (Alpha)	8.1	Cape Winelands	HT - General maintenance	-	-	-	-	-	-	-	800	-	-
22	Ceres - Ceres CDC - HT - General upgrade, extension and maintenance	8.1	Cape Winelands	HT - General upgrade and maintenance	-	-	-	-	-	-	-	100	1 000	1 000
23	De Doorns - De Doorns CDC - HT - Upgrade and Additions	8.1	Cape Winelands	HT - Upgrade and Additions	-	-	-	-	-	-	-	-	-	50
24	De Doorns - Orchard Clinic - HT - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HT - Newly upgraded clinic	-	-	-	-	-	-	-	800	400	-
25	Gouda - Gouda Clinic - HT - Replacement	8.1	Cape Winelands	HT - Replacement	-	-	-	-	-	-	-	50	2 000	-
26	Gouda - Gouda Clinic - OD and QA - Replacement	8.1	Cape Winelands	OD and QA - Replacement	-	-	-	-	-	-	-	70	-	-
27	Paarl - Dalevale Clinic - HT - General maintenance (Alpha)	8.1	Cape Winelands	HT - General maintenance	-	-	-	-	-	-	-	-	1 000	640
28	Paarl - Paarl CDC - HT - New	8.1	Cape Winelands	HT - New	-	-	-	-	-	-	-	-	-	2 000
29	Paarl - Paarl CDC - OD and QA - New	8.1	Cape Winelands	OD and QA - New	-	-	-	-	-	-	-	-	130	130
30	Stellenbosch - Cloetesville CDC - HT - General maintenance (Alpha)	8.1	Cape Winelands	HT - General upgrade and maintenance	-	-	-	-	-	-	-	1 000	1 000	1 176
31	Tulbagh - Tulbagh Clinic - HT - Structural repair	8.1	Cape Winelands	HT - General upgrade and maintenance	-	-	-	-	-	-	-	400	1 000	-
32	Wellington - Saron Clinic - HT - General maintenance and upgrade (Alpha)	8.1	Cape Winelands	HT - General upgrade and maintenance	-	-	-	400	655	655	655	677	10	-
33	Wellington - Windmeul Clinic - HT - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HT - Upgrade and Additions	-	-	-	-	-	-	-	700	350	-
34	Worcester - Avian Park Clinic - HT - New	8.1	Cape Winelands	HT - New	-	-	-	-	-	-	-	-	-	1 000
35	Worcester - Worcester CDC - HT - Upgrade of MOU area	8.1	Cape Winelands	HT - Upgrade of MOU area	-	-	-	-	-	-	-	-	-	500
36	Beaufort West - Kwamandlenkosi Clinic - HT - General upgrade and maintenance (Alpha)	8.1	Central Karoo	HT - General upgrade and maintenance	-	-	-	-	-	-	-	600	-	-
37	Laingsburg - Laingsburg Clinic - HT - Upgrade and Additions	8.1	Central Karoo	HT - Upgrade and Additions	-	-	-	-	-	-	-	1 000	1 000	-
38	Laingsburg - Laingsburg Clinic - OD and QA - Upgrade and Additions	8.1	Central Karoo	OD and QA - Upgrade and Additions	-	-	-	-	-	-	-	100	-	-
39	Albertinia - Albertinia Clinic - HT - NHI upgrade	8.1	Cape Winelands	HT - NHI upgrade	-	-	-	-	-	-	-	-	300	-
40	Calitzdorp - Calitzdorp Clinic - HT - NHI upgrade	8.1	Garden Route	HT - Replacement	-	-	-	-	-	-	-	300	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
41	George - Blanco Clinic - HT - NHI upgrade	8.1	Garden Route	HT - NHI upgrade	-	-	-	300	300	300	800	-	-
42	George - Pacaltsdorp Clinic - HT - NHI upgrade	8.1	Garden Route	HT - NHI upgrade	-	-	-	300	300	300	1 000	-	-
43	George - Touwsranteen Clinic - HT - NHI upgrade	8.1	Garden Route	HT - NHI upgrade	-	-	-	-	-	-	300	-	-
44	Haarlem - Haarlem Clinic - HT - NHI upgrade	8.1	Garden Route	HT - NHI upgrade	-	-	-	-	-	-	300	-	-
45	Knysna - Keurhoek Clinic - HT - NHI upgrade	8.1	Garden Route	HT - Replacement	-	-	-	-	-	-	300	-	-
46	Knysna - Khayelethu Clinic - HT - NHI upgrade	8.1	Garden Route	HT - Replacement	-	-	-	-	-	-	300	-	-
47	Knysna - Knysna Town Clinic - HT - NHI upgrade	8.1	Garden Route	HT - Replacement	-	-	-	-	-	-	300	-	-
48	Knysna - Kranshoek Clinic - HT - NHI upgrade	8.1	Garden Route	HT - Replacement	-	-	-	-	-	-	300	-	-
49	Ladismith - Ladismith Clinic - HT - Replacement	8.1	Garden Route	HT - Replacement	-	-	-	-	-	-	-	1 500	-
50	Ladismith - Ladismith Clinic - OD and QA - Replacement	8.1	Garden Route	OD and QA - Replacement	-	-	-	-	-	-	-	70	-
51	Mossel Bay - Eyethu Clinic - HT - General maintenance (Alpha)	8.1	Garden Route	HT - General upgrade and maintenance	-	-	-	400	-	-	400	-	-
52	Mossel Bay - George Road Clinic - HT - Replacement	8.1	Garden Route	HT - Replacement	-	-	-	-	-	-	-	-	50
53	Oudtshoorn - Bongolethu Clinic - HT - NHI upgrade	8.1	Garden Route	HT - NHI upgrade	-	-	-	-	-	-	1 000	-	-
54	Plettenberg Bay - New Horizon Clinic - HT - NHI upgrade	8.1	Garden Route	HT - NHI upgrade	-	-	-	-	-	-	-	300	-
55	Plettenberg Bay - Plettenberg Bay Clinic - HT - NHI upgrade	8.1	Garden Route	HT - NHI upgrade	-	-	-	-	-	-	-	300	-
56	Sedgefield - Sedgefield Clinic - HT - NHI upgrade	8.1	Garden Route	HT - NHI upgrade	-	-	-	-	-	-	300	-	-
57	Zoar - Amalienstein Clinic - HT - NHI upgrade	8.1	Garden Route	HT - Replacement	-	-	-	-	-	-	300	-	-
58	Bredasdorp - Elm Satellite Clinic - HT - General upgrade and maintenance (Alpha)	8.1	Overberg	HT - General upgrade and maintenance	-	-	-	-	-	-	500	500	-
59	Gansbaai - Gansbaai Clinic - HT - Upgrade and Additions (Alpha)	8.1	Overberg	HT - Upgrade and Additions	-	-	-	-	-	-	1 000	1 500	-
60	Gansbaai - Gansbaai Clinic - OD and QA - Upgrade and Additions (Alpha)	8.1	Overberg	OD and QA - Upgrade and Additions	-	-	-	-	-	-	100	-	-
61	Genadendal - Genadendal Clinic - HT - General upgrade and maintenance (Alpha)	8.1	Overberg	HT - General upgrade and maintenance	-	-	-	-	-	-	1 558	200	-
62	Pearly Beach - Pearly Beach Satellite Clinic - HT - General maintenance (Alpha)	8.1	Overberg	HT - General upgrade and maintenance	-	-	-	-	-	-	-	900	300

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
63	Swellendam - Ralton Clinic - HT - General maintenance (Alpha)	8.1	Overberg	HT - General maintenance	-	-	-	-	-	-	1 000	370	-
64	Villiersdorp - Villiersdorp Clinic - HT - Replacement	8.1	Overberg	HT - Replacement	-	-	-	-	-	-	-	2 000	-
65	Darling - Darling Clinic - HT - Paving upgrade and general maintenance	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	800	400	-
66	Lamberts Bay - Lamberts Bay Clinic - HT - General maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	2 000	2 562	-
67	Lutzville - Lutzville Clinic - HT - Clinic (Alpha)	8.1	West Coast	HT - Clinic	-	-	1 126	200	28	28	200	-	-
68	Malmesbury - Abbotssdale Satellite Clinic - HT - Replacement	8.1	West Coast	HT - Replacement	-	-	-	100	301	301	1 000	373	-
69	Malmesbury - Chatsworth Satellite Clinic - HT - Replacement	8.1	West Coast	HT - Replacement	-	-	-	-	-	-	200	600	-
70	Moorreesburg - Moorreesburg Clinic - HT - General upgrade and maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	1 000	2 261	-
71	Paternoster - Paternoster Satellite Clinic - HT - General upgrade and maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	1	619	619	300	10	-
72	Piketberg - Piketberg Clinic - HT - Upgrade and Additions (Alpha)	8.1	West Coast	HT - Upgrade and Additions	-	-	-	-	-	-	-	-	500
73	Saldanha - Saldanha Clinic - HT - Prefab for Diazville Clinic interim service	8.1	West Coast	HT - Prefab for Diazville Clinic interim service	-	-	-	-	-	-	-	2 000	2 000
74	Saldanha - Saldanha Clinic - HT - Upgrade and Additions (Alpha)	8.1	West Coast	HT - Upgrade and Additions	-	-	-	-	-	-	300	-	-
75	St Helena Bay - Laingville Clinic - HT - General upgrade, extension and maintenance	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	400	634	634	1 500	300	-
76	St Helena Bay - Sandy Point Satellite Clinic - HT - Replacement	8.1	West Coast	HT - Replacement	-	-	-	-	-	-	50	500	300
77	Vredenburg - Vredenburg CDC - HT - New	8.1	West Coast	HT - New	-	-	-	-	-	-	-	-	3 000
78	Vredendal - Vredendal North Clinic - HT - Upgrade and Additions (Alpha)	8.1	West Coast	HT - Upgrade and Additions	-	-	-	-	-	-	1 500	500	100
79	Pietermaritzburg - Pietermaritzburg Station - HT - General maintenance (Alpha)	8.2	Cape Town	HT - Upgrade and Additions	-	-	-	-	-	-	300	300	-
80	Bonnievale - Bonnievale Ambulance Station - HT - Upgrade and Additions incl wash bay	8.2	Cape Winelands	HT - Ambulance Station	-	-	-	-	-	-	-	300	-
81	Laingsburg - Laingsburg Ambulance Station - HT - General maintenance (Alpha)	8.2	Central Karoo	HT - General maintenance	-	-	-	-	-	-	300	-	-
82	Murraysburg - Murraysburg Ambulance Station - HT - General maintenance (Alpha)	8.2	Central Karoo	HT - General maintenance	-	-	-	-	-	-	-	-	100

[illegible]

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
104	Robertson - Robertson Hospital - HT - General maintenance (Alpha)	8.3	Cape Winelands	HT - General maintenance	-	-	-	-	-	-	-	500	500
105	Stellenbosch - Stellenbosch Hospital - HT - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	HT - Hospital and Stores Repairs and Renovation	-	-	-	-	-	-	-	-	1 000
106	Mossel Bay - Eden District - SCM Support	8.3	Garden Route	Capacitation - SCM Support	-	-	430	455	467	467	502	537	574
107	Mossel Bay - Mossel Bay Hospital - HT - Entrance, Admissions and EC	8.3	Garden Route	HT - Entrance, Admissions and EC	-	-	-	-	-	-	-	-	500
108	Mossel Bay - Mossel Bay Hospital - HT - NHI upgrade	8.3	Garden Route	HT - NHI upgrade	-	-	-	1 000	1 028	1 028	2 000	2 000	-
109	Riversdale - Riversdale Hospital - HT - General maintenance (Alpha)	8.3	Garden Route	HT - General maintenance	-	-	-	-	-	-	-	500	500
110	Bredasdorp - Otto du Plessis Hospital - HT - Acute Psychiatric Ward	8.3	Overberg	HT - Acute Psychiatric Ward	-	-	-	-	-	-	200	730	-
111	Caledon - Caledon Hospital - HT - Acute Psychiatric Unit and R & R	8.3	Overberg	HT - Acute Psychiatric Unit	-	-	-	-	-	-	100	900	-
112	Caledon - Caledon Hospital - HT - Theatre upgrade and maintenance	8.3	Overberg	HT - General upgrade and maintenance	-	-	-	1 000	3 790	3 790	100	2 000	1 000
113	Hermanus - Hermanus Hospital - HT - General maintenance (Alpha)	8.3	Overberg	HT - General maintenance	-	-	-	-	-	-	-	-	500
114	Hermanus - Hermanus Hospital - HT - New Acute Psychiatric Ward	8.3	Overberg	HT - New Acute Psychiatric Ward	-	-	-	-	-	-	350	-	-
115	Swellendam - Swellendam Hospital - HT - Acute Psychiatric Ward	8.3	Overberg	HT - Acute Psychiatric Ward	-	-	-	-	-	-	500	250	-
116	Various Facilities 8.3 - HT replacement of Specialised imaging systems	8.3	Various	HT Specialised imaging systems	-	-	-	-	-	-	3 750	3 750	3 750
117	Citrusdal - Citrusdal Hospital - HT - Laundry - Electrification	8.3	West Coast	HT - Laundry - Electrification	-	-	-	-	-	-	500	-	-
118	Malmesbury - Swartland Hospital - HT - Prefabricated Wards	8.3	West Coast	HT - Prefabricated Wards	-	-	-	8 000	8 259	8 259	100	100	-
119	Malmesbury - Swartland Hospital - HT - Rehabilitation of fire-damaged hospital	8.3	West Coast	HT - Rehabilitation of fire-damaged hospital	-	-	8 277	1 000	1 000	1 000	2 000	2 000	500
120	Malmesbury - Swartland Hospital - OD and QA - Prefabricated Wards	8.3	West Coast	OD and QA - Prefabricated Wards	-	-	-	-	-	-	300	100	-
121	Piketberg - Radie Kotze Hospital - HT - Hospital layout improvement	8.3	West Coast	HT - Hospital layout improvement	-	-	-	-	-	-	1 000	2 000	-
122	Porterville - LAPA Munnik Hospital - HT - General maintenance (Alpha)	8.3	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	-	-	500
123	Vredenburg - Vredenburg Hospital - HT	8.3	West Coast	HT	-	5 352	4 392	4 000	3 538	3 538	2 000	2 000	-
124	Vredenburg - Vredenburg Hospital - Project Support	8.3	West Coast	Capacitation - Project Support	-	-	605	667	676	676	725	776	830
125	Vredenburg - Vredenburg Hospital - SCM Support	8.3	West Coast	Capacitation - SCM Support	-	-	622	707	713	713	758	812	867

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
126	Vredendal - Vredendal Hospital - HT - General upgrade and maintenance (Alpha)	8.3	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	-	500	500
127	Maitland - Alexandra Hospital - HT - Repairs and Renovation (Alpha)	8.4	Cape Town	HT - Repairs and Renovation	-	-	-	-	-	-	-	-	500
128	Mitchells Plain - Lentegeur Hospital - HT - General maintenance to Ward 5	8.4	Cape Town	HT - R, R & R including minor upgrade to wards	-	-	-	-	-	-	-	-	500
129	Mitchells Plain - Lentegeur Hospital - HT - Ward 5A Seclusion Rooms upgrade	8.4	Cape Town	HT - Upgrading of seclusion rooms	-	-	-	-	-	-	-	1 000	-
130	Mitchells Plain - Lentegeur Hospital - HT - Ward maintenance (Alpha)	8.4	Cape Town	HT - Ward maintenance	-	-	-	-	-	-	-	-	500
131	Observatory - Valkenberg Hospital - Commissioning Support	8.4	Cape Town	Capacitation - Commissioning Support	-	-	820	874	1 093	1 093	1 172	1 254	1 340
132	Observatory - Valkenberg Hospital - Project Support	8.4	Cape Town	Capacitation - Project Support	-	-	850	1 151	943	943	1 006	1 078	1 152
133	Retreat - DP Marais Hospital - HT - General upgrade and maintenance (Alpha)	8.4	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	-	-	500
134	Worcester - Worcester Hospital - HT - Relocation of MOU	8.4	Cape Winelands	HT - MOU relocation	-	-	-	-	-	-	-	3 000	10
135	Various Facilities 8.4 - HT - Enabling works for Tygerberg Hospital decanting wards	8.4	Various	HT - Enabling works for Tygerberg Hospital decanting wards	-	-	-	-	-	-	1 000	1 000	500
136	Various Facilities 8.4 - HT replacement of Specialised imaging systems	8.4	Various	HT Specialised imaging systems	-	-	-	-	-	-	11 250	6 250	6 250
137	Observatory - Groote Schuur Hospital - HT - EC Upgrade and Additions	8.5	Cape Town	HT - EC Upgrade and Additions	-	-	-	-	-	-	-	-	2 000
138	Observatory - Groote Schuur Hospital - HT - Refurbishment	8.5	Cape Town	HT - Refurbishment	-	-	35 504	22 380	18 475	18 475	3 000	-	-
139	Parow - Tygerberg Hospital - HT - Maintenance and Remedial Works to Theatres Ph1	8.5	Cape Town	HT - Maintenance and Remedial Works to Theatres	-	-	-	3 800	3 800	3 800	500	-	-
140	Parow - Tygerberg Hospital - HT - Refurbishment	8.5	Cape Town	HT - Ward Furniture	-	5 904	36 143	-	-	-	3 000	1 000	-
141	Parow - Tygerberg Hospital - HT - Wards maintenance (Alpha)	8.5	Cape Town	HT wards upgrade	-	-	-	-	-	-	2 000	2 000	2 000
142	Parow - Tygerberg Hospital - Project Support	8.5	Cape Town	Project Support	-	-	2 426	2 842	2 698	2 698	3 092	3 298	3 511
143	Infra Unit - Bellville Eng Workshop - Capacitation	8.6	Cape Town	Capacitation	-	-	5 837	7 630	7 815	7 815	8 413	8 950	9 510
144	Infra Unit - Eng and Tech Services - Capacitation	8.6	Cape Town	Capacitation	-	-	5 649	1 224	649	649	1 745	1 853	1 968
145	Infra Unit - HT Unit - Capacitation	8.6	Cape Town	Capacitation	-	-	6 048	6 890	6 851	6 851	7 166	7 644	8 150
146	Infra Unit - Infra Man CD - Capacitation	8.6	Cape Town	Capacitation	-	-	6 965	8 785	6 309	6 309	9 427	10 361	11 474

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
147	Infra Unit - Infra Planning - Capacitation	8.6	Cape Town	Capacitation	-	-	9 152	13 455	13 506	13 506	15 915	16 946	18 042
148	Infra Unit - Infra Prog Delivery - Capacitation	8.6	Cape Town	Capacitation	-	-	8 246	10 855	9 539	9 539	10 692	11 390	12 129
149	Mitchells Plain - Metro East District Maintenance Hub - Infrastructure Support	8.6	Cape Town	Infrastructure Support	-	-	-	1 586	1 586	1 586	1 608	1 806	1 943
150	Observatory - Observatory FPL - HT - Replacement	8.6	Cape Town	HT - Replacement	-	-	-	32 340	27 867	27 867	44 328	16 148	1 345
151	Observatory - Observatory FPL - OD and QA - Replacement	8.6	Cape Town	OD and QA - Replacement	-	-	-	150	520	520	350	-	-
152	Parow - Cape Medical Depot - HT - Replacement	8.6	Cape Town	HT - Replacement	-	-	-	-	-	-	-	-	200
153	Thornton - Orthotic and Prosthetic Centre - HT - Upgrade	8.6	Cape Town	HT - Orthotic and Prosthetic Centre Upgrade	-	-	-	-	-	-	-	1 000	100
154	Laingsburg - Laingsburg FPL - HT - General maintenance (Alpha)	8.6	Central Karoo	HT - General maintenance	-	-	-	-	-	-	100	-	-
155	Nelspoort - Nelspoort Hospital - HT - Repairs to Wards	8.6	Central Karoo	HT - Repairs to Wards	-	-	-	-	-	-	-	1 000	500
156	Knysna - Knysna FPL - HT - Replacement	8.6	Garden Route	HT - Replacement	-	-	-	-	-	-	-	1 000	600
157	Mossel Bay - Rural District Services - HT - Office furniture	8.6	Garden Route	HT - Office Furniture	-	-	-	-	-	-	100	-	-
158	Vredenburg - Vredenburg FPL - HT - Rehabilitation (Alpha)	8.6	West Coast	HT - Rehabilitation	-	-	-	-	-	-	1 000	400	100
Total non-infrastructure								141 417	128 168	128 168	194 320	165 138	132 902

Table C 6: Transfer Capital

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
1	Transfer to CEI for ICT	8.6	Various	Transfer to CEI for ICT	-	-	-	3 905	1 693	1 693	4 000	4 000	4 000
Total Transfer Current								3 905	1 693	1 693	4 000	4 000	4 000

Table C 7: Transfer Capital

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
					2015/16 R000's	2016/17 R000's	2017/18 R000's				2019/20 R000's	2020/21 R000's	2021/22 R000's
1	Observatory - Groote Schuur Hospital - Neuroscience Rehabilitation	8.5	Cape Town	Neuroscience Rehabilitation	-	-	10 000	10 000	10 000	10 000	10 000	5 000	5 000
Total Transfer Capital								10 000	10 000	10 000	10 000	5 000	5 000

Conditional Grants

COMPREHENSIVE HIV AND AIDS GRANT		
Purpose of the Grant	Performance Indicators	Targets
<ul style="list-style-type: none"> To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing. To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care. To subsidise in-part funding for the antiretroviral treatment plan. To provide financial resources in order to accelerate the effective implementation of a programme that has been identified as a priority in the 10-point plan of the National Department of Health. The grant is utilised in line with the National Operational Plan for HIV and AIDS Care, Management and Treatment in South Africa, the National and Provincial HIV / AIDS / STI Strategic Plans 2007-2011 and Healthcare 2010. For the coming three years, Global Fund Phase 1 RCC Funding will supplement the grant to contribute towards the attainment of planned outputs and outcomes, notably infrastructure, ARVs, human resources, laboratory costs and health system strengthening. 	Male condoms distributed	113 896 655
	Female condoms distributed	2 499 111
	HTA intervention sites	10
	Peer educators receiving stipends	400
	Individuals who received an HIV service or referral at High Transmission Area sites	83 307
	Individuals from key populations reached with individual/ small group HIV prevention interventions designed for the target population	68
	Active Lay counsellors on stipend	644
	Clients tested (including antenatal)	1 624 453
	Health facilities offering MMC	30
	Medical Male Circumcisions performed	20 408
	Sexual assault cases offered ARV prophylaxis	3 000
	Antenatal clients initiated on ART	6 183
	Babies PCR tested at 10 weeks	14 513
	New patients started on treatment	49 178
	Patients on ART remaining in care	300 369
	Patients in adherence clubs	90 600
	Functional WBPHCOTs	190
	Community Health Workers receiving stipends	3 856
	Outreach Team Leaders employed	190
	HIV positive clients screened for TB	64 966
	HIV positive clients started on IPT	32 730
	TB symptom clients screened in facility rate	41
	TB client start on treatment rate	92.7
	TB client treatment success rate	
	TB Rifampicin Resistant confirmed treatment start rate	81
	TB MDR treatment success rate	92.7
	DR-TB patients that received Bedaquiline	50.5
	Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	1 222
	Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	120
	Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	1 000
	Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	1 000
NATIONAL TERTIARY SERVICES GRANT (NTSG)		
Purpose of the Grant	Performance Indicators	Targets
<ul style="list-style-type: none"> To ensure provision of tertiary health services for all South African citizens (including documented foreign nationals). To compensate tertiary facilities for the additional costs associated with provision of these services. 	Number of approved and funded tertiary services provided by the Western Cape Department of Health	45
HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT		
Purpose of the Grant	Performance Indicators	Targets
<ul style="list-style-type: none"> Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform. 	Number of Registrars supervised on the service platform that receives partial funding support from the Health Professional Training and Development Grant Funding	483 (medical & dental registrars)

HEALTH FACILITY REVITALISATION GRANT (NATIONAL HEALTH GRANT)

Purpose of the Grant	Performance Indicators	Targets
<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance To enhance capacity to delivery health infrastructure 	Number of new facilities completed	1 ³
	Number of facilities maintained	57 ⁴
	Number of facilities upgraded and renovated	6 ⁵
	Number of facilities commissioned in terms of health technology	30 ⁶

EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT FOR PROVINCES

Purpose of the Grant	Performance Indicators	Targets
<ul style="list-style-type: none"> To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme (EPWP) guidelines. Road maintenance and the maintenance of buildings Low traffic volume roads and rural roads Other economic and social infrastructure Tourism and cultural industries Sustainable land-based livelihoods Waste management 	Number of people employed and receiving income through the EPWP	60
	Increased average duration of the work opportunities created	Average duration of 1 year (with option to extend for an additional year)

SOCIAL SECTOR EPWP INCENTIVE GRANT FOR PROVINCES

Purpose of the Grant	Performance Indicators	Targets
<ul style="list-style-type: none"> To incentivise provincial Social Sector departments to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential. 	Number of Community Health Workers (CHWs) receiving stipends	273

HUMAN RESOURCES CAPITATION GRANT

Purpose of the Grant	Performance Indicators	Targets
<ul style="list-style-type: none"> To provide funding for additional posts for medical internship. To provide funding for additional critical posts including Medical Officers, Medical Registrars, Medical Specialists, Assistant Nurses and Enrolled Nurses. 	Appointment of Medical Interns	204 posts
	Advertising and filling of identified critical post	125 posts

Public Entities

Western Cape Government Health does not have any public entities and therefore this section is not applicable.

Public-Private Partnership

WESTERN CAPE REHABILITATION CENTRE (WCRC) PUBLIC PRIVATE PARTNERSHIP		
Purpose: Provision of equipment, facilities management and all associated services at the WCRC and the Lentegeur Hospital.		
WCRC Outputs: The Private Party ensures the provision of soft and hard facilities management services: catering services; cleaning services; equipment (medical, office and therapeutic); estate and utilities maintenance; grounds and gardens; helpdesk; linen and laundry; pest control; security and waste management.		
Lentegeur Hospital Output: The private party ensures the provision of catering services, cleaning services, gardens and grounds maintenance, pest control services, security services and waste management.		
Current annual budget R'000	Date of termination	Measures to ensure smooth transfer of responsibilities
69 061 <i>(PPP Unitary Payment)</i> 71 230 <i>(Includes Compensation of Employees for PPP unit)</i>	Contract extended to 31 March 2020	<ul style="list-style-type: none"> • PPP Agreement • Partnership Management Plan • PPP Governance Structures • Patients and other stakeholder satisfaction • Knowledge management systems • Exit Strategy
TYGERBERG HOSPITAL PUBLIC PRIVATE PARTNERSHIP		
Purpose:		
Outputs: <ul style="list-style-type: none"> • Replacement of the existing Tygerberg Hospital using a Public Private Partnership procurement approach. • Review and revision of Feasibility Study to incorporate comments received from National Treasury. 		
Current annual budget R'000	Date of termination	Measures to ensure smooth transfer of responsibilities
678	To be determined	<ul style="list-style-type: none"> • Treasury Approval-1 application, as per PFMA Regulation 16, was submitted to National Treasury in July 2018, followed by a presentation to the relevant national and provincial parties in September 2018. The Feasibility Study is currently being reviewed and revised to incorporate subsequent comments received from National Treasury.

In Conclusion

The single most dominant factor that impacts on the planning for the 2019/20 financial year is the budget shortfall which is essentially owing to a combination of factors including the public sector wage agreement and allocations less than the inflationary rates. This will pose further risks to the Department. This includes, amongst others, compromised quality of care and patient experience, increased risk of medico-legal claims, escalated pressures on staff especially at the coal face of service delivery and then cumulatively a risk of reputational damage to the Department.

However, the Minister and the Department are committed to fiscal discipline and working within the allocated budget to deliver the best quality of care that we can within the available resources. The WCG: Health has developed good systems, processes and capacity over the years, through the dedication and commitment of our staff. We will endeavour to protect and sustain the gains we have made. This is essential if we are to achieve the desired health outcomes and optimal patient experience we strive for.

ANNEXURES



Annexure A: Amendments to the Strategic Plan

Programme 1: Administration

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table C.10 below is reflected on page 52 of the Strategic Plan 2015 – 2019.

The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in yellow. The revised Table C.10 is subsequently reflected.

Table C.11 below is reflected on page 159 of the Strategic Plan 2015 – 2019.

The strategic objective indicator definition that is being updated is in italic and strikethrough font with changes highlighted in yellow. The revised Table C.11 is subsequently reflected.

GOAL: EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
1. Promote efficient use of financial resources.	1.1. Promote efficient use of financial resources to ensure the under or over spending of the annual equitable share is within 1% of the budget allocation.	1.1.1. Percentage of the annual equitable share budget allocation spent Numerator: Denominator:	99.8% 11 517 782 000 11 544 801 000	100% 16 482 058 000 17 413 820 000 16 482 058 000 17 413 820 000
2. Develop and implement a comprehensive Human Resource Plan.	2.1. Review and align the comprehensive Human Resource Plan with the goals and objectives of Healthcare 2030 by 2015.	2.1.1. 1.2.1. Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA	Yes Not required to report	Yes
3. Transform the organisational culture.	3.1. Reduce the level of cultural 'entropy' within the organisation by 3% by 2019/20.	3.1.1. 1.3.1. Cultural entropy level for WCG: Health Numerator Denominator	24% 24.5% 3 982 16 220	21% 16.0% 3 864 12 000 18 400 75 000
	3.2. To achieve two value matches in the Barrett's Survey by 2019/20.	3.2.1. 1.3.2. Number of value matches in the Barrett's Survey	1	2 6
4. <i>Roll-out electronic patient administration systems to PHC facilities.</i>	4.1. <i>Roll-out the Primary Health Care Information System (PHCIS) software suite to 189 PHC facilities by 2019/20.</i>	4.1.1. <i>Percentage of PHC facilities where PHCIS software suite has been rolled-out</i> <i>Numerator</i> <i>Denominator</i>	18.0% 34 189	100.0% 189 189

Programme 2: District Health Services

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table below is reflected on page 61 of the Strategic Plan 2015 – 2019.

The strategic objectives that are being update are in italic and strikethrough font with changes highlighted in yellow. The revised Table B.2 is subsequently reflected

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
<ul style="list-style-type: none"> Improve the proportion of ART clients who remain in care 	<ul style="list-style-type: none"> 85% of people who initiate ART must remain in care after 12 months by 2019/20 	ART retention in care after 12 month	74.8%	85.0% 63.1%
		Numerator:	21 662	29 750 29 658
		Denominator:	28 960	35 000 47 667
	<ul style="list-style-type: none"> 70% of people who initiate ART must remain in care after 48 months 	ART retention in care after 48 months	68.0%	70.0% 54.3%
<ul style="list-style-type: none"> Improve the TB-programme success rate 	<ul style="list-style-type: none"> <i>TB-programme must have 85% success rate in 2019/20.</i> 	<i>TB-programme success rate</i>	81.5%	85.0% 82.3%
		<i>Numerator:</i>	37 626	40 800 34 535
		<i>Denominator:</i>	46 187	48 000 41 937
<ul style="list-style-type: none"> <i>Reduce mortality in children under 5 years</i> 	<ul style="list-style-type: none"> <i>An under 5 years mortality rate of <18.0/1 000 children by 2019/20.</i> 	<i>Under 5 mortality rate (Stats-SA)</i>	28.6/1 000	18.0/1 000
		<i>Numerator:</i>	2 981	1 999
		<i>Denominator:</i>	104 102	99 347

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in yellow. The revised Table B.4 is subsequently reflected.

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
1. Ensure registration and licensing of ambulances as per the statutory requirements*	1.1. Ensure at least 95% of all WCG: Health's rostered operational ambulances are registered and licensed in accordance with the statutory requirements* by 2019/20.	1.1.1. Percentage Number of WCG: Health rostered operational ambulances registered and licensed <i>Numerator:</i> <i>Denominator:</i>	0% Not required to report <i>0</i> <i>166</i>	94.8% 249 <i>187</i> <i>197</i>

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Programme 4: Provincial Hospital Services

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table below is reflected on page 81 of the Strategic Plan 2015 – 2019.

The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in yellow. The revised Table B.5 is subsequently reflected.

GOAL: PROMOTE HEALTH AND WELLNESS

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
1. Provide quality general/ regional hospital services.	1.1. Provide access to the full package of regional hospital service by ensuring there are 1 389 1 427 regional hospital beds by 2019/20.	1.1.1. <i>Actual (usable) beds in regional hospitals</i>	1 373	1 389 1 427
2. Actual (usable) beds in psychiatric hospitals.	2.1. Provide access to the full package of psychiatric hospital service by ensuring there are 1 680 1 850 psychiatric hospital beds and 145 step-down psychiatric beds by 2019/20.	2.1.1. <i>Actual (usable) beds in psychiatric hospitals</i> 2.1.2. <i>Actual (usable) beds in step-down facilities</i>	1 698 145	1 680 1 799 145
3. Provide quality dental training hospital services.	3.1. Provide access to dental training hospital services by ensuring at least 115 598 128 681 oral health patients are treated per annum at dental training hospitals by 2019/20.	3.1.1. <i>Oral health patient visits at dental training hospitals</i>	114 848	115 598 126 801

Programme 5: Central Hospital Services

Table below is reflected on page 90 of the Strategic Plan 2015 – 2019.

The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in yellow. The revised Table B.6 is subsequently reflected.

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
<ul style="list-style-type: none"> Provide access to the full package of central hospital services. 	<ul style="list-style-type: none"> Provide access to the full package of central hospital services by ensuring there are 2 359 central hospital beds by 2019/20. 	Actual (usable) beds in central hospitals	2 359	2 359
<ul style="list-style-type: none"> Provide access to the full package of central hospital services at Groote-Schuur Hospital. 	<ul style="list-style-type: none"> Provide access to the full package of central hospital services by ensuring there are 975 central hospital beds at Groote-Schuur Hospital by 2019/20. 	Actual (usable) beds in Groote-Schuur Hospital	975	975
<ul style="list-style-type: none"> Provide access to the full package of central hospital services at Tygerberg Hospital. 	<ul style="list-style-type: none"> Provide access to the full package of central hospital services by ensuring there are 1 384 central hospital beds at Tygerberg Hospital by 2019/20. 	Actual (usable) beds in Tygerberg Hospital	1 384	1 348
<ul style="list-style-type: none"> Provide access to the full package of central hospital services at RCWMCH. 	<ul style="list-style-type: none"> Provide access to the full package of central hospital services by ensuring there are 272 central hospital beds at RCWMCH by 2019/20. 	Actual (usable) beds in RCWMCH	270	272

Programme 6: Health Science & Training

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table C.18 below is reflected on page 98 of the Strategic Plan 2015 – 2019.

The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in yellow. The revised Table C.18 is subsequently reflected.

GOAL: EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
1. Implement a Human Resource Development (HRD) strategy.	1.1. Implement a HRD strategy by providing study opportunities for categories of scarce and critical skills, by 2019/20.	1.1.1. 6.1.1. Number of bursaries awarded for scarce and critical skills categories.	2-915 Not required to report	2-750 1 900

Programme 7: Health Care Support Services

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table C.19 below is reflected on pages 106 and 107 of the Strategic Plan 2015 – 2019.

The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in yellow. The revised Table C.19 is subsequently reflected.

Table C. 20 below is reflected on page 106 of the Strategic Plan 2015 – 2019.

The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in yellow. The revised Table C.20 is subsequently reflected.

GOAL: EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
2. Provide an efficient and effective laundry service.	2.1. Provide an efficient and effective laundry service by ensuring the average cost per item laundered in-house does not exceed R5.92 by 2019/20.	2.1.1. 7.1.1. Average cost per item laundered in-house Numerator: Denominator:	R4.40 63 260 438 14 376 272	R5.92 R5.83 95 450 056 78 116 095 16 123 320 13 398 987
3. Provide an efficient and effective maintenance service.	3.1. Provide an efficient and effective maintenance service by ensuring a 10.0% reduction in energy consumption at provincial hospitals 100% of the maintenance budget is spent by 2019/20 (compared to 2014/15 baseline).	3.1.1. Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline) maintenance budget spent Numerator: Denominator:	100.0% Not required to report 15107 356 000 103 400 000	100.0% 10.0% 140 102 393 15 327 925 140 102 393 153 279 246

GOAL: PROMOTE HEALTH AND WELLNESS

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
4. Ensure access to a Forensic Pathology Service.	4.1. Ensure access to Forensic Pathology Service by <i>maintaining cases released within 5 days at 74.4%</i> establishing 5 child death review boards by 2019/20.	4.1.1. Percentage of FPS cases released within 5 days (excluding unidentified persons) 7.1.3. Percentage of Child Death Cases Reviewed by the Child Death Review Boards	74.4% Not required to report	74.4% 100%
		Numerator:	7266	9087 2083
		Denominator:	9340	12204 2083
5. Ensure optimum pharmaceutical stock levels to meet the demand.	5.1. Maintain stock levels to ensure 97% 95.1% of pharmaceutical stock is available by 2019/20.	5.1.1. 7.1.4. Percentage of pharmaceutical stock available	94.8%	97.0% 95.1%
		Numerator:	746	735 694
		Denominator:	787	758 730

Programme 8: Health Facilities Management

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table C.21 below is reflected on page 115 of the Strategic Plan 2015 – 2019.

The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in yellow. The revised Table C.21 is subsequently reflected.

GOAL: EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
1. Efficient and effective management of infrastructure.	1.1. Efficient and effective management of infrastructure by ensuring 100% of the annual allocated budgets are spent and 100% of projects planned for completion is achieved by 2019/20.	1.1.1. 8.1.1. Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)	82.6%	100%
		Numerator:	425 339 929	3 263 929 000 535 214 000
		Denominator:	514 935 000	3 263 929 000 535 214 000
		1.1.1. <i>Percentage of Programme 8 capital infrastructure projects completed</i>	16.7%	100%
		<i>Numerator:</i>	<i>1</i>	<i>23</i>
		<i>Denominator:</i>	<i>6</i>	<i>23</i>

Annexure B: Technical Indicator Descriptions

Programme 1

Indicator Title		1.1.1 Percentage of the annual equitable share budget allocation spent					
Short Definition		Percentage of the allocated equitable share annual budget that was spent by the Department. For quarterly reporting the projected annual expenditure versus the annual budget should be used.					
Data Limitations		Dependant on accurate expenditure information on the equitable share budget (Quarterly dependant on realistic projected expenditure)					
Purpose / Importance		Ensure the under- or over-spending of the equitable share is within 1% of the budget allocation.					
Desired Performance		The over / under-spending of the annual equitable share do not exceed 1% of the budget allocation.					
Responsibility		Chief Financial Officer (CFO)					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS	Expenditure reports	<u>Numerator:</u> Annual expenditure on equitable share budget (Quarterly, use projected annual expenditure)	%	100	Output	Annual	No
	Annual allocated budget	<u>Denominator:</u> Total BAS annual equitable share budget allocation					

Indicator Title		1.2.1 Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA					
Short Definition		Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA					
Data Limitations		Availability of documentation to proof submission of Plan.					
Purpose / Importance		Strengthen human resource capacity to enhance service delivery by implementing, reviewing and amending the departmental Human Resource Plan.					
Desired Performance		Adherence to the due date for the submission of the plan to the Department of Public Service and Administration.					
Responsibility		Director: Human Resource Management					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
N/A	Submission of the 2015 - 2019 Human Resource Plan	Revised Human Resource Plan for 2015 - 2019 submitted timeously to DPSA	Compliance	Yes/No	Input	Annual	No

Indicator Title		1.3.1 Cultural entropy level for WCG: Health					
	Short Definition		Cultural entropy provides an indication of organisational culture and is the amount of energy in an organisation that is consumed in unproductive work. It is a measure of the conflict, friction and frustration that exists within an organisation. Cultural entropy is calculated as the proportion of votes for limiting values that participants in the Barrett values survey pick to describe the current culture of the organisation. Entropy risk bands: <ul style="list-style-type: none">• Less than 10%: healthy functioning• 10% - 19%: problems requiring attention and careful monitoring• 20% - 29%: significant problems requiring immediate attention• 30% - 39%: crisis situation requiring immediate change• Above 40%: impending risk of implosion, bankruptcy, or failure				
	Data Limitations		<ul style="list-style-type: none">• Respondents base their answers (votes for the values) on their personal perception of the organisation.• Participation is limited to staff with access to computers and, therefore, the majority of staff who participate falls in the admin category.				
	Purpose / Importance		Organisational culture has an influence on the overall performance of the organisation. Leadership plays a critical role in driving a values-driven culture with the organisation				
	Desired Performance		A reduction in cultural entropy enables a more optimal work environment that improves organisational performance, increases employee engagement as well as reduces employee turnover				
	Responsibility		Director: Human Resource Management				
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Cultural Values Assessment Report	Barrett values survey	<u>Numerator:</u> Votes for potentially limiting values (PL) in current culture	%	100	Outcome	Biennial	No
		<u>Denominator:</u> Participants in the survey x 10 possible values					

Indicator Title		1.3.2 Number of value matches in the Barrett survey						
	Short Definition	Cultural value matches highlight the relationship between personal values, current and desired organisational values. In a highly aligned culture, one would expect to see three or four positive values matches between personal, current, and desired values. These values indicate whole system change.						
	Data Limitations	<ul style="list-style-type: none">• Respondents base their answers (votes for the values) on their personal perception of the organisation.• Participation is limited to staff with access to computers and, therefore, the majority of staff who participate falls in the admin category.						
	Purpose / Importance	Matching values indicate alignment between personal, current and desired values - the individual and collective consciousness have grown to the same level and the collective exhibits the behaviours.						
	Desired Performance	Higher number of value matches indicates better alignment between personal, current and desired values.						
	Responsibility	Director: Human Resource Management						
SOURCE		CALCULATION				CHARACTERISTICS		
System	Collection Tool	Method		Type	Factor	Type	Reporting Cycle	New
Cultural Values Assessment Report	Barrett values survey	Value matches in the Barrett values survey		Number	1	Outcome	Biennial	No

Indicator Title		1.1 Audit opinion from Auditor-General of South Africa						
<div>Short Definition</div> <div>Data Limitations</div> <div>Purpose / Importance</div> <div>Desired Performance</div> <div>Responsibility</div>	Outcome of the audit conducted by the Auditor-General of South Africa (AGSA).							
	<i>Note:</i> The audit opinion expressed during the current financial year will relate to the audit outcome of the previous financial year (e.g. the audit opinion expressed during 2015/16 will relate to the audit outcome of 2014/15).							
	Timeous availability of the Audit Report of the AGSA							
	Monitors the outcome of the audit conducted by the AGSA							
	Unqualified or clean audit i.e. no matters of emphasis.							
		Chief Financial Officer						
SOURCE		CALCULATION				CHARACTERISTICS		
System	Collection Tool	Method		Type	Factor	Type	Reporting Cycle	New
Audit Report of AGSA	Audit Report of AGSA	Audit opinion expressed in Audit Report of AGSA		Categorical	N/A	Outcome	Annual	No

Indicator Title		1.2 Percentage of hospitals with broadband access					
Short Definition		Proportion of hospitals that have access to at least 2 Mbps (megabit per second) broadband connection					
Data Limitations		Dependent on accurate monitoring and recording					
Purpose / Importance		Tracks hospital broadband access					
Desired Performance		Higher number of facilities with specified access will result in increased ICT connectivity					
Responsibility		Director: Information Management					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Sintelligent	Sintelligent	<u>Numerator:</u> Total number of hospitals with minimum 2 Mbps broadband connectivity	%	100	Output	Quarterly	No
SINJANI	Facility List	<u>Denominator:</u> Total number of hospitals					

Indicator Title		1.3 Percentage of fixed PHC facilities with broadband access					
Short Definition		Proportion of fixed PHC facilities that have access to at least 1 Mbps (megabit per second) broadband connection.					
Data Limitations		Dependent on accurate monitoring and recording					
Purpose / Importance		Tracks fixed PHC facility broadband access					
Desired Performance		Higher number of facilities with specified access will result in increased ICT connectivity					
Responsibility		Director: Information Management					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Sintelligent	Sintelligent	<u>Numerator:</u> Total number of fixed PHC facilities with minimum 1 Mbps broadband connectivity	%	100	Output	Quarterly	No
SINJANI	Facility List	<u>Denominator:</u> Total number of fixed PHC facilities					

Programme 2

Indicator Title 2.1 Ideal clinic status rate							
	Short Definition	Fixed PHC health facilities that have obtained Ideal Clinic status (platinum, silver, gold) as a proportion of fixed PHC clinics and CHCs/CDCs.					
	Data Limitations	The indicator measures self or peer assessment, and performance is reliant on accuracy of interpretation of ideal clinic data elements					
	Purpose / Importance	Monitors outcomes of PPTICRM assessments to ensure they are ready for inspections conducted by Office of Health Standards Compliance.					
	Desired Performance	Higher Ideal clinic status rates ensures clinics will have positive outcomes and are ready for inspections conducted by Office of Health Standards Compliance.					
	Responsibility	DHS Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
National ideal clinic monitoring system	Ideal clinic review tools	Numerator: Fixed PHC health facilities that obtained Ideal clinic status	%	100	Process	Annual	yes
		Denominator: Fixed PHC clinics/fixed CHCs/CDCs					

Indicator Title 2.2 PHC utilisation rate - Total							
	Short Definition	Average number of PHC visits per person per year in the population					
	Data Limitations	Dependent on the accuracy of the estimated total population from Stats SA					
	Purpose / Importance	Monitors PHC access and utilisation					
	Desired Performance	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system. A lower uptake may indicate underutilization of facility					
	Responsibility	DHS Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Numerator: PHC total headcount	Rate (annualised)	1	Output	Quarterly	No
Stats SA	Stats SA	Denominator: Total Population					

Indicator Title 2.3 Complaint resolution within 25 working days rate (PHC)							
	Short Definition	Complaints resolved within 25 working days (including public holidays) as a proportion of all complaints resolved					
	Data Limitations	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint					
	Purpose / Importance	Monitors the time frame in which the public health system responds to complaints					
	Desired Performance	Higher rate suggests better management of complaints					
	Responsibility	Health Facility Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Ideal health Facility monitoring system	Complaints & Compliments Register	Numerator: Complaint resolved within 25 working days (PHC)	%	100	Output	Quarterly	No
		Denominator: Complaints resolved (PHC)					

Indicator Title 2.5 Average length of stay (district hospitals)							
	Short Definition						
	Average number of patient days an admitted patient spends in a hospital before separation. Inpatient separation is the total of, inpatient discharges, inpatient deaths and inpatient transfers out, includes all specialities						
	Data Limitations						
	<ul style="list-style-type: none"> Accuracy dependent on quality of data from reporting facilities High levels of efficiency could hide poor quality 						
	Purpose / Importance						
	Monitors effectiveness and efficiency of inpatient management in hospitals.						
	Desired Performance						
	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.						
	Responsibility						
	Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Numerator: Patient days (Sum of inpatient days and day patients) (district hospitals)	No	1	Output	Quarterly	No
		Denominator: Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out) (district hospitals)					

Indicator Title 2.6 Inpatient bed utilisation rate (district hospitals)							
	Short Definition						
	Inpatient bed days expressed as a proportion of the maximum inpatient bed days available (i.e. inpatient beds X days in the period)						
	Data Limitations						
	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds						
	Purpose / Importance						
	Monitors effectiveness and efficiency of inpatient management, specifically monitors the over- or under-utilisation of hospital beds						
	Desired Performance						
	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.						
	Responsibility						
	Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Numerator: Patient days (Sum of inpatient days and day patients) (district hospitals)	%	100	Output	Quarterly	No
		Denominator: Inpatient bed days available (Usable beds total x 30.42) (district hospitals)					

Indicator Title 2.7 Expenditure per PDE (district hospitals)							
	Short Definition						
	Average cost per PDE in district hospitals. PDE is the sum of inpatient days, day patients, ½ OPD headcount and ¼ emergency headcount.						
	Data Limitations						
	<ul style="list-style-type: none"> Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDEs dependent on quality of data from reporting facilities. 						
	Purpose / Importance						
	Monitors effective and efficient management of inpatient facilities.						
	Desired Performance						
	Lower rate indicates efficient use of financial resources.						
	Responsibility						
	Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS	Finance data	Numerator: Expenditure in the hospital (district hospitals)	Number (Rand)	1	Outcome	Quarterly	No
SINJANI	Inpatient Throughput Form	Denominator: Patient day equivalent (PDE) (Sum of inpatient days, day patients, ½ OPD headcount and ¼ emergency headcount) (district hospitals)					

Indicator Title 2.8 Complaint resolution within 25 working days rate (district hospitals)							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility	Complaints resolved within 25 working days (including public holidays) as a proportion of all complaints resolved						
	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint						
	Monitors the time frame in which the public health system responds to complaints						
	Higher rate suggests better management of complaints						
	Health Facility Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Ideal health Facility monitoring system	Complaints & Compliments Register	Numerator: Complaint resolved within 25 working days (district hospitals)	%	100	Output	Quarterly	No
		Denominator: Complaints resolved (district hospitals)					

Indicator Title 2.1.1 ART retention in care after 12 months							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility	The proportion of people who started ART treatment care 12 months previously and remained in care. Include 2nd and 3rd line treatment, transfers in (TFI). Retained in care excludes transfers out (TFO), lost to follow up (LTF) and deaths (RIP).						
	Accuracy dependent on quality of data from reporting facilities and ability to monitor the outcomes specific cohorts accurately.						
	Treatment of HIV infection can be effective only if patients are retained in care over time.						
	Higher percentage indicates more patients are still on ART after 12 months.						
	Health Programmes						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Tier.net / iKapa	ART register	Numerator: ART clients retained in care after 12 months	%	100	Outcome	Quarterly	No
		Denominator: ART clients initiated on treatment (12-month cohort)					

Indicator Title 2.1.2 ART retention in care after 48 months							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility	The proportion of people who started ART treatment care 48 months previously and remained in care. Includes 2nd and 3rd line treatment, transfers in (TFI). Retained in care excludes transfers out (TFO), lost to follow up (LTF) and deaths (RIP).						
	Accuracy dependent on quality of data from reporting facilities and ability to monitor the outcomes specific cohorts accurately.						
	Treatment of HIV infection can be effective only if patients are retained in care over time.						
	Higher percentage indicates more patients are still on ART after 48 months.						
	Health Programmes						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Tier.net / iKapa	ART register	Numerator: ART clients retained in care after 48 months	%	100	Outcome	Quarterly	No
		Denominator: ART clients initiated on treatment (48-month cohort)					

Indicator Title		2.9 ART Client remain on ART end of month - total					
Short Definition		Total clients initiated on ART and retained in care.					
Data Limitations		None					
Purpose / Importance		Tracks the number of clients on ART					
Desired Performance		Higher total indicates a larger population on ART treatment					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Tier.net	Facility register	Total clients on treatment minus lost to follow up minus died minus transferred out	Cumulative	1	Output	Quarterly	No

Indicator Title		2.10 TB/HIV co-infected on ART rate					
Short Definition		TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients					
Data Limitations		Availability of data in ETR.net, TB register, patient records					
Purpose / Importance		All eligible co-infected clients must be on ART to reduce mortality, monitors ART coverage for TB clients					
Desired Performance		Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Facility register	Numerator: Total number of registered HIV and TB co-infected patients on ART	%	100	Outcome	Quarterly	No
		Denominator: Total number of registered HIV and TB co-infected patients					

Indicator Title		2.11 HIV test done - total					
Short Definition		All clients tested for HIV, including clients under 15 years and antenatal clients.					
Data Limitations		Dependent on the accuracy of facility register					
Purpose / Importance		Monitors annual testing of persons who are not known HIV positive against a set target. This assists in resource planning e.g. test kits and staffing and individuals' level of knowledge of their HIV status.					
Desired Performance		Higher number indicates an increased population knowing their HIV status.					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	HIV Counselling and Testing Register	Sum of antenatal client HIV first test, antenatal client HIV retest, HIV test 19 – 59 months, HIV test 5-14 years and HIV test 15 years & older (excluding ANC)	No, Cumulative	1	Process	Quarterly	No

Indicator Title 2.12 Male condom distributed							
Short Definition		Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.)					
Data Limitations		None					
Purpose / Importance		Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Note that research indicates only around 60% of distributed condoms are used for the intended purpose.					
Desired Performance		Higher number indicated better distribution (and indirectly better uptake) of condoms in the province					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Sum of male condoms distributed	Cumulative	1	Process	Quarterly	No

Indicator Title 2.13 Medical male circumcision - Total							
Short Definition		Medical male circumcisions performed on males 10 years and older					
Data Limitations		Assumed that all MMCs reported on DHIS are conducted under supervision					
Purpose / Importance		Monitors medical male circumcisions performed under supervision					
Desired Performance		Higher number indicates greater availability of the service or greater uptake of the service					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Sum of males 10 to 14 years and males 15 years and older who are circumcised under medical supervision	Cumulative	1	Output	Quarterly	No

Indicator Title 2.14 TB client 5yrs and older start on treatment rate							
Short Definition		TB client 5 years and older start on treatment as a proportion of TB symptomatic client 5 years and older test positive					
Data Limitations		Accuracy dependent on quality of data from reporting facility					
Purpose / Importance		Monitors trends in early identification of children with TB symptoms in health care facilities					
Desired Performance		Screening will enable early identification of TB suspect in health facilities					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Numerator: Sum of TB client 5 years and older start on treatment	%	100	Process	Quarterly	No
		Denominator: Sum of TB symptomatic client 5 years and older tested positive					

Indicator Title 2.15 TB client treatment success rate							
Short Definition		All drug susceptible TB clients successfully completed treatment (both cured and treatment completed) as a proportion of all TB clients started on treatment. This applies to all TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)					
Data Limitations		Accuracy dependent on quality of data from reporting facilities.					
Purpose / Importance		Monitors success of TB treatment for all types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior					
Desired Performance		Higher percentage suggests better treatment success rate.					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
ETR.net	TB register	Numerator: TB client successfully completed treatment	%	100	Outcome	Quarterly	No
		Denominator: All TB clients started on treatment					

Indicator Title 2.16 TB client lost to follow up rate							
Short Definition		TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to all TB clients (i.e. new, retreatment, Other, pulmonary and extra-pulmonary).					
Data Limitations		Accuracy dependent on quality of data from reporting facility					
Purpose / Importance		Monitors the effectiveness of the retention in care strategies. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months' prior					
Desired Performance		Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
ETR.net	TB register	Numerator: All TB client lost to follow up	%	100	Outcome	Quarterly	No
		Denominator: All TB clients started on treatment					

Indicator Title 2.17 TB client death rate							
Short Definition		TB clients who died during treatment as a proportion of TB clients started on treatment. This applies to all TB clients (i.e. new, retreatment, other, pulmonary and extra pulmonary)					
Data Limitations		Accuracy dependent on quality of data submitted health facilities					
Purpose / Importance		Monitors death during TB treatment period. The cause of death may not necessarily be due to TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior					
Desired Performance		Higher percentage indicates a better treatment rate					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
ETR.net	TB register	Numerator: All TB clients died during treatment	%	100	Outcome	Quarterly	No
		Denominator: All TB clients started on treatment					

Indicator Title 2.18 TB MDR treatment success rate							
Short Definition		TB MDR client successfully completing treatment as a proportion of TB MDR confirmed clients started on treatment					
Data Limitations		Accuracy dependent on quality of data submitted health facilities					
Purpose / Importance		Monitors success of MDR TB treatment					
Desired Performance		Monitors success of MDR TB treatment					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
ETR.net	MDR register	Numerator: TB MDR client successfully complete treatment	%	100	Outcome	Annually	No
		Denominator: TB MDR confirmed client started on treatment					

Indicator Title 2.19 Antenatal 1st visit before 20 weeks rate							
Short Definition		Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as a proportion of all antenatal 1st visits.					
Data Limitations		Accuracy dependent on quality of data submitted health facilities					
Purpose / Importance		Monitors early utilisation of antenatal services					
Desired Performance		Higher percentage indicates better uptake of ANC services					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Numerator: Antenatal 1st visit before 20 weeks	%	100	Process	Quarterly	No
		Denominator: Antenatal 1st visit (Sum of Antenatal 1st visit before 20 weeks and antenatal 1st visit 20 weeks or later)					

Indicator Title 2.20 Mother postnatal visit within 6 days rate							
Short Definition		Mothers who received postnatal care within 6 days after delivery as a proportion of deliveries in health facilities. Note: May be more than 100% in areas with a low delivery in facility rate if many mothers who delivered outside health facilities had a postnatal visit within 6 days after delivery.					
Data Limitations		Accuracy dependent on quality of data submitted to health facilities					
Purpose / Importance		Monitors access to and utilisation of postnatal services					
Desired Performance		Higher percentage indicates better uptake of postnatal services					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Numerator: Mother postnatal visit within 6 days after delivery	%	100	Process	Quarterly	No
	Out- & In-patient Related Services	Denominator: Delivery in facility total					

Indicator Title		2.21 Antenatal client start on ART rate					
Short Definition		Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART					
Data Limitations		Accuracy dependent on quality of data Reported by health facilities					
Purpose / Importance		Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients					
Desired Performance		Higher percentage indicates greater coverage of HIV positive clients on HIV Treatment					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Anti-retroviral Treatment Monthly Report (version 2)	<u>Numerator:</u> Antenatal client started on ART	%	100	Output	Annually	No
	HIV Counselling and Testing (version 3)	<u>Denominator:</u> Antenatal client known HIV positive not on ART at 1st visit + Antenatal client first test positive + Antenatal client HIV retest positive					

Indicator Title		2.22 Infant 1st PCR test positive around 10 weeks rate					
Short Definition		Infants tested PCR positive for follow up test as a proportion of Infants PCR tested around 10 weeks (6-12 weeks) (excludes confirmatory and previously tested positive)					
Data Limitations		Accuracy dependent on quality of data submitted health facilities					
Purpose / Importance		Monitors PCR positivity rate in HIV exposed infants around 10 weeks					
Desired Performance		Lower percentage indicate fewer HIV transmissions from mother to child					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	PMTCT Baby Follow-up Register	<u>Numerator:</u> Infant PCR test positive around 10 weeks	%	100	Output	Quarterly	No
		<u>Denominator:</u> Infant PCR test around 10 weeks					

Indicator Title		2.23 Immunisation under 1 year coverage					
Short Definition		Children under 1 year who completed their primary course of immunisation as a proportion of the population under 1 year. The child should be counted only once as fully immunised when receiving the last vaccine in the course (usually the 1 st measles and PCV3 vaccines) and if there is documented proof of all required vaccines (BCG, OPV1, DTaP-IPV/Hib 1, 2, 3, HepB 1, 2, 3, PCV 1, 2, 3, RV 1, 2 and measles 1) on the Road to Health Card/Booklet and the child is under 1 years old.					
Data Limitations		<ul style="list-style-type: none"> Dependent on accurate recording of children under 1 year who are fully immunised (counted once when last vaccine is administered) Dependent on the accuracy of the estimated under 1 population from Stats SA 					
Purpose / Importance		Monitors the implementation of the Extended Programme on Immunisation (EPI)					
Desired Performance		Higher percentage indicate better immunisation coverage					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	<u>Numerator:</u> Immunised fully under 1 year new	%	100	Output	Quarterly	No
Stats SA	Stats SA	<u>Denominator:</u> Population under 1 year, sum of female and male under 1 year					

Indicator Title		2.24 Measles 2nd dose coverage					
Short Definition		Children 1 year of age who received measles 2 nd dose, as a proportion of the population aged 1 year Note, vaccines given as part of mass vaccination campaigns should not be included here					
Data Limitations		Accuracy dependent on quality of data submitted health facilities					
Purpose / Importance		Monitors protection of children against measles as the 1 st measles dose is only around 85% effective, the 2 nd dose is important as a booster					
Desired Performance		Higher coverage rate indicates greater protection against measles					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	<u>Numerator:</u> Measles 2 nd dose	%	100	Output	Quarterly	No
Stats SA	Stats SA	<u>Denominator:</u> Population aged 1 year, sum of female and male, 1 year olds					

Indicator Title		2.25 Diarrhoea case fatality under 5 years rate					
Short Definition		Diarrhoea deaths in children under 5 years, as a proportion of diarrhoea separations under 5 years in health facilities. Note under 1 year diarrhoea deaths are included.					
Data Limitations		Dependent on accurate recording of inpatient deaths under 5 years and quality of data from reporting facilities.					
Purpose / Importance		Monitors treatment outcome for children under 5-years who were admitted with diarrhoea to an inpatient facility					
Desired Performance		Lower rate means fewer children under 5-years died due to diarrhoea					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient throughput form	<u>Numerator:</u> Child under 5 years diarrhoea death	%	100	Outcome	Quarterly	No
		<u>Denominator:</u> Diarrhoea separation under 5 years					

Indicator Title		2.26 Pneumonia case fatality under 5 years rate					
Short Definition		Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities					
Data Limitations		<ul style="list-style-type: none"> Reliant on accuracy of diagnosis / cause of death; Accuracy dependent on quality of data submitted health facilities 					
Purpose / Importance		Monitors treatment outcome for children under 5 years who were separated with pneumonia					
Desired Performance		Lower children mortality rate is desired					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient throughput form	<u>Numerator:</u> Pneumonia death under 5 years	%	100	Outcome	Quarterly	No
		<u>Denominator:</u> Pneumonia separation under 5 years					

Indicator Title 2.27 Severe acute malnutrition case fatality uner 5 years rate							
Short Definition		Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities					
Data Limitations		Accuracy dependent on quality of data submitted health facilities					
Purpose / Importance		Monitors treatment outcome for children under 5 years who were separated but diagnosed with Severe acute malnutrition (SAM) on admission and counted on separation					
Desired Performance		Lower children mortality rate is desired					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient throughput form	Numerator: Severe acute malnutrition (SAM) death in facility under 5 years	%	100	Outcome	Quarterly	No
		Denominator: Severe acute malnutrition cases under 5 years					

Indicator Title 2.28 School Grade 1 - learners screened							
Short Definition		Number of Grade 1 learners that received at least one type of screening by a nurse in the ISHP service package					
Data Limitations		None					
Purpose / Importance		Monitors implementation of the Integrated School Health Program (ISHP)					
Desired Performance		Higher number indicates greater proportion of school children received health services at their school.					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI		Element: School Grade 1 - learners screened	No, Cumulative	1	Output	Quarterly	No

Indicator Title 2.29 School Grade 8 - learners screened							
Short Definition		Number of Grade 8 learners that received at least one type of screening by a nurse the ISHP service package					
Data Limitations		None					
Purpose / Importance		Monitors implementation of the Integrated School Health Program (ISHP)					
Desired Performance		Higher number indicates greater proportion of school children received health services at their school.					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI		Element: School Grade 8 - learners screened	No, Cumulative	1	Output	Quarterly	No

Indicator Title 2.30 Delivery in 10 to 19 years in facility rate							
Short Definition		Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities					
Data Limitations		None					
Purpose / Importance		Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).					
Desired Performance		Lower percentage indicates better family planning					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Outpatient and Inpatient related services form	Numerator: Delivery 10-19 years in facility	%	100	Process	Quarterly	No
		Denominator: Delivery in facility total					

Indicator Title 2.31 Couple year protection rate (Int)							
Short Definition		Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year					
Data Limitations		Accuracy dependent on quality of data submitted health facilities					
Purpose / Importance		Monitors access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as proxy for the indicator contraceptive prevalence rate by monitoring trends between official surveys					
Desired Performance		Higher percentage indicates higher usage of contraceptive methods.					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	<ul style="list-style-type: none"> Outpatient & Inpatient Related Services Routine Monthly Report 	Numerator: Sum of male sterilisations X 10, Female sterilisations X10, Medroxyprogesterone injection 4, Norethisterone enanthate injection 6, Oral pill cycles 15, IUCD inserted X 4.5, Subdermal implant x 2.5, Male condoms 120 and Female condoms 120	%	100	Outcome	Quarterly	No
Stats SA	Stats SA	Denominator: Female population 15 – 49 years					

Indicator Title 2.32 Cervical cancer screening coverage 30 years and older							
Short Definition		Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.					
Data Limitations		<ul style="list-style-type: none"> Dependent on accurate recording of women screened according to the policy (i.e. correct age group and counted only once every 10 years) Dependent on the accuracy of the estimated female population aged 30 years and older from Stats SA 					
Purpose / Importance		Monitors implementation of the policy on cervical screening					
Desired Performance		Higher percentage indicates more women in the specified age group are screened for cervical cancer					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Numerator: Cervical cancer screening in woman 30 years and older	%	100	Output	Quarterly	No
StatSA	StatSA	Denominator: Female population 30 years and older 10					

Indicator Title		2.33 HPV 1st dose					
Short Definition		Girls 9 years and older that received HPV 1st dose during 2019 calendar year during both 1st and 2nd rounds					
Data Limitations		None					
Purpose / Importance		Monitors annual coverage of HPV vaccine.					
Desired Performance		Higher number indicate better coverage					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	HPV campaign	Element: Girls 9 years and older that received HPV 1 st dose	No, Cumulative	1	Output	Annually	No

Indicator Title		2.34 HPV 2nd dose					
Short Definition		Girls 9yrs and older HPV 2nd dose during 2019 calendar year during both 1st and 2nd rounds					
Data Limitations		None					
Purpose / Importance		Monitors annual coverage of HPV vaccine.					
Desired Performance		Higher number indicate better coverage					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	HPV campaign	Element: Girls 9 years and older that received HPV 2 nd dose	No, Cumulative	1	Output	Annually	No

Indicator Title		2.35 Vitamin A dose 12 - 59 months coverage					
Short Definition		Children aged 12 - 59 months who received vitamin A 200 000 units, every six months, as a proportion of the population aged 12 - 59 months					
Data Limitations		Note: The denominator is multiplied by 2 because each child should receive supplementation twice a year. PHC register is not designed to collect longitudinal record of patients. The assumption is the that the calculation proportion of children would have received two doses based on this calculation					
Purpose / Importance		Monitors Vitamin A supplementation to children aged 12-59 months					
Desired Performance		Higher proportion of children 12-29 months who received vitamin A will increase health					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Numerator: Vitamin A dose 12-59 months	%	100	Output	Quarterly	No
StatSA	StatSA	Denominator: Population 12 - 59 months X 2					

Indicator Title 2.36 Maternal mortality in facility ratio							
Short Definition		Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility and Born alive before arrival at facility					
Data Limitations		Completeness of reporting					
Purpose / Importance		This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services					
Desired Performance		Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
NCEMD register or SINJANI	Maternal death notification form	<u>Numerator:</u> Maternal death in facility	Rate	100 000	Impact	Annually	No
SINJANI	Outpatient & Inpatient Related Services	<u>Denominator:</u> Sum of live births in facility and babies born alive before arrival at the facility					

Indicator Title 2.37 Neonatal death in facility rate							
Short Definition		Neonatal 0-28 days who died during their stay in the facility as a proportion of live births in facility					
Data Limitations		Quality of reporting					
Purpose / Importance		Monitors treatment outcome for admitted children under 28 days					
Desired Performance		Lower death rate in facilities indicate better obstetric management practices and antenatal and care					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Outpatient and Inpatient Related Services	<u>Numerator:</u> Sum of inpatient death 0-7 days and inpatient death 8-28 days	Rate	1000	Impact	Annually	No
		<u>Denominator:</u> Live birth in facility					

Indicator Title 2.38 Cataract surgeries performed							
Short Definition		Number of eyes on which cataract surgery was performed.					
Data Limitations		Accuracy dependant on quality of data from health facilities					
Purpose / Importance		Accessibility of theatres. Availability of human resources and consumables					
Desired Performance		Higher number of cataract surgeries indicates greater number of the population has access to theatres, human resources and consumables.					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Outpatient and Inpatient Related Services	<u>Numerator:</u> Cataract surgeries total	Number	Million	Output	Quarterly	No

Indicator Title		2.39 Malaria case fatality rate					
Short Definition		Deaths from malaria as a percentage of the number of cases reported					
Data Limitations		Accuracy dependant on quality of data from health facilities					
Purpose / Importance		Monitor the number deaths caused by Malaria					
Desired Performance		Lower percentage indicates a decreasing burden of malaria					
Responsibility		Health Programmes					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CDC.xlsm or SINJANI	Notifiable Medical Conditions notification form	<u>Numerator:</u> Deaths from malaria	Rate	100	Outcome	Quarterly	No
		<u>Denominator:</u> Total number of malaria cases reported					

Programme 3

Indicator Title 3.1.1 Number of WCG: Health operational ambulances registered and licensed							
Short Definition		Ensure registration and licensing of ambulances as per the statutory requirements.					
Data Limitations		Delays in licensing documentation from the licensing authority may delay reporting. New ambulances added to fleet may not be licensed immediately. The same would apply to vehicles that have been written off during the year					
Purpose / Importance		Ambulances are required to be licensed in order to be operational. Failure to license ambulances negatively affects the ability to service EMS incidents.					
Desired Performance		Higher proportion is better as this indicated the compliance with the statutory requirements.					
Responsibility		EMS Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
The DOH licensing and inspectorate directorate register	Departmental Registry	<u>Element:</u> WCG: Health operational ambulances registered and licensed as per statutory requirements.	Cumulative	1	Input	Annually	No

Indicator Title 3.1 EMS P1 urban response under 15 minutes rate							
Short Definition		Emergency P1 responses in urban locations with a response time under 15 minutes as a proportion of EMS P1 urban calls. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrives on scene.					
Data Limitations		Accuracy dependant on quality of data from reporting EMS station including the accuracy of the time stamp for each call out.					
Purpose / Importance		Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas.					
Desired Performance		Higher rate indicates better response times in urban areas.					
Responsibility		EMS Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CAD system		<u>Numerator:</u> EMS P1 urban response under 15 minutes	%	100	Output	Quarterly	No
		<u>Denominator:</u> EMS P1 urban responses					

Indicator Title 3.2 EMS P1 rural response under 40 minutes rate							
Short Definition		Emergency P1 responses in rural locations with a response time under 40 minutes as a proportion of EMS P1 rural calls. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrives on scene.					
Data Limitations		Accuracy dependant on quality of data from reporting EMS station including the accuracy of the time stamp for each call out.					
Purpose / Importance		Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas.					
Desired Performance		Higher rate indicates better response times in rural areas.					
Responsibility		EMS Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CAD system		<u>Numerator:</u> EMS P1 rural response under 40 minutes	%	100	Output	Quarterly	No
		<u>Denominator:</u> EMS P1 rural responses					

Indicator Title		3.3 EMS inter-facility transfer rate					
Short Definition		Inter-facility transfers (i.e. from one facility to another facility) as a proportion of all EMS patients transported to a health facility					
Data Limitations		Accuracy dependant on quality of data from reporting EMS stations.					
Purpose / Importance		Monitors use of ambulances for inter-facility transfers as opposed to emergency responses.					
Desired Performance		Lower rate indicates more ambulances are available for emergency responses.					
Responsibility		EMS Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CAD system		Numerator: EMS inter-facility transfer	%	100	Output	Quarterly	No
		Denominator: EMS patients total					

Indicator Title		3.4 Total number of EMS emergency cases					
Short Definition		Number of patients transported by ambulance					
Data Limitations		Accuracy dependant on quality of data from reporting EMS station.					
Purpose / Importance		Monitor service volumes and demand					
Desired Performance		Higher numbers can indicate a greater reliance on emergency services or greater efficiency of resources					
Responsibility		EMS Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CAD system		Element: Patients transported by ambulance	Cumulative	1	Output	Quarterly	No

Programme 4

Indicator Title 4.1.1 Actual (usable) beds in regional hospitals							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility		Actual (usable) beds in hospitals are beds actually available for use within the hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)					
		Dependent on accuracy of data from reporting facilities.					
		Monitors availability of hospital beds to ensure accessibility of hospital services.					
		Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.					
		Budget Programme Managers					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Element: Actual (usable) beds (regional hospitals)	Cumulative	1	Input	Annual	No

Indicator Title 4.2 Average length of stay (regional hospitals)							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility		Average number of patient days an admitted patient spends in a hospital before separation. Inpatient separation is the total of, inpatient discharges, inpatient deaths and inpatient transfers out, includes all specialities					
		<ul style="list-style-type: none"> Accuracy dependent on quality of data from reporting facilities High levels of efficiency could hide poor quality 					
		Monitors effectiveness and efficiency of inpatient management in hospitals.					
		A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.					
		Hospital Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Numerator: Patient days (Sum of inpatient days and day patients) (regional hospitals)	Ratio expressed in days	1	Output	Quarterly	No
		Denominator: Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out) (regional hospitals)					

Indicator Title 4.3 Inpatient bed utilisation rate (regional hospitals)							
	Short Definition Inpatient bed days expressed as a proportion of the maximum inpatient bed days available (i.e. inpatient beds X days in the period)						
	Data Limitations Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds						
	Purpose / Importance Monitors effectiveness and efficiency of inpatient management, specifically monitors the over- or under-utilisation of hospital beds						
	Desired Performance Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.						
	Responsibility Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Numerator: Patient days (Sum of inpatient days and day patients) (regional hospitals)	%	100	Output	Quarterly	No
		Denominator: Inpatient bed days available (Usable beds total x 30.42) (regional hospitals)					

Indicator Title 4.4 Expenditure per patient day equivalent (PDE) (regional hospitals)							
	Short Definition Average cost per PDE in regional hospitals. PDE is the sum of inpatient days, day patients, ½ OPD headcount and ½ emergency headcount.						
	Data Limitations <ul style="list-style-type: none"> Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDEs dependent on quality of data from reporting facilities. 						
	Purpose / Importance Monitors effective and efficient management of inpatient facilities.						
	Desired Performance Lower rate indicates efficient use of financial resources.						
	Responsibility Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS	Finance data	Numerator: Expenditure in the hospital (regional hospitals)	Rate	1	Outcome	Quarterly	No
SINJANI	Inpatient Throughput Form	Denominator: Patient day equivalent (PDE) (Sum of inpatient days, day patients, ½ OPD headcount and ½ emergency headcount) (regional hospitals)					

Indicator Title 4.5 Complaint resolution within 25 working days rate (regional hospitals)							
	Short Definition Complaints resolved within 25 working days (including public holidays) as a proportion of all complaints resolved						
	Data Limitations Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint						
	Purpose / Importance Monitors the time frame in which the public health system responds to complaints						
	Desired Performance Higher rate suggests better management of complaints						
	Responsibility Health Facility Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Ideal health Facility monitoring system	Complaints & Compliments Register	Numerator: Complaint resolved within 25 working days (regional hospitals)	%	100	Output	Quarterly	No
		Denominator: Complaints resolved (regional hospitals)					

Indicator Title 4.6 Mortality and morbidity review rate (regional hospitals)							
	Short Definition						
	Frequency of conducting mortality and morbidity reviews in hospitals that should include, but is not limited to: <ul style="list-style-type: none"> maternal deaths neonatal deaths wrong site surgery, anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year, a maximum of 12 meetings can be held per discipline per year (one for each month).						
	Data Limitations						
	Accuracy dependent on quality of data from reporting facilities						
	Purpose / Importance						
	Monitors the hospital's aim of ensuring quality health care service provision.						
	Desired Performance						
	Higher percentage indicates more reviews were conducted and suggests better clinical governance.						
	Responsibility						
	Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Hospital Semi-Permanent Data version 2	<u>Numerator:</u> Mortality and morbidity reviews conducted per discipline (regional hospitals)	%	100	Output	Quarterly	No
		<u>Denominator:</u> Planned mortality and morbidity reviews (number of disciplines within the hospital x 12) (regional hospitals)					

Indicator Title 4.1.2 Actual (usable) beds in hospitals (tuberculosis hospitals)							
	Short Definition						
	Actual (usable) beds in hospitals are beds actually available for use within the hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)						
	Data Limitations						
	Dependent on accuracy of data from reporting facilities.						
	Purpose / Importance						
	Monitors availability of hospital beds to ensure accessibility of hospital services.						
	Desired Performance						
	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.						
	Responsibility						
	Budget Programme Managers						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	<u>Element:</u> Actual (usable) beds (tuberculosis hospitals)	Cumulative	1	Input	Annual	No

Indicator Title 4.1.3 Actual (usable) beds in hospitals (psychiatric hospitals)							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility		Actual (usable) beds in hospitals are beds actually available for use within the hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)					
		Dependent on accuracy of data from reporting facilities.					
		Monitors availability of hospital beds to ensure accessibility of hospital services.					
		Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.					
		Budget Programme Managers					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Through-put Form	<u>Element:</u> Actual (usable) beds (psychiatric hospitals)	Cumulative	1	Input	Annual	No

Indicator Title 4.8 Mortality and morbidity review rate (psychiatric hospitals)							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility		Frequency of conducting mortality and morbidity reviews in hospitals that should include, but is not limited to: <ul style="list-style-type: none"> maternal deaths neonatal deaths wrong site surgery, anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year, a maximum of 12 meetings can be held per discipline per year (one for each month).					
		Accuracy dependent on quality of data from reporting facilities					
		Monitors the hospital's aim of ensuring quality health care service provision.					
		Higher percentage indicates more reviews were conducted and suggests better clinical governance.					
		Hospital Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Hospital Semi-Permanent Data version 2	<u>Numerator:</u> Mortality and morbidity reviews conducted per discipline (psychiatric hospitals)	%	100	Output	Quarterly	No
		<u>Denominator:</u> Planned mortality and morbidity reviews (number of disciplines within the hospital x 12) (psychiatric hospitals)					

Indicator Title 4.1.4 Actual (usable) beds in hospitals (rehabilitation hospitals)							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility		Actual (usable) beds in hospitals are beds actually available for use within the hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)					
		Dependent on accuracy of data from reporting facilities.					
		Monitors availability of hospital beds to ensure accessibility of hospital services.					
		Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.					
		Budget Programme Managers					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	<u>Element:</u> Actual (usable) beds (rehabilitation hospitals)	Cumulative	1	Input	Annual	No

Indicator Title 4.9 Mortality and morbidity review rate (rehabilitation hospitals)							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility		Frequency of conducting mortality and morbidity reviews in hospitals that should include, but is not limited to: <ul style="list-style-type: none"> maternal deaths neonatal deaths wrong site surgery, anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year, a maximum of 12 meetings can be held per discipline per year (one for each month).					
		Accuracy dependent on quality of data from reporting facilities					
		Monitors the hospital's aim of ensuring quality health care service provision.					
		Higher percentage indicates more reviews were conducted and suggests better clinical governance.					
		Hospital Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Hospital Semi-Permanent Data version 2	<u>Numerator:</u> Mortality and morbidity reviews conducted per discipline (rehabilitation hospitals) <u>Denominator:</u> Planned mortality and morbidity reviews (number of disciplines within the hospital x 12) (rehabilitation hospitals)	%	100	Output	Quarterly	No

Indicator Title 4.11 Complaint resolution within 25 working days rate (specialised hospitals)							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility		Complaints resolved within 25 working days (including public holidays) as a proportion of all complaints resolved					
		Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint					
		Monitors the time frame in which the public health system responds to complaints					
		Higher rate suggests better management of complaints					
		Health Facility Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Ideal health Facility monitoring system	Complaints & Compliments Register	<u>Numerator:</u> Complaint resolved within 25 working days (specialised hospitals) <u>Denominator:</u> Complaints resolved (specialised hospitals)	%	100	Output	Quarterly	No

Indicator Title		4.1.5 Oral health patient visits at dental training hospitals					
Short Definition		Total number of patient visits for treatment recorded at the various clinics of the oral health centres.					
Data Limitations		Dependant on accuracy of data from reporting facilities.					
Purpose / Importance		Monitoring the service volumes at the oral health centres.					
Desired Performance		Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.					
Responsibility		Dean: Dental Faculty					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Dental Training Hospital Form	<u>Element:</u> Sum of patient visits at Tygerberg, UWC Oral Health Centres and Other oral health clinics (outreach clinics)	Cumulative	1	Output	Quarterly	No

Indicator Title		4.12 Number of removable oral health prosthetic devices manufactured (dentures)					
Short Definition		Number of prosthetic units (dentures) manufactured that were issued to and received by the patient at the oral health centres.					
Data Limitations		Dependant on accuracy of data from reporting facilities.					
Purpose / Importance		Monitoring the service volumes for prosthetic units (dentures).					
Desired Performance		Higher levels of uptake may indicate an increased burden of disease and also a greater reliance on the public health system.					
Responsibility		Dean: Dental Faculty					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Dental Training Hospital Form	<u>Element:</u> Prosthetic units (dentures) issued	Cumulative	1	Output	Quarterly	No

Programme 5

Indicator Title 5.1.1 Actual (usable) beds in hospitals (Central hospitals)							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility		Actual (usable) beds in hospitals are beds actually available for use within the hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)					
		Dependent on accuracy of data from reporting facilities.					
		Monitors availability of hospital beds to ensure accessibility of hospital services.					
		Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.					
		Budget Programme Managers					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Element: Actual (usable) beds (central hospitals)	Cumulative	1	Input	Annual	No

Indicator Title 5.2 Average length of stay (Central hospitals)							
Short Definition Data Limitations Purpose / Importance Desired Performance Responsibility		Average number of patient days an admitted patient spends in a hospital before separation. Inpatient separation is the total of, inpatient discharges, inpatient deaths and inpatient transfers out, includes all specialities					
		<ul style="list-style-type: none"> Accuracy dependent on quality of data from reporting facilities High levels of efficiency could hide poor quality 					
		Monitors effectiveness and efficiency of inpatient management in hospitals.					
		A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.					
		Hospital Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	<u>Numerator:</u> Patient days (Sum of inpatient days and day patients) (Central hospitals) <u>Denominator:</u> Inpatient Separations (Sum of inpatient deaths, inpatient discharges and Inpatient transfers out) (Central Hospitals)	Ratio expressed in days	1	Output	Quarterly	No

Indicator Title 5.3 Inpatient bed utilisation rate (Central hospitals)							
	Short Definition Inpatient bed days expressed as a proportion of the maximum inpatient bed days available (i.e. inpatient beds X days in the period)						
	Data Limitations Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds						
	Purpose / Importance Monitors effectiveness and efficiency of inpatient management, specifically monitors the over- or under-utilisation of hospital beds						
	Desired Performance Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.						
	Responsibility Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Numerator: Patient days (Sum of inpatient days and day patients) (Central hospitals)	%	100	Output	Quarterly	No
		Denominator: Inpatient bed days available (Usable beds total x 30.42) (Central hospitals)					

Indicator Title 5.4 Expenditure per patient day equivalent (PDE) (Central hospitals)							
	Short Definition Average cost per PDE in central hospitals. PDE is the sum of inpatient days, day patients, 1/3 OPD headcount and 1/3 emergency headcount.						
	Data Limitations <ul style="list-style-type: none"> Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDEs dependent on quality of data from reporting facilities. 						
	Purpose / Importance Monitors effective and efficient management of inpatient facilities.						
	Desired Performance Lower rate indicates efficient use of financial resources.						
	Responsibility Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS	Finance data	Numerator: Expenditure in the hospital (central hospitals)	Rate	1	Outcome	Quarterly	No
SINJANI	Inpatient Throughput Form	Denominator: Patient day equivalent (PDE) (Sum of inpatient days, day patients, 1/3 OPD headcount and 1/3 emergency headcount) (Central hospitals)					

Indicator Title 5.5 Complaint resolution within 25 working days rate (Central Hospitals)							
	Short Definition Complaints resolved within 25 working days (including public holidays) as a proportion of all complaints resolved						
	Data Limitations Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint						
	Purpose / Importance Monitors the time frame in which the public health system responds to complaints						
	Desired Performance Higher rate suggests better management of complaints						
	Responsibility Health Facility Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Ideal health Facility monitoring system	Complaints & Compliments Register	Numerator: Complaint resolved within 25 working days (Central hospitals)	%	100	Output	Quarterly	No
		Denominator: Complaints resolved (Central hospitals)					

Indicator Title 5.6 Mortality and morbidity review rate (Central hospitals)							
Short Definition	Frequency of conducting mortality and morbidity reviews in hospitals that should include, but is not limited to: <ul style="list-style-type: none"> maternal deaths neonatal deaths wrong site surgery, anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year, a maximum of 12 meetings can be held per discipline per year (one for each month).						
	Data Limitations Accuracy dependent on quality of data from reporting facilities						
	Purpose / Importance Monitors the hospital's aim of ensuring quality health care service provision.						
	Desired Performance Higher percentage indicates more reviews were conducted and suggests better clinical governance.						
	Responsibility Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Hospital Semi-Permanent Data version 2	Numerator: Mortality and morbidity reviews conducted per discipline (Central hospitals)	%	100	Output	Quarterly	No
		Denominator: Planned mortality and morbidity reviews (number of disciplines within the hospital x 12) (Central hospitals)					

Indicator Title 5.1.2 Actual (usable) beds in hospitals (Tertiary hospitals)							
Short Definition	Actual (usable) beds in hospitals are beds actually available for use within the hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)						
	Data Limitations Dependent on accuracy of data from reporting facilities.						
	Purpose / Importance Monitors availability of hospital beds to ensure accessibility of hospital services.						
	Desired Performance Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.						
	Responsibility Budget Programme Managers						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Element: Actual (usable) beds (RCWMCH)	Cumulative	1	Input	Annual	No

Indicator Title 5.8 Average length of stay (Tertiary hospitals)							
	Short Definition						
	Average number of patient days an admitted patient spends in a hospital before separation. Inpatient separation is the total of, inpatient discharges, inpatient deaths and inpatient transfers out, includes all specialities						
	Data Limitations						
	<ul style="list-style-type: none"> Accuracy dependent on quality of data from reporting facilities High levels of efficiency could hide poor quality 						
	Purpose / Importance						
	Monitors effectiveness and efficiency of inpatient management in hospitals.						
	Desired Performance						
	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.						
	Responsibility						
	Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Numerator: Patient days (Sum of inpatient days and day patients) (RCWMCH)	Ratio expressed in days	1	Output	Quarterly	No
		Denominator: Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out) (RCWMCH)					

Indicator Title 5.9 Inpatient bed utilisation rate (Tertiary hospitals)							
	Short Definition						
	Inpatient bed days expressed as a proportion of the maximum inpatient bed days available (i.e. inpatient beds X days in the period)						
	Data Limitations						
	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds						
	Purpose / Importance						
	Monitors effectiveness and efficiency of inpatient management, specifically monitors the over- or under-utilisation of hospital beds						
	Desired Performance						
	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.						
	Responsibility						
	Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Numerator: Patient days (Sum of inpatient days and day patients) (RCWMCH)	%	100	Output	Quarterly	No
		Denominator: Inpatient bed days available (Usable beds total x 30.42) (RCWMCH)					

Indicator Title 5.10 Expenditure per patient day equivalent (PDE) (tertiary hospitals)							
	Short Definition						
	Average cost per PDE in district hospitals. PDE is the sum of inpatient days, day patients, 1/3 OPD headcount and 1/3 emergency headcount.						
	Data Limitations						
	<ul style="list-style-type: none"> Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDEs dependent on quality of data from reporting facilities. 						
	Purpose / Importance						
	Monitors effective and efficient management of inpatient facilities.						
	Desired Performance						
	Lower rate indicates efficient use of financial resources.						
	Responsibility						
	Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS	Finance data	Numerator: Expenditure in the hospital (RCWMCH)	Rate	1	Outcome	Quarterly	No
SINJANI	Inpatient Throughput Form	Denominator: Patient day equivalent (PDE) (Sum of inpatient days, day patients, 1/3 OPD headcount and 1/3 emergency headcount) (RCWMCH)					

Indicator Title 5.11 Complaint resolution within 25 working days rate (tertiary hospitals)							
	Short Definition Complaints resolved within 25 working days (including public holidays) as a proportion of all complaints resolved						
	Data Limitations Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint						
	Purpose / Importance Monitors the time frame in which the public health system responds to complaints						
	Desired Performance Higher rate suggests better management of complaints						
	Responsibility Health Facility Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Ideal health Facility monitoring system	Complaints & Compliments Register	Numerator: Complaint resolved within 25 working days (RCWMCH)	%	100	Output	Quarterly	No
		Denominator: Complaints resolved (RCWMCH)					

Indicator Title 5.12 Mortality and morbidity review rate (Tertiary hospitals)							
	Short Definition Frequency of conducting mortality and morbidity reviews in hospitals that should include, but is not limited to: <ul style="list-style-type: none"> maternal deaths neonatal deaths wrong site surgery, anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year, a maximum of 12 meetings can be held per discipline per year (one for each month).						
	Data Limitations Accuracy dependent on quality of data from reporting facilities						
	Purpose / Importance Monitors the hospital's aim of ensuring quality health care service provision.						
	Desired Performance Higher percentage indicates more reviews were conducted and suggests better clinical governance.						
	Responsibility Hospital Manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Hospital Semi-Permanent Data version 2	Numerator: Mortality and morbidity reviews conducted per discipline (RCWMCH)	%	100	Output	Quarterly	No
		Denominator: Planned mortality and morbidity reviews (number of disciplines within the hospital x 12) (RCWMCH)					

Programme 6

Indicator Title		6.1.1 Number of bursaries awarded for scarce and critical skills categories						
Short Definition	<ul style="list-style-type: none">Bursaries awarded each year to students (prospective employees) for full-time study based on scarce skills and to current employees for part-time study, based on critical skills.This includes bursaries for each year of study, not only the first year.Scarce skills refer to staff shortages within an occupational category, e.g. radiographers, due to the department's inability to recruit and retain staff.Critical skill refers to skills shortages amongst existing staff, who, despite their formal qualifications, may require top up training or continuous clinical skills development, e.g. a doctor who may require basic life support training as an identified gap that exists within his/ her current competency level.							
	Data Limitations							
	Accuracy dependant on good record keeping by the Provincial DoH, nursing colleges, HEIs and external accredited training providers							
	Purpose / Importance							
	Tracks the number of bursaries allocated to students based on scarce and critical skills.							
Desired Performance		Higher number will lead to an increase in the number of scarce skills (prospective employees) and critical skills of current employees to improve service delivery						
Responsibility		HRD programme manager						
SOURCE		CALCULATION				CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New	
Bursary Information Management System	Bursary contracts signed	<u>Element:</u> Bursaries awarded for scarce and critical skills categories	Cumulative	1	Input	Annually	No	

Indicator Title	6.1 Number of bursaries awarded to first year medicine students						
Short Definition	Number of bursaries allocated to first year medicine students for study at the HEIs						
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders						
Purpose / Importance	Tracks the number of bursaries allocated to first year students in medicine						
Desired Performance	Higher number will lead to an increase in medical officers in future						
Responsibility	HRD programme manager						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Bursary Information Management System	Bursary contracts signed	<u>Element:</u> Bursaries awarded to first year medicine students	Cumulative	1	Input	Annually	No

Indicator Title	6.2 Number of bursaries awarded to first year nursing students							
Short Definition	Number of bursaries allocated to first year nursing students for study at the HEIs (and Nursing College)							
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders							
Purpose / Importance	Tracks the number of bursaries allocated to first year students in nursing							
Desired Performance	Higher number will lead to an increase in the number of nurses in future							
Responsibility	HRD programme manager							
SOURCE		CALCULATION				CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor		Type	Reporting Cycle	New
Bursary Information Management System	Bursary contracts signed	<u>Element:</u> Bursaries awarded to first year nursing students	Cumulative	1		Input	Annually	No

Indicator Title		6.3 EMC intake on accredited HPCSA courses					
Short Definition		Intake of EMC staff on Health Professions Council of South Africa (HPCSA) accredited programmes (one of these courses is a 2 year course).					
Data Limitations		Accuracy dependant on good record keeping by all relevant stakeholders					
Purpose / Importance		Tracks the number of EMC staff who are registered on HPCSA accredited courses					
Desired Performance		Higher intake means an increase in the number of qualified EMC staff in future.					
Responsibility		HRD programme manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EMC Information Management System	EMC staff registration lists	Element: Intake of EMC staff on accredited HPCSA courses	Cumulative	1	Input	Annually	No

Indicator Title		6.4 Intake of home community based carers (HCBCs)					
Short Definition		Intake of home community based carers (HCBCs) on training					
Data Limitations		Accuracy dependant on good record keeping by all relevant stakeholders					
Purpose / Importance		Tracks the training of home community based carers (HCBCs) on the various NQF levels					
Desired Performance		Higher intake means an increase in HCBCs with a National Diploma in future					
Responsibility		HRD programme manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Home community based carers registration lists	Element: Registration of home community based carers	Cumulative	1	Input	Annually	No

Indicator Title		6.5 Intake of admin interns					
Short Definition		Intake of admin interns on a 12-month internship					
Data Limitations		Accuracy dependant on good record keeping by all relevant stakeholders					
Purpose / Importance		Tracks the number of admin interns					
Desired Performance		Higher intake means an increase in admin interns available for assimilation into posts at health care facilities leading to improved data management					
Responsibility		HRD programme manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed internship agreements	Element: Intake of admin interns	Cumulative	1	Input	Annually	No

Indicator Title		6.6 Intake of learner basic/ post basic pharmacist assistants					
Short Definition		Intake of learner pharmacist's assistants in training at basic and post basic level. (Learner pharmacist assistants basic for 12 months and post basic for 12 months.)					
Data Limitations		Accuracy dependant on good record keeping by all relevant stakeholders					
Purpose / Importance		Tracks the training of pharmacist's assistants at a basic and post basic level.					
Desired Performance		Higher intake means an increase in pharmacist's assistants available to address scarce skills					
Responsibility		HRD programme manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed learnership agreements	Element: Intake of pharmacist assistants	Cumulative	1	Input	Annually	No

Indicator Title		6.7 Intake of assistant to artisan (ATA) interns					
Short Definition		Intake of Assistant to Artisan (ATAs) interns on a 12-month internship					
Data Limitations		Accuracy dependant on good record keeping by all relevant stakeholders					
Purpose / Importance		Tracks the number of ATA interns					
Desired Performance		Higher intake means an increase ATAs available to address maintenance needs of health care facilities					
Responsibility		HRD programme manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database: MIS	Signed learnership agreements	Element: Intake of assistant to artisan (ATA) interns	Cumulative	1	Input	Annually	No

Indicator Title		6.8 Intake of PAY interns					
Short Definition		Intake of PAY interns on a 12-month internship					
Data Limitations		Accuracy dependant on good record keeping by all relevant stakeholders					
Purpose / Importance		Tracks the number of PAY interns					
Desired Performance		Higher intake means an increase in PAY interns to address scarce skills					
Responsibility		HRD programme manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed internship agreements	Element: Intake of PAY interns	Cumulative	1	Input	Annually	No

Indicator Title		6.9 Intake of emergency medical care (EMC) assistant interns					
Short Definition		Intake of Emergency Medical Care (EMC) Assistant interns on a 12-month internship					
Data Limitations		Accuracy dependant on good record keeping by all relevant stakeholders					
Purpose / Importance		Tracks the number of Emergency Medical Care (EMC) Assistant interns					
Desired Performance		Higher intake means an increase in emergency medical care (EMC) assistant interns to address scarce skills					
Responsibility		HRD programme manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed internship agreements	Element: Intake of emergency medical care assistants	Cumulative	1	Input	Annually	No

Indicator Title		6.10 Intake of forensic pathology services (FPS) assistant interns					
Short Definition		Intake of Forensic Pathology Services (FPS) Assistant interns on a 12-month internship					
Data Limitations		Accuracy dependant on good record keeping by all relevant stakeholders					
Purpose / Importance		Tracks the number of Forensic Pathology Services (FPS) Assistant interns					
Desired Performance		Higher intake means an increase in forensic pathology services (FPS) assistant interns to address scarce skills					
Responsibility		HRD programme manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed internship agreements	Element: Intake of forensic pathology service assistants	Cumulative	1	Input	Annually	No

Programme 7

Indicator Title 7.1.1 Average cost per item laundered in-house							
	Short Definition	<ul style="list-style-type: none"> The average cost per linen item processed or laundered in-house at Tygerberg and Lentegeur Regional Laundries. The in-house laundry costs include the cost for electricity, water, coal, fuel, and salaries and wages The expenditure on capital for buildings and equipment is excluded. 					
	Data Limitations	Accuracy dependent on the reliability of financial data and other records kept by in-house laundries.					
	Purpose / Importance	Monitor the cost per item laundered to ensure that in-house laundry services are cost effective					
	Desired Performance	Lower cost indicates efficient use of financial resources.					
	Responsibility	Laundry Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS	Financial records	<u>Numerator:</u> Expenditure on in-house laundries excluding capital	Rate expressed in Rand	1	Efficiency	Quarterly	No
Laundry returns.xls	Laundry linen count	<u>Denominator:</u> Items laundered in-house					

Indicator Title 7. 1(a) Average cost per item laundered outsourced							
	Short Definition	The average cost per linen item processed or laundered by outsourced laundries. The outsourced laundry costs include the cost of capital, profit and VAT (all of which are not included in the in-house cost).					
	Data Limitations	Accuracy dependent on the reliability of financial data, submission of information and the reliability of records kept at private laundries.					
	Purpose / Importance	Monitor the cost per item laundered to ensure that outsourced laundry services are cost effective.					
	Desired Performance	Lower cost indicates efficient use of financial resources.					
	Responsibility	Laundry Manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS	Financial records	<u>Numerator:</u> Expenditure on outsourced laundry services	Rate expressed in Rand	1	Efficiency	Quarterly	No
Private laundry returns.xls	Private contractor accounts	<u>Denominator:</u> Items laundered outsourced					

Indicator Title 7.1.2 Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)							
	Short Definition	<ul style="list-style-type: none"> With respect to the 2020 Climate Change Challenge, WCGH has committed to reduce its carbon footprint from energy consumption at current provincial hospitals by 10% by 2019/20. This reduction will be calculated utilising the 2014/15 benchmark as point of departure. 					
	Data Limitations	Initially dependent on accuracy of electricity accounts and availability of data. As soon as smart metering in place, accuracy will be dependent on reliability of system and the timeous collection and capturing of smart meter readings.					
	Purpose / Importance	To monitor energy consumption and the systematic annual reduction of energy consumption in order to reach the targets set in the 2020 Climate Change Challenge for carbon footprint reduction by 10%.					
	Desired Performance	Higher percentage indicates a bigger reduction in energy usage, resulting in reduced carbon footprint.					
	Responsibility	Director: Engineering and Technical Support					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Hospital Infrastructure Efficiency.xls	Utility bills or smart meter readings	<u>Numerator:</u> Baseline (2014/15 kwh/year) energy utilisation for all provincial hospitals minus utilisation for all provincial hospitals for current financial year	%	100	Output	Annually	No
	2014/15 (kwh/year) utility consumption baseline	<u>Denominator:</u> Baseline (2014/15 kwh/year) energy utilisation for all provincial hospitals					

Indicator Title		7.1(b) Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed					
Short Definition		Threshold, determined by baseline data of previous financial years (trends) for clinical engineering maintenance jobs completed (job cards closed expressed as percentage of job cards opened), achieved (or exceeded).					
Data Limitations		Dependent on the accurate, complete and timeous notification / submission of requisition form(s) by facilities and the reliability of record keeping at engineering workshops and accurate capturing and processing of job cards issued / completed.					
Purpose / Importance		To ensure achievement of provincial benchmark to promote safety in terms of medical equipment at health facilities and to monitor progress on clinical engineering maintenance done by the Department.					
Desired Performance		Threshold achieved or exceeded.					
Responsibility		Director: Health Technology					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Clinical engineering maintenance job card database		<u>Element:</u> Assess performance against provincial benchmark	Compliance	Yes/No	Input	Quarterly	No

Indicator Title		7.2(b) Threshold (provincial benchmark) achieved for engineering maintenance jobs completed					
Short Definition		Threshold, determined by baseline data of previous financial years (trends) for engineering maintenance jobs completed (job cards closed expressed as percentage of job cards opened), achieved (or exceeded).					
Data Limitations		Dependent on the accurate, complete and timeous notification / submission of requisition form(s) by facilities and the reliability of record keeping at engineering workshops and accurate capturing and processing of job cards issued / completed.					
Purpose / Importance		To ensure achievement of provincial benchmark to promote safety in terms of building and engineering equipment at health facilities and to monitor progress on maintenance done by the Department.					
Desired Performance		Threshold achieved or exceeded.					
Responsibility		Director: Engineering and Technical Support					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Engineering maintenance job card database		<u>Element:</u> Assess performance against provincial benchmark	Compliance	Yes/No	Input	Quarterly	No

Indicator Title		7.3(b) Percentage of hospitals achieving the provincial benchmark for water utilisation					
<div>Short Definition</div> <div>Data Limitations</div> <div>Purpose / Importance</div> <div>Desired Performance</div> <div>Responsibility</div>		Increase the percentage of hospitals consuming less water per hospital bed per day than the provincial benchmark. Water consumption is measured in litres of water/bed/day and the provincial benchmark for each hospital has been set as follows: <ul style="list-style-type: none">• 200 for Alexandra, Valkenberg, Brooklyn Chest, DP Marais, Harry Comay, Malmesbury ID, and Sonstraal Hospitals• 350 for Ceres, Citrusdal, Clanwilliam, False Bay, George, Helderberg, Hermanus, Khayelitsha, Knysna, Ladismith, Laingsburg, Mitchell's Plain, Mossel Bay, Mowbray Maternity, New Somerset, Otto du Plessis, Paarl, Radie Kotze, Stellenbosch, Swartland, Swellendam, Victoria, and Vredendal Hospitals as well as Western Cape Rehabilitation Centre• 400 for Eerste River, Montagu, Murraysburg, Oudtshoorn, Prince Albert, Stikland, Uniondale, and Vredenburg Hospitals• 450 for Riversdale, Robertson, and Wesfleur Hospitals• 500 for Beaufort West, Brewelskloof, Caledon, and Worcester Hospitals• 600 for Karl Bremer, Lenteguur and Red Cross War Memorial Children's Hospitals• 800 for LAPA Munnik Hospital• 900 for Groote Schuur Hospital• 1 000 for Tygerberg Hospital					
		<ul style="list-style-type: none">• Accuracy dependant on the reliability of meter readings and availability of data. Where smart metering is in place, accuracy will be dependent on reliability of system and the timeous collection and capturing of smart meter readings.• Estimations will be used where data is not available (as is common practice with municipalities' metering systems).					
		To monitor the water consumption per hospital bed per day against the provincial benchmark.					
		Higher percentage indicates that more hospitals are utilising less water (i.e. litres of water/bed/day) than the provincial benchmark.					
		Director: Engineering and Technical Support					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Utilities consumption spread sheet	Utility bills or smart meter readings	<u>Numerator:</u> Hospitals achieving the provincial benchmark for average water consumption per hospital bed per day	%	100	Input	Annually	No
	List of hospitals	<u>Denominator:</u> All provincial hospitals					

Indicator Title		7.1.3 Percentage of Child Death Cases reviewed by the Child Death Review Boards					
Short Definition		Percentage of Child Death Cases reviewed by the Child Death Review Boards					
Data Limitations		The information with regards to the number of Child Death Cases Reviewed to be collated within a register. The register will be archived on the Enterprise Content Management (ECM) System. Any issues affecting access to the ECM system or loss of data contained therein will affect the ability to report on the indicator.					
Purpose / Importance		To embed good governance and values driven leadership practice through Clinical Governance and Leadership					
Desired Performance		100%					
Responsibility		FPS programme manager					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Child Death Review Board Minutes		Numerator: Number of Child Death Cases Reviewed	%	100	Output	Quarterly	yes
Autopsy database		Denominator: Total number of Child Death Cases					

Indicator Title		7.1.4 Percentage of pharmaceutical stock available					
Short Definition		Percentage of pharmaceutical stock that is available at the Cape Medical Depot (CMD) from the list of stock that should be available at all times					
Data Limitations		Accuracy dependant on the reliability of data on the MEDSAS system					
Purpose / Importance		To ensure optimum pharmaceutical stock levels to meet demand					
Desired Performance		Higher percentage indicate fewer items out of stock at the CMD					
Responsibility		Director: Pharmacy Services					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
MEDSAS	Stock master	Numerator: Pharmaceutical items that are in stock at the CMD	%	100	Input	Quarterly	No
		Denominator: Pharmaceutical items on the stock register					

Programme 8

Indicator Title 8.1.1 Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)							
Short Definition		Capital expenditure expressed as a percentage of capital budget. (Excludes Programme 8 expenditure on maintenance, organisational development, quality assurance, health technology, EPWP and transfers.)					
Data Limitations		Accuracy dependent on financial data recorded on BAS					
Purpose / Importance		Tracks capital expenditure versus allocated capital budget					
Desired Performance		<ul style="list-style-type: none"> Total budget allocated is spent in accordance with the cash flow. Higher percentage indicates efficient use of financial resources and improved health infrastructure and engineering equipment. Over-expenditure, if necessary funding is not available, however, is not desirable. 					
Responsibility		Director: Infrastructure Programme Delivery					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS		<u>Numerator:</u> Programme 8 capital infrastructure expenditure (excluding maintenance)	%	100	Input	Quarterly	No
		<u>Denominator:</u> Programme 8 capital infrastructure budget (excluding maintenance)					

Indicator Title 8.1 Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Garden Route District)							
Short Definition		Number of existing health facilities in NHI Pilot District (Garden Route District) where Capital, Scheduled Maintenance, or Management Contract projects have been completed (excluding new and replacement facilities).					
Data Limitations		Accuracy dependent on reliability of information captured on project lists.					
Purpose / Importance		Tracks overall improvement and maintenance of existing facilities.					
Desired Performance		A higher number will indicate that more facilities were refurbished.					
Responsibility		Chief Director: Facilities and Infrastructure Management					
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
<ul style="list-style-type: none"> Capital infrastructure project list Scheduled Maintenance project list Management Contract project list 	Practical Completion Certificate or equivalent	<u>Element:</u> Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Garden Route District)	Cumulative	1	input	Annually	No

Indicator Title	8.2 Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (Garden Route District)						
Short Definition	Number of existing health facilities outside NHI Pilot District (Garden Route District) where Capital, Scheduled Maintenance, or Management Contract projects have been completed (excluding new and replacement facilities).						
Data Limitations	Accuracy dependent on reliability of information captured on project lists.						
Purpose / Importance	Tracks overall improvement and maintenance of existing facilities.						
Desired Performance	A higher number will indicate that more facilities were refurbished.						
Responsibility	Chief Director: Facilities and Infrastructure Management						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
<ul style="list-style-type: none"> Capital infrastructure project list Scheduled Maintenance project list Management Contract projects list 	Practical Completion Certificate or equivalent	<u>Element:</u> Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (Garden Route District)	Cumulative	1	Input	Annually	No

Indicator Title	8.3 Percentage of Programme 8 maintenance budget spent						
Short Definition	Programme 8 expenditure on maintenance projects expressed as a percentage of the Programme 8 budget allocation for maintenance						
Data Limitations	Accuracy dependent on financial data recorded on BAS						
Purpose / Importance	Tracks expenditure on maintenance						
Desired Performance	Higher percentage indicates efficient use of financial resources and well maintained health facilities. Over-expenditure, if necessary funding is not available, is not desirable						
Responsibility	Director: Infrastructure Programme Delivery						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
	BAS	<u>Numerator:</u> Programme 8 expenditure on maintenance	%	100	Input	Quarterly	No
		<u>Denominator:</u> Programme 8 maintenance budget					

Indicator Title	8.4 Percentage of Programme 8 health technology budget spent						
Short Definition	Programme 8 health technology expenditure expressed as a percentage of the Programme 8 health technology budget allocation						
Data Limitations	Accuracy dependent on financial data recorded on BAS						
Purpose / Importance	Tracks expenditure on health technology						
Desired Performance	<ul style="list-style-type: none"> Total budget allocated is spent in accordance with the cash flow. Higher percentage indicates efficient use of financial resources and improved health technology. Over-expenditure, if necessary funding is not available, is not desirable. 						
Responsibility	Director: Health Technology						
SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS		<u>Numerator:</u> Programme 8 health technology expenditure	%	100	Input	Quarterly	No
		<u>Denominator:</u> Programme 8 health technology budget allocation					

Annexure C: List of Facilities

Primary Health Care Facilities

CAPE TOWN DISTRICT			
SOUTHERN			
Community Health Centres (CHCs)	1	Community Day Centres (CDCs)	5
<ul style="list-style-type: none"> Retreat CHC 		<ul style="list-style-type: none"> Grassy Park CDC Hout Bay Harbour CDC Lady Michaelis CDC Lotus River CDC Ocean View CDC 	
Clinics	15	Specialised Clinics	0
<ul style="list-style-type: none"> Claremont Clinic Diep River Clinic Fish Hoek Clinic Hout Bay Main Road Clinic Klip Road Clinic Lavender Hill Clinic Masiphumelele Clinic Muizenberg Clinic Parkwood Clinic Philippi Clinic Alphen Clinic Seawind Clinic Strandfontein Clinic Westlake Clinic Wynberg Clinic 			
Satellite Clinics	3	Mobiles	2
<ul style="list-style-type: none"> Pelican Park Satellite Clinic Simon's Town Satellite Clinic Red Hill Satellite Clinic 		<ul style="list-style-type: none"> Metro Dental (Southern) Mobile 1 Metro Dental (Southern) Mobile 5 	
WESTERN			
Community Health Centres (CHCs)	2	Community Day Centres (CDCs)	6
<ul style="list-style-type: none"> Vanguard CHC Du Noon CHC 		<ul style="list-style-type: none"> Albow Gardens CDC District 6 CDC Green Point CDC Kensington CDC Maitland CDC Mamre CDC 	
Clinics	9	Specialised Clinics	5
<ul style="list-style-type: none"> Chapel Street Clinic Factretion Clinic Table View Clinic Langa Clinic Maitland Clinic Melkbosstrand Clinic Protea Park Clinic Saxon Sea Clinic Spencer Road Clinic 		<ul style="list-style-type: none"> Atlantis Oral Health Service Hope Street Oral Health Service Maitland Oral Health Service Cape Town Reproductive Health Centre Long Street Reproductive Health Centre 	
Satellite Clinics	3	Mobiles	6
<ul style="list-style-type: none"> Pella Satellite Clinic Pinelands Satellite Clinic Schotscheskloof Satellite Clinic 		<ul style="list-style-type: none"> Melkbosstrand Mobile 1 Metro Dental (Western) Mobile 1 Metro Dental (Western) Mobile 5 Witsand Mobile 1 Wolwerivier Mobile 1 Albow Gardens Mobile 1 	
KLIPFONTEIN			
Community Health Centres (CHCs)	2	Community Day Centres (CDCs)	3
<ul style="list-style-type: none"> Guguletu CHC Hanover Park CHC 		<ul style="list-style-type: none"> Dr Abdurahman CDC Heideveld CDC Nyanga CDC 	
Clinics	9	Specialised Clinics	3
<ul style="list-style-type: none"> Guguletu Clinic Hanover Park Clinic Heideveld Clinic Lansdowne Clinic Manenberg Clinic Masinedane Clinic Nyanga Clinic Silvertown Clinic Vuyani Clinic 		<ul style="list-style-type: none"> Nyanga Junction Reproductive Health Centre Eros Oral Health Service Silvertown Oral Health Service 	
Satellite Clinics	4	Mobiles	2
<ul style="list-style-type: none"> Hazendal Satellite Clinic Honeyside Satellite Clinic Newfields Satellite Clinic Ruimte Road Satellite Clinic 		<ul style="list-style-type: none"> Metro Dental (Klipfontein) Mobile 1 Metro Dental (Klipfontein) Mobile 5 	
MITCHELL'S PLAIN			
Community Health Centres (CHCs)	1	Community Day Centres (CDCs)	3
<ul style="list-style-type: none"> Mitchells Plain CHC 		<ul style="list-style-type: none"> Crossroads CDC Inzame Zabantu CDC Tafelsig CDC 	
Clinics	8	Specialised Clinics	3
<ul style="list-style-type: none"> Crossroads 1 Clinic Eastridge Clinic Lentegeur Clinic Mzamomhle Clinic Phumlani Clinic Rocklands Clinic Weltevreden Valley Clinic Westridge Clinic 		<ul style="list-style-type: none"> Lentegeur Oral Health Service Westridge Oral Health Service Lentegeur Hospital Oral Health Service 	
Satellite Clinics	1	Mobiles	2
<ul style="list-style-type: none"> Mandalay Satellite Clinic 		<ul style="list-style-type: none"> Metro Dental (Mitchell's Plain) Mobile 1 Metro Dental (Mitchell's Plain) Mobile 5 	

KHAYELITSHA			
Community Health Centres (CHCs)	1	Community Day Centres (CDCs)	6
<ul style="list-style-type: none"> Khayelitsha (Site B) CHC 		<ul style="list-style-type: none"> Kuyasa CDC Matthew Goniwe CDC Michael Mapongwana CDC Nolungile CDC Luvuyo CDC Town 2 CDC 	
Clinics	3	Specialised Clinics	4
<ul style="list-style-type: none"> Mayenzeke Clinic Nolungile Clinic Zakhele Clinic 		<ul style="list-style-type: none"> Site B Youth Clinic Site C Youth Clinic Site B Male Clinic Kuyasa Male Clinic 	
Satellite Clinics	0	Mobiles	3
		<ul style="list-style-type: none"> Khayelitsha (sub-district) Mobile Metro Dental (Khayelitsha) Mobile 1 Metro Dental (Khayelitsha) Mobile 5 	
EASTERN			
Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	11
		<ul style="list-style-type: none"> Gustrouw CDC Ikhwezi CDC Nomzamo CDC Somerset West CDC Kleinvele CDC Macassar CDC Gordon's Bay CDC Mfuleni CDC Sir Lowry's Pass CDC Strand CDC Dr Ivan Toms CDC 	
Clinics	6	Specialised Clinics	0
<ul style="list-style-type: none"> Blue Downs Clinic Eerste River Clinic Fagan Street Clinic Kuilsriver Clinic Sarepta Clinic Wesbank Clinic 			
Satellite Clinics	1	Mobiles	3
<ul style="list-style-type: none"> Driftsands Satellite Clinic 		<ul style="list-style-type: none"> Eastern (Sub-district) Mobile 1 Metro Dental (Eastern) Mobile 1 Metro Dental (Eastern) Mobile 5 	
NORTHERN			
Community Health Centres (CHCs)	1	Community Day Centres (CDCs)	3
<ul style="list-style-type: none"> Kraaifontein CHC 		<ul style="list-style-type: none"> Durbanville CDC Scottsdene CDC Bothasig CDC 	
Clinics	9	Specialised Clinics	0
<ul style="list-style-type: none"> Bloekombos Clinic Brackenfell Clinic Brighton Clinic Durbanville Clinic Fisantekraal Clinic Harmonie Clinic Northpine Clinic Scottsdene Clinic Wallacedene Clinic 			
Satellite Clinics	0	Mobiles	2
		<ul style="list-style-type: none"> Metro Dental (Northern) Mobile 1 Metro Dental (Northern) Mobile 5 	
TYGERBERG			
Community Health Centres (CHCs)	2	Community Day Centres (CDCs)	9
<ul style="list-style-type: none"> Delft CHC Elsies River CHC 		<ul style="list-style-type: none"> Bellville South CDC Bishop Lavis CDC Goodwood CDC Parow CDC Ravensmead CDC Reed Street CDC Ruyterwacht CDC St Vincent Clinic (CCT) CDC Symphony Way CDC 	
Clinics	10	Specialised Clinics	2
<ul style="list-style-type: none"> Adriaanse Clinic Delft South Clinic Dirkie Uys Clinic Elsies River Clinic Kasselsvlei Clinic Netreg Clinic Parow Clinic Ravensmead Clinic Uitsig Clinic Valhalla Park Clinic Bellville Reproductive Health Centre Tygerberg Community Dental Clinic 			
Satellite Clinics	3	Mobiles	2
<ul style="list-style-type: none"> Chestnut Satellite Clinic Leonsdale Satellite Clinic Men's Health Satellite Clinic Metro Dental (Tygerberg) Mobile 1 Metro Dental (Tygerberg) Mobile 5 			
CAPE TOWN DISTRICT TOTALS			
Community Health Centres (CHCs)	10	Community Day Centres (CDCs)	46
Clinics	69	Specialised Clinics	17
Satellite Clinics	15	Mobiles	22

CAPE WINELANDS DISTRICT

BREEDE VALLEY LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Worcester CDC	
Clinics	6	Specialised Clinics	0
<ul style="list-style-type: none"> • De Doorns Clinic • Empilisweni (Worcester) Clinic • Orchard Clinic • Rawsonville Clinic • Sandhills Clinic • Touws River Clinic 			
Satellite Clinics	4	Mobiles	5
<ul style="list-style-type: none"> • De Wet Satellite Clinic • Maria Pieterse Satellite Clinic • Overhex Satellite Clinic • Somerset Street Satellite Clinic • Bossieveld Mobile 1 • Botha/Brandwacht Mobile 1 • De Wet Mobile 1 • Overhex Mobile 1 • Slanghoek Mobile 1 			

DRAKENSTEIN LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	3
		• Mbekweni CDC • TC Newman CDC • Wellington CDC	
Clinics	11	Specialised Clinics	1
<ul style="list-style-type: none"> • Dalevale Clinic • Gouda Clinic • Huis McCrone Clinic • Klein Drakenstein Clinic • Nieuwedrift Clinic • Patriot Plein Clinic • Phola Park Clinic • Saron Clinic • Simondium Clinic • Soetendal/Hermon Clinic • Windmeul Clinic 		• Wellington Reproductive Health Centre	
Satellite Clinics	0	Mobiles	6
		<ul style="list-style-type: none"> • Gouda Mobile 1 • Soetendal Mobile 1 • Klein Drakenstein Mobile • Simondium Mobile 1 • Windmeul Mobile 1 • Huis McCrone 	

LANGEBERG LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	7	Specialised Clinics	1
<ul style="list-style-type: none"> • Bergsig Clinic • Cogmanskloof Clinic • Happy Valley Clinic • McGregor Clinic • Montagu Clinic • Nkqubela Clinic • Zolani Clinic 		• Langeberg Sub-District Oral Health Service	
Satellite Clinics	0	Mobiles	6
		<ul style="list-style-type: none"> • Bonneviale Mobile 1 • McGregor Mobile 1 • Montagu Mobile 1 • Montagu Mobile 2 • Robertson Mobile 1 • Robertson Mobile 2 	

STELLENBOSCH LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Cloeteville CDC	
Clinics	7	Specialised Clinics	0
<ul style="list-style-type: none"> • Aan-het-Pad Clinic • Don and Pat Bilton Clinic • Groendal Clinic • Idas Valley Clinic • Kayamandi Clinic • Klapmuts Clinic • Kylemore Clinic 			
Satellite Clinics	1	Mobiles	5
• Dirkie Uys Street Satellite Clinic		<ul style="list-style-type: none"> • Devon Valley Mobile 1 • Franschoek Mobile 1 • Groot Drakenstein Mobile 1 • Koelenhof Mobile 1 • Strand Road Mobile 1 	

WITZENBERG LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Ceres CDC	
Clinics	8	Specialised Clinics	0
<ul style="list-style-type: none"> • Annie Brown Clinic • Bella Vista Clinic • Breerivier Clinic • Nduli Clinic • Op die Berg Clinic • Tulbagh Clinic • Prince Alfred Hamlet Clinic • Wolseley Clinic 			
Satellite Clinics	0	Mobiles	6
		<ul style="list-style-type: none"> • Koue Bokkeveld Mobile 1 • Skurweberg Mobile 1 • Prince Alfred Hamlet Mobile 1 • Tulbagh Mobile 1 • Warm Bokkeveld Mobile 1 • Wolseley Mobile 1 	

CAPE WINELANDS DISTRICT TOTALS

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	6
Clinics	39	Specialised Clinics	2
Satellite Clinics	5	Mobiles	28

CENTRAL KAROO DISTRICT

BEAUFORT WEST LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Beaufort West CDC	
Clinics	5	Specialised Clinics	0
• Hillside Clinic	• Kwamandlenkosi Clinic	• Nelspoort Clinic	
	• Murraysburg Clinic	• Nieuvelpark Clinic	
Satellite Clinics	1	Mobiles	4
• Merweville Satellite Clinic		• Beaufort West Mobile 1	• Murraysburg Mobile 1
			• Merweville Mobile
			• Nelspoort Mobile

LAINGSBURG LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	1	Specialised Clinics	0
• Laingsburg Clinic			
Satellite Clinics	1	Mobiles	1
• Matjiesfontein Satellite Clinic		• Laingsburg Mobile 1	

PRINCE ALBERT LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	2	Specialised Clinics	0
• Leeu-Gamka Clinic	• Prince Albert Clinic		
Satellite Clinics	1	Mobiles	2
• Klaarstroom Satellite Clinic		• Prince Albert Mobile 1	
		• Leeu – Gamka Mobile 1	

CENTRAL KAROO DISTRICT TOTALS

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
Clinics	8	Specialised Clinics	0
Satellite Clinics	3	Mobiles	7

GARDEN ROUTE DISTRICT

BITOU LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Kwanokuthula CDC	
Clinics	4	Specialised Clinics	0
• Craggs Clinic • Kranshoek Clinic	• New Horizon Clinic • Plettenberg Bay Clinic		
Satellite Clinics	1	Mobiles	2
• Wittedrif Satellite Clinic		• Plettenberg Bay Mobile 1 • The Plett Aid Foundation (Bitou) Mobile 1	

GEORGE LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	2
		• Conville CDC	• Thembaletu CDC
Clinics	10	Specialised Clinics	0
• Blanco Clinic • Haarlem Clinic • Kuyasa (George) Clinic • George Central Clinic • Lawaai kamp Clinic	• Pacaltsdorp Clinic • Parkdene Clinic • Rosemoor Clinic • Touwsrante Clinic • Uniondale (Lyonsville) Clinic		
Satellite Clinics	1	Mobiles	3
• Herold Satellite Clinic		• George Mobile 1 • Herold Mobile 1	• Uniondale Mobile 1

HESSEQUA LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	3	Specialised Clinics	0
• Albertinia Clinic • Heidelberg Clinic	• Riversdale Clinic		
Satellite Clinics	3	Mobiles	3
• Slangrivier Satellite Clinic	• Still Bay Satellite Clinic • Melkhoutfontein Satellite Clinic	• Albertinia Mobile 1	• Heidelberg Mobile 1 • Riversdale Mobile 1

KANNALAND LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	4	Specialised Clinics	0
• Amalienstein Clinic • Zoar Clinic	• Calitzdorp (Bergsig) Clinic • Ladismith (Nissenville) Clinic		
Satellite Clinics	1	Mobiles	4
• Van Wyksdorp Satellite Clinic		• Calitzdorp Mobile 1 • Ladismith Mobile 1	• Van Wyksdorp Mobile 1 • Zoar Mobile 1

KNYSNA LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Knysna CDC	
Clinics	4	Specialised Clinics	0
• Hornlee Clinic • Khayelethu Clinic	• Knysna Town Clinic • Sedgfield Clinic		
Satellite Clinics	1	Mobiles	3
• Karatara Satellite Clinic		• Knysna Mobile 1 • Sedgfield Mobile 1 • The Plett Aid Foundation (Knysna) Mobile 1	

MOSSELBAY LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	2
		<ul style="list-style-type: none"> Alma CDC D' Almeida CDC 	
Clinics	2	Specialised Clinics	0
<ul style="list-style-type: none"> Eyethu Clinic Great Brak River Clinic 			
Satellite Clinics	8	Mobiles	4
<ul style="list-style-type: none"> Brandwacht Satellite Clinic Dana Bay Satellite Clinic Friemersheim Satellite Clinic George Road Satellite Clinic Hartenbos Satellite Clinic Herbertsdale Satellite Clinic Keurhoek Satellite Clinic Sonskynvallei Satellite Clinic 		<ul style="list-style-type: none"> Alma Mobile 1 Brandwacht Mobile 1 Groot Brak Mobile 1 D' Almeida Mobile 1 	

OUTDSHOORN LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		<ul style="list-style-type: none"> Bridgeton CDC 	
Clinics	5	Specialised Clinics	2
<ul style="list-style-type: none"> Bongolethu Clinic Dysselsdorp Clinic De Rust (Blommenek) Clinic Oudtshoorn Clinic Toekomsrus Clinic 		<ul style="list-style-type: none"> Oudtshoorn Oral Health Service Klein Karoo School Reproductive Health Center 	
Satellite Clinics	0	Mobiles	3
		<ul style="list-style-type: none"> De Rust Mobile 1 Oudtshoorn Mobile 1 Oudtshoorn Mobile 3 	

GARDEN ROUTE DISTRICT TOTALS

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	7
Clinics	32	Specialised Clinics	2
Satellite Clinics	15	Mobiles	22

OVERBERG DISTRICT

CAPE AGULHAS LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	3	Specialised Clinics	0
• Bredasdorp Clinic • Napier Clinic • Struisbaai Clinic			
Satellite Clinics	2	Mobiles	2
• Elim Satellite Clinic • Waenhuiskrans Satellite Clinic		• Bredasdorp Mobile 1 • Bredasdorp Mobile 2	

OVERSTRAND LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Hermanus CDC	
Clinics	4	Specialised Clinics	0
• Gansbaai Clinic • Kleinmond Clinic • Stanford Clinic • Hawston Clinic			
Satellite Clinics	3	Mobiles	1
• Onrus Satellite Clinic • Pearly Beach Satellite Clinic • Betty's Bay Satellite Clinic		• Caledon/Hermanus/Stanford Mobile 4	

SWELLENDAM LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	5	Specialised Clinics	0
• Barrydale Clinic • Suurbraak Clinic • Buffeljagsrivier Clinic • Swellendam PHC Clinic • Railton Clinic			
Satellite Clinics	0	Mobiles	3
		• Barrydale Mobile 3 • Ruens Mobile 5 • Swellendam Mobile 4	

THEEWATERSKLOOF LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Grabouw CDC	
Clinics	5	Specialised Clinics	0
• Botrivier Clinic • Genadendal Clinic • Caledon Clinic • Riviersonderend Clinic • Villiersdorp Clinic			
Satellite Clinics	4	Mobiles	8
• Bereaville Satellite Clinic • Greyton Satellite Clinic • Voorstekraal Satellite Clinic • Tessalaardsdal Satellite Clinic		• Caledon Mobile 1 • Grabouw Mobile 1 • Villiersdorp Mobile 1 • Caledon Mobile 2 • Grabouw Mobile 2 • Villiersdorp Mobile 2 • Caledon Mobile 3 • Grabouw Mobile 3	

OVERBERG DISTRICT TOTALS

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	2
Clinic	17	Specialised Clinics	0
Satellite Clinics	9	Mobiles	14

WEST COAST DISTRICT

BERGRIVIER LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	3	Specialised Clinics	0
<ul style="list-style-type: none"> Piketberg Clinic Porterville Clinic Veldrifi Clinic 			
Satellite Clinics	5	Mobiles	2
<ul style="list-style-type: none"> Aurora Satellite Clinic Eendekuil Satellite Clinic Goedverwacht Satellite Clinic Redelinghuys Satellite Clinic Wittewater Satellite Clinic 		<ul style="list-style-type: none"> Piketberg Mobile 6 Porterville Mobile 1 	

CEDERBERG LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	6	Specialised Clinics	0
<ul style="list-style-type: none"> Citrusdal Clinic Clanwilliam Clinic Elandsbay Clinic Graafwater Clinic Lamberts Bay Clinic Wupperthal Clinic 			
Satellite Clinics	1	Mobiles	4
<ul style="list-style-type: none"> Leipoldtville Satellite Clinic Citrusdal Mobile 1 Clanwilliam Mobile 1 Graafwater Mobile 1 Elands Bay Mobile 1 			

MATZIKAMA LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	5	Specialised Clinics	0
<ul style="list-style-type: none"> Klawer Clinic Lutzville Clinic Van Rhynsdorp Clinic Vredendal North Clinic Vredendal Central Clinic 			
Satellite Clinics	9	Mobiles	4
<ul style="list-style-type: none"> Bitterfontein Satellite Clinic Doringbaai Satellite Clinic Ebenhaezer Satellite Clinic Kliprand Satellite Clinic Koekenaap Satellite Clinic Molsvlei Satellite Clinic Nuwerus Satellite Clinic Rietpoort Satellite Clinic Stofkraal Satellite Clinic 		<ul style="list-style-type: none"> Klawer Mobile 1 Lutzville Mobile 1 Van Rhynsdorp Mobile 1 Vredendal Mobile 1 	

SALDANHA BAY LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	7	Specialised Clinics	0
<ul style="list-style-type: none"> Hanna Coetzee Clinic Laingville Clinic Lalie Cleophas Clinic Langebaan Clinic Louwville Clinic Saldanha Clinic Vredenburg Clinic 			
Satellite Clinics	2	Mobiles	1
<ul style="list-style-type: none"> Paternoster Satellite Clinic Sandy Point Satellite Clinic Hopefield Mobile 1 			

SWARTLAND LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		<ul style="list-style-type: none"> Malmesbury CDC 	
Clinics	4	Specialised Clinics	0
<ul style="list-style-type: none"> Darling Clinic Moorreesburg Clinic Riebeek Kasteel Clinic Riebeek West Clinic 			
Satellite Clinics	6	Mobiles	3
<ul style="list-style-type: none"> Abbotsdale Satellite Clinic Chatsworth Satellite Clinic Kalbaskraal Satellite Clinic Koringberg Satellite Clinic Riverlands Satellite Clinic Yzerfontein Satellite Clinic 		<ul style="list-style-type: none"> Darling Mobile 1 Malmesbury Mobile 4 Moorreesburg Mobile 1 	

WEST COAST DISTRICT TOTALS

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
Clinics	25	Specialised Clinics	0
Satellite Clinics	23	Mobiles	14

DISTRICT HOSPITALS			
Cape Town		8	Cape Winelands
<ul style="list-style-type: none"> Eerste River Hospital False Bay Hospital Helderberg Hospital Karl Bremer Hospital Khayelitsha Hospital Mitchells Plain Hospital Victoria Hospital Wesfleur Hospital 			<ul style="list-style-type: none"> Ceres Hospital Montagu Hospital Robertson Hospital Stellenbosch Hospital
Central Karoo		4	Garden Route
<ul style="list-style-type: none"> Beaufort West Hospital Laingsburg Hospital Murraysburg Hospital Prince Albert Hospital 			<ul style="list-style-type: none"> Knysna Hospital Ladismith (Alan Blyth) Hospital Mossel Bay Hospital Oudtshoorn Hospital Riversdale Hospital Uniondale Hospital
Overberg		4	West Coast
<ul style="list-style-type: none"> Caledon Hospital Hermanus Hospital Otto Du Plessis Hospital Swellendam Hospital 			<ul style="list-style-type: none"> Citrusdal Hospital Clanwilliam Hospital LAPA Munnik Hospital Radie Kotze Hospital Swartland Hospital Vredenburg Hospital Vredendal Hospital
REGIONAL HOSPITALS			
Cape Town		2	Cape Winelands
<ul style="list-style-type: none"> Mowbray Maternity Hospital New Somerset Hospital 			<ul style="list-style-type: none"> Paarl Hospital Worcester Hospital
Garden Route		1	
George Hospital			
TUBERCULOSIS HOSPITALS			
Cape Town		2	Cape Winelands
<ul style="list-style-type: none"> Brooklyn Chest Hospital DP Marais Hospital 			<ul style="list-style-type: none"> Brewelskloof Hospital
Garden Route		1	West Coast
<ul style="list-style-type: none"> Harry Comay Hospital 			<ul style="list-style-type: none"> Malmesbury ID Hospital Sonstraal Hospital⁷
PSYCHIATRIC HOSPITALS			
Cape Town			4
<ul style="list-style-type: none"> Alexandra Hospital Lentegeur Hospital 			<ul style="list-style-type: none"> Stikland Hospital Valkenberg Hospital
REHABILITATION HOSPITALS			
Cape Town			1
<ul style="list-style-type: none"> Western Cape Rehabilitation Centre 			
CENTRAL HOSPITALS			
Cape Town			2
<ul style="list-style-type: none"> Groote Schuur Hospital Tygerberg Hospital 			
TERTIARY HOSPITALS			
Cape Town			1
Red Cross War Memorial Children Hospital			

INTERMEDIATE CARE FACILITIES

Cape Town	11	Cape Winelands	6
<ul style="list-style-type: none"> Baphumelele Respite Care Centre Booth Memorial Conradie Care Centre Lizo Nobanda Maitland Cottage Helderberg Step Down Facility 	<ul style="list-style-type: none"> Living Hope Trust Sarah Fox St Joseph's Stepping Stones Tygerberg Trust 	<ul style="list-style-type: none"> Boland Step Down Facility Bram Care Step Down Facility Ceres Step Down Facility 	<ul style="list-style-type: none"> Drakenstein Intermediate Care Step Down Facility Franschhoek Hospice HBC Stellenbosch Hospice
Central Karoo	3	Garden Route	4
<ul style="list-style-type: none"> Cornerstone Step Down Facility Nelspoort Hospital Nelspoort Palliative Step Down Facility 		<ul style="list-style-type: none"> @ Peace Palliative Step Down Facility Bethesda CMSR Step Down Facility 	<ul style="list-style-type: none"> Knysna Sub-Acute Facility Oudtshoorn FAMSA Hospice
Overberg	2	West Coast	4
<ul style="list-style-type: none"> Suideroord Cape Agulhas Intermediate Care Themba Care (Theewaterskloof) Intermediate Care 		<ul style="list-style-type: none"> Sederhof / ACVV Clanwilliam Intermediate Care Service Siyabonga Step Down Facility 	<ul style="list-style-type: none"> Vredendal Old Age Home Convalescent Unit Goue Aar Intermediate Care

EMERGENCY MEDICAL SERVICES AMBULANCE STATIONS

Cape Town	4	Cape Winelands	10		
<ul style="list-style-type: none">• Khayelitsha Eastern• Lentegeur Southern• Pinelands Western• Tygerberg Northern		<ul style="list-style-type: none">• Bonnievale• Ceres• De Doorns• Stellenbosch• Montagu	<ul style="list-style-type: none">• Paarl• Robertson• Touws River• Tulbagh• Worcester		
Central Karoo	5	Garden Route	11		
<ul style="list-style-type: none">• Beaufort West• Laingsburg	<ul style="list-style-type: none">• Leeu-Gamka• Murraysburg	<ul style="list-style-type: none">• Prince Albert	<ul style="list-style-type: none">• Calitzdorp• Dysseldorp• George	<ul style="list-style-type: none">• Heidelberg• Knysna• Ladismith• Mossel Bay	<ul style="list-style-type: none">• Oudtshoorn• Plettenberg Bay• Riversdale• Uniondale
Overberg	8	West Coast	11		
<ul style="list-style-type: none">• Barrydale• Bredasdorp• Caledon	<ul style="list-style-type: none">• Grabouw• Hermanus• Riviersonderend	<ul style="list-style-type: none">• Swellendam• Villiersdorp	<ul style="list-style-type: none">• Bitterfontein• Citrusdal• Clanwilliam• Darling	<ul style="list-style-type: none">• Lamberts Bay• Malmesbury• Moorreesburg• Piketberg	<ul style="list-style-type: none">• Porterville• Vredenburg• Vredendal

FORENSIC PATHOLOGY LABORATORIES (MORTUARIES)

Cape Town	2	Cape Winelands	3
<ul style="list-style-type: none"> Salt River Tygerberg 		<ul style="list-style-type: none"> Paarl Wolseley Worcester 	
Central Karoo	2	Garden Route	5
<ul style="list-style-type: none"> Beaufort West Laingsburg 		<ul style="list-style-type: none"> George Knysna 	<ul style="list-style-type: none"> Mossel Bay Oudtshoorn Riversdale
Overberg	1	West Coast	3
<ul style="list-style-type: none"> Hermanus 		<ul style="list-style-type: none"> Malmesbury 	<ul style="list-style-type: none"> Vredenburg Vredendal

Miscellaneous

Cape Town	1
<ul style="list-style-type: none"> Orthotic and Prosthetic Centre 	

Abbreviations

5Ls	Long life, loose fit, low impact, luminous healing space and lean design and construction
AGSA	Auditor-General of South Africa
AIDS	Acquired immune deficiency syndrome
ANC	Antenatal Care
APL	Approved post list
APP	Annual Performance Plan
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
ATA	Assistant-to-Artisan
BAS	Basic Accounting System
BMI	Budget Management Instrument
BMS	Building Management System
CA	Compliance Assessment
CBO	Community-based Organisations
CBS	Community-based services
CDC	Community Day Centre
CDU	Chronic Dispensing Unit
CDR	Child Death Review
CEI	Centre of E Innovation
CFO	Chief Financial Officer
CHC	Community Health Centre
CHT	Children's Hospital Trust
CHW	Community Health Worker
CMD	Cape Medical Depot
COIDA	Compensation for Occupational Injuries and Diseases Act
COPC	Community Orientated Primary Care
CPUT	Cape Peninsula University of Technology
CSSD	Central Sterile Services Department
DCAS	Department of Cultural Affairs and Sports
DHIS	District Health Information System
DHS	District Health Services
DOCS	Department of Community Safety
DotP	Department of the Premier
DPSA	Department of Public Service and Administration
DTaP-IPV-HepB-Hib	Diphtheria, Tetanus, Pertussis (acellular, component), Hepatitis B (DNA), poliomyelitis (inactivated) and <i>Haemophilus Influenzae</i> Type B conjugate vaccine (adsorbed) (Hexaxim)
EC	Emergency Centres
EDR.web	Electronic Drug Resistant software
EE	Employment Equity
EHWP	Employee Health and Wellness Programme
EMC	Emergency Medical Care

EMS	Emergency Medical Services
EPWP	Extended Public Works Programme
ESL	Essential Supplies List
ETR.net	Electronic Tuberculosis Register
FAMSA	Family and Marriage Society of South Africa
FMC	Financial Management Committee
FPL	Forensic Pathology Laboratory
FPS	Forensic Pathology Services
GGHH	Global Green & Healthy Hospitals
GHS	General Household Survey
GIAMA	Government Immovable Asset Management Act
GSH	Groote Schuur Hospital
HAST	HIV/AIDS, STI's and Tuberculosis
HCBC	Home and Community Based Care
HEI	Higher Education Institution
HFRG	Health Facility Revitalisation Grant
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPV	Human Papilloma Virus
HR	Human Resource
HRD	Human Resource Development
HST	Health Sciences and Training
HST	Health Systems Trust
HT	Health Technology
HTA	High transmissions areas
IA	Internal assessment
ICRM	Ideal Clinic Realisation and Maintenance
IDMS	Infrastructure Delivery Management System
IHCC	Independent Health Complaints Committee
IM	Information Management
IMF	International Monetary Fund
iMMR	Institutional Maternal Mortality Rate
IPC	Infection, Prevention and Control
IPT	Isoniazide Prevention Therapy
IUCD	Intrauterine Contraceptive Device
ISHP	Integrated School Health Programme
IT	Information Technology
JAC	Pharmaceutical Management System
LTF	Lost to Followup
MCWH	Maternal, Child and Women's Health
MDR	Multi-drug resistant
MEAP	Management Efficiency Alignment Project
MEC	Member of Executive Council

MEDSAS	Medical Stores Administration System
MIS	Municipal Information System for Infrastructure
MMC	Medical Male Circumcisions
MMS	Middle Management Service
MOU	Midwife Obstetrics Unit
MTCT	Mother to Child Transmission
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NCD	Non-communicable diseases
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCS	National Core Standards
NDoH	National Department of Health
NHI	National Health Insurance
NIDS	National Indicator Data Set
NPO	Nonprofit Organisations
NT	National Treasury
OHSC	Office of Health Standards Compliance
OPD	Outpatient Department
OSD	Occupation Specific Dispensation
PCR	Polymerase chain reaction
PDE	Patient Day Equivalents
PERSAL	Personnel and Salary Information System
PES	Provincial Equitable Share
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHCIS	Primary Healthcare Information System
PILIR	Procedure on incapacity leave and ill-health retirement
PPP	Public Private Partnerships
PPTICRM	Perfect Permanent Team for Ideal Clinical Realisation and Maintenance
PSG	Provincial Strategic Goal
PT	Provincial Treasury
QA	Quality Assurance
RCC	Rolling Continuation Channel
RCWMCH	Red Cross War Memorial Children's Hospital
SAM	Sever Acute Malnutrition
SA-NHANES	South African National Health and Nutrition Examination Survey
SAPS	South African Police Service
SCM	Supply Chain Management
SHERQ	Safety, Health, Environment, Risk, and Quality
SINJANI	Standard Information Jointly Assembled by Networked Infrastructure
SIPDM	Standard for Infrastructure Procurement and Delivery Management
SITA	State Information Technology Agency
SLA	Service level agreements
SMS	Senior Management Service

SOP	Standard operating procedures
Stats-SA	Statistics South Africa
TB	Tuberculosis
TEXCO	Top Executive Committee
TPW	Transport and Public Works
U5MR	Under-five Mortality Rate
U-AMP	User Asset Management Plan
UK	United Kingdom
UWC	University of the Western Cape
USA	United States of America
WCCN	Western Cape College of Nursing
WCED	Western Cape Education Department
WCG	Western Cape Government
WCGH	Western Cape Government Health
WCRC	Western Cape Rehabilitation Centre
WoW	Western Cape On Wellness
YLL	Years of life lost

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