



Western Cape  
Government



Department of Health and Wellness

# Annual Performance Plan

2023-2024



# Executive Authority Statement

As the Western Cape began reprioritising its efforts towards recovery following the COVID-19 pandemic, our country was presented with a new challenge: having to navigate an ever-worsening energy crisis.

For the first time in our history, South Africa has had to deal with extended periods of load shedding that not only have tangibly affected the lives and livelihoods of residents, but also threatened to hamper critical service delivery.

Despite the existential crisis we face, the Department of Health and Wellness remains wholly committed to ensuring that the wellbeing of residents is not undermined. More importantly, we must go above and beyond to inspire hope, with urgency.

Therefore, in the 2023/24 financial year, our main task will be to build on our interventions to mitigate the effects of load shedding. This includes measures such as making our facilities more efficient and installing solar and hybrid inverter systems, so that our health care facilities can continue to provide their life-saving services. Already:

- Through negotiations with the City of Cape Town and Eskom, all but three hospitals in the Cape Metro (i.e., False Bay, Helderberg and Khayelitsha Hospitals) are exempted from load shedding up to Stage 6, along with one rural regional hospital. An application for a dedicated feeder for Khayelitsha Hospital is in process with Eskom.
- In the first quarter of 2022/23 alone, during the first period of extended Stage 6 load shedding, the Department spent a significant amount procuring fuel supplies for our generators. With load shedding to this degree having reoccurred multiple times since then, we will be maintaining increased fuel reserves for our back-up power supply measures.
- Fifty-one clinics are currently being supplied with hybrid inverter backup systems and an additional seventy clinics will be equipped with hybrid inverters as part of the Turnkey Inverter Project during 2023/24.
- Solar photovoltaic panels will be installed at 12 hospitals in 2023/24.

Equally, owing to the quadruple burden of diseases and social determinants of health that effect the wellbeing of our communities, we will make sure that our frontline services are further strengthened to meet the demands. This is where the Healthcare 2030 plan will be augmented by the Department's Reset Agenda, where our learnings since 1994 will add to the improvements we will continue to make to ensure a more people-centric, trusted and equitable healthcare system with the overarching vision of Universal Health Coverage.

It will also be paramount for us to cement our WoSA approach by working closer with other government portfolios, particular in relation to our safety priority. The role of the Violence Prevention Unit will become even more integral to determining, preventing and relieving the burden of violence in our communities. Our

residents deserve to feel safe wherever they are and our efforts with other stakeholders will contribute towards this end.

These tasks will only be possible through sound, clean governance for which our Department is known. Having received our fourth consecutive clean audit, we are primed for success in the year ahead. Accountability and transparency are the pillars of upholding public trust in our Department.

As Minister, I remain grateful for the hard work that Dr Keith Cloete and every staff member do daily to maintain the quality service delivery in our healthcare facilities. Their bravery and devotion, specifically during and post the COVID-19 pandemic, serve as an example to all. Without the staff, our work would be impossible.

While the year ahead will require focused dedication and perseverance, I have no doubt that the Department of Health and Wellness and Wellness is ready for any challenge it faces.

I endorse the 2023/24 Annual Performance Plan.

# Accounting Officer Statement

In seeking to ensure that the residents of the Western Cape live longer and are healthier, there is a clear pathway before us, that is based on commitment, urgency and hope. Our **commitment** to the ideals of 'Healthcare 2030' remains unwavering with our continued focus on the re-design of health services to support and enable wellbeing. The country's current UHC reform aspirations, in the context of significant budgetary challenges necessitates **urgency** in the choices we make to enhance the allocative, technical and dynamic efficiencies of the provincial health system. Building the health system's resilience is paramount to creating a high-performance, high-quality health system for people. Good governance becomes a powerful resilience advantage as it provides the foundation of a trusted, people-centric, equitable health system, and is contingent on ethical and effective leadership.

Now more than ever, we need to make the right choices as we recover from the COVID-19 pandemic and reset our reform agenda on the road to 'Healthcare 2030' and beyond. The pandemic has taught us that health must be everybody's business as it is a product of the complex, dynamic relationships that exist between a wide range of socio-economic variables. Substantial health service pressures persist and when viewed in the context of the broader social determinants of wellbeing, a whole of government, whole of society approach becomes a resilience imperative. We need to open ourselves to collaborate with others, connect around a shared purpose and co-create solutions to the complex challenges we face.

And so, as we walk this road to wellbeing together, **hope** is premised on our collective ability as a department, a provincial government and a society, to learn together as we navigate the challenges we are likely to face over the 2023 MTEF. The results of the recent Barretts Survey conducted in November 2022, affirm our day-to-day lived experience of the culture in our Department. I receive many messages from members of the public expressing their deep appreciation for the exceptional care they have received from many of our frontline heroes. We do provide hope to the communities we serve. We have the collective capability to realise our aspiration of a trusted, people-centric and equitable provincial health system, a health system for YOU.

# Official Sign-off

It is hereby certified that this Annual Performance Plan:

- Was developed by the management of Western Cape Government: Health and Wellness under the guidance of Minister Nomafrench Mbombo.
- Takes into account all the relevant policies, legislation and other mandates for which Western Cape Government: Health and Wellness is responsible.
- Accurately reflects the strategic outcome-oriented goals and objectives which Western Cape Government: Health and Wellness will endeavour to achieve over the period 2020 to 2025.

Signature:



Dr S Kariem [Chief of Operations]

Signature:



Mr S Kaye [Head of Corporate Services]

Signature:



Ms N Nkosi [Chief Director of the Strategic Cluster]

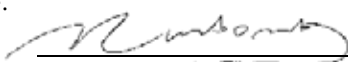
Signature:



Dr K Cloete [Accounting Officer]

APPROVED BY

Signature:



Minister Nomafrench Mbombo [MEC for Health]

# Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>ART</b>	Antiretroviral Therapy
<b>CAD</b>	Computer Aided Despatch
<b>CCS</b>	Complaints, Compliments and Suggestion
<b>CDC</b>	Community Day Centre
<b>CHC</b>	Community Health Centre
<b>CHW</b>	Community Health Worker
<b>CMD</b>	Cape Medical Depot
<b>CoCT</b>	City of Cape Town
<b>COVID-19</b>	Coronavirus Disease
<b>DHIS</b>	District Health Information System
<b>DHS</b>	District Health System
<b>DS-TB</b>	Drug-Susceptible Tuberculosis
<b>EC</b>	Emergency Centre
<b>EMS</b>	Emergency Medical Services
<b>EPWP</b>	Expanded Public Works Programme
<b>ERA</b>	Equity Resource Allocation
<b>FPL</b>	Forensic Pathology Laboratory
<b>HECTIS</b>	Hospital & Emergency Centre Tracking Information System
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICT</b>	Information Communication Technology
<b>J&amp;J</b>	Johnson & Johnson/Janssen viral vector vaccine
<b>MDP</b>	Micro Design Process
<b>MEAP</b>	Management Efficiencies and Alignment Project
<b>MEC</b>	Member of the Executive Council
<b>MTEF</b>	Medium-Term Expenditure Framework
<b>MTSF</b>	Medium-Term Strategic Framework
<b>NCD</b>	Non-Communicable Disease
<b>NDP</b>	National Development Plan
<b>OPD</b>	Outpatient Department

<b>PCR</b>	Polymerase chain reaction
<b>PHC</b>	Primary Health Care
<b>PHCIS</b>	Primary Health Care Information System
<b>PPP</b>	Public Private Partnership
<b>PSI</b>	Patient Safety Incident
<b>PT</b>	Provincial Treasury
<b>SAC</b>	Severity Assessment Code
<b>SARS-CoV-2</b>	Severe Acute Respiratory Syndrome Coronavirus 2
<b>SDG</b>	Sustainable Development Goal
<b>SINJANI</b>	Standard Information Jointly Assembled by Networked Infrastructure
<b>Stats SA</b>	Statistics South Africa
<b>TB</b>	Tuberculosis
<b>TIER.Net</b>	HIV Electronic Register
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>VIP</b>	Vision Inspired Priority
<b>WCGHW</b>	Western Cape Government Health and Wellness
<b>WCGTPW</b>	Western Cape Government Transport and Public Works



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# PART A

## OUR MANDATE

# PART A: Our Mandate

## Legislative Mandates

### National

#### **Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)**

Provides a legal framework for the determination of a place and procedure how surgical termination of pregnancies may take place based on the choice under certain circumstances.

#### **Criminal Procedure Act, 1977 (Act No. 51 of 1977)**

Sections 212 4(a) and 212 8(a) specifically deal and provide for establishing the cause of non-natural deaths in health facilities.

#### **Disaster Management Act, 2002 (Act No. 57 of 2002)**

To provide for co-ordinated disaster management policy focusing on preventing and reducing the risk of disasters, mitigating the severity of disasters, emergency preparedness and effective response to disasters and post-disaster recovery.

#### **Council for Medical Schemes Levies Act, 1998 (Act No. 131 of 1998)**

Regulates the functioning of the medical schemes and levies in a fair and transparent manner by protecting and informing the public about their rights, obligations and complaints raised in respect of medical scheme.

#### **Health Professions Act, 1974 (Act No. 56 of 1974)**

For the establishments of Health Professions Council of South Africa and professional boards. To provide for control over education, training and registration for and practicing of health professions registered under the Act.

#### **Medicines and Related Substances Act, 1965 (Act No. 101 of 1965)**

To provide for the registration of medicines and related substances intended for human and animal use. To provide for the establishment of a Medicines Control Council.

#### **Mental Health Care Act, 2002 (Act No. 17 of 2002)**

Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with an emphasis on human rights for mentally ill patients.

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

Provides a framework for a structured health system within the Republic, considering the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regards to health services. The objectives of the National Health Act (NHA) are to:

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services;
- establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- create the foundation of the health care system and understood alongside other laws and policies which relate to health in South Africa.

#### **National Health Act (Act No. 61 of 2003)**

National Environmental Health Norms and Standards (Notice 1229 of 2015)

Issued in terms of Chapter 3, Section 21(2)(b)(ii) of the National Health Act, 2003, the National Environmental Health Norms and Standards for premises and acceptable Monitoring Standards for Environmental Health Practitioners outlines monitoring standards for the delivery of quality Environmental Health Services, as well as acceptable standards requirements for surveillance of premises, such as business, state-occupied premises, and for prevention of environmental conditions that may constitute a health hazard for protection of public health.

#### **National Health Act (Act No. 61 of 2003)**

Health Infrastructure Norms and Standards Guidelines (Regulations. No 116, Regulations. No 512 of 2014 and Regulations. No. 414 of 2015): Administered by the Provincial Departments of Health for the planning and implementation of public sector health facilities that are applicable to the planning, design and implementation of all new buildings.

#### **National Roads Traffic Act (Act No. 93 of 1996)**

Provides for the testing and analysis of bad driving conduct and of drunk drivers.

#### **Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)**

Provides for consolidating for payment and compensation in respect of certain diseases contracted by persons employed in mines and works. Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

**Sterilisation Act, 1998 (Act No. 44 of 1998)**

Provides a legal framework and the right to sterilisations, to determine which sterilisation may be performed, circumstances under which sterilisation may be performed on persons incapable of consenting or incompetent to consent due to including for persons with mental disability or health challenges.

*Provincial***Western Cape Ambulance Services Act, 2010 (Act No. 3 of 2010)**

The Act provides for the regulation of the delivery of ambulance services in the province. Further, it establishes the Western Cape Ambulance Services Board and further provides for the accreditation, registration and licensing of ambulance services.

**Western Cape District Health Councils Act, 2010 (Act No. 5 of 2010)**

The Act provides for matters relating to district health councils as to give effect to section 31 of the National Health Act, 2003 (Act 61 of 2003). Further, it establishes district health councils in consultation with the MEC responsible for local government in the province and municipal council of the relevant metropolitan or district municipality.

**Western Cape District Health Councils Amendment Act, 2013**

To amend the Western Cape District Health Councils Act, 2010 so as to include members of health subdistricts in a district health council determined by the Member of the Executive Council responsible for health with the concurrence of the Member of the Executive Council responsible for local government in the province.

**Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)**

The Act provides for the establishment, functions and procedures of boards established for hospitals and committees established for primary health care facilities and matters incidental thereto.

**Western Cape Health Care Waste Management Act, 2007 (Act No. 7 of 2007)**

To detect and prevent the rendering of non-viable recognised micro-organisms, to comply with the minimum requirements for health care containers and, to comply with the minimum requirements for Waste Disposal, Hazardous Waste Management and monitoring.

**Western Cape Health Service Fees Act, 2008 (Act No. 5 of 2008)**

To provide for a schedule of fees to be prescribed for health services rendered in the Western Cape Province by the department and to repeal the Hospital Ordinance, 1946.

**Western Cape Independent Health Complaints Committee Act, 2014 (Act No. 2 of 2014)**

The Act provides that for the establishment of the Independent Health Complaints Committee; provide for a system for referral of complaints to the Committee for consideration and matters incidental thereto.



**Western Cape Independent Health Complaints Committee Regulations, 2014 in terms of the Western Cape Health Complaints Committee Act, (Act No. 2 of 2014)**

Provides for the referral and consideration of complaints, action plan and period of time for completion of process on complaints referred to the Committee.

**Regulations Governing Private Health Establishments, P.N. 187/2001**

The regulations provide for the licensing and accreditation of private health establishments in the Province.

**Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)**

To regulate the management and control of financial matters of the health facility boards and committees in health establishments and primary health care centres in the Province. The regulations focus on the outputs and responsibilities dealing with investment of funds and providing financial and audited statements including asset management.

**Regulations Governing the Procedures for the Nomination of Members for Appointment to Boards and Committees Act, 2017 (PN 219/2017)**

To regulate the manner and the process under which the members of the boards and committees to be nominated and how the Minister must determine how the bodies and organisations representing the communities were invited for nominations.

**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 (Act No. 4 of 2016)**

The regulations provide for the process where the Minister determines how the process of clustering of a group of primary health care facilities where a committee is established regarding the geographical distance, between the concerned primary health facilities and the size and distribution of the population in the area.

## Policy Mandates

### *International*

**2030 Agenda for Sustainable Development, 2015 (Goal 3)**

The Agenda is a shared blueprint for peace and prosperity for people and the planet and consists of 17 Sustainable Development Goals (SDGs). The Department is committed to achieving Goal 3, Good Health and Well-Being, with a particular focus in the next 5 years on:

- Building further on the gains we have made in reducing maternal mortality and preventable deaths under 5 years in the province;

- Further reducing the impact of the epidemics of AIDS and TB; and premature deaths as a consequence of NCDs; and the impact of trauma from interpersonal violence and Road traffic accidents
- Continue to promote mental health; and ensuring universal access to sexual and reproductive health care;
- Strengthening the provincial health system towards achieving Universal Health Coverage (UHC)

### **Political declaration of the United Nations High-Level meeting on UHCUN UHC Statement, 2019**

The political declaration adopted by the UN General Assembly on UHC reaffirmed that health is a precondition for, and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and strongly recommits to achieving UHC by 2030. Universal health coverage is viewed as fundamental for achieving the sustainable development goals not only for health and wellbeing but also to eradicate poverty, ensuring quality education, achieving gender equality and women's empowerment, providing decent work and economic growth, reducing inequalities, ensuring just, peaceful and inclusive societies and fostering partnerships. While reaching the SDG goals and targets is considered critical for the attainment of a healthier world for all, with a focus on health outcomes throughout life; and stressing the need for a comprehensive, people-centred approach. The Declaration also reaffirmed the assembly's previous political commitments on ending AIDS, tackling antimicrobial resistance, ending tuberculosis and the prevention and control of non-communicable diseases. The declaration further recognized that UHC implies that all people have access, without discrimination, to nationally determined sets of needed essential promotive, preventive, curative, rehabilitative and palliative services; and safe, affordable, effective and quality medicines and vaccines. This access should not expose people to financial hardship, in particular the poor, vulnerable and marginalized segments of the population. Political declaration of the United Nations High-Level meeting on UHCUN UHC Statement, 2019.

### *National*

#### **National Development Plan (NDP), 2030**

The NDP is a broad strategic framework, which sets out a coherent and inclusive approach to the elimination of poverty and reduction of inequality by 2030, based on the following 6 priorities:

- Uniting South Africans around a common programme
- Citizens active in their own development
- Fast and more inclusive economic growth
- Building capabilities
- A capable and developmental state
- Leadership and responsibility throughout society

Of particular relevance to the Department is the 'Building capabilities' priority, as it identifies health as a critical human capability and sets out a vision of a health system capable of providing quality health care for all.

### **Revised Medium Term Strategic Framework (MTSF) 2019/24**

The Revised Medium-Term Strategic Framework (MTSF) for period 2019-2024, is aimed at eliminating avoidable and preventable deaths (survive); promoting wellness, preventing and managing illness (thrive); transforming health systems, improving the patient experience, and mitigating social factors determining ill health (transform), aligning with the SDGs for health. UHC is identified as central to progressively realising the right to health for all South Africans and a priority area of the 2019/24 MTSF. Priority programmes should be strengthened, specifically those aimed at reducing maternal and child mortality. A National Quality Improvement Programme must be finalised and implemented during this term and the Ideal Clinic Realisation Programme should be sustained. Furthermore, the Human Resources for Health Strategy 2030 should be finalised and implemented to enhance capacity to deliver health services. Attention should be given to the prevalence of non-communicable diseases and measures to reduce their risk factors. Effective coordination and stewardship mechanisms should be established at all levels of government to address the root causes of issues such as malnutrition and teenage pregnancy. Finally, community participation in health should be encouraged and structures which enable this should be strengthened.

### *Provincial*

#### **2019-2024 Provincial Strategic Plan (PSP), 2020**

The PSP sets out the provincial medium-term budget policy priorities of the Western Cape Government (WCG), which are aligned with the NDP and its' implementation plan. The Provincial Government is thus committed to building a values-based competent state that enables opportunity and promotes responsibility in a safer Western Cape and has identified the following 5 vision inspired priorities (VIPs):

1. Safe and cohesive communities
2. Growth and jobs
3. Empowering people
4. Mobility and spatial transformation
5. Innovation and culture

VIP 3 speaks specifically to the mandate of the Department as it seeks to ensure a meaningful and dignified life for residents of the province. Achieving this impact is heavily reliant on the collective efforts of the "whole of society", being able to collaborate effectively with a broad range of stakeholders is key to success for this VIP. Of particular relevance to the Department are the 'Children and families' and the 'Health and wellness'

focus areas of the priority. The Department is thus committed to the outcomes identified in these two focus areas and has aligned its strategic plan accordingly.

### **Western Cape Recovery Plan**

The Western Cape Recovery Plan is in response to the deep, overwhelming negative effects of COVID-19 epidemic on our economic and social lives in the Western Cape. It surfaces what needs immediate 'whole of government' attention if we are to restore the dignity of the people who reside in this province. The particular focal areas for recovery include job creation, fostering safer communities, and enhancing the well-being of all the residents. The Department of Health and Wellness, together with the Department of Community Safety are the leads for the safety focal area and specific recovery strategies have been identified to take this forward. Key recovery efforts include an integrated law enforcement and violence prevention response; a geographical hot spot approach; and data lead, evidence informed decision-making.

## Departmental Policies & Strategies

### **Healthcare 2030 – The Road to Wellness, 2014**

Healthcare 2030 was endorsed by the Provincial Cabinet of the Western Cape Government in 2014, signalling the third wave of health care reform in the Province since 1994. The document outlines the Department's vision for the health system and provides a strategic framework to direct developments in the public health sector up to the year 2030. Healthcare 2030 is intended to enhance the health systems responsiveness to people's needs and expectations; with careful consideration given to person-centredness, integrated care provisioning, continuity of care and the life course approach, and ultimately achieve Universal Health Coverage (UHC).

### **Building Forward from COVID-19: Resurgence, Recovery & Reset Strategy**

This plan describes how the Western Cape Department of Health and Wellness (WCDoHW) intends to build forward as the health system recovers from the various waves of the epidemic and manages the risk of resurgence in the next few months. The epidemic has provided an opportunity for renewal and a reset of the Department's transformation agenda, as we embed the lessons learnt, building forward towards a more resilient provincial health system. The redesign of health services; knowledge creation and management; organizational culture, strategic purchasing; and the re-design of management controls are emerging priorities for embedding positive change.

**Health is everybody's business:** *A framework for action over the 2022 MTEF.*

This framework aims to present Western Cape Department of Health and Wellness's longer-term aspirations for the provincial health system and maps a course of action over the 2022 MTEF to ensure sustainable recovery from the pandemic. As we take steps to manage ensuing waves of COVID-19; and recover from the human, social and economic effects of the pandemic we must be mindful of the fact that the decisions we make today shape the future. This framework serves as a means to share our aspirations for the health system and the role we can play as a Department in creating a healthier province.

## Relevant court rulings

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





# PART B

## OUR STRATEGIC FOCUS

## Part B: Our Strategic Focus

### 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



### Situational Analysis

The Western Cape is a province along the south-western coast of South Africa. It is the third largest province by population in South Africa, after Gauteng and KwaZulu-Natal, with a population of approximately 7 million inhabitants. It comprises of 1 metropolitan municipality and 5 district municipalities, with the district municipalities being further divided into 24 local municipalities. Two thirds of the province's inhabitants reside in the Metro. Cape Town is the capital of the province and the second most populous city in South Africa behind Johannesburg.

The province is topographically diverse. There are numerous mountain ranges with peaks ranging in height from 1000m to 3200m. The valleys between these mountain ranges are very fertile. The interior of the province forms part of the Karoo and is arid and hilly. The main rivers are the Berg and Olifants Rivers, which drain to the Atlantic Ocean, and the Breede and Gourits Rivers, which drain to the Indian Ocean. The vegetation is also diverse, with the Cape Floral Kingdom, one of the world's floral kingdoms, being almost exclusively endemic to the province.



The province currently has 2 Special Economic Zones, geographically designated for specifically targeted economic activities to promote economic growth and exports. The Saldanha Bay SEZ serves as the primary oil, gas and marine repair engineering and logistics services complex in Africa. The Atlantis SEZ serves as Greentech manufacturing hub.

The Western Cape's top export products include petroleum oils and oils obtained from bituminous minerals, citrus fruits, and wine. Africa is the most important export market for the Western Cape, followed closely by Europe. Furthermore, the province enjoys a significant share of the tourism sector in South Africa. Indicators for these include: the highest average length of stay per tourist, the second highest foreign direct spend, second highest total bed nights, and the third highest number of tourist arrivals.

## External Environment

### Demographics

The 2022 mid-year population estimates by Statistics South Africa (Stats SA) have projected the population in the Western Cape (WC) to be approximately 7 212 142<sup>1</sup>, which is 11.9 per cent of South Africa's population. Fifty-one per cent of the total population are females. About 24.1 per cent of the population in the Western Cape is below the age of 15, and 10.7 per cent of the population is 60 years and older. The average fertility rate in the Province is estimated to decline from 2.04 to 2.01 between the periods 2016-2021 and 2021-2026.

The Western Cape has been a receiving province for in-migration, due to a range of improved socio-economic opportunities including education, jobs and health. It is estimated to receive the second highest migrant inflow of the nine provinces with a total of 460 489 net in-migration expected for the period 2021-2026<sup>2</sup> (See figure 1).

<sup>1</sup> Mid-year population estimates 2022, presentation, Statistical Release P0302, Statistics South Africa

<sup>2</sup> Mid-year population estimates 2022, presentation, Risenga Maluleka, Statistician-General, Statistics South Africa

Provincial Migratory Flows 2021-2026: WC as a destination province

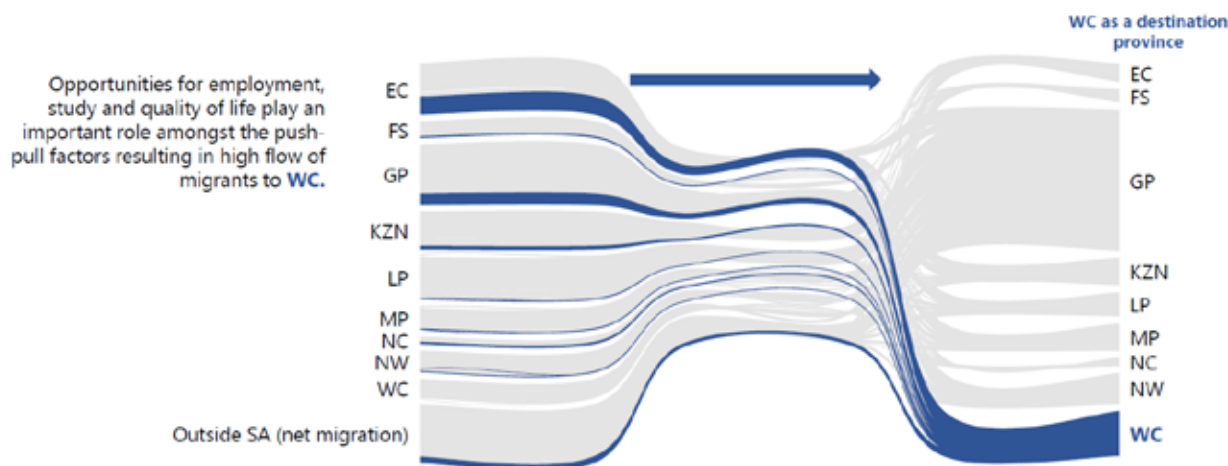


Figure 1: Migration patterns in South Africa

The population over the age of 60 has been increasing over the past few years. This is evidenced by the increase in life expectancy in the province from 63.5 for the period 2001-2006 to 71.7 for the period 2021-2026 (for females) and 59.0 for the period 2001-2006 to 66.3 for the period 2021-2026 (for males). These projected changes are concomitant with the general patterns exhibited across the country as South Africa is anticipating a surge in the aging population. This will require the health system to pay much more attention to non-communicable diseases as the prevalence of the three major risk factors (hypertension, diabetes, and cardiovascular diseases) increase with age, coupled with being the worst affected by the COVID-19 pandemic. The change in demographic patterns would also require a significant expansion of rehabilitative and palliative care services in South Africa across the board.

## Social Determinants of Health

The onset of the COVID-19 pandemic resulted in considerable slowdown in global economic activity and growth. A brief recovery in 2021 was followed by increased risks in 2022, including the war in Ukraine, high levels of inflation, a decrease in global output, particularly in China, and lingering supply chain issues. Economic activity in 2023 will continue to be curtailed by the increase in interest rates by central banks and the war in Ukraine, however the reopening of China is expected to mitigate against this. Consequently, the expected global growth for 2023 is expected to decrease to 2.9 per cent from the 3.4 per cent seen in 2022<sup>3</sup>.

<sup>3</sup> World Economic Outlook, January 2023. *International Monetary Fund*

The South African economy contracted in the second quarter of 2022, with inflation reaching the highest levels in 5 years<sup>4</sup>. Growth expectations remain low due to high inflation rates, increasing unemployment, unreliable energy supply and high interest rates. The IMP has halved the country's expected growth in 2023 to 1.2 per cent<sup>5</sup>.

The official unemployment rate in South Africa at the end of quarter 3 of 2022 was 32.9 per cent, while that in the Western Cape was 24.5 per cent<sup>6</sup>. Over the last decade, the proportion of people experiencing long term unemployment increased from 67.2 per cent in quarter 3 of 2012 to 77 per cent in quarter 3 of 2022. The NEET (not in employment, education or training) rate for 15-34 year olds was 44 per cent at the end of 2022, up by 2 per cent from the same time in 2021.

The World Economic Forum Global Risks Report 2023 indicates that the five biggest risks posed to South Africa are: state collapse, the debt crisis, collapse of services and public infrastructure, the cost-of-living crisis, and the employment of livelihood crisis<sup>7</sup>. Furthermore, South Africa is currently in the grip of an energy crisis, with insufficient electricity generation capacity leading to rolling blackouts, which started in 2007 and have escalated in intensity since then with 2022 being the worst year on record. This has a significant impact on the economic growth of the country<sup>8</sup> and there is also correlated with higher levels of crime during periods of loadshedding<sup>9</sup>. Furthermore, the announcement of stage 6 loadshedding was associated with a drop in the well-being of South Africans, as measured by a happiness index which uses machine learning methods for natural language processes to assess emotions<sup>10</sup>. This decrease in happiness (increases in disappointment, anger and distress) could be associated with future increases in crime, strikes and protests. This environment could potentially contribute to poor mental health outcomes and be associated with concerns for higher levels of unemployment and poverty in the future.

Poverty levels in the Western Cape remain relatively high, with 45.9 per cent of the population living below the poverty line of R890 per month. The number of people living below the poverty line increased by 10.2 per cent between 2012 and 2021. The largest number of people living below the poverty line was in 2020, due to the recession precipitated by COVID-19. The food access inadequacy rate was 19.5 per cent in 2021<sup>4</sup>. These statistics point to a greater future demand on the public health system as fewer people can afford to access private medical services and more people become susceptible to malnutrition and other conditions related to poverty.

Mental health disorders continue to add to the burden on services and detract from the wellbeing of the population<sup>11</sup>. This was exacerbated by pandemic-related restrictions and risks. Distress caused by restriction

<sup>4</sup> 2022 Provincial Economic Outlook and Review. *Western Cape Provincial Treasury*

<sup>5</sup> World Economic Outlook, January 2023. *International Monetary Fund*

<sup>6</sup> Quarterly Labour Force Survey Q3:2022. *Statistics South Africa*

<sup>7</sup> The Global Risk Report 2023. *World Economic Forum*

<sup>8</sup> South Africa's economic growth affected by mismatch of electricity supply and demand. Inglesi-Lotz, R & Mabugu, T. *The Conversation* (April 2022)

<sup>9</sup> Increase in home break-ins during longer loadshedding periods. *BusinessTech* (September 2022)

<sup>10</sup> Happiness index shows South Africans are furious about load shedding – and it could lead to protests. McCaine, N. *News24.com* (September 2022).

<sup>11</sup> 2022 Provincial Economic Outlook and Review. *Western Cape Provincial Treasury*

measures and fear of infection was significantly associated with anxiety and depression, with many people reaching the diagnostic threshold for anxiety and depressive disorder.

The current socio-economic conditions not only exacerbate the existing burden of disease, but they can also do so exponentially through the synergistic interplay between different conditions. Tuberculosis and mental health can illustrate this. The prevalence of depressive symptoms among tuberculosis patients have been found to be relatively high<sup>12</sup>. The rate of depression was also found to be higher among drug-resistant TB patients compared to drug sensitive TB patients. Mental health conditions have also been found to be risk factors for symptomatic TB, and people diagnosed with a mental health condition including depression had a higher incidence of TB compared to those without a mental health condition<sup>13</sup>. Therefore, not only will there be a greater future demand on public health services, but services will have to become strongly oriented toward screening, prevention and primary health care services in order to appropriately address the burden of disease.

## Climate Change

Globally, climate change is being hailed as an emergency with immediate systems change required to achieve emissions reductions by 2030 and thereby maintaining a habitable planet. The World Economic Forum report on global risks identifies five out of the top ten risks as climate change-related and the number one risk being climate action failure (see figure 2).

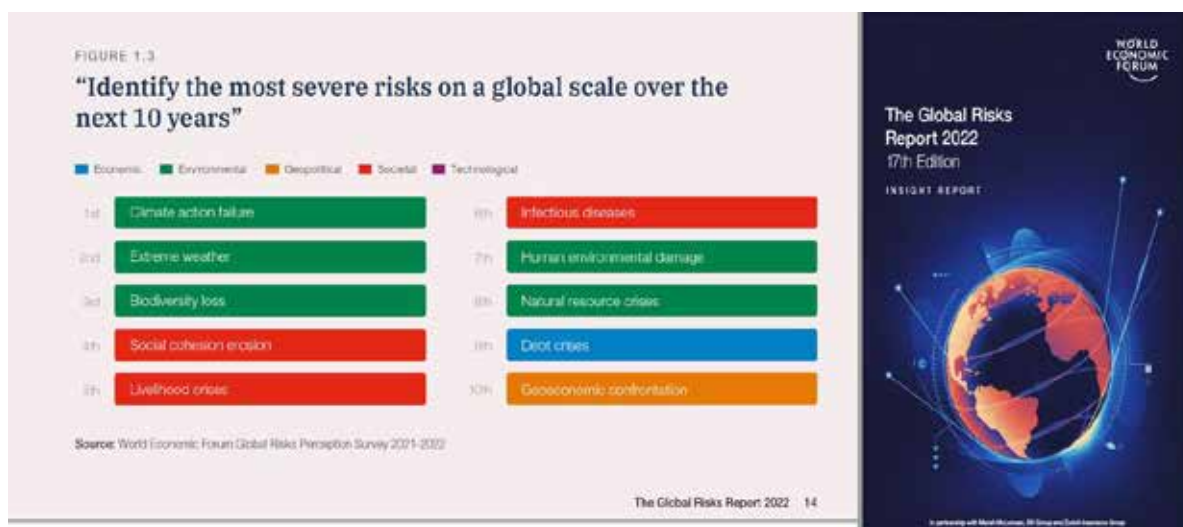


Figure 2: Top ten global risks for 2022 as identified by World Economic Forum

According to Wikipedia<sup>14</sup>, climate change in South Africa is leading to increased temperatures and rainfall variability. Evidence shows that extreme weather events are becoming more prominent due to climate change.

<sup>12</sup> The prevalence of depression amongst patients with tuberculosis: a systematic review and meta-analysis. Duko, B., Bedaso, A. & Ayano, G. *Ann Gen Psychiatry* **19**, 30 (2020).

<sup>13</sup> The relationship between mental health and risk of active tuberculosis: a systematic review. Hayward SE, Deal A, Rustage K, et al. *BMJ Open* 2022;12:e048945

<sup>14</sup> Climate change in South Africa. Available: [https://en.wikipedia.org/wiki/Climate\\_change\\_in\\_South\\_Africa](https://en.wikipedia.org/wiki/Climate_change_in_South_Africa) (Accessed: 18 November 2022).

This is a critical concern for South Africans as climate change will affect the overall status and wellbeing of the country, for example with regards to water resources. Just like many other parts of the world, climate research showed that the real challenge in South Africa was more related to environmental issues rather than developmental ones. The most severe effect will be targeting the water supply, which has huge effects on the agriculture sector. Speedy environmental changes are resulting in clear effects on the community and environmental level in different ways and aspects, starting with air quality, to temperature and weather patterns, reaching out to food security and disease burden.

The various effects of climate change on rural communities are expected to include: drought, depletion of water resources and biodiversity, soil erosion, decreased subsistence economies and cessation of cultural activities.

In a press release in November 2022, The World Bank<sup>15</sup> states that South Africa can build a more inclusive, resilient, and sustainable economy while simultaneously responding to climate change, says the World Bank's Country Climate and Development Report launched today with South Africa's Presidential Climate Commission. The report highlights key policies and investments needed to achieve South Africa's climate goals through a "triple transition" that is low-carbon, climate-resilient and just.

The Western Cape is already experiencing the impacts of climate change. Climate change can lead to an increase in diseases and natural disasters, which add additional strain to resources and ultimately result in undermining social and economic development gains.

On 14 September 2021, Cabinet approved South Africa's updated climate change mitigation target range to 2030 contained in its Nationally Determined Contribution for submission to the United Nations Framework Convention on Climate Change (Republic of South Africa, 2021). In this note the relationship between the new economy wide mitigation targets, and that required from the power sector is set out. The updated Nationally Determined Contribution target range is expressed as being between 398 and 510 Mt CO<sub>2</sub> equivalent in 2025, and between 350 and 420 Mt CO<sub>2</sub> equivalent in 2030 (South African Cabinet, 2021).

Western Cape Government, through WCG Environmental Affairs and Development Planning, has drafted the Western Cape Climate Change Response Strategy: Vision 2050 whereby it aspires to be a net zero carbon emissions province by 2050. This strategy guides the bold shifts required by 2030 to ensure we meet our emissions reductions targets and create social and economic resilience in the face of climate destabilisation through the course of the next three decades up to 2050.

WCGHW has been participating in Health Care Without Harm's Global Green and Healthy Hospitals (GGHH) project since 2015. In March 2021, the Department officially confirmed its pledge to achieve net zero climate emissions and joined the United Nations Framework Convention on Climate Change's Race to Zero campaign and confirmed its commitment to achieve net zero emissions by 2050 or sooner and to achieve an interim target of 20% reduction of measurable emissions over its 2015 baseline by 2030 or sooner.

<sup>15</sup> Press Release dated 1 November 2022. South Africa: Integrating Development and Climate Goals Requires a Transition that is Low-Carbon, Climate-Resilient, and Just.

The Department has formally registered climate change as a strategic risk and endorsed the forming of a climate change forum with external and Departmental stakeholders as well as a climate change committee consisting of various internal stakeholders to oversee its mitigation strategies. The strategies include both mitigation to reduce the Department's carbon emissions as well as adaptation strategies to address the adverse population impact of climate change including disaster preparedness and emergency services. The committee works in partnership with HEIs and other partners like WCGEADP. Furthermore, a Climate Change Operational Committee was established to report on the implementation of climate change projects and initiatives.

## COVID-19 Pandemic

Coronavirus disease 2019 (COVID-19) is an infectious respiratory disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). It was first reported in Wuhan, China in late 2019, following which it quickly circulated around the entire world, being declared a pandemic in March 2020. The first reported case in the Western Cape Province was identified on 11 March 2020. Since then, the province has conducted 4 112 010 COVID-19 diagnostic tests and there has been a total of 742 202 reported cases, of which 25 369 were re-infections, and 22 476 deaths. A total of 19 389 healthcare workers have been infected, of which 2 346 were re-infections, with 159 deaths.

The COVID-19 pandemic caused unprecedented disruption in our everyday lives. This included disruptions to employment and the economy due to the restrictions placed on movement, as well as to the health system, as service delivery became increasingly focused on addressing healthcare needs due to COVID-19. Many routine services and elective surgeries were deferred to ensure enough hospital beds to meet the COVID-19 demand and clinical services pivoted to address this during each successive wave of infections.

COVID-19 presented several challenges to governments and healthcare providers as SARS-CoV-2 is highly infectious, more so than influenza<sup>16</sup>; and asymptomatic SARS-CoV-2 positive people can transmit the virus to other people<sup>17</sup>.

South Africa experienced 4 waves of infection of COVID-19, each driven by a different variant of the virus. The predominant circulating variant during wave 1 as the Alpha variant, of which the first documented sample was identified in the United Kingdom<sup>18</sup>. The second, third and fourth waves were driven by the Beta (first identified in South Africa), Delta (first identified in India) and Omicron (first identified in South Africa), respectively.

The first three waves were associated with high levels of hospitalisations, and with hospitalisations and deaths tracking the rate of infections very closely. The roll-out of vaccinations, however, saw a decoupling between

<sup>16</sup> How will country-based mitigation measures influence the course of the COVID-19 epidemic. Anderson, R.M., Heesterbeek, H., Klinkenberg, D. & Hollingsworth, T.D. *The Lancet* 2020, 396, P932-934.

<sup>17</sup> Do asymptomatic carriers of SARS-CoV-2 transmit the virus. Muller, C.P. *The Lancet Regional Health* 2021

<sup>18</sup> Tracking SARS-CoV-2 variants. WHO. <https://www.who.int/activities/tracking-SARS-CoV-2-variants>

case numbers and hospitalisations and deaths, as vaccination protected against severe COVID-19. Wave 4 saw a change in the profile of COVID-19 deaths in the province<sup>19</sup>, with fewer deaths associated with severe COVID (i.e. evidence of pneumonia); more deaths being COVID-associated (no evidence of pneumonia and presence of another condition as the primary cause of death, e.g. diabetes); more deaths being coincidental to COVID (i.e. COVID was not the cause of hospital admission); and more deaths being indeterminate (i.e. other forms of pathology could not be excluded as the primary cause of death).

An increase in cases was observed in April 2022, although the increase in cases did not meet the criteria to be defined as a distinct wave of infections. Furthermore, this increase was not driven by a new COVID variant,

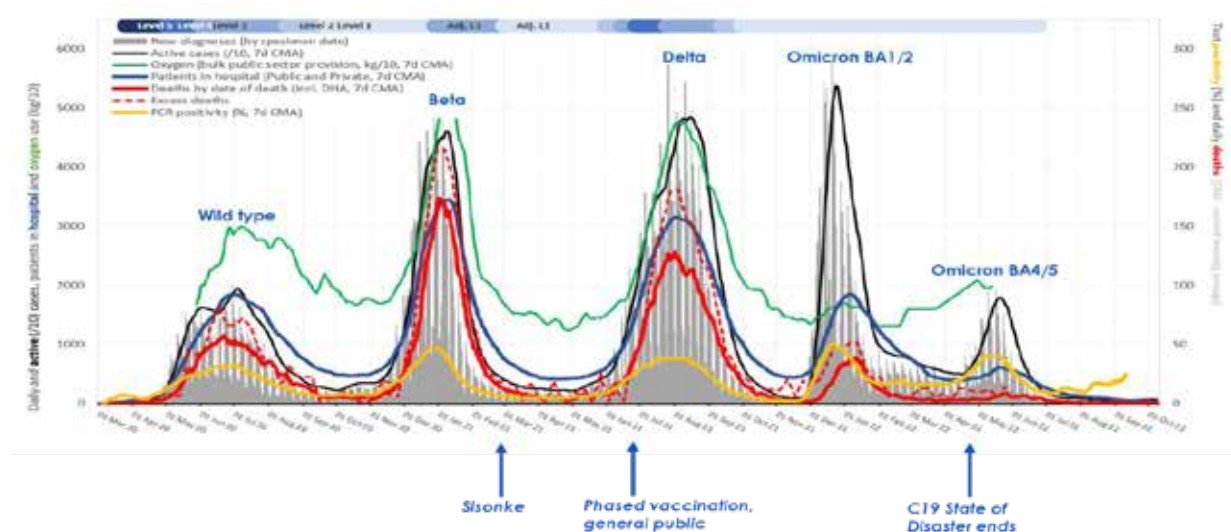


Figure 3: COVID-19 evolution in the Western Cape

but rather by sub-lineages of the Omicron variant. This may indicate that the pattern of SARS-CoV-2 evolution is shifting so that it becomes endemic<sup>20</sup>. Another subvariant of Omicron, XBB.1.5, has subsequently been detected in South Africa but the numbers in the country remain low, with two cases detected in samples collected in late December 2022 and 15 cases identified in early January 2023. No data is available to confirm if XBB.1.5 will cause more severe disease than other Omicron sub-lineages and currently it behaves like all other sub-lineages, although it is highly transmissible.

Testing numbers have decreased considerably compared to those seen during the various waves. Therefore, the number of confirmed cases may not be a true reflection of the actual number of cases. However, the number of COVID cases, and the implications thereof, need to be interpreted in context.

<sup>19</sup> Change in profile of COVID-19 deaths in Western Cape Province, South Africa, during the fourth wave. Palekar, M., Davis, M-A., Raubenheimer, P. et al. *SAMJ*. <https://doi.org/10.7196/SAMJ.2022.v112i2.16384>

<sup>20</sup> South Africa has entered a new phase of the COVID pandemic: what that means. National Institute for Communicable Diseases, 2022



## COVID-19 Vaccinations

Vaccination against COVID-19 is one of the simplest ways to protect individuals against the effects of infection with the virus. Two vaccines are available for use in South Africa, namely Johnson & Johnson's Janssen (J&J) viral vector vaccine, and Pfizer-BioNTech (Pfizer) mRNA vaccine. The roll-out of the COVID-19 vaccination programme is the biggest vaccination the country has ever undertaken and has required considerable resources.

In the Western Cape, as of 22<sup>nd</sup> February 2023, 2 679 558 people have received the primary vaccination series (1 J&J or 2 Pfizer vaccines). Of these, 1 912 888 received 2 doses of Pfizer, 672 101 received a single dose of J&J and 94 569 received a single dose of J&J through the Sisonke trial (for healthcare workers). In addition, a total of 790 794 people received a booster vaccine dose (either J&J or Pfizer) and 10 001 immunocompromised people received an additional booster (J&J or Pfizer).

In total 47.68 per cent of people in the Western Cape have been fully vaccinated<sup>21</sup>. For adults (18 and older), the vaccination coverage is 61.10%. For those 50 years and older (generally more vulnerable to severe COVID) the vaccination coverage is 67.98%. Broken down into age categories is as follows:

- 12-17 years – 24.34 % (fully vaccinated – 9.97 %)
- 18-34 years – 50.28 % (fully vaccinated – 42.63 %)
- 35-49 years – 59.15 % (fully vaccinated – 54.59 %)
- 50-59 years – 64.83 % (fully vaccinated – 61.50 %)
- 60 years and older – 70.96 % (fully vaccinated – 68.08 %)

The COVID-19 pandemic caused a disruption in routine health services as facilities focused on COVID-19 patients and social distancing, messaging resulted in decreased health seeking behaviour to facilitate primary, preventative measures. Thus, the demand on the services over the last two years has been a product of foot traffic in the facilities, de-escalation and re-prioritisation of services and staff allocation. The Department of Health and Wellness is currently on a road to recovery as we return to comprehensive health services to drive better health outcomes.

## Quadruple Burden of Disease

For the past few decades South Africa has been experiencing a unique quadruple burden of disease. These include HIV/AIDS and TB; non-communicable conditions including mental health; maternal and child health conditions; and violence and injury. Notable is the continuing HIV/AIDS pandemic, which caused a significant reduction in life expectancy in South Africa over the period 1990-2007. However, due to improvements in addressing NCDs, the Western Cape experienced an increase in life expectancy over this

<sup>21</sup> Fully vaccinated – individuals who have received a complete primary series of vaccinations (1 x J&J or 2 X Pfizer)



time and was the only province to do so. Following the roll out of ARVs, an increase of 11.5 years was made in life expectancy in the country between the period 2007 and 2019, with the Western Cape experiencing an increase of 3.8 years over the same period. See figure 4<sup>22</sup>. The Western Cape has the highest life expectancy of all the provinces and consequently, with the highest healthy life expectancy. Owing to the association between older age and NCDs, Western Cape also has a higher proportion of disability adjusted life years related to NCDs.

Figure 5 shows progress towards achievement of key Sustainable Development Goals. Three of these form part of our quadruple burden of disease. The left axis shows the annualised rate of change for the indicator over the period 2015-2019. The right axis shows the rate of change required in order to reach the SDG goal by 2030. Therefore, the line connecting the axes indicates the required rate of change that needs to occur. The steeper the gradient of this line, the more work needs to be done to reach the goal. Horizontal lines thus indicate that the province is on track to meet the goal. Two SDG indicators will be most challenging to address to meet the 2030 targets, namely HIV incidence and TB incidence.

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<sup>22</sup> Health trends, inequalities and opportunities in South Africa's provinces, 1990-2019: findings from the Global Burden of Disease 2019 study. Achoki T, Sartorius B, Watkins D, et al. *J Epidemiol Community Health* 2022;**76**:471-481.

Figure 6 shows the risk factors for loss of healthy life years. These are shown at 3 time points: 1990, 2007 and 2019. In the Western Cape, the biggest risk factor for loss of healthy life years in 1990 was tobacco exposure. This was followed by child and maternal malnutrition, high body mass index and blood pressure, high plasma glucose and alcohol use. By 2007 the leading risk factor for loss of healthy life years was unsafe sex, and this persisted into 2019. Notably, unsafe sex as a risk factor went from being among the lowest ranked risk factor to the top ranked in those 17 years.

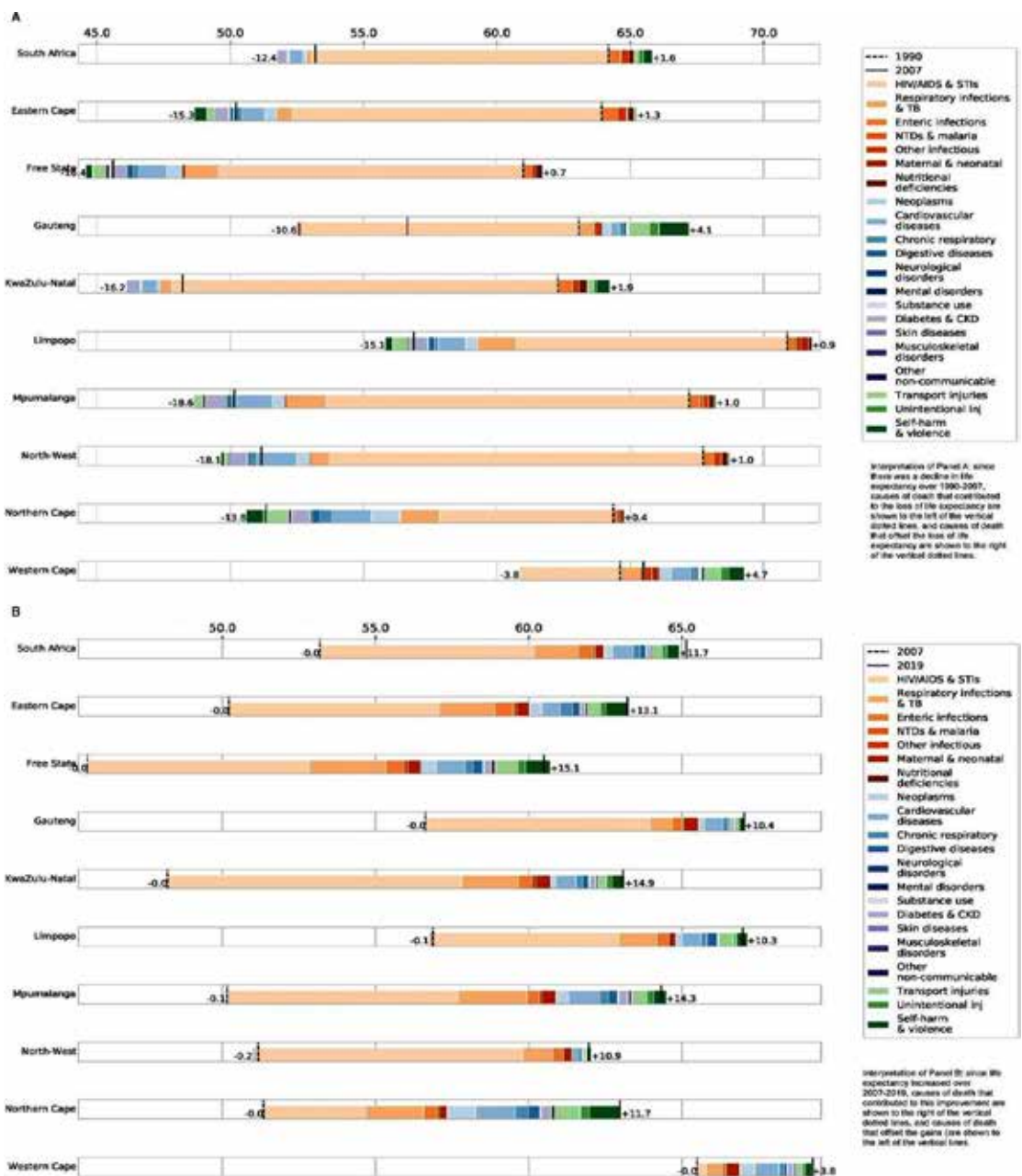


Figure 4: Life expectancy in South Africa, 1990-2007 (top) and 2007-2019 (bottom)

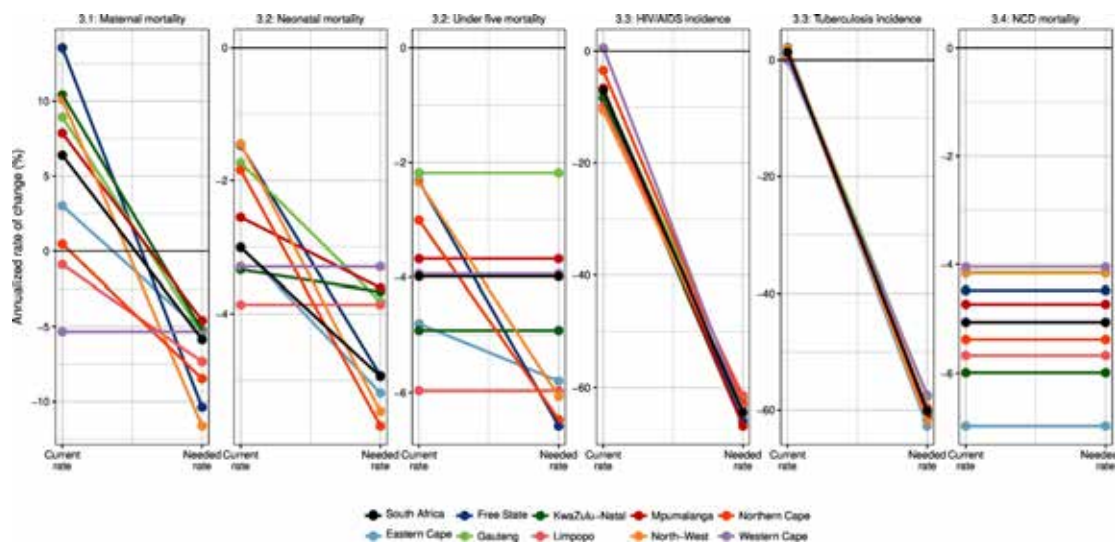


Figure 5: Progress toward SDG goals in South Africa

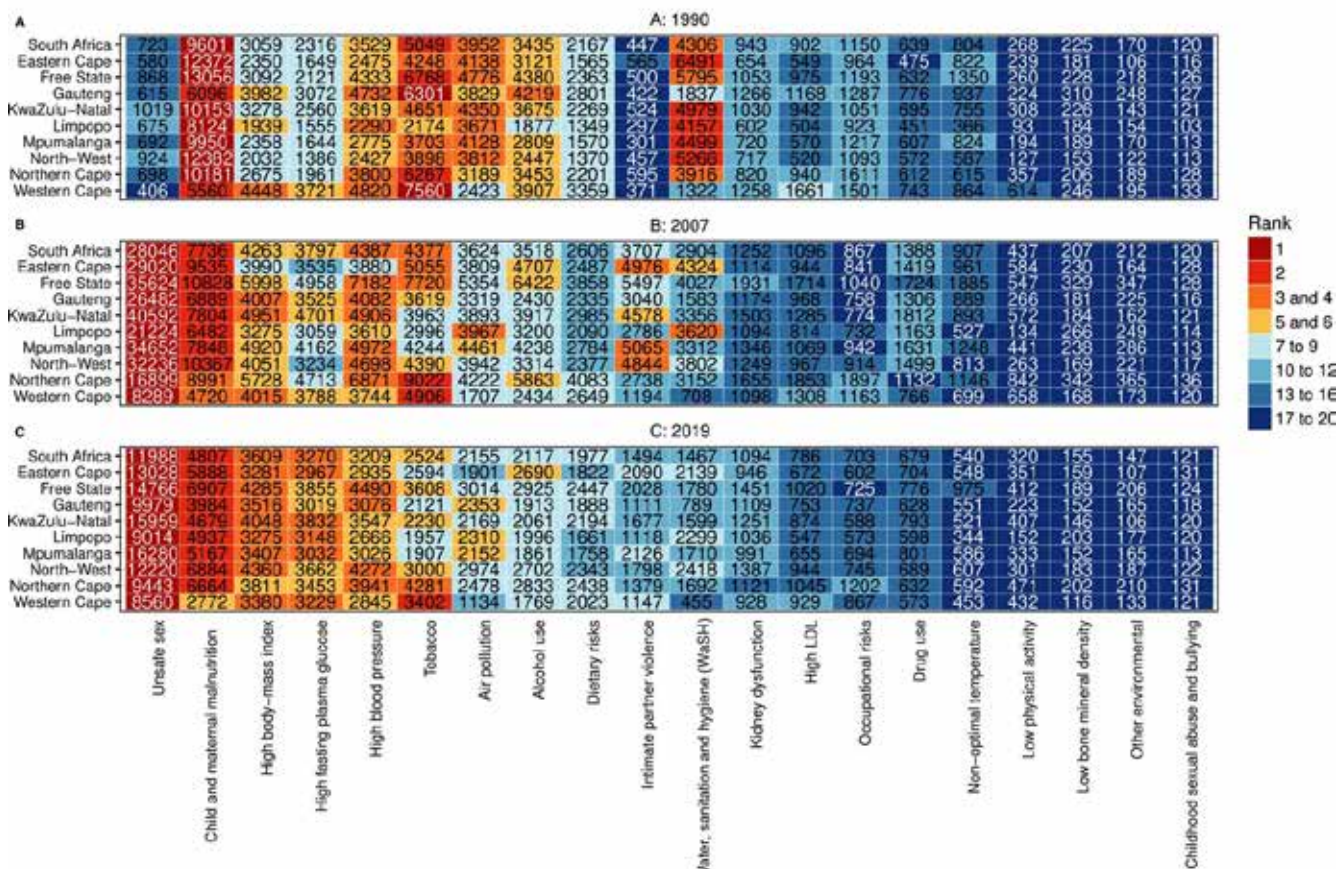


Figure 6: Risk factors for loss of healthy life years

### Woman and Child Health Services

Under 5 years in facility mortality has been steadily increasing since 2019/20. The under 5 year case fatality rate due to pneumonia has remained roughly steady, whilst that due to diarrhoeal disease has nearly doubled over the same period. The biggest contributor towards the under 5 in facility case fatality rate is severe acute malnutrition. This is a knock-on effect of COVID-19, social disruptions, food insecurity and less breastfeeding. As a consequence, children are presenting with poor immunity.

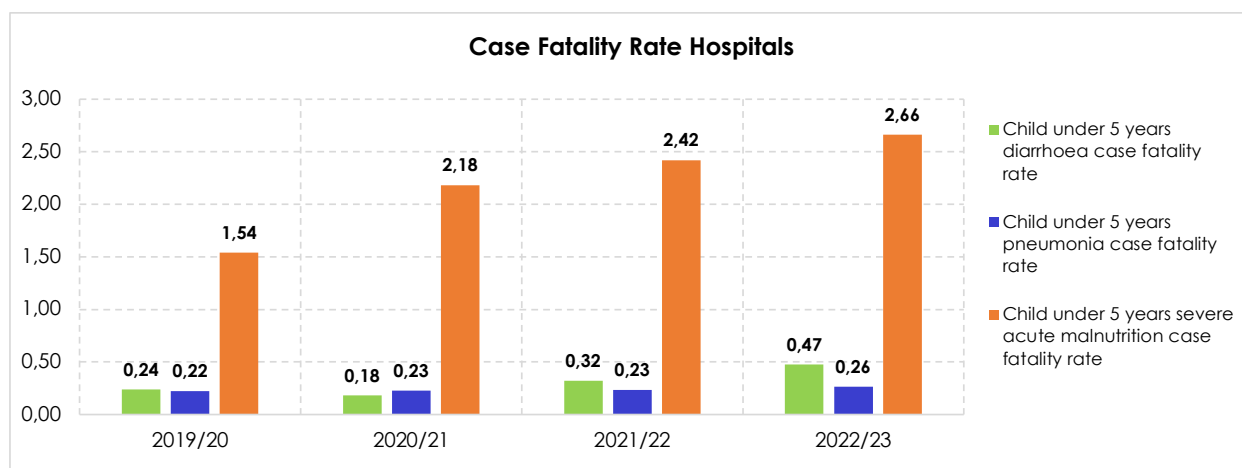


Figure 7: Under 5 case fatality rate

Under 5 deaths due to severe acute malnutrition increased notably from 2019 to 2020. Since then, the number of deaths has continued to increase year-on-year, with a 70% increase from 2021 to 2022. There has also been an increase in cases that are presenting at central and tertiary hospitals, possibly indicating poorer conditions upon presentation at facilities.

Table 1: Severe acute malnutrition deaths across all hospital

SAM Deaths	Central and Tertiary Hospital	District and Regional Hospital	Total
2019	0	4	4
2020	1	12	13
2021	1	9	10
2022	3	14	17

Immunisation coverage under 1 year was not as adversely affected by the pandemic, with coverage increasing to reach a peak in March 2022. However, a drop in coverage has been seen in both the Metro



and Rural districts up to the end of December 2022 (Figure 9). This drop in immunisation coverage is concerning, particularly as an alert for pertussis cases in children has recently been issued by the NICD<sup>23</sup>.

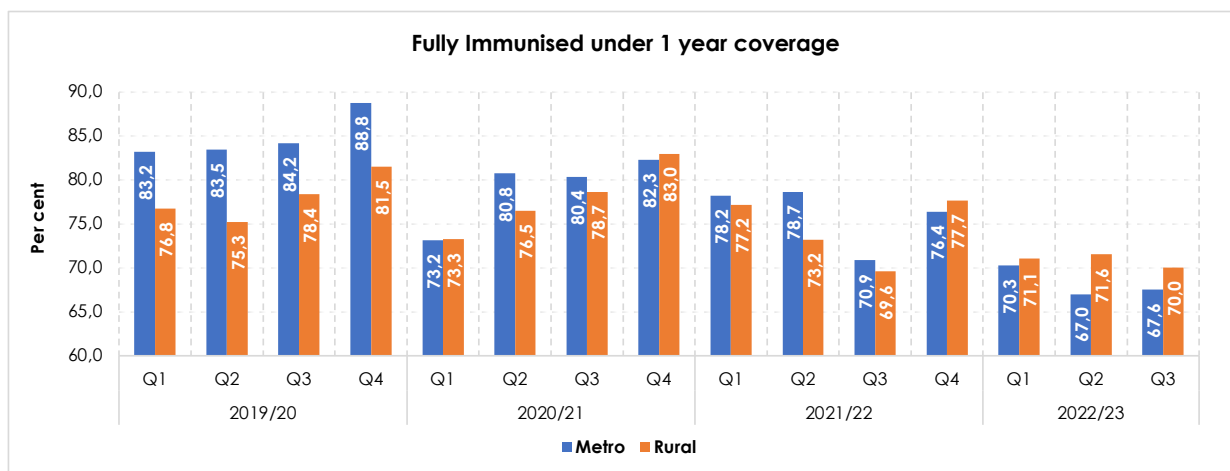


Figure 9: Immunisation under 1 year coverage

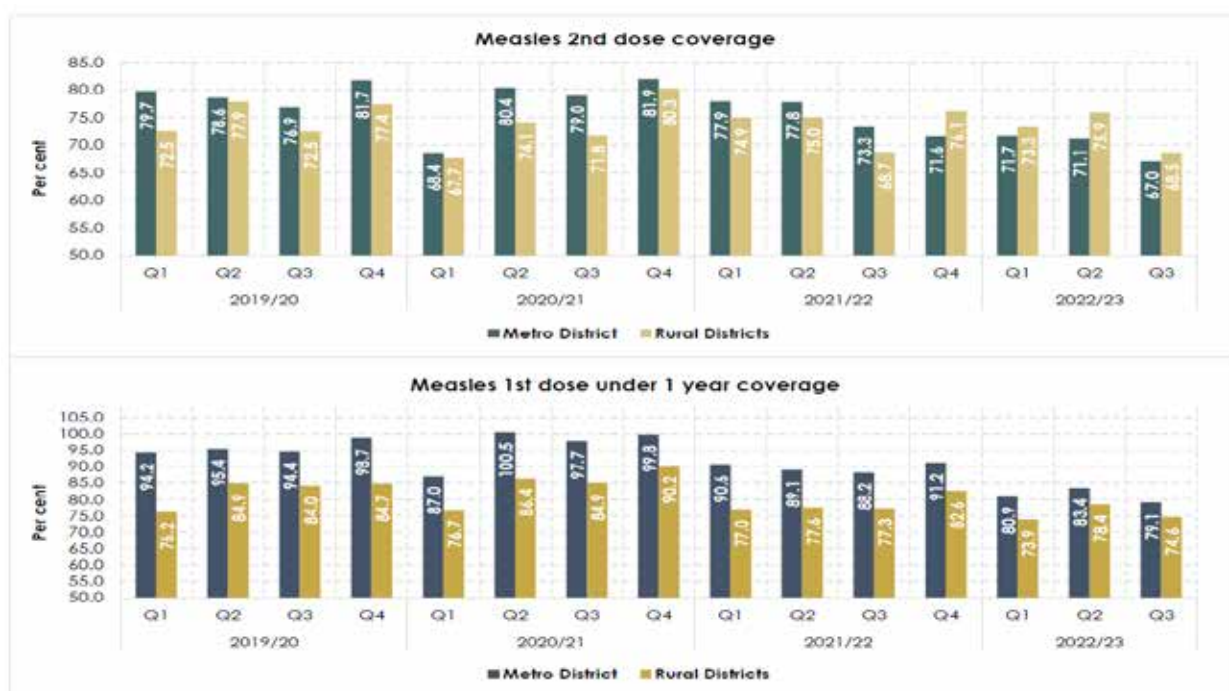


Figure 10: Measles vaccination coverage

Measles vaccination coverage for the second dose follows the same pattern as fully immunized (figure 10). The vaccination coverage does not seem adversely affected by the pandemic (actually increasing during 2020-21) followed by a decrease from April 2021. Measles outbreaks have been declared in the Free State, Gauteng, Limpopo, Mpumalanga and North-West Provinces between October and December 2022<sup>24</sup>. Over this same period, 4 confirmed measles cases were reported in the Western Cape, at the time not meeting

<sup>23</sup> An increase in pertussis cases (13 December 2022), National Institute of Communicable Diseases.

<sup>24</sup> South African Measles Outbreak 2023 – Interim situation report, 18 January 2023. National Institute of Communicable Diseases.

the criteria for an outbreak (three or more confirmed laboratory cases reported within 30 days). However, on 20 February 2023 an alert of an outbreak in the Western Cape, in the City of Cape Town Metropolitan District, was issued by the National Institute for Communicable Diseases<sup>25</sup>. A catch-up measles vaccination is currently underway in which all children up to 15 years of age are eligible for an additional measles vaccine.

*Antenatal visit before 20 weeks* rate has remained fairly consistent, even at the start of the pandemic in South Africa and the implementation of the initial hard lockdown (quarter 1 2020/2, figure 11). *Postnatal visit within 6 days following delivery* (figure 10) has recovered following the initial drop (quarter 1 2020/21, figure 12) and is now back at pre-COVID levels, with some room for improvement as only about 60% of mothers are being reached within 6 days of delivery.

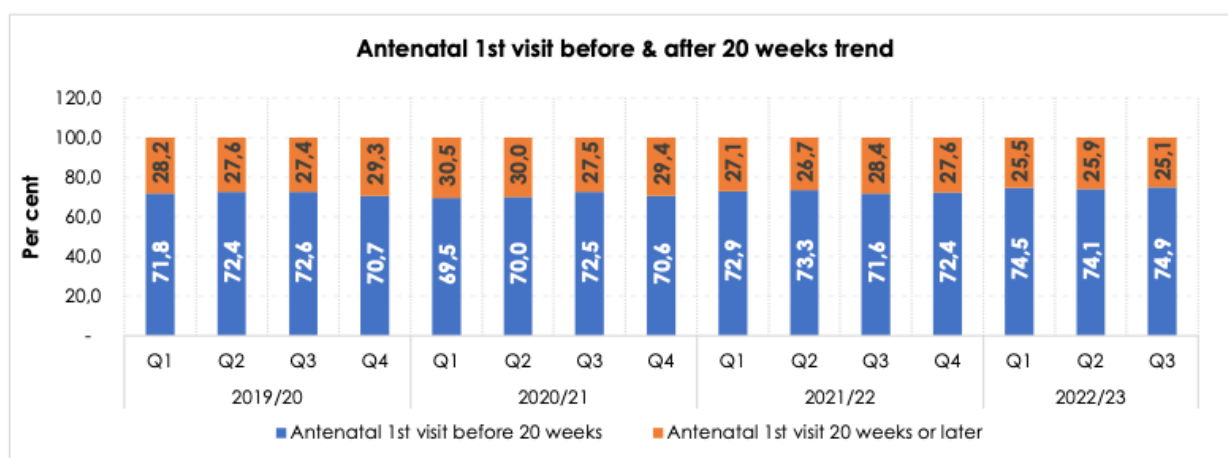


Figure 11: Antenatal client visit before and after 20 weeks

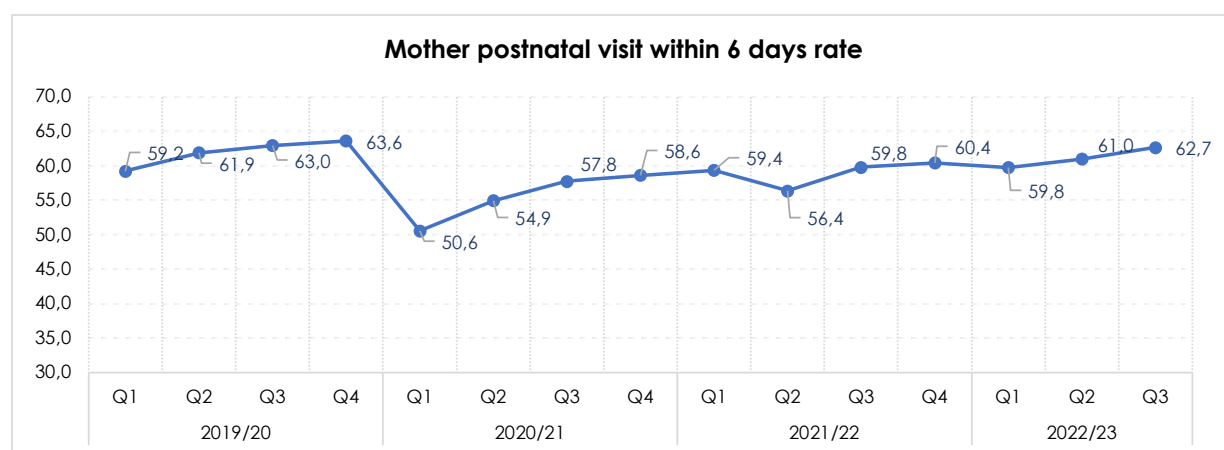


Figure 12: Postnatal visit within 6 days following delivery

<sup>25</sup> Measles Outbreak Alert, Western Cape Province, City of Cape Town (20 February 2023), National Institute of Communicable Diseases

Cervical screening decreased dramatically at the start of the pandemic (figure 13). These recovered gradually during 2020 and in 2022 reached pre-COVID levels.

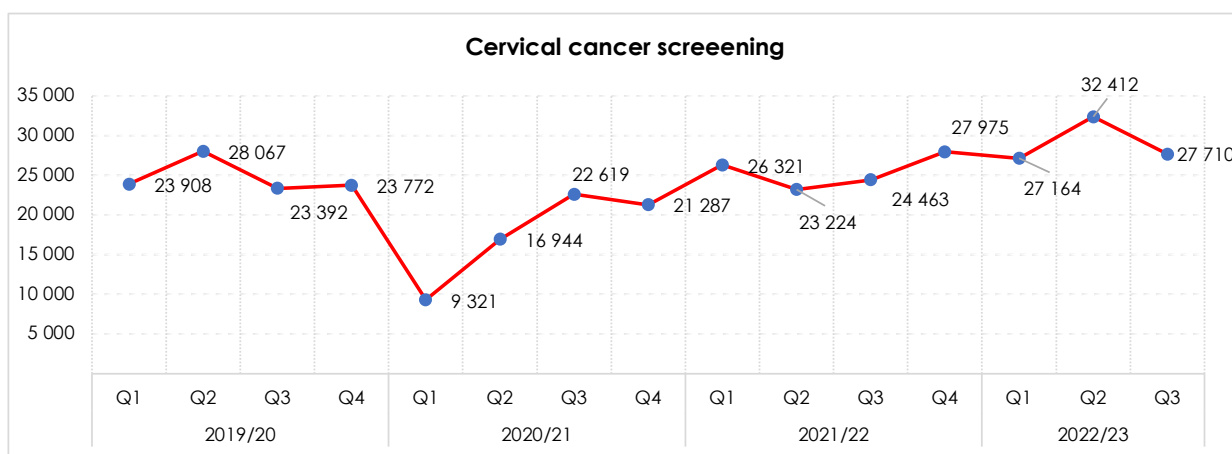


Figure 13: Cervical screening

Maternal deaths doubled in the period April-June 2020 (quarter 1, 2020/21) (figure 14), compared to the three months prior (quarter 4, 2019/2020). This corresponds to the most restrictive lockdown period (level 5) where restrictions on movement and de-escalation of services were in place. A decrease in maternal deaths was then noted, until April-June 2021 (quarter 1, 2021/22). The following year again saw a doubling of maternal deaths followed by a decrease. Many of the maternal deaths in 2020 and 2021 were related to HIV and TB losses to follow up, as well as other infectious diseases. It should be noted that due to a delay in reporting, the numbers seen for quarter 3 of 2022/23 (October-December 2022) are not yet finalized and should therefore be interpreted with caution.

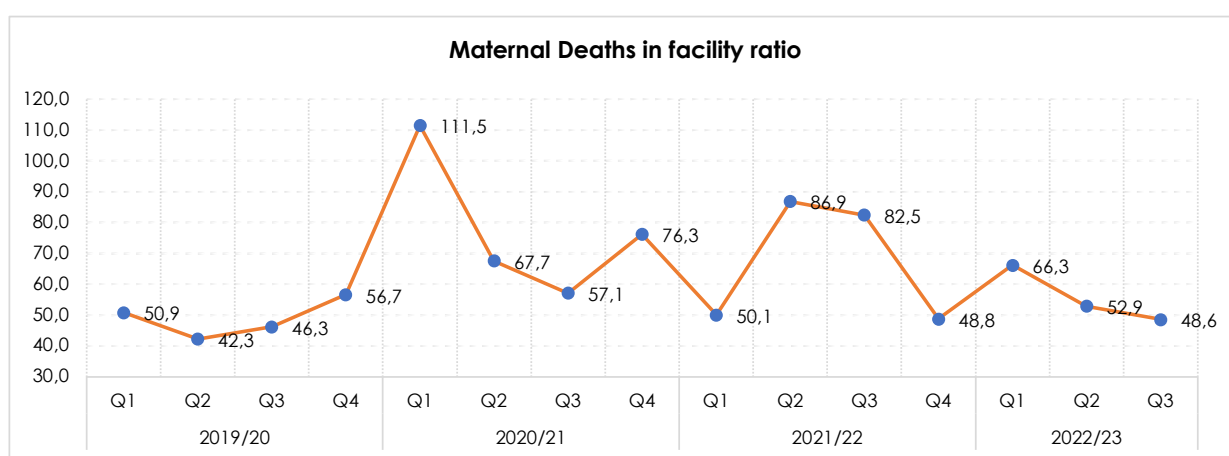


Figure 14: In-facility maternal deaths

### HIV/AIDS and TB Services

HIV testing declined sharply at the time points coinciding with the national lockdown restrictions. Recovery since then through to 2022 has been gradual although the province is still not quite at the testing levels seen in 2019.

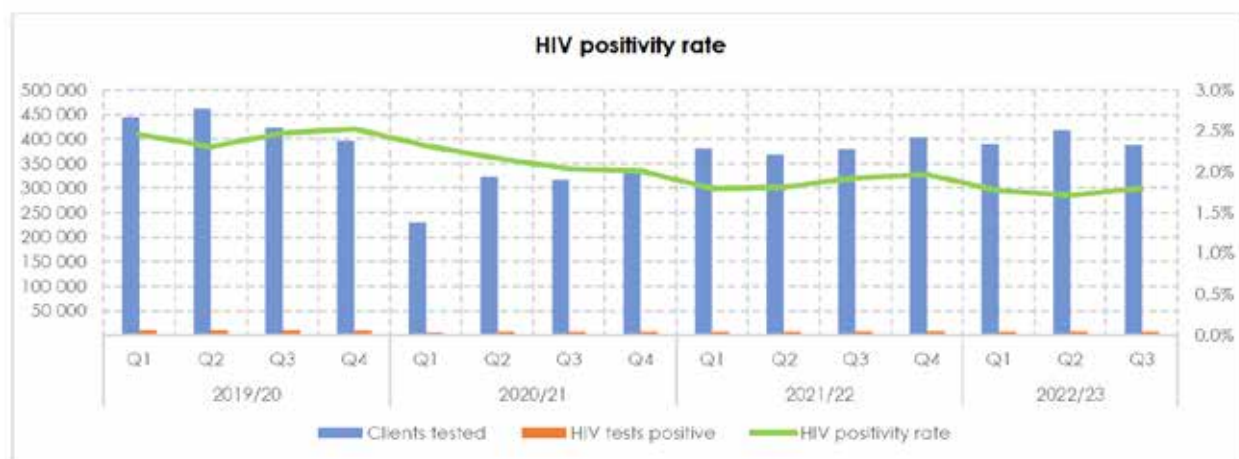


Figure 15: Clients tested for HIV, HIV positive tests and HIV positivity rate

ART initiation also decreased in 2020. These overall decreases have implications for the 95-95-95 targets, as well as potential consequence for HIV incidence, as fewer people are access treatment services which could potentially increase transmission risk (figures 16). On a more positive note, *retention in care for HIV clients on ART* has been increasing since 2019, indicating successful programmes to ensure that once linked to care, clients are not lost to services (figure 17).



Figure 16: Linkage to care: ART initiation





Figure 17: Retention in care: ART

TB screening decreased in quarter 2 of 2020 (figure 18), although it must be noted that there was a change in the TB element reported changed at that point in time and therefore the numbers should be interpreted with caution. Since then, TB testing has increased gradually. Quarter 2 of 2022 is notably higher than 2021 levels. TB treatment initiation has also increased steadily from quarter 2 of 2020 (figure 19).

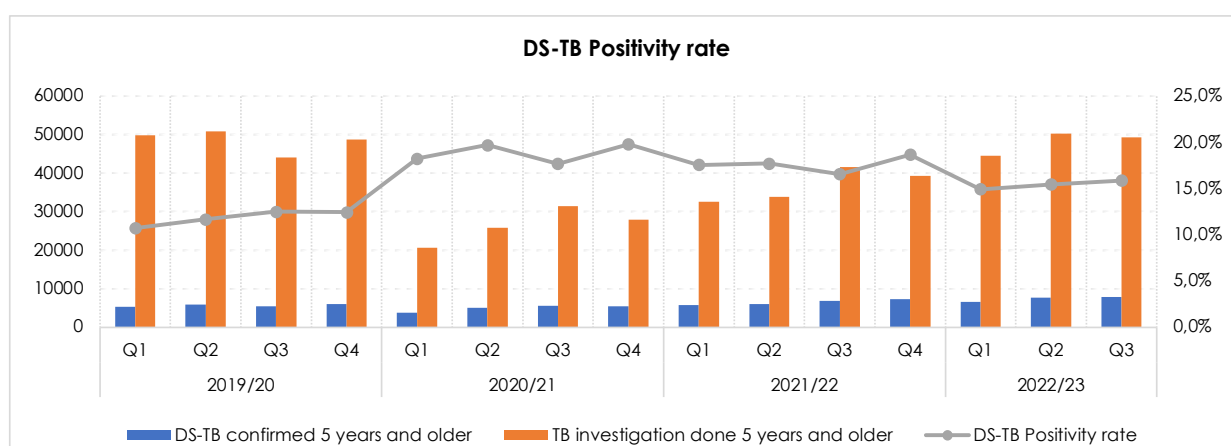


Figure 18: TB testing and positivity rate

TB programmes were negatively affected by the demand COVID-19 placed on the services. Figure 20 shows the 28 day moving average<sup>26</sup> of TB detection in the Western Cape. Waves 1-4 are demarcated and there is a clear decrease in the number of cases detected during these periods of increased COVID cases and hospitalizations. This is likely to do the corresponding restrictions on movement with the associated lockdowns, particularly in the ease of accessibility to health facilities for non-COVID health issues. Reduced TB detection in an area of high TB burdened could be considered a reflection of decreased screening as well as have implications for further dissemination of TB as infected people continue to transmit while they are not receiving treatment.

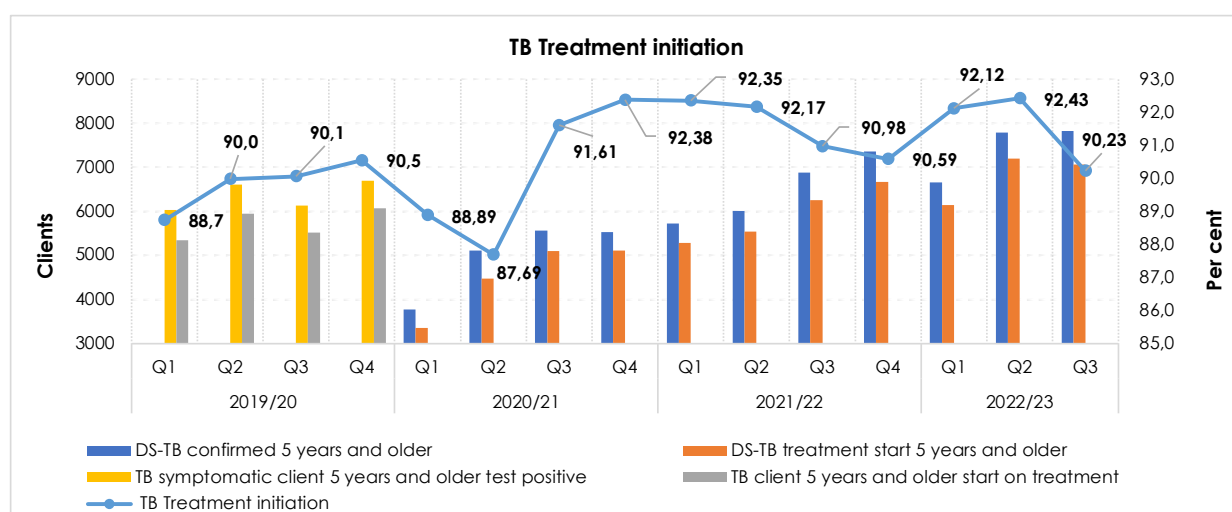


Figure 19: TB treatment initiation

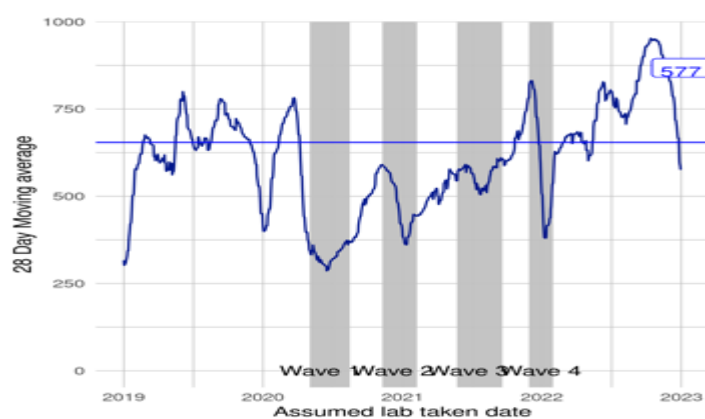


Figure 20: 28 day moving average of TB detection

<sup>26</sup> A 28 day moving average calculates the average of the preceding 28 days and plots this average against the date.

### Non-communicable diseases

Mental ill-health has placed an increased demand on the health system whilst also having negative consequences for society in general. Psychiatry inpatient days decreased at the onset of the pandemic and are since has increased steadily. It is now higher than pre-COVID levels (figure 21). Psychiatric separations, a proxy for admissions, has been increasing since 2020 (figure 22). Of concern is the involuntary psychiatric admissions and psychiatric readmissions within 90 days (figure 23 and 24).

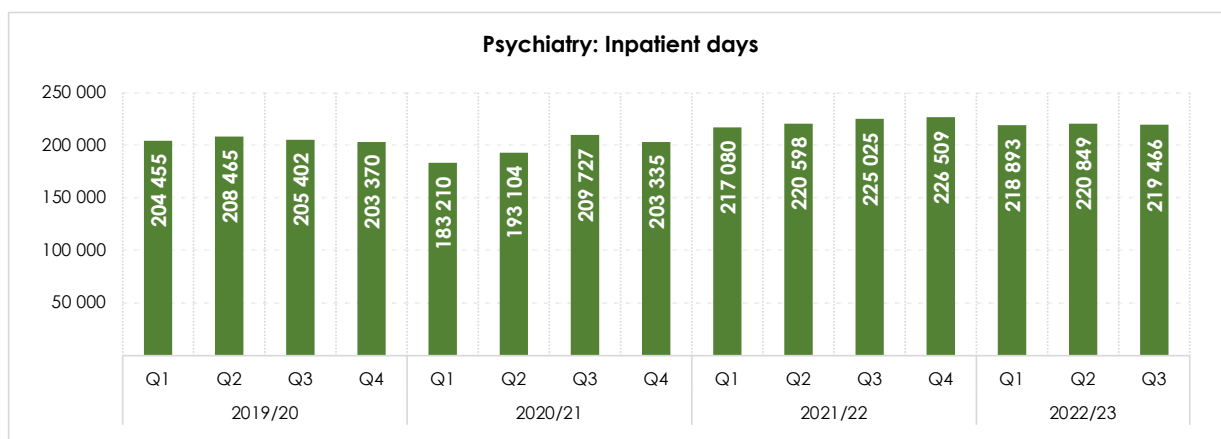


Figure 21: Psychiatry inpatient days

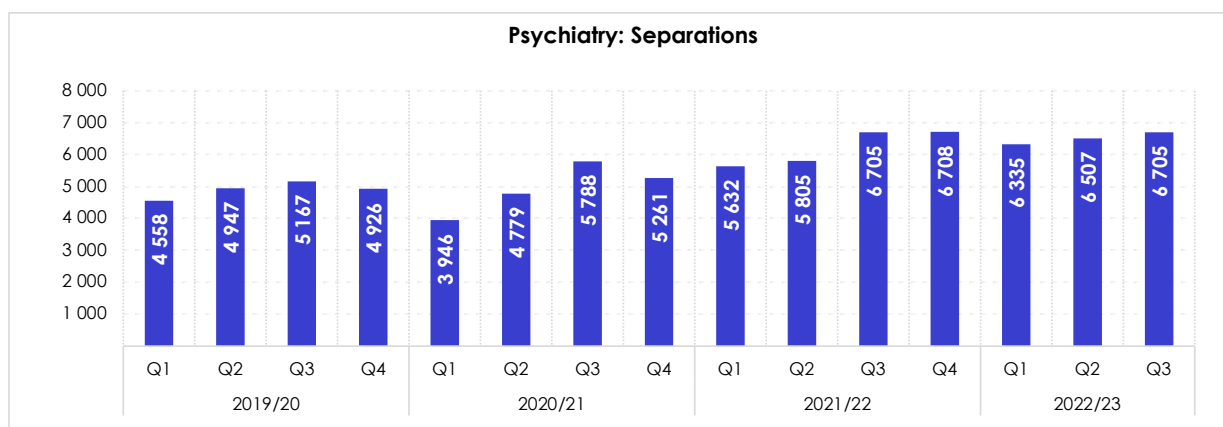


Figure 22: Psychiatric separations

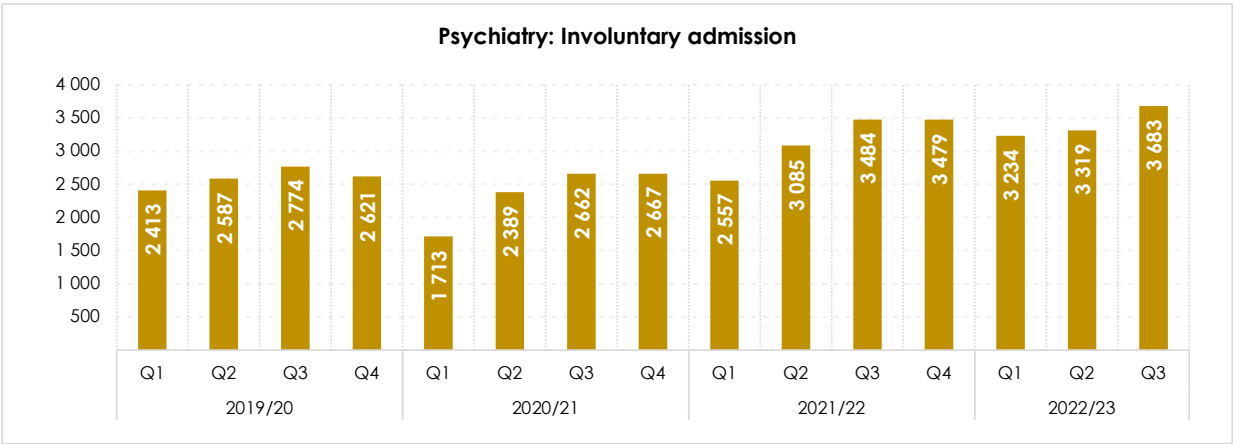


Figure 23: Involuntary psychiatric admissions

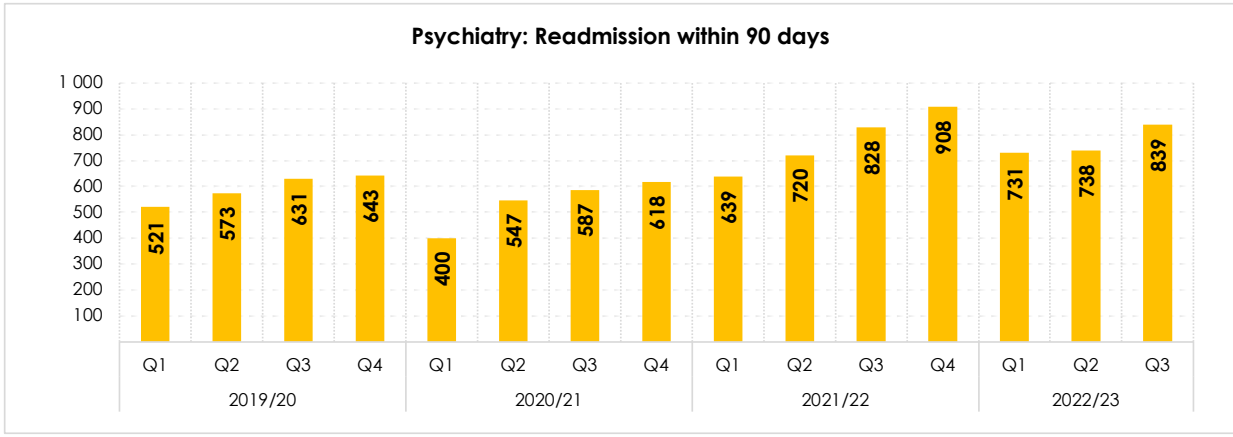


Figure 24: Psychiatric readmission within 90 days

Figure 25 (left panel) shows that the proportion of diabetic patients who have had an HbA1c done decreased in 2020 (compared to 2019), reflecting the service de-escalation due to COVID-19, but then steadily increased so that in 2022, 77% of diabetics receiving oral hypoglycaemic agents or insulin had an HbA1c done. However, Glycaemic control is generally poor, with roughly 60% of diabetic patients who received a HbA1c test having a result of 8 and higher (figure 25, right panel). This is concerning and suggests that an even greater demand on services at higher levels may occur as poor glycaemic control is associated with increased macro- and microvascular complications.

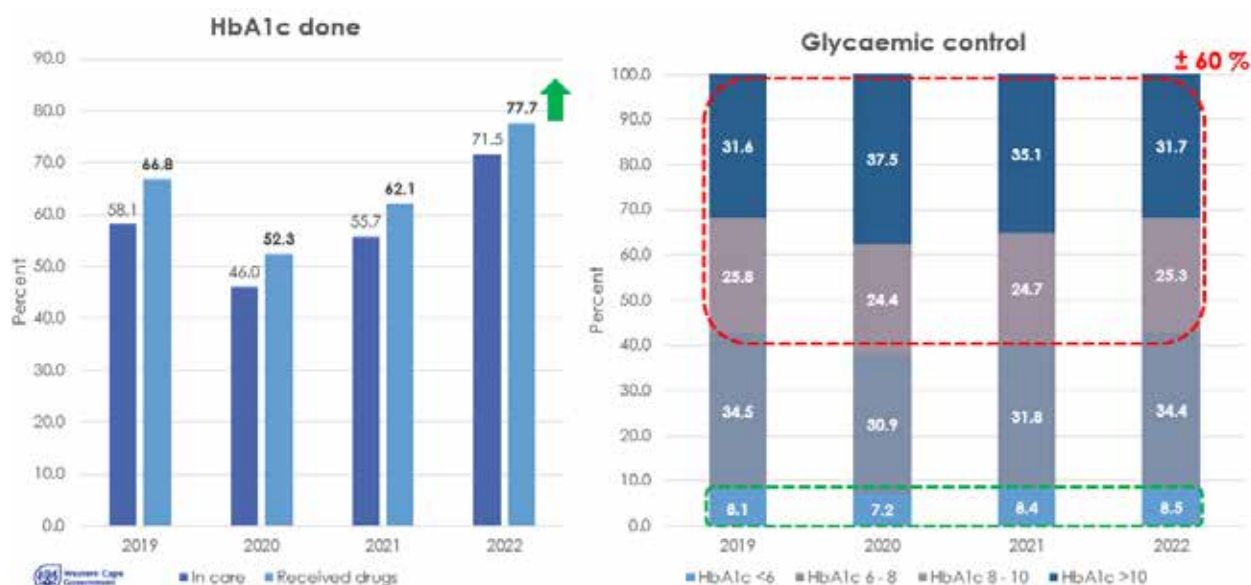


Figure 25: HbA1c tests done (left) and glycaemic control (right)

### Trauma burden and Surgical services

The total number of operations has not reached pre-COVID levels (figure 26). This is due to de-escalation of services, over the course of the pandemic. During 2020, at the start of the pandemic in South Africa and the most restrictive lockdown period, a major backlog in operations was created. This was followed by a recovery in the number of operations across all classes (under 30 minutes, 30-60 minutes and over 60 minutes long), however the varying degrees of lockdown imposed during times of successive COVID waves, compounded this backlog. Reducing the backlog will result in an increase in the demand on the hospital platform as it will add to the current demand on the platform.

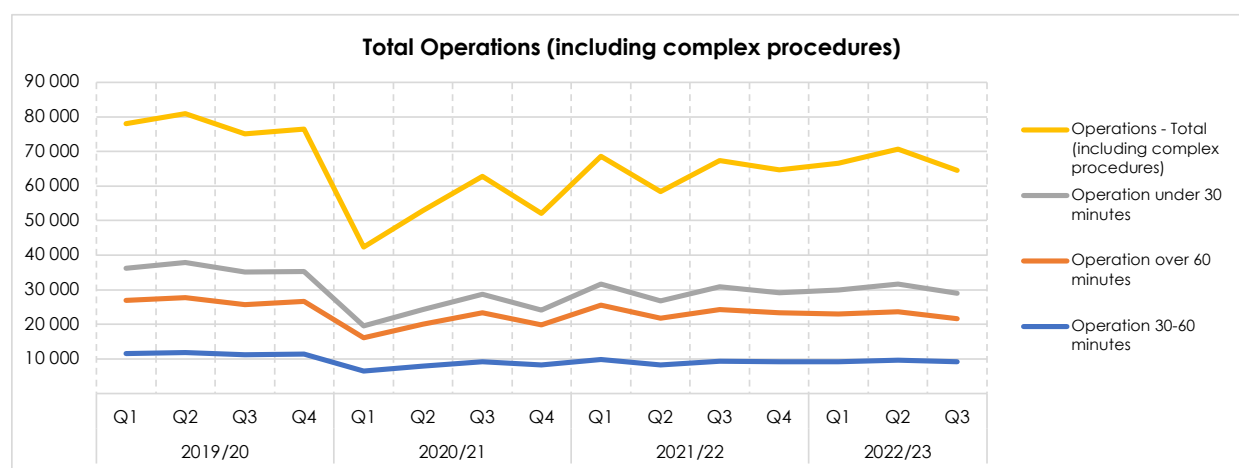


Figure 26: Operations performed

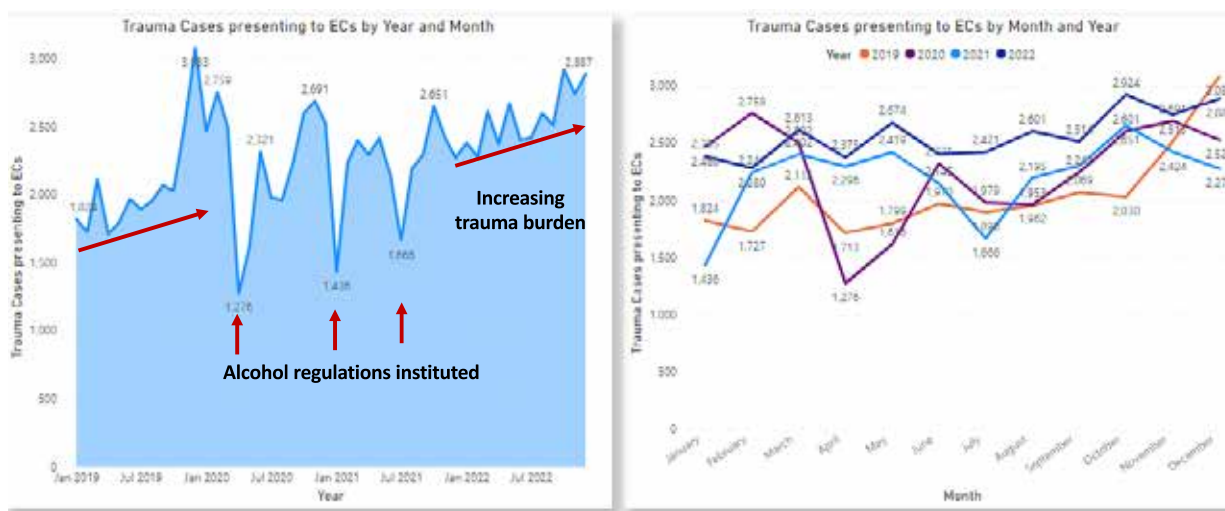


Figure 27: Trauma burden on Western Cape Hospitals

An increase in the number of trauma patients is noted since January 2019 (figure 27). During the National State of Disaster, restrictions on the sale of alcohol were instituted at three time-points (denoted in figure 27). These restrictions were associated with dramatic decreases in the trauma burden at the Department's facilities.

A clear correlation between trauma cases and availability of alcohol is shown. Thus, alcohol availability is associated with an increase in service pressure which will have to be met by an increase in service output.

Interpersonal violence and injuries also contribute significantly to the traum burden, with alcohol often playing a role in this. To assist in addressing this, a Violence Prevention Unit (VPU) is being established in the Department. The VPU will utilise a public health approach in providing strategic direction, oversight and coordination of violence prevention initiatives in the Western Cape Government.

The unit will be responsible for:

- Facilitating and coordinating the development of evidence-based violence prevention policies and strategies.
- Collaboratively influencing policy alignment between all spheres of government.
- Guiding the development and evaluation of evidence-based violence prevention interventions.
- Coordinating implementation of evidence-based violence prevention interventions.
- Providing guidance and support to Area-Based Teams.

The work of the unit is aimed at contributing towards reaching the goals and objectives of the Western Cape Safety Plan. Reducing and preventing violence calls for a holistic life-course approach, which recognises and responds to the different needs of individuals as they progress through their life trajectories. Therefore, solutions are necessarily long term, and aimed at building the collective resilience of households and communities to crime and trauma.

For 2023/24 the primary outputs for the unit will be to:

1. Formally establish the Unit within the Chief Directorate: Emergency and Clinical Services Support
2. Ensure the development and launch of a public-facing Safety Dashboard (in partnership with the Provincial Health Data Centre)
3. Revive Area-Based Teams in Violence Prevention Priority Areas as a component of the Community Oriented Primary Care (COPC) approach.

## **Demand on the Healthcare Platform**

The primary healthcare workload continues to increase. In quarter 2 of 2020, the primary health care (PHC) workload dipped significantly following the introduction of the COVID-19 lockdown. Since then, the workload on the PHC platform has steadily increased and in 2022, service output has reached record levels. This is not immediately apparent when considering only primary healthcare headcount (PHC headcount) (figure 28), as PHC headcount does not take into consideration the full range of services that are delivered on the primary health care platform.

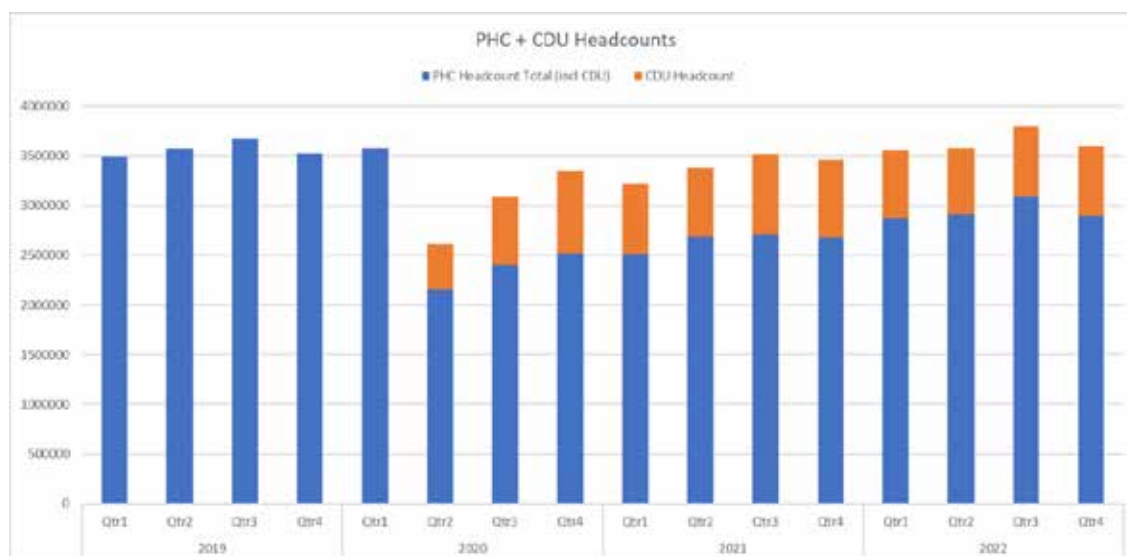


Figure 28: PHC and CDU headcount

Furthermore, in 2020, the definition for PHC headcount was changed so that school health visits and chronic dispensing unit (CDU) deliveries, which were previously included, were no longer included. This led to a significant drop in PHC headcount which is demonstrated in the graph above. The drop in headcount can therefore be attributed to 2 factors: COVID-19 restrictions and the change in definition. Thus, the true workload/output on the primary healthcare platform, is significantly higher than the PHC headcount.

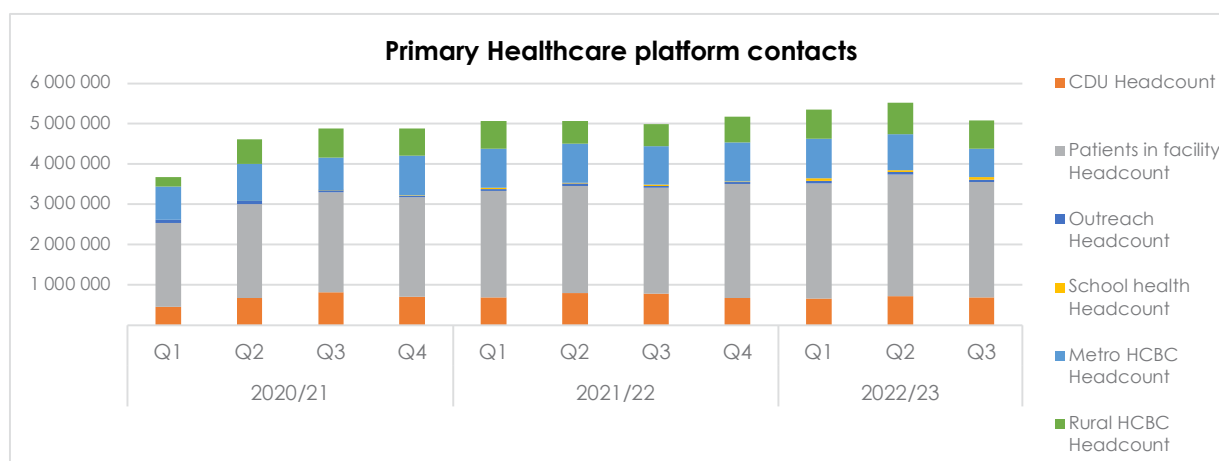


Figure 29: Total primary healthcare platform contacts



Figure 29 shows school health, CDU deliveries, PHC outreach and home and community based care data added to the PHC headcount. This shows a steadily increasing PHC workload, and that the output in 2022 has reached 2019 levels.

In addition to the routine services rendered in 2021/22, the Department also administered over 5 million vaccines, the majority of which took place on the primary healthcare platform. These pandemic-related activities contributed considerably to the primary health care workload, and thus the activities in 2021/22 exceeded previous years. While it is unlikely that vaccination rates will be as high as in 2021 again, COVID-19 vaccines will continue to be administered in future and this will add to PHC workload.

When looking at the hospital workload represented by patient day equivalent (PDE), a drop in 2020 and an increase in 2021/22 are noted. While the PDEs did not return to pre-pandemic levels in 2021/22, this has been partly influenced by COVID-19 restrictions. Following removal of all restrictions, service delivery is expected to return to pre-pandemic levels. This is supported by the following early indicators of an increase in the hospital platform workload:

Average length of stay has been increasing steadily since 2019/20 (figure 30). This is particularly notable in the tertiary and central hospitals (Red Cross Children's Hospitals, and Groote Schuur and Tygerberg Hospitals). Bed utilization rate has also increased since 2020, and is back at pre-COVID levels (figure 31).

This is placing severe strain on our service platform and could be an indicator of increasing complexity of cases.

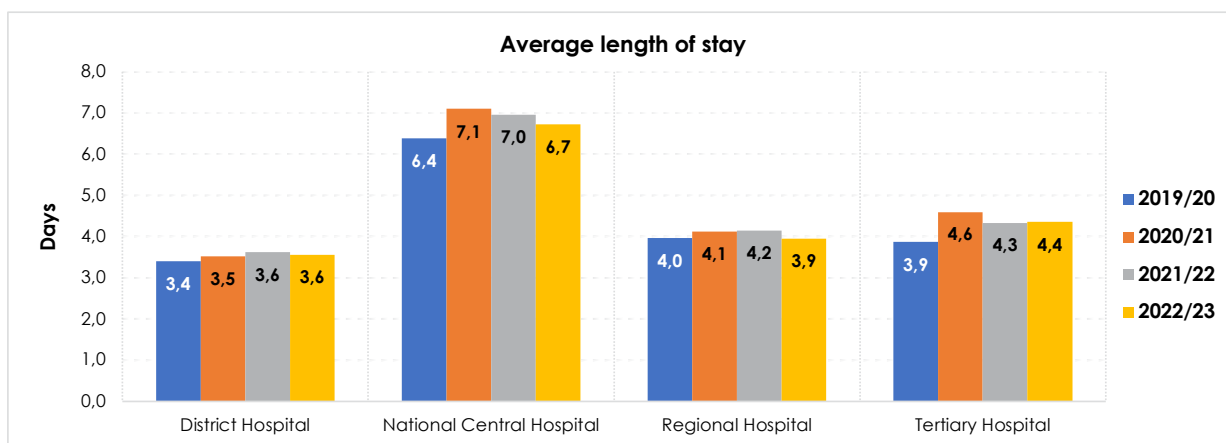


Figure 30: Average length of stay across all hospital platforms

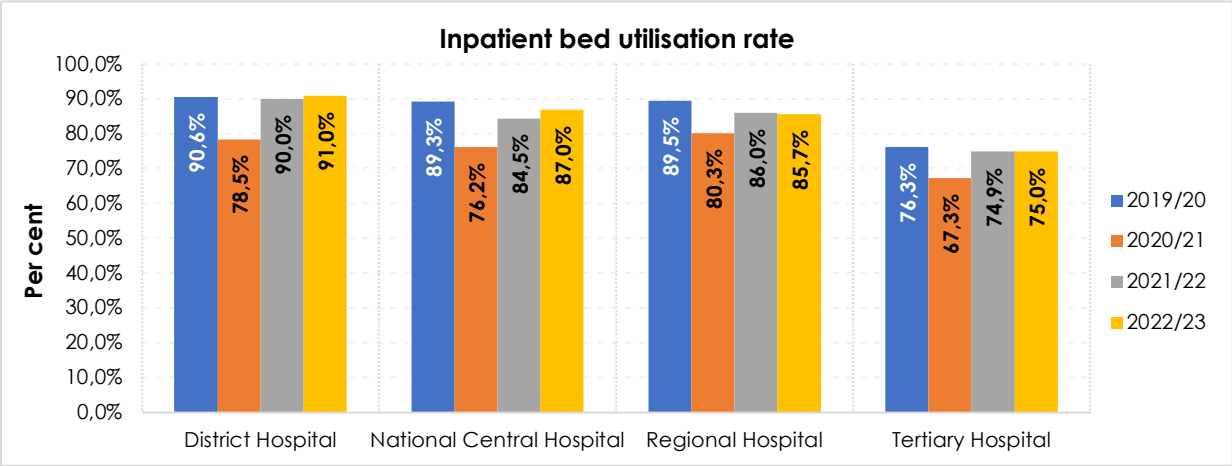


Figure 31: Bed utilisation rate across all hospital platforms

## Internal Environment

### Service Delivery Platform

The Western Cape health system has 570 service points, which includes 447 primary health care service points, 52 hospitals and 49 EMS stations. See table 2<sup>27</sup>.

Table 2: Western Cape Health Service Delivery Platform

	Cape Winelands District Municipality	Central Karoo District Municipality	City of Cape Town Metropolitan Municipality	Garden Route District Municipality	Overberg District Municipality	West Coast District Municipality	Total - Western Cape Province
Central Hospitals			2				2
Tertiary Hospitals			1				1
Regional Hospitals	2		2	1			5
Specialised Psychiatric Hospitals			4				4
Specialised Rehabilitation Unit			2				2
Specialised TB Hospital	1		2	1		2	6
District Hospital	4	4	8	6	4	7	33
Intermediate Care		1	1	1			3
Specialised Oral Health Centre			2				2
Community Health Centre			10		1		11
Community Day Centre	5	1	48	7	1	1	63
Clinic	40	8	58	33	17	26	182
Special Clinic			4				4
Reproductive Health Centre			3				3
Dental Clinic	1		8	1			10
Satellite Clinic	3	3	14	15	9	23	67
Health Post			8	1			9
Mobile Service	28	7	12	20	16	15	98
EMS Station	10	5	4	11	8	11	49
Forensic Pathology Service	3	2	2	5	1	3	16
<b>GRAND TOTAL</b>	<b>97</b>	<b>31</b>	<b>195</b>	<b>102</b>	<b>57</b>	<b>88</b>	<b>570</b>

### Governance of the health system

The Department has worked incredibly hard over the last 2 decades to inspire public trust, particularly in meeting its accountability obligations and has in the last four financial years achieved a clean audit outcome, the first provincial health department to do so in the country. This illustrates the commitment to ensuring compliance with the rule of law; and the safeguarding of resources against loss, misuse and damage as we continually strive to enhance the efficacy of management control. Good governance, particularly during trying times, depends on controls that are:

- Fit for purpose, easy to understand and user friendly;
- Based on ethical and effective leadership;

<sup>27</sup> Notes:

- Source: SINJANI as at 20 February 2023.
- There are two Specialized Rehabilitation Units in the Province. One is classified as a hospital (Western Cape Rehabilitation Centre) and the other as an Outpatient Rehabilitation Facility.
- Of all facility types listed, 101 are run by the City of Cape Town. These include: 58 clinics, 14 Community Day Centres, 8 Health Posts, 4 Mobile Services, 13 Satellite Clinics, and 4 Special Clinics.
- The Intermediate Facilities include: Brackengate Hospital, Nelspoort Hospital, and Knysna Sub-Acute Hospital.

- Retain their utility in the face of changed plans, unforeseen circumstances or health system failure;
- Able to flag threats and risks early to mount a timeous response, corrective or otherwise; and
- Able to support sound and decisive decision-making in addressing flagged threats and risks.

The pandemic has certainly tested the rigor of departmental controls and has provided many opportunities to innovate and transform how we do business.

## Governance for Health

The highly effective provincial response to the COVID-19 global pandemic and a response to both the known and unknown – present and future – health threats, relies strongly on the Department's ability to govern for health, as it requires collective action necessitating a whole of government, whole of society approach. . The COVID-19 pandemic has clearly emphasized the role of social determinants of health upstream factors which impact on the health and well-being of our people, and the consequent need for whole-of-government and whole-of-society approaches. The stewardship role of the Health Department at multiple levels and the opportunity to influence broader public policy has surfaced as significant in the forthcoming period.

## People Management

### Organisational Design

The Department embarked on the Management Efficiency and Alignment Project (MEAP), with the intention to enhance health system efficiencies by addressing duplication of functions; ensure appropriate delegation of authority at the right level within the system; reducing the administrative burden of doing business; and by refining the balance between centralisation and decentralisation. As an outcome of the MEAP, the Macro Structure of the Department was finalised and implemented in March 2021.

As a natural progression from the MEAP, the Micro Design Process (MDP) was initiated to continue aligning the department at the next levels. The MDP will unfold in two parts following due consultation with Organised Labour, Staff as well as the Department of Public Service and Administration (DPSA). First, micro-level components will be logically placed aligned to the approved Macro Structure to create operational coherence in terms of reporting lines, budget consolidation and team cohesion. Once this is completed, the second part of the MDP will be implemented to optimise functions and business processes of different components, in response to the departmental strategic direction. This will be done in a staggered approach (rather than full departmental re-alignment), in order of priority as determined by TEXCO.

Key factors taken into consideration for optimisation of functions in the Department that will form part of continuous improvement:

- Healthcare 2030
- Reset Agenda - Health is Everybody's Business
- Lessons learnt in terms of operational efficiency during COVID-19
- Service Redesign (with the Sub-District Model as a key focus)
- Establishment of the Violence Prevention Unit (VPU) as a new departmental mandate

### Leadership and Organisational Culture

In support of Healthcare 2030, there is a compelling vision calling for the transformation of our health care system. This impacts on how we render our services (service redesign), how to become more efficient (organisational realignment) and also how we collectively lead as well as live and work together (organisational culture). The Organisational Culture and Leadership Transformation journey has been underway in the Department for several years to co-creating a people-centred health system with a social learning orientation that is enabled through dispersed leadership. Several leadership development initiatives have been implemented with the goal of creating a workplace culture where employees feel engaged, empowered, included and appreciated for their contributions and their diversity. This culture change is monitored and measured on an on-going basis to gauge the shift towards a more positive workplace culture.

Two organisational surveys are conducted in the Department at different intervals:

- Barrett Values Survey – Assessment of Organisational Culture & Values
- Employee Engagement Survey – Assessment of Staff Satisfaction at Work

Since the inception of the Organisational Culture and Leadership Transformation Journey, significant shifts have occurred. The organisational culture has shifted positively overall, where the entropy levels (measure of the internal dysfunction/discord that causes internal challenges within the organisation) has decreased from 21 per cent in 2015 to 15 per cent in 2019. The lower the entropy score, the better, more aligned, efficient and healthy-functioning the organisation is. The latest Barrett Values Survey was conducted in 2022/23 and the following findings were made.

- Whilst there was a consistency of 15 per cent entropy, there was an increase in the value matches, from 7 to 8, which is a positive shift in terms of values alignment between employees and the organisation.
- In addition, the Department's composite culture score is 71, which is an improvement from 67 in 2019/20 Barrett Values Survey. The culture score combines 3 indices from the Barrett Values Survey to establish the overall organisational health of the Department, namely 1) how well aligned the values are, 2) how balanced the focus of the Department is and 3) the entropy score. Taken together, the organisational health of the Department can be determined and compared to other sectors and industries globally.

As per the departments survey cycle, the Employee Engagement Survey will be conducted in 2023/24.

### Employee Health and Wellness

The impact of the COVID-19 pandemic saw frontline workers faced with a new-world-of-work which heightened the existing stress levels. Issues ranging from higher workload, conflict among colleagues, conflict with management, and absenteeism were higher than usually reported. Mental health issues increased, with depressive disorders as one of the top presenting problems. As the levels of infections have lessened and lockdown restrictions lifted, a sense of normality returned. Core standards for addressing mental health have been given priority. Ongoing training and awareness to promote mental well-being and the use of the Employee Health Wellness Programme are recommended in order to reduce the profile associated with this risk on productivity and holistic well-being.

The WCGHW Strategy focuses on building an equitable, resilient and people-centric healthcare system. The Healthcare 2030 vision provides a road map, focusing on both (patients and employees). Employees are the primary drivers of this vision, therefore ensuring employee well-being is a vital step toward building a resilient health system through connectedness. These further link to the departmental leadership and culture strategies. As part of supporting Employee well-being, phase two of the Healing and Resilience sessions focus on a continued healing journey from the effects of the COVID-19 pandemic and building a stronger, more resilient workforce. Eight sessions have been conducted to date and twelve booked for quarter 3 of the current financial year.

WCGHW views the staff safety in a very serious light and is in the process of developing a Safety of Staff Framework premised on the Whole of Society (WOSA) Approach. The Safety of Staff Framework will include amongst others a range of interventions in the Employee Health and Wellness, Physical Security and Complimentary Security System domains. This is aligned to the WCGHW Strategy which focuses on building an equitable, trusted and people-centric health system.

### Information and Communication Technology (ICT)

The ICT capability in the department plays a critical and central enabling role in addressing the provision of adequate health services and in meeting the departmental goals and objectives. Emerging out of three years of COVID-19, the Department has developed a Resurgence, Recovery and Reset Strategy that further informs the planning landscape as captured in a discussion document: Health is Everybody's Business. Modern Information Technology (IT) systems, automation/digitisation and a responsive IT capability has proven to be a game changer in addressing the COVID-19 pandemic especially in the provision of data and creation of dashboards, information sharing and communication, to manage the situation in real time.

Progressing from the third industrial revolution (automation and globalization) through the fourth industrial revolution (digitalisation), we are now into the fifth industrial revolution (personalisation) where the combined effects, complexities, and technology of all the previous revolutions is brought back to being in cooperation with people. This innovation and inclusion align with the developed departmental strategy while it also introduces a refocus on IT that elevates the capability as an enabler for departmental staff to provide the needed health services and complements the current development of the 5-year IT Roadmap which will outline the priorities within the architecture.

During the lesson of resilience over the past 3 years; IT as an enabler proved to elevate the people capabilities and the management of controls for service delivery, resource management, knowledge management and stakeholder engagement. While lesson learnt paves the way to our recovery, IT building blocks are required for a continued positive influence on service delivery.

## Infrastructure Developments

One of the key objectives of infrastructure management, is to meet the desired level of service in the most effective, economical and efficient manner. In order to provide the dependant population with a full spectrum of health services as described in the Department's Healthcare 2030 plan (which focuses on the steps required to address the burden of disease, increase the wellness of communities and ensure patient-centred quality care) it is critical that there is alignment and consultation between the Chief Directorate: Facilities and Infrastructure Management regarding the design, construction and maintenance of infrastructure, and the users that subsequently occupy, use and manage it.

The ultimate objective is to ensure that facilities are accessible to the dependant population and in areas where the burden of disease impact is the greatest. Based on the Social Facility Provision Toolkit, developed by the Department of Rural Development and Land Reform (in association with the CSIR), rural health facilities should be within a radius of 5 km from a dependent population of 3,000 or more.

Using this as baseline, the Department's coverage within rural areas is above average based on the number of PHC facilities. With respect to metro facilities, due to the higher population density, a 2.5 km radius was used as baseline. The travel distance of 2.5 km, based on the 2011 population, indicates good (90%) access and good concentration of facilities in high density areas.

Furthermore, infrastructure has been identified as a critical enabler for the WCGHW Recovery, Resurgence, and Reset Strategy in line with the Healthcare 2030 Acute Hospital Bed Plan. WCGHW is implementing three catalytic and important infrastructure projects:

- Tygerberg Central Hospital, which will unlock the service delivery for the Helderberg, Khayelitsha and Karl Bremer ecosystems;
- Belhar Regional Hospital, which will strengthen the more extensive Metro East ecosystem; and
- Klipfontein Regional Hospital, which will strengthen the more extensive Metro West ecosystem.

These projects are expected to not only benefit the health system but also provide economic spin-offs for the surrounding communities as part of the Department's contribution to jobs and economy.

Other major projects in the pipeline are the new Helderberg Regional Hospital and the Swartland District Hospital replacement.

Other infrastructure priorities include PHC facilities, Acute Psychiatric Units, extensions and upgrades to various hospitals and infrastructure maintenance. Reducing the health infrastructure carbon footprint also remains high on the agenda.

South Africa's National Infrastructure Plan 2050 of February 2022 highlights five cross-cutting sections focused on its regional agenda for infrastructure, namely finance, strengthening institutions for delivery, rebuilding the civil construction and supplier sector, and the approach to monitoring and reporting on progress. Three of these impact WCGHW and are listed below with the current response to each:

- Strengthening institutions for delivery: WCGHW has an official functional structure in place for its Chief Directorate: Facilities and Infrastructure. This unit is capacitated with appropriately qualified, skilled and experienced staff. In addition, the Department's current implementer, WCGTPW, has an official functional structure and is equally well-capacitated.
- Financing infrastructure and maintenance: Although the infrastructure budget allocation has constantly been reducing in recent years, allocations provided are used by the Department to finance its capital infrastructure and maintenance requirement as best possible. In addition, the Department has registered two mega projects with Infrastructure South Africa, namely Belhar and Klipfontein Regional Hospitals. The Department has furthermore secured funding of R1,971 billion over a 10-year period, effective from 2019/20 to 2028/29, for the expansion and acceleration of the Tygerberg Hospital Maintenance and Remedial Works Programme.
- Monitoring and reporting: WCGHW reports at various levels with respect to performance of projects as well as financial and non-financial performance. These range from internal in-house meetings and reports, to inter-departmental, provincial as well as national. Improving performance, mitigating the risk of under expenditure, etc. are also discussed and solutions proposed for implementation,



## Implementation of Equity Resource Allocation (ERA)

As part of its broader commitment to health systems strengthening towards UHC, the department is intending to progressively implement ERA starting with the PHC and district hospitals in the 2023/24 financial year. The ERA represents a strategic shift from historic budget allocation to a model that takes into account systematic disparities in access, effective coverage and geographic area-based burden of disease. The basis for allocating budgets to the defined geographic areas for the PHC platform is the risk adjusted capitation index whilst for the hospital level, the basis of allocation with the Diagnostic Related Groups (DRGs) and global fees.

## The Department's Reset Agenda

The Department has been on a health reform journey since 1994. Ongoing reflections and learnings have informed the waves of health reform over this period and provided a basis for continuous improvement. There have been significant changes in the environment globally and locally, externally, and internally including, amongst others, the COVID-19 pandemic with its humanitarian, social and economic consequences; and the national NHI Bill. The pandemic has however created an opportunity to rethink our transformation agenda and made the case for change more apparent and urgent. The decisions we make in responding to the pandemic as we re-establish comprehensive care and build forward from the pandemic cannot come at the expense of our aspirations to become a people-centric, trusted and equitable health system. We want to ensure we make sustainable policy decisions and take coherent actions across government departments that set us on the right path towards a healthier society with a health system that is fit for purpose, (See figure 32).



Figure 32: Our Reset Agenda

## 2023 MTEF priorities

The policy priorities that the department will be pursuing over the 2023 MTEF are informed by the Provincial Strategic Priorities (PSPs) as well as our reset strategy “Health is everybody’s business” which incorporates lessons learnt from the COVID-19 pandemic as we build forward towards Universal Health Coverage (UHC)

through the realization of Healthcare 2030 and beyond. The reset strategy sets out the rationale for the department to be renamed Department of Health and Wellness.

The reset strategy outlines our priorities over the short term (2 years), medium term (5 years) and long term (10 years). In the short term, our focus is on managing the resurgence of COVID-19 and other outbreaks and balancing COVID-19 demands with routine health services. As has been indicated under the situational analysis, there is a need to catch up on services that have been displaced by COVID-19. Active surveillance coupled with a health system which is by design agile, allows for a more nuanced titration in the event of future waves, without the disposition of other essential services.

Over the medium term, the focus is recovery by ensuring that reforms take place across the domains of service delivery, governance and public policy. The service-redesign reform will focus on models of care that speak to the needs of the population which is central to achieving our aspirations of becoming a people-centric health system that is trusted and equitable. The re-design of models of care need to extend to support services and be anchored by the governance re-design which is focused on creating the 'being' capabilities necessary to 'do differently'. Being able to influence the legislative and public policy frameworks beyond the provincial public health sector is vital to addressing health inequities that our UHC reforms are intended to target.

Over the long term, the focus is on UHC reforms to achieve our objectives in Healthcare 2030. This involves designing a health system around the needs and expectations of the people it serves, providing care that is more socially relevant and responsive and implementing a service delivery model oriented towards health and well-being rather than disease.

The 4 strategic levers to give effect to the reset strategy are:

### **1. Service platform reform**

The reform entails a re-design of service models based on evidence and data to respond effectively to the quadruple-plus (4+) burden of disease, viz. maternal & child health, injuries & mental health, non-communicable & infectious diseases, including present and future threats, as well as surgical backlogs.

### **2. Governance reform**

Key to achieving this is a focus on strengthening the sub-district to undertake the critical stewardship role and be accountable for population health outcomes within a defined geographic area. Consequently, the sub-district as the smallest geographic administrative unit will be capacitated with maximum decentralized delegated authority to work with WoG & WoS to impact effectively on population health outcomes in the defined geographic areas.

### 3. Public policy reform

Public policy reform speaks to effectively influencing evidence-informed and data-led public policies to mitigate social determinants of health, for example alcohol regulations, fire-arm control, road safety, food regulations, etc.

### 4. UHC reform

UHC entails effective, progressive implementation of reforms to achieve optimal universal health coverage through a wide range of measures, for example CUP prototyping, collaborative service models, accreditation, equitable resource allocation, etc.

The department has identified the sub-district as an ideal unit to bring these reform levers into action towards achieving population wellbeing. The sub-district is ideally placed to bring the whole of government and whole of society players together to successfully mitigate the impact of social determinants on health outcomes and societal well-being, as well as responding to the quadruple burden of disease through more evidence-informed and data-led multi-sectoral action.





# **PART C**

## **MEASURING OUR PERFORMANCE**

# Part C: Measuring our Performance

## Departmental Programme Performance Information

### Programme 1. Administration

#### Purpose

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

#### Sub-programme 1.1. MEC's Office

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

### Outcomes, Outputs, Performance Indicators & Targets

OUTCOME		A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE				
OUTPUT		Technically efficient provincial health system				
INDICATOR		Audit opinion of Provincial DoH				
Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Clean	Clean	Clean	Unqualified	Unqualified	Unqualified	Unqualified

### Output indicators – Annual & Quarterly Targets

Audit opinion of Provincial DoH				
Annual Target	Q1	Q2	Q3	Q4
Unqualified				Unqualified

## Explanation of planned performance over the medium-term

The Department has a track record of sound resource governance, established over the last decade and culminating in a clean audit outcome over the last four years, a first for a provincial Department of Health and Wellness. Over the next five to ten years, we aspire to become a 'high performance provincial health system for people'. The focus in Programme 1 is to maintain and further enhance our technical efficiencies in the corporate space. Therefore, sound management of our financial, people and infrastructural resources has become an imperative in these trying economic times. In addition, there is a focus on enhancing our workforce capabilities as we continue our commitment to transforming our organizational culture, towards becoming a more citizen-centric health system.

## Programme Resource Considerations

### Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change from Revised estimate			
	2019/20	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2022/23	2024/25	2025/26
1. Office of the MEC	8 103	8 084	8 673	9 301	9 301	9 525	9 480	(0.47)	9 632	9 791
2. Management	752 157	1 175 267	1 405 629	1 409 916	1 103 839	1 098 173	1 034 193	(5.83)	932 713	975 683
<b>Total payments and estimates</b>	<b>760 260</b>	<b>1 183 351</b>	<b>1 414 302</b>	<b>1 419 217</b>	<b>1 113 140</b>	<b>1 107 698</b>	<b>1 043 673</b>	<b>(5.78)</b>	<b>942 345</b>	<b>985 474</b>

Note: Sub-programme 1.1: MEC total remuneration package: R2 037 129 with effect from 1 April 2021.

Sub-programme 1.2: 2023/24: National conditional grant: National Tertiary Services: R8 168 000 (Compensation of employees R5 809 000, Goods and services R949 000 and Payments for capital assets R1 410 000).

## Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change from Revised estimate			
	2019/20	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2022/23	2024/25	2025/26
<b>Current payments</b>	676 374	1 025 970	1 291 634	1 090 101	890 183	873 610	<b>818 442</b>	( 6.31)	840 612	863 920
Compensation of employees	359 156	369 242	395 323	440 550	427 291	417 138	<b>435 649</b>	4.44	439 992	444 764
Goods and services	317 218	656 728	896 311	649 551	462 892	456 472	<b>382 793</b>	( 16.14)	400 620	419 156
<b>Transfers and subsidies to</b>	69 803	135 578	73 907	302 474	193 474	192 719	<b>209 382</b>	8.65	85 250	104 515
Departmental agencies and accounts	500	854	486	619	619	619	<b>651</b>	5.17	681	712
Households	69 303	134 724	73 421	301 855	192 855	192 100	<b>208 731</b>	8.66	84 569	103 803
<b>Payments for capital assets</b>	13 938	21 803	48 460	26 642	29 483	41 065	<b>15 849</b>	( 61.41)	16 483	17 039
Machinery and equipment	13 910	21 803	48 446	26 642	29 483	40 908	<b>15 849</b>	( 61.26)	16 483	17 039
Software and other intangible assets	28		14			157		( 100.00)		
<b>Payments for financial assets</b>	145		301			304		( 100.00)		
<b>Total economic classification</b>	<b>760 260</b>	<b>1 183 351</b>	<b>1 414 302</b>	<b>1 419 217</b>	<b>1 113 140</b>	<b>1 107 698</b>	<b>1 043 673</b>	( 5.78)	<b>942 345</b>	<b>985 474</b>

## Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change from Revised estimate			
	2019/20	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2022/23	2024/25	2025/26
<b>Transfers and subsidies to (Current)</b>	69 803	135 578	73 907	302 474	193 474	192 719	<b>209 382</b>	8.65	85 250	104 515
Departmental agencies and accounts	500	854	486	619	619	619	<b>651</b>	5.17	681	712
Departmental agencies (non-business entities)	500	854	486	619	619	619	<b>651</b>	5.17	681	712
South African Broadcasting Corporation (SABC)	500	854	486	619	619	619	<b>651</b>	5.17	681	712
Households	69 303	134 724	73 421	301 855	192 855	192 100	<b>208 731</b>	8.66	84 569	103 803
Social benefits	9 263	3 190	9 514	11 697	11 697	11 535	<b>11 166</b>	(3.20)	11 681	12 217
Other transfers to households	60 040	131 534	63 907	290 158	181 158	180 565	<b>197 565</b>	9.41	72 888	91 586



## 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

### *Sub-programme 2.1. District Management*

Management of District Health Services (including facility and community-based 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 and AIDS*

Rendering a primary health care services 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; note these services are reported under Sub-Programme 7.3

### *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 programme

Outcomes, Outputs, Performance Indicators & Targets

District Health System

OUTCOME	A PROVINCIAL HEALTH SYSTEM THAT BY DESIGN SUPPORTS WELLNESS
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OUTPUT	Service Re-design
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INDICATOR Management endorsed prevention strategy 2020-2025

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New Indicator		Approved Strategy	Embed strategy through stakeholder engagement	Embed strategy through stakeholder engagement	-	-

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE
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OUTPUT	Technically efficient provincial health system
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INDICATOR Patient Experience of Care satisfaction rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New Indicator		Not required to report	74.3%	74.2%	75.2%	76.2%
N			865 324	722 944	760 175	787 523
D			1 164 245	974 936	1 010 884	1 033 803

**INDICATOR Patient Safety Incident (PSI) case closure rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
93.4%	92.6%	97.3%	96.8%	96.5%	96.6%	96.5%
<b>N</b>	1 334	983	1 381	1 592	1 540	1 405
<b>D</b>	1 429	1 061	1 420	1 644	1 596	1 455

**INDICATOR Severity assessment code (SAC) 1 Incidents reported within 24 hours rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
59.4%	64.0%	50.0%	63.1%	67.4%	71.3%	75.2%
<b>N</b>	19	48	20	53	59	56
<b>D</b>	32	75	40	84	87	74

**INDICATOR Ideal clinic status obtained rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
76.3%	Not reported	75.5%	79.5%	82.3%	88.4%	92.7%
<b>N</b>	203	200	210	213	229	240
<b>D</b>	266	265	264	259	259	259

Primary Health Care<sup>28</sup>

OUTCOME	ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH
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OUTPUT	Women's health services
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**INDICATOR Antenatal 1<sup>st</sup> visit before 20 weeks rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
71.9%	70.6%	72.6%	73.1%	74.8%	75.5%	76.2%
N 80 989	75 756	75 814	75 581	79 303	81 080	82 960
D 112 718	107 250	104 478	103 360	105 980	107 399	108 872

**INDICATOR Mother postnatal visit within 6 days rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
62.0%	55.4%	59.0%	58.1%	61.5%	62.6%	63.8%
N 62 058	55 985	56 830	56 168	59 895	61 664	63 654
D 100 151	101 055	96 319	96 595	97 358	98 565	99 813

**INDICATOR Delivery 10 - 19 years in facility rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
11.3%	11.0%	11.5%	11.4%	11.0%	10.8%	10.6%
N 11 360	11 155	11 084	10 976	10 700	10 664	10 628
D 100 151	101 055	96 319	96 595	97 358	98 565	99 813

**INDICATOR Couple year protection rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
62.6%	48.3%	56.9%	50.8%	55.0%	55.6%	56.4%
N 1 175 237	922 098	1 104 549	1 007 229	1 106 271	1 136 725	1 169 685
D 1 876 409	1 907 810	1 940 948	1 980 804	2 011 141	2 042 941	2 075 513

**INDICATOR Maternal Mortality in Facility Ratio**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
47.1	78.3	66.9	53.58	51.02	47.40	44.85
N 49	82	67	52	50	47	45
D 1.040	1.047	1.001	0.970	0.982	0.993	1.005

<sup>28</sup> The latest population Circular H12 of 2023 is applicable to the following indicators, reported in Programme 2: Immunisation under 1 year coverage, Measles 2nd dose 1 year coverage, Vitamin A dose 12 - 59 months coverage, and Couple year protection rate. These use population figures as a denominator and have been updated retrospectively. Therefore, the reported Audited Performance in the 2023/24 APP will differ from what is reported in the 2021/22 Annual Report.

Output	Child health services
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**INDICATOR Infant 1st PCR test positive at birth rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.7%
N 133	132	122	125	121	116	111
D 17 111	16 857	15 189	15 291	14 921	15 075	15 234

**INDICATOR Infant PCR test positive around 6 months rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New indicator				0.69%	0.59%	0.53%
N				27	24	22
D				3 915	4 049	4 189

**INDICATOR HIV test positive around 18 months rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New indicator			0.07%	0.09%	0.08%	0.08%
N				41	18	18
D				60 174	20 681	21 368

**INDICATOR Immunisation under 1 year coverage**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
82.2%	82.9%	83.2%	71.1%	75.7%	77.1%	79.5%
N 91 377	91 343	91 482	88 927	95 629	96 713	97 868
D 111 145	110 196	109 948	125 114	126 390	125 437	123 090

**INDICATOR Measles 2nd dose 1 year coverage**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
77.4%	78.1%	79.2%	71.9%	74.4%	75.1%	76.4%
N 86 800	86 926	87 614	86 378	90 341	91 338	92 393
D 112 075	111 304	110 684	120 077	121 436	121 563	121 007

**INDICATOR Vitamin A dose 12 - 59 months coverage**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
51.7%	41.5%	49.7%	52.4%	59.4%	59.8%	60.2%
N 470 469	376 291	448 687	484 949	555 492	563 207	571 587
D 910 232	906 788	902 142	925 486	934 856	942 132	949 397

**INDICATOR Neonatal death in facility rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
9.3	8.7	8.0	8.28	8.02	7.77	7.56
N 847	870	765	770	753	738	726
D 99.93	100.48	95.86	93.0	93.9	94.9	96.1

**INDICATOR ART child remain in care rate (12 months)**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
66.2%	62.3%	61.1%	63.1%	66.7%	68.3%	69.8%
N 511	480	400	367	397	407	417
D 772	770	655	582	596	597	598

**INDICATOR ART child viral load suppressed rate, below 50 (at 12 months)**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
68.5%	71.4%	66.0%	64.7%	67.0%	68.6%	69.1%
N 196	175	128	109	118	120	121
D 286	245	194	169	176	175	175

**OUTCOME PEOPLE WITH LONG-TERM CONDITIONS ARE WELL MANAGED.****Output HIV/AIDS, STI and Tuberculosis services****INDICATOR ART adult remain in care rate (12 months)**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
57.9%	56.3%	55.9%	55.8%	58.3%	59.7%	61.2%
N 25 190	22 177	17 240	15 471	16 450	16 916	17 429
D 43 479	39 403	30 816	27 716	28 217	28 344	28 472

**INDICATOR Adult viral load suppressed rate (12 months)**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
92.3%	91.2%	91.4%	91.6%	92.3%	92.7%	93.0%
N	12 368	10 845	7 001	5 441	5 507	5 594
D	13 402	11 886	7 658	5 941	5 965	6 013

**INDICATOR HIV positive 15-24 years (excl ANC) rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Data not reported	1.7%	1.4%	1.35%	1.33%	1.31%	1.29%
N	5 224	5 342	5 437	5 410	5 384	5 358
D	304 028	387 640	402 523	406 734	411 099	415 628

**INDICATOR All DS-TB client death rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
3.8%	3.9%	4.3%	5.00%	4.03%	3.97%	3.91%
N	1 685	1 550	1 407	1 504	1 494	1 489
D	44 077	40 240	32 778	30 094	37 174	38 045

**INDICATOR All DS-TB client LTF rate<sup>29</sup>**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
17.7%	18.6%	17.1%	17.83%	15.48%	15.14%	14.80%
N	7 811	7 468	5 603	5 366	5 755	5 632
D	44 077	40 240	32 778	30 094	37 174	38 045

**INDICATOR All DS-TB Client Treatment Success Rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
77.3%	76.5%	77.3%	76.2%	78.8%	79.3%	79.8%
N	34 084	30 769	25 327	22 938	29 296	29 814
D	44 077	40 240	32 778	30 094	37 174	38 045

**INDICATOR TB Rifampicin resistant/Multidrug - Resistant treatment success rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New indicator			50.1%	51.7%	53.8%	56.0%
N			650	669	695	721

<sup>29</sup> LTF: Lost to Follow-Up

D	1 297	1 294	1 291	1 288
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**INDICATOR TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New indicator			25.29%	24.27%	23.01%	21.89%
N			328	314	297	282
D			1 297	1 294	1 291	1 288

**INDICATOR TB Pre-XDR treatment success rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New indicator			55.4%	58.5%	67.7%	72.3%
N			36	38	44	47
D			65	65	65	65

**INDICATOR TB Pre-XDR loss to follow up rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New indicator			13.85%	15.38%	12.31%	10.77%
N			9	10	8	7
D			65	65	65	65

### District Hospitals<sup>30</sup>

**OUTCOME ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH**
**OUTPUT Child health services**
**INDICATOR Live birth under 2500g in facility rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
11.2%	11.0%	11.1%	11.2%	10.7%	10.3%	10.0%
N	4 146	4 227	4 209	4 156	3 948	3 883
D	37 111	38 567	37 846	37 049	37 622	38 304

<sup>30</sup> Notes:

- The following indicators, reported in Programme 2, refer to performance on the District Hospital platform only: Live birth under 2500g in facility rate, Complaint resolution within 25 working days rate, Average length of stay, and Inpatient bed utilization rate.
- The following indicators, reported in Programme 2, refer to performance on the District Hospital, Regional Hospital, Central Hospitals and Community Health Centres (if these facilities admit inpatients) platforms: Child under 5 years diarrhoea case fatality rate, Child under 5 years pneumonia case fatality rate, Child under 5 years severe acute malnutrition case fatality rate, Death under 5 years against live birth rate.



**INDICATOR** Child under 5 years diarrhoea case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
0.1%	0.1%	0.2%	0.28%	0.30%	0.26%	0.24%
N 2	2	8	13	14	12	11
D 3 269	2 154	3 920	4 772	4 582	4 546	4 510

**INDICATOR** Child under 5 years pneumonia case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
0.1%	0.1%	0.2%	0.25%	0.23%	0.22%	0.20%
N 9	7	10	25	22	21	19
D 7 657	4 998	6 609	10 040	9 670	9 606	9 544

**INDICATOR** Child under 5 years severe acute malnutrition case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New indicator			2.85%	2.57%	2.19%	2.00%
N			15	13	11	10
D			527	505	502	499

**INDICATOR** Death under 5 years against live birth rate

Audited Performance		Estimated Performance	Medium Term Targets			
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
1.1%	1.1%	1.17%	1.21%	1.18%	1.15%	1.13%
N 1 106	1 150	1 117	1 129	1 106	1 099	1 092
D 99 923	100 482	95 862	93 042	94 097	95 188	96 318

**OUTCOME** A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE**OUTPUT** Technically efficient provincial health system**INDICATOR** Complaint resolution within 25 working days rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
90.3%	88.6%	94.4%	93.0%	93.7%	94.9%	95.1%
N 1 071	575	759	917	924	916	884
D 1 186	649	804	986	986	965	929

OUTPUT	Accessible health services					
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**INDICATOR Average length of stay**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
3.4	3.5	3.6	3.59	3.55	3.52	3.49
N 983 215	863 124	996 248	1 018 791	1 062 256	1 069 922	1 076 200
D 288 405	245 553	275 166	283 765	299 277	303 935	308 668

**INDICATOR Inpatient bed utilization rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
90.6%	78.5%	90.0%	91.0%	90.6%	91.3%	91.8%
N 983 215	863 124	996 248	1 018 791	1 062 256	1 069 922	1 076 200
D 1 084 747	1 099 561	1 107 440	1 119 578	1 172 387	1 172 387	1 172 387

## Output indicators – Annual & Quarterly Targets

### District Health System

Management endorsed prevention strategy 2020-2025				
Annual Target	Q1	Q2	Q3	Q4
Embed strategy through stakeholder engagement				Embed strategy through stakeholder engagement
Patient Experience of Care satisfaction rate				
Annual Target	Q1	Q2	Q3	Q4
74.2%				74.2%
Numerator 722 944				722 944
Denominator 974 936				974 936
Patient Safety Incident (PSI) case closure rate				
Annual Target	Q1	Q2	Q3	Q4
96.5%	96.4%	96.2%	96.2%	96.5%
Numerator 1 540	385	773	1 149	1 540
Denominator 1 596	399	804	1 195	1 596

Severity assessment code (SAC) 1 Incidents reported within 24 hours rate				
Annual Target	Q1	Q2	Q3	Q4
67.82%	68.18%	67.44%	66.15%	67.05%
Numerator 59	15	29	43	59
Denominator 87	22	43	65	87
Ideal clinic status obtained rate				
Annual Target	Q1	Q2	Q3	Q4
82.6%				82.6%
Numerator 214				214
Denominator 259				259

## Primary Health Care

Antenatal 1st visit before 20 weeks rate				
Annual Target	Q1	Q2	Q3	Q4
74.8%	74.7%	74.8%	74.8%	74.8%
Numerator 79 303	19 050	38 955	58 805	79 303
Denominator 105 980	25 509	52 105	78 632	105 980
Mother postnatal visit within 6 days rate				
Annual Target	Q1	Q2	Q3	Q4
61.5%	62.1%	63.0%	62.0%	61.5%
Numerator 59 895	14 847	30 415	45 046	59 895
Denominator 97 358	23 900	48 278	72 648	97 358
Delivery 10 - 19 years in facility rate				
Annual Target	Q1	Q2	Q3	Q4
11.0%	11.2%	11.1%	11.0%	11.0%
Numerator 10 701	2 677	5 378	8 005	10 701
Denominator 97 358	23 900	48 278	72 648	97 358

Couple year protection rate				
Annual Target	Q1	Q2	Q3	Q4
55.0%	54.7%	53.9%	53.9%	55.0%
Numerator 1 106 271	280 569	557 590	825 615	1 106 271
Denominator 2 011 141	512 884	1 034 792	1 530 702	2 011 141
Maternal Mortality in facility Ratio				
Annual Target	Q1	Q2	Q3	Q4
50.9				50.9
Numerator 50				50
Denominator 0.982				0.982
Infant 1st PCR test positive at birth rate				
Annual Target	Q1	Q2	Q3	Q4
0.8%	0.8%	0.8%	0.8%	0.8%
Numerator 121	31	62	92	121
Denominator 14 921	3 708	7 417	11 125	14 921
Infant PCR test positive around 6 months rate				
Annual Target	Q1	Q2	Q3	Q4
0.69%	0.73%	0.73%	0.73%	0.69%
Numerator 27	7	14	21	27
Denominator 3 915	959	1 920	2 879	3 915
HIV test positive around 18 months rate				
Annual Target	Q1	Q2	Q3	Q4
0.09%	0.10%	0.09%	0.10%	0.09%
Numerator 18	5	9	15	18
Denominator 20 681	5 064	10 141	15 201	20 681
Immunisation under 1 year coverage				
Annual Target	Q1	Q2	Q3	Q4
75.7%	73.2%	73.0%	75.1%	75.7%
Numerator 95 629	23 566	47 050	71 086	95 629
Denominator 126 390	32 174	64 470	94 701	126 390

Measles 2nd dose 1 year coverage					
Annual Target		Q1	Q2	Q3	Q4
74.4%		71.6%	71.5%	73.0%	74.4%
Numerator	90 341	22 256	44 435	67 145	90 341
Denominator	121 435	31 067	62 109	91 984	121 435
Vitamin A dose 12 - 59 months coverage					
Annual Target		Q1	Q2	Q3	Q4
59.4%		59.5%	59.8%	59.7%	59.4%
Numerator	555 492	136 775	273 059	412 723	555 492
Denominator	934 856	229 953	456 861	691 504	934 856
Neonatal death in facility rate					
Annual Target		Q1	Q2	Q3	Q4
8.02		8.19	8.18	7.93	8.02
Numerator	753	194	387	569	753
Denominator	93.85	23.69	47.33	71.71	93.85
ART adult remain in care rate (12 months)					
Annual Target		Q1	Q2	Q3	Q4
58.3%		58.3%	58.3%	58.3%	58.3%
Numerator	16 451	4 113	8 226	12 339	16 451
Denominator	28 218	7 054	14 108	21 162	28 218
Adult viral load suppressed rate (12 months)					
Annual Target		Q1	Q2	Q3	Q4
92.3%		92.4%	92.4%	92.4%	92.3%
Numerator	5 507	1 378	2 756	4 134	5 507
Denominator	5 965	1 492	2 983	4 475	5 965
ART child remain in care rate (12 months)					
Annual Target		Q1	Q2	Q3	Q4
66.8%		65.6%	65.6%	65.7%	66.8%
Numerator	398	99	198	297	398
Denominator	596	151	302	452	596

ART child viral load suppressed rate, below 50 (at 12 months)				
Annual Target	Q1	Q2	Q3	Q4
67.2%	68.2%	68.2%	68.2%	67.2%
Numerator 119	30	60	90	119
Denominator 177	44	88	132	177
HIV positive 15-24 years (excl ANC) rate				
Annual Target	Q1	Q2	Q3	Q4
1.33%	1.33%	1.33%	1.33%	1.33%
Numerator 5 410	1 316	2 606	3 954	5 410
Denominator 406 734	98 947	195 738	297 140	406 734
All DS-TB client death rate				
Annual Target	Q1	Q2	Q3	Q4
4.03%	2.30%	2.30%	2.30%	4.03%
Numerator 1 499	212	425	637	1 499
Denominator 37 174	9 229	18 467	27 691	37 174
All DS-TB client LTF rate				
Annual Target	Q1	Q2	Q3	Q4
15.48%	15.48%	15.49%	15.63%	15.48%
Numerator 5 755	1 429	2 860	4 329	5 755
Denominator 37 174	9 229	18 467	27 691	37 174
All DS-TB Client Treatment Success Rate				
Annual Target	Q1	Q2	Q3	Q4
78.81%	78.81%	78.80%	78.81%	78.81%
Numerator 29 296	7 273	14 552	21 824	29 296
Denominator 37 174	9 229	18 467	27 691	37 174
TB Rifampicin resistant/Multidrug - Resistant treatment success rate				
Annual Target	Q1	Q2	Q3	Q4
51.70%	51.74%	51.51%	51.43%	51.70%
Numerator 669	167	334	500	669
Denominator 1 294	323	648	972	1 294

TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate					
Annual Target		Q1	Q2	Q3	Q4
24.27%		24.13%	24.40%	24.18%	24.27%
Numerator	314	78	158	235	314
Denominator	1 294	323	648	972	1 294
TB Pre-XDR treatment success rate					
Annual Target		Q1	Q2	Q3	Q4
58.46%		65.63%	62.50%	62.77%	58.46%
Numerator	38	11	20	30	38
Denominator	65	16	32	47	65
TB Pre-XDR loss to follow up rate					
Annual Target		Q1	Q2	Q3	Q4
15.38%		18.75%	15.63%	14.89%	15.38%
Numerator	10	3	5	7	10
Denominator	65	16	32	47	65
Death under 5 years against live birth rate					
Annual Target		Q1	Q2	Q3	Q4
1.18%		1.17%	1.17%	1.17%	1.18%
Numerator	1 106	278	555	829	1 106
Denominator	94 097	23 740	47 343	70 666	94 097

## District Hospitals

Live birth under 2500g in facility rate					
Annual Target		Q1	Q2	Q3	Q4
10.7%		10.6%	10.6%	10.6%	10.7%
Numerator	4 015	986	1 973	2 969	4 015
Denominator	37 622	9 264	18 536	27 891	37 622
Child under 5 years diarrhoea case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
0.30%		0.26%	0.31%	0.32%	0.30%
Numerator	14	3	7	10	14
Denominator	4 582	1 304	2 219	3 236	4 582

Child under 5 years pneumonia case fatality rate				
Annual Target	Q1	Q2	Q3	Q4
0.23%	0.26%	0.24%	0.24%	0.23%
Numerator 22	8	12	17	22
Denominator 9 670	2 891	5 117	7 303	9 670
Child under 5 years severe acute malnutrition case fatality rate				
Annual Target	Q1	Q2	Q3	Q4
2.57%	2.36%	2.86%	2.72%	2.57%
Numerator 13	3	7	10	13
Denominator 505	127	245	368	505
Complaint resolution within 25 working days rate				
Annual Target	Q1	Q2	Q3	Q4
93.6%	93.5%	93.6%	93.8%	93.6%
Numerator 924	231	233	227	233
Denominator 987	247	249	242	249
Average length of stay				
Annual Target	Q1	Q2	Q3	Q4
3.55	3.56	3.55	3.50	3.58
Numerator 1 062 256	266 293	268 555	261 882	265 526
Denominator 299 277	74 737	75 585	74 873	74 082
Inpatient bed utilization rate				
Annual Target	Q1	Q2	Q3	Q4
90.6%	90.9%	91.6%	89.3%	90.6%
Numerator 1 062 256	266 293	268 555	261 882	265 526
Denominator 1 172 387	293 097	293 097	293 097	293 096

## Explanation of planned performance over the medium-term

As the Province recovers from the pandemic, we have seen a resurgence of other communicable diseases and increased pressure on hospitals. Worsening socio-economic conditions are also hampering patient management control of chronic diseases. We expect this to continue in the medium term and coupled with



reducing budgets, fairly modest targets have been set. Nevertheless, the Province hopes to mitigate the impact of these factors and optimise the health of the population despite these constraints.

## Programme Resource Considerations

### Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	Main appro- priation 2022/23	Adjusted appro- priation 2022/23	Revised estimate 2022/23	% Change from Revised estimate 2022/23	2023/24	2024/25	2025/26
1. District Management	433 039	386 850	399 037	436 616	445 503	417 524	474 091	13.55	481 736	494 100
2. Community Health Clinics	1 444 792	1 541 514	1 587 192	1 633 746	1 618 941	1 619 343	1 682 701	3.91	1 720 145	1 775 756
3. Community Health Centres	2 349 089	2 395 152	2 638 871	2 720 384	2 765 269	2 712 854	2 847 616	4.97	2 933 360	3 039 584
4. Community Based Services	268 757	224 574	244 181	475 608	480 410	483 860	476 631	(1.49)	498 220	520 855
5. Other Community Services				198 475	198 475	198 474	1		1	1
6. HIV/Aids	1 771 779	2 513 764	2 269 352	1 944 318	1 944 318	1 944 318	1 922 836	(1.10)	2 005 188	2 095 020
7. Nutrition	51 123	52 622	56 756	60 226	60 652	65 258	59 526	(8.78)	62 561	65 786
8. Coroner Services				1	1	1	1		1	1
9. District Hospitals	3 745 781	4 270 164	4 446 352	4 513 060	4 535 912	4 601 120	4 300 971	(6.52)	4 415 964	4 550 356
10. Global Fund	39 327	79		1	1	1	1		1	1
<b>Total payments and estimates</b>	<b>10 103 687</b>	<b>11 384 719</b>	<b>11 641 741</b>	<b>11 982 435</b>	<b>12 049 482</b>	<b>12 042 753</b>	<b>11 764 375</b>	<b>(2.31)</b>	<b>12 117 177</b>	<b>12 541 460</b>

Note: Sub-programme 2.2 and 2.9: 2023/24: National conditional grant: National Health Insurance – R33 846 000 (Compensation of employees).  
 Sub-programme 2.4 and 2.6: 2023/24: National conditional grant: District Health Programmes – R2 049 145 000 (Compensation of employees R624 919 000, Goods and services R792 563 000, Transfers and Subsidies R631 203 000 and Payments for capital assets R460 000).  
 Sub-programmes 2.3 and 2.9: 2023/24: National conditional grant: Human Resources and Training: R248 294 000 (Compensation of employees).

#### Earmarked priority allocation:

Included in Sub-programme 2.1: District Management, is an earmarked allocation for:  
 Violence Prevention: R28 575 000 (2023/24), R29 889 000 000 (2024/25) and R31 264 000.  
 Included in Sub-programmes 2.2 Community Health Clinics and 2.3: Community Health Centres, is an earmarked allocation for:  
 Face of government: R30 000 000 (2023/24).

## Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change from Revised estimate			
	2019/20	2020/21	2021/22	appropriation 2022/23	appropriation 2022/23	estimate 2022/23	2023/24	2022/23	2024/25	2025/26
<b>Current payments</b>	8 843 643	10 016 678	10 247 298	10 517 109	10 613 420	10 604 987	10 353 162	(2.37)	10 656 163	11 021 128
Compensation of employees	5 533 601	5 915 546	6 309 815	6 520 440	6 627 943	6 588 179	6 305 555	(4.29)	6 385 535	6 473 493
Goods and services	3 310 042	4 101 132	3 937 483	3 996 669	3 985 477	4 016 808	4 047 607	0.77	4 270 628	4 547 635
<b>Transfers and subsidies to</b>	1 142 087	1 229 676	1 263 023	1 346 612	1 305 875	1 301 182	1 281 002	(1.55)	1 329 133	1 382 219
Provinces and municipalities	592 756	629 012	657 227	685 086	659 086	659 086	655 785	(0.50)	678 307	701 938
Departmental agencies and accounts	26					8		(100.00)		
Non-profit institutions	531 289	582 325	580 003	639 002	623 502	623 570	602 981	(3.30)	627 572	655 963
Households	18 016	18 339	25 793	22 524	23 287	18 518	22 236	20.08	23 254	24 318
<b>Payments for capital assets</b>	116 346	134 151	130 608	118 714	130 187	135 839	130 211	(4.14)	131 881	138 113
Buildings and other fixed structures		17 345	41			68		(100.00)		
Machinery and equipment	114 895	116 350	130 555	110 714	122 187	131 322	130 157	(0.89)	131 827	138 059
Software and other intangible assets	1 451	456	12	8 000	8 000	4 449	54	(98.79)	54	54
<b>Payments for financial assets</b>	1 611	4 214	812			745		(100.00)		
<b>Total economic classification</b>	10 103 687	11 384 719	11 641 741	11 982 435	12 049 482	12 042 753	11 764 375	(2.31)	12 117 177	12 541 460

## Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change from Revised estimate			
	2019/20	2020/21	2021/22	appropriation 2022/23	appropriation 2022/23	estimate 2022/23	2023/24	2022/23	2024/25	2025/26
<b>Transfers and subsidies to (Current)</b>	1 142 087	1 229 676	1 263 023	1 346 612	1 305 875	1 301 182	1 281 002	(1.55)	1 329 133	1 382 219
Provinces and municipalities	592 756	629 012	657 227	685 086	659 086	659 086	655 785	(0.50)	678 307	701 938
Provinces			2							
Provincial agencies and funds			2							
Municipalities	592 756	629 012	657 225	685 086	659 086	659 086	655 785	(0.50)	678 307	701 938
Municipal bank accounts	592 756	629 012	657 225	685 086	659 086	659 086	655 785	(0.50)	678 307	701 938
Departmental agencies and accounts	26					8		(100.00)		
Departmental agencies (non-business entities)	26					8		(100.00)		
South African Broadcasting Corporation (SABC)	26					8		(100.00)		
Non-profit institutions	531 289	582 325	580 003	639 002	623 502	623 570	602 981	(3.30)	627 572	655 963
Households	18 016	18 339	25 793	22 524	23 287	18 518	22 236	20.08	23 254	24 318
Social benefits	17 871	18 187	25 139	21 921	22 684	18 073	21 606	19.55	22 599	23 636
Other transfers to households	145	152	654	603	603	445	630	41.57	655	682

## 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

### Sub-Programme 3.1: Emergency Medical Services

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

### Sub-Programme 3.2: Planned Patient Transport (PPT) - Healthnet

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

## Outcomes, Outputs, Performance Indicators & Targets<sup>31</sup>

### OUTCOME A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE

#### OUTPUT Accessible health services

##### INDICATOR EMS P1 urban response under 15 minutes rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
37.5%	36.2%	29.9%	40.0%	43.0%	45.0%	47.5%
N 42 883	33 651	8 736	10 467	11 477	12 251	13 068
D 114 330	93 081	29 217	26 167	26 691	27 224	27 497

##### INDICATOR EMS P1 urban response under 30 minutes rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
66.7%	65.7%	58.7%	65.0%	67.0%	70.0%	72.3%
N 72 858	61 178	17 161	17 009	17 883	19 057	19 874
D 109 293	93 081	29 217	26 167	26 691	27 224	27 497

<sup>31</sup>The definitions for indicators reported in Programme 3 changed from cumulative-year-end in 2020/21 to non-cumulative in 2021/22.

**INDICATOR EMS P1 rural response under 60 minutes rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
88.0%	88.1%	78.3%	87.0%	90.0%	93.0%	95.0%
<b>N</b> 8 691	6 911	2 056	1 968	2 077	2 189	2 259
<b>D</b> 9 871	7 846	2 626	2 262	2 307	2 354	2 377

**INDICATOR EMS incident mission time under 120 minutes rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
55.2%	55.8%	52.3%	55.0%	57.0%	59.0%	61.4%
<b>N</b> 339 963	311 801	80 839	83 157	87 904	92 808	97 527
<b>D</b> 616 350	558 723	154 588	151 194	154 218	157 302	158 875

**Output indicators – Annual & Quarterly Targets****EMS P1 urban response under 15 minutes rate**

Annual Target		Q1	Q2	Q3	Q4
43.0%		43.0%	43.0%	43.0%	43.0%
<b>Numerator</b>	11 477	11 477	11 477	11 477	11 477
<b>Denominator</b>	26 691	26 691	26 691	26 691	26 691

**EMS P1 urban response under 30 minutes rate**

Annual Target		Q1	Q2	Q3	Q4
67.0%		67.0%	67.0%	67.0%	67.0%
<b>Numerator</b>	17 883	17 883	17 883	17 883	17 883
<b>Denominator</b>	26 691	26 691	26 691	26 691	26 691

**EMS P1 rural response under 60 minutes rate**

Annual Target		Q1	Q2	Q3	Q4
90.0%		90.0%	90.0%	90.0%	90.0%
<b>Numerator</b>	2 077	2 077	2 077	2 077	2 077
<b>Denominator</b>	2 307	2 307	2 307	2 307	2 307

EMS incident mission time under 120 minutes rate				
Annual Target	Q1	Q2	Q3	Q4
57.0%	57.0%	57.0%	57.0%	57.0%
Numerator 87 904	87 904	87 904	87 904	87 904
Denominator 154 218	154 218	154 218	154 218	154 218

## Explanation of planned performance over the medium-term

Within the metropole, servicing of red-zoned areas remains a challenge. On-going engagement aimed at strengthening our relationships with communities, has yielded some early but promising. Raising awareness and focusing on incorporating community forums to support and promote the safety of EMS staff has been a focus of the past and will remain a major strategic priority. While this is unlikely to improve response time performance in the short term, it should bolster efforts to ensure increased levels of safety for staff.

ICT investments are also yielding dividends especially with respect to the online inter-facility transport (IFT) booking system available to health facility staff. This has seen a noticeable improvement in the registration times and the correct allocation of resources, leading to improved mission times and greater resource availability.

Encouraging results have also been seen amidst the efforts to re-integrate staff back into service who have (and are still) battling with the consequences of Post-Traumatic Stress Disorder (PTSD). With the WCEMS Clinic established during COVID-19 pandemic, we were able to closely monitor the condition and progress of the affected staff. This has improved our operational numbers and overall ability to service the demand.

This coupled with the filling of critical posts has allowed for improved management of certain areas such as the Tygerberg Communication Centre in Cape Town. This has not only improved the overall morale of the staff, but also permitted a focus on newer initiatives aimed at organisational learning and service improvement. With a number of new initiatives promising to bear fruit, EMS is hopeful for progress in key areas of service delivery and remain committed to focusing on improving the patient experience.

## Programme Resource Considerations

### Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate				
							% Change from Revised estimate				
	Audited	Audited	Audited	Main	Adjusted	Revised					
	2019/20	2020/21	2021/22	appropriation 2022/23	appropriation 2022/23	estimate 2022/23		2023/24	2022/23	2024/25	2025/26
1. Emergency Transport	1 059 096	1 064 378	1 142 402	1 187 089	1 190 479	1 192 452	1 201 376	0.75	1 232 553	1 265 353	
2. Planned Patient Transport	96 796	90 258	97 707	112 234	112 558	110 585	115 080	4.06	118 762	122 619	
Total payments and estimates	1 155 892	1 154 636	1 240 109	1 299 323	1 303 037	1 303 037	1 316 456	1.03	1 351 315	1 387 972	

### Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
				Main appro- riation  2022/23	Adjusted appro- riation  2022/23	Revised estimate  2022/23	% Change from Revised estimate  2023/24	2022/23	2024/25	2025/26
	Audited	Audited	Audited							
	2019/20	2020/21	2021/22							
Current payments	1 046 340	1 051 097	1 113 527	1 183 209	1 184 923	1 183 194	1 198 902	1.33	1 228 725	1 260 114
Compensation of employees	720 603	729 515	772 964	777 215	789 158	794 780	785 764	( 1.13)	795 399	805 575
Goods and services	325 737	321 582	340 563	405 994	395 765	388 414	413 138	6.37	433 326	454 539
Transfers and subsidies to	1 211	1 241	1 082	915	915	1 144	961	( 16.00)	1 006	1 052
Provinces and municipalities	10	25	13	18	18	18	18		18	18
Departmental agencies and accounts			20							
Households	1 201	1 216	1 049	897	897	1 126	943	( 16.25)	988	1 034
Payments for capital assets	106 488	101 169	124 727	115 199	117 199	117 199	116 593	( 0.52)	121 584	126 806
Machinery and equipment	106 488	101 169	124 727	115 199	117 199	117 199	116 593	( 0.52)	121 584	126 806
Payments for financial assets	1 853	1 129	773			1 500		( 100.00)		
Total economic classification	1 155 892	1 154 636	1 240 109	1 299 323	1 303 037	1 303 037	1 316 456	1.03	1 351 315	1 387 972

## Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	Main appro- priation 2022/23	Adjusted appro- priation 2022/23	Revised estimate 2022/23	% Change from Revised estimate 2022/23	2023/24	2024/25	2025/26
<b>Transfers and subsidies to (Current)</b>	1 211	1 241	1 082	915	915	1 144	<b>961</b>	(16.00)	1 006	1 052
Provinces and municipalities	10	25	13	18	18	18	<b>18</b>		18	18
Provinces	10	25	13	18	18	18	<b>18</b>		18	18
Provincial agencies and funds	10	25	13	18	18	18	<b>18</b>		18	18
Departmental agencies and accounts			20							
Departmental agencies (non- business entities)			20							
South African Broadcasting Corporation (SABC)			20							
Households	1 201	1 216	1 049	897	897	1 126	<b>943</b>	(16.25)	988	1 034
Social benefits	1 201	1 216	1 049	897	897	1 126	<b>943</b>	(16.25)	988	1 034

## 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

### *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<sup>32</sup>*

To convert present tuberculosis (TB) 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

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<sup>32</sup> Tuberculosis hospitals are funded from Programme 4.2 but are managed as part of the District Health System (DHS) and are the responsibility of the district/sub-structure directors.



## Outcomes, Outputs, Performance Indicators & Targets

### Regional Hospitals<sup>33</sup>

OUTCOME	ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH
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OUTPUT	Child health services
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#### INDICATOR Live birth under 2500g in facility rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
15.0%	14.9%	15.3%	15.8%	15.2%	14.7%	14.3%
N 4 333	4 223	4 017	4 106	4 046	3 992	3 932
D 28 943	28 428	26 200	26 017	26 678	27 114	27 554

#### INDICATOR Child under 5 years diarrhoea case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
0.7%	0.3%	0.5%	0.62%	0.64%	0.47%	0.48%
N 7	2	5	7	7	5	5
D 1 032	632	1 041	1 136	1 092	1 063	1 034

#### INDICATOR Child under 5 years pneumonia case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
0.2%	0.7%	0.5%	0.52%	0.50%	0.52%	0.43%
N 4	8	7	12	10	10	8
D 1 752	1 217	1 538	2 328	1 981	1 927	1 873

#### INDICATOR Child under 5 years severe acute malnutrition case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New indicator		4.94%	6.34%	6.47%	6.67%	6.87%
N	8		9	9	9	9
D	162		142	139	135	131

<sup>33</sup> In the first year of implementation of the Patient Experience of Care survey (2022/23), some facilities did a significant number of additional questionnaires (relative to the prescribed sample size). As a result, the target number of questionnaires to be completed in 2023/24 and beyond is less than that completed in 2022/23).

**INDICATOR [Number of] Death in facility under 5 years**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
N 269	308	271	264	265	257	249

**INDICATOR [Number of] Maternal Mortality in facility**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
N 0	0	18	13	15	13	12

**OUTCOME A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE****OUTPUT Technically efficient provincial health system****INDICATOR Complaint resolution within 25 working days rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
96.4%	97.6%	99.1%	99.2%	98.1%	97.6%	98.1%
N 323	279	340	388	355	326	313
D 335	286	343	391	362	334	319

**INDICATOR Patient Experience of Care satisfaction rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New Indicator		Not required to report	79.0%	83.7%	85.0%	86.4%
N			35 570	20 288	21 047	21 848
D			45 002	24 242	24 753	25 301

**INDICATOR Severity assessment code (SAC) 1 incidents reported within 24 hours rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
81.0%	83.3%	95.5%	61.70%	94.12%	96.55%	95.83%
N 34	25	21	29	32	28	23
D 42	30	22	47	34	29	24

**INDICATOR Patient Safety Incident (PSI) case closure rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
91.7%	97.3%	95.6%	89.6%	95.6%	96.8%	97.5%
N 759	709	859	738	719	696	674
D 828	729	899	824	752	719	691

OUTPUT	Accessible health services					
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**INDICATOR** Average length of stay

Audited Performance			Estimated Performance	Medium Term Targets			
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	
4.0	4.1	4.2	4.05	4.03	4.01	4.00	
N	468 801	421 713	451 206	453 532	459 306	464 983	468 790
D	118 333	102 332	108 711	111 986	113 963	116 096	117 249

**INDICATOR** Inpatient bed utilization rate

Audited Performance			Estimated Performance	Medium Term Targets			
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	
89.5%	80.3%	86.0%	85.7%	86.8%	87.9%	88.6%	
N	468 801	421 713	451 206	453 532	459 306	464 983	468 790
D	523 832	524 928	524 928	529 285	529 285	529 285	529 285

Specialised Hospital<sup>34</sup>

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE					
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OUTPUT	Technically efficient provincial health system					
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**INDICATOR** Complaint resolution within 25 working days rate

Audited Performance			Estimated Performance	Medium Term Targets			
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	
100.0%	98.0%	99.4%	100.0%	100.0%	100.0%	100.0%	
N	171	98	160	160	140	132	124
D	171	100	161	160	140	132	124

**INDICATOR** Patient Experience of Care satisfaction rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New Indicator		Not required to report	81.4%	83.5%	83.8%	84.2%
N			18 519	17 987	18 058	18 389
D			22 758	21 547	21 558	21 842

<sup>34</sup> In the first year of implementation of the Patient Experience of Care Survey (2022/23), some facilities did a significant number of additional questionnaires (relative to the prescribed sample size). As a result, the target number of questionnaires to be completed in 2023/24 and beyond is less than that completed in 2022/23.

**INDICATOR** Severity assessment code (SAC) 1 incidents reported within 24 hours rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
82.4%	95.5%	83.3%	77.00%	90.91%	92.59%	94.59%
N 28	63	5	77	80	75	70
D 34	66	6	100	88	81	74

**INDICATOR** Patient Safety Incident (PSI) case closure rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
99.2%	94.5%	95.6%	99.4%	98.8%	98.8%	98.9%
N 1 473	1 243	1 525	1 594	1 542	1 516	1 491
D 1 485	1 316	1 596	1 604	1 561	1 534	1 507

## Output indicators – Annual & Quarterly Targets

### Regional Hospitals

Live birth under 2500g in facility rate					
Annual Target		Q1	Q2	Q3	Q4
15.2%		15.2%	15.1%	15.2%	15.2%
Numerator	4 046	1 047	2 073	3 065	4 046
Denominator	26 678	6 899	13 732	20 209	26 678
Child under 5 years diarrhoea case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
0.64%		0.75%	0.76%	0.63%	0.64%
Numerator	7	2	4	5	7
Denominator	1 092	266	526	798	1 092
Child under 5 years pneumonia case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
0.50%		0.56%	0.67%	0.59%	0.50%
Numerator	10	3	7	9	10
Denominator	1 981	539	1 049	1 516	1 981

**Child under 5 years severe acute malnutrition case fatality rate**

Annual Target	Q1	Q2	Q3	Q4
6.47%	11.43%	8.70%	7.77%	6.47%
Numerator 9	4	6	8	9
Denominator 139	35	69	103	139

**[Number of] Death in facility under 5 years**

Annual Target	Q1	Q2	Q3	Q4
Numerator 265	64	131	197	265

**[Number of] Maternal Mortality in facility**

Annual Target	Q1	Q2	Q3	Q4
Numerator 15				15

**Complaint resolution within 25 working days rate**

Annual Target	Q1	Q2	Q3	Q4
98.1%	98.9%	98.9%	97.8%	96.7%
Numerator 355	89	90	89	87
Denominator 362	90	91	91	90

**Patient Experience of Care satisfaction rate**

Annual Target	Q1	Q2	Q3	Q4
83.7%				83.7%
Numerator 20 288				20 288
Denominator 24 242				24 242

**Severity assessment code (SAC) 1 incidents reported within 24 hours rate**

Annual Target	Q1	Q2	Q3	Q4
94.12%	87.50%	94.12%	95.83%	94.12%
Numerator 32	7	16	23	32
Denominator 34	8	17	24	34

Patient Safety Incident (PSI) case closure rate				
Annual Target	Q1	Q2	Q3	Q4
95.6%	94.8%	95.0%	95.3%	95.6%
Numerator 719	184	363	544	719
Denominator 752	194	382	571	752
Average length of stay				
Annual Target	Q1	Q2	Q3	Q4
4.03	4.09	4.12	3.95	3.97
Numerator 459 306	114 816	115 562	114 346	114 582
Denominator 113 963	28 081	28 067	28 926	28 889
Inpatient bed utilization rate				
Annual Target	Q1	Q2	Q3	Q4
86.8%	86.8%	87.3%	86.4%	86.6%
Numerator 459 306	114 816	115 562	114 346	114 582
Denominator 529 285	132 322	132 323	132 322	132 318

## Specialised Hospitals

Complaint resolution within 25 working days rate				
Annual Target	Q1	Q2	Q3	Q4
100.0%	100.0%	100.0%	100.0%	100.0%
Numerator 140	37	31	34	38
Denominator 140	37	31	34	38
Patient Experience of Care satisfaction rate				
Annual Target	Q1	Q2	Q3	Q4
83.5%				83.5%
Numerator 17 987				17 987
Denominator 21 547				21 547

Severity assessment code (SAC) 1 incidents reported within 24 hours rate				
Annual Target	Q1	Q2	Q3	Q4
90.91%	91.30%	90.70%	92.19%	90.91%
Numerator 80	21	39	59	80
Denominator 88	23	43	64	88
Patient Safety Incident (PSI) case closure rate				
Annual Target	Q1	Q2	Q3	Q4
98.8%	98.5%	98.7%	98.7%	98.8%
Numerator 1 542	390	771	1 152	1 542
Denominator 1 561	396	781	1 167	1 561

### Explanation of planned performance over the medium-term

As the Province recovers from the pandemic, we have seen a resurgence of other communicable diseases and increased pressure on hospitals. Worsening socio-economic conditions are also hampering patient management control of chronic diseases. We expect this to continue in the medium term and coupled with reducing budgets, fairly modest targets have been set. Nevertheless, the Province hopes to mitigate the impact of these factors and optimise the health of the population despite these constraints.

## Programme Resource Considerations

### Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	Main appro- priation 2022/23	Adjusted appro- priation 2022/23	Revised estimate 2022/23	% Change from Revised estimate			
							2023/24	2022/23	2024/25	2025/26
1. General (Regional) Hospitals	2 181 082	2 288 523	2 392 886	2 522 154	2 551 648	2 564 275	2 505 705	(2.28)	2 572 335	2 648 637
2. Tuberculosis Hospitals	348 725	333 775	368 662	388 998	387 635	394 114	389 350	(1.21)	401 187	414 258
3. Psychiatric/Mental Hospitals	983 865	1 013 801	1 073 505	1 087 180	1 095 118	1 094 247	1 108 890	1.34	1 136 347	1 166 700
4. Sub-acute, Step down and Chronic Medical Hospitals	219 748	241 398	242 928	263 094	264 891	264 074	453 237	71.63	468 071	480 805
5. Dental Training Hospitals	176 238	179 035	192 465	199 924	206 293	208 929	203 773	(2.47)	207 852	212 139
<b>Total payments and estimates</b>	<b>3 909 658</b>	<b>4 056 532</b>	<b>4 270 446</b>	<b>4 461 350</b>	<b>4 505 585</b>	<b>4 525 639</b>	<b>4 660 955</b>	<b>2.99</b>	<b>4 785 792</b>	<b>4 922 539</b>

Note: Sub-programme 4.3: 2023/24: National conditional grant: National Health Insurance – R2 379 000 (Compensation of employees).  
Sub-programmes 4.1 - 4.5: 2023/24: National conditional grant: Human Resources and Training: R305 821 000 (Compensation of employees).

### Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	Main appro- priation 2022/23	Adjusted appro- priation 2022/23	Revised estimate 2022/23	% Change from Revised estimate			
							2023/24	2022/23	2024/25	2025/26
<b>Current payments</b>	<b>3 850 292</b>	<b>3 988 616</b>	<b>4 212 111</b>	<b>4 398 116</b>	<b>4 430 156</b>	<b>4 452 430</b>	<b>4 543 877</b>	<b>2.05</b>	<b>4 665 054</b>	<b>4 797 972</b>
Compensation of employees	2 857 384	2 925 263	3 061 817	3 149 483	3 212 437	3 196 497	3 223 154	0.83	3 259 921	3 302 472
Goods and services	992 908	1 063 353	1 150 294	1 248 633	1 217 719	1 255 933	1 320 723	5.16	1 405 133	1 495 500
<b>Transfers and subsidies to</b>	<b>18 732</b>	<b>15 181</b>	<b>17 534</b>	<b>21 454</b>	<b>21 440</b>	<b>16 004</b>	<b>65 951</b>	<b>312.09</b>	<b>68 984</b>	<b>72 157</b>
Departmental agencies and accounts	20									
Non-profit institutions	3 407	3 528	3 610	3 850	3 850	3 850	47 490	1 133.51	49 674	51 959
Hous eholds	15 305	11 653	13 924	17 604	17 590	12 154	18 461	51.89	19 310	20 198
<b>Payments for capital assets</b>	<b>40 392</b>	<b>52 419</b>	<b>40 489</b>	<b>41 780</b>	<b>53 989</b>	<b>56 792</b>	<b>51 127</b>	<b>(9.97)</b>	<b>51 754</b>	<b>52 410</b>
Machinery and equipment	40 351	52 139	40 388	41 780	53 989	56 551	51 127	(9.59)	51 754	52 410
Software and other intangible as s ets	41	280	101			241		(100.00)		
<b>Payments for financial as s ets</b>	<b>242</b>	<b>316</b>	<b>312</b>			<b>413</b>		<b>(100.00)</b>		
<b>Total economic classification</b>	<b>3 909 658</b>	<b>4 056 532</b>	<b>4 270 446</b>	<b>4 461 350</b>	<b>4 505 585</b>	<b>4 525 639</b>	<b>4 660 955</b>	<b>2.99</b>	<b>4 785 792</b>	<b>4 922 539</b>



## Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	% Change from Revised estimate			
							2023/24	2022/23	2024/25	2025/26
Transfers and subsidies to (Current)	18 732	15 181	17 534	21 454	21 440	16 004	65 951	312.09	68 984	72 157
Departmental agencies and accounts	20									
Departmental agencies (non- business entities)	20									
South African Broadcasting Corporation (SABC)	20									
Non-profit institutions	3 407	3 528	3 610	3 850	3 850	3 850	47 480	1133.51	49 674	51 959
Households	15 305	11 653	13 924	17 604	17 590	12 154	18 481	51.89	19 310	20 198
Social benefits	15 203	11 653	13 924	17 604	17 590	12 154	18 481	51.89	19 310	20 198
Other transfers to households	102									

# 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

## 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

## Outcomes, Outputs, Performance Indicators & Targets

### Central Hospitals

OUTCOME	ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH
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OUTPUT	Child health services
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INDICATOR Live birth under 2500g in facility rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
35.0%	34.8%	34.5%	34.5%	35.2%	35.0%	35.0%
N	3 794	3 782	3 988	4 116	3 821	3 773
D	10 825	10 865	11 156	11 940	10 855	10 780

INDICATOR Child under 5 years diarrhoea case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
0.2%	0.4%	0.7%	0.9%	0.9%	0.8%	0.8%
N	1	1	3	7	7	7
D	425	266	435	742	813	893

**INDICATOR** Child under 5 years pneumonia case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
0.4%	0.3%	0.3%	0.7%	0.7%	0.6%	0.6%
N 5	3	3	7	8	8	8
D 1 319	888	1 031	1 019	1 182	1 362	1 362

**INDICATOR** Child under 5 years severe acute malnutrition case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New Indicator		20.0%	1.0%	1.9%	2.2%	2.1%
N	1		1	2	2	2
D	51		98	106	93	97

**INDICATOR** [Number of] Death in facility under 5 years

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
N 461	441	443	458	424	411	411

**INDICATOR** [Number of] Maternal Mortality in facility

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
N 22	45	33	36	35	34	34

**OUTCOME** A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE**OUTPUT** Technically efficient provincial health system**INDICATOR** Complaint resolution within 25 working days rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
95.5%	88.0%	90.1%	92.0%	92.5%	93.0%	93.0%
N 555	410	562	561	592	605	605
D 581	466	624	610	640	650	650

**INDICATOR** Patient Experience of Care satisfaction rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New Indicator		Not required to report	82.0%	82.0%	82.0%	82.0%
N	23 521		25 873	28 460	31 306	
D	28 679		31 547	34 702	38 172	

**INDICATOR** Severity assessment code (SAC) 1 incidents reported within 24 hours rate

Audited Performance			Estimated Performance	Medium Term Targets			
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	
66.7%	0.0%	100.0%	82.4%	56.0%	62.0%	68.0%	
N	2	0	1	70	109	127	135
D	3	0	1	85	195	206	199

**INDICATOR** Patient Safety Incident (PSI) case closure rate

Audited Performance			Estimated Performance	Medium Term Targets			
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	
92.9%	97.2%	96.6%	91.3%	89.0%	90.0%	91.0%	
N	1 053	771	1 184	901	901	896	894
D	1 134	793	1 226	986	1 012	996	982

**OUTPUT** Accessible health services**INDICATOR** Average length of stay

Audited Performance			Estimated Performance	Medium Term Targets			
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	
6.4	7.1	7.0	7.0	7.0	7.0	7.0	
N	768 750	657 069	732 976	759 897	764 949	756 214	759 490
D	120 416	92 564	105 283	108 557	109 279	108 030	108 958

**INDICATOR** Inpatient bed utilization rate

Audited Performance			Estimated Performance	Medium Term Targets			
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	
89.3%	76.2%	84.5%	87.0%	87.6%	86.6%	86.9%	
N	768 750	657 069	732 976	759 897	764 949	756 214	759 490
D	861 129	862 103	866 970	873 541	873 541	873 541	873 541

## Tertiary Hospitals

OUTCOME	ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH
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OUTPUT	Child health services
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## INDICATOR Child under 5 years diarrhoea case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
0.3%	0.2%	0.4%	0.3%	0.5%	0.4%	0.4%
N 4	2	6	7	7	7	7
D 1 184	828	1 408	2 038	1 508	1 609	1 708

## INDICATOR Child under 5 years pneumonia case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
0.5%	0.1%	0.3%	0.5%	0.5%	0.5%	0.5%
N 11	2	6	11	12	12	12
D 2 225	1 630	1 940	2 130	2 430	2 430	2 430

## INDICATOR Child under 5 years severe acute malnutrition case fatality rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New Indicator		0.0%	1.0%	1.2%	1.3%	1.3%
N		0	1	1	1	1
D		47	96	82	78	78

## INDICATOR [Number of] Death in facility under 5 years

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
N 124	99	127	128	130	135	135

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE
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OUTPUT	Technically efficient provincial health system
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**INDICATOR** Complaint resolution within 25 working days rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
93.9%	100.0%	100.0%	95.0%	95.0%	95.0%	95.0%
N 124	59	135	133	116	122	122
D 132	59	135	140	122	128	128

**INDICATOR** Patient Experience of Care satisfaction rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
New Indicator		Not required to report	73.9%	89.3%	89.3%	89.3%
N			5 643	7 505	8 256	9 081
D			7 636	8 400	9 240	10 164

**INDICATOR** Severity assessment code (SAC) 1 incidents reported within 24 hours rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
100.0%	75.0%	100.0%	66.7%	66.7%	66.7%	66.7%
N 2	3	1	2	2	2	2
D 2	4	1	3	3	3	3

**INDICATOR** Patient Safety Incident (PSI) case closure rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
95.3%	98.2%	98.4%	90.0%	90.0%	90.6%	91.2%
N 201	218	185	133	131	145	146
D 211	222	188	133	146	160	160

OUTPUT	Accessible health services					
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**INDICATOR** Average length of stay

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
3.9	4.6	4.3	4.4	4.4	4.3	4.3
N	75 804	66 818	76 387	79 935	81 001	81 001
D	19 586	14 538	17 632	18 167	18 409	18 837

**INDICATOR** Inpatient bed utilization rate

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
76.3%	67.3%	74.9%	75.0%	76.0%	75.0%	76.0%
N	75 804	66 818	76 387	79 935	81 001	81 001
D	99 291	99 291	102 029	106 592	106 592	106 592

## Output indicators – Annual & Quarterly Targets

### Central Hospitals

Live birth under 2500g in facility rate					
Annual Target		Q1	Q2	Q3	Q4
35.2%		35.2%	35.2%	35.2%	35.2%
Numerator	3 821	955	1 910	2 866	3 821
Denominator	10 855	2 714	5 428	8 141	10 855
Child under 5 years diarrhoea case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
0.9%		1.0%	0.7%	0.8%	0.9%
Numerator	7	2	3	5	7
Denominator	813	203	407	610	813
Child under 5 years pneumonia case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
0.7%		0.7%	0.7%	0.7%	0.7%
Numerator	8	2	4	6	8
Denominator	1 182	296	591	887	1 182

Child under 5 years severe acute malnutrition case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
1.9%		1.9%	1.4%	2.2%	1.9%
Numerator	2	1	1	2	2
Denominator	106	27	53	80	106
[Number of] Death in facility under 5 years					
Annual Target		Q1	Q2	Q3	Q4
Numerator	424	103	210	317	424
[Number of] Maternal Mortality in facility					
Annual Target		Q1	Q2	Q3	Q4
Numerator	35	9	18	26	35



Complaint resolution within 25 working days rate				
Annual Target	Q1	Q2	Q3	Q4
92.5%	92.5%	92.5%	92.5%	92.5%
Numerator 592	148	148	148	148
Denominator 640	160	160	160	160
Patient Experience of Care satisfaction rate				
Annual Target	Q1	Q2	Q3	Q4
82.0%				82.0%
Numerator 25 873				25 873
Denominator 31 547				31 547
Severity assessment code (SAC) 1 incidents reported within 24 hours rate				
Annual Target	Q1	Q2	Q3	Q4
56.0%	55.1%	55.7%	55.5%	55.9%
Numerator 109	27	54	81	109
Denominator 195	49	97	146	195
Patient Safety Incident (PSI) case closure rate				
Annual Target	Q1	Q2	Q3	Q4
89.0%	89.0%	89.0%	89.0%	89.0%
Numerator 901	225	450	676	901
Denominator 1 012	253	506	759	1 012
Average length of stay				
Annual Target	Q1	Q2	Q3	Q4
7.0	7.0	7.0	7.0	7.0
Numerator 764 949	191 237	191 237	191 238	191 237
Denominator 109 279	27 320	27 320	27 320	27 319
Inpatient bed utilization rate				
Annual Target	Q1	Q2	Q3	Q4
87.6%	87.6%	87.6%	87.6%	87.6%
Numerator 764 949	191 237	191 237	191 238	191 237
Denominator 873 541	218 385	218 385	218 385	218 386

## Tertiary Hospitals

## Child under 5 years diarrhoea case fatality rate

Annual Target	Q1	Q2	Q3	Q4
0.5%	0.5%	0.5%	0.5%	0.5%
Numerator 7	2	4	5	7
Denominator 1 508	377	754	1 131	1 508

## Child under 5 years pneumonia case fatality rate

Annual Target	Q1	Q2	Q3	Q4
0.5%	0.5%	0.5%	0.5%	0.5%
Numerator 12	3	6	9	12
Denominator 2 430	608	1 215	1 823	2 430

## Child under 5 years severe acute malnutrition case fatality rate

Annual Target	Q1	Q2	Q3	Q4
1.2%	0.0%	0.0%	1.6%	1.2%
Numerator 1	0	0	1	1
Denominator 82	21	41	62	82

## [Number of] Death in facility under 5 years

Annual Target	Q1	Q2	Q3	Q4
Numerator 130	33	66	98	130

## Complaint resolution within 25 working days rate

Annual Target	Q1	Q2	Q3	Q4
95.0%	95.0%	95.0%	95.0%	95.0%
Numerator 116	29	29	29	29
Denominator 122	30	31	30	31

## Patient Experience of Care satisfaction rate

Annual Target	Q1	Q2	Q3	Q4
89.3%				89.3%
Numerator 7 505				7 505
Denominator 8 400				8 400

Severity assessment code (SAC) 1 incidents reported within 24 hours rate					
Annual Target		Q1	Q2	Q3	Q4
66.7%		100.0%	50.0%	66.7%	66.7%
Numerator	2	1	1	2	2
Denominator	3	1	2	3	3
Patient Safety Incident (PSI) case closure rate					
Annual Target		Q1	Q2	Q3	Q4
89.7%		90.4%	89.0%	89.5%	89.7%
Numerator	131	33	65	98	131
Denominator	146	37	73	110	146
Average length of stay					
Annual Target		Q1	Q2	Q3	Q4
4.4		4.4	4.4	4.4	4.4
Numerator	81 001	20 250	20 250	20 251	20 250
Denominator	18 409	4 602	4 603	4 602	4 602
Inpatient bed utilization rate					
Annual Target		Q1	Q2	Q3	Q4
76.0%		76.0%	76.0%	76.0%	76.0%
Numerator	81 001	20 250	20 250	20 251	20 250
Denominator	106 592	26 648	26 648	26 648	26 648

## Explanation of planned performance over the medium-term

Programme 5 being the highest level of care in the province, focusses on providing specialist and sub-specialist care in an effective and efficient manner, while supporting lower levels of care with outreach, referral and advisory services. Inspired leadership and good governance facilitate world class excellence in service provision, while consciously investing in and cultivating the potential of all categories of staff.

# Programme Resource Considerations

## Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
				Main appro- priation 2022/23	Adjusted appro- priation 2022/23	Revised estimate 2022/23	% Change from Revised estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22				2023/24	2022/23	2024/25	2025/26
1. Central Hospital Services	6 049 874	6 300 327	6 542 436	6 776 954	6 924 339	6 913 469	6 696 778	(3.13)	6 881 491	7 080 588
2. Provincial Tertiary Hospital Services	894 634	934 311	958 513	996 246	1 008 485	1 008 313	988 379	(1.98)	1 016 051	1 045 421
Total payments and estimates	6 944 508	7 234 638	7 500 949	7 773 200	7 932 824	7 921 782	7 685 157	(2.99)	7 897 542	8 126 009

Note: Sub-programmes 5.1 and 5.2: 2023/24: National conditional grant: National Tertiary Services: R3 323 839 000 (Compensation of employees R2 079 088 000, Goods and services R1 231 933 000 and Payments for capital assets R12 818 000).  
Sub-programmes 5.1 and 5.2: 2023/24: National conditional grant: Human Resources and Training: R333 008 000 (Compensation of employees).

## Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
				Main appro- priation	Adjusted appro- priation	Revised estimate	% Change from Revised estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	2022/23	2022/23	2022/23	2023/24	2022/23	2024/25	2025/26
Current payments	6 867 698	7 028 718	7 407 075	7 674 216	7 832 069	7 827 319	7 603 768	( 2.86)	7 814 177	8 040 576
Compensation of employees	4 760 853	4 847 072	5 076 060	5 191 684	5 278 146	5 224 537	5 113 978	( 2.12)	5 164 094	5 219 292
Goods and services	2 106 845	2 181 646	2 331 015	2 482 532	2 553 923	2 602 782	2 489 790	( 4.34)	2 650 083	2 821 284
Transfers and subsidies to	44 090	39 139	38 136	37 426	37 426	33 630	39 056	16.13	40 852	42 731
Departmental agencies and accounts	15									
Non-profit institutions	13 205	13 707	14 159	14 754	14 754	14 753	15 506	5.10	16 219	16 965
Households	30 870	25 432	23 977	22 672	22 672	18 877	23 550	24.75	24 633	25 766
Payments for capital assets	32 241	166 364	55 146	61 558	63 329	60 579	42 333	( 30.12)	42 513	42 702
Machinery and equipment	31 764	166 364	54 202	61 558	58 058	56 389	42 333	( 24.93)	42 513	42 702
Software and other intangible assets	477		944		5 271	4 190		( 100.00)		
Payments for financial assets	479	417	592			254		( 100.00)		
Total economic classification	6 944 508	7 234 638	7 500 949	7 773 200	7 932 824	7 921 782	7 685 157	( 2.99)	7 897 542	8 126 009

## Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate				
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change from Revised estimate	2023/24	2022/23	2024/25	2025/26
	2019/20	2020/21	2021/22	appropriation 2022/23	appropriation 2022/23	estimate 2022/23					
Transfers and subsidies to (Current)	44 090	39 139	38 136	37 426	37 426	33 630		39 058	16.13	40 852	42 731
Departmental agencies and accounts	15										
Departmental agencies (non- business entities)	15										
South African Broadcasting Corporation (SABC)	15										
Non-profit institutions	13 205	13 707	14 159	14 754	14 754	14 753		15 508	5.10	16 219	16 965
Households	30 870	25 432	23 977	22 672	22 672	18 877		23 550	24.75	24 633	25 766
Social benefits	30 870	25 260	23 977	22 672	22 672	18 543		23 550	27.00	24 633	25 766
Other transfers to hous eholds		172				334			(100.00)		

## Programme 6. Health Sciences & Training

### *Purpose*

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

### *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*

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

## Outcomes, Outputs, Performance Indicators & Targets

<b>OUTCOME</b>	<b>A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE</b>
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<b>OUTPUT</b>	<b>A capable workforce</b>
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### INDICATOR Bursaries awarded for scarce and critical skills categories

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
2 090	1 503	1 249	1 420	1 278	1 400	1 400

## Output indicators – Annual & Quarterly Targets

Bursaries awarded for scarce and critical skills categories					
Annual Target		Q1	Q2	Q3	Q4
Numerator	1 278				1 278

## Explanation of planned performance over the medium-term

A high-performance health system that is for people requires a capable workforce fit for purpose. A key intervention for Programme 6 is contributing to the development of a pool of key health professionals by awarding bursaries for scarce and critical skills.

## Programme Resource Considerations

### Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	Main appro- priation 2022/23	Adjusted appro- priation 2022/23	Revised estimate 2022/23	% Change from Revised estimate 2023/24	2022/23	2024/25	2025/26
1. Nurse Training College	64 816	61 870	83 539	95 867	95 666	96 895	97 684	0.81	100 648	103 820
2. Emergency Medical Services (EMS) Training College	31 473	31 955	31 633	34 415	34 415	34 338	35 505	3.40	36 247	37 030
3. Bursaries	58 087	53 824	56 368	62 094	69 027	69 027	65 281	(5.45)	68 263	71 403
4. Primary Health Care (PHC) Training				1	1	1	1		1	1
5. Training (Other)	176 493	170 165	172 300	205 555	213 786	207 351	208 173	(0.57)	196 368	204 612
<b>Total payments and estimates</b>	<b>330 869</b>	<b>317 814</b>	<b>343 840</b>	<b>397 932</b>	<b>412 895</b>	<b>407 612</b>	<b>404 624</b>	<b>(0.73)</b>	<b>401 527</b>	<b>416 866</b>

Note: Sub-programme 6.5: 2023/24: National conditional grant: Social Sector EPWP Incentive Grant for Provinces – R9 404 000 (Compensation of Employees).

### Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	Main appro- priation 2022/23	Adjusted appro- priation 2022/23	Revised estimate 2022/23	% Change from Revised estimate 2023/24	2022/23	2024/25	2025/26
<b>Current payments</b>	<b>211 643</b>	<b>202 143</b>	<b>217 958</b>	<b>272 035</b>	<b>274 779</b>	<b>268 526</b>	<b>274 800</b>	<b>2.34</b>	<b>268 758</b>	<b>280 490</b>
Compensation of employees	153 558	158 015	158 887	190 609	190 609	180 241	193 699	7.47	184 549	186 181
Goods and services	58 085	44 128	59 071	81 426	84 170	88 285	81 101	(8.14)	84 209	94 309
<b>Transfers and subsidies to</b>	<b>109 743</b>	<b>109 317</b>	<b>107 216</b>	<b>122 500</b>	<b>129 433</b>	<b>123 647</b>	<b>125 777</b>	<b>1.72</b>	<b>128 572</b>	<b>131 496</b>
Departmental agencies and accounts	6 126	6 404	6 601	6 894	6 894	6 874	7 246	5.41	7 579	7 928
Non-profit institutions	56 995	62 055	62 065	64 672	64 672	64 672	65 000	0.51	65 000	65 000
Households	46 622	40 858	38 550	50 934	57 867	52 101	53 531	2.74	55 993	58 568
<b>Payments for capital assets</b>	<b>8 464</b>	<b>4 693</b>	<b>10 864</b>	<b>3 397</b>	<b>8 683</b>	<b>9 439</b>	<b>4 047</b>	<b>(57.12)</b>	<b>4 197</b>	<b>4 880</b>
Machinery and equipment	8 464	4 693	10 076	3 397	8 683	9 439	4 047	(57.12)	4 197	4 880
Software and other intangible assets			788							
<b>Payments for financial assets</b>	<b>1 019</b>	<b>1 661</b>	<b>7 802</b>			<b>6 000</b>		<b>(100.00)</b>		
<b>Total economic classification</b>	<b>330 869</b>	<b>317 814</b>	<b>343 840</b>	<b>397 932</b>	<b>412 895</b>	<b>407 612</b>	<b>404 624</b>	<b>(0.73)</b>	<b>401 527</b>	<b>416 866</b>



## Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
				Main appropriation	Adjusted appropriation	Revised estimate	% Change from Revised estimate	2023/24	2024/25	2025/26
	Audited	Audited	Audited							
	2019/20	2020/21	2021/22	2022/23	2022/23	2022/23				
Transfers and subsidies to (Current)	109 743	109 317	107 216	122 500	129 433	123 647	125 777	1.72	128 572	131 496
Departmental agencies and accounts	6 126	6 404	6 601	6 894	6 894	6 874	7 248	5.41	7 579	7 928
Departmental agencies (non- business entities)	6 126	6 404	6 601	6 894	6 894	6 874	7 248	5.41	7 579	7 928
Sector Education and Training Authority (SETA)	6 126	6 404	6 601	6 894	6 894	6 874	7 248	5.41	7 579	7 928
Non-profit institutions	56 995	62 055	62 065	64 672	64 672	64 672	65 000	0.51	65 000	65 000
Households	46 622	40 858	38 550	50 934	57 867	52 101	53 531	2.74	55 993	58 568
Social benefits	674	431	1 295	621	621	1 241	652	(47.46)	682	713
Other transfers to households	45 948	40 427	37 255	50 313	57 246	50 860	52 879	3.97	55 311	57 855

## Programme 7. Health Care Support Services

### *Purpose*

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

### *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 Pathology Service*

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

(Note: This function has been transferred from sub-programme 2.8)

### *Sub-Programme 7.4. Orthotic and Prosthetic Services*

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

### *Sub-Programme 7.5. Cape Medical Depot*

The procurement, contract management, warehousing and distribution of pharmaceuticals to WCGHW facilities

### *Sub-Programme 7.6. WC Health Warehouse*

The procurement, contract management, warehousing and distribution of medical supplies other than pharmaceuticals to WCGHW facilities

(Please note, sub-programme 7.5 has been renamed since 2013, in line with the incorporation of the trading entity into the Department.)

## Outcomes, Outputs, Performance Indicators & Targets

### Engineering Services

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE
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OUTPUT	Technically efficient provincial health system
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**INDICATOR** Percentage of hospitals achieving the provincial benchmark for energy consumption

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Not required to report	75.0%	73.1%	71.2%	76.9%	78.8%	82.7%
N	39	38	37	40	41	43
D	52	52	52	52	52	52

**INDICATOR** Percentage of hospitals achieving the provincial benchmark for water utilisation

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
75.0%	76.9%	53.8%	69.2%	69.2%	69.2%	69.2%
N	39	40	28	36	36	36
D	52	52	52	52	52	52

### Forensic Pathology Services

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE
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OUTPUT	Technically efficient provincial health system
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**INDICATOR** Percentage of Child Death Cases reviewed by the Child Death Review Boards

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
71.5%	82.4%	78.8%	89.5%	90.0%	90.5%	91.0%
N	1 058	996	1 124	1 349	1 220	1 193
D	1 479	1 209	1 426	1 507	1 348	1 311

## Medicine Supply

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE
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OUTPUT	Technically efficient provincial health system
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INDICATOR	Percentage of pharmaceutical stock available
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Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
84.2%	89.8%	95.2%	95.1%	95.1%	95.1%	95.1%
N 583	693	727	674	674	674	674
D 692	772	786	709	709	709	709

## Output indicators – Annual &amp; Quarterly Targets

## Engineering Services

## Percentage of hospitals achieving the provincial benchmark for energy consumption

Annual Target†	Q1	Q2	Q3	Q4
76.9%				76.9%
Numerator 40				40
Denominator 52				52

## Percentage of hospitals achieving the provincial benchmark for water utilisation

Annual Target†	Q1	Q2	Q3	Q4
69.2%				69.2%
Numerator 36				36
Denominator 52				52

## Forensic Pathology Services

## Percentage of Child Death Cases reviewed by the Child Death Review Boards

Annual Target†	Q1	Q2	Q3	Q4
90.0%	90.0%	90.1%	89.9%	90.2%
Numerator 1 248	297	335	322	294
Denominator 1 386	330	372	358	326

## Medicine Supply

Percentage of pharmaceutical stock available					
Annual Target		Q1	Q2	Q3	Q4
95.1%		95.1%	95.1%	95.1%	95.1%
Numerator	674	674	674	674	674
Denominator	709	709	709	709	709

### Explanation of planned performance over the medium-term

The Cape Medical Depot (CMD) medicine availability managed using a matrix of interventions. These include, but are not limited to, focused contract management of pharmaceutical contracts; the application of penalties for poor supplier performance for late or partial deliveries of orders as per contracts; the substitution of pharmaceuticals where indicated; based on clinical evidence based decision making processes well established in the Department; the escalation reporting of pharmaceutical supplier poor performance to National Department of Health regarding concluded contracts; and the apportionment of limited stock to sites due to poor performance by the contracted suppliers.

The Forensic Pathology Service leads multisectoral and interdisciplinary Child Death reviews to facilitate case management between FPS, NPA/DPP and SAPS resulting in improved investigations, faster case turn-around time and presentation to the magistrate's or high court. CDRs are also conducted in an effort to strengthen the health system, including improving referral pathways; Implementation of public health interventions; increased surveillance and advocacy to prevent avoidable deaths in children and enhancing cross-sector collaboration (following the whole-of-society approach (WoSA)).

In the context of climate change the Department remains committed to conserving energy and water. From an engineering perspective, technical interventions are introduced to facilitate facilities to reduce water and electricity consumption.

## Programme Resource Considerations

### Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change from Revised estimate			
	2019/20	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2022/23	2024/25	2025/26
1. Laundry Services	110 862	123 696	122 025	124 477	130 103	131 439	124 240	(5.48)	128 600	133 612
2. Engineering Services	103 632	113 566	121 651	129 771	125 323	123 989	133 497	7.67	134 786	138 405
3. Forensic Services	199 893	214 615	228 457	245 862	248 801	253 073	264 930	4.69	270 105	275 570
4. Orthotic and Prosthetic Services				1	1	1	1		1	1
5. Cape Medical Depot	76 870	81 084	74 013	84 170	80 670	75 299	81 223	7.87	83 177	85 234
6. Health Warehouse							19 565		20 140	20 746
<b>Total payments and estimates</b>	<b>491 257</b>	<b>532 961</b>	<b>546 146</b>	<b>584 281</b>	<b>584 898</b>	<b>583 801</b>	<b>623 456</b>	<b>6.79</b>	<b>636 809</b>	<b>653 568</b>

Note: Sub-programme 7.2: 2023/24: National conditional grant: Expanded Public Works Programme Integrated Grant for Provinces: R2 155 000 (Compensation of employees). A new sub-programme 7.6: Health Warehouse has been added to this programme.

### Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change from Revised estimate			
	2019/20	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2022/23	2024/25	2025/26
<b>Current payments</b>	467 695	504 382	518 882	559 375	558 992	549 851	590 050	7.31	602 416	618 141
Compensation of employees	318 383	336 146	348 158	369 597	372 536	370 036	379 807	2.64	381 228	385 400
Goods and services	149 312	168 236	170 724	189 778	186 456	179 815	210 243	16.92	221 188	232 741
<b>Transfers and subsidies to</b>	765	1 136	2 649	874	874	645	917	42.17	958	1 001
Provinces and municipalities	2									
Households	763	1 136	2 649	874	874	645	917	42.17	958	1 001
<b>Payments for capital assets</b>	21 666	26 645	24 375	24 032	25 032	33 249	32 489	( 2.29)	33 435	34 426
Machinery and equipment	21 666	26 645	24 375	24 032	25 032	33 193	32 489	( 2.12)	33 435	34 426
<b>Payments for financial assets</b>	1 131	798	240			56		( 100.00)		
<b>Total economic classification</b>	<b>491 257</b>	<b>532 961</b>	<b>546 146</b>	<b>584 281</b>	<b>584 898</b>	<b>583 801</b>	<b>623 456</b>	<b>6.79</b>	<b>636 809</b>	<b>653 568</b>

## Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change from Revised estimate			
	2019/20	2020/21	2021/22	2022/23	2022/23	2022/23	2023/24	2022/23	2024/25	2025/26
<b>Transfers and subsidies to (Current)</b>	765	1 136	2 649	874	874	645	917	42.17	958	1 001
Provinces and municipalities	2									
Provinces	2									
Provincial agencies and funds	2									
Households	763	1 136	2 649	874	874	645	917	42.17	958	1 001
Social benefits	763	1 136	2 649	874	874	645	917	42.17	958	1 001

## Programme 8. Health Facilities Management

### *Purpose*

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

### *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



## Outcomes, Outputs, Performance Indicators & Targets

<b>OUTCOME</b>	<b>A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE</b>
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<b>OUTPUT</b>	<b>Technically efficient provincial health system</b>
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### INDICATOR Percentage of Health facilities with completed capital infrastructure projects

Audited Performance			Estimated Performance	Medium Term Targets		
2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Not required to report			83.3%	100.0%	100.0%	100.0%
N			5	9	13	11
D			6	9	13	11

## Output indicators – Annual & Quarterly Targets

Percentage of Health facilities with completed capital infrastructure projects				
Annual Target	Q1	Q2	Q3	Q4
100.0%				100.0%
Numerator 9				9
Denominator 9				9

## Explanation of planned performance over the medium-term

A high-performance health system needs suitable infrastructure to render efficient and effective health care services, thus, Programme 8 remains focused on efficiently managing its built environment to satisfy this requirement.

## Programme Resource Considerations

### Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main	Adjusted	Revised	% Change			
	2019/20	2020/21	2021/22	appropriation	appropriation	estimate	2023/24	from Revised estimate	2024/25	2025/26
1. Community Health Facilities	189 651	111 890	104 599	213 409	156 618	156 979	230 263	46.68	198 851	262 235
2. Emergency Medical Rescue Services	21 320	21 155	6 834	53 682	55 888	39 379	38 072	(3.32)	41 595	21 738
3. District Hospital Services	269 147	192 514	127 893	110 579	137 082	141 706	174 427	23.09	205 648	207 569
4. Provincial Hospital Services	96 231	106 704	52 899	132 625	144 491	138 879	212 134	52.75	230 323	173 250
5. Central Hospital Services	331 916	220 762	448 317	486 942	477 624	536 008	473 375	(11.69)	417 560	507 862
6. Other Facilities	168 875	445 864	218 179	179 356	221 469	180 221	177 598	(1.46)	146 997	150 064
<b>Total payments and estimates</b>	<b>1 077 140</b>	<b>1 098 889</b>	<b>958 721</b>	<b>1 176 593</b>	<b>1 193 172</b>	<b>1 193 172</b>	<b>1 305 869</b>	<b>9.45</b>	<b>1 240 974</b>	<b>1 322 718</b>

Note: Sub-programme 8.1 – 8.6: 2023/24: National conditional grant: Health Facility Revitalisation: R883 298 000 (Compensation of employees R52 117 000, Goods and services R85 882 000 and Payments for capital assets R745 299 000).

**Earmarked priority allocation:**

Included in Sub-programmes 8.1 to 8.6: R 1 305 869 000 (2023/24); R1 240 974 000 (2024/25); R1 322 718 000 (2025/26) for infrastructure, of which:

Tygerberg Hospital (maintenance and capital): R234 811 000(2023/24); R227 265 000 (2024/25); R237 447 000 (2025/26)

PES infrastructure: R187 760 000 (2023/24); R183 486 000 (2024/25); R217 854 000 (2025/26)

Health Facility Revitalisation Grant: R883 298 000 (2023/24); R830 223 000 (2024/25); R867 417 000 (2025/26)

## Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	Main appro- piation 2022/23	Adjusted appro- piation 2022/23	Revised estimate 2022/23	% Change from Revised estimate 2023/24	2022/23	2024/25	2025/26
<b>Current payments</b>	397 012	505 452	384 889	472 946	432 851	450 515	<b>476 891</b>	5.85	480 855	532 784
Compensation of employees	55 059	57 639	56 897	60 543	60 914	60 547	<b>73 676</b>	21.68	74 939	76 292
Goods and services	341 953	447 813	327 992	412 403	371 937	389 968	<b>403 215</b>	3.40	405 916	456 492
<b>Transfers and subsidies to</b>	10 127	10 287	252			512		( 100.00)		
Higher education institutions	10 000	10 000								
Households	127	287	252			512		( 100.00)		
<b>Payments for capital assets</b>	670 001	583 150	573 580	703 647	760 321	742 145	<b>828 978</b>	11.70	760 119	789 934
Buildings and other fixed structures	372 777	338 832	215 460	395 196	327 078	265 128	<b>572 437</b>	115.91	660 368	485 154
Machinery and equipment	293 484	244 225	358 120	305 451	433 243	477 017	<b>256 540</b>	( 46.22)	99 751	304 780
Software and other intangible	3 740	93		3 000			<b>1</b>			
<b>Payments for financial assets</b>										
<b>Total economic classification</b>	<b>1 077 140</b>	<b>1 098 889</b>	<b>958 721</b>	<b>1 176 593</b>	<b>1 193 172</b>	<b>1 193 172</b>	<b>1 305 869</b>	<b>9.45</b>	<b>1 240 974</b>	<b>1 322 718</b>

## Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2019/20	Audited 2020/21	Audited 2021/22	Main appro- piation 2022/23	Adjusted appro- piation 2022/23	Revised estimate 2022/23	% Change from Revised estimate 2023/24	2022/23	2024/25	2025/26
<b>Transfers and subsidies to (Current)</b>	127	287	252			512		(100.00)		
Households	127	287	252			512		(100.00)		
Social benefits	127	287	252			512		(100.00)		
<b>Transfers and subsidies to (Capital)</b>	10 000	10 000								
Higher education institutions	10 000	10 000								

## Updated Key Risks & Mitigations of the Strategic Plan

The key risks and mitigations of the strategic plan have been revised as follows.

Outcome 1 A provincial health system that by design supports wellness	
<b>Risk</b>	<b>Inability to mobilise the necessary financial, human and other resources</b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Clearly defined principles and process for re-prioritisation of resources</li> <li>• Establish alternate resource sources</li> <li>• Change management strategy</li> <li>• Build relationships of trust with key stakeholders</li> <li>• <i>Progressive implementation of equity budgeting</i></li> </ul>
<b>Risk</b>	<b>Disease outbreak</b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Retained sufficient capacity to beds, PPE, oxygen etc. to cope with COVID hospitalization</li> <li>• Regular and vigilant surveillance across multiple platforms for all outbreaks including measles, pertussis etc.</li> </ul>

Outcome 2 Children have the health resilience to flourish	
<b>Risk</b>	<b>The fragmented PHC services in the City of Cape Town district</b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Have measures in place to minimize the impact on service users to ensure a seamless transition between care settings</li> <li>• Advocate for provincialization of PHC services to align with rural districts</li> <li>• <i>Political and senior management engagement continues for the transfer of the remaining facilities.</i></li> </ul>

Outcome 3 People with long - term conditions are well managed	
<b>Risk</b>	<b><del>Medicine supply interruptions</del> Medicine unavailability including vaccines</b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Monitor stock levels and timeously order new stock</li> <li>• Provide alternatives to the essential medicines, where possible</li> <li>• Tight contract management with suppliers</li> <li>• Create provincial contracts for items that have been excluded from the revised national tenders, where possible</li> <li>• Optimal functioning of ICT system for stock management</li> <li>• <i>Province continues to liaise with NDoH to resolve poor performance of suppliers</i></li> <li>• <i>Contract management of contract suppliers</i></li> </ul>
<b>Risk</b>	<b>Inadequate models of care</b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Redefining what the health system must do</li> <li>• Re-design of the health system care continuum</li> <li>• Change management strategy to enable the transition to a person-centred clinical practice culture</li> <li>• <i>Service re-design model is underway</i></li> <li>• <i>Brackengate and Sonstraal have been opened as intermediate care facilities.</i></li> </ul>
<b>Risk</b>	<b>Unsafe care by Community Mental Health Facilities</b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Track and address compliance of CMHF with statutory requirements in partnership with other departments and NGOs to ensure safe care of users</li> </ul>

Outcome 4 A high-performance provincial health system for people	
<b>Risk</b>	<b>Load-shedding</b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Strategies to become more energy efficient</li> <li>• Business continuity plans are in place</li> </ul>
<b>Risk</b>	<b>Water scarcity</b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Reduce water consumption and supply of potable water by means of behaviour change (surgical scrubs, alcohol hand sanitizers, reduced utilisation of laundry services, etc.)</li> <li>• Engineering interventions (elimination of leaks, installation of low flow sanitary fixtures, waterless urinals, re-use of treated water etc.)</li> <li>• Continue with roll-out of boreholes programme and installation of storage tanks</li> <li>• Investigate and implement feasible water treatment technologies</li> <li>• Implementation and monitoring of Water Preparedness Plan</li> </ul>
<b>Risk</b>	<b>Climate change</b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• <i>Climate Change Committee and Climate Change Forum to provide stewardship and oversight</i></li> <li>• <i>Roadmap to be developed of mitigation and adaptation strategies</i></li> <li>• <i>Energy inefficiencies &amp; loadshedding: Strategies to become more energy efficient, introduce alternative energy solutions at health facilities, and investigate the possibility of dedicated electrical feeders at hospitals</i></li> <li>• <i>Water scarcity: Reduce water consumption via the ESCO programme</i></li> <li>• <i>Fire: Ensure adequate Fire protection measures are in place and regularly reviewed at health facilities</i></li> </ul>
<b>Risk</b>	<b>Inadequate Built environment</b> does not enable high performance
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Planning and prioritisation of maintenance and renewals</li> <li>• Ongoing monitoring of infrastructure expenditure</li> <li>• Develop a capacity building and retention strategy for both Engineering and Health Technology to help ensure support sustainability</li> <li>• Implement alternative contracting strategies to streamline service delivery</li> <li>• Monitor compliance with the Service Delivery Agreement between WCGHW and _____</li> <li>• <del>Develop</del> <i>Develop</i> improved asset and maintenance management system for Health Technology and Engineering assets</li> <li>• Identify and implement Health Technology strategies, options and interventions related to funding and service delivery impact scenarios for medical equipment</li> <li>• Review policies for emergency maintenance and repairs</li> <li>• Utilise Facility Condition Assessments to prioritise facility maintenance</li> <li>• Implement the Hub and Spoke Maintenance Blueprints for both Engineering and Health Technology</li> <li>• <i>Improve norms and standards</i></li> <li>• <i>Rigorous programme management and monitoring with implementers</i></li> </ul>
<b>Risk</b>	<b>Staff Safety &amp; Wellness</b> <del>Workforce safety compromises the responsiveness of the health system and the morale of employees</del>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Safety guidelines and protocols that empower staff to make decisions around their own safety</li> <li>• Raise employee awareness on safety in the workplace</li> <li>• Ensuring optimal security measures are in place at health facilities</li> <li>• 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</li> <li>• <i>Security awareness sessions online</i></li> <li>• <i>Security contract reporting</i></li> <li>• <i>Provide support teams to Khayelitsha facilities</i></li> <li>• <i>Conduct Security risk assessments</i></li> <li>• <i>EMS – intelligence sharing, bodycams, dashcams, exploring bullet proof vests, LEAP officers</i></li> </ul>

<b>Risk</b>	<b><i>Fraud, corruption, and theft</i></b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• <i>Development and Implementation of fraud and prevention plan.</i></li> </ul>
<b>Risk</b>	<b><i>Escalating medico legal claims</i></b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• <i>Build good relationships with the institutions and facilities and staff to process documents</i></li> <li>• <i>Raise the awareness of the risk and engage with the Obstetric task team.</i></li> <li>• <i>Obstetric and neonatal services have been prioritized by the department for focused attention.</i></li> </ul>
<b>Risk</b>	<b><i>ICT Risks</i></b>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• <i>Ensure Business Continuity Plans and Disaster Recovery Plans are in place and updated regularly</i></li> <li>• <i>Monitor infrastructure and system age to improve budget planning for necessary infrastructure refresh and system enhancements or replacement</i></li> <li>• <i>Improve IT contracts management</i></li> </ul>

## Public Entities

Not applicable

## Infrastructure Projects

Project Categories as stipulated by National Treasury are provided in the table below, followed by the list of infrastructure and infrastructure-related projects as envisaged for the 2023 MTEF.

NT Infrastructure Budget Categories	
<b>New or replaced infrastructure asset – Capital</b>	<ul style="list-style-type: none"> <li>• New infrastructure includes any construction of structure such as new building, new school, new clinic, new hospital, new community health care centre, new tared and gravel roads etc. It does not include additions to existing structures.</li> <li>• 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.</li> <li>• When a new asset has been created or an old asset replaced, the expenditure is classified as capital expenditure (payments of capital assets).</li> </ul>
<b>Upgrade &amp; additions – Capital</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Upgrades and additions are classified as payments for capital assets.</li> </ul>
<b>Rehabilitation, renovations &amp; refurbishments – Capital</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Maintenance &amp; repairs – Current</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Infrastructure transfers – Capital</b>	<ul style="list-style-type: none"> <li>• This category is relevant when the department makes a transfer of funds that the beneficiary must use either</li> <li>• For the construction of new infrastructure; or</li> <li>• For upgrades / additions to capital or refurbishment / rehabilitation of existing infrastructure</li> </ul>
<b>Infrastructure transfers – Current</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>



## New & Replacement Assets

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
1	CI810032 : Gouda - Gouda Clinic - Replacement	8.1	Cape Winelands	Health infrastructure improved	1-Mar-17	7-Nov-22	23,713	17,623	610	355	-
2	CI810074 : Paarl - Paarl CDC - New	8.1	Cape Winelands	Health infrastructure improved	28-Feb-17	31-Oct-25	85,589	1,780	2,776	27,360	6,259
3	CI810100 : Wolseley - Wolseley Clinic - Replacement	8.1	Cape Winelands	Health infrastructure improved	20-Mar-12	29-Mar-19	25,274	10	241	-	-
4	CI810101 : Worcester - Avian Park Clinic - New	8.1	Cape Winelands	Health infrastructure improved	1-Jul-15	31-May-22	37,087	2,623	190	-	-
5	CI820002 : De Doorns - De Doorns Ambulance Station - Replacement	8.2	Cape Winelands	Health infrastructure improved	1-Sep-14	21-Jun-21	19,660	383	1	-	-
6	CI810059 : Matijesfontein - Matijesfontein Satellite Clinic - Replacement	8.1	Central Karoo	Health infrastructure improved	19-Dec-14	31-Mar-27	6,000	-	1	25	33
7	CI860003 : Beaufort West - Beaufort West FPL - Replacement	8.6	Central Karoo	Health infrastructure improved	1-Apr-09	30-Apr-12	11,461	1	1	-	-
8	CI810016 : Delft - Symphony Way CDC - New	8.1	City of Cape Town	Health infrastructure improved	26-Jan-11	6-Jul-15	66,400	-	1	-	-
9	CI810021 : Elsie's River - Elsie's River CHC - Replacement	8.1	City of Cape Town	Health infrastructure improved	25-May-16	31-Mar-28	257,847	724	1,384	2,509	8,836
10	CI810038 : Hanover Park - Hanover Park CHC - Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Jun-16	31-Jul-27	233,299	2,471	2,533	12,500	20,117
11	CI810043 : Hout Bay - Hout Bay CDC - Replacement and Consolidation	8.1	City of Cape Town	Health infrastructure improved	21-Jun-18	30-Apr-28	74,000	402	1,109	1,278	1,869
12	CI810047 : Parklands - Parklands CDC - New	8.1	City of Cape Town	Health infrastructure improved	1-Dec-24	31-Dec-29	250,000	-	-	-	10
13	CI810055 : Maitland - Maitland CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	13-Dec-17	30-Jun-28	160,369	405	1,656	1,468	1,613
14	CI810060 : Mfuleni - Mfuleni CDC (Repl) - Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Dec-23	30-Sep-28	200,000	-	-	315	1,000
15	CI810062 : Philippi - Welltevreden CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Nov-17	30-Jun-27	130,338	1,954	547	7,524	13,348
16	CI810071 : Lotus River - Lotus River CDC (Repl) - Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Dec-24	31-May-29	220,000	-	-	331	200
17	CI810080 : Ravensmead - Ravensmead CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	1-Aug-15	31-Mar-25	79,688	1,176	9,889	11,773	10,254
18	CI810094 : Strand - Rusthof CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Dec-24	30-Sep-30	250,000	-	-	-	10
19	CI810114 : Kraaifontein - Walacedene CDC - New	8.1	City of Cape Town	Health infrastructure improved	1-Aug-24	31-May-30	250,000	-	-	-	10
20	CI810154 : Blackheath - KleinVlei CDC (Repl) - CoCT CDC Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Dec-24	30-Sep-30	200,000	-	-	-	10
21	CI810311 : Khayelitsha - Zakhele CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Dec-23	30-Jun-28	250,000	-	-	8	100

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
22	HC1810021 : Gugulethu - Gugulethu 2 CDC - New	8.1	City of Cape Town	Health infrastructure improved	31-May-23	31-May-28	100,000	-	4,000	12,000	9,600
23	CI820041 : Belhar - Belhar Ambulance Station - New	8.2	City of Cape Town	Health infrastructure improved	1-Mar-24	29-Feb-28	25,000	-	-	-	453
24	CI820057 : Maitland - EMS Head Office (Repl) - Replacement	8.2	City of Cape Town	Health infrastructure improved	24-Feb-22	30-Aug-24	34,123	-	1	1	1
25	CI820059 : Montague Gardens - Pinelands Ambulance Station Workshop (Repl) - Acquisition for replacement	8.2	City of Cape Town	Health infrastructure improved	5-Aug-22	31-Mar-24	25,000	25,000	1,000	-	-
26	HC1820003 : Maitland - Pinelands Ambulance Station (Repl) - Relocation to Alexandra Hospital site	8.2	City of Cape Town	Health infrastructure improved	14-Oct-22	15-Feb-24	130,000	1,000	9,000	7,560	8,316
27	CI840016 : Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	8.4	City of Cape Town	Health infrastructure improved	1-Apr-10	31-Aug-27	23,453	1	330	275	208
28	CI840025 : Belhar - Belhar Regional Hospital - New	8.4	City of Cape Town	Health infrastructure improved	15-Jun-22	30-Sep-32	3,691,201	-	945	14,623	5,990
29	CI840049 : Somerset West - Heiderberg Regional Hospital - District Hospital Replacement	8.4	City of Cape Town	Health infrastructure improved	30-Jun-24	30-Apr-34	2,000,000	-	-	-	10
30	CI840055 : Manenberg - Klipfontein Regional Hospital - Replacement Ph1	8.4	City of Cape Town	Health infrastructure improved	3-Dec-18	31-Aug-33	2,329,676	2	3,978	12,500	10,000
31	HC1850002 : Parow - Tygerberg Hospital - Replacement (PPP)	8.5	City of Cape Town	Health infrastructure improved	1-Apr-12	30-Jun-30	10,500,000	1,766	6,953	6,322	6,954
32	CI860012 : Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	Health infrastructure improved	12-Sep-14	4-Jun-21	306,282	16,301	3,653	-	-
33	CI860012 : Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	Health infrastructure improved	12-Sep-14	4-Jun-21	3,900	458	1	-	-
34	CI860014 : Parow - Cape Medical Depot - Replacement (Stages 3-7)	8.6	City of Cape Town	Health infrastructure improved	31-Dec-23	31-Mar-28	256,612	-	1,440	840	3,310
35	CI860094 : Observatory - Observatory FPL - Completion Works	8.6	City of Cape Town	Health infrastructure improved	18-Nov-21	30-Jun-23	4,476	2,913	905	28	-
36	CI810052 : Ladismith - Ladismith Clinic - Replacement	8.1	Garden Route	Health infrastructure improved	16-Mar-17	28-Feb-23	24,884	18,574	1,572	881	-
37	CI810068 : Mossel Bay - George Road Sat Clinic - Replacement	8.1	Garden Route	Health infrastructure improved	15-Feb-21	31-Aug-24	11,000	1	1,651	4,009	92
38	HC1810004 : Knysna - Hornlee Clinic - Replacement	8.1	Garden Route	Health infrastructure improved	20-Sep-22	28-Feb-24	35,000	10,000	26,000	2,000	-
39	CI860007 : Knysna - Knysna FPL - Replacement	8.6	Garden Route	Health infrastructure improved	1-Nov-14	31-Jul-23	34,216	17,344	7,229	1,162	-
40	CI860063 : George - WCCN Southern Cape Karoo Hostel 1 - Residential accommodation - New	8.6	Garden Route	Health infrastructure improved	1-Oct-24	31-Mar-30	25,000	-	-	-	270
41	CI810095 : Villiersdorp - Villiersdorp Clinic - Replacement	8.1	Overberg	Health infrastructure improved	30-Jun-17	21-Dec-22	30,273	21,066	2,084	1,543	-
42	HC1810031 : Caledon - Caledon Clinic (Repl) - Replacement	8.1	Overberg	Health infrastructure improved	30-Jul-23	31-Oct-28	30,000	-	-	341	216
43	CI820027 : Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	Health infrastructure improved	26-Jun-17	30-Sep-23	8,450	1,207	3,658	108	-

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates			
									2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
44	HC1860021 : Caledon - Overberg District Office - Replacement	8.6	Overberg	Health infrastructure improved	1-Dec-23	31-Mar-26	30,000	-	-	-	252	2,000
45	CI810086 : Saldanha - Diazville Clinic - Replacement	8.1	West Coast	Health infrastructure improved	21-Nov-17	31-Jan-27	38,818	866	498	119	5,975	-
46	CI810088 : St Helena Bay - Sandy Point Satellite Clinic - Replacement	8.1	West Coast	Health infrastructure improved	5-May-15	31-Oct-22	9,958	6,120	666	407	-	-
47	CI810096 : Vredenburg - Vredenburg CDC - New	8.1	West Coast	Health infrastructure improved	30-Nov-17	31-May-28	70,000	700	295	517	753	-
48	CI830028 : Malmesbury - Swartland Hospital (Repl) - Replacement	8.3	West Coast	Health infrastructure improved	30-Dec-24	30-Jun-30	1,000,000	-	-	-	4,000	-
49	HC1830018 : Malmesbury - Swartland Hospital (Repl) - Replacement (FIDPM Stage 2)	8.3	West Coast	Health infrastructure improved	31-Dec-23	31-Dec-25	2,000	-	300	750	660	-
TOTAL NEW AND REPLACEMENT ASSETS									97,098	131,684	122,477	-
No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates			
									2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
1	CI810032 : Gouda - Gouda Clinic - Replacement	8.1	Cape Winelands	Health infrastructure improved	1-Mar-17	30-Apr-23	23,713	2,542	13,284	1,287	849	-
2	CI810074 : Paarl - Paarl CDC - New	8.1	Cape Winelands	Health infrastructure improved	28-Feb-17	28-Feb-25	85,589	3,403	4,347	27,817	33,057	-
3	CI810085 : Robertson - Robertson CDC - New	8.1	Cape Winelands	Health infrastructure improved	31-Dec-23	28-Feb-29	70,000	-	-	-	1,515	-
4	CI810101 : Worcester - Avian Park Clinic - New building	8.1	Cape Winelands	Health infrastructure improved	1-Jul-15	31-Mar-22	37,087	25,000	465	699	-	-
5	CI810314 : Ceres - Ceres Clinic - Acquisition of building	8.1	Cape Winelands	Health infrastructure improved	1-Feb-22	20-Mar-23	13,225	-	13,225	-	-	-
6	CI820002 : De Doorns - De Doorns Ambulance Station - Replacement	8.2	Cape Winelands	Health infrastructure improved	1-Sep-14	21-Jun-21	19,660	2,160	685	-	-	-
7	CI810059 : Matjiesfontein - Matjiesfontein Satellite Clinic - Replacement	8.1	Central Karoo	Health infrastructure improved	19-Dec-14	30-Nov-26	6,000	-	-	-	108	-
8	CI840003 : Beaufort West - Beaufort West FPL - Replacement	8.6	Central Karoo	Health infrastructure improved	1-Apr-09	31-Mar-12	11,461	1	2	-	-	-
9	CI810016 : Delft - Symphony Way CDC - New	8.1	City of Cape Town	Health infrastructure improved	26-Jan-11	6-Jul-15	56,498	4,603	81	-	-	-
10	CI810021 : Elsie's River - Elsie's River CHC - Replacement	8.1	City of Cape Town	Health infrastructure improved	25-May-16	31-Jul-28	213,438	553	4,001	5,686	-	-
11	CI810038 : Hanover Park - Hanover Park CHC - Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Jun-16	31-Dec-26	233,299	-	6,403	1	10,000	-
12	CI810043 : Houf Bay - Houf Bay CDC - Replacement and Consolidation	8.1	City of Cape Town	Health infrastructure improved	21-Jun-18	30-Sep-26	74,000	1,422	-	2,916	-	-
13	CI810055 : Matland - Matland CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	13-Dec-17	31-Jul-26	160,369	722	577	3,207	-	-

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
14	C1810062 : Philippi - Weltevreden CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Nov-17	31-May-25	130 338	1 735	2 564	1	10 000
15	C1810071 : Lotus River - Lotus River CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Jun-23	31-May-29	150 000	-	-	-	4 329
16	C1810080 : Parow - Ravensmead CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	1-Aug-15	31-Dec-24	79 688	-	8 174	26 896	16 468
17	C1810094 : Strand - Rushhof CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	1-Jul-23	30-Sep-28	100 000	-	-	-	2 532
18	C1810112 : Masiphumelele - Masiphumelele CDC - CoCT Clinic Replacement	8.1	City of Cape Town	Health infrastructure improved	1-Aug-23	30-Jun-28	80 000	-	-	-	1 732
19	C1810129 : Kraaifontein - Bloekombos CHC - New	8.1	City of Cape Town	Health infrastructure improved	30-Jun-23	31-May-29	100 000	-	-	-	1 200
20	C1810146 : Gugulethu - Gugulethu 2 CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Sep-22	31-May-28	200 000	-	-	4 329	3 934
21	C1810154 : Blackheath - Kleinvllei CDC - CoCT CDC Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Dec-23	30-Sep-28	200 000	-	-	-	4 329
22	C1810311 : Khayelitsha - Zakhele CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Jun-23	30-Jun-28	200 000	-	-	-	25
23	C1820057 : Matland - EMS Head Office (Repl) - Replacement	8.2	City of Cape Town	Health infrastructure improved	1-Mar-22	31-Mar-23	20 000	500	18 000	1 500	-
24	C1830031 : Mitchells Plain - Mitchell's Plain Hospital - New	8.3	City of Cape Town	Health infrastructure improved	1-Apr-05	18-Feb-13	528 378	2	1	-	-
25	C1840016 : Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	8.4	City of Cape Town	Health infrastructure improved	1-Apr-10	31-May-25	20 000	-	1	1 315	10 144
26	C1840025 : Belhar - Belhar Regional Hospital - New	8.4	City of Cape Town	Health infrastructure improved	30-Apr-22	31-May-32	2 900 000	-	-	1 680	37 139
27	C1840055 : Manenberg - Klipfontein Regional Hospital - Replacement Ph I	8.4	City of Cape Town	Health infrastructure improved	3-Dec-18	28-Feb-31	2 201 598	-	5 510	31 340	15 056
28	HC1850002 : Parow - Tygerberg Hospital - Replacement (PPP)	8.5	City of Cape Town	Health infrastructure improved	1-Apr-12	30-Jun-30	10 500 000	679	1 000	1 000	-
29	C1860012 : Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	Health infrastructure improved	12-Sep-14	4-Jun-21	306 282	25 059	2 802	2	-
30	C1860014 : Parow - Cape Medical Depot - Replacement	8.6	City of Cape Town	Health infrastructure improved	31-Dec-23	30-Apr-27	256 612	-	-	3 200	2 667
31	C1860094 : Observatory - Observatory FPL - Completion Works	8.6	City of Cape Town	Health infrastructure improved	18-Nov-21	30-Jun-22	3 011	-	2 133	78	-
32	HC1860001 : Parow - Cape Medical Depot - Replacement	8.6	City of Cape Town	Health infrastructure improved	21-Sep-18	31-Mar-22	5 566	1 500	874	-	-
33	C1810052 : Ladismith - Ladismith Clinic - Replacement	8.1	Garden Route	Health infrastructure improved	16-Mar-17	28-Feb-23	24 884	2 564	16 240	80	814
34	C1810068 : Mossel Bay - George Road Sat Clinic - Replacement	8.1	Garden Route	Health infrastructure improved	15-Feb-21	30-Jun-23	11 000	10	1 753	6 310	736
35	HC1810004 : Knysna - Hornlee Clinic - Replacement	8.1	Garden Route	Health infrastructure improved	27-Sep-21	31-Dec-23	35 000	1	20 000	8 946	6 000
36	C1860007 : Knysna - Knysna FPL - Replacement	8.6	Garden Route	Health infrastructure improved	1-Nov-14	31-Mar-23	34 216	320	17 837	883	977

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates			
									2023/24 R000's	2024/25 R000's	2025/26 R000's	
37	C1860063 : George - WCCN Southern Cape Karoo Campus - Residential - Residential accommodation - New	8.6	Garden Route	Health infrastructure improved	1-Apr-23	28-Feb-29	25 000	-	-	-	-	541
38	C1810007 : Caledon - Caledon Clinic - Replacement	8.1	Overberg	Health infrastructure improved	30-Dec-22	31-Oct-28	30 000	-	-	-	-	866
39	C1810095 : Villiersdorp - Villiersdorp Clinic - Replacement	8.1	Overberg	Health infrastructure improved	30-Jun-17	31-Dec-22	30 273	2 582	16 607	8		1 192
40	C1820027 : Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	Health infrastructure improved	26-Jun-17	30-Sep-23	8 450	-	925	4 555		288
41	C1810086 : Saldanha - Diazville Clinic - Replacement	8.1	West Coast	Health infrastructure improved	21-Nov-17	31-Mar-27	38 818	98	1 710	-	-	-
42	C1810088 : St Helena Bay - Sandy Point Satellite Clinic - Replacement	8.1	West Coast	Health infrastructure improved	5-May-15	30-Sep-22	9 958	1 466	5 369	340		-
43	C1810096 : Vredenburg - Vredenburg CDC - New	8.1	West Coast	Health infrastructure improved	30-Nov-17	31-Jul-26	70 000	-	1 939	4 848		-
44	C1830028 : Malmesbury - Swartland Hospital - Replacement	8.3	West Coast	Health infrastructure improved	30-Mar-22	30-Jun-30	600 000	-	-	12 988		11 802
TOTAL NEW AND REPLACEMENT ASSETS									166 509	151 912		178 300

Maintenance & Additions

No	Reporting Category	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
Provincial Equitable Share: Infrastructure											
1	Maintenance - WCGHW	8.1	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	16,934	18,627	20,490	22,539
2	Maintenance - WCGHW	8.2	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	8,649	9,514	10,465	11,512
3	Maintenance - WCGHW	8.3	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	35,830	32,451	35,696	39,266
4	Maintenance - WCGHW	8.4	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	37,652	34,811	41,554	45,282
5	Maintenance - WCGHW	8.5	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	40,988	36,903	24,835	47,225
6	Maintenance - WCGHW	8.6	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	10,701	11,771	12,948	14,243
7	Maintenance - WCGTPW	8.1	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	197	148	105	70
8	Maintenance - WCGTPW	8.3	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	590	295	210	200
9	Maintenance - WCGTPW	8.4	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	1,300	1,051	750	500
10	Maintenance - WCGTPW	8.5	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	16,104	8,391	3,185	1,066
11	Maintenance - WCGTPW	8.6	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	63	30	21	14
TOTAL PROVINCIAL EQUITABLE SHARE: INFRASTRUCTURE									153,992	150,259	181,917
Provincial Equitable Share: Tygerberg											
1	Maintenance - WCGHW	8.5	Cape Town	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	20,522	99,166	120,215	172,442
2	Maintenance - WCGTPW	8.5	Cape Town	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	70,917	61,377	39,315	20,820
TOTAL PROVINCIAL EQUITABLE SHARE: TYGERBERG									160,543	159,530	193,262

No	Reporting Category	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates		
								2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
Health Facility Revitalisation Grant											
1	Maintenance - WCGTPW	8.1	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	15,728	16,975	20,124	14,164
2	Maintenance - WCGTPW	8.2	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	5,091	2,513	280	17
3	Maintenance - WCGTPW	8.3	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	15,241	14,595	11,659	12,891
4	Maintenance - WCGTPW	8.4	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	26,956	13,418	27,039	22,317
5	Maintenance - WCGTPW	8.5	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	6,601	25,403	11,386	5,236
6	Maintenance - WCGTPW	8.6	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	541	5,084	11,202	5,212
TOTAL HEALTH FACILITY REVITALISATION GRANT								77,988	81,690	59,837	
TOTAL MAINTENANCE AND REPAIRS								392,523	391,479	435,016	
No	Reporting Category	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
Provincial Equitable Share: Infrastructure											
1	Maintenance - WCGHW	8.1	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	24 579	16 934	22 570	34 143
2	Maintenance - WCGHW	8.2	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	3 759	8 649	9 085	9 543
3	Maintenance - WCGHW	8.3	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	39 573	29 500	43 869	41 285
4	Maintenance - WCGHW	8.4	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	23 199	37 652	25 432	25 991
5	Maintenance - WCGHW	8.5	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	9 232	25 087	14 039	31 300
6	Maintenance - WCGHW	8.6	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	29 913	10 701	11 175	11 674
7	Maintenance - WCGTPW	8.1	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	245	294	280	140
8	Maintenance - WCGTPW	8.3	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	1 163	800	560	280
9	Maintenance - WCGTPW	8.4	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	1 519	2 000	200	150

No	Reporting Category	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
10	Maintenance - WCGTPW	8.5	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	14 535	11 705	9 193	4 905
11	Maintenance - WCGTPW	8.6	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	56	56	56	42
TOTAL PROVINCIAL EQUITABLE SHARE: INFRASTRUCTURE										136 459	159 453
Provincial Equitable Share: Tygerberg											
1	Maintenance - WCGHW	8.5	Cape Town	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	54 379	49 522	-	20 953
2	Maintenance - WCGTPW	8.5	Cape Town	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	85 049	82 892	90 574	50 853
TOTAL PROVINCIAL EQUITABLE SHARE: TYGERBERG										90 574	71 806
Health Facility Revitalisation Grant											
1	Maintenance - WCGHW	8.5	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	20 000	21 800	-	-
2	Maintenance - WCGTPW	8.1	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	17 845	31 065	36 222	18 774
3	Maintenance - WCGTPW	8.2	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	1 507	6 415	391	80
4	Maintenance - WCGTPW	8.3	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	22 180	16 033	19 675	23 035
5	Maintenance - WCGTPW	8.4	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	20 411	32 550	39 196	70 189
6	Maintenance - WCGTPW	8.5	Cape Town	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	11 970	18 054	19 441	12 899
7	Maintenance - WCGTPW	8.6	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	3 635	1 581	9 702	19 844
TOTAL HEALTH FACILITY REVITALISATION GRANT									127 498	124 627	144 821
TOTAL MAINTENANCE AND REPAIRS									403 290	351 660	376 080



## Upgrades & Additions

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
1	CI810010 : Ceres - Nduli Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2025/03/01	2030/02/28	15,000	-	-	-	10
2	CI810013 : De Doorns - De Doorns CDC - Upgrade and Additions	8.1	Cape Winelands	Health infrastructure improved	2014/04/09	2024/11/30	25,600	564	2,500	8,977	168
3	CI810074-0001 : Paarl - Paarl CDC - Enabling work incl fencing to secure new site	8.1	Cape Winelands	Health infrastructure improved	2017/02/28	2023/03/31	11,113	7,247	1,531	3	-
4	CI810090 : Stellenbosch - Koyamandi Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2022/06/02	2026/07/31	50,655	60	454	588	8,224
5	CI810091 : Klipmuts - Klipmuts Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2023/05/30	2026/05/31	25,000	-	1	158	1,200
6	CI810162 : Paarl - Windmeul Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2016/06/01	2024/04/15	7,940	356	4,190	125	13
7	CI820050 : Paarl - Paarl Ambulance Station - Upgrade and Additions incl wash bay	8.2	Cape Winelands	Health infrastructure improved	2022/12/28	2027/03/31	5,000	-	81	62	655
8	CI830044 : Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	Health infrastructure improved	2018/10/02	2026/01/31	64,300	993	573	13,523	9,704
9	CI830114 : Ceres - Ceres Hospital - New Acute Psychiatric Ward	8.3	Cape Winelands	Health infrastructure improved	2016/06/01	2022/11/28	6,441	5,627	164	97	-
10	CI840089 : Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit	8.4	Cape Winelands	Health infrastructure improved	2019/11/04	2025/01/31	9,780	433	562	3,736	46
11	CI860024 : Worcester - WCCN Boland Overberg Campus - Additional Nurses accommodation - Erica Hostel	8.6	Cape Winelands	Health infrastructure improved	2012/04/01	2016/05/10	11,885	463	1	-	-
12	CI860025 : Worcester - WCCN Boland Overberg Campus - Training Facility at Keerom	8.6	Cape Winelands	Health infrastructure improved	2012/04/01	2027/01/31	45,100	2,075	1,200	3,529	3,618
13	CI810053 : Laingsburg - Laingsburg Clinic - Upgrade and Additions	8.1	Central Karoo	Health infrastructure improved	2014/04/30	2021/04/01	31,700	566	1,645	-	-
14	CI820011 : Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	8.2	Central Karoo	Health infrastructure improved	2019/07/15	2022/11/08	4,818	3,861	343	61	-
15	CI820042 : Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	Health infrastructure improved	2019/09/01	2022/09/16	4,100	3,496	362	-	-
16	CI810021-0001 : Elsie's River - Elsie's River CHC - Enabling work incl fencing	8.1	City of Cape Town	Health infrastructure improved	2022/02/01	2027/03/31	4,522	68	48	48	1,679
17	CI810048 : Bothasig - Bothasig CDC - Upgrade and Additions	8.1	City of Cape Town	Health infrastructure improved	2017/04/26	2024/04/30	19,730	1,997	5,105	1,162	164
18	CI810055-0001 : Matland - Matland CDC - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	2022/02/01	2024/12/31	2,500	1	1	1	-
19	CI810060-0001 : Mfuleni - Mfuleni CDC - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	2022/08/12	2024/12/30	2,000	-	360	670	24
20	CI810071-0001 : Lotus River - Lotus River CDC (Repl) - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	2024/06/30	2028/08/31	2,500	1	1	1	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates			
									2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
21	CI810132 : Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2023/05/30	2027/03/31	45,000	-	439	556	1,001	
22	CI810146-0001 : Gugulethu - Gugulethu 2 CDC - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	2022/08/16	2024/12/31	2,000	-	340	670	24	
23	CI810251 : Bonteheuwel - Vanguard CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2023/05/30	2027/01/31	40,000	-	244	302	831	
24	CI810263 : Kraaifontein - Scottsden CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2023/06/30	2026/11/30	20,000	-	178	468	2,480	
25	CI810279 : Hanover Park - Hanover Park CHC - Demolitions	8.1	City of Cape Town	Health infrastructure improved	2016/06/30	2023/09/30	9,560	188	3,398	245	-	
26	CI830015 : Eerste River - Eerste River Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	2015/02/23	2025/01/31	86,002	5,649	19,319	13,156	5,011	
27	CI830021 : Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	23-Feb-15	21-Nov-24	87,413	5,395	18,226	12,888	4,000	
28	CI830052 : Wynberg - Victoria Hospital - New EC	8.3	City of Cape Town	Health infrastructure improved	1-Apr-12	14-Jul-21	90,930	710	1	-	-	
29	CI830131 : Atlantis - Wesfleur Hospital - Record Room extension	8.3	City of Cape Town	Health infrastructure improved	24-Dec-18	30-Nov-25	32,700	237	634	5,601	6,131	
30	CI830142 : Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	8.3	City of Cape Town	Health infrastructure improved	14-Oct-19	30-Apr-25	7,753	105	112	3,681	16	
31	CI830150 : Bellville - Karl Bremer Hospital - New Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	13-May-22	29-Feb-28	102,000	1	1,341	1,290	482	
32	CI830184 : Bellville - Karl Bremer Hospital - Lift upgrade CE3067, CE3068, CE3078, CE3079	8.3	City of Cape Town	Health infrastructure improved	31-Oct-23	31-Mar-27	12,000	-	-	250	3,600	
33	CI840010 : Green Point - New Somerset Hospital - Acute Psychiatric Unit	8.4	City of Cape Town	Health infrastructure improved	23-Feb-15	23-Jan-25	92,700	3,255	17,371	15,123	4,000	
34	CI840019 : Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	8.4	City of Cape Town	Health infrastructure improved	13-Aug-09	31-Dec-29	306,027	1	218	182	-	
35	CI840088 : Green Point - New Somerset Hospital - Relocation of helistop	8.4	City of Cape Town	Health infrastructure improved	30-Sep-23	31-Mar-26	14,000	-	-	56	567	
36	CI850005-0001 : Observatory - Groote Schuur Hospital - EC Upgrade and Additions - Patient bed lift installation	8.5	City of Cape Town	Health infrastructure improved	1-Apr-23	31-Mar-26	6,000	-	180	2,000	480	
37	CI850032 : Observatory - Groote Schuur Hospital - New Linear Accelerator Installation New Bunker Completion	8.5	City of Cape Town	Health infrastructure improved	1-Oct-15	23-Jun-16	2,634	-	1	1	-	
38	CI850075 : Parow - Tygerberg Hospital - Balance of 11kV (MV), 400V (LV) network upgr, incl earthing, lightning protection	8.5	City of Cape Town	Health infrastructure improved	29-Mar-19	28-Feb-26	152,200	2,903	12,000	15,000	12,000	
39	CI850079 : Parow - Tygerberg Hospital - Consolidated Security Control Centre	8.5	City of Cape Town	Health infrastructure improved	12-Dec-19	31-Jul-25	2,236	1,276	1	-	-	
40	CI850088-0001 : Parow - Tygerberg Hospital - Perimeter security upgrade - Southern boundary	8.5	City of Cape Town	Health infrastructure improved	15-Apr-19	30-Apr-24	24,700	2,577	5,699	5,672	513	

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
41	CI850092 : Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	8.5	City of Cape Town	Health infrastructure improved	13-Nov-20	31-Mar-24	15,000	546	4,767	2,711	129
42	CI850102 : Parow - Tygerberg Hospital - 11kV Generators Replacement	8.5	City of Cape Town	Health infrastructure improved	18-Dec-19	10-May-22	23,500	2,176	1,360	-	-
43	CI850116 : Observatory - Groote Schuur Hospital - NMB lift upgrade H1 and Hoist	8.5	City of Cape Town	Health infrastructure improved	30-Sep-21	31-Oct-25	25,275	1,046	2,572	4,194	3,492
44	CI850117 : Observatory - Groote Schuur Hospital - NMB lift upgrade H2 and H3	8.5	City of Cape Town	Health infrastructure improved	30-Sep-21	31-Oct-25	27,103	1,055	2,752	4,481	3,745
45	CI850118 : Observatory - Groote Schuur Hospital - OMB SL16 and SL19, New Workshop lift upgrade and Hoist	8.5	City of Cape Town	Health infrastructure improved	30-Sep-21	30-Sep-25	22,275	974	2,938	4,131	2,243
46	HC1850015 : Parow - Tygerberg Hospital - New warehouse (Alpha)	8.5	City of Cape Town	Health infrastructure improved	21-Oct-22	28-Feb-24	25,000	15,000	20,000	-	-
47	HC1850020 : Rondebosch - Red Cross War Memorial Children Hospital - Linen Bank relocation	8.5	City of Cape Town	Health infrastructure improved	31-Aug-23	31-Aug-25	10,000	-	1	4,000	4,000
48	CI860016 : Pinelands - Orthotic and Prosthetic Centre - Upgrade	8.6	City of Cape Town	Health infrastructure improved	17-Dec-14	30-Apr-24	26,305	226	12,653	722	275
49	CI860057 : Mitchells Plain - Lentegeur Laundry - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	Health infrastructure improved	15-Oct-19	31-Mar-25	15,945	396	790	6,206	79
50	CI860067 : Parow - Tygerberg FPL - Major extensions (Alpha)	8.6	City of Cape Town	Health infrastructure improved	30-Oct-23	31-May-29	110,000	-	-	944	1,020
51	HC1860007 : Parow - Tygerberg Regional Laundry - New linen warehouse	8.6	City of Cape Town	Health infrastructure improved	25-Oct-22	28-Feb-24	7,500	5,000	6,000	-	-
52	HC1860008 : Goodwood - Goodwood Clinical Engineering Workshop - New warehouse (Alpha)	8.6	City of Cape Town	Health infrastructure improved	30-Dec-23	30-Dec-24	7,500	-	1	6,000	-
53	CI830067 : Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	8.3	Garden Route	Health infrastructure improved	15-Oct-18	31-Oct-26	65,319	1,194	2,066	188	10,000
54	CI840085 : George - Harry Comay Hospital - Kitchen upgrade and additions	8.4	Garden Route	Health infrastructure improved	30-Sep-24	31-Aug-28	10,000	-	-	-	49
55	CI810022 : Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	Health infrastructure improved	31-Jul-14	4-Jul-22	31,915	2,515	73	-	-
56	CI810271 : Grabouw - Grabouw CHC - Entrance and Records upgrade	8.1	Overberg	Health infrastructure improved	30-Aug-19	30-Nov-26	7,500	153	148	100	2,567
57	CI830115 : Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	1-Jun-16	8-Oct-21	3,700	87	1	-	-
58	HC1810024 : Primary Healthcare - Hybrid Inverters Ph1	8.1	Various	Health infrastructure improved	1-Feb-23	31-Mar-24	31,383	-	25,108	6,275	-
59	HC1810025 : Primary Healthcare - Hybrid Inverters Ph2	8.1	Various	Health infrastructure improved	1-Feb-23	31-Mar-25	2	-	1	1	48,046
60	CI830145 : District Hospitals - Fencing (Alpha)	8.3	Various	Health infrastructure improved	2-May-19	11-Nov-22	6,492	4,647	68	45	-
61	HC1830020 : District Hospitals - Photovoltaic Panels installation	8.3	Various	Health infrastructure improved	1-Feb-23	31-Mar-25	40,785	-	16,315	24,470	-
62	CI840086 : Provincial Hospitals - Fencing (Alpha)	8.4	Various	Health infrastructure improved	2-May-19	10-Nov-22	1,317	1,050	6	64	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates			
									2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
63	HC1840019 : Provincial Hospitals - Photovoltaic Panels installation	8.4	Various	Health infrastructure improved	1-Feb-23	31-Mar-25	32,381	-	12,952	19,429	-	-
64	CI810084 : Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	1-Dec-26	31-Jan-31	10,000	-	-	-	-	100
65	CI810097 : Vredendal - Vredendal North Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	30-Dec-24	29-Feb-28	25,000	-	-	-	-	59
66	CI810198 : Darling - Darling Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	1-Jan-24	31-Jan-30	25,000	-	-	-	100	400
67	HC1810032 : Pletberg - Pletberg Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	30-Mar-23	31-Dec-26	20,000	-	122	174	174	1,760
68	CI820033 : Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	8.2	West Coast	Health infrastructure improved	1-Jun-16	31-Jul-23	3,617	71	1,873	98	-	-
69	CI830185 : Malmesbury - Swartland Hospital (Repl) - Fencing of new site	8.3	West Coast	Health infrastructure improved	1-Oct-23	31-Mar-26	6,000	-	600	3,000	2,400	-
70	HC1840017 : Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha)	8.4	West Coast	Health infrastructure improved	1-Aug-23	31-Mar-25	20,000	-	800	8,000	8,800	-
TOTAL UPGRADES AND ADDITIONS									212,811	205,215	155,805	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates			
									2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
1	CI810013 : De Doorns - De Doorns CDC - Upgrade and Additions	8.1	Cape Winelands	Health infrastructure improved	9-Apr-14	30-Nov-23	25 600	753	-	3 297	14 734	-
2	CI810074-0001 : Paarl - Paarl CDC - Enabling work incl fencing to secure new site	8.1	Cape Winelands	Health infrastructure improved	28-Feb-17	30-Nov-22	13 316	-	-	8 690	1	462
3	CI810090 : Stellenbosch - Kayamandi Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	31-Mar-22	30-Nov-25	20 000	-	-	-	826	488
4	CI810091 : Klapmuts - Klapmuts Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	31-Dec-22	31-May-26	8 000	-	-	-	331	491
5	CI810162 : Paarl - Windmeul Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	1-Jun-16	31-Aug-23	6 697	612	-	370	4 436	230
6	CI810184 : Franschhoek - Groendal Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	1-Sep-23	31-May-26	8 000	-	-	-	-	526
7	CI820050 : Paarl - Paarl Ambulance Station - Upgrade and Additions incl wash bay	8.2	Cape Winelands	Health infrastructure improved	1-Dec-22	31-May-25	3 000	-	-	-	197	2 125
8	CI830044 : Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	Health infrastructure improved	2-Oct-18	31-Mar-25	64 300	376	-	2 418	10 681	32 467
9	CI830114 : Ceres - Ceres Hospital - New Acute Psychiatric Ward	8.3	Cape Winelands	Health infrastructure improved	1-Jun-16	30-Nov-22	5 141	161	-	3 335	166	-
10	CI840089 : Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit	8.4	Cape Winelands	Health infrastructure improved	4-Nov-19	31-May-23	10 200	239	-	5 757	1 917	265
11	CI860025 : Worcester - WCCN Boland Overberg Campus - Training Facility at Keerom	8.6	Cape Winelands	Health infrastructure improved	1-Apr-12	31-Jan-27	45 100	970	-	1 660	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
12	CI820011 : Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	8.2	Central Karoo	Health infrastructure improved	15-Jul-19	31-Dec-22	3 270	160	2 158	119	-
13	CI820042 : Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	Health infrastructure improved	1-Sep-19	31-Oct-22	3 600	399	2 120	199	-
14	CI810002 : Athlone - Dr Abdurahman CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	31-Dec-23	29-Feb-28	30 000	-	-	-	649
15	CI810021-0001 : Elsie's River - Elsie's River CHC - Enabling work incl fencing	8.1	City of Cape Town	Health infrastructure improved	1-Feb-22	31-Mar-27	2 500	-	1	1	1
16	CI810048 : Bothasig - Bothasig CDC - Upgrade and Additions	8.1	City of Cape Town	Health infrastructure improved	26-Apr-17	30-Sep-23	19 730	261	3 329	6 728	511
17	CI810055-0001 : Matland - Matland CDC - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	1-Feb-22	31-Mar-26	2 500	-	1	1	1
18	CI810060-0001 : Mfuleni - Mfuleni CDC - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	14-Apr-22	31-Mar-26	2 500	-	1	1	1
19	CI810071-0001 : Lotus River - Lotus River CDC - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	14-Apr-22	31-Aug-28	2 500	-	1	1	50
20	CI810109 : Mamre - Mamre CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	1-May-24	31-Mar-27	10 000	-	-	-	216
21	CI810132 : Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	31-May-22	31-Mar-27	45 000	-	-	974	1 764
22	CI810146-0001 : Gugulethu - Gugulethu 2 CDC - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	15-Apr-22	31-Mar-27	2 500	-	1	1	1
23	CI810251 : Bonteheuwel - Vanguard CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	30-Jun-22	31-Jan-27	25 000	-	-	541	958
24	CI810263 : Kraaifontein - Scottsdene CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	30-Sep-22	30-Nov-25	20 000	-	-	394	1 485
25	CI810279 : Hanover Park - Hanover Park CHC - Demolitions	8.1	City of Cape Town	Health infrastructure improved	30-Jun-16	31-Jan-23	9 560	83	3 090	159	-
26	CI830015 : Eerste River - Eerste River Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	23-Feb-15	28-Feb-25	69 200	546	5 658	22 631	17 360
27	CI830021 : Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	23-Feb-15	28-Feb-25	67 450	527	5 302	21 199	16 267
28	CI830032 : Mitchells Plain - Mitchells Plain Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	1-Mar-13	30-Sep-14	26 180	2	1	-	-
29	CI830052 : Wynberg - Victoria Hospital - New EC	8.3	City of Cape Town	Health infrastructure improved	1-Apr-12	31-Jul-21	90 930	3 667	563	-	-
30	CI830131 : Atlantis - Westfleur Hospital - Record Room extension	8.3	City of Cape Town	Health infrastructure improved	24-Dec-18	30-Jun-24	25 000	202	1 046	13 297	4 410
31	CI830142 : Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	8.3	City of Cape Town	Health infrastructure improved	14-Oct-19	31-May-24	2 000	54	135	1 244	125
32	CI830150 : Bellville - Karl Bremer Hospital - New Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	30-Mar-22	30-Nov-27	70 000	-	-	1 515	1 377
33	CI830172 : Wynberg - Victoria Hospital - Records Room upgrade	8.3	City of Cape Town	Health infrastructure improved	27-Feb-23	31-Oct-28	10 000	-	-	-	216

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
34	C1840010 : Green Point - New Somerset Hospital - Acute Psychiatric Unit	8.4	City of Cape Town	Health infrastructure improved	23-Feb-15	31-Jul-24	92 700	1 232	8 710	31 771	19 390
35	C1840019 : Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	8.4	City of Cape Town	Health infrastructure improved	13-Aug-09	31-Jan-28	243 000	1	400	5 533	-
36	C1840088 : Green Point - New Somerset Hospital - Relocation of helistop	8.4	City of Cape Town	Health infrastructure improved	30-Dec-22	31-Mar-26	4 000	-	-	87	176
37	C1850075 : Parow - Tygerberg Hospital - Balance of 11kV (MV), 400V (LV) network upgr, incl earthing, lightning protection	8.5	City of Cape Town	Health infrastructure improved	29-Mar-19	31-Mar-26	150 000	3 073	2 069	17 900	20 313
38	C1850079 : Parow - Tygerberg Hospital - Consolidated Security Control Centre	8.5	City of Cape Town	Health infrastructure improved	12-Dec-19	31-Jul-25	61 487	345	1 958	3 566	28 515
39	C1850088-0001 : Parow - Tygerberg Hospital - Perimeter security upgrade - Southern boundary	8.5	City of Cape Town	Health infrastructure improved	15-Apr-19	31-Mar-24	20 000	-	3 910	9 646	1 924
40	C1850088-0002 : Parow - Tygerberg Hospital - Perimeter security upgrade - North-western boundary	8.5	City of Cape Town	Health infrastructure improved	16-Apr-19	1-Mar-26	26 500	-	-	546	1 066
41	C1850092 : Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	8.5	City of Cape Town	Health infrastructure improved	13-Nov-20	30-Sep-24	15 000	356	442	9 664	1 390
42	C1850102 : Parow - Tygerberg Hospital - 11kV Generators Replacement	8.5	City of Cape Town	Health infrastructure improved	18-Dec-19	30-Apr-22	23 500	17 818	2 957	859	-
43	C1850116 : Observatory - Groote Schuur Hospital - NMB lift upgrade H1 and Hoist	8.5	City of Cape Town	Health infrastructure improved	30-Sep-21	31-May-27	26 000	442	1 020	6 764	6 796
44	C1850117 : Observatory - Groote Schuur Hospital - NMB lift upgrade H2 and H3	8.5	City of Cape Town	Health infrastructure improved	30-Sep-21	31-May-27	27 000	420	961	7 134	7 154
45	C1850118 : Observatory - Groote Schuur Hospital - OMB SL16 and SL19, New Workshop lift upgrade and Hoist	8.5	City of Cape Town	Health infrastructure improved	30-Sep-21	31-May-27	24 000	362	665	7 572	1 114
46	C1860010 : Mitchells Plain - Lentegeur Laundry - Upgrade	8.6	City of Cape Town	Health infrastructure improved	1-Apr-05	20-Jun-13	-	2	1	-	-
47	C1860016 : Thornton - Orthotic and Prosthetic Centre - Upgrade	8.6	City of Cape Town	Health infrastructure improved	17-Dec-14	31-Mar-24	26 305	240	7 955	9 643	919
48	C1860057 : Mitchells Plain - Lentegeur Laundry - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	Health infrastructure improved	15-Oct-19	31-Jan-24	15 750	170	461	8 193	2 374
49	C1860067 : Parow - Tygerberg FPL - Major extensions (Alpha)	8.6	City of Cape Town	Health infrastructure improved	30-Jun-23	31-May-29	110 000	-	-	-	1 510
50	C1830067 : Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	8.3	Garden Route	Health infrastructure improved	15-Oct-18	30-Jun-25	47 155	295	1	-	-
51	C1840085 : George - Harry Comay Hospital - Kitchen upgrade and additions	8.4	Garden Route	Health infrastructure improved	30-Sep-23	31-Aug-28	10 000	-	-	-	216
52	C1810022 : Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	Health infrastructure improved	31-Jul-14	31-Mar-22	31 915	2 610	436	96	-
53	C1810271 : Grabouw - Grabouw CHC - Entrance and Records upgrade	8.1	Overberg	Health infrastructure improved	30-Aug-19	30-Jun-24	7 500	153	324	1 054	4 411
54	C1830115 : Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	1-Jun-16	25-Aug-21	3 700	619	70	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
55	C1830145 : Various Facilities 8.3 - Fencing	8.3	Various	Health infrastructure improved	2-May-19	28-Feb-23	6 492	58	4 021	768	-
56	C1840086 : Various Facilities 8.4 - Fencing	8.4	Various	Health infrastructure improved	2-May-19	31-Oct-24	1 317	152	840	110	-
57	C1810077 : Pikeberg - Pikeberg Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	30-Dec-22	31-Mar-26	10 000	-	-	216	441
58	C1810084 : Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	1-Dec-23	31-Jan-27	6 000	-	-	-	248
59	C1810097 : Vredendal - Vredendal North Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	30-Dec-23	29-Feb-28	15 000	-	-	-	325
60	C1820033 : Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	8.2	West Coast	Health infrastructure improved	1-Jun-16	28-Feb-23	2 092	17	830	-	48
61	C1840026 : Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha)	8.4	West Coast	Health infrastructure improved	1-Apr-25	30-Jun-29	20 000	-	-	-	433
<b>TOTAL UPGRADES AND ADDITIONS</b>									<b>86 965</b>	<b>223 416</b>	<b>181 209</b>

## Rehabilitation, Renovation & Refurbishment

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
1	CI810020 : Ceres - Ceres CDC - Enabling work and rehabilitation	8.1	Cape Winelands	Health infrastructure improved	12-Jan-23	30-May-24	50,000	3,000	36,000	4,000	-
2	CI830034 : Montagu - Montagu Hospital - Rehabilitation	8.3	Cape Winelands	Health infrastructure improved	1-Mar-19	31-Aug-26	28,600	186	344	3,775	3,193
3	CI830120 : Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	28-Feb-18	31-Mar-26	29,265	426	426	4,285	6,761
4	CI830122 : Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	26-Oct-17	30-Apr-24	35,925	7,525	9,091	4,076	656
5	CI840053 : Worcester - Worcester Hospital - Fire Compliance	8.4	Cape Winelands	Health infrastructure improved	1-Apr-15	31-May-23	31,030	17,494	2,141	1,995	46
6	CI840061 : Worcester - Worcester Hospital - Relocation of MOU	8.4	Cape Winelands	Health infrastructure improved	14-Feb-18	31-Mar-24	14,576	137	5,467	1,623	304
7	CI860100 : Worcester - Cape Winelands District Office - Lift upgrade 1892, 1893	8.6	Cape Winelands	Health infrastructure improved	15-Nov-22	31-Mar-25	6,000	-	168	1,560	80
8	CI830002 : Beaufort West - Beaufort West Hospital - Rationalisation	8.3	Central Karoo	Health infrastructure improved	9-Oct-18	30-Jun-26	76,900	1,658	689	197	5,766
9	CI860051 : Nelspoort - Nelspoort Hospital - Repairs to Wards	8.6	Central Karoo	Health infrastructure improved	22-Aug-17	19-Sep-22	17,300	1,047	167	-	-
10	CI810161 : Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	8.1	City of Cape Town	Health infrastructure improved	1-Jun-16	28-Apr-22	5,965	1,473	106	-	-
11	CI810240 : Khayelitsha - Nlungile CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	1-Mar-21	30-Sep-25	22,000	426	329	6,922	2,327
12	CI810248 : Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	8.1	City of Cape Town	Health infrastructure improved	21-Dec-18	31-Mar-26	25,300	359	1,380	6,595	3,380
13	CI810260 : Nyanga - Nyanga CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	21-Apr-21	31-Aug-26	8,000	-	91	133	680
14	CI810274 : Retreat - Retreat CHC - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	21-Jan-21	28-Feb-27	50,000	101	526	827	3,644
15	CI810284 : Gugulethu - Gugulethu CHC - MOU rehabilitation	8.1	City of Cape Town	Health infrastructure improved	30-Sep-21	30-Nov-28	32,000	-	364	236	260
16	CI820006 : Pinelands - Pinelands Ambulance Station - Communication Centre relocation	8.2	City of Cape Town	Health infrastructure improved	1-Jun-23	31-Dec-24	20,000	-	1	19,500	499
17	CI830045 : Somerset West - Heiderberg Hospital - EC Upgrade and Additions	8.3	City of Cape Town	Health infrastructure improved	1-Apr-13	15-Mar-21	57,813	1	1	-	-
18	CI830119 : Belville - Karl Bremer Hospital - Hospital Repairs and Renovation	8.3	City of Cape Town	Health infrastructure improved	19-Dec-17	30-Apr-28	217,200	4,295	2,559	3,773	13,740
19	CI830121 : Somerset West - Heiderberg Hospital - Repairs and Renovation (Alpha)	8.3	City of Cape Town	Health infrastructure improved	30-Nov-17	31-Oct-24	37,045	220	5,185	11,371	808
20	CI830124 : Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	8.3	City of Cape Town	Health infrastructure improved	24-Dec-18	28-Feb-27	51,083	963	411	1,325	7,461



No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
21	CI830127 : Belleville - Karl Bremer Hospital - Demolitions and parking	8.3	City of Cape Town	Health infrastructure improved	19-Dec-17	30-Jun-25	26,000	1	1	6,778	2,291
22	CI830144 : Mitchells Plain - Mitchells Plain Hospital - Fire doors	8.3	City of Cape Town	Health infrastructure improved	13-Aug-19	30-Apr-24	8,030	368	2,840	1,125	90
23	CI840008 : Green Point - New Somerset Hospital - Upgrading of theatres and ventilation	8.4	City of Cape Town	Health infrastructure improved	22-May-15	31-May-24	55,292	581	10,073	11,742	876
24	CI840066 : Green Point - New Somerset Hospital - R, R and R (Alpha)	8.4	City of Cape Town	Health infrastructure improved	30-Dec-23	30-Nov-28	100,000	-	-	100	200
25	CI840067 : Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	18-Mar-18	31-Dec-25	7,400	159	470	1,152	30
26	CI840070 : Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	City of Cape Town	Health infrastructure improved	1-Mar-18	31-May-26	13,266	122	279	4,402	650
27	CI840082 : Mitchells Plain - Lentsegeur Hospital - Ward rehabilitation framework	8.4	City of Cape Town	Health infrastructure improved	30-Nov-23	31-Mar-28	100,000	-	-	214	142
28	CI840097 : Stikland - Stikland Hospital - Rehabilitation of water reticulation system	8.4	City of Cape Town	Health infrastructure improved	30-Jul-22	31-Jul-27	20,000	-	134	135	774
29	CI840012 : Mitchells Plain - Lentsegeur Hospital - R, R & R to accommodate Child and Adolescent beds	8.4	City of Cape Town	Health infrastructure improved	14-Sep-22	31-Mar-24	20,000	1,000	16,000	-	-
30	CI840013 : Maitland - Alexandra Hospital - R, R and R to Wards 1-10, 15 and 16	8.4	City of Cape Town	Health infrastructure improved	15-Sep-22	31-Mar-24	100,000	1,000	54,303	47,889	34,511
31	CI850005 : Observatory - Groote Schuur Hospital - EC Upgrade and Additions	8.5	City of Cape Town	Health infrastructure improved	3-Jul-10	28-Feb-27	205,800	3,893	15,000	20,000	18,000
32	CI850031 : Parow - Tygerberg Hospital - Replacement - Enabling Work	8.5	City of Cape Town	Health infrastructure improved	1-Mar-23	30-Apr-28	265,000	-	1	2,152	2,597
33	CI850048 : Parow - Tygerberg Hospital - Medical Gas Upgrade	8.5	City of Cape Town	Health infrastructure improved	2-May-17	30-Jun-26	36,000	235	3,360	6,000	4,000
34	CI850054 : Observatory - Groote Schuur Hospital - BMS Upgrade	8.5	City of Cape Town	Health infrastructure improved	1-Jun-16	29-Apr-22	21,000	1,979	1	-	-
35	CI850055 : Observatory - Groote Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha)	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	N/A	11,000	-	1	-	-
36	CI850056 : Observatory - Groote Schuur Hospital - R and R to OPD (Alpha)	8.5	City of Cape Town	Health infrastructure improved	9-Feb-21	31-Dec-27	120,000	518	782	1,984	6,172
37	CI850061 : Observatory - Groote Schuur Hospital - R, R & R to interior of Maternity Block	8.5	City of Cape Town	Health infrastructure improved	31-Oct-24	31-Oct-30	80,000	-	-	1,653	781
38	CI850074 : Parow - Tygerberg Hospital - Hot water system upgrade	8.5	City of Cape Town	Health infrastructure improved	28-Feb-19	31-Mar-25	28,100	397	5,507	4,213	1,920
39	CI850078-0001 : Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A	8.5	City of Cape Town	Health infrastructure improved	2-Jun-19	31-Aug-31	615,000	4,545	1,273	6,030	-
40	CI850078-0007 : Parow - Tygerberg Hospital - Rehab of various wards - Block A (LG) Psychiatry OPD	8.5	City of Cape Town	Health infrastructure improved	2-Jun-19	30-Nov-24	2,259	-	1	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
41	CI850078-0008 : Parow - Tygerberg Hospital - Rehab of various wards - Block C, Ward JIEC and Trauma	8.5	City of Cape Town	Health infrastructure improved	30-Nov-21	31-Jul-27	100,000	1,189	1,093	711	4,503
42	CI850082-0003 : Parow - Tygerberg Hospital - External and Internal Logistics - Signage	8.5	City of Cape Town	Health infrastructure improved	14-May-19	31-Aug-24	12,300	130	462	5,354	277
43	CI850083 : Parow - Tygerberg Hospital - Fire Safety	8.5	City of Cape Town	Health infrastructure improved	15-Apr-19	31-Jan-29	312,000	155	1	1	-
44	CI850083-0001 : Parow - Tygerberg Hospital - Fire Safety - South-eastern Block incl mechanical work	8.5	City of Cape Town	Health infrastructure improved	15-Apr-19	31-Jul-25	110,000	2,459	1,610	22,043	20,843
45	CI850097 : Rondebosch - Red Cross War Memorial Children Hospital - Nurses Home refurbishment (Alpha)	8.5	City of Cape Town	Health infrastructure improved	31-Dec-24	31-Mar-29	30,000	-	-	-	325
46	CI850101 : Observatory - Groote Schuur Hospital - Parking deck waterproofing	8.5	City of Cape Town	Health infrastructure improved	1-Dec-24	30-Sep-28	15,000	-	-	-	162
47	CI850103 : Observatory - Groote Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha)	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	30-Jun-24	6,100	1,103	2,400	450	39
48	CI850104 : Observatory - Groote Schuur Hospital - Ventilation and AC refurb incl mech installation (Beta)	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	31-Mar-25	50,020	2,203	16,678	7,500	1,577
49	CI850124 : Observatory - Groote Schuur Hospital - Electrical system upgrade - Replace 11kV switchgear	8.5	City of Cape Town	Health infrastructure improved	15-Feb-23	31-Aug-27	114,000	-	812	615	541
50	CI850128 : Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor C Part 2	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	31-Mar-26	42,000	-	600	11,000	7,200
51	CI850129 : Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor D Part 1	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	31-Mar-26	34,500	-	600	8,500	6,000
52	CI850130 : Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor D Part 2	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	30-Jun-27	45,200	-	1	50	12,800
53	CI850131 : Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor E	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	31-Mar-26	67,500	-	9,000	15,000	6,000
54	CI850132 : Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor F	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	1-Apr-25	47,200	-	9,000	15,000	800
55	CI850133 : Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor G	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	15-Dec-26	48,100	-	60	10,000	10,000
56	CI850134 : Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floors A, B	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	30-Jun-24	44,000	-	6,000	15,000	1,600
57	HC1850013 : Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	8.5	City of Cape Town	Health infrastructure improved	30-Mar-23	31-Mar-24	100,000	16,000	17,134	-	-

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									2023/24 R000's	2024/25 R000's	2025/26 R000's
58	HC1850017 : Rondebosch - Red Cross War Memorial Children Hospital - New warehouse (Alpha)	8.5	City of Cape Town	Health infrastructure improved	31-Oct-24	31-Mar-26	10,000	-	-	-	8,000
59	C1860069 : Athlone - WCCN Metro West Campus - Rehabilitation to improve College buildings	8.6	City of Cape Town	Health infrastructure improved	1-Dec-24	31-Aug-29	50,000	-	-	-	541
60	HC1860005 : Parow - Parow WC Health Warehouse - Mezzanine R, R & R	8.6	City of Cape Town	Health infrastructure improved	30-Aug-22	5-Jan-24	23,000	1,000	16,000	1,600	-
61	CI810307 : Calitzdorp - Calitzdorp Clinic - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	30-Jul-18	31-May-24	1,863	1	472	493	36
62	CI810308 : Zoar - Amalienstein Clinic - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	30-Jul-18	31-May-24	1,671	1	308	533	36
63	CI830176 : Ladismith - Ladismith (Alan Blyth) Hospital - R, R and R (Beta)	8.3	Garden Route	Health infrastructure improved	30-Jul-18	30-Dec-24	13,000	1	603	4,829	220
64	CI840083 : George - George Hospital - Wards R, R and R (Alpha)	8.4	Garden Route	Health infrastructure improved	10-Jul-19	30-Jun-27	15,000	129	218	1	-
65	CI830117 : Swellendam - Swellendam Hospital - Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	1-Jun-16	31-Dec-24	4,680	228	149	1,991	58
66	CI830118 : Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	30-Apr-16	1-Jun-21	14,305	556	1	-	-
67	CI830123 : Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	8.3	Overberg	Health infrastructure improved	3-Jul-17	31-Aug-24	12,520	456	669	4,877	150
68	CI810130 : Primary Healthcare - Pharmacies rehabilitation (Alpha)	8.1	Various	Health infrastructure improved	30-Jun-15	31-Aug-26	7,000	71	100	82	312
69	CI830073 : District Hospitals - Pharmacies rehabilitation (Alpha)	8.3	Various	Health infrastructure improved	30-Jun-15	28-Feb-26	6,000	70	119	115	492
70	HC1820005 : Clanwilliam - Clanwilliam Ambulance Station - Entrance R, R and R (Alpha)	8.2	West Coast	Health infrastructure improved	30-Aug-23	31-Dec-24	2,000	-	800	800	-
71	CI830080 : Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	8.3	West Coast	Health infrastructure improved	31-Mar-15	23-May-19	176,000	3	1	-	-
72	CI830116 : Pletberg - Radie Kotze Hospital - Hospital layout improvement	8.3	West Coast	Health infrastructure improved	1-Jun-16	31-Jul-25	33,566	1,754	2,012	9,162	1,711
73	CI830125 : Malmesbury - Swartland Hospital - Prefabricated Wards	8.3	West Coast	Health infrastructure improved	15-Jul-17	26-Mar-20	42,011	119	153	-	-
74	CI830137 : Porterville - LAPA Munnik Hospital - Rehabilitation (Alpha)	8.3	West Coast	Health infrastructure improved	30-Sep-25	31-Mar-29	25,000	-	-	-	10
TOTAL REHABILITATION, RENOVATIONS AND REFURBISHMENTS									262,528	323,469	206,872

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									2023/24 R000's	2024/25 R000's	2025/26 R000's
1	CI810089 : Stellenbosch - Cloetesville CDC - Rehabilitation (Alpha)	8.1	Cape Winelands	Health infrastructure improved	1-Apr-24	31-Mar-27	20 000	-	-	-	1 315
2	CI830034 : Montagu - Montagu Hospital - Rehabilitation	8.3	Cape Winelands	Health infrastructure improved	1-Mar-19	31-Mar-27	28 600	282	1 081	-	-
3	CI830120 : Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	28-Feb-18	31-Dec-24	29 265	143	1 157	9 459	11 269
4	CI830122 : Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	26-Oct-17	31-Dec-23	38 486	978	12 063	14 269	-
5	CI840053 : Worcester - Worcester Hospital - Fire Compliance	8.4	Cape Winelands	Health infrastructure improved	1-Apr-15	30-Apr-23	31 030	3 015	15 435	3 419	963
6	CI840061 : Worcester - Worcester Hospital - Relocation of MOU	8.4	Cape Winelands	Health infrastructure improved	14-Feb-18	30-Jun-23	12 980	94	6 675	2 290	337
7	CI840098 : Worcester - Brewskloof Hospital - R & R incl mechanical work on HVAC	8.4	Cape Winelands	Health infrastructure improved	1-May-24	31-Aug-28	30 000	-	-	-	1 240
8	CI840060 : Ceres - Ceres FPL - Rehabilitation to accommodate dissecting area	8.6	Cape Winelands	Health infrastructure improved	1-Feb-24	28-Feb-26	3 000	-	-	-	197
9	CI830002 : Beaufort West - Beaufort West Hospital - Rationalisation	8.3	Central Karoo	Health infrastructure improved	9-Oct-18	31-Jul-27	76 900	812	1 369	1 011	-
10	CI840051 : Nelspoort - Nelspoort Hospital - Repairs to Wards	8.6	Central Karoo	Health infrastructure improved	22-Aug-17	31-Oct-21	17 300	4 770	473	-	-
11	CI810161 : Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	8.1	City of Cape Town	Health infrastructure improved	1-Jun-16	31-Mar-22	5 965	3 956	583	160	-
12	CI810240 : Khayelitsha - Nalungile CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	1-Mar-21	31-Dec-24	22 000	-	104	961	6 528
13	CI810248 : Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	8.1	City of Cape Town	Health infrastructure improved	21-Dec-18	31-Oct-25	7 200	165	167	560	4 520
14	CI810260 : Nyanga - Nyanga CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	21-Apr-21	31-Aug-26	8 000	-	-	331	195
15	CI810274 : Retreat - Retreat CHC - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	21-Jan-21	31-May-26	50 000	-	-	2 066	1 221
16	CI810286 : Gugulethu - Gugulethu CHC - MOU rehabilitation	8.1	City of Cape Town	Health infrastructure improved	30-Sep-21	31-Jan-28	32 000	-	-	693	1 411
17	CI830045 : Somerset West - Helderberg Hospital - EC Upgrade and Additions	8.3	City of Cape Town	Health infrastructure improved	1-Apr-13	15-Mar-21	55 630	3 898	294	-	-
18	CI830119 : Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	8.3	City of Cape Town	Health infrastructure improved	19-Dec-17	31-Mar-27	217 200	2 585	3 446	10 022	39 082
19	CI830121 : Somerset West - Helderberg Hospital - Repairs and Renovation (Alpha)	8.3	City of Cape Town	Health infrastructure improved	30-Nov-17	30-Sep-24	31 016	269	88	10 174	10 092
20	CI830124 : Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	8.3	City of Cape Town	Health infrastructure improved	24-Dec-18	31-Jan-25	19 132	486	261	2 891	-
21	CI830127 : Bellville - Karl Bremer Hospital - Demolitions and parking	8.3	City of Cape Town	Health infrastructure improved	19-Dec-17	30-Jun-25	26 000	2 042	1	1	11 929

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22	CI830144 : Mitchells Plain - Mitchells Plain Hospital - Fire doors	8.3	City of Cape Town	Health infrastructure improved	13-Aug-19	30-Apr-23	8 030	310	4 511	1 117	314
23	CI840008 : Green Point - New Somerset Hospital - Upgrading of theatres and ventilation	8.4	City of Cape Town	Health infrastructure improved	22-May-15	31-Oct-24	54 570	578	4 047	19 037	12 848
24	CI840022 : Observatory - Valkenberg Hospital - Renovations to Historical Admin Building Ph2	8.4	City of Cape Town	Health infrastructure improved	13-Aug-09	29-May-17	68 264	1	1	-	-
25	CI840066 : Green Point - New Somerset Hospital - Repairs and renovation incl stores upgrade	8.4	City of Cape Town	Health infrastructure improved	30-Dec-22	30-Nov-28	40 000	-	-	866	1 763
26	CI840067 : Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	18-Mar-18	30-Dec-26	62 000	1 202	2 142	16 069	27 721
27	CI840068 : Mowbray - Mowbray Maternity Hospital - Rehabilitation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	30-Jun-23	31-Mar-25	40 000	-	-	866	787
28	CI840070 : Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	City of Cape Town	Health infrastructure improved	1-Mar-18	31-Aug-24	13 266	431	408	6 141	3 096
29	CI840082 : Mitchells Plain - Lentegeur Hospital - Ward rehabilitation framework	8.4	City of Cape Town	Health infrastructure improved	30-Jun-22	31-Mar-28	50 000	-	-	993	902
30	CI840097 : Stikland - Stikland Hospital - Rehabilitation of water reticulation system	8.4	City of Cape Town	Health infrastructure improved	30-Mar-22	30-Sep-26	20 000	-	-	434	482
31	HC1840007 : Brooklyn - Brooklyn Chest Hospital - Rehabilitation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	31-Mar-23	29-Feb-28	100 000	-	500	500	475
32	CI850005 : Observatory - Groote Schuur Hospital - EC Upgrade and Additions	8.5	City of Cape Town	Health infrastructure improved	3-Jul-10	31-Mar-27	205 800	6 526	4 801	25 502	55 000
33	CI850031 : Parow - Tygerberg Hospital - Replacement - Enabling Work	8.5	City of Cape Town	Health infrastructure improved	1-Jul-23	31-Jul-30	265 000	-	-	-	3 761
34	CI850047 : Parow - Tygerberg Hospital - 11kV Generator Panel Upgrade	8.5	City of Cape Town	Health infrastructure improved	1-Oct-16	21-Jun-21	13 450	1 294	470	-	-
35	CI850048 : Parow - Tygerberg Hospital - Medical Gas Upgrade	8.5	City of Cape Town	Health infrastructure improved	2-May-17	30-Nov-25	36 000	-	2 258	8 144	11 580
36	CI850052 : Parow - Tygerberg Hospital - 11kV Main Substation Upgrade	8.5	City of Cape Town	Health infrastructure improved	1-Oct-16	21-Jun-21	28 980	1 640	894	-	-
37	CI850054 : Observatory - Groote Schuur Hospital - BMS Upgrade	8.5	City of Cape Town	Health infrastructure improved	1-Jun-16	30-Sep-21	21 000	3 066	1 285	-	-
38	CI850056 : Observatory - Groote Schuur Hospital - R and R to OPD (Alpha)	8.5	City of Cape Town	Health infrastructure improved	9-Feb-21	31-Jul-27	120 000	-	1 583	1 039	-
39	CI850061 : Observatory - Groote Schuur Hospital - R & R to Maternity Ward	8.5	City of Cape Town	Health infrastructure improved	30-Dec-22	30-Jun-28	80 000	-	-	-	3 305
40	CI850074 : Parow - Tygerberg Hospital - Hot water system upgrade	8.5	City of Cape Town	Health infrastructure improved	28-Feb-19	31-Dec-24	28 100	401	1 923	11 518	6 260
41	CI850078-0001 : Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A	8.5	City of Cape Town	Health infrastructure improved	2-Jun-19	30-Apr-31	615 000	3 223	6 060	16 080	1
42	CI850078-0002 : Parow - Tygerberg Hospital - Rehab of various wards - Block C Adult EC and Trauma	8.5	City of Cape Town	Health infrastructure improved	30-Nov-21	31-Dec-27	100 000	-	1 586	1 446	1 338

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									2023/24 R000's	2024/25 R000's	2025/26 R000's
43	CI850078-0007 : Parow - Tygerberg Hospital - Rehab of various wards - Block A (LG) Psychiatry OPD	8.5	City of Cape Town	Health infrastructure improved	2-Jun-19	31-May-24	42 300	450	1 918	14 257	13 581
44	CI850081-0002 : Parow - Tygerberg Hospital - Enabling work ward decanting (exist blding) - Minor work various ward	8.5	City of Cape Town	Health infrastructure improved	5-Jun-19	31-Dec-25	29 200	840	1 039	1	8 759
45	CI850082-0001 : Parow - Tygerberg Hospital - External and Internal Logistics - Central Stores fire safety	8.5	City of Cape Town	Health infrastructure improved	14-May-19	31-Mar-26	10 000	-	-	199	1 052
46	CI850082-0002 : Parow - Tygerberg Hospital - External and Internal Logistics - Pharmacy priorities (Alpha)	8.5	City of Cape Town	Health infrastructure improved	1-May-21	31-Dec-26	15 000	-	-	298	642
47	CI850082-0003 : Parow - Tygerberg Hospital - External and Internal Logistics - Signage	8.5	City of Cape Town	Health infrastructure improved	14-May-19	29-Feb-24	10 000	-	176	7 084	740
48	CI850083 : Parow - Tygerberg Hospital - Fire Safety	8.5	City of Cape Town	Health infrastructure improved	15-Apr-19	30-Jun-28	312 000	7 011	3 721	1	2 701
49	CI850083-0001 : Parow - Tygerberg Hospital - Fire Safety - South-eastern Block incl mechanical work	8.5	City of Cape Town	Health infrastructure improved	15-Apr-19	1-Mar-25	110 000	-	3 147	19 209	54 713
50	CI850086 : Parow - Tygerberg Hospital - Public Entrance upgrade	8.5	City of Cape Town	Health infrastructure improved	1-Oct-23	31-May-27	30 000	-	-	-	884
51	CI850097 : Rondebosch - Red Cross War Memorial Children Hospital - Nurses Home refurbishment (Alpha)	8.5	City of Cape Town	Health infrastructure improved	31-Dec-23	30-Nov-26	15 000	-	-	325	661
52	CI850099 : Observatory - Groote Schuur Hospital - Creche rehabilitation (Alpha)	8.5	City of Cape Town	Health infrastructure improved	1-Dec-23	30-Nov-27	15 000	-	-	-	325
53	CI850101 : Observatory - Groote Schuur Hospital - Parking deck waterproofing	8.5	City of Cape Town	Health infrastructure improved	1-Feb-24	30-Nov-28	10 000	-	-	-	216
54	CI850103 : Observatory - Groote Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha)	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	30-Jun-28	137 600	214	16 788	15 296	21 500
55	CI850104 : Observatory - Groote Schuur Hospital - Ventilation and AC refurb incl mech installation (Beta)	8.5	City of Cape Town	Health infrastructure improved	25-Jul-17	28-Feb-27	137 600	214	16 196	14 749	20 732
56	CI850111 : Observatory - Groote Schuur Hospital - Emergency stabilisation work to Creche	8.5	City of Cape Town	Health infrastructure improved	25-Mar-21	30-Nov-22	2 000	164	88	-	-
57	CI850013 : Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	8.5	City of Cape Town	Health infrastructure improved	30-Apr-22	31-Mar-24	50 000	-	16 000	21 418	-
58	CI810307 : Calitzdorp - Calitzdorp Clinic - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	30-Jul-18	30-Apr-23	1 863	-	988	358	144
59	CI810308 : Zoar - Amalienstein Clinic - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	30-Jul-18	28-Apr-23	1 671	-	948	257	132
60	CI810014 : Dysveldorp - Dysveldorp Clinic - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	31-Jul-18	14-Nov-23	2 888	-	-	2 888	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
61	CI830176 : Ladismith - Ladismith (Alan Blyth) Hospital - R, R and R (Beta)	8.3	Garden Route	Health infrastructure improved	30-Jul-18	30-Dec-23	13 000	-	1 889	7 495	1 016
62	CI840083 : George - George Hospital - Wards R, R and R (Alpha)	8.4	Garden Route	Health infrastructure improved	10-Jul-19	31-Mar-26	15 000	103	104	782	1 031
63	CI830117 : Swellendam - Swellendam Hospital - Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	1-Jun-16	30-Apr-23	4 680	619	1 017	2 242	158
64	CI830118 : Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	30-Apr-16	2-Jun-21	14 305	2 565	445	-	-
65	CI830123 : Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	8.3	Overberg	Health infrastructure improved	3-Jul-17	30-Jun-23	6 708	267	161	719	3 583
66	CI810130 : Various Facilities 8.1 - HT - Pharmacies rehabilitation	8.1	Various	Health infrastructure improved	30-Jun-15	30-Sep-24	7 000	64	314	3 062	1 301
67	CI830073 : Various Pharmacies upgrade 8.3	8.3	Various	Health infrastructure improved	30-Jun-15	30-Sep-24	6 000	54	330	2 598	1 116
68	CI830080 : Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	8.3	West Coast	Health infrastructure improved	31-Mar-15	23-May-19	176 000	792	1	-	-
69	CI830116 : Piqueberg - Radie Kotze Hospital - Hospital layout improvement	8.3	West Coast	Health infrastructure improved	1-Jun-16	31-May-24	20 300	215	786	10 564	2 620
70	CI830137 : Porterville - LAPA Munnik Hospital - Rehabilitation (Alpha)	8.3	West Coast	Health infrastructure improved	30-Sep-23	31-Mar-27	25 000	-	-	541	1 850
71	CI860021 : Vredenburg - Vredenburg FPL - Rehabilitation (Alpha)	8.6	West Coast	Health infrastructure improved	1-Dec-23	31-Jul-28	3 249	-	-	165	562
TOTAL REHABILITATION, RENOVATIONS AND REFURBISHMENTS									141 722	292 567	359 951

## Non-Infrastructure

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	
1	CH810013 : De Doorns - De Doorns CDC - HT - Upgrade and Additions	8.1	Cape Winelands	Health infrastructure improved	2022/04/01	2025/03/31	5,594	1,030	3,209	950	-
2	CH810014 : De Doorns - Sandhills Clinic (Repl) - HT - Replacement	8.1	Cape Winelands	Health infrastructure improved	2025/04/01	2027/03/31	3,000	-	-	-	950
3	CH810074 : Paarl - Paarl CDC - HT - New	8.1	Cape Winelands	Health infrastructure improved	2023/04/01	2026/03/31	7,502	-	1,297	914	4,917
4	CH810090 : Stellenbosch - Kayamandi Clinic - HT - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2024/04/01	2027/03/31	6,000	-	-	-	3,800
5	CH810091 : Klapmuts - Klapmuts Clinic - HT - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2025/04/01	2027/03/31	4,000	-	-	-	2,850
6	CH810162 : Paarl - Windmeul Clinic - HT - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2022/04/01	2025/03/30	1,168	-	445	570	-
7	CH810210 : Ceres - Ceres CDC - HT - Enabling work for Hospital OPD	8.1	Cape Winelands	Health infrastructure improved	2024/04/01	2026/03/31	2,501	-	-	950	1,425
8	CH810218 : Paarl - Dalevale Clinic - HT - General maintenance (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2022/04/01	2024/03/31	2,314	1,258	889	-	-
9	CH810224 : Stellenbosch - Cloeteville CDC - HT - General maintenance (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2022/04/01	2024/03/31	3,255	862	1,866	-	-
10	CH810228 : Saron - Saron Clinic - HT - General maintenance and upgrade (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2018/04/01	2023/12/31	1,000	142	428	-	-
11	CH810243 : Worcester - Worcester CDC - HT - Upgrade of MOU area	8.1	Cape Winelands	Health infrastructure improved	2024/04/01	2027/12/31	2,000	-	-	950	950
12	CO810074 : Paarl - Paarl CDC - OD QA - New	8.1	Cape Winelands	Health infrastructure improved	2017/02/28	2025/10/31	267	137	-	130	-
13	HC810020 : Ceres - Ceres CDC - HT - Enabling work and rehabilitation	8.1	Cape Winelands	Health infrastructure improved	2023/01/15	2026/03/31	10,000	-	950	7,600	1,450
14	CH820050 : Paarl - Paarl Ambulance Station - HT - Upgrade and Additions incl wash bay	8.2	Cape Winelands	Health infrastructure improved	2025/04/01	2027/03/30	1,000	-	-	-	285
15	CH830034-0001 : Montagu - Montagu Hospital - HT - Rehabilitation	8.3	Cape Winelands	Health infrastructure improved	2025/04/01	2027/03/31	6,000	-	-	950	1,900
16	CH830044 : Robertson - Robertson Hospital - HT - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	Health infrastructure improved	2024/04/01	2027/12/31	9,566	-	-	2,375	3,325
17	CH830120 : Ceres - Ceres Hospital - HT - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	2023/04/01	2026/08/31	1,500	-	475	950	-
18	CH830122 : Stellenbosch - Stellenbosch Hospital - HT - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	2022/04/01	2025/03/30	4,000	939	1,900	865	-
19	CH840061 : Worcester - Worcester Hospital - HT - Relocation of MOU	8.4	Cape Winelands	Health infrastructure improved	2023/04/01	2025/03/31	3,000	-	2,375	475	-
20	CH840089 : Paarl - Paarl Hospital - HT - New Obstetric Theatre in Maternity Unit	8.4	Cape Winelands	Health infrastructure improved	2021/04/01	2025/03/30	3,300	701	10	1	1



No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
21	HCH840029 : Paarl - Paarl Hospital - HT - Refurbishment 2023-24	8.4	Cape Winelands	Health infrastructure improved	2023/04/01	2024/03/31	3,232	-	3,070	-	-
22	HCH840031 : Worcester - Worcester Hospital - HT - Refurbishment 2023-24	8.4	Cape Winelands	Health infrastructure improved	2023/04/01	2024/03/31	1,400	-	1,330	-	-
23	CO860077 : Paarl - Paarl HT Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	770	770	770
24	CO860078 : Worcester - Worcester HT Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	642	642	642
25	CO860081 : Paarl - West Coast Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	1,615	1,615	1,615
26	CO860082 : Worcester - Winelands & Overberg Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	1,090	1,090	1,090
27	CH830002-0001 : Beaufort West - Beaufort West Hospital - HT - Rationalisation	8.3	Central Karoo	Health infrastructure improved	2025/04/01	2027/03/31	8,000	-	-	-	2,850
28	CH810038 : Hanover Park - Hanover Park CHC - HT - Replacement	8.1	City of Cape Town	Health infrastructure improved	2025/04/01	2028/03/30	21,450	-	-	-	3,800
29	CH810048-0001 : Bothasig - Bothasig CDC - HT - Upgrade and Additions	8.1	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/31	6,000	-	2,850	2,850	-
30	CH810062 : Philippi - Weltevreden CDC - HT - New	8.1	City of Cape Town	Health infrastructure improved	2025/04/01	2028/03/31	12,500	-	-	-	3,325
31	CH810080 : Ravensmead - Ravensmead CDC - HT - Replacement	8.1	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	8,500	-	-	-	3,800
32	CH810230 : Strand - Gustrow CDC - HT - General maintenance (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2023/04/01	2026/03/30	4,468	-	1,202	3,044	10
33	CH810235 : Gugulethu - Gugulethu CHC - HT - General maintenance (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2025/04/01	2027/03/30	3,500	-	-	-	2,850
34	CH810237 : Kraaifontein - Kraaifontein CHC - HT - General maintenance (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2024/04/01	2026/12/31	3,500	-	-	-	950
35	CH810240 : Khayelitsha - Nolungile CDC - HT - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/30	1,500	-	-	-	475
36	CH810248 : Green Point - Green Point CDC - HT - Pharmacy refurbishment and general maintenance	8.1	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	800	-	-	-	380
37	CH810260 : Nyanga - Nyanga CDC - HT - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2025/04/01	2027/03/31	4,000	-	-	-	1,330
38	CH810263 : Kraaifontein - Scottsdene CDC - HT - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2025/01/30	2027/03/31	4,000	-	-	-	1,900
39	CO810062 : Philippi - Weltevreden CDC - OD QA - New	8.1	City of Cape Town	Health infrastructure improved	2017/11/30	2027/06/30	260	-	-	-	60
40	CO810080 : Ravensmead - Ravensmead CDC - OD QA - Replacement	8.1	City of Cape Town	Health infrastructure improved	2015/08/01	2025/03/31	282	152	130	-	-
41	HCH810022 : Mitchells Plain - Mitchells Plain CHC - HT - Fire disaster HT replacement	8.1	City of Cape Town	Health infrastructure improved	2022/10/01	2024/03/31	4,850	-	3,196	-	-
42	HCH810027 : Durbanville - Fisantekraal CDC - HT - Refurbishment 2023-24	8.1	City of Cape Town	Health infrastructure improved	2023/04/01	2024/03/31	3,000	-	1,800	200	-

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									2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
43	CH820057 : Maitland - EMS Head Office (Repl) - HT - Replacement	8.2	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/30	3,000	-	1,900	950	-	
44	CH820059 : Montague Gardens - Pinelands Ambulance Station Workshop (Repl) - HT - Acquisition for replacement	8.2	City of Cape Town	Health infrastructure improved	2023/01/30	2024/12/31	1,000	-	665	285	-	
45	HCH820003 : Maitland - Pinelands Ambulance Station (Repl) - HT - Relocation to Alexandra Hospital site	8.2	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/30	3,000	-	1,425	1,425	-	
46	HCH820009 : Pinelands - EMS Head Office - HT - Refurbishment 2023-24	8.2	City of Cape Town	Health infrastructure improved	2023/04/01	2024/03/31	4,300	-	4,085	-	-	
47	CH830015 : Eerste River - Eerste River Hospital - HT - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	2,000	-	-	760	1,140	
48	CH830021 : Khayelitsha - Khayelitsha Hospital - HT - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	2024/04/01	2025/12/31	2,000	-	-	950	950	
49	CH830119 : Bellville - Karl Bremer Hospital - HT - Hospital Repairs and Renovation	8.3	City of Cape Town	Health infrastructure improved	2023/04/01	2029/03/31	10,000	-	1	475	2,850	
50	CH830121 : Somerset West - Helderberg Hospital - HT - Repairs and Renovation (Alpha)	8.3	City of Cape Town	Health infrastructure improved	2023/04/01	2025/05/31	5,000	-	1,425	3,325	-	
51	CH830124 : Fish Hoek - False Bay Hospital - HT - Fire Compliance Completion and changes to internal spaces	8.3	City of Cape Town	Health infrastructure improved	2024/04/01	2027/03/31	5,000	-	-	1,425	1,900	
52	CH830131 : Atlantis - Westfleur Hospital - HT - Record Room extension	8.3	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	500	-	-	190	285	
53	CH830142 : Eerste River - Eerste River Hospital - HT - Upgrade of Linen Bank and Waste Management Area	8.3	City of Cape Town	Health infrastructure improved	2024/01/04	2026/03/30	500	-	-	190	190	
54	CO830015 : Eerste River - Eerste River Hospital - OD QA - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	2015/02/23	2025/01/31	150	-	-	150	-	
55	CO830021 : Khayelitsha - Khayelitsha Hospital - OD QA - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	2015/02/23	2024/11/21	100	-	-	100	-	
56	HCH830033 : Bellville - Karl Bremer Hospital - HT - Refurbishment 2023-24	8.3	City of Cape Town	Health infrastructure improved	2023/04/01	2024/03/31	4,608	-	4,377	-	-	
57	HCH830034 : Khayelitsha - Khayelitsha Hospital - HT - Refurbishment 2023-24	8.3	City of Cape Town	Health infrastructure improved	2023/04/01	2024/03/31	1,446	-	1,374	-	-	
58	HCH830035 : Eerste River - Eerste River Hospital - HT - Refurbishment 2023-24	8.3	City of Cape Town	Health infrastructure improved	2023/04/01	2024/03/31	2,211	-	2,100	-	-	
59	CH840008-0001 : Green Point - New Somerset Hospital - HT - Upgrading of theatres and ventilation	8.4	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/30	10,000	-	1,710	475	-	
60	CH840010 : Green Point - New Somerset Hospital - HT - Acute Psychiatric Unit	8.4	City of Cape Town	Health infrastructure improved	2023/03/01	2025/03/31	2,500	-	760	1,615	-	
61	CH840067 : Maitland - Alexandra Hospital - HT - Repairs and Renovation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	2024/04/01	2026/07/31	5,000	-	-	1,900	2,850	
62	CH840070 : Maitland - Alexandra Hospital - HT - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	City of Cape Town	Health infrastructure improved	2025/04/01	2026/03/30	6,000	-	-	2,850	2,850	

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates		
									2022/23 R000's	2023/24 R000's	2024/25 R000's
63	CH840076 : Stikland Hospital - HT - General maintenance to wards	8.4	City of Cape Town	Health infrastructure improved	2024/04/01	2027/03/31	3,500	-	-	1,425	950
64	CH840078 : Mitchells Plain - Lentegour Hospital - HT - General maintenance to Ward 5	8.4	City of Cape Town	Health infrastructure improved	2025/04/01	2026/03/31	1,000	-	-	-	950
65	CH840079 : Mitchells Plain - Lentegour Hospital - HT - Ward 5A Seclusion Rooms upgrade	8.4	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	2,000	-	-	950	950
66	CO840010 : Green Point - New Somerset Hospital - OD QA - Acute Psychiatric Unit	8.4	City of Cape Town	Health infrastructure improved	2015/02/23	2025/01/23	250	-	200	50	-
67	CO840043 : Observatory - Valkenberg Hospital - Project Support	8.4	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	703	532	541	553
68	CO840051 : Observatory - Valkenberg Hospital - Commissioning Support	8.4	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	1,462	1,278	1,302	1,324
69	CO840067 : Maitland - Alexandra Hospital - OD QA - Repairs and Renovation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	2018/03/18	2025/12/31	200	-	-	100	110
70	HCH840012 : Mitchells Plain - Lentegour Hospital - HT - R, R & R to accommodate Child and Adolescent beds	8.4	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/31	3,000	-	1,500	1,500	-
71	HCH840030 : Green Point - New Somerset Hospital - HT - Refurbishment 2023-24	8.4	City of Cape Town	Health infrastructure improved	2023/04/01	2024/03/31	3,261	-	3,098	-	-
72	CH850005 : Observatory - Groote Schuur Hospital - HT - EC Upgrade and Additions	8.5	City of Cape Town	Health infrastructure improved	2024/04/01	2027/03/31	40,000	-	-	4,750	9,500
73	CH850078-0001 : Parow - Tygerberg Hospital - HT - Rehabilitation of various wards (Alpha) - Block A	8.5	City of Cape Town	Health infrastructure improved	2025/04/01	2032/03/30	50,000	-	-	-	9,500
74	CH850078-0007 : Parow - Tygerberg Hospital - HT - Rehab of various wards - Block A (LG)	8.5	City of Cape Town	Health infrastructure improved	2023/04/01	2025/09/30	7,000	-	190	2,660	3,800
75	CH850092 : Parow - Tygerberg Hospital - HT - Repurposing of Bank and Post Office Building	8.5	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/30	1,000	-	475	475	-
76	CH850097 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Nurses Home refurbishment (Alpha)	8.5	City of Cape Town	Health infrastructure improved	2028/04/30	2030/03/31	4,000	-	-	-	1
77	CH850121 : Parow - Tygerberg Hospital - HT - Oncology Linac replacement (Alpha)	8.5	City of Cape Town	Health infrastructure improved	2022/04/01	2024/03/31	60,000	-	40,250	-	-
78	CO850029 : Parow - Tygerberg Hospital - Replacement - Project Support	8.5	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	1,429	2,969	3,020	3,075
79	HCH850013 : Parow - Tygerberg Hospital - HT - Repair and remedial works to Theatres Block C	8.5	City of Cape Town	Health infrastructure improved	2023/04/30	2025/03/31	10,000	-	3,800	5,700	-
80	HCH850015 : Parow - Tygerberg Hospital - HT - New warehouse (Alpha)	8.5	City of Cape Town	Health infrastructure improved	2023/01/04	2024/03/30	3,000	-	2,850	-	-
81	HCH850016 : Parow - Tygerberg Hospital - HT - Protea Court Office Accommodation Rehab	8.5	City of Cape Town	Health infrastructure improved	2025/04/30	2027/04/30	3,000	-	-	-	475
82	HCH850017 : Rondebosch - Red Cross War Memorial Children Hospital - HT - New warehouse (Alpha)	8.5	City of Cape Town	Health infrastructure improved	2026/04/01	2027/03/31	2,000	-	-	-	2,000

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates			
									2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
83	HCH850020 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Linen Bank relocation	8.5	City of Cape Town	Health infrastructure improved	2025/04/01	2026/03/31	500	-	-	-	-	475
84	HCH850026 : Observatory - Groote Schuur Hospital - HT - Refurbishment 2023-24	8.5	City of Cape Town	Health infrastructure improved	2023/04/01	2024/03/31	14,250	-	-	14,250	-	-
85	HCH850027 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment 2023-24	8.5	City of Cape Town	Health infrastructure improved	2023/04/01	2024/03/31	3,225	-	-	3,225	-	-
86	HCH850028 : Parow - Tygerberg Hospital - HT - Refurbishment 2023-24	8.5	City of Cape Town	Health infrastructure improved	2023/04/01	2024/03/31	14,250	-	-	14,250	-	-
87	HCH850030 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment 2024-25	8.5	City of Cape Town	Health infrastructure improved	2024/04/01	2025/03/31	1	-	-	-	1	-
88	HCH850032 : Observatory - Groote Schuur Hospital - HT - Refurbishment 2025-26	8.5	City of Cape Town	Health infrastructure improved	2025/04/01	2026/03/31	34,111	-	-	-	-	34,111
89	HCH850033 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment 2025-26	8.5	City of Cape Town	Health infrastructure improved	2025/04/01	2026/03/31	1	-	-	-	-	1
90	HCH850034 : Parow - Tygerberg Hospital - HT - Refurbishment 2025-26	8.5	City of Cape Town	Health infrastructure improved	2025/04/01	2026/03/31	34,111	-	-	-	-	34,111
91	CH860012 : Observatory - Observatory FPL - HT - Replacement	8.6	City of Cape Town	Health infrastructure improved	2018/04/30	2026/03/31	72,990	7,000	13,965	6,155	12,937	-
92	CH860016 : Pinelands - Orthotic and Prosthetic Centre - HT - Upgrade	8.6	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/31	8,000	-	1,900	5,700	-	-
93	CH860057 : Mitchells Plain - Lentegeur Laundry - HT - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/30	2,000	-	-	475	1,425	-
94	CH860089 : Parow - Tygerberg Regional Laundry - HT - Laundry Line Replacement	8.6	City of Cape Town	Health infrastructure improved	2021/04/01	2024/03/31	100,000	40,003	1,951	-	-	-
95	CH860096 : Goodwood - Goodwood Clinical Engineering Workshop - HT - HT Hub impl at Paarl, George, Worcester	8.6	City of Cape Town	Health infrastructure improved	2024/01/04	2027/04/30	2,500	-	10	1,900	428	-
96	CO860030 : Bellville - Bellville Engineering Workshop - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	7,764	8,412	8,561	8,716	-
97	CO860030 : Bellville - Bellville Engineering Workshop - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	3,523	5,216	5,358	5,486	-
98	CO860032 : Bellville - Engineering and Technical Services - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	1,071	1,080	1,099	1,119	-
99	CO860032 : Bellville - Engineering and Technical Services - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	395	415	424	433	-
100	CO860034 : Bellville - HT Unit - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	4,419	4,099	4,174	4,246	-
101	CO860034 : Bellville - HT Unit - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	2,274	3,546	3,377	3,739	-
102	CO860036 : Cape Town - Infra Man CD - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	2,066	2,981	3,034	3,136	-

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									2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
103	CO860036 : Cape Town - Infra Man CD - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	6,179	4,452	4,483	4,727	
104	CO860038 : Cape Town - Infra Planning - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	13,264	11,730	11,937	12,176	
105	CO860038 : Cape Town - Infra Planning - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	1,110	1,483	1,511	1,553	
106	CO860040 : Cape Town - Infra Prog Delivery - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	10,032	12,217	12,428	12,656	
107	CO860040 : Cape Town - Infra Prog Delivery - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	1,649	1,227	1,248	1,276	
108	CO860068 : Belville - HT Unit - SCM Support	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	6,421	6,219	6,312	6,452	
109	CO860091 : Belville - HT Unit - Asset Management - Implementation	8.6	City of Cape Town	Health infrastructure improved	2021/04/01	2023/03/31	7,000	-	1	-	-	
110	CO860103 : Belville - Facilities Management - Infrastructure Support	8.6	City of Cape Town	Health infrastructure improved	2023/04/01	2036/03/31	N/A	-	10,085	10,231	10,380	
111	CO860103 : Belville - Facilities Management - Infrastructure Support	8.6	City of Cape Town	Health infrastructure improved	2023/04/01	2036/03/31	N/A	-	1,405	1,431	1,456	
112	HCH860005 : Parow - Parow WC Health Warehouse - HT - Mezzanine R. & R	8.6	City of Cape Town	Health infrastructure improved	2024/04/01	2026/07/31	2,000	-	-	1,900	-	
113	HCH860007 : Parow - Tygerberg Regional Laundry - HT - New linen warehouse	8.6	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	3,000	-	-	-	2,850	
114	HCH860008 : Goodwood - Goodwood Clinical Engineering Workshop - HT - New warehouse (Alpha)	8.6	City of Cape Town	Health infrastructure improved	2023/06/30	2025/03/30	2,000	-	-	1,900	-	
115	CH810052 : Ladismith - Ladismith Clinic - HT - Replacement	8.1	Garden Route	Health infrastructure improved	2022/04/01	2024/03/31	1,697	469	749	-	-	
116	CH810068 : Mossel Bay - George Road Sat Clinic (Repl) - HT - Replacement	8.1	Garden Route	Health infrastructure improved	2022/04/01	2025/03/30	2,000	-	475	1,425	-	
117	CH810307 : Calitzdorp - Calitzdorp Clinic - HT - R. R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	2022/04/01	2024/12/30	270	-	257	-	-	
118	CH810308 : Zoar - Amalienstein Clinic - HT - R. R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	2019/04/01	2025/03/31	224	-	-	213	-	
119	HCH810004 : Knysna - Hornlee Clinic - HT - Replacement	8.1	Garden Route	Health infrastructure improved	2023/04/01	2024/03/31	2,125	-	1,425	594	-	
120	HCH810005 : George - Blanco Clinic - HT - Upgrade and Additions (Alpha)	8.1	Garden Route	Health infrastructure improved	2023/12/01	2025/03/31	833	-	475	316	-	
121	HCH810006 : George - Pacaltsdorp Clinic - HT - Upgrade and Additions (Alpha)	8.1	Garden Route	Health infrastructure improved	2023/12/01	2025/03/31	1,213	-	475	677	-	
122	HCH810007 : Albertinia - Albertinia Clinic - HT - R. R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	2023/04/01	2025/12/31	500	-	285	190	-	
123	HCH810012 : George - Rosemoor Clinic - HT - Upgrade and Additions (Alpha)	8.1	Garden Route	Health infrastructure improved	2024/04/01	2025/03/30	500	-	-	500	-	
124	HCH810013 : George - Parkdene Clinic - HT - Upgrade and Additions (Alpha)	8.1	Garden Route	Health infrastructure improved	2023/04/01	2025/03/31	568	-	-	568	-	
125	HCO810004 : Knysna - Hornlee Clinic - OD QA - Replacement	8.1	Garden Route	Health infrastructure improved	2021/09/30	2024/02/28	100	117	50	-	-	

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126	CH830067 : Mossel Bay - Mossel Bay Hospital - HT - Entrance, Admissions and EC	8.3	Garden Route	Health infrastructure improved	2024/04/01	2027/03/30	6,000	-	-	-	1,900	
127	CH830176 : Ladismith - Ladismith (Alan Blyth) Hospital - HT - R, R and R (Beta)	8.3	Garden Route	Health infrastructure improved	2023/04/01	2025/03/31	2,000	-	1,425	475	-	
128	HCH830010 : Riversdale - Riversdale Hospital - HT - Upgrade and Additions (Alpha)	8.3	Garden Route	Health infrastructure improved	2022/04/01	2025/03/31	2,000	-	1,900	-	-	
129	CH860007 : Knysna - Knysna FPL - HT - Replacement	8.6	Garden Route	Health infrastructure improved	2022/04/01	2024/03/31	1,500	711	817	-	-	
130	CO860076 : George - George HT Maintenance Hub - Infrastructure Support	8.6	Garden Route	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	415	415	415	
131	CO860079 : George - Rural DHS Head Office HT Hub - Infrastructure Support	8.6	Garden Route	Health infrastructure improved	2022/09/01	2036/03/31	N/A	-	389	389	389	
132	CO860080 : George - Garden Route & Central Karoo Maintenance Hub - Infrastructure Support	8.6	Garden Route	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	1,421	1,421	1,421	
133	CH810271 : Grabouw - Grabouw CHC - HT - Entrance and Records upgrade	8.1	Overberg	Health infrastructure improved	2025/03/30	2027/03/31	2,000	-	-	-	950	
134	CH820027 : Villiersdorp - Villiersdorp Ambulance Station - HT - Replacement	8.2	Overberg	Health infrastructure improved	2023/04/01	2024/03/31	500	-	475	-	-	
135	CH830123 : Caledon - Caledon Hospital - HT - Acute Psychiatric Unit and R & R	8.3	Overberg	Health infrastructure improved	2023/04/01	2025/03/31	1,170	-	95	1,017	-	
136	CH830135 : Caledon - Caledon Hospital - HT - Theatre upgrade and maintenance	8.3	Overberg	Health infrastructure improved	2018/01/04	2025/03/31	8,633	-	2,378	2,093	-	
137	CH830147 : Hermanus - Hermanus Hospital - HT - General maintenance (Alpha)	8.3	Overberg	Health infrastructure improved	2024/04/01	2026/03/31	1,000	-	-	285	665	
138	HCH860021 : Caledon - Overberg District Office - HT - Replacement	8.6	Overberg	Health infrastructure improved	2025/04/30	2027/03/31	3,000	-	-	-	950	
139	HCH810023 : Primary Healthcare - HT - Provincial WiFi accessibility	8.1	Various	Health infrastructure improved	2023/01/04	2025/03/30	27,417	-	20,267	753	-	
140	HCH810028 : Primary Healthcare - HT - CCTV systems 2023-24	8.1	Various	Health infrastructure improved	2023/04/01	2024/03/31	8,950	-	8,507	-	-	
141	HCH810030 : Primary Healthcare - HT - CCTV systems 2025-26	8.1	Various	Health infrastructure improved	2025/04/01	2026/03/31	23,708	-	-	-	23,708	
142	HCH820008 : Emergency Medical Rescue Services - HT - CCTV systems 2023-24	8.2	Various	Health infrastructure improved	2023/04/01	2024/03/31	250	-	238	-	-	
143	CH830073 : District Hospitals - HT - Pharmacies rehabilitation (Alpha)	8.3	Various	Health infrastructure improved	2022/04/01	2027/03/30	10,000	1	10	-	-	
144	HCH830019 : District Hospitals - HT - Provincial WiFi accessibility	8.3	Various	Health infrastructure improved	2023/01/04	2025/03/30	19,088	-	14108	562	-	
145	HCH830022 : District Hospitals - HT - CCTV systems 2023-24	8.3	Various	Health infrastructure improved	2023/04/01	2024/03/31	2,563	-	2,435	-	-	
146	HCH830024 : District Hospitals - HT - CCTV systems 2025-26	8.3	Various	Health infrastructure improved	2025/04/01	2026/03/31	7,959	-	-	-	7,959	
147	HCH830025 : District Hospitals - HT - Laundry equipment 2023-24	8.3	Various	Health infrastructure improved	2023/01/04	2024/03/31	2,146	-	2,039	-	-	
148	HCH830027 : District Hospitals - HT - Laundry equipment 2025-26	8.3	Various	Health infrastructure improved	2025/04/01	2026/03/31	5,354	-	-	-	5,354	

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149	HCH830028 : District Hospitals - HT - Kitchen equipment 2023-24	8.3	Various	Health infrastructure improved	2023/04/01	2024/03/31	3,195	-	3,034	-	-
150	HCH830030 : District Hospitals - HT - Kitchen equipment 2025-26	8.3	Various	Health infrastructure improved	2025/04/01	2026/03/31	685	-	-	-	1,221
151	HCH830032 : District Hospitals - HT - Medical Waste 2025-26	8.3	Various	Health infrastructure improved	2025/04/01	2026/03/31	30,400	-	-	-	30,400
152	HCH840018 : Provincial Hospitals - HT - Provincial WIFI accessibility	8.4	Various	Health infrastructure improved	2023/01/04	2025/03/30	23,350	-	17,240	755	-
153	HCH840021 : Provincial Hospitals - HT - Laundry equipment 2023-24	8.4	Various	Health infrastructure improved	2023/01/04	2024/03/31	2,539	-	2,412	-	-
154	HCH840023 : Provincial Hospitals - HT - Laundry equipment 2025-26	8.4	Various	Health infrastructure improved	2025/04/01	2026/03/31	14,540	-	-	-	14,540
155	HCH840024 : Provincial Hospitals - HT - Kitchen equipment 2023-24	8.4	Various	Health infrastructure improved	2023/04/01	2024/03/31	1,150	-	1,092	-	-
156	HCH840026 : Provincial Hospitals - HT - Kitchen equipment 2025-26	8.4	Various	Health infrastructure improved	2025/04/01	2026/03/31	1,470	-	-	-	1,470
157	HCH840028 : Provincial Hospitals - HT - Medical Waste 2025-26	8.4	Various	Health infrastructure improved	2025/04/01	2026/03/31	3,000	-	-	-	7,600
158	HCH850018 : Central Hospitals - HT - Provincial WIFI accessibility	8.5	Various	Health infrastructure improved	2023/01/04	2025/03/30	8,473	-	6,263	250	-
159	HCH850021 : Central Hospitals - HT - Kitchen equipment 2023-24	8.5	Various	Health infrastructure improved	2023/04/01	2024/03/31	3,170	-	3,012	-	-
160	HCH850023 : Central Hospitals - HT - Kitchen equipment 2025-26	8.5	Various	Health infrastructure improved	2025/04/01	2026/03/31	1,870	-	-	-	2,081
161	HCH850025 : Central Hospitals - HT - Medical Waste 2025-26	8.5	Various	Health infrastructure improved	2025/04/01	2026/03/31	10,000	-	-	-	14,250
162	HCH860013 : Office Accommodation - HT - Provincial WIFI accessibility	8.6	Various	Health infrastructure improved	2023/01/04	2025/03/30	111	-	82	3	-
163	HCH860014 : Forensic Services - HT - CCTV systems 2023-24	8.6	Various	Health infrastructure improved	2023/04/01	2024/03/31	3,400	-	3,230	-	-
164	HCH860015 : Laundry Services - HT - CCTV systems 2023-24	8.6	Various	Health infrastructure improved	2023/04/01	2024/03/31	1,000	-	950	-	-
165	HCH860017 : Office Accommodation - HT - CCTV systems 2025-26	8.6	Various	Health infrastructure improved	2025/04/01	2026/03/31	1,271	-	-	-	1,468
166	HCH860018 : Laundry Services - HT - Laundry equipment 2023-24	8.6	Various	Health infrastructure improved	2023/01/04	2024/03/31	7,041	-	6,689	-	-
167	HCH860020 : Laundry Services - HT - Laundry equipment 2025-26	8.6	Various	Health infrastructure improved	2025/04/01	2026/03/31	8,519	-	-	-	15,451
168	CH810086 : Saldanha - Diazville Clinic - HT - Replacement	8.1	West Coast	Health infrastructure improved	2025/04/01	2028/03/31	5,500	-	-	-	1,900
169	CH810217 : Moarreesburg - Moarreesburg Clinic - HT - General upgrade and maintenance (Alpha)	8.1	West Coast	Health infrastructure improved	2019/04/01	2027/03/31	3,595	-	-	-	2,052
170	HCH810032 : Piketberg - Piketberg Clinic - HT - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	2025/04/01	2027/03/30	3,500	-	-	-	1,900

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171	CH820033 : Darling - Darling Ambulance Station - HT - Upgrade and Additions incl wash bay	8.2	West Coast	Health infrastructure improved	2022/04/01	2023/12/30	200	56	137	-	-
172	CH830116 : Pletberg - Radie Katze Hospital - HT - Hospital layout improvement	8.3	West Coast	Health infrastructure improved	2023/04/01	2026/03/31	3,000	-	475	1,900	475
173	CH830136 : Vredendal - Vredendal Hospital - HT - General upgrade and maintenance (Alpha)	8.3	West Coast	Health infrastructure improved	2022/10/01	2027/03/31	7,000	450	950	1,900	1,900
174	CH830146 : Citrusdal - Citrusdal Hospital - HT - Laundry - Electrification	8.3	West Coast	Health infrastructure improved	2019/04/01	2024/12/31	1,209	-	1,092	-	-
175	CO830082 : Vredenburg - Vredenburg Hospital - Project Support	8.3	West Coast	Health infrastructure improved	2016/04/01	2036/03/31	N/A	-	519	528	537
176	HCH840017 : Paarl - Sonstraal Hospital - HT - Upgrade and Additions (Alpha)	8.4	West Coast	Health infrastructure improved	2024/04/01	2026/03/31	8,000	-	-	3,800	3,800
TOTAL NON-INFRASTRUCTURE											
									340,909	189,127	402,548
No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2021/22 R000's	Medium Term Estimates		
									2022/23 R000's	2023/24 R000's	2024/25 R000's
1	CH810013 : De Doorns - De Doorns CDC - HT - Upgrade and Additions	8.1	Cape Winelands	Health infrastructure improved	2022/04/01	2024/03/31	2 500	-	1 000	1 500	-
2	CH810032 : Gouda - Gouda Clinic - HT - Replacement	8.1	Cape Winelands	Health infrastructure improved	2019/04/01	2024/03/31	2 050	-	500	1 550	-
3	CH810074 : Paarl - Paarl CDC - HT - New	8.1	Cape Winelands	Health infrastructure improved	2023/04/01	2026/03/31	8 680	-	-	1 680	4 831
4	CH810090 : Stellenbosch - Kayamandi Clinic - HT - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2024/04/01	2026/03/31	6 000	-	-	-	2 500
5	CH810101 : Worcester - Avian Park Clinic - HT - New	8.1	Cape Winelands	Health infrastructure improved	2021/04/01	2023/03/31	2 000	3 149	200	-	-
6	CH810162 : Paarl - Windmeul Clinic - HT - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2022/04/01	2023/12/31	1 200	-	500	700	-
7	CH810210 : Ceres - Ceres CDC - HT - Enabling work for Hospital OPD	8.1	Cape Winelands	Health infrastructure improved	2019/04/01	2025/03/31	2 066	-	-	1 000	650
8	CH810218 : Paarl - Dalevale Clinic - HT - General maintenance (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2022/04/01	2024/03/31	2 000	-	800	1 200	-
9	CH810224 : Stellenbosch - Cloetesville CDC - HT - General maintenance (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2022/04/01	2024/03/31	3 176	-	3 176	-	-
10	CH810225 : Tulbagh - Tulbagh Clinic - HT - Structural repair	8.1	Cape Winelands	Health infrastructure improved	2019/04/01	2023/12/31	1 539	515	372	-	-
11	CH810228 : Saron - Saron Clinic - HT - General maintenance and upgrade (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2018/04/01	2023/12/31	1 500	-	600	463	-
12	CH810243 : Worcester - Worcester CDC - HT - Upgrade of MOU area	8.1	Cape Winelands	Health infrastructure improved	2023/04/01	2024/12/31	2 000	-	-	1 000	1 000



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									2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
13	CO810074 : Paarl - Paarl CDC - OD QA - New	8.1	Cape Winelands	Health infrastructure improved	2017/02/01	2024/11/30	260	-	130	130	-	
14	CO810089 : Stellenbosch - Cloetesville CDC - OD QA - Rehabilitation (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2023/04/01	2026/03/31	100	-	-	50	50	
15	CO810090 : Stellenbosch - Kayamandi Clinic - OD QA - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2021/10/31	2025/11/30	50	-	-	35	15	
16	CO810101 : Worcester - Avian Park Clinic - OD QA - New	8.1	Cape Winelands	Health infrastructure improved	2015/07/01	2022/03/31	100	140	70	-	-	
17	CH820050 : Paarl - Paarl Ambulance Station - HT - Upgrade and Additions incl wash bay	8.2	Cape Winelands	Health infrastructure improved	2024/04/01	2026/03/30	1 000	-	-	-	300	
18	CH820058 : Worcester - Worcester Ambulance Station Workshop - HT - General maintenance (Alpha)	8.2	Cape Winelands	Health infrastructure improved	2022/04/01	2023/03/30	500	-	500	-	-	
19	CH830114 : Ceres - Ceres Hospital - HT - New Acute Psychiatric Ward	8.3	Cape Winelands	Health infrastructure improved	2018/02/28	2023/03/31	500	544	363	-	-	
20	CH830120 : Ceres - Ceres Hospital - HT - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	2024/04/01	2025/03/31	2 000	-	-	-	2 000	
21	CH830122 : Stellenbosch - Stellenbosch Hospital - HT - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	2022/04/01	2024/03/30	4 000	-	2 000	2 000	-	
22	CH840061 : Worcester - Worcester Hospital - HT - Relocation of MOU	8.4	Cape Winelands	Health infrastructure improved	2022/04/01	2024/03/31	3 000	-	-	1 000	2 000	
23	CH840089 : Paarl - Paarl Hospital - HT - New Obstetric Theatre in Maternity Unit	8.4	Cape Winelands	Health infrastructure improved	2021/04/01	2024/03/31	3 000	2 000	1 000	-	-	
24	CO860077 : Paarl - Paarl HT Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	1 167	3 080	3 267	
25	CO860078 : Worcester - Worcester HT Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	1 198	2 565	2 743	
26	CO860081 : Paarl - West Coast Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	1 472	6 458	6 706	
27	CO860082 : Worcester - Winelands & Overberg Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	1 118	4 358	4 568	
28	CH820011 : Laingsburg - Laingsburg Ambulance Station - HT - Upgrade and Additions (Alpha)	8.2	Central Karoo	Health infrastructure improved	2021/04/01	2023/03/31	300	269	300	-	-	
29	CH820042 : Murraysburg - Murraysburg Ambulance Station - HT - Upgrade and Additions incl wash bay	8.2	Central Karoo	Health infrastructure improved	2022/04/01	2023/03/31	300	-	300	-	-	
30	CH810062 : Philippi - Weltevreden CDC - HT - New	8.1	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	12 500	-	-	-	4 454	
31	CH810080 : Parow - Ravensmead CDC - HT - Replacement	8.1	City of Cape Town	Health infrastructure improved	2023/01/01	2025/03/31	8 000	-	-	3 000	5 000	
32	CH810230 : Strand - Gustrouw CDC - HT - General maintenance (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2022/04/01	2024/03/31	2 000	-	900	1 100	-	

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates			
									2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
33	CH810237 : Kraaifontein - Kraaifontein CHC - HT - General maintenance (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/31	3 500	-	-	-	1 000	2 500
34	CH810240 : Khayelitsha - Nolungile CDC - HT - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/30	1 500	-	-	-	500	1 000
35	CH810248 : Green Point - Green Point CDC - HT - Pharmacy refurbishment and general maintenance	8.1	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	600	-	-	-	-	200
36	CH810263 : Kraaifontein - Scottsdene CDC - HT - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	2024/01/30	2026/03/31	4 000	-	-	-	-	2 000
37	CO810043 : Hout Bay - Hout Bay CDC - OD QA - Replacement and Consolidation	8.1	City of Cape Town	Health infrastructure improved	2018/06/21	2026/09/30	260	-	-	-	-	130
38	CO810055 : Maitland - Maitland CDC - OD QA - Replacement	8.1	City of Cape Town	Health infrastructure improved	2017/12/13	2025/09/30	260	-	-	-	130	130
39	CO810080 : Parow - Ravensmead CDC - OD QA - Replacement	8.1	City of Cape Town	Health infrastructure improved	2015/08/01	2024/12/31	260	-	-	130	130	-
40	CH820057 : Maitland - EMS Head Office (Repl) - HT - Replacement	8.2	City of Cape Town	Health infrastructure improved	2022/10/01	2023/06/30	2 000	-	-	-	2 000	-
41	CH830015 : Eerste River - Eerste River Hospital - HT - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	3 000	-	-	-	-	1 000
42	CH830021 : Khayelitsha - Khayelitsha Hospital - HT - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	3 000	-	-	-	-	1 500
43	CH830093 : Mitchells Plain - Mitchells Plain Hospital - HT - Waste Management	8.3	City of Cape Town	Health infrastructure improved	2018/04/02	2023/03/31	4 800	999	-	1	-	-
44	CH830119 : Bellville - Karl Bremer Hospital - HT - Hospital Repairs and Renovation	8.3	City of Cape Town	Health infrastructure improved	2023/04/01	2028/03/31	10 000	-	-	-	1	1
45	CH830121 : Somerset West - Heideberg Hospital - HT - Repairs and Renovation (Alpha)	8.3	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/31	5 000	-	-	-	-	3 500
46	CH830124 : Fish Hoek - False Bay Hospital - HT - Fire Compliance Completion and changes to internal spaces	8.3	City of Cape Town	Health infrastructure improved	2024/04/01	2026/03/31	5 000	-	-	-	-	1 500
47	CH830133 : Bellville - Karl Bremer Hospital - HT - Nurses Home repairs and renovation	8.3	City of Cape Town	Health infrastructure improved	2018/04/01	2023/03/31	3 000	1 825	-	426	-	-
48	CH830142 : Eerste River - Eerste River Hospital - HT - Upgrade of Linen Bank and Waste Management Area	8.3	City of Cape Town	Health infrastructure improved	2023/01/04	2025/03/30	600	-	-	-	500	100
49	CH840008-0001 : Green Point - New Somerset Hospital - HT - Upgrading of theatres and ventilation	8.4	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/30	10 000	-	-	-	806	1 500
50	CH840010 : Green Point - New Somerset Hospital - HT - Acute Psychiatric Unit	8.4	City of Cape Town	Health infrastructure improved	2023/03/01	2025/03/31	2 500	-	-	-	800	1 700
51	CH840070 : Maitland - Alexandra Hospital - HT - Wards renovations to enable Valkenberg Hospital Forensic Precinct decontanting	8.4	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/30	6 000	-	-	-	2 000	4 000
52	CH840076 : Slikland - Slikland Hospital - HT - General maintenance to wards	8.4	City of Cape Town	Health infrastructure improved	2023/12/31	2025/03/31	3 500	-	-	-	1 000	1 500
53	CH840078 : Mitchells Plain - Lentegeur Hospital - HT - General maintenance to Ward 5	8.4	City of Cape Town	Health infrastructure improved	2024/04/01	2025/03/31	1 000	-	-	-	-	1 000

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
54	CO840043 : Observatory - Valkenberg Hospital - Project Support	8.4	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	680	562	572	582
55	CO840051 : Observatory - Valkenberg Hospital - Commissioning Support	8.4	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	1 370	1 081	1 102	1 119
56	CO840067 : Maitland - Alexandra Hospital - OD QA - Repairs and Renovation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	2018/03/18	2026/12/30	200	-	-	-	100
57	CH850050 : Parow - Tygerberg Hospital - HT - Refurbishment	8.5	City of Cape Town	Health infrastructure improved	2015/04/01	2038/03/31	500 000	44 500	37 000	-	-
58	CH850057 : Observatory - Groote Schuur Hospital - HT - Refurbishment	8.5	City of Cape Town	Health infrastructure improved	2018/04/01	2030/03/31	300 000	49 169	37 000	-	-
59	CH850095 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment	8.5	City of Cape Town	Health infrastructure improved	2019/04/01	2030/03/31	200 000	-	46 500	-	-
60	CH850120 : Observatory - Groote Schuur Hospital - HT - Oncology Linac replacement (Alpha)	8.5	City of Cape Town	Health infrastructure improved	2022/04/01	2023/03/31	60 000	-	30 000	-	-
61	CH850121 : Parow - Tygerberg Hospital - HT - Oncology Linac replacement (Alpha)	8.5	City of Cape Town	Health infrastructure improved	2022/04/01	2023/03/31	60 000	-	30 000	-	-
62	CO850029 : Parow - Tygerberg Hospital - Replacement - Project Support	8.5	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	1 781	2 467	2 744	2 558
63	CH860012 : Observatory - Observatory FPL - HT - Replacement	8.6	City of Cape Town	Health infrastructure improved	2018/04/30	2024/03/31	72 990	41 243	21 585	6 970	-
64	CH860016 : Thornton - Orthotic and Prosthetic Centre - HT - Upgrade	8.6	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/31	8 000	-	-	2 000	6 000
65	CH860037 : Mitchells Plain - Lentegeur Laundry - HT - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/30	2 000	-	-	500	1 500
66	CH860089 : Parow - Tygerberg Laundry - HT - Laundry Line Replacement	8.6	City of Cape Town	Health infrastructure improved	2021/04/01	2024/03/31	115 000	80 486	37 000	-	-
67	CH860096 : Goodwood - Goodwood Clinical Engineering Workshop - HT - HT Hub impl at Paarl, George, Worcester	8.6	City of Cape Town	Health infrastructure improved	2022/04/01	2024/03/30	2 500	-	2 000	500	-
68	CO860030 : Bellville - Bellville Engineering Workshop - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	11 835	12 143	12 068	12 295
69	CO860032 : Bellville - Engineering and Technical Services - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	763	1 364	1 390	1 413
70	CO860034 : Bellville - HT Unit - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	7 243	7 357	7 498	8 050
71	CO860036 : Cape Town - Infra Man CD - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	8 204	9 675	9 813	9 977
72	CO860038 : Cape Town - Infra Planning - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	14 187	14 328	14 598	14 870
73	CO860040 : Cape Town - Infra Prog Delivery - Capacitation	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	10 666	10 715	10 914	11 109
74	CO860068 : Bellville - HT Unit - SCM Support	8.6	City of Cape Town	Health infrastructure improved	2016/04/01	2036/03/31	N/A	6 356	4 868	4 734	5 063

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation 2022/23 R000's	Medium Term Estimates		
									2023/24 R000's	2024/25 R000's	2025/26 R000's
75	CO860091 : Bellville - HT Unit - OD QA - Asset Management - Implementation	8.6	City of Cape Town	Health infrastructure improved	2021/04/01	2023/03/31	7 000	-	3 000	4 000	-
76	CH810052 : Ladismith - Ladismith Clinic - HT - Replacement	8.1	Garden Route	Health infrastructure improved	2022/04/01	2024/03/31	1 500	-	500	1 000	-
77	CH810068 : Mossel Bay - George Road Sat Clinic - HT - Replacement	8.1	Garden Route	Health infrastructure improved	2022/04/01	2024/03/30	1 200	-	600	600	-
78	CH810307 : Calitzdorp - Calitzdorp Clinic - HT - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	2022/04/01	2023/06/30	500	-	270	-	-
79	CO810052 : Ladismith - Ladismith Clinic - OD QA - Replacement	8.1	Garden Route	Health infrastructure improved	2017/03/16	2023/02/28	70	-	70	-	-
80	HCH810004 : Knysna - Hornlee Clinic - HT - Replacement	8.1	Garden Route	Health infrastructure improved	2023/04/01	2025/03/31	4 000	-	-	1 500	2 500
81	HCH810005 : George - Blanco Clinic - HT - Upgrade and Additions (Alpha)	8.1	Garden Route	Health infrastructure improved	2019/12/01	2024/12/31	833	-	-	833	-
82	HCH810007 : Albertinia - Albertinia Clinic - HT - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	2023/04/01	2024/12/31	500	-	-	300	200
83	HCH810011 : Riversdale - Riversdale Clinic - HT - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	2023/04/01	2024/10/31	500	-	-	500	-
84	HCH810012 : George - Rosemoor Clinic - HT - Upgrade and Additions (Alpha)	8.1	Garden Route	Health infrastructure improved	2024/04/01	2025/03/30	500	-	-	-	500
85	HCH810013 : George - Parkdene Clinic - HT - Upgrade and Additions (Alpha)	8.1	Garden Route	Health infrastructure improved	2023/04/01	2025/03/31	568	-	-	200	368
86	HCH810014 : Dusseldorp - Dusseldorp Clinic - HT - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	2023/04/01	2024/03/31	866	-	-	866	-
87	CO810004 : Knysna - Hornlee Clinic - OD QA - Replacement	8.1	Garden Route	Health infrastructure improved	2021/09/30	2023/12/31	100	-	50	50	-
88	CH830176 : Ladismith - Ladismith (Alan Blyth) Hospital - HT - R, R and R (Beta)	8.3	Garden Route	Health infrastructure improved	2022/04/01	2024/12/30	2 000	-	-	1 000	1 000
89	HCH830010 : Riversdale - Riversdale Hospital - HT - Upgrade and Additions (Alpha)	8.3	Garden Route	Health infrastructure improved	2022/04/01	2024/03/31	2 000	-	1 000	1 000	-
90	CH860007 : Knysna - Knysna FPL - HT - Replacement	8.6	Garden Route	Health infrastructure improved	2022/04/01	2024/03/31	1 600	-	500	1 100	-
91	CO860076 : George - George HT Maintenance Hub - Infrastructure Support	8.6	Garden Route	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	912	1 660	1 824
92	CO860079 : George - Rural DHS Head Office HT Hub - Infrastructure Support	8.6	Garden Route	Health infrastructure improved	2022/09/01	2036/03/31	N/A	-	866	1 554	1 714
93	CO860080 : George - Garden Route & Central Karoo Maintenance Hub - Infrastructure Support	8.6	Garden Route	Health infrastructure improved	2021/04/01	2036/03/31	N/A	-	1 552	5 683	5 917
94	CH810022 : Gansbaai - Gansbaai Clinic - HT - Upgrade and Additions (Alpha)	8.1	Overberg	Health infrastructure improved	2019/04/01	2022/12/31	2 460	400	444	-	-
95	CH810095 : Villiersdorp - Villiersdorp Clinic - HT - Replacement	8.1	Overberg	Health infrastructure improved	2022/04/01	2023/12/30	4 300	-	3 000	1 300	-
96	CH810229-0001 : Swellendam - Rallton Clinic - HT - General maintenance (Alpha)	8.1	Overberg	Health infrastructure improved	2023/04/01	2024/03/31	400	-	400	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates			
									2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's
97	CH810231 : Pearly Beach - Pearly Beach Satellite Clinic - HT - General maintenance (Alpha)	8.1	Overberg	Health infrastructure improved	2022/04/01	2023/03/31	650	200	600	-	-	
98	CH810271 : Grabouw - Grabouw GHC - HT - Entrance and Records upgrade	8.1	Overberg	Health infrastructure improved	2023/03/30	2025/03/31	2 000	-	-	2 000	-	
99	CO810095 : Villiersdorp - Villiersdorp Clinic - OD QA - Replacement	8.1	Overberg	Health infrastructure improved	2017/06/30	2022/12/30	100	85	50	-	-	
100	CH820027 : Villiersdorp - Villiersdorp Ambulance Station - HT - Replacement	8.2	Overberg	Health infrastructure improved	2023/04/01	2024/03/31	300	-	-	300	-	
101	HCH820002 : Grabouw - Grabouw Ambulance Station - HT - Rehabilitation (Alpha)	8.2	Overberg	Health infrastructure improved	2023/04/01	2024/03/31	300	-	-	300	-	
102	CH830123 : Caledon - Caledon Hospital - HT - Acute Psychiatric Unit and R & R	8.3	Overberg	Health infrastructure improved	2022/04/01	2024/03/31	1 050	50	100	900	-	
103	CH830135 : Caledon - Caledon Hospital - HT - Theatre upgrade and maintenance	8.3	Overberg	Health infrastructure improved	2018/01/04	2024/03/31	8 633	-	2 503	2 204	-	
104	CH810130 : Various Pharmacies upgrade 8.1 - HT - Pharmacies rehabilitation	8.1	Various	Health infrastructure improved	2022/04/01	2027/03/30	10 000	-	2 000	2 000	-	
105	CH810273 : Various Facilities 8.1 - HT - Refurbishment and Replacement of equipment	8.1	Various	Health infrastructure improved	2019/04/01	2030/03/31	100 000	-	4 891	8 960	5 118	
106	CH810306 : Various Facilities 8.1 - HT - Replacement of specialised imaging systems	8.1	Various	Health infrastructure improved	2021/09/01	2040/03/31	100 000	6 000	2 982	2 000	-	
107	CH810312 : Various Facilities 8.1 - HT - CCTV systems	8.1	Various	Health infrastructure improved	2022/04/01	2034/03/30	20 000	-	1 000	1 000	-	
108	CH820052 : Various Facilities 8.2 - HT - Refurbishment and Replacement of equipment	8.2	Various	Health infrastructure improved	2019/04/01	2030/03/31	100 000	-	12 500	2 000	-	
109	CH830073 : Various Pharmacies upgrade 8.3 - HT	8.3	Various	Health infrastructure improved	2022/04/01	2027/03/30	10 000	-	2 000	2 000	-	
110	CH830143 : Various Facilities 8.3 - HT - Laundry upgrades and additions (West Coast)	8.3	Various	Health infrastructure improved	2023/01/04	2029/03/31	10 000	-	-	1 000	-	
111	CH830149 : Various Facilities 8.3 - HT - Replacement of specialised imaging systems	8.3	Various	Health infrastructure improved	2019/04/01	2030/03/31	100 000	5	2 750	-	-	
112	CH830152 : Various Facilities 8.3 - HT - Refurbishment and replacement of equipment	8.3	Various	Health infrastructure improved	2019/04/01	2030/03/31	100 000	-	-	5 000	-	
113	CH840080 : Various Facilities 8.4 - HT - Laundry upgrades and additions (West Coast)	8.4	Various	Health infrastructure improved	2023/01/04	2028/03/31	10 000	-	-	1 000	-	
114	CH840084 : Various Facilities 8.4 - HT - Replacement of specialised imaging systems	8.4	Various	Health infrastructure improved	2019/04/01	2030/03/31	100 000	15 484	6 100	5 000	-	
115	CH840091 : Various Facilities 8.4 - HT - Refurbishment and Replacement of equipment	8.4	Various	Health infrastructure improved	2019/04/01	2030/03/31	200 000	-	1 150	5 000	-	
116	CH860074 : Various Facilities 8.6 - HT - Refurbishment and replacement of equipment	8.6	Various	Health infrastructure improved	2019/04/01	2030/03/31	100 000	-	-	11 848	-	

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appropriation	Medium Term Estimates		
									2022/23 R000's	2023/24 R000's	2024/25 R000's
117	CH810088 : St Helena Bay - Sandy Point Satellite Clinic - HT - Replacement	8.1	West Coast	Health infrastructure improved	2019/04/01	2023/03/31	1 400	400	497	200	-
118	CH810217 : Moorreesburg - Moorreesburg Clinic - HT - General upgrade and maintenance (Alpha)	8.1	West Coast	Health infrastructure improved	2019/04/01	2025/03/31	3 531	1	-	1 000	1 376
119	CO810086 : Saldanha - Diazville Clinic - OD QA - Replacement	8.1	West Coast	Health infrastructure improved	2017/11/21	2025/05/31	50	-	-	10	40
120	CH820033 : Darling - Darling Ambulance Station - HT - Upgrade and Additions incl wash bay	8.2	West Coast	Health infrastructure improved	2022/04/01	2023/06/30	300	-	300	-	-
121	CH830069 : Vredenburg - Vredenburg Hospital - HT - HT	8.3	West Coast	Health infrastructure improved	2012/04/01	2023/03/31	45 000	1 850	100	-	-
122	CH830116 : Pletberg - Radie Kofze Hospital - HT - Hospital layout improvement	8.3	West Coast	Health infrastructure improved	2023/04/01	2025/03/31	3 000	-	-	1 000	2 000
123	CH830136 : Vredendal - Vredendal Hospital - HT - General upgrade and maintenance (Alpha)	8.3	West Coast	Health infrastructure improved	2023/04/01	2026/03/31	4 000	-	-	-	2 000
124	CH830146 : Citrusdal - Citrusdal Hospital - HT - Laundry - Electrification	8.3	West Coast	Health infrastructure improved	2019/04/01	2023/12/31	1 209	-	1 149	-	-
125	CO830082 : Vredenburg - Vredenburg Hospital - Project Support	8.3	West Coast	Health infrastructure improved	2016/04/01	2036/03/31	N/A	710	403	411	418
TOTAL NON-INFRASTRUCTURE									378 107	195 418	162 956

## Public-Private Partnerships (PPPs)

TYGERBERG HOSPITAL PUBLIC PRIVATE PARTNERSHIP		
<b>Purpose:</b> Provision of infrastructure for the new central hospital and soft facilities management services		
<b>Outputs:</b> <ul style="list-style-type: none"> <li>• Design procurement process and prepare procurement documentation, including draft PPP agreement.</li> <li>• Approval of the procurement documentation as provided for in Treasury Regulation 16 in terms of the PFMA.</li> <li>• Issue procurement documentation i.e. Request for Qualification and Request for Proposals to prospective bidders.</li> <li>• Evaluate bids, draft report in this regard and submit to National Treasury.</li> <li>• Approval of bid evaluation and report as provided for in Treasury Regulation 16 in terms of the PFMA.</li> <li>• Finalise output specification, performance standards, payment mechanism and the PPP agreement.</li> </ul>		
Current annual budget R'000	Date of termination	Measures to ensure smooth transfer of responsibilities
6 953	To be determined <sup>35</sup>	Due to the size and complexity of the hospital, its redevelopment is classified as a 'megaproject' and the support of not only provincial and national stakeholders, but also international stakeholders is required. The process of consultation and refinement of the Feasibility Study commenced in 2017. This was concluded in 2022 after which National Treasury issued Treasury Approval: I approval on 4 November 2022. Market Sounding and Requests for Qualification invitations are planned for early 2023, whereafter the Request for Proposals process will commence. The aim of this process is to achieve Treasury Approvals: IIA and IIB from National Treasury and to procure a Private Partner to design, finance, build and maintain a value-for-money and fit-for-purpose new central hospital.

<sup>35</sup> The Tygerberg Hospital PPP is still a proposed project and is currently in the Procurement Stage. The procurement procedure will be concluded when National Treasury grants Treasury Approval: IIA, which requires issuing of the Request for Qualification and Request for Proposals. Expected timeline for this is by August 2023, after which National Treasury will approve the preferred bidder and issue Treasury Approval: IIB. A PPP Agreement will be prepared and submitted to National Treasury for approval and granting Treasury Approval: III, expected by May 2025. This approval will authorise the Department to enter into a PPP Agreement with the successful Private Partner.







# PART D

## TECHNICAL INDICATOR DESCRIPTIONS

# Part D: Technical Indicator Descriptions

## Technical Indicator Descriptions

INDICATOR TITLE All DS-TB client death rate	
Definition	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently died as a proportion of all those in the treatment outcome cohort.
Source of data	webDHIS
Method of calculation / assessed	<b>Numerator</b> All DS-TB client died
	<b>Denominator</b> All DS-TB patients in treatment outcome cohort
Means of verification	webDHIS; TIER.net; DS-TB Clinical Stationery
Assumptions	Accuracy dependent on quality of data submitted by health facility
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)
Reporting Cycle	Annual
Desired Performance	Lower
Indicator responsibility	TB Programme Manager
Notes	12 months cohort data is used in the calculation of the indicator

INDICATOR TITLE All DS-TB client LTF rate	
Definition	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently became lost to follow-up as a proportion of all those in the treatment outcome cohort
Source of data	webDHIS
Method of calculation / assessed	<b>Numerator</b> All DS-TB client lost to follow up
	<b>Denominator</b> All DS-TB patients in treatment start
Means of verification	webDHIS; TIER.net; DS-TB Clinical Stationery
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)

Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	TB Programme Manager
Notes	12 months cohort data is used in the calculation of the indicator

INDICATOR TITLE All DS-TB Client Treatment Success Rate	
Definition	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently successfully completed treatment as a proportion of all those who started DS TB treatment
Source of data	webDHIS
Method of calculation / assessed	<b>Numerator</b> All DS-TB client successfully completed treatment
	<b>Denominator</b> All DS-TB patients in treatment start
Means of verification	webDHIS; TIER.net; DS-TB Clinical Stationery
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	TB Programme Manager
Notes	12 months cohort data is used in the calculation of the indicator

INDICATOR TITLE Antenatal 1st visit before 20 weeks rate	
Definition	Women who have a first booking visit before they are 20 weeks into their pregnancy as a proportion of all antenatal 1st visits
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> Antenatal 1st visit before 20 weeks
	<b>Denominator</b> Antenatal 1st visit – total (Sum of Antenatal 1st visit before 20 weeks and antenatal 1st visit 20 weeks or later)
Means of verification	SINJANI; PHC Comprehensive Tick Register; PREHMIS (CoCT)
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females

Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Programme Manager

INDICATOR TITLE	ART adult remain in care rate (12 months)
Definition	ART adult remain in care – total as a proportion of ART adult start minus cumulative transfer out
Source of data	SINJANI (ART workbook)/ DHIS
Method of calculation / assessed	<p><b>Numerator</b> ART adult remain in care – total</p> <p><b>Denominator</b> ART adult start minus cumulative transfer out</p>
Means of verification	DHIS/SINJANI; TIER.Net/PHCIS/PREHMIS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	HIV/AIDS Programme Manager
Notes	

INDICATOR TITLE	Adult viral load suppressed rate (12 months)
Definition	ART adult viral load under 50 as a proportion of ART adult viral load done at 12 months
Source of data	SINJANI (ART workbook) /DHIS
Method of calculation / assessed	<p><b>Numerator</b> ART adult viral load under 50 at 12 months</p> <p><b>Denominator</b> ART adult viral load done at 12 months</p>
Means of verification	DHIS/SINJANI; TIER.Net/PHCIS/PREHMIS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	HIV/AIDS Programme Manager

INDICATOR TITLE ART child remain in care rate (12 months)	
Definition	ART child remain in care – total as a proportion of ART child start minus cumulative transfer out
Source of data	SINJANI (ART Workbook)
Method of calculation / assessed	<b>Numerator</b> ART child remain in care – total
	<b>Denominator</b> ART child start minus cumulative transfer out
Means of verification	SINJANI; TIER.Net/PHCIS/PREHMIS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children and adolescent
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Programme Manager
Notes	

INDICATOR TITLE ART child viral load suppressed rate, below 50 (at 12 months)	
Definition	ART child viral load under 50 as a proportion of ART child viral load done at 12 months
Source of data	SINJANI (ART Workbook)
Method of calculation / assessed	<b>Numerator</b> ART child viral load under 50 at 12 months
	<b>Denominator</b> ART child viral load done at 12 months
Means of verification	SINJANI; TIER.Net/PHCIS/PREHMIS
Assumptions	Accuracy dependent on quality of data submitted by facilities
Disaggregation of beneficiaries	Children and adolescent
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Programme Manager
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	Programme Manager
Notes	Applicable to District, Regional, Central & Tertiary Hospitals

INDICATOR TITLE	Audit opinion of Provincial DoH
Definition	Audit opinion for Provincial Departments of Health for financial performance
Source of data	Auditor General Report Management report
Method of calculation / assessed	Audit outcome for regulatory audit expressed by AGSA for 2021/22 financial year
Means of verification	N/A
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	N/A
Reporting Cycle	Annual
Desired Performance	Unqualified audit opinion
Indicator responsibility	Chief Financial Officer
Notes	The audit opinion expressed for a particular financial year refers to the audit outcome for the previous financial year.

INDICATOR TITLE	Average length of stay
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 specialties
Source of data	SINJANI
Method of calculation / assessed	<p><b>Numerator</b> Patient days (Sum of inpatient days and ½ day patients)</p> <p><b>Denominator</b> Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out)</p>
Means of verification	SINJANI; CLINICOM
Assumptions	Accuracy dependent on quality of data from reporting facilities High levels of efficiency could hide poor quality
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Calculation type	Cumulative (Year-End)
Reporting Cycle	Quarterly
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.
Indicator responsibility	Programme Manager
Notes	Applicable to District-, Regional-, Central- & Tertiary Hospitals

INDICATOR TITLE	Bursaries awarded for scarce and critical skills categories
Definition	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.
Source of data	Bursary Information Management System
Method of calculation / assessed	Bursaries awarded for scarce and critical skills categories
Means of verification	BIMS report on confirmed full-time and part-time bursaries; signed bursary contract.
Assumptions	Accuracy dependent on good record keeping by the Provincial DoHW, nursing colleges, HEIs and external accredited training providers
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Calculation type	Cumulative (Year-End)
Reporting Cycle	Annual
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
Indicator responsibility	Programme manager
Notes	<ul style="list-style-type: none"> <li>This includes bursaries for each year of study, not only the first year.</li> <li>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.</li> </ul>

INDICATOR TITLE	Child under 5 years diarrhoea case fatality rate
Definition	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities
Source of data	SINJANI
Method of calculation / assessed	<p><b>Numerator</b> Diarrhoea death under 5 years</p> <p><b>Denominator</b> Diarrhoea separation under 5 years</p>
Means of verification	SINJANI; Clinicom
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	Programme Manager
Notes	Applicable to District, Regional, Central & Tertiary Hospitals

INDICATOR TITLE    Child under 5 years pneumonia case fatality rate	
Definition	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> Pneumonia death under 5 years
	<b>Denominator</b> Pneumonia separation under 5 years
Means of verification	SINJANI; Clinicom
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	MCWH&N Programme Manager
Notes	Applicable to District, Regional, Central & Tertiary Hospitals

INDICATOR TITLE    Child under 5 years severe acute malnutrition case fatality rate	
Definition	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> Severe acute malnutrition (SAM) death under 5 years
	<b>Denominator</b> Severe acute malnutrition inpatient separation under 5 years
Means of verification	SINJANI; Clinicom
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)



Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	MCWH&N Programme Manager
Notes	Applicable to District, Regional, Central & Tertiary Hospitals

INDICATOR TITLE Complaint resolution within 25 working days rate	
Definition	Complaints resolved within 25 working days (including public holidays) as a proportion of all complaints resolved in Hospitals
Source of data	Ideal Health Facility monitoring system – CCS module
Method of calculation / assessed	<b>Numerator</b> Complaint resolved within 25 working days
	<b>Denominator</b> Complaints resolved
Means of verification	Ideal health facility; Complaints, Compliments and Suggestions (CCS) software; Complaint form.
Assumptions	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-End)
Reporting Cycle	Quarterly
Desired Performance	Higher rate suggests better management of complaints
Indicator responsibility	Quality Assurance Programme Manager
Notes	Applicable to District, Regional, Specialised, Central & Tertiary Hospitals

INDICATOR TITLE Couple year protection rate	
Definition	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 years. Couple year protection is the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Subdermal implant x 2.5) + (Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10)
Source of data	SINJANI; current population circular based on Stats SA
Method of calculation / assessed	<b>Numerator</b> Couple year protection
	<b>Denominator</b> Population 15-49 years female
Means of verification	SINJANI; PHC Comprehensive Tick Register/PREHMIS (CCT); Theatre register; condoms distribution monthly list; current population circular based on Stats SA
Assumptions	Accuracy dependent on quality of data submitted by health facilities

Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	MCWH&N Programme Manager

INDICATOR TITLE [Number of] Death in facility under 5 years	
Definition	Children under 5 years who died during their stay in the facility
Source of data	SINJANI; Clinicom
Method of calculation / assessed	<b>Numerator</b> Death in facility under 5 years total (in Regional, Central and Tertiary Hospitals)
	<b>Denominator</b> Not Applicable
Means of verification	Midnight Report
Assumptions	Accuracy dependent on the quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	Programme Manager
Notes	Applicable to Regional, Central, and Tertiary Hospitals

INDICATOR TITLE Death under 5 years against live birth rate	
Definition	Children under 5 years who died during their stay in the facility as a proportion of all live births
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> Death in facility under 5 years total (in DHS and Referral Hospitals)
	<b>Denominator</b> Live birth in facility (in DHS and Referral Hospitals)
Means of verification	Clinicom; Delivery/Maternity register
Assumptions	Accuracy dependent on the quality of data submitted by health facilities

Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	MCWH&N Programme Manager
Notes	Applicable to District Health Service and Referral Hospitals

INDICATOR TITLE Delivery 10 - 19 years in facility rate	
Definition	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> Delivery 10–19 years in facility (Delivery 10-14 years in facility) + [Delivery 15-19 years in facility]
	<b>Denominator</b> Delivery in facility total
Means of verification	SINJANI; Delivery/Maternity register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	Programme Manager

INDICATOR TITLE EMS incident mission time under 120 minutes rate	
Definition	All emergency responses with a mission time under 120 minutes as a proportion of all dispatched incidents. Mission time is calculated from the time the call is received to the time the incident is completed.
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> All incidents with a mission time < 120 minutes
	<b>Denominator</b> All completed incidents
Means of verification	SINJANI; CAD system report and line listing.
Assumptions	Accuracy dependent on the time stamp for each incident as assigned by the staff utilizing the Computer Aided Dispatching Solution.

Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Calculation type	Non-cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher rate indicates better response times in the province.
Indicator responsibility	EMS Programme Manager

INDICATOR TITLE EMS P1 rural response under 60 minutes rate	
Definition	EMS P1 calls in rural locations with response times under 60 minutes as a proportion of EMS P1 rural responses.
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> EMS P1 rural response under 60 minutes
	<b>Denominator</b> EMS P1 rural responses
Means of verification	SINJANI; CAD system report and line listing
Assumptions	Accuracy dependent on the time stamp for each incident as assigned by the staff utilizing the Computer Aided Dispatching Solution.
Disaggregation of beneficiaries	N/A
Spatial transformation	All districts
Calculation type	Non-Cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	EMS Programme Manager

INDICATOR TITLE EMS P1 urban response under 15 minutes rate	
Definition	Emergency P1 calls 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.
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> EMS P1 urban response under 15 minutes
	<b>Denominator</b> EMS P1 urban responses
Means of verification	SINJANI; CAD system report and line listing

Assumptions	Accuracy dependent on quality of data from reporting EMS station including the accuracy of the time stamp for each call out.
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Calculation type	Non-Cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher rate indicates better response times in urban areas.
Indicator responsibility	EMS Programme Manager

INDICATOR TITLE EMS P1 urban response under 30 minutes rate	
Definition	EMS P1 calls in urban locations with response times under 30 minutes as a proportion of EMS P1 urban responses.
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> EMS P1 urban response under 30 minutes
	<b>Denominator</b> EMS P1 urban responses
Means of verification	SINJANI; CAD system and line listing
Assumptions	Accuracy dependent on the time stamp for each incident as assigned by the staff utilizing the Computer Aided Dispatching Solution.
Disaggregation of beneficiaries	N/A
Spatial transformation	All districts
Calculation type	Non-Cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	EMS Programme Manager

INDICATOR TITLE HIV positive 15-24 years (excl ANC) rate	
Definition	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of those who were tested for HIV in this age group
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> HIV positive 15-24 years (excl ANC)
	<b>Denominator</b> HIV test 15-24 years (excl ANC)

Means of verification	SINJANI; HTS Register; PREHMIS (CoCT)
Assumptions	Accuracy dependent on individuals self-reporting HIV-positive status and/or individual with detectable ART metabolites among all PLHIV (antibody test)
Disaggregation of beneficiaries	Youth
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	HIV/AIDS Programme manager

INDICATOR TITLE HIV test positive around 18 months rate	
Definition	HIV test positive around 18 months (18-24 months) as a proportion of the total deliveries.
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> HIV test around 18 months
	<b>Denominator</b> HIV tests done around 18 months
Means of verification	SINJANI; HTS Register; PREHMIS (CoCT); PHCIS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	PMCT Programme Manager
Note	Includes tests done to children who are known to be exposed and tested negative, as well as those who were not exposed at birth

INDICATOR TITLE Ideal clinic status obtained rate	
Definition	Fixed PHC health facilities that obtained Ideal Clinic status (silver, gold, platinum) as a proportion of fixed PHC clinics and CHCs and/or CDCs
Source of data	Ideal Health Facility software; SINJANI
Method of calculation / assessed	<b>Numerator</b> Fixed PHC health facilities have obtained Ideal Clinic status
	<b>Denominator</b> Fixed PHC clinics or fixed CHCs and/or CDCs
Means of verification	Ideal Clinic Module; Ideal Clinic report; SINJANI; Facility change control forms

Assumptions	Accuracy dependent of reporting of data into the system
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Annual
Desired Performance	Higher
Indicator responsibility	Quality Assurance Programme Manager

INDICATOR TITLE Immunisation under 1 year coverage	
Definition	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year
Source of data	SINJANI; current population circular based on Stats SA
Method of calculation / assessed	<b>Numerator</b> Immunised fully under 1 year
	<b>Denominator</b> Population under 1 year (sum of female and male under 1 year population)
Means of verification	SINJANI; PHC Comprehensive Tick Register / PREHMIS (CCT); current population circular based on Stats SA
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	EPI Programme Manager
Notes	Applicable to District Health Services

INDICATOR TITLE Infant PCR test positive around 6 months rate	
Definition	Infants PCR tested around 6 months among infants born to HIV positive mothers
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> Infant PCR test positive around 6 months
	<b>Denominator</b> Infant HIV PCR test around 6 months
Means of verification	SINJANI; PMTCT Baby follow up register
Assumptions	Accuracy dependent on quality of data submitted by health facilities

Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	PMTCT Programme Manager

INDICATOR TITLE	Infant 1st PCR test positive at birth rate
Definition	Infants tested PCR positive for the first time at birth as proportion of infants PCR tested at birth
Source of data	SINJANI
Method of calculation / assessed	<p><b>Numerator</b> Infant 1<sup>st</sup> PCR test positive at birth</p> <p><b>Denominator</b> Infant 1<sup>st</sup> PCR test at birth</p>
Means of verification	SINJANI; PMTCT Baby birth register / Maternity register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	PMTCT Programme Manager

INDICATOR TITLE	Inpatient bed utilization rate
Definition	Inpatient bed days expressed as a proportion of the maximum inpatient bed days available (i.e., inpatient beds X days in the period)
Source of data	SINJANI
Method of calculation / assessed	<p><b>Numerator</b> Patient days (Sum of inpatient days and ½ day patients)</p> <p><b>Denominator</b> Inpatient bed days available (Actual beds total x 30.42)</p>
Means of verification	SINJANI; Clinicom; Bed change control forms
Assumptions	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A



Calculation type	Cumulative (Year-End)
Reporting Cycle	Quarterly
Desired Performance	Higher bed utilization indicates efficient use of available beds and/or higher burden of disease and/or better service levels.
Indicator responsibility	Programme Manager
Notes	<ul style="list-style-type: none"> <li>• Applicable to District, Regional, Central &amp; Tertiary Hospitals</li> <li>• Provincial term for "usable beds" is "actual beds"</li> </ul>

INDICATOR TITLE <b>Live birth under 2500g in facility rate</b>	
Definition	Infants born alive weighing less than 2500g as proportion of total infants born alive in health facilities (Low birth weight)
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> Live birth under 2500g in facility
	<b>Denominator</b> Live birth in facility
Means of verification	SINJANI; Maternity/Delivery register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	MCW&N Programme Manager
Notes	Applicable to District, Regional & Central Hospitals

INDICATOR TITLE <b>Management endorsed prevention strategy 2020-2025</b>	
Definition	Prevention strategy endorsed by management
Source of data	Meeting Minutes
Method of calculation / assessed	Strategy approved by management
Means of verification	N/A
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A

Calculation type	Non-Cumulative
Reporting Cycle	Annual
Desired Performance	Strategy approved
Indicator responsibility	Programme Manager

INDICATOR TITLE [Number of] Maternal Mortality in facility	
Definition	Maternal death (in Central, Regional and Tertiary Hospitals) are deaths 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)
Source of data	SINJANI
Method of calculation / assessed	<p><b>Numerator</b> Maternal death in facility (in Central , Regional and Tertiary Hospitals)</p> <p><b>Denominator</b> Not Applicable</p>
Means of verification	Sinjani Maternal death module; Delivery register / Maternal Death Notification Form
Assumptions	Accuracy depends on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Annual
Desired Performance	Lower
Indicator responsibility	MCWH&N Programme Manager
Notes	Applicable to Central, Regional & Tertiary Hospitals

INDICATOR TITLE Maternal Mortality in facility Ratio	
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
Source of data	SINJANI
Method of calculation / assessed	<p><b>Numerator</b> Maternal death in facility [in DHS and Referral Hospitals]</p> <p><b>Denominator</b> Live births known to facility (Live birth in facility plus baby born alive before arrival at facility) [in DHS and Referral Hospitals]</p>
Means of verification	SINJANI Maternal death module; Maternal Death Notification form

Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Annual
Desired Performance	Lower
Indicator responsibility	Programme Manager

INDICATOR TITLE    Measles 2nd dose 1 year coverage	
Definition	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population
Source of data	SINJANI; current population circular based on Stats SA
Method of calculation / assessed	<b>Numerator</b> Measles 2nd dose
	<b>Denominator</b> Target population 1 year
Means of verification	SINJANI; PHC Comprehensive Tick Register Denominator / PREHMIS (CCT); Current population circular based on Stats SA
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	EPI Programme manager

INDICATOR TITLE    Mother postnatal visit within 6 days rate	
Definition	Mothers who received postnatal care within 6 days after delivery as a proportion of deliveries in health facilities.
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> Mother postnatal visit within 6 days after delivery
	<b>Denominator</b> Delivery in facility total
Means of verification	SINJANI; PHC Comprehensive Tick Register / PREHMIS (CCT); Delivery/maternity register
Assumptions	Accuracy dependent on quality of data submitted by health facilities

Disaggregation of beneficiaries	Females
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	MCWH&N Programme Manager

INDICATOR TITLE Neonatal death in facility rate	
Definition	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility
Source of data	SINJANI
Method of calculation / assessed	<b>Numerator</b> Neonatal deaths (< 28 days) in facility (Death in facility 0-6 days) + [Death in facility 7-28 days]
	<b>Denominator</b> Live birth in facility
Means of verification	SINJANI; Clinicom; Maternity/Delivery register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	MCWH&N Programme Manager

INDICATOR TITLE Patient Experience of Care satisfaction rate	
Definition	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires (in Fixed PHC clinics/fixed CHCs/CDCs and public hospitals)
Source of data	DHIS
Method of calculation / assessed	<b>Numerator</b> Patient Experience of Care survey satisfied responses
	<b>Denominator</b> Patient Experience of Care survey total responses
Means of verification	DHIS; Patient Surveys
Assumptions	Accuracy dependent on quality of data submitted by health facilities.
Disaggregation of beneficiaries	N/A

Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)
Reporting Cycle	Annual
Desired Performance	Higher
Indicator responsibility	Quality Assurance Programme Manager
Notes	Applicable to District, Regional, Specialised, Central, and Tertiary Hospitals; and Fixed PHC Facilities

INDICATOR TITLE Patient Safety Incident (PSI) case closure rate	
Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month.
Source of data	Ideal Health Facility monitoring system, Patient Safety Incident module
Method of calculation / assessed	<p><b>Numerator</b> Patient Safety Incident (PSI) case closed</p> <p><b>Denominator</b> Patient Safety Incident (PSI) case reported</p>
Means of verification	Ideal Health Facility; Patient Safety Incident Software; Incident case report
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Quality Assurance Programme Manager
Notes	Applicable to District Health Services (District Hospitals and all PHC facilities) and Central, Tertiary, Regional and Specialised Hospitals

INDICATOR TITLE Percentage of Child Death Cases reviewed by the Child Death Review Boards	
Definition	Percentage of Child Death Cases reviewed by the Child Death Review Boards
Source of data	SINJANI
Method of calculation / assessed	<p><b>Numerator</b> Number of Child Death Cases Reviewed</p> <p><b>Denominator</b> Total number of Child Death Cases</p>
Means of verification	Child Death Review Board Minutes & the autopsy database
Assumptions	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.

Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Calculation type	Cumulative (Year End)
Reporting Cycle	Quarterly
Desired Performance	100%
Indicator responsibility	FPS programme manager

INDICATOR TITLE	Percentage of hospitals achieving the provincial benchmark for energy consumption
Definition	Increase the percentage of hospitals with energy consumption per hospital bed per day below the provincial benchmark set by the Department; the metric is kWh/bed/day.
Source of data	Smart metering Hospital Infrastructure Database and utility bills
Method of calculation / assessed	<p><b>Numerator</b> Number of provincial hospitals achieving the Department's benchmark for average energy consumption per hospital bed per day</p> <p><b>Denominator</b> Number of provincial hospitals</p>
Means of verification	Smart metering compared to actual invoicing
Assumptions	<ul style="list-style-type: none"> <li>• Accuracy dependent on the reliability of meter readings and availability of data.</li> <li>• Estimations will be used where data is not available (as is common practice with municipalities' metering systems).</li> <li>• Management at Health facilities is committed to optimising efficiencies.</li> </ul>
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Calculation type	Cumulative (Year-End)
Reporting Cycle	Annual
Desired Performance	Higher than target. A higher percentage indicates that more hospitals are consuming less energy (i.e. kWh/bed/day) than the Department's provincial benchmark.
Indicator responsibility	Director: Facilities Management
Notes	<p>The provincial benchmark for each hospital has been set as follows:</p> <ul style="list-style-type: none"> <li>• 30 kWh/bed/day for District Hospitals with no central air-conditioning</li> <li>• 45 kWh/bed/day for District Hospitals fully air-conditioned</li> <li>• 30 kWh/bed/day for Regional Hospitals with no central air-conditioning</li> <li>• 45 kWh/bed/day for Regional Hospitals fully air-conditioned</li> <li>• 85 kWh/bed/day for Central and Tertiary Hospitals</li> <li>• 25 kWh/bed/day for Psychiatric Hospitals</li> <li>• 20 kWh/bed/day for TB Hospitals</li> </ul>

INDICATOR TITLE		Percentage of hospitals achieving the provincial benchmark for water utilisation
Definition		Increase the percentage of hospitals consuming less water per hospital bed per day than the provincial benchmark set by the Department for provincial hospitals; the metric is litres of water/bed/day.
Source of data		Smart metering Hospital Infrastructure Database and utility bills
Method of calculation / assessed	Numerator	Hospitals achieving the Department's provincial benchmark for average water consumption per hospital bed per day
	Denominator	Number of provincial hospitals
Means of verification		Smart metering compared to actual invoicing
Assumptions		<ul style="list-style-type: none"> <li>• Accuracy dependent on the reliability of meter readings and availability of data. Where smart metering is in place, accuracy will be dependent on reliability of system.</li> <li>• Estimations will be used where data is not available (as is common practice with municipalities' metering systems).</li> <li>• Management at Health facilities is committed to optimising efficiencies.</li> </ul>
Disaggregation of beneficiaries		N/A
Spatial transformation		N/A
Calculation type		Cumulative (Year-End)
Reporting Cycle		Annual
Desired Performance		Higher than target. A higher percentage indicates that more hospitals are utilising less water (i.e. litres of water/bed/day) than the Department's provincial benchmark
Indicator responsibility		Director: Engineering and Technical Support
Notes		<p>The Department's provincial benchmark for each hospital has been set as follows:</p> <ul style="list-style-type: none"> <li>• 200 litres of water/bed/day for Brooklyn Chest, DP Marais, Sonstraal and Valkenberg Hospitals</li> <li>• 350 litres of water/bed/day for Clanwilliam, False Bay, George, Harry Comay, Helderberg, Hermanus, Khayelitsha, Knysna, Ladismith, Malmesbury ID, Mitchell's Plain, Mossel Bay, Mowbray Maternity, New Somerset, Paarl, Radie Kotze, Swartland, Swellendam and Vredendal Hospitals as well as Western Cape Rehabilitation Centre</li> <li>• 400 litres of water/bed/day for Eerste River, Montagu, Murraysburg, Oudtshoorn, Prince Albert, Stikland and Vredenburg Hospitals</li> <li>• 450 litres of water/bed/day for Alexandra, Riversdale, Robertson and Wesfleur Hospitals</li> <li>• 500 litres of water/bed/day for Beaufort West, Brewelskloof, Ceres, Citrusdal, Laingsburg, Otto du Plessis, Victoria and Worcester Hospitals</li> <li>• 600 litres of water/bed/day for Lentegeur, Red Cross War Memorial Children and Stellenbosch Hospitals</li> <li>• 800 litres of water/bed/day for LAPA Munnik and Uniondale Hospitals</li> <li>• 900 litres of water/bed/day for Caledon, Groote Schuur and Karl Bremer Hospitals</li> <li>• 1 000 litres of water/bed/day for Tygerberg Hospital</li> </ul>

INDICATOR TITLE Percentage of Health facilities with completed capital infrastructure projects	
Definition	Number of health facilities with completed capital infrastructure projects (i.e. Practical completion or equivalent achieved for projects categorised as New & Replacement, Upgrade & Additions or Rehabilitation, Renovations & Refurbishment) expressed as a percentage of the number of health facilities planned to have completed capital infrastructure projects.
Source of data	Project Management Information System
Method of calculation / assessed	<b>Numerator</b> Total number of health facilities with completed capital infrastructure projects i.e., Practical Completion Certificate (or equivalent) issued
	<b>Denominator</b> Total number of health facilities planned to have completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) planned to be issued
Means of verification	Project list (B5) and Practical Completion Certificates (or equivalent)
Assumptions	Project Management Information System is updated frequently and accurately
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Annual
Desired Performance	Higher
Indicator responsibility	Provincial Head of Infrastructure Unit (i.e. Chief Director: Facilities and Infrastructure Management)

INDICATOR TITLE Percentage of pharmaceutical stock available	
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
Source of data	MEDSAS
Method of calculation / assessed	<b>Numerator</b> Pharmaceutical items that are in stock at the CMD
	<b>Denominator</b> Pharmaceutical items on the stock register
Means of verification	MEDSAS: Dues out report; MEDSAS: Master stock file
Assumptions	Accuracy dependent on the reliability of data on the MEDSAS system
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Calculation type	Non-cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher percentage indicate fewer items out of stock at the CMD



Indicator responsibility	Programme Manager
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INDICATOR TITLE Severity assessment code (SAC) 1 Incidents reported within 24 hours rate	
Definition	Severity assessment code (SAC) 1 Incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 Incident reported
Source of data	Ideal Health Facility monitoring system Patient Safety Incident module
Method of calculation / assessed	<b>Numerator</b> Severity assessment code (SAC) 1 Incidents reported within 24 hours
	<b>Denominator</b> Severity assessment code (SAC) 1 Incident reported
Means of verification	Ideal health facility; Patient Safety incident module; incident case report
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Quality Assurance Programme Manager
Notes	Applicable to District Health Services (all PHC facilities and District hospitals combined), Central, Tertiary, Regional-& Specialised Hospitals

INDICATOR TITLE TB Pre-XDR loss to follow up rate	
Definition	TB Pre-XDR clients who are loss to follow up as a proportion of TB Pre-XDR clients started on treatment.
Source of data	EDRweb/ DHIS
Method of calculation / assessed	<b>Numerator</b> TB Pre-XDR client who are loss to follow up
	<b>Denominator</b> TB Pre-XDR client started on treatment
Means of verification	EDRweb/ DHIS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)
Reporting Cycle	Quarterly
Desired Performance	Lower

Indicator responsibility	TB Programme Manager
Note	This indicator follows the same cohort of clients who started treatment in 2021 calendar year, long (18-20 months) or short (9-11 months) regimen. The calendar quarters are reported in the adjacent financial quarter.

INDICATOR TITLE	TB Pre-XDR treatment success rate
Definition	TB Pre-XDR clients successfully completed treatment as a proportion of TB Pre-XDR clients started on treatment.
Source of data	EDRweb/ DHIS
Method of calculation / assessed	<p><b>Numerator</b> TB Pre-XDR client who successfully completed treatment</p> <p><b>Denominator</b> TB Pre-XDR client started on treatment</p>
Means of verification	EDRweb/ DHIS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	TB Programme Manager
Note	This indicator follows the same cohort of clients who started treatment in 2021 calendar year, long (18-20 months) or short (9-11 months) regimen. The calendar quarters are reported in the adjacent financial quarter.

INDICATOR TITLE	TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate
Definition	TB Rifampicin Resistant/Multidrug Resistant clients loss to follow-up as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment.
Source of data	EDRweb/ DHIS
Method of calculation / assessed	<p><b>Numerator</b> TB Rifampicin Resistant/Multidrug Resistant client loss to follow-up</p> <p><b>Denominator</b> TB Rifampicin Resistant/Multidrug Resistant client started on treatment</p>
Means of verification	EDRweb/ DHIS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)

Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	TB Programme Manager
Note	This indicator follows the same cohort of clients who started treatment in 2021 calendar year, long (18-20 months) or short (9-11 months) regimen. The calendar quarters are reported in the adjacent financial quarter.

INDICATOR TITLE TB Rifampicin resistant/Multidrug - Resistant treatment success rate	
Definition	TB Rifampicin Resistant/Multidrug Resistant clients successfully completed treatment as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment.
Source of data	EDRweb/ DHIS
Method of calculation / assessed	<b>Numerator</b> TB Rifampicin resistant/Multidrug Resistant successfully completed treatment
	<b>Denominator</b> TB Rifampicin Resistant/Multidrug Resistant client started on treatment
Means of verification	EDRweb/ DHIS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Cumulative (Year-to-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	TB Programme Manager
Note	This indicator follows the same cohort of clients who started treatment in 2021 calendar year, long (18-20 months) or short (9-11 months) regimen. The calendar quarters are reported in the adjacent financial quarter.

INDICATOR TITLE Vitamin A dose 12 - 59 months coverage	
Definition	Children aged 12 - 59 months who received Vitamin A 200,000 units, every six months as a proportion of population aged 12 - 59 months
Source of data	SINJANI; Current population data based on StatsSA
Method of calculation / assessed	<b>Numerator</b> Vitamin A dose 12 - 59 months
	<b>Denominator</b> Target population 12 - 59 months X 2
Means of verification	SINJNANI; PHC Comprehensive Tick Register / PREHMIS(CCT); current population circular based on Stats SA
Assumptions	PHC register is not designed to collect longitudinal record of patients. The assumption is that the calculation proportion of children would have received two doses based on this calculation
Disaggregation of beneficiaries	Children

Spatial transformation	All Districts
Calculation type	Cumulative (Year-To-Date)
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Programme Manager

# Annexures

## **Annexure A. Amendments to the Strategic Plan**

No amendments to the 2020-2024 Strategic Plan.

## Annexure B. Conditional Grants

### HUMAN RESOURCES AND TRAINING GRANT

#### Purpose of the Grant

- To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance
- Support provinces to fund service cost associated with clinical training and supervision of health science trainees of the public service platform

Performance Indicators	Targets
<b>STATUTORY HUMAN RESOURCE GRANT</b>	
Appointment of Medical Interns	400
Appointment of Medical Officer Community Service	66
Appointment of Pharmacist Community Service	13
Appointment of Clinical Psychiatric Interns	7
<b>TRAINING COMPONENT</b>	
No of registrars employed	163
Number of medical specialists available to perform clinical training on the service platform	31
Number of Clinical Supervisors (Nurses, Radiographers)	507

### NATIONAL TERTIARY SERVICES GRANT

#### Purpose of the Grant

- Ensure the provision of tertiary health services in South Africa
- To compensate tertiary facilities for the additional costs associated with provision of these services.

Performance Indicators	Targets
Render Tertiary Services to Patients	47

### HIV/AIDS AND TB CONTROL

#### Purpose of the Grant

#### TB Control

- To enable the health sector to develop and implement an effective response to HIV/AIDS
- Prevention and protection of health workers from exposure to hazards in the workplace
- To enable the health sector to develop and implement an effective response to TB

#### HIV/AIDS

- To enable the health sector to develop and implement an effective response to HIV/AIDS
- Prevention and protection of health workers from exposure to hazards in the workplace

Performance Indicators	Targets
<b>TB CONTROL</b>	
Number of patients tested for TB using Gene Xpert	292 786
Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay	44998
DS-TB treatment start rate (under 5yrs, 5yrs and older combined)	90
TB Rifampicin Resistant /MDR/ pre-XDR treatment start rate	90
Client under 5yrs start on treatment rate	90
Child 5yrs and older start on treatment rate	90
TB RTB Rifampicin Resistant confirmed treatment start rate	90

HIV/AIDS	
Male condoms distributed	89 956 044
Female condoms distributed	1 169 660
Active Lay counsellors on stipend	705
Clients tested for HIV (including antenatal)	2 000 000
HIV test client 15 years and older (incl ANC)	1 657 458
HIV test positive client 15 years and older (incl ANC)	55 753
HIV test positive child (25-59 months)	3 331
Health facilities offering MMC	74
Medical Male Circumcisions performed	21 887
Adult started on ART during this month - naïve	50 314
New patients started on Antiretroviral treatment	53 515
Patients on ART remaining in care	366 786
Adult remaining on ART – total	350 931
Child 5-14 years naïve started ART	3 200
Child under 15 years remaining on ART - total	15 946
ART patients decanted to Differentiated Model of Care (DMoC) ( FAC-PUP, AC,EX-PUP).	234 676
ART patients enrolled to FAC-PUP -20%	46 531
ART patients enrolled to AC - 10%	23 266
ART patients enrolled to EX-PUP - 70%	162 859
HTA intervention sites	126 995
Peer educators receiving stipends	180
Male Urethritis Syndrome treated - new episodes	400
Individuals who received an HIV service /referral at High Transmission Area sites(HTS, ART, PrEP, TB, STIS, Psych)	40 965
Individuals from key populations reached with outreach services IEC, dialogues, health education, HTS, support groups)	88 189
Antenatal clients initiated on ART	2 160
Infant PCR test around 10 weeks	14 607
Infant PCR test at birth	14 921
Infant PCR test at birth positive	121
People at risk started on PrEP	141
New sexual assault case HIV negative issued with Post Exposure Prophylaxis	31 660
Patients on ART initiated on Tuberculosis Preventative Therapy	5 548
Numbers of patients referred to facilities	22 839
Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	200
Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	1 500
Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	1 500

## DISTRICT HEALTH PROGRAMMES GRANT

## Purpose of the Grant

- To enable the health sector to develop and implement an effective response to support the implementation of the National Strategic Plan on Malaria Elimination 2019-2023
- To enable the health sector to prevent cervical cancer by making available HPV vaccinations for grade five school girls in all public and special schools
- Progressive integration of Human Papillomavirus (HPV) into the Integrated School Health Programme (SHP)
- To ensure provision of quality community outreach services through WBPHCOTs by ensuring Community Health Workers (CHWs) receive remuneration, tools of trade and training in line with scope work.
- To enable the health sector to rollout COVID-19 vaccine

Performance Indicators	Targets
<b>COMMUNITY HEALTH WORKERS</b>	
Number of community health workers receiving a stipend	3 976
Number of community health workers trained	3 976
Number of HIV clients lost to follow traced	5 955
Number of TB clients lost to follow traced	2 000
<b>HUMAN PAPILLOMA VIRUS</b>	
80 per cent of grade five schoolgirls aged 9 years and above vaccinated for HPV first dose	80% <sup>36</sup>
80 per cent of grade five schoolgirls aged 9 years and above vaccinated for HPV second dose	80% <sup>37</sup>

## EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT FOR PROVINCES

## Purpose of the Grant

- 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

Performance Indicators	Targets
Number of people employed and receiving income through the EPWP	48
Increased average duration of the work opportunities created	Average duration of 1 year <sup>38</sup>
Number of full-time equivalents (FTEs) to be created by the grant	13

<sup>36</sup> 80% of girls vaccinated per calendar year (Variable depends on grade 5 girls)

80% Schools visited per calendar year (current figure maintained @ 100%) (Variable depends on schools with grade 5 girls)

<sup>37</sup> Number of schools consent forms have been distributed to

Number of consent forms received back

<sup>38</sup> There is an option to extend for an additional year.



## SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE GRANT FOR PROVINCES

### Purpose of the Grant

To incentivise provincial social sector departments, identified in the social sector EPWP log-frame, to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential

Performance Indicators	Targets
Number of Emergency Medical Care Assistants interns	75
Forensic Pathology Assistants	135

## NATIONAL HEALTH INSURANCE GRANT

### Purpose of the Grant

- To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers.

Performance Indicators	Targets
Number of health practitioners contracted per category	
Psychiatrists	3
Psychologists	2
Registered Counsellors	18
Number of patients screened at primary health care and community-based level by contracted practitioners	15 000
Number of patients treated at primary health care and community-based level by contracted practitioners	10 000
Percentage reduction in the backlog of forensic mental evaluations	120
Number of forensic mental evaluations conducted at Valkenberg in the Outpatient Department (20 per month)	140
<b>HEALTH PRACTITIONERS</b>	
<b>Number of health practitioners contracted</b>	
Medical Practitioners	24
Dentists	5
Dental Assistants	5
<b>Number of health practitioners contracted for number of sessions per week</b>	
Medical practitioners	615 sessions per week
Dentists	147 sessions per week
Dental Assistants	174 sessions per week
Number of patients treated at health care facilities within Comprehensive Package of Care	2 <sup>39</sup>

<sup>39</sup> 2 patients treated per session within Comprehensive care package

HEALTH FACILITY REVITALISATION GRANT	
<div>Purpose of the Grant</div> <div><ul style="list-style-type: none"><li>To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including health technology, organisational development systems and quality assurance</li><li>To enhance capacity to delivery health infrastructure</li><li>To accelerate the fulfilment of the requirements of occupational health and safety</li></ul></div>	
Performance Indicators	Targets
Number of PHC facilities constructed or revitalised	2 <sup>40</sup>
Number of hospitals constructed or revitalised	0 <sup>41</sup>
Number of facilities maintained, repaired and / or refurbished	18 <sup>42</sup>

<sup>40</sup> This figure refers to PHC facilities where capital infrastructure projects, categorised as new or replaced infrastructure assets or as Upgrade and Additions, are estimated to achieve Practical Completion (or equivalent) in 2023/24.

<sup>41</sup> This figure refers to hospitals where capital infrastructure projects, categorised as new or replaced infrastructure assets or as Upgrade and Additions, are estimated to achieve Practical Completion (or equivalent) in 2023/24.

<sup>42</sup> This figure includes facilities where projects categorised as Renovations, Rehabilitation or Refurbishments or Scheduled Maintenance are estimated to achieve Practical Completion (or equivalent) in 2023/24.

## Annexure C. Consolidated Indicators

OUTPUT INDICATOR	INSTITUTION	ANNUAL TARGET	DATA SOURCE
<b>OUTPUT: Women's Health Services</b>			
Antenatal 1 <sup>st</sup> visit before 20 weeks rate	Primary health care facilities	74.8%	SINJANI
Mother postnatal visit within 6 days rate		61.5%	SINJANI
Delivery in 10 – 19 years in facility rate		11.0%	SINJANI
Couple year protection rate		55.0%	SINJANI; current population circular based on Stats SA
Maternal Mortality in facility Ratio	DHS and all referral hospitals	51.02 / 100000 live births	SINJANI
<b>OUTPUT: Child Health Services</b>			
Infant 1st PCR test positive at birth rate	Primary health care facilities	0.8%	SINJANI
Infant PCR test positive around 6 months rate		0.69%	SINJANI
HIV test positive around 18 months rate		0.09%	SINJANI
Immunisation under 1 year coverage		75.7%	SINJANI; current population circular based on Stats SA
Measles 2nd dose 1 year coverage		74.4%	SINJANI; current population circular based on Stats SA
Vitamin A dose 12 - 59 months coverage		59.4%	SINJANI; current population circular based on Stats SA
Neonatal death in facility rate		8.02 / 1000 live births	SINJANI
Live birth under 2500g in facility rate	District Hospitals	10.7%	SINJANI
	Regional Hospitals	15.2%	SINJANI
	Central Hospitals	35.2%	SINJANI
Child under 5 years diarrhoea case fatality rate	District Hospitals	0.30%	SINJANI
	Regional Hospitals	0.64%	SINJANI
	Central Hospitals	0.9%	SINJANI
	Tertiary Hospital	0.5%	SINJANI
Child under 5 years pneumonia case fatality rate	District Hospitals	0.23%	SINJANI
	Regional Hospitals	0.50%	SINJANI
	Central Hospitals	0.7%	SINJANI
	Tertiary Hospital	0.5%	SINJANI
Child under 5 years severe acute malnutrition case fatality rate	District Hospitals	2.57%	SINJANI
	Regional Hospitals	6.47%	SINJANI
	Central Hospitals	1.9%	SINJANI
	Tertiary Hospital	1.2%	SINJANI

Deaths under 5 years against live birth rate	DHS and all referral hospitals	1.18%	SINJANI
[Number of] Death in facility under 5 years	Regional Hospitals	265	SINJANI
	Central Hospitals	424	SINJANI
	Tertiary Hospital	130	SINJANI
[Number of] Maternal Mortality in facility	Regional Hospitals	15	SINJANI
	Central Hospitals	35	SINJANI
ART child remains in care rate (12 months)	Primary health care facilities	66.7%	SINJANI (ART Workbook)
ART child viral load suppressed rate, below 50 (at 12 months)		67.0%	SINJANI (ART Workbook)

### OUTPUT: HIV/AIDS, STI & Tuberculosis Services

ART adult remain in care rate (12 months)	Primary health care facilities	58.3%	SINJANI (ART Workbook)
Adult viral load suppressed rate (12 months)		92.3%	SINJANI (ART Workbook)
HIV positive 15-24 years (excl ANC) rate		1.33%	SINJANI
All DS-TB client death rate		4.03%	webDHS
All DS-TB client LTF rate		15.48%	webDHIS
All DS-TB Client Treatment Success Rate		78.8%	webDHS
TB Rifampicin resistant/Multidrug - Resistant treatment success rate		51.7%	EDRweb/ DHIS
TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate		24.27%	EDRweb/ DHIS
TB Pre-XDR treatment success rate		58.5%	EDRweb/ DHIS
TB Pre-XDR loss to follow up rate		15.38%	EDRweb/ DHIS

### OUTPUT: Technically Efficient Provincial Health System

Complaint resolution within 25 working days rate	District Hospitals	93.7%	Ideal Health Facility Monitoring System – CCS module
	Regional Hospitals	98.1%	Ideal Health Facility Monitoring System – CCS module
	Central Hospitals	92.5%	Ideal Health Facility Monitoring System – CCS module
	Tertiary Hospital	95.0%	Ideal Health Facility Monitoring System – CCS module
	Specialised Hospitals	100.0%	Ideal Health Facility Monitoring System – CCS module
Patient Experience of Care satisfaction rate	District Health System	74.2%	SINJANI
	Regional Hospitals	83.7%	SINJANI
	Central Hospitals	82.0%	SINJANI
	Tertiary Hospital	89.3%	SINJANI
	Specialised Hospitals	83.5%	SINJANI
Severity assessment code (SAC) 1 Incidents reported within 24 hours rate	District Health System	67.42%	Ideal Health Facility Monitoring System
	Regional Hospitals	94.12%	Ideal Health Facility Monitoring System
	Central Hospitals	56.0%	Ideal Health Facility Monitoring System

	Tertiary Hospital	66.7%	Ideal Health Facility Monitoring System
	Specialised Hospitals	90.91%	Ideal Health Facility Monitoring System
Patient Safety Incident (PSI) case closure rate	District Health System	96.5%	Ideal Health Facility Monitoring System
	Regional Hospitals	95.6%	Ideal Health Facility Monitoring System
	Central Hospitals	89.0%	Ideal Health Facility Monitoring System
	Tertiary Hospital	90.0%	Ideal Health Facility Monitoring System
	Specialised Hospitals	98.8%	Ideal Health Facility Monitoring System
<b>OUTPUT: Accessible Health Care Services</b>			
Average length of stay	District Hospitals	3.55 days	SINJANI
	Regional Hospitals	4.03 days	SINJANI
	Central Hospitals	7.0 days	SINJANI
	Tertiary Hospital	4.4 days	SINJANI
Inpatient bed utilization rate	District Hospitals	90.6%	SINJANI
	Regional Hospitals	86.8%	SINJANI
	Central Hospitals	87.6%	SINJANI
	Tertiary Hospital	76.0%	SINJANI

## Annexure D. District Development Model

In Western Cape, the District Development Model is implemented using the Joint Metro and District Approach (JMDA). This is a geographical, team-based, citizen-centric approach to integrated service delivery. There is a single support plan per district with various levels of engagement by interface teams. This allows for strategic alignment of all platforms at the various spheres of government, as the interface team has representation from each local municipality, the district municipality, all provincial departments and any relevant national departments. Thus, the interface is both horizontal, between provincial departments, and vertical, between national and provincial departments and municipalities.

In order to strengthen the capacity of municipalities, key projects and support initiatives are identified, with specific Departments assuming various levels of responsibility to drive the projects. Key to the JMDA is the culture of data-driven and evidence-based decision making. This in turn will drive a culture of accountability, which ultimately results in improvement in service delivery that have a meaningful positive impact on the lives of citizens. Furthermore, the JDMA is premised on developmental local government, sustainable service delivery and good governance.

The Department of Health and Wellness acts as a social partner to other Western Cape Government Departments. The projects and areas of intervention in which the Department is involved is shown in Table 3. Since the Department is not a lead department on any specific projects, the Department does not hold the budget for these projects. Any cost to the Department would be carried within the existing operational budget.

Table 3: District Development Model

Area of intervention	Project description	District Municipality	Project leader	Social partners
Urbanisation	<ul style="list-style-type: none"> <li>Human settlement projects (priority 2.2):               <ul style="list-style-type: none"> <li>- TRANSHEX</li> <li>- Vlakkeland</li> <li>- Vredebes</li> </ul> </li> </ul>	Cape Winelands DM	<ul style="list-style-type: none"> <li>DLG</li> </ul>	<ul style="list-style-type: none"> <li>DHS</li> <li>DEA&amp;DP</li> <li>WCED</li> <li>Dept of Health</li> <li>Relevant municipal officials</li> </ul>
Unemployment	Address unemployment and related challenges within the District (priority 7).	Cape Winelands DM	<ul style="list-style-type: none"> <li>CWDM</li> <li>DLG</li> </ul>	<ul style="list-style-type: none"> <li>BET structure: LED officials in local municipalities: Drakenstein, BVW, Witzenberg, Langeberg, Stellenbosch</li> <li>Provincial official and associated institutions</li> <li>Sub team:               <ul style="list-style-type: none"> <li>- DHET</li> <li>- DRDLR</li> <li>- DoTP</li> <li>- DoA</li> <li>- City</li> </ul> </li> </ul>

Area of intervention	Project description	District Municipality	Project leader	Social partners
				<ul style="list-style-type: none"> <li>- LGSETA</li> <li>- DoE</li> <li>- DLG</li> <li>- DEA&amp;DP</li> <li>- DLG CDW, Training</li> <li>- DEDAT</li> <li>- DSD</li> <li>- Health</li> <li>- DTPW</li> <li>- CWDM SDF</li> <li>- PT</li> </ul>
COVID-19 response	COVID19 Hotspot Strategy projects: <ul style="list-style-type: none"> <li>• Case management (priority 4.1)</li> <li>• Testing and treatment (priority 4.2)</li> <li>• Quarantine and isolation (priority 4.3)</li> <li>• Civil compliance (priority 4.4)</li> <li>• Humanitarian relief and food security (priority 4.5)</li> </ul>	Central Karoo DM	<ul style="list-style-type: none"> <li>• Department of Health and Wellness</li> <li>• CKDM</li> <li>• Beaufort West LM</li> <li>• Laingsburg LM</li> <li>• Prince Albert LM</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Agriculture and Rural Development</li> <li>• Department of Local Government</li> <li>• Department of Cultural Affairs and Sport</li> <li>• Department of Community Safety</li> <li>• Department of Education</li> <li>• Provincial Treasury</li> <li>• Government Communication and Information Services</li> <li>• South African Police Services</li> </ul>
Education	<ul style="list-style-type: none"> <li>• ECD support</li> </ul>	Overberg DM	<ul style="list-style-type: none"> <li>• DSD</li> <li>• DOE</li> <li>• Health</li> </ul>	<ul style="list-style-type: none"> <li>• Not specified</li> </ul>
Supporting wellbeing and resilience	Overberg drug rehab centre: <ul style="list-style-type: none"> <li>• Police support secured.</li> <li>• Police provided extensive statistics in support of the project.</li> <li>• All local municipalities identified land / buildings to be used for the project.</li> <li>• DSD considering the business case.</li> </ul>	Overberg DM	<ul style="list-style-type: none"> <li>• DSD</li> <li>• Police</li> <li>• Health</li> <li>• DTPW</li> </ul>	<ul style="list-style-type: none"> <li>• Not specified</li> </ul>

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