Western Cape Government

Health

Annual Performance Plan

2022-2023

Western Cape Department of Health
Annual Performance Plan 2022-23

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General Information

Executive Authority Statement

The COVID-19 pandemic has caused unprecedented turmoil and disruption globally and in the province. Since the onset of the pandemic, the Western Cape has experienced four waves of infection which resulted in constraints on the delivery of health care.

In addition, the COVID-19 pandemic has had major socio-economic consequences impacting the social determinants of the health of our people. These will require a Whole of Society Approach (WoSA) to address and overcome.

Vaccines are the main solution we have, to take control of the economy. Our priority in the province's COVID-19 response is to vaccinate as many residents as possible in the shortest amount of time to mitigate the seriousness of any ensuing waves and save both lives and livelihoods. By early March 2022, 2.9 million Western Cape residents had received at least one dose and approximately 2.5 million or 44.7% had been fully vaccinated. This is by far the largest vaccination programme the Western Cape has ever undertaken.

The pandemic has had a major impact on residents' mental wellbeing. There is mounting evidence of the significant negative impact of Covid on the social determinants of mental ill health resulting in increased anxiety, depression and suicides. Staff wellbeing has also been severely affected, and we focused on developing strengthened occupational health services and other mechanism of emotional support to better support our staff. We will thus be making an increased investment of R30 million into mental health services. We need to build the resilience of individuals, groups and communities to be able to live well even in the presence of stressors.

Addressing mental health will require both a WoSA approach to address upstream social determinants as well as increased investment in redesigned mental health care. An inter-departmental team under the leadership of the Head of Department of Health has been set up to take this forward.

We will also be making an additional resource injection into addressing the surgical backlogs. In the medium-term, we will additionally seek to focus on First 1000 Days initiatives using the nurturing care framework and will be guided through a data-driven and evidence-based lens on violence prevention and alcohol harms reduction in conjunction with the Department of Community Safety and others.

TB has been declared a priority and the Department has developed a TB emergency response plan. We have already developed a public facing dashboard to increase awareness and transparency around the TB data. Turning the tide against TB will be a slow process but we are taking steps in the right direction by making it more visible. Strengthening the Provincial Council on AIDS and TB by incorporating the District AIDS councils with the District Health Councils, will also assist in the fight against TB.

Key recovery efforts for the Provincial safety focal area includes an integrated law enforcement and violence prevention response; a geographical hot spot approach; and data led, evidence informed decision-making.

There are five mega projects being planned within the Department that will help modernize the health platform. These are Swartland District Hospital, Belhar, Klipfontein and Helderberg Regional Hospitals, and the redeveloped Tygerberg Central Hospital. Funding has already been secured for the Belhar and Klipfontein Regional hospitals. Moves are afoot to develop a PPP for the TBH central Hospital.

I would also like to commend the Department for the 3 year-record of clean audit. Clean and accountable governance is crucial. It reinforces public trust in the way that we manage the public purse. My heartfelt thanks to Dr Keith Cloete and his team for ensuring that we do not let the people of the Western Cape down. To all the approximately 33 000 employees as part of the team, I thank you for your bravery in dealing with the pressures you deal with on a daily basis.

Western Cape government, working FOR YOU!

I endorse the Annual Performance Plan 2022/23.

Accounting Officer Statement

The COVID-19 pandemic has driven us apart, but also brought us together. Volunteers and community-based organisations have come together to support people both emotionally and materially, playing a vital role in helping people to recover and learn about COVID-19. This has built a sense of connectedness, collaboration and collective resilience in these hugely challenging times. The pandemic has provoked innovative responses, which could ultimately help to resolve pre-existing problems in our health system. We've developed new ways to deal with grief and trauma, but there is also a renewed sense of meaning. I am inspired every day by the humanity and resilience of our employees and am incredibly proud to be part of such an amazing leadership team.

Healthcare 2030 remains our compass and we re-commit to placing people at the heart of the health system, not just the people we serve but also the people we employ. We want the people we serve to know that they matter and with every human contact, make people feel a sense of optimism and worth. We aspire to become a health system that is people-centric, trusted, and equitable, built on a caring and competent, empowered workforce; clean governance; and innovative and accessible service delivery; ultimately a health system FOR YOU. The decisions we make in responding to the pandemic, re-establish comprehensive care and building forward from the pandemic cannot come at the expense of our aspirations to become a people-centric, trusted and equitable health system.

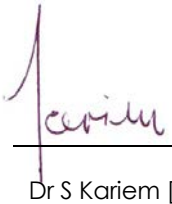
We want to ensure we make sustainable policy decisions and take coherent actions that set us on the right path towards a healthier society with a health system that is fit for purpose. With this in mind, our focus over the 2022 MTEF is on recovering from the pandemic and managing ensuing waves of the COVID-19 as it is now likely to become endemic. To this end six strategies for action have been identified. '*Service re-design*', '*governance re-design*' and '*healthy public policy*' are the three recovery strategies; and 'surveillance', 'an agile health platform' and 'vaccination' have been identified as the resurgence strategies. There is a dynamic inter-play between the 6 strategies for action and thus they should not be viewed in isolation of each other. They are further explained in Part B and form the basis of our approach over the next 3 years.

The province is committed to a whole of government approach (WoGA), underpinned by greater policy coherence across departments with sound policy decisions and coherent actions that align with provincial aspirations for sustainable development in the Western Cape. This means that health is everybody's business as a healthier province depends on intersectoral action to address the social determinants of health.

Official Sign-off

It is hereby certified that this Annual Performance Plan:

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

Signature: 

Dr S Kariem [Chief of Operations]

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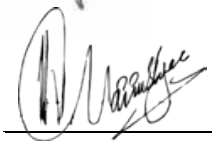
Mr S Kaye [Head of Corporate Services]

Signature: 

Dr KN Vallabhjee [Chief Director of the Strategic Cluster]

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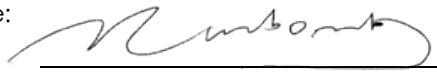
Dr K Cloete [Accounting Officer]

APPROVED BY

Signature: 

Minister Nomafrench Mbombo [MEC for Health]

Acronyms

AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AO	Accounting Officer
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARV	Antiretroviral
BAS	Basic Accounting System
CBS	Community-Based Service
CCS	Complaints, Compliments and Suggestion
CDC	Community Day Centre
CFO	Chief Financial Officer
CHC	Community Health Centre
CHW	Community Health Worker
CoCT	City of Cape Town
COPC	Community-Oriented Primary Care
COVID-19	Coronavirus Disease
DHS	Demographic and Health Survey
DHS	District Health System
DoH	Department of Health
CMD	Cape Medical Depot
DPSA	Department of Public Service Administration
EC	Emergency Centre
EHWP	Employee Health and Wellness Programme
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
ERM	Enterprise Risk Management
FPL	Forensic Pathology Laboratory
FPS	Forensic Pathology Service
FTD	First Thousand Days
GDP	Gross Domestic Product
GGHH	Global Green and Healthy Hospital
HAST	HIV/AIDS, STIs and Tuberculosis
HECTIS	Hospital & Emergency Centre Tracking Information System
HFRG	Health Facility Revitalisation Grant

HIV	Human Immunodeficiency Virus
HoD	Head of Department
HT	Health Technology
ICT	Information and Communications Technology
IPT	Isoniazid Prevention Therapy
J&J	Johnson & Johnson
LOGIS	Logistic Information System
MCWH	Maternal, Child and Women's Health
MDR	Multi-Drug Resistant
MEAP	Management Efficiencies and Alignment Project
MEC	Member of the Executive Council
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MMC	Medical Male Circumcision
MTSF	Medium-Term Strategic Framework
N/A	Not applicable / Not available
NCD	Non-Communicable Disease
NDP	National Development Plan
NHA	National Health Act
NIDS	National Indicator Data Set
NPI	Non-Pharmaceutical Intervention
OPD	Outpatient Department
PCR	Polymerase chain reaction
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHCIS	Primary Health Care Information System
PPE	Personal Protective Equipment
PPP	Public Private Partnership
PPT	Planned Patient Transport
PSI	Patient Safety Incident
PSP	Provincial Strategic Plan
RCWMCH	Red Cross War Memorial Children's Hospital
SAC	Severity Assessment Code
SAM	Severe Acute Malnutrition
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SDG	Sustainable Development Goal

SINJANI	Standard Information Jointly Assembled by Networked Infrastructure
Stats SA	Statistics South Africa
TB	Tuberculosis
TIER.Net	HIV Electronic Register
UHC	Universal Health Coverage
UN	United Nations
VIP	Vision Inspired Priority
WC	Western Cape
WCCN	Western Cape College of Nursing
WCG	Western Cape Government
WCGH	Western Cape Government Health
WCDoH	Western Cape Department of Health
WCGTPW	Western Cape Government Transport and Public Works
WCDoH	Western Cape Department of Health
WoSA	Whole of Society Approach
YLL	Years of Life Lost

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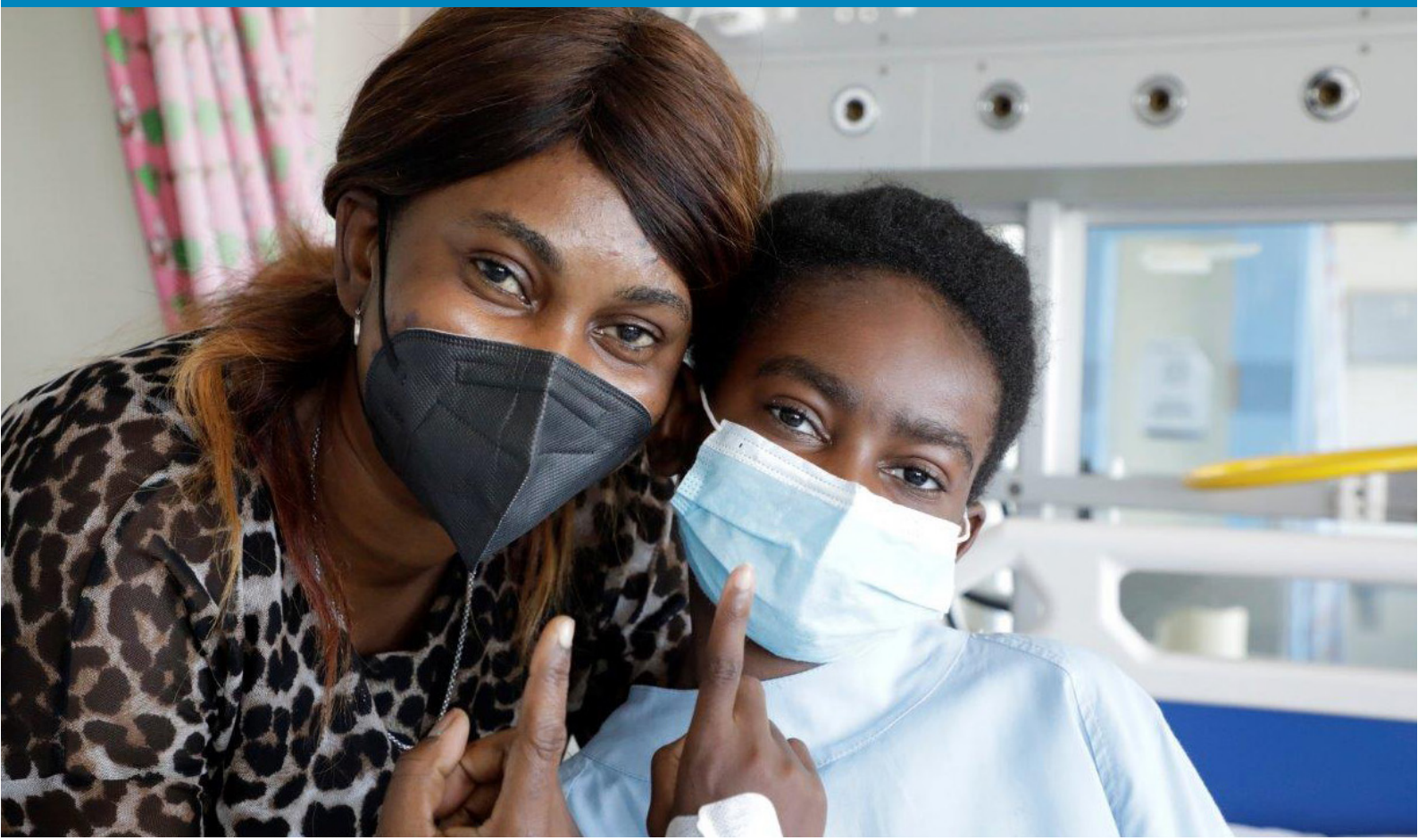
PART A
OUR MANDATE



PART A: Our Mandate

Legislative & Policy Mandates

Legislative Mandates

National

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

Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

Criminal Procedure Act, 1977 (Act No. 51 of 1977), Sections 212 4(a) and 212 8(a)

Provides for establishing the cause of non-natural deaths.

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)

Regulate the functioning of the medical schemes and levies on medical schemes.

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 regard to health services. The objectives of the National Health Act (NHA) are to:

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;

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

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 drunk drivers.

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

Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

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

Provides a legal framework for sterilisations, including for persons with mental health challenges.

Provincial

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.

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 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 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.

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), 2012

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 speakers 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, 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 (WCDoH) 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'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

Western Cape is the third largest populated province in South Africa after Gauteng and KwaZulu-Natal, with a population of approximately 7 million. It is located in the southern tip of the country and comprises of six districts, with 24 local municipalities. Cape Town is the capital of the province and the second most populous city in South Africa behind Johannesburg. The Western Cape is rich in agriculture and fisheries, its climate in the peninsula and the mountainous region beyond it is ideal for grape cultivation, with a number of vineyards producing excellent wines. Other fruit and vegetables are also grown here, and wheat is an important crop to the north and east of Cape Town. Fishing is the most important industry along the West Coast and sheep farming is the mainstay of the Karoo. The province has a well-established industrial and business base. Sectors such as finance, real estate, Information and Communications Technology (ICT), retail and tourism have shown substantial growth, and are the main contributors to the regional economy. Many of South Africa's major insurance companies and banks are based in the Western Cape. The majority of the country's petroleum companies, and the largest segment of the printing and publishing industry are located in Cape Town.

External Environment

Demographics

The 2021 mid-year population estimates by Statistics South Africa have projected the population in the Western Cape (WC) to be approximately 7 113 776[1], which is 11.8 per cent of South Africa's population. Fifty one per cent of the total population are females. About 24.4 per cent of the population in the Western Cape is below the age of 15, and 10.4 per cent of the population is 60 years and older. The average fertility rate in the Province is estimated to decline from 2.31 to 2.04 between the periods 2011-2016 and 2016-2021. About 70 per cent of the population are in the economically active age groups 15-64.

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. Migration will soon overtake births as the driver of population increase in this Province. The net in-migration from 2011-2016 to 2016-2021 appears to have stabilised. See figure 1[2].

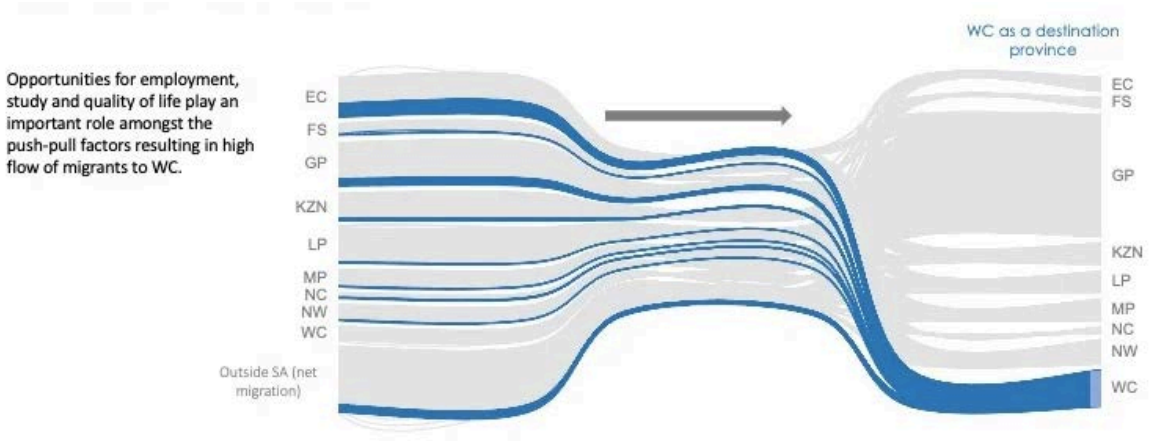


Figure 1: Migration patterns into Western Cape Province

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 63.7 for the period 2001-2006 to 70.3 for the period 2016-2021 (for females) and 59.2 for the period 2001-2006 to 64.9 for the period 2016-2021 (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.

[1] Mid-year population estimates 2021, Statistical Release P0302, Statistics South Africa July 2021
[2] Mid-year population estimates 2021, presentation, Risenga Maluleka, Statistcian-General, Statistics South Africa

It is important to note that although life expectancy for the country has been on an upward trajectory since 2001, the projected life expectancy for both males and females in 2021 is lower than that for 2020. This is due to the COVID-19 pandemic which has resulted in significant excess death in all provinces. In 2020, life expectancy in South Africa was 62.4 and 68.4 years for males and females respectively. This has dropped to 59.3 and 64.6 years for males and females respectively.

Social Determinants of Health

Following the onset of the COVID-19 pandemic and the associated slowdown in economic activity and growth, the global economy is expected to grow by 4.9 per cent in 2022[3]. Most of this growth will be seen in developed countries as their vaccination levels far exceed those seen in developing countries. The South African economy has started its recovery, with Gross Domestic Product (GDP) increasing by 7.5 per cent in the first half of 2021 compared the first half of 2020[4]. Overall economic growth of 1.9 per cent is expected[5].

Unemployment levels in South Africa were already high prior to the pandemic-associated lockdown. Further job losses occurred during lockdown, which did not improve significantly as lockdown eased from level 5 to level 3. Women were disproportionately affected by job losses[6]. However, following a 40 per cent drop in employment levels from February to April 2020, unemployment levels improved to a 20 per cent drop by June 2020 and back to pre-pandemic levels by October 2020[7].

Amongst survey respondents in a survey measuring employment levels at different time points throughout the pandemic, employment levels in March 2021 were near identical to that in February 2020, however, different people were employed. Of those employed in February 2020, 23 per cent were unemployed a year later and 30 per cent of unemployed people found employment by March 2021[8].

As at the end of Quarter 3 of 2021, South Africa's official unemployment rate was 34.9 per cent[9], an increase of half a percentage point from Q2. The number of employed people decreased in the 3 largest provinces (Gauteng province, Kwa-Zulu Natal and Western Cape). The expanded unemployment rate increased by 2.2 per cent to 46.6 per cent in Q3. The official and expanded unemployment rates in the Western Cape at the end of Q3 were 26.3 per cent and 30.3 per cent, respectively.

Unemployment affects food security within households. Furthermore, middle income households receive less support from government in the form of cash transfers, and thus would not have any cushioning against income losses if the household is dependent on lower education labour income[10]. Unemployment

[3] World Economic Outlook October 2021 *International Monetary Fund*
[4] 2021 Municipal Economic Review and Outlook, *Western Cape Provincial Treasury*
[5] South Africa Economic Snapshot – Economic Forecast Summary(December 2021) *Organisation for Economic Co-operation and Development*
[6] Casale, D. & Shepherd, D (2020). The gendered effects of the ongoing lockdown and school closures in South Africa: Evidence from NIDS CRAM Waves 1 and 2. *National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM).*
[7] Bassier, I., Budlender, J. & Zizzamia, R (2021). The labour market impacts of Covid-19 in South Africa: An update with NIDS-CRAM Wave 3
[8] *Espi, G., Leibbrandt, M. & Ranchhod, V. (2021). Age, Employment and Labour Force Partcipation Outcomes in COVID-era South Africa. National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM)*
[9] Quarterly Labour Force Survey Q3: 2021. *Statistics South Africa*
[10] Arndt, C. *et al* (2020). Covid-19 lockdowns, income distribution and food security: an analysis for South Africa. *Global Food Security, 26 (2020) 100410.*

and decreased earnings in general increase the demand on the public health sector as fewer households are able to afford private health insurance premiums or out-of-pocket payments.

From August to December 2020, household hunger increased. Even more concerning was the increase in child hunger over this same period[11]. Households reporting running out of money for food then decreased December 2020 and May 2021[12], however since then there has been no further reduction in household hunger and consequently hunger levels are still stubbornly high. The lockdowns and pandemic combined have reversed the gains in child hunger made by expansion of the Child Support Grant. Child hunger is known to have long-term consequences including negative mental health outcomes, chronic conditions such as asthma, and nutrient deficiencies which impair learning and productivity[13].

The strict measures imposed during level 5 lockdown, followed by continuous messaging to decrease physical interaction has also been suggested to contribute to increasing levels of obesity. Decreased human interaction coupled with job losses and poor physical environments can lead to stress and poor psychosocial health, which in turn could increase the prevalence of obesity. This will have an impact on chronic disorders such as diabetes and hypertension, which further adds to the burden on the healthcare system[14].

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[15]).

Figure 2: The 10 biggest global risks over the next 10 years

[11] Van der Berg, S., Patel, L. & Bridgman, G. (2020). Hunger in South Africa during 2020: Results from Wave 3 of NIDS-CRAM. *National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM).*
[12] *Van der Berg, S., Patel, L. & Bridgman, G. (2021). Food Insecurity in South Africa: Evidence from NIDS-Cram Wave 5. National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM).*
[13] Ke, J. & Ford-Jones, E.L. (2015). Food insecurity and hunger: A review of the effects on children's health and behaviour. Paediatric Child Health. 20(2):89-91.
[14] Clemmenson, C., Petersen, M.B. & Sorenson, T.I.A. (2020). Will the Covid-19 pandemic worsen the obesity epidemic? *Nature Reviews Endocrinology, Volume 16.*
[15] The Global Risks Report 2022, World Economic Forum.

The Western Cape Government is already experiencing the impact of climate change and these are undermining social and economic development gains.

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 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.

WCGH 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. The Department has formally registered climate change as a strategic risk and endorsed the forming of a climate change committee to oversee its mitigation strategies. The strategies would 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.

In February 2022, the GGHH Network recognised over 50 institutions and spread over 14 countries, as the 2021 Climate Champions of the Health Care Climate Challenge. WCGH takes pride in being awarded:

- Greenhouse Gas Reduction Energy – Silver; and
- Climate Leadership – Gold.

Quadruple Burden of Disease

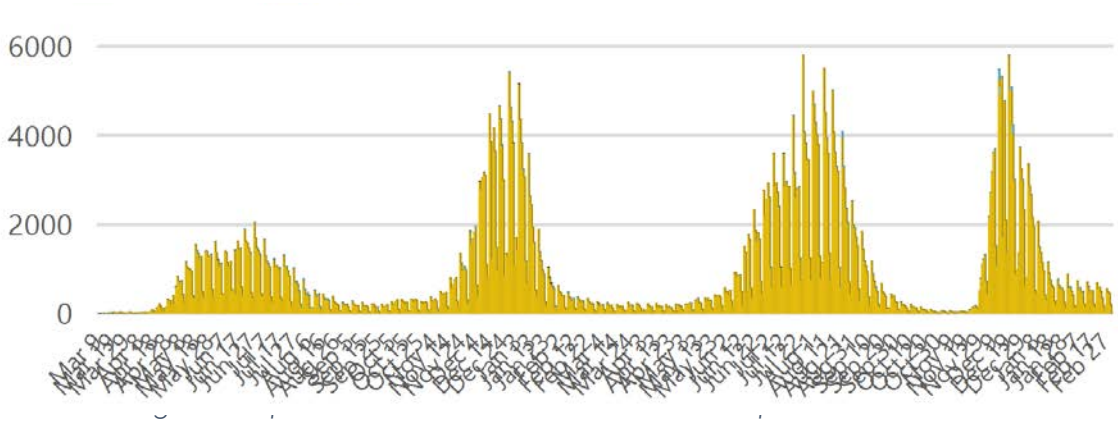
COVID-19 Pandemic

The COVID-19 pandemic has upended the day-to-day workings of our world. First identified in Wuhan, China on December 2019[16], it has rapidly spread around the world, reaching South African shores on 5 March 2020[17]. On 15 March 2020 the President declared a National State of Disaster and South Africa went into lockdown on 26 March 2020. The first reported case in the Western Cape was on 11 March 2020[18].

Since the start of the pandemic, the Western Cape has had a total of 660 803 reported cases, with 14 193 of these being reinfections. There have been a total 21 706 reported deaths. The pandemic displays wave-like periods of high rates of infection and prevalence of active cases and hospitalizations, interspersed with periods of low levels of infection. These troughs in the pandemic curves are often

[16] Zhu, H, Wei, L & Niu P (2020). The novel coronavirus outbreak in Wuhan, China. *Global Health Research and Policy*, 5(6). https://doi.org/10.1186/s41256-020-00135-6
[17] First case of COVID-19 coronavirus reported in SA. National Institute for Communicable Diseases. https://doi.org/10.1186/s41256-020-00135-6
[18] First case of COVID-19 confirmed in the Western Cape. Western Cape Government. https://www.westerncape.gov.za/news/first-case-covid-19-confirmed-western-cape

associated with high prevalence of antibodies against COVID-19 at the community level. There has been a total of 4 waves, the first one occurring in June-July 2020, the second December 2020-January 2021, the third June-July 2021, and the fourth December 2021-January 2022 (See figure 3).



As is the case with other viruses, SARS-CoV-2, the virus which causes COVID-19, has displayed an ability to mutate, giving rise to different variants. These variants arise in different parts of the world and their ability to drive a wave is dependent on the extent to which it can outcompete other variants including the wildtype virus in circulation at a given point in time. Each successive wave seen in South Africa has been driven by a new variant: wave 1 by wild type virus, wave 2 by the Beta variant, wave 3 by the Delta variant and wave 4 by the Omicron variant.

The fourth wave, associated with the Omicron variant, was characterized by a decoupling between COVID-19 case numbers and death (See figure 4). The previous 3 waves show the number of deaths (red line) as a greater proportion of total cases (black line) compared to the fourth wave. This decrease in the risk for death following infection with the Omicron was due partly to the decreased virulence of the variant but mostly due to protection conferred by prior infection and/or vaccination[19].

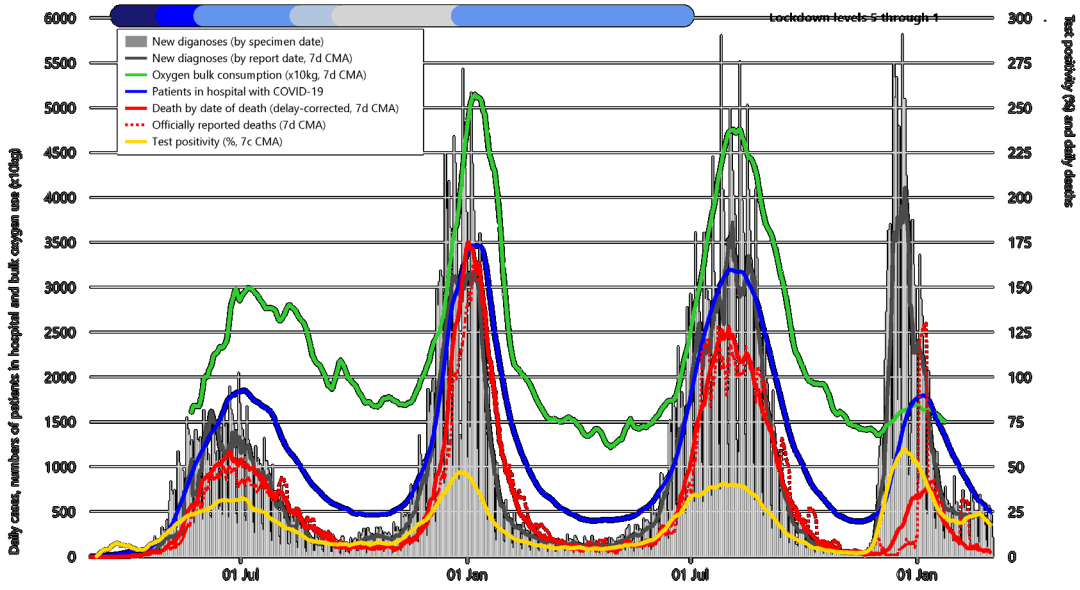


Figure 4: Evolution of the COVID-19 epidemic in the Western Cape Province.

[19] Davies, MA, *et al* (2022). Outcomes of laboratory-confirmed SARS-CoV-2 infection in the Omicron-driven fourth wave compared with previous waves in the Western Cape Province, South Africa.

Infections in healthcare workers

To date, 15 544 healthcare workers in the Western Cape have been infected since March 2020, with a recovery rate of 98.13 per cent and 202 deaths. The pattern of infections in healthcare workers has followed that of the general population, with peaks seen in June/July 2020, December 2020/January 2021, June/July 2021 and December 2021/January 2022 (See figure 5). The overwhelming majority of cases have been amongst nursing staff (6 567 cases) followed by doctors (1 782 cases).

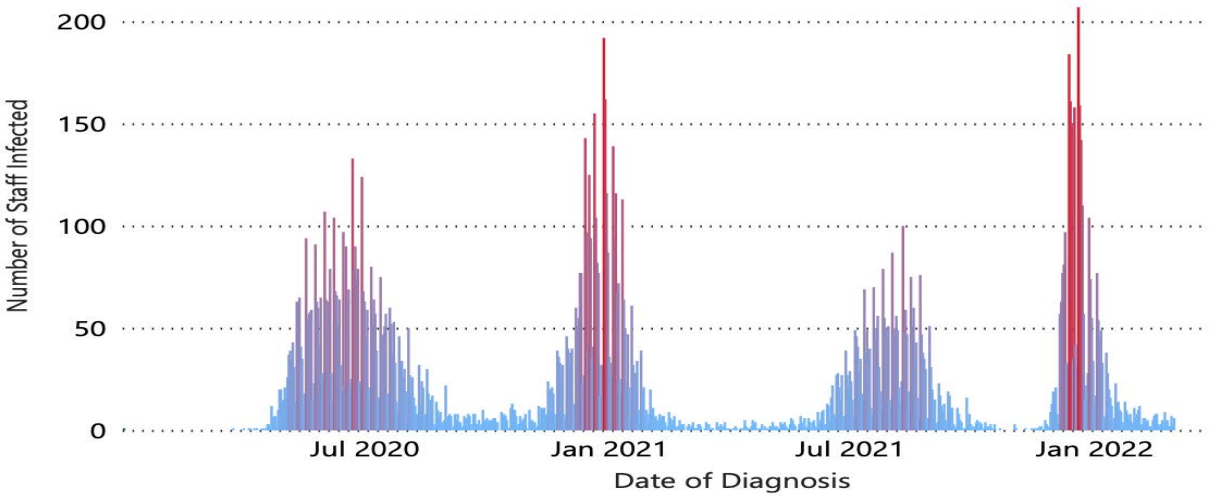


Figure 5: Daily staff infection trends.

COVID-19 Vaccination

Vaccination against COVID-19 began in February 2021, with healthcare workers receiving the Janssen adenovirus vaccine (J&J) through the Sisonke Protocol. Age-based vaccination for the general population started in mid-May 2021, with access to the 2-dose Pfizer-BioNTech mRNA vaccine (Pfizer). People over 60 years were given first access, with the age-based phased approach gradually extending to younger age groups.

Sector-based vaccinations ran parallel to age-based vaccination. Those working in the Education and Correctional Services sectors as well as other frontline workers becoming eligible for vaccination regardless of their age. This two-pronged approach served to protect those most at risk of exposure to the virus and adverse outcomes following infection. By August 2021 vaccination was open to everyone 18 years and older.

Children aged 12-17 were eligible for 1 dose of Pfizer from 20 October 2021 onward, with access to a second dose at least 42 days later by 9 December 2021. Furthermore, SAHPRA approved booster doses to everyone fully vaccinated aged 12 and older with the following schedule: a booster dose of J&J at least 2 months after the first dose and preferably not more than 6 months after; and a booster dose of Pfizer at least 6 months after receiving the second dose. Those with specific immunocompromising conditions were allowed to receive boosters according to a shortened schedule. The Sisonke Protocol

was also extended, providing access to booster doses of J&J vaccine to everyone who had received one dose in the first half of 2020.

By 3 March 2022 approximately 44.66 per cent of the adult population were fully vaccinated (1 dose of J&J or 2 doses of Pfizer) and 55.34 per cent were partially vaccinated (1 dose of Pfizer). Among 12-17 year olds, 5.78 per cent were fully vaccinated and 20.70 per cent had received one dose of Pfizer. In addition, 226 445 people had received booster vaccinations and 65.19 per cent of those vaccinated in the Sisonke Protocol received a booster dose.

The success of vaccine roll-out is demonstrated by the proportion of each age-category testing positive for COVID-19 and being admitted to public and private facilities in wave 3 compared to wave 2. Those 60 years and older had access to vaccines earlier than those in younger age categories. The effect of the higher proportion of vaccinated individuals among older age groups compared to younger age groups is reflected in the numbers of older people compared to younger people in each wave infected and admitted to hospital. In wave 2 (first peak in figure 6, top left and right) the age-standardized number of cases in 20-49 year olds, 50-59 year olds and those 60 years and older are similar. However, in the wave 3 (second peak in figure 5, top left and right) the age-standardized numbers are higher in the younger age groups compared to the older age groups. A similar pattern is seen in hospital admissions.

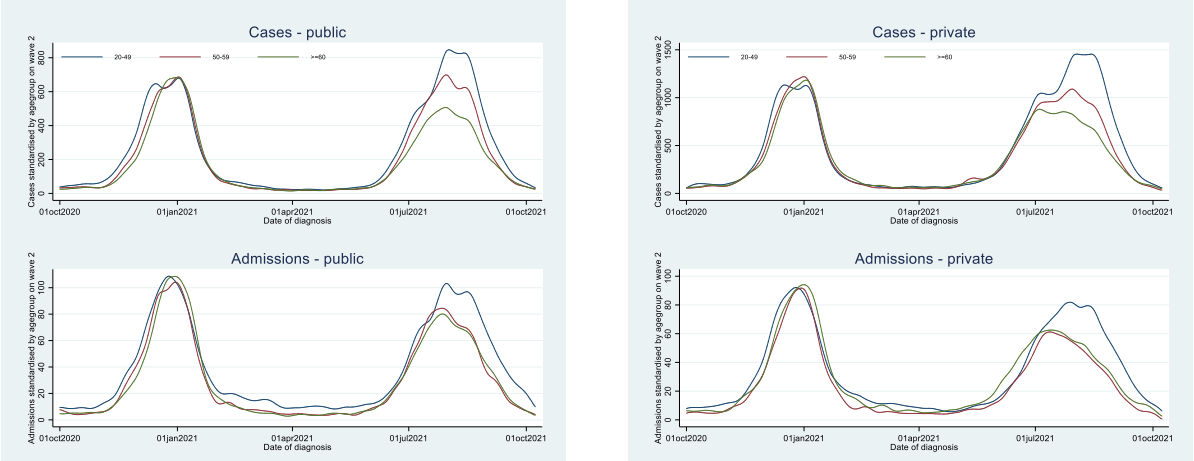


Figure 6:Age-standardized COVID-19 cases and hospital admissions and public and private sector

The impact of the pandemic on existing quadruple burden of disease

The health system currently faces a triple challenge: subsequent waves of the pandemic, protecting the core non-COVID services and the roll-out of the COVID-19 vaccination programme. As we grapple with subsequent waves of the pandemic, strong primary health care services can provide a critical first line of defence to keep people safe and healthy. It should be the first place to go for information, vaccination, screening and testing for COVID-19. We also need to protect the core non-COVID services like immunisations, antenatal care, HIV/AIDS and tuberculosis, mental health, and chronic disease management. Maintaining comprehensive services requires the re-design of service delivery as we need to be vigilant in managing the risk of transmission within our built environment. This means instituting measures to prevent over-crowding within health facilities; utilising personal protective equipment (PPE)

in care situations where there is close contact; and ventilation of spaces to minimise the risk of transmission in confined and enclosed service delivery spaces that can't be avoided.

HIV/AIDS and TB Services

The number of HIV tests done dropped dramatically in Quarter 2 of 2020, corresponding with the most restrictive levels of lockdown. From Quarter 3 2020 testing levels increased but never reached the same levels as seen in 2019. In 2021 testing levels are showing improvements however the numbers tested are still not at the level seen in 2019 and prior (pre-COVID period) (See figure 7). Test positivity has also declined, which indicates that not enough people are being tested.

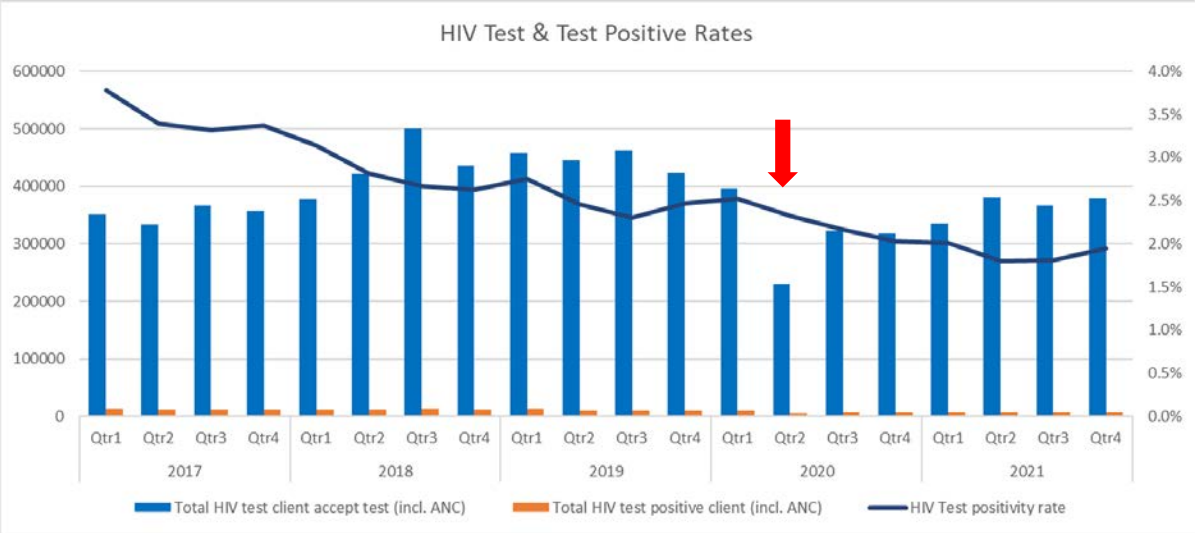


Figure 7: HIV tests done and HIV test positivity rate.

The proportion of people living with HIV in the Western Cape who know their HIV status has also declined from 2019 to 2020 (See figure 8). This is the first 90 of the 90-90-90 HIV targets[20] and has implications for the remaining two 90s which are entirely dependent on the first.

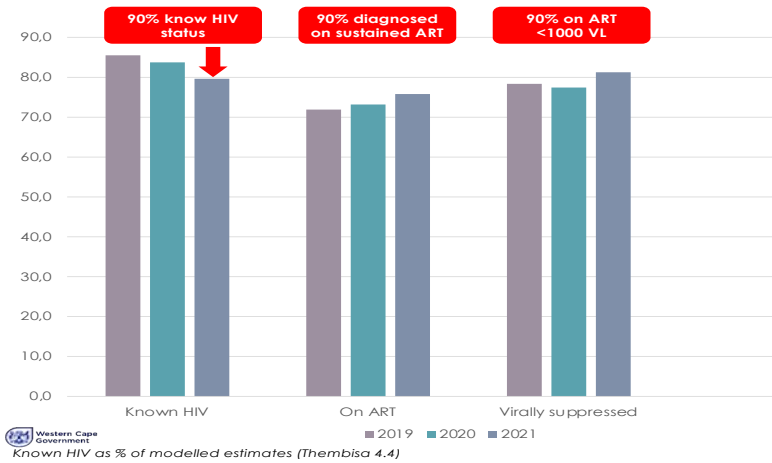
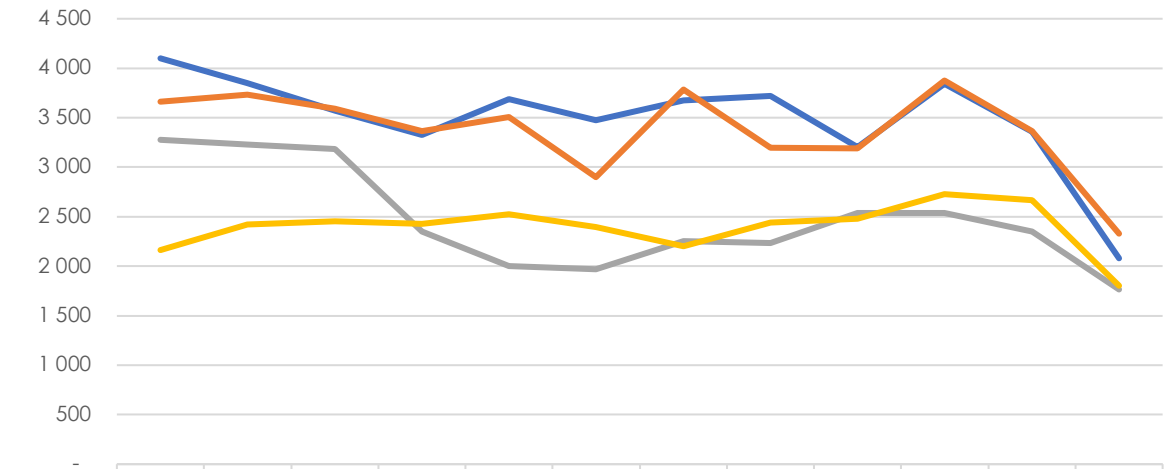


Figure 8: 90-90-90 figures for the Western Cape.

ART initiation also decreased in 2020 compared to the previous two years and this drop in levels of linkage to care continues into 2021 (See figure 9). These overall decreases have implications for the 90-90-90 targets, as well as potential consequence for HIV incidence, as fewer people are aware of their HIV status and therefore do not access treatment services.

[20] The 90-90-90 targets are that 90% of people living with HIV know their status, 90% of people who know their status be on antiretrovirals (ARVs), and 90% of all patients receiving antiretroviral therapy are virally suppressed.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	4 100	3 852	3 571	3 327	3 690	3 472	3 676	3 721	3 202	3 841	3 356	2 080
2019	3 663	3 734	3 592	3 363	3 508	2 901	3 788	3 199	3 188	3 876	3 364	2 329
2020	3 277	3 232	3 185	2 352	2 003	1 967	2 251	2 232	2 539	2 537	2 351	1 765
2021	2 161	2 420	2 454	2 428	2 528	2 394	2 202	2 438	2 479	2 728	2 670	1 803

Figure 9: ART initiation, 2018-2021.

During the course of the pandemic in the Western Cape there has been a decrease in the daily presenting TB cases. During every wave there has been a trough of daily cases at the peak of each wave (See figure 10, red arrows) followed by a rebound as the wave descended and transitioned into the interwave period (black arrows).

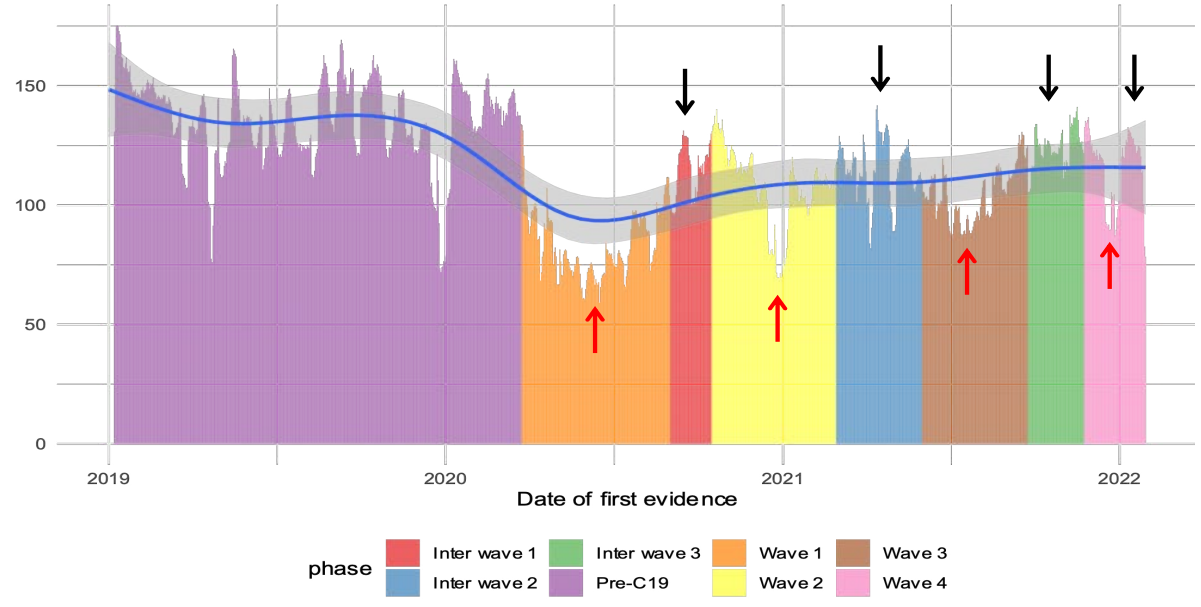


Figure 10: Daily first presentation of TB cases at health facilities.

There has also been an increase in severity of cases upon presentation to the health platform. Figure 12 shows the facility level where clients with TB present. From 2019 to the end of 2021 there has been a gradual decrease in the proportion of cases presenting at clinics (red bars) and over the same period an

increase in the proportion of cases presenting at district hospitals (purple bars) is seen. TB hospital admissions also increased sharply from 2019 to 2021 (See figure 11).

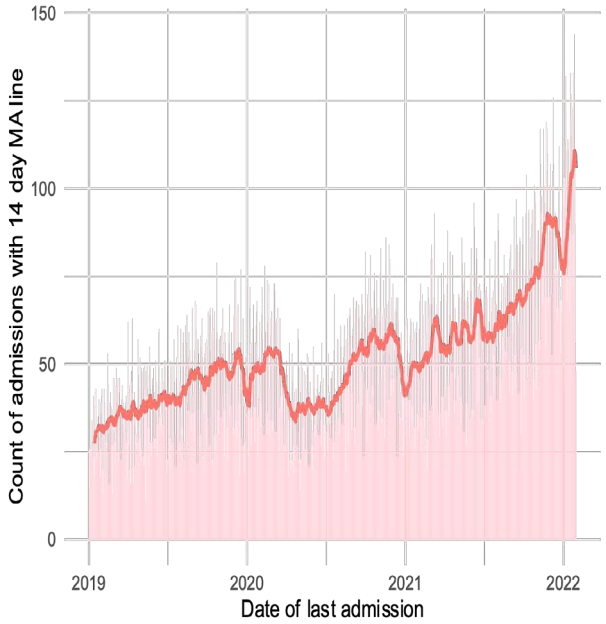


Figure 12: TB hospital admissions.

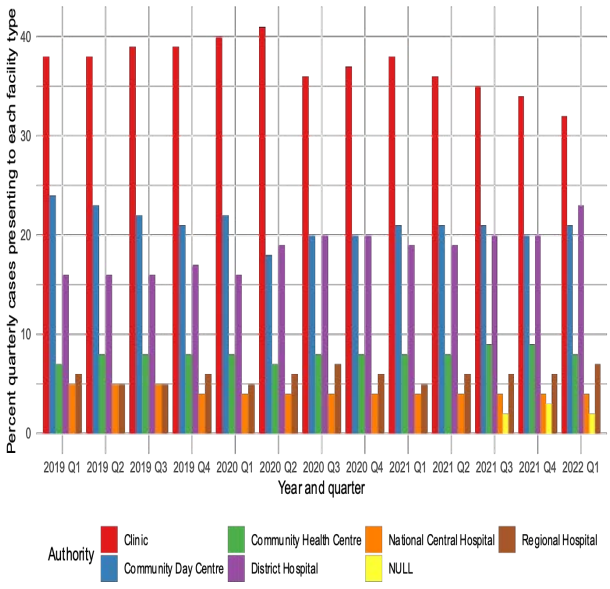


Figure 11: TB cases presenting to health facilities, by facility type.

The proportion of TB clients who initiate treatment successfully completing treatment showed a marked decline, from 75 per cent in Quarter 1 of 2019 to 46 per cent in Quarter 2 of 2021 (See figure 13). At the same time, the proportion of TB clients lost to follow up increased. All these data together indicate a worsening of the TB epidemic during the COVID-19 crisis, and reversal of many of the gains made.

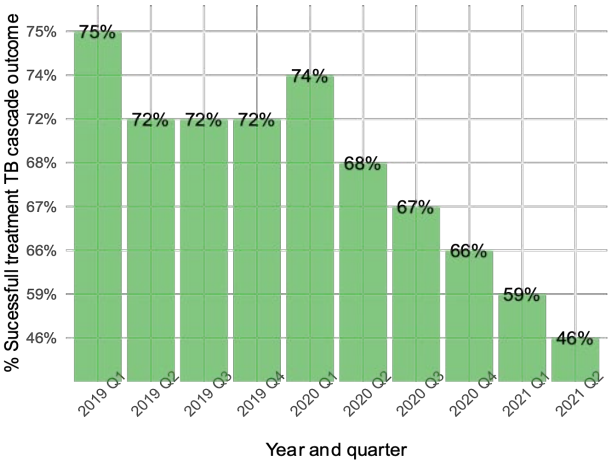


Figure 13: Proportion of TB clients successfully completing treatment.

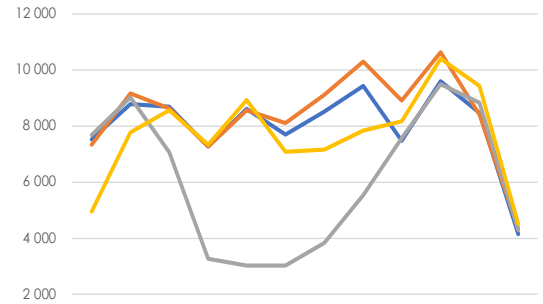
Woman and Child Health Services

There was a significant drop in number of women screened for cervical cancer in 2020 compared to the previous two years. Following a slow start in January 2021, the screening numbers increased in February

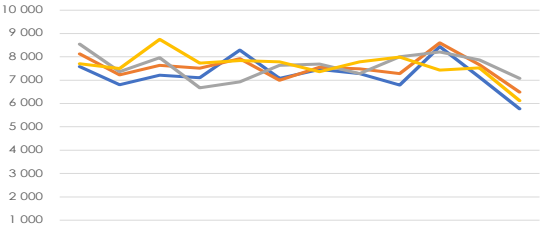
Figure 14: Cervical smears, 2018-2021.

and by March the levels were similar to those seen in 2018 and 2019, (See Figure 14). However, this was followed by a drop in screening compared to 2018 and 2019 (although not as drastic as 2020), which likely corresponds with the third wave of COVID-19. The low rates of screening in 2020 represent missed opportunities for early detection of cervical abnormalities and use of less invasive and more cost-effective treatment. Later diagnosis potentially results in poorer prognosis and costlier treatment.

Childhood immunizations appear not to have been affected by the lockdown in 2020. The number of children under 1 fully immunized against childhood diseases remained much the same in 2020 compared to the corresponding months in 2018 and 2019, albeit with a slight drop in April and May (See figure 15). Immunization levels in 2021 appear to be higher in some months compared to the equivalent in previous years.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	7 528	8 789	8 689	7 280	8 611	7 699	8 521	9 438	7 472	9 602	8 475	4 145
2019	7 336	9 168	8 624	7 273	8 560	8 109	9 122	10 30	8 915	10 63	8 410	4 346



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	7 585	6 801	7 219	7 110	8 294	7 080	7 456	7 283	6 789	8 440	7 126	5 773
2019	8 121	7 227	7 636	7 519	7 918	6 994	7 561	7 484	7 277	8 601	7 669	6 490
2020	8 546	7 366	7 967	6 674	6 931	7 642	7 698	7 289	8 002	8 209	7 862	7 075
2021	7 708	7 502	8 751	7 733	7 835	7 782	7 368	7 788	7 997	7 438	7 531	6 123

Figure 15: Children fully immunized under 1, 2018-2021.

Non-communicable diseases

Having had to significantly de-escalate non-COVID health services to accommodate the pandemic care demands, Primary Health Care (PHC) headcount was substantially lower in 2020 compared to 2019. Similarly, hospital out-patient departments (OPD) followed the same pattern of decline in 2020. There were increases in both PHC and OPD headcounts in 2021, but still not to the levels seen pre-COVID. Note the sharp decrease at the start of lockdown in March 2020 (See figure 16, red arrows). If this situation is to continue for a protracted period, the delays to care may increasingly compromise clinical outcomes at an individual patient level and health outcomes at a population level.

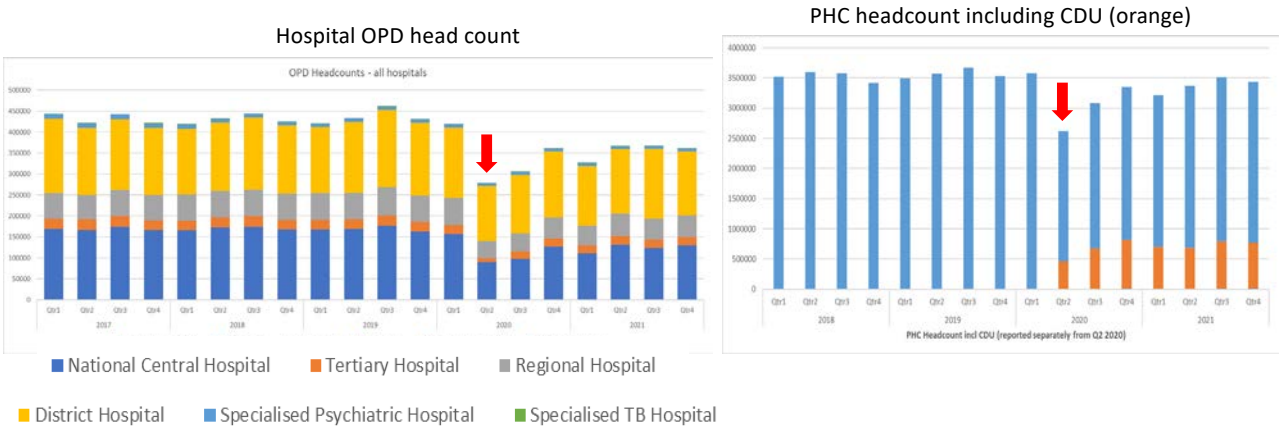


Figure 16: Hospital outpatients and PHC headcounts.

The proportion of clients with diagnosed diabetes mellitis who started treatment has also declined since 2019. It is even more concerning that the proportion has decreased from 2020 to 2021, as lockdown levels in 2021 were not as restrictive as in 2020, (See figure 17). Figure 18 shows glycaemic control for diabetic clients. Of note is the fact that pre-COVID only 60 per cent of diabetic clients had an HbA1C test done. This dropped to below 50 per cent in in 2020 and then recovered in 2021 but only to pre-COVID levels. Furthermore, only less than 10 per cent of clients who had an HbA1C test done had were within the normal range of <6 mmol/mol, during pre-COVID years and during the pandemic.

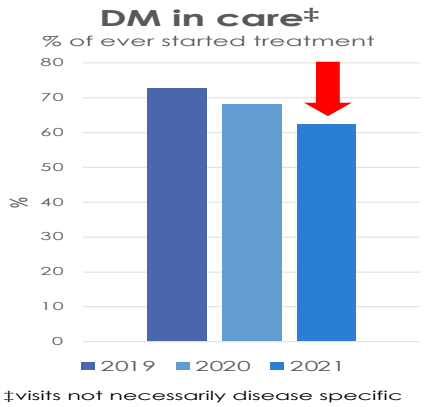


Figure 17: Diabetic patients in care.

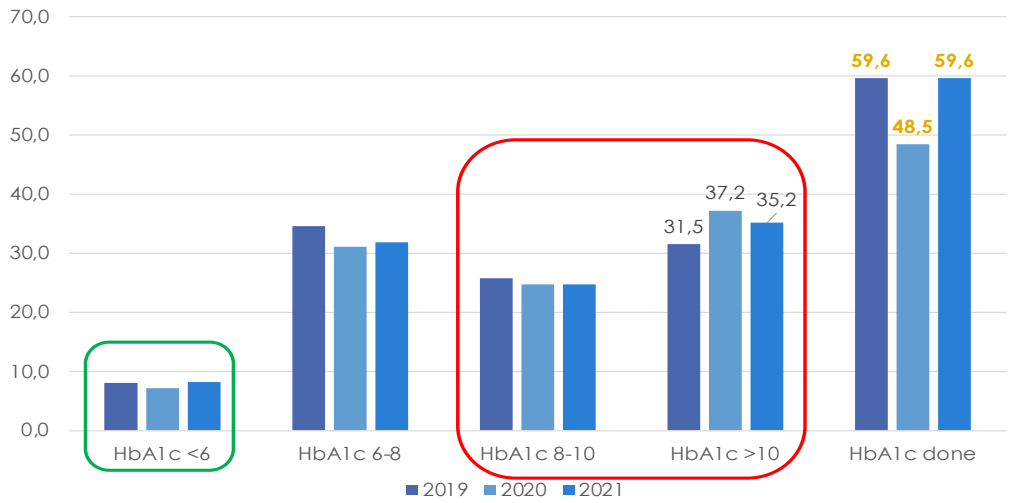


Figure 18: Glycaemic control in diabetic patients, 2019-2021.

Defaulting on treatment regiments can have devastating implications for clinical outcomes with the likely consequence of an increased demand for care at later points in time. In addition, this is of great concern considering the threat that COVID-19 poses for people with co-morbidities. The socio-economic impact of the pandemic because of containment measures coupled with economic recession has had a detrimental effect on mental health (e.g., anxiety and depression) and physical health (e.g., weight gain and unbalanced nutrition which are drivers of non-communicable diseases like diabetes and hypertension).

Trauma burden

A key non-COVID service challenge is the impact of alcohol-related trauma on emergency centres, inpatient ward, and critical care capacity. Since the declaration of a National State of Disaster various levels of alcohol sales have been implemented. These restrictions have laid bare the overwhelming burden that alcohol consumption and abuse places on the healthcare system. Figure 19 shows the number of trauma patients over time, with the extent which alcohol regulations are enforced. There is a

clear relationship shown been the number of patients presenting at trauma centres and population access to alcohol.

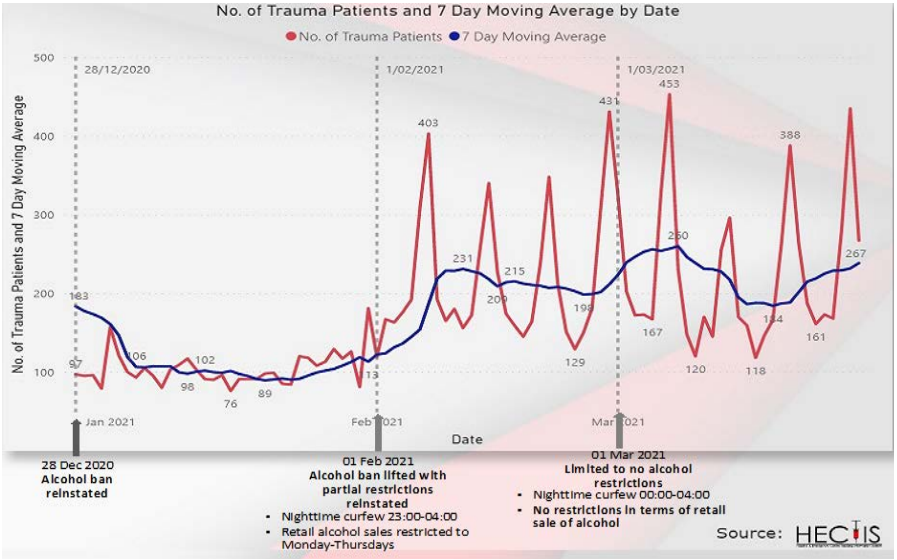


Figure 19: Number of trauma patients.

The lockdown in 2020 saw a decrease in deaths due to road traffic accidents and other accidents (all unnatural deaths excluding road traffic accidents and drownings). Shifting to less restrictive lockdown levels, and possible lockdown fatigue, has seen an increase in accidents and road traffic accidents, which increases the burden on forensic pathology services and trauma centres, (See figure 20).

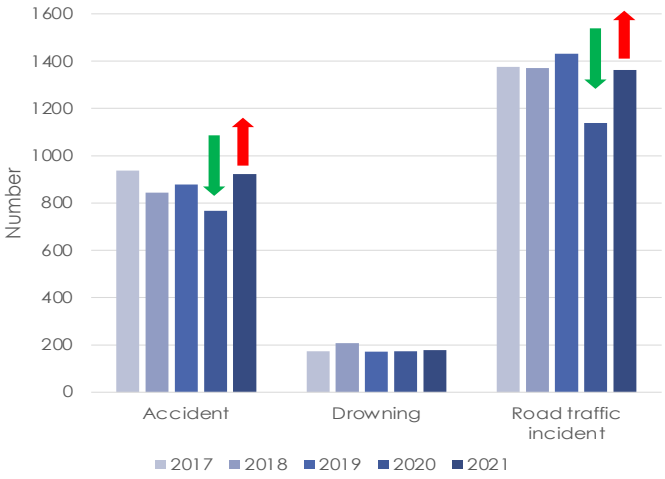


Figure 20: Number of accidents, drownings and road traffic accidents, 2017-2021.

Figure 21 shows the trauma burden over December 2021 and January 2022. There has been an ongoing high trauma burden with 25 900 trauma cases seen at 27 of the Emergency Centres in the Province. The clear trend of weekend spikes in trauma cases persists in the absence of sustainable regulation around alcohol availability. This was amplified clear over the Christmas and New Years Eve weekends, with over 900 trauma patients in a single day over both weekends. With return to normal activities, road traffic incidents are also expected to increase.

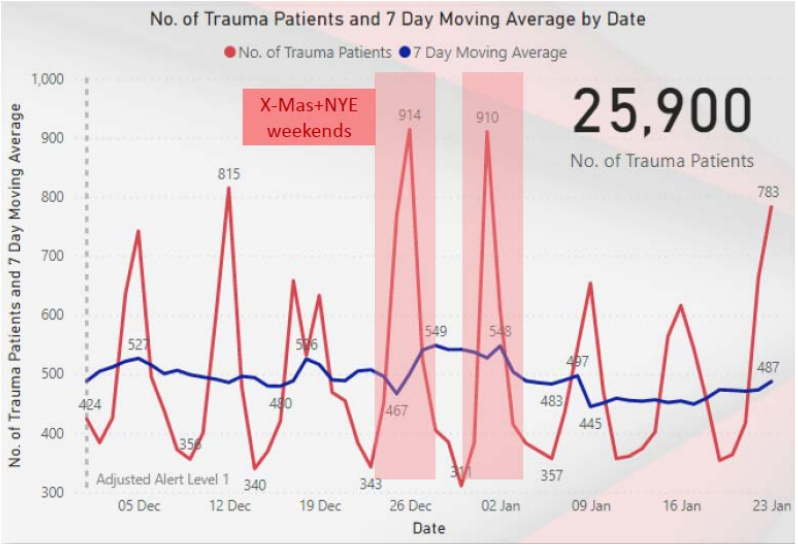


Figure 21: Trauma burden on Western Cape hospitals, December 2021-January 2022.

Surgical services

The number of surgeries performed in 2020 dropped significantly compared to previous years as elective and non-emergency surgeries were cancelled or postponed due to COVID-19 operational requirements. The result was a backlog of surgeries which had to be accommodated at a later stage. The number of surgeries performed up end of Quarter 4 in 2021 (See figure 22) are still not at the levels seen in 2018 and 2019, due successive waves of COVID-19, during which time services were once again de-escalated. Furthermore, this backlog will increase as more elective surgery requirements arise and as non-emergency surgeries which were postponed become more urgent due to deteriorating patient conditions. Delay in receiving elective surgery potentially prolongs loss of function in patients and could also result in a poorer prognosis.

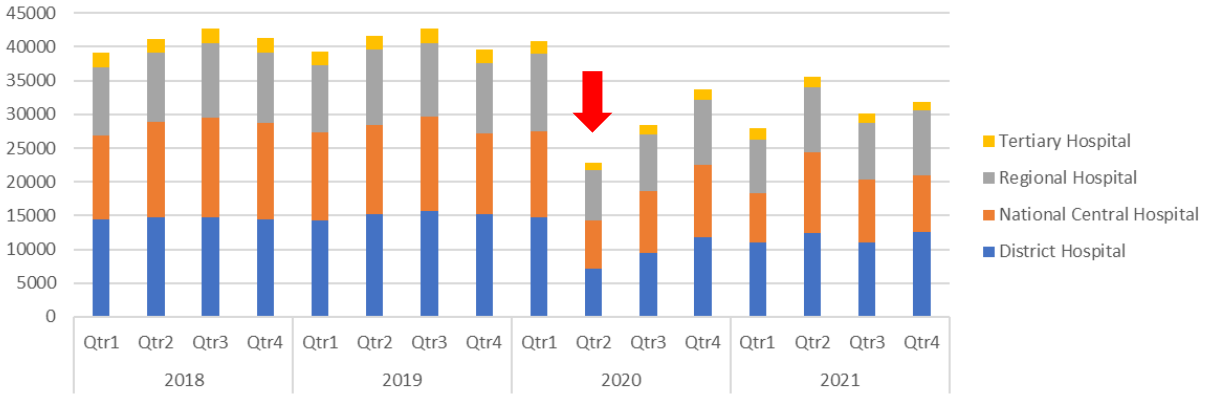


Figure 22: Total number of operations performed per quarter at Western Cape hospitals, 2018-2021.

Mental Health Services

The COVID-19 epidemic has had a profound effect on mental health illness in the entire country. The loss of employment during the epidemic has been associated with an increase in depressive symptoms among working-age people. This is more prevalent amongst male workers[21]. A survey found that the prevalence of these symptoms was 72.2 per cent among 18-35 year olds in South Africa[22]. The same study also assessed emotional well-being among youth. Nearly one third reported feeling "depressed", "as though everything was an effort", "fearful", "restless", or "lonely" in the 24 hours prior to participating in the survey. Feelings of loneliness and not being able to get going were experienced by particularly high numbers (35 per cent and 44 per cent) within the week prior to the survey.

As the epidemic progressed, workers had higher odds of experiencing depressive symptoms in October compared to June 2020, despite the easing of lockdown regulations from level 3 to level 1 over the same period[23]. Furthermore, childcare responsibility, which arose because of lockdowns (closure of schools and childcare facilities), was associated with poor mental health outcomes for the caregivers[24]. This outcome was stronger for men than for women and mediated by the effect of childcare on the caregivers' ability to work or look for work opportunities. Therefore, although lockdowns and social distancing measures were implemented to curb the transmission of the virus and ease the burden of COVID-related disease on the healthcare system, the unintended consequences of these restrictions give rise to additional mental health burden in society with implications for the health system.

Depressive symptoms were also shown to have increased amongst those in higher socio-economic groups. Specifically, when comparing self-reported depressive symptoms during COVID-19 to pre-COVID times, there was a greater concentration of these symptoms among those who are wealthier compared to those who are poorer[25]. Of significance, the proportion of survey respondents reporting depressed moods at different time points during the pandemic ranged from 24-29 per cent. However, the proportion of respondents reporting experiencing depressed mood at any point during the pandemic was 52 per cent, indicating that different people were affected over the whole period and that this number is higher than the number affected at a given point in time[26].

[21] Oyenubi, A. & Kollamparambil, U. (2020). Covid-19 and Depressive Symptoms in South Africa. National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM).
[22] Mudiriza, G. & De Lannoy, A. (2020). Youth emotional well-being during the Covid-19-related lockdown in South Africa. Southern African Labour and Development Research Unit. Working Paper Series Number 268.
[23] Benhura, M. & Magejo, P. (2021). Differences in depressive symptoms between formal and informal workers during the Covid-19 crisis: Evidence from Wave 2 and Wave 3 of NIDS CRAM.
[24] Nwosu, O. (2021). Childcare and depression during the coronavirus pandemic in South Africa: a gendered analysis.
[25] Oyenubi, A., Nwosu, O. & Kollamparambil, U. (2021). Health Indicators and Poor Health Dynamics during COVID-19 Pandemic. National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM).
[26] Hunt, X., Breet, E., Stein, D.J. & Tomlinson, M. The COVID-19 Pandemic, Hunger, and Depressed Mood Among South Africans. National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM).

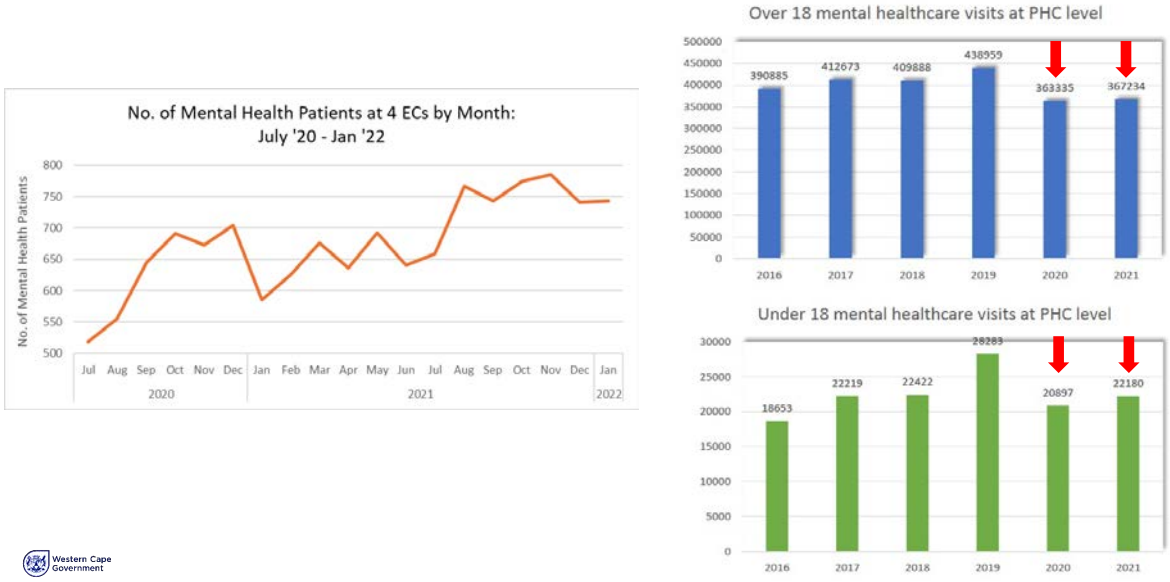


Figure 23: Mental health patients presenting at Emergency Centres at Primary Healthcare Centres.

In the Western Cape, the number of mental health patients presenting at emergency centres has increased over the period from July 2020 to January 2022 (See figure 23). At the same time, the number of mental health patients presenting at primary care level has decreased, with a noticeable drop seen in 2020 compared to 2019. This could indicate that patients experienced a barrier to primary care services and are potentially decompensating and therefore presenting at emergency centres. Suicides have also increased by about 14-15 per cent in 2021 compared to 2020 (See figure 24). This underscores the notion that the pandemic, the lockdown, or the negative economic consequences of these, has had a profound effect on the mental health of people.

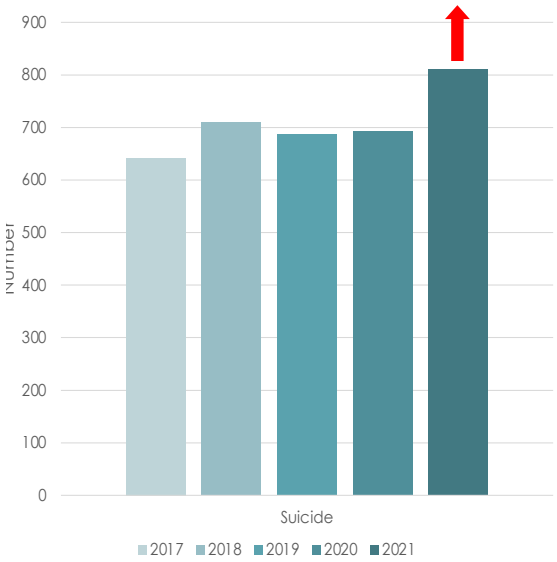


Figure 24: Number of suicides in the Western Cape, 2017-2021.

Internal Environment

Service Delivery Platform

The Western Cape health system has 586 service points, which includes 462 primary health care service points, 52 hospitals and 48 EMS stations, (See table 1[27]).

Table 1: 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	2	1			**4**
Specialised Oral Health Centre			2				**2**
Community Health Centre			10		1		**11**
Community Day Centre	5	1	47	7	1	1	**62**
Clinic	39	8	69	33	17	26	**192**
Special Clinic			4				**4**
Reproductive Health Centre			3				**3**
Dental Clinic	1		8	1			**10**
Satellite Clinic	5	3	15	15	9	23	**70**
Health Post			8	1			**9**
Mobile Service	28	7	16	20	16	14	**101**
EMS Station	10	5	4	11	8	11	**49**
Forensic Pathology Service	3	2	2	5	1	3	**16**
GRAND TOTAL	**98**	**31**	**211**	**102**	**57**	**87**	**586**

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 three 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;
- 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.

[27] Notes:
- Source: SINJANI as at 1 March 2022
- 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, 113 are run by the City of Cape Town Municipality. These include: 69 Clinics, 14 Community Day Centres, 8 Health Posts, 4 Mobile Services, 14 Satellite Clinics and 4 Special Clinics.

Governance for Health

An effective provincial response to the COVID-19 global pandemic strongly relies on the Department's ability to govern for health, as it requires collective action necessitating a whole of government, whole of society approach. Provincial government has taken collective responsibility, with all Departments working formally and informally across portfolios to stop transmission, provide optimised care for those infected, and minimise the impact on the pandemic on the health system and the people of the province. The Department plays an integral role as the health system response anchors the collective provincial government response. The COVID-19 pandemic has 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 & Culture

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. The macro re-design has been approved by the Department of Public Service and Administration (DPSA) and the Department is engaging with key stakeholders, organised labour in particular, in preparation for implemention. MEAP will influence the manner in which work is done, necessitating changes in organisational culture as the Department strives to create a people-centred health system with a social learning orientation that is enabled through dispersed leadership. MEAP has thus been coupled with leadership development initiatives, tailored to enable this culture shift. Since the inception of the WCGH Transformation Strategy, significant shifts have occurred in the organisational culture. This saw entropy levels drop from 21 per cent in 2015 to 15 per cent in 2019.

Employee Health and Wellness

COVID-19 has had a significant impact on employees. It has severely tested the resilience of health workers, the 2nd and 3rd waves being particularly trying times as health workers experienced significant levels of mental and physical exhaustion having been at the forefront of the pandemic for the last 18 months. As part of our recovery strategy, we are investing in supporting our employees through a process of healing to deal with the trauma experienced over the last year. More than 50 staff sessions in this regard have been convened to date.

Information and Communication Technology (ICT)

The ICT capability of the Department was a major game changer in the fight against COVID-19. The Provincial COVID-19 Public Dashboard enabled real time access to information on pandemic trends in the province, and not only to provincial government employees but the public at large. It enabled provincial government to be completely transparent with citizens about what was happening, building trust in government and the steps it takes to mitigate and contain the pandemic. The dashboard is a sterling example of how collaboration can spark innovative solutions, and won silver at the National New Generation Award and the African Tech Award for use of technology in the public sector. COVID-19 has taught us that being tech savvy is a significant resilience advantage and is a major enabler for data-led, evidence-based decision making. To date, the dashboard has received over 3 million hits from 166 countries.

Infrastructure Developments

One of the key objectives of infrastructure management, is to meet the desired level of service in the most cost-effective 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.

There are significant opportunities to modernise infrastructure. Over the next few years, there will be five new mega projects on the hospital platform. These are Swartland District Hospital, Belhar, Klipfontein and Helderberg Regional Hospitals, and the redeveloped Tygerberg Central Hospital. The maintenance programme of ageing infrastructure has also been identified as a risk and will be systematically prioritized.

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 25).

Figure 25: Our Reset Agenda.

In the coming year, the focus will be on recovery and resurgence as we re-establish comprehensive care provisioning in the context of managing an active pandemic. The Department has identified 6 strategies for action over the 2022 MTEF which includes three recovery strategies and three resurgence strategies. Recovery centres around service re-design with a focus on non-communicable diseases and mental health; governance re-design with the expressed purpose of enhancing the Department's ability to govern for health; and 'healthy' public policy which targets psychosocial well-being and violence and injury prevention in the province. Resurgence strategies include surveillance to enable proactive responsiveness to ensuing waves of the COVID-19 pandemic; agile health platform able to manage an active pandemic in the context of the existing burden of disease; and vaccination as the main strategy to minimize the socio-economic risks of the pandemic.

Six strategies for action over the 2022 MTEF

The six strategies for action outlined below should not viewed in isolation of each other because there is a dynamic interplay between them. The recovery strategies are informed by the lessons we have learnt from the pandemic, in particular our resurgence response, with a commitment to building back a more resilient health system. Surveillance is key to tracking the emergence and confirmation of the endemic phase of COVID-19. It provides the foundation for the health system's ability to be responsiveness to changing health needs as we recover.

Recovery

Strategy 1: Service re-design

Service re-design is focussed on making health services person-centric with greater capability for health promotion and prevention, delivered by interdisciplinary teams, responsible for a defined geographic area. Placing people at the heart of the health system requires a human-centred service design approach that should drive improvements in effectiveness, quality, efficiency, and equity while optimising care where people live, learn, work, socialise and access services. Area-based partnerships will deliver person-centred care by joining up and coordinating services around people's needs. This will particularly focus on understanding how care pathways are experienced from a person perspective instead of an organisational perspective. These insights can play an important role in driving the development of new care delivery models, to respond to the changing priorities and needs of the local population, supporting the shift to person-centric and preventative approaches to care. Innovative technology and telehealth modalities will be leveraged to do business differently including improve access and delivering care beyond the walls of our health facilities.

The first 1000 days (FTD) is an apex priority of the provincial strategic plan 2019/24 as it is a cross cutting priority, with particular implications for the safety and wellbeing components of the provincial recovery plan. The nurturing care framework grounds FTD initiatives in the province with a focus on nutrition, responsive caregiving and opportunities for early learning. Specific activities include conducting a baseline stunting survey, a parent/caregiver package of support, and a series of interventions to support early childhood development initiatives, in local communities.

Poor mental wellbeing, highlighted by the COVID epidemic, is not limited to people with a psychosocial disability only, anyone can experience poor mental health when stressors become overwhelming. Our response needs to shift from pathologising or over-medicalising what we mean by mental health and recognise the need for both medical and community approaches to protect and nurture our psychosocial wellbeing. There is a need to build the resilience of people, both those with existing mental health challenges and those without, to live well in times of high stress. This calls for the re-design of mental health services not only within the health system but also the broader social care system.

Other key efforts for the safety component of the provincial recovery plan includes an integrated law enforcement and violence prevention response; a geographical hot spot approach; and data lead, evidence informed decision-making. Our intention is to accelerate the roll-out and implementation of the Hospital & Emergency Centre Tracking Information System (HECTIS), an electronic tool to track the number and movement of patients through the Emergency Centre. The triage functionality in HECTIS is the most effective way to assess people entering the emergency units across the province using the same criteria, irrespective of funding capability or type of emergency. It also helps to prioritise treatment and distribute the workload for better use of resources. The interoperability and effective information sharing functionalities play a pivotal role with decision support during the patient's journey.

Strategy 2: Governance re-design

It is important to pay attention to both the structural and relational dimensions of governance as the health system's ability to learn, to inspire trust, to cope with uncertainty and to manage interdependence; is primarily dependent on what happens between people. Good governance is reliant on the existence of a reasonable level of public trust in the system, which is created through the relationships involved in the governance processes for health and the debates around how it operates. Governance re-design is thus focussed on building legitimate institutions that are socially relevant and contextually adaptable.

Health outcomes are influenced by social, political, cultural, environmental, economic, and demographic factors as well as the community dynamics and networks where we live. Local characteristics that will influence the health status of those that live and work in an area include factors such as social capital, physical infrastructure, basic services, overcrowding, safety & security, deprivation, unemployment, age, ethnicity, and gender. Multi-agency partnerships involving a broad range of stakeholders will be able to draw on a wider range of levers to influence health outcomes in local areas.

Strategy 3: 'Healthy' public policy

Advocating for 'healthy' public policies in the province requires an investment in the health promotion capability of the health system and the stewardship capability of leaders at every level of the health system. For health to become everybody's business the whole of government needs to understand the intrinsic link between health and the broader socio-economic factors that drive sustainable development. 'Healthy' public policy initiatives will be primarily focused on evidence-informed policy levers, to address the key social determinants of health (both proximal and distal), as it relates to the quadruple burden of disease. The more distal, the more common the underlying root causes are, and the more fundamental the policy reforms to address societal inequalities.

The data collected via HECTIS will be incorporated into the Cardiff Violence Prevention Model and will assist the province to gain a clearer indication of where violence is occurring by combining and mapping both hospital and law enforcement agency data. This will inform interventions and violence prevention strategies including the titration of law enforcement capacity to hotspot areas. A dedicated Violence Prevention Unit will be established and be responsible for identifying and designing interventions to reduce violence in communities through evidence-based public health strategies. We will leverage the whole of society approach to implementing these initiatives.

In building forward, we need to leverage off the lesson's COVID-19 has taught us about how we can enhance our responsiveness to the mental health needs of the people we serve. The necessary interventions to positively influence the environmental and personal drivers of poor mental health, including amongst others hunger, food insecurity and unemployment, cannot be addressed by the health system alone, they require a whole of government response. It calls for an integrated, joined up, collaborative whole of government, whole of society approach. Exploring how we've coped, found meaning and connection during the pandemic may help us to find new ways to build collective resilience.

Resurgence

Effectively managing ensuing COVID-19 surges in the context of the quadruple burden of disease is contingent on adequate vaccination coverage as it mitigates against severe disease and the consequent inpatient care pressures. This coupled with surveillance and a health system which by design is agile, allows for a more nuanced titration in future waves, without the need to down-scale other essential services.

Strategy 4: Surveillance

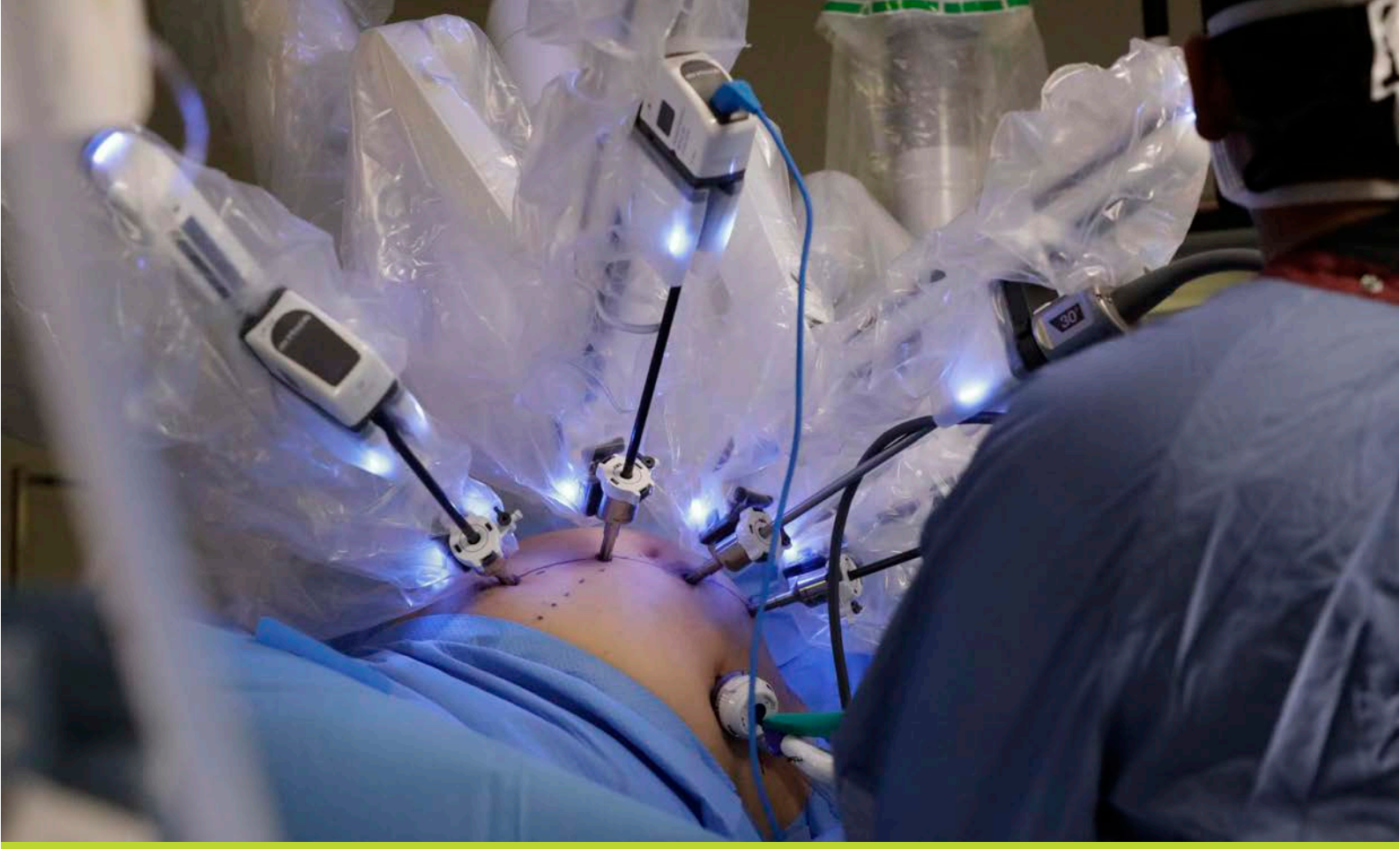
Surveillance enables a better understanding of infection risk, likelihood of a resurgence (based on regional baseline seroprevalence after the most recent wave) and potential impact on the health service platform in the presence of rising COVID-19 admissions. Effective surveillance allows for rapid detection, testing, appropriate escalation, and management of high-risk cases; guidance of implementation and adjustment of targeted control measures, while enabling safe resumption of economic and social activities. The surveillance strategy has shifted from containment to a mitigation paradigm. This involves close epidemic surveillance of hospital pressures such as the 7-day moving average of hospital admissions and the percentage increases in hospital oxygen use, as indicators of resurgence and the start of a new wave. Central to this is genomic surveillance to identify new variants which could possibly drive a new wave. An agile system of surveillance huddles that connect the centre with the local sub districts, districts and hospitals to sustain a robust system of vigilance will be maintained.

Strategy 5: An agile health platform

A health platform that is agile and able to expand and contract in line with the COVID-19 care demand will be strengthened. This means that at times of high COVID-19 demand other health services might have to be scaled down; this is particularly true in the context of hospital bed availability. This agility is enabled not only by flexible infrastructural arrangements but also by evidence-informed, data-led decision-making at the clinical coalface. The department has embraced a geographic based approach and the COVID-19 care continuum is thus organised accordingly with aligned governance arrangements.

Strategy 6: Vaccination programme

Vaccination against COVID-19 is a key lever in the fight against the pandemic. Vaccines protect against severe disease, hospitalisation, and death due to COVID-19 and are therefore pivotal in mitigating against the negative effects on the health care system, the economy and society. The vaccination programme has a three-pronged approach, namely promoting equity (through increasing access to vaccination sites); creating vaccine demand (through countering misinformation and focussing on vulnerable groups); and having a targeted approach focussing on areas and age categories where uptake is low (through tailoring modes of delivery to meet the needs of communities).



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

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		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Not required to report		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 three years, a first for a provincial department of health. 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, 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[28]

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
1. Office of the MEC	7 925	8 103	8 084	8 946	9 071	9 071	**9 301**	2.54	8 920	9 026
2. Management	758 181	752 157	1 175 267	1 512 934	1 583 451	1 583 451	**1 409 916**	(10.96)	1 050 309	1 094 702
Total payments and estimates	766 106	760 260	1 183 351	1 521 880	1 592 522	1 592 522	**1 419 217**	(10.88)	1 059 229	1 103 728

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Current payments	649 179	676 374	1 025 970	1 364 785	1 407 758	1 407 741	**1 090 101**	(22.56)	894 034	941 126
Compensation of employees	340 271	359 156	369 242	395 675	412 838	412 838	**440 550**	6.71	413 957	423 287
Goods and services	308 908	317 218	656 728	969 110	994 920	994 903	**649 551**	(34.71)	480 077	517 839
Transfers and subsidies to	66 987	69 803	135 578	137 122	134 522	134 522	**302 474**	124.85	144 819	141 505
Departmental agencies and accounts	469	500	854	594	594	594	**619**	4.21	619	619
Households	66 518	69 303	134 724	136 528	133 928	133 928	**301 855**	125.39	144 200	140 886
Payments for capital assets	49 940	13 938	21 803	19 973	50 242	50 256	**26 642**	(46.99)	20 376	21 097
Machinery and equipment	49 911	13 910	21 803	19 973	50 242	50 242	**26 642**	(46.97)	20 376	21 097
Software and other intangible assets	29	28				14		(100.00)		
Payments for financial assets		145				3		(100.00)		
Total economic classification	766 106	760 260	1 183 351	1 521 880	1 592 522	1 592 522	**1 419 217**	(10.88)	1 059 229	1 103 728

[28] Sub-programme 1.1: MEC total remuneration package: R1 977 795 with effect from 1 April 2020.

Sub-programme 1.2: 2022/23: National conditional grant: National Tertiary Services: R8 135 000 (Compensation of employees R5 871 000, Goods and services R552 000 and Payments for capital assets R1 712 000).

Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main appro-priation	Adjusted appro-priation	Revised estimate		% Change from Revised estimate		
	2018/19	2019/20	2020/21	2021/22	2021/22	2021/22	2022/23	2021/22	2023/24	2024/25
Transfers and subsidies to (Current)	66 987	69 803	135 578	137 122	134 522	134 522	**302 474**	124.85	144 819	141 505
Departmental agencies and accounts	469	500	854	594	594	594	**619**	4.21	619	619
Departmental agencies (non-business entities)	469	500	854	594	594	594	**619**	4.21	619	619
Other										
Households	66 518	69 303	134 724	136 528	133 928	133 928	**301 855**	125.39	144 200	140 886
Social benefits	4 972	9 263	3 190	11 226	11 226	11 226	**11 697**	4.20	11 697	11 697
Other transfers to households	61 546	60 040	131 534	125 302	122 702	122 702	**290 158**	136.47	132 503	129 189

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[29]

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

[29] These services are reported under Sub-Programme 7.3: Forensic Pathology Services

Sub-Programme 2.9. District Hospitals

Rendering of a district hospital service at sub-district level

Sub-Programme 2.10. Global Fund

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

Outcomes, Outputs, Performance Indicators & Targets

District Health System[30]

OUTCOME	A PROVINCIAL HEALTH SYSTEM THAT BY DESIGN SUPPORTS WELLNESS

OUTPUT	Service Re-design

INDICATOR **Management endorsed prevention strategy by 2022/23**

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
New Indicator			Draft Completed	Endorsed Strategy	-	-

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE

OUTPUT	Technically efficient provincial health system

INDICATOR **Patient Experience of Care satisfaction rate**

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
New Indicator			Not required to report	80.5%	80.5%	80.5%
N				24 720	25 740	26 406
D				30 694	31 974	32 804

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

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
94.3%	93.4%	92.6%	97.9%	98.0%	98.1%	98.7%
N 1 643	1 334	983	977	943	911	850
D 1 742	1 429	1 061	998	962	929	861

[30] Notes:
- The following indicator, reported in Programme 2, refers to performance on the Primary Health Care and District Hospital platforms: Client satisfaction survey satisfaction rate.
- The following indicators, reported in Programme 2, refer to performance on the Primary Health Care and District Hospital platforms: Patient Safety Incident (PSI) case closure rate and Severity assessment code (SAC) 1 Incidents reported within 24 hours rate

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	55.5%	59.4%	64.0%	58.8%	78.1%	81.9%	85.1%
N	101	19	48	40	57	59	57
D	182	32	75	68	73	72	67

INDICATOR **Ideal clinic status obtained rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	68.8%	76.3%	58.1%	56.7%	79.1%	67.7%	70.0%
N	181	203	154	186	208	216	223
D	263	266	265	263	263	263	263

Primary Health Care

OUTCOME **ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH**

OUTPUT **Women's health services**

INDICATOR **Antenatal 1st visit before 20 weeks rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	70.3%	71.9%	70.6%	72.4%	73.6%	74.3%	75.0%
N	72 593	80 989	75 756	76 910	79 760	81 522	83 374
D	103 241	112 718	107 250	106 216	108 318	109 726	111 174

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	59.6%	62.0%	55.4%	58.6%	62.8%	63.9%	65.2%
N	57 410	62 058	55 985	57 848	62 681	64 435	66 344
D	96 249	100 151	101 055	98 662	99 765	100 905	101 805

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	11.4%	11.3%	11.0%	11.1%	10.7%	10.6%	10.4%
N	10 938	11 360	11 155	10 940	10 676	10 660	10 627
D	96 249	100 151	101 055	98 662	99 765	100 905	101 805

INDICATOR **Couple year protection rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	73.6%	62.6%	48.3%	53.4%	57.9%	59.4%	60.9%
N	1 360 609	1 175 237	922 098	1 035 167	1 142 710	1 179 633	1 218 472
D	1 847 504	1 876 409	1 907 810	1 938 053	1 972 454	1 986 365	2 001 146

INDICATOR **Maternal Mortality in facility Ratio**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	69.2	47.1	78.3	70.7	69.9	67.2	63.6
N	69	49	82	74	74	72	69
D	0.997	1.040	1.047	1.047	1.059	1.072	1.085

Output	Child health services

INDICATOR **Infant 1st PCR test positive at birth rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	New indicator		0.8%	0.7%	0.8%	0.7%	0.7%
N			132	130	132	129	125
D			16 857	17 381	17 547	17 714	17 877

INDICATOR **Infant PCR test positive around 10 weeks rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	0.3%	0.2%	0.3%	0.4%	0.5%	0.5%	0.4%
N	36	23	47	63	72	68	65
D	12 074	13 925	14 404	14 460	14 607	14 763	14 914

INDICATOR **Immunisation under 1 year coverage**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	78.8%	82.2%	82.9%	84.7%	86.0%	86.5%	86.9%
N	88 335	91 377	91 343	93 189	96 077	97 200	98 338
D	112 131	111 145	110 196	110 015	111 776	112 411	113 163

INDICATOR **Measles 2nd dose coverage**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	74.5%	77.4%	78.1%	81.1%	82.5%	83.1%	83.6%
N	83 974	86 800	86 926	89 730	91 037	92 044	93 097
D	112 704	112 075	111 304	110 600	110 397	110 797	111 392

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	49.9%	51.7%	41.5%	48.4%	50.0%	50.8%	51.6%
N	455 226	470 469	376 291	432 195	455 757	462 698	470 158
D	912 910	910 232	906 788	893 712	912 032	910 600	910 962

INDICATOR **Neonatal death in facility rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	9.3	8.5	8.7	8.1	7.8	7.6	7.3
N	889	847	870	801	784	771	756
D	95.9	99.93	100	99.37	100.53	101.74	102.98

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	65.2%	66.2%	62.3%	59.0%	62.7%	64.8%	67.2%
N	585	511	480	415	447	462	479
D	897	772	770	703	713	713	713

INDICATOR **ART child viral load suppressed rate (12 months)**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	75.1%	68.5%	71.4%	70.7%	71.8%	74.5%	75.7%
N	286	196	175	176	183	190	193
D	381	286	245	249	255	255	255

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		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	59.6%	57.9%	56.3%	55.4%	57.2%	58.7%	60.3%
N	28 924	25 190	22 177	18 679	19 570	20 165	20 817
D	48 535	43 479	39 403	33 696	34 202	34 361	34 523

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	92.7%	92.3%	91.2%	91.3%	92.4%	92.8%	93.2%
N	18 013	12 368	10 845	9 898	10 314	10 397	10 481
D	19 431	13 402	11 886	10 836	11 160	11 203	11 247

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	2.0%	Data not reported	1.7%	1.5%	1.5%	1.5%	1.4%
N	9 581		5 224	5 823	5 808	5 793	5 769
D	489 632		304 028	388 288	391 912	395 747	399 625

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	3.9%	3.8%	3.9%	3.5%	3.5%	3.4%	3.3%
N	1 630	1 685	1 550	1 514	1 509	1 506	1 498
D	41 532	44 077	40 240	42 831	43 465	44 151	44 803

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	11.1%	17.7%	18.6%	16.1%	13.7%	13.3%	12.9%
N	4 620	7 811	7 468	6 909	5 953	5 872	5 792
D	41 532	44 077	40 240	42 831	43 465	44 151	44 803

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	79.2%	77.3%	76.5%	79.1%	81.0%	81.4%	82.0%
N	32 886	34 084	30 769	33 885	35 207	35 958	36 751
D	41 532	44 077	40 240	42 831	43 465	44 151	44 803

District Hospitals[31]

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		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	11.3%	11.2%	11.0%	11.4%	11.1%	10.8%	10.5%
N	4 068	4 146	4 227	4 375	4 327	4 281	4 236
D	35 903	37 111	38 567	38 395	39 055	39 738	40 443

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
N	2	2	2	4	4	3	3
D	4 004	3 269	2 154	3 163	3 139	3 117	3 097

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

[31] Notes:
- The following indicators, reported in Programme 2, refer to performance on the District Hospital platform only: Child under 5 years diarrhoea case fatality rate, Child under 5 years pneumonia case fatality rate, Severe acute malnutrition deaths under 5 years rate and Deaths under 5 against live birth rate.
- The following indicator, reported in Programme 2, refers to performance on the District Hospital Platform: Complaint resolution within 25 working days rate.
- The following indicators, reported in Programme 2, refer to performance on the District Hospital platform only: Average length of stay and Inpatient bed utilization rate

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
N	4	9	7	7	7	6	6
D	8 583	7 657	4 998	6 982	6 770	6 634	6 530

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	New Indicator			Not required to report	7.9%	5.4%	4.1%
N					6	4	3
D					76	74	73

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	1.3%	1.1%	1.1%	1.3%	1.2%	1.1%	1.1%
N	1 207	1 106	1 150	1 222	1 194	1 127	1 089
D	95 915	99 923	100 482	97 400	99 226	100 100	100 861

OUTCOME A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM THAT IS FOR PEOPLE

OUTPUT Technically efficient provincial health system

INDICATOR **Complaint resolution within 25 working days rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	89.7%	90.3%	88.6%	90.7%	91.9%	92.1%	92.6%
N	1 068	1 071	575	637	627	618	598
D	1 190	1 186	649	702	682	671	646

OUTPUT Accessible health services

INDICATOR **Average length of stay**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	3.4	3.4	3.5	3.4	3.4	3.4	3.4
N	984 631	983 215	863 124	935 021	940 196	949 931	960 358
D	288 199	288 405	245 553	271 539	273 872	278 155	282 493

INDICATOR **Inpatient bed utilization rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	91.4%	90.6%	78.5%	85.2%	86.7%	87.6%	88.6%
N	984 631	983 215	863 124	935 021	940 196	949 931	960 358
D	1 077 416	1 084 747	1 099 561	1 097 492	1 084 181	1 084 181	1 084 181

Output indicators – Annual & Quarterly Targets

District Health System

Patient Experience of Care satisfaction rate					
Annual Target		Q1	Q2	Q3	Q4
80.5%					80.5%
Numerator	24 720				24 720
Denominator	30 694				30 694
Patient Safety Incidence (PSI) case closure rate					
Annual Target		Q1	Q2	Q3	Q4
98.0%		97.1%	97.7%	97.9%	98.0%
Numerator	943	235	477	709	943
Denominator	962	242	488	724	962
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Annual Target		Q1	Q2	Q3	Q4
78.1%		78.9%	79.5%	78.6%	78.1%
Numerator	57	15	31	44	57
Denominator	73	19	39	56	73
Ideal clinic status obtained rate					
Annual Target		Q1	Q2	Q3	Q4
79.1%					79.1%
Numerator	208				208
Denominator	263				263

Primary Health Care

Antenatal 1st visit before 20 weeks rate					
Annual Target		Q1	Q2	Q3	Q4
73.6%		73.0%	74.3%	73.8%	73.6%
Numerator	79 760	17 208	39 273	58 733	79 760
Denominator	108 318	23 565	52 861	79 617	108 318

Mother postnatal visit within 6 days rate					
Annual Target		Q1	Q2	Q3	Q4
62.8%		62.8%	62.8%	62.8%	62.8%
Numerator	62 681	15 396	31 089	46 778	62 681
Denominator	99 765	24 527	49 503	74 472	99 765

Delivery 10 - 19 years in facility rate					
Annual Target		Q1	Q2	Q3	Q4
10.7%		10.4%	10.9%	10.9%	10.7%
Numerator	10 676	2 559	5 385	8 123	10 676
Denominator	99 765	24 527	49 503	74 472	99 765

Couple year protection rate					
Annual Target		Q1	Q2	Q3	Q4
57.9%		58.5%	59.2%	56.9%	57.9%
Numerator	1 142 710	281 546	571 092	856 943	1 142 710
Denominator	1 972 454	481 280	964 698	1 506 605	1 972 454

Maternal Mortality in facility Ratio					
Annual Target		Q1	Q2	Q3	Q4
69.9					69.9
Numerator	74				74
Denominator	1.059				1.059

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	132	33	67	107	132
Denominator	17 547	4 343	8 770	13 159	17 547

Infant PCR test positive around 10 weeks rate				
Annual Target	Q1	Q2	Q3	Q4
0.5%	0.5%	0.5%	0.5%	0.5%
Numerator 72	16	36	54	72
Denominator 14 607	3 249	7 417	10 822	14 607

Immunisation under 1 year coverage				
Annual Target	Q1	Q2	Q3	Q4
86.0%	89.0%	86.1%	85.9%	86.0%
Numerator 96 077	23 675	47 269	71 417	96 077
Denominator 111 776	26 598	54 905	83 125	111 776

Measles 2nd dose coverage				
Annual Target	Q1	Q2	Q3	Q4
82.5%	87.7%	83.2%	82.7%	82.5%
Numerator 91 037	22 430	44 784	67 667	91 037
Denominator 110 397	25 565	53 827	81 777	110 397

Vitamin A dose 12 – 59 months coverage				
Annual Target	Q1	Q2	Q3	Q4
50.0%	58.7%	52.9%	50.9%	50.0%
Numerator 455 757	112 046	223 648	338 300	455 757
Denominator 912 032	190 808	422 884	665 162	912 032

Neonatal death in facility rate				
Annual Target	Q1	Q2	Q3	Q4
7.80	7.85	7.83	7.81	7.80
Numerator 784	199	397	591	784
Denominator 100.53	25.36	50.68	75.70	100.53

ART adult remain in care rate (12 months)				
Annual Target	Q1	Q2	Q3	Q4
57.2%	57.2%	57.2%	57.2%	57.2%
Numerator 19 570	4 893	9 786	14 679	19 570
Denominator 34 202	8 551	17 102	25 653	34 202

Adult viral load suppressed rate (12 months)				
Annual Target	Q1	Q2	Q3	Q4
92.4%	92.5%	92.5%	92.5%	92.4%
Numerator 10 314	2 580	5 160	7 740	10 314
Denominator 11 160	2 789	5 578	8 367	11 160

ART child remain in care rate (12 months)					
	Annual Target	Q1	Q2	Q3	Q4
	62.7%	63.1%	63.1%	63.1%	62.7%
Numerator	447	113	226	339	447
Denominator	713	179	358	537	713

ART child viral load suppressed rate (12 months)					
	Annual Target	Q1	Q2	Q3	Q4
	71.8%	72.3%	72.3%	72.3%	71.8%
Numerator	183	47	94	141	183
Denominator	255	65	130	195	255

HIV positive 15-24 years (excl ANC) rate					
	Annual Target	Q1	Q2	Q3	Q4
	1.5%	1.5%	1.5%	1.5%	1.5%
Numerator	5 808	1 448	2 914	4 361	5 808
Denominator	391 912	96 982	195 893	293 913	391 912

All DS-TB Client Death Rate					
	Annual Target	Q1	Q2	Q3	Q4
	3.5%				3.5%
Numerator	1 509				1 509
Denominator	43 465				43 465

All DS-TB client LTF rate					
	Annual Target	Q1	Q2	Q3	Q4
	13.7%	13.5%	13.7%	13.7%	13.7%
Numerator	5 953	1 465	2 977	4 466	5 953
Denominator	43 465	10 866	21 732	32 598	43 465

All DS-TB Client Treatment Success Rate					
	Annual Target	Q1	Q2	Q3	Q4
	81.0%	79.8%	81.0%	81.0%	81.0%
Numerator	35 207	8 666	17 597	26 405	35 207
Denominator	43 465	10 866	21 732	32 598	43 465

District Hospitals

Live birth under 2500g in facility rate					
Annual Target		Q1	Q2	Q3	Q4
11.1%		10.7%	10.9%	11.0%	11.1%
Numerator	4 327	1 026	2 103	3 195	4 327
Denominator	39 055	9 620	19 250	28 963	39 055

Child under 5 years diarrhoea case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
0.1%		0.0%	0.0%	0.0%	0.1%
Numerator	4	0	0	1	4
Denominator	3 139	680	1 380	2 167	3 139

Child under 5 years pneumonia case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
0.1%		0.0%	0.0%	0.0%	0.1%
Numerator	7	0	1	2	7
Denominator	6 770	1 337	3 151	5 163	6 770

Child under 5 years severe acute malnutrition case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
7.9%		15.8%	12.8%	10.3%	7.9%
Numerator	6	3	5	6	6
Denominator	76	19	39	58	76

Death under 5 years against live birth rate					
Annual Target		Q1	Q2	Q3	Q4
1.2%		1.2%	1.3%	1.2%	1.2%
Numerator	1 194	295	628	894	1 194
Denominator	99 226	24 807	49 614	74 419	99 226

Complaint resolution within 25 working days rate					
Annual Target		Q1	Q2	Q3	Q4
91.9%		91.9%	92.4%	91.7%	91.8%
Numerator	627	158	158	155	156
Denominator	682	172	171	169	170

Average length of stay					
Annual Target		Q1	Q2	Q3	Q4
3.4		3.4	3.4	3.4	3.5
Numerator	940 196	217 169	234 696	247 580	240 751
Denominator	273 872	63 446	68 334	72 783	69 309
Inpatient bed utilization rate					
Annual Target		Q1	Q2	Q3	Q4
86.7%		80.1%	86.6%	91.3%	88.8%
Numerator	940 196	217 169	234 696	247 580	240 751
Denominator	1 084 181	271 046	271 045	271 046	271 044

Explanation of planned programme performance over the medium-term

The Department intends to significantly invest in the development of its district health services, in particular the re-design of the Primary Health Care (PHC) and general specialist components of the care continuum. This is critical if the provincial health system is to shift from being cure focused to wellness focused. A wellness focused health system that manages people with long-term conditions, like HIV/AIDS, Tuberculosis and non-communicable diseases, will ensure people live longer and healthier lives in 2025. Women's health and child health services remain priorities for programme 2 as we want children in the province to flourish and to do so they need healthy mothers. The technical efficiencies and accessibility of district health service ensure a seamless experience for users, critical for a high-performance health system that is for people. In line with UHC Strategy 20/25 the Department is pursuing several interventions to enhance efficiencies and access to care.

Programme Resource Considerations

Summary of payments and estimates[32]

Sub-programme R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate			
	Audited	Audited	Audited					% Change from Revised estimate		
	2018/19	2019/20	2020/21	2021/22	2021/22	2021/22	2022/23	2021/22	2023/24	2024/25
1. District Management	444 106	433 039	386 850	406 957	420 542	420 542	**436 616**	3.82	397 193	403 284
2. Community Health Clinics	1 305 678	1 444 792	1 541 514	1 553 943	1 586 072	1 586 072	**1 633 746**	3.01	1 583 432	1 603 665
3. Community Health Centres	2 145 480	2 349 089	2 395 152	2 580 247	2 677 090	2 677 090	**2 720 384**	1.62	2 598 827	2 639 029
4. Community Based Services	227 339	268 757	224 574	247 566	249 526	249 526	**475 608**	90.60	472 984	483 546
5. Other Community Services				1	1	1	**198 475**		1	1
6. HIV/Aids	1 607 733	1 771 779	2 513 764	2 239 197	2 285 946	2 285 946	**1 944 318**	(14.94)	1 922 836	2 009 188
7. Nutrition	50 153	51 123	52 622	57 048	58 366	58 366	**60 226**	3.19	59 491	60 396
8. Coroner Services				1	1	1	**1**		1	1
9. District Hospitals	3 457 401	3 745 781	4 270 164	4 081 057	4 265 722	4 265 722	**4 513 060**	5.80	4 099 053	4 224 880
10. Global Fund	90 862	39 327	79	1	1	1	**1**		1	1
Total payments and estimates	**9 328 752**	**10 103 687**	**11 384 719**	**11 166 018**	**11 543 267**	**11 543 267**	**11 982 435**	**3.80**	**11 133 819**	**11 423 991**

Earmarked priority allocation:

Included in Sub-programme 2.3 is earmarked allocations for:

Provincialisation of CoCT PPHC Services: R18 094 000 (2022/23), R19 665 000 (2023/24) and R20 550 000 (2024/25);

Payments and estimates by economic classification

Economic classification R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate			
	Audited	Audited	Audited					% Change from Revised estimate		
	2018/19	2019/20	2020/21	2021/22	2021/22	2021/22	2022/23	2021/22	2023/24	2024/25
Current payments	8 146 720	8 843 643	10 016 678	9 789 833	10 109 941	10 107 861	**10 517 109**	4.05	9 685 910	9 945 370
Compensation of employees	5 032 114	5 533 601	5 915 546	6 050 475	6 365 952	6 365 952	**6 520 440**	2.43	5 836 832	5 978 396
Goods and services	3 114 606	3 310 042	4 101 132	3 739 358	3 743 989	3 741 909	**3 996 669**	6.81	3 849 078	3 966 974
Transfers and subsidies to	1 050 684	1 142 087	1 229 676	1 280 307	1 298 789	1 300 401	**1 346 612**	3.55	1 332 484	1 364 150
Provinces and municipalities	549 646	592 756	629 012	659 361	660 111	660 111	**685 086**	3.78	681 289	695 356
Departmental agencies and accounts		26								
Non-profit institutions	485 024	531 289	582 325	600 399	617 181	617 181	**639 002**	3.54	629 306	646 716
Households	16 014	18 016	18 339	20 547	21 497	23 109	**22 524**	(2.53)	21 889	22 078
Payments for capital assets	128 668	116 346	134 151	95 878	134 537	134 537	**118 714**	(11.76)	115 425	114 471
Buildings and other fixed structures			17 345			41		(100.00)		
Machinery and equipment	128 329	114 895	116 350	95 854	134 513	134 472	**110 714**	(17.67)	108 425	108 471
Software and other intangible assets	339	1 451	456	24	24	24	**8 000**	33 233.33	7 000	6 000
Payments for financial assets	2 680	1 611	4 214			468		(100.00)		
Total economic classification	9 328 752	10 103 687	11 384 719	11 166 018	11 543 267	11 543 267	**11 982 435**	3.80	11 133 819	11 423 991

[32] Sub-programme 2.2 and 2.9: 2022/23: National conditional grant: National Health Insurance – R41 609 000 (Compensation of employees).

Sub-programme 2.4; 2.5 and 2.6: 2022/23: National conditional grant: District Health Programmes – R2 268 294 000 (Compensation of employees R777 430 000, Goods and services R855 410 000, Transfers and Subsidies R634 358 000 and Payments for capital assets R1 096 000).

Sub-programmes 2.3 and 2.9: 2022/23: National conditional grant: Human Resources and Training: R245 873 000 (Compensation of employees).

Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Transfers and subsidies to (Current)	1 050 684	1 142 087	1 229 676	1 280 307	1 298 789	1 300 401	**1 346 612**	3.55	1 332 484	1 364 150
Provinces and municipalities	549 646	592 756	629 012	659 361	660 111	660 111	**685 086**	3.78	681 289	695 356
Municipalities	549 646	592 756	629 012	659 361	660 111	660 111	**685 086**	3.78	681 289	695 356
Municipal bank accounts	549 646	592 756	629 012	659 361	660 111	660 111	**685 086**	3.78	681 289	695 356
Departmental agencies and accounts		26								
Departmental agencies (non-business entities)		26								
Other										
Non-profit institutions	485 024	531 289	582 325	600 399	617 181	617 181	**639 002**	3.54	629 306	646 716
Households	16 014	18 016	18 339	20 547	21 497	23 109	**22 524**	(2.53)	21 889	22 078
Social benefits	15 238	17 871	18 187	19 965	20 915	22 231	**21 921**	(1.39)	21 286	21 475
Other transfers to households	776	145	152	582	582	878	**603**	(31.32)	603	603

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[33]

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		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	46.8%	37.5%	36.2%	32.5%	36.0%	38.0%	40.0%
N	57 769	42 883	33 651	8 999	9 420	10 142	10 890
D	123 553	114 330	93 081	27 648	26 167	26 690	27 224

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	Not required to report	66.7%	65.7%	60.9%	62.0%	64.0%	66.0%
N		72 858	61 178	16 830	16 224	17 082	17 968
D		109 293	93 081	27 648	26 167	26 690	27 224

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	Not required to report	88.0%	88.1%	84.2%	86.0%	88.0%	90.0%
N		8 691	6 911	2 093	1 945	2 030	2 118
D		9 871	7 846	2 487	2 262	2 307	2 353

[33] The definitions for indicators reported in Programme 3 changed from cumulative-year-end in 2020/21 to non-cumulative in 2021/22.

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

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Not required to report	55.2%	55.8%	51.8%	54.0%	56.0%	58.0%
N	339 963	311 801	77 521	81 645	86 362	91 235
D	616 350	558 723	149 752	151 194	154 217	157 302

Output indicators – Annual & Quarterly Targets

EMS P1 urban response under 15 minutes rate					
Annual Target		Q1	Q2	Q3	Q4
36.0%		36.0%	36.0%	36.0%	36.0%
Numerator	9 420	9 420	9 420	9 420	9 420
Denominator	26 167	26 167	26 167	26 167	26 167
EMS P1 urban response under 30 minutes rate					
Annual Target		Q1	Q2	Q3	Q4
62.0%		62.0%	62.0%	62.0%	62.0%
Numerator	16 224	16 224	16 224	16 224	16 224
Denominator	26 167	26 167	26 167	26 167	26 167
EMS P1 rural response under 60 minutes rate					
Annual Target		Q1	Q2	Q3	Q4
86.0%		86.0%	86.0%	86.0%	86.0%
Numerator	1 945	1 945	1 945	1 945	1 945
Denominator	2 262	2 262	2 262	2 262	2 262
EMS incident mission time under 120 minutes rate					
Annual Target		Q1	Q2	Q3	Q4
54.0%		54.0%	54.0%	54.0%	54.0%
Numerator	81 645	81 645	81 645	81 645	81 645
Denominator	151 194	151 194	151 194	151 194	151 194

Explanation of planned programme performance over the medium-term

EMS is key to the performance of the health system as it enables access to care. The focus for Programme 3 is in improving its responsiveness. The focus on the coming 5 years is on enhancing the accessibility of EMS in striving to become a high-performing health system for people.

Programme Resource Considerations

Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
1. Emergency Transport	1 010 885	1 059 096	1 064 378	1 102 073	1 132 191	1 132 191	**1 187 089**	4.85	1 124 973	1 143 356
2. Planned Patient Transport	91 559	96 796	90 258	106 286	108 259	108 259	**112 234**	3.67	108 813	110 084
Total payments and estimates	1 102 444	1 155 892	1 154 636	1 208 359	1 240 450	1 240 450	**1 299 323**	4.75	1 233 786	1 253 440

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Current payments	1 005 404	1 046 340	1 051 097	1 106 910	1 132 001	1 131 743	**1 183 209**	4.55	1 117 672	1 137 326
Compensation of employees	672 280	720 603	729 515	732 875	764 966	764 966	**777 215**	1.60	721 738	735 071
Goods and services	333 124	325 737	321 582	374 035	367 035	366 777	**405 994**	10.69	395 934	402 255
Transfers and subsidies to	832	1 211	1 241	880	880	931	**915**	(1.72)	915	915
Provinces and municipalities	15	10	25	18	18	18	**18**		18	18
Departmental agencies and accounts						19		(100.00)		
Households	817	1 201	1 216	862	862	894	**897**	0.34	897	897
Payments for capital assets	94 211	106 488	101 169	100 569	107 569	107 518	**115 199**	7.14	115 199	115 199
Machinery and equipment	94 211	106 488	101 169	100 569	107 569	107 518	**115 199**	7.14	115 199	115 199
Payments for financial assets	1 997	1 853	1 129			258		(100.00)		
Total economic classification	1 102 444	1 155 892	1 154 636	1 208 359	1 240 450	1 240 450	**1 299 323**	4.75	1 233 786	1 253 440

Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Transfers and subsidies to (Current)	832	1 211	1 241	880	880	931	**915**	(1.72)	915	915
Provinces and municipalities	15	10	25	18	18	18	**18**		18	18
Provinces	15	10	25	18	18	18	**18**		18	18
Provincial agencies and funds	15	10	25	18	18	18	**18**		18	18
Departmental agencies and accounts						19		(100.00)		
Departmental agencies (non-business entities)						19		(100.00)		
South African Broadcasting Corporation (SABC)						19		(100.00)		
Households	817	1 201	1 216	862	862	894	**897**	0.34	897	897
Social benefits	746	1 201	1 216	862	862	894	**897**	0.34	897	897
Other transfers to households	71									

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[34]

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

[34] Tuberculosis (TB) 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[35]

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		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	15.1%	15.0%	14.9%	15.2%	14.9%	14.2%	13.6%
N	4 162	4 333	4 223	4 080	4 171	4 062	3 951
D	27 542	28 943	28 428	26 907	27 973	28 621	29 094

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	0.1%	0.7%	0.3%	0.3%	0.3%	0.3%	0.4%
N	1	7	2	3	3	3	3
D	1 195	1 032	632	911	886	860	835

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	0.4%	0.2%	0.7%	0.5%	0.5%	0.5%	0.5%
N	7	4	8	9	9	8	7
D	1 956	1 752	1 217	1 677	1 647	1 600	1 554

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	N/A new indicator			2.1%	2.2%	2.3%	2.4%
N				3	3	3	3
D				140	134	130	126

[35] Notes:
- The following indicators, reported in Programme 4, refer to performance on the Regional Hospital platform only: Child under 5 years diarrhoea case fatality rate, Child under 5 years pneumonia case fatality rate, Severe acute malnutrition deaths under 5 years rate and Deaths under 5 years against live birth rate.
- The following indicator, reported in Programme 4 Regional Hospitals, refers to performance on the Regional Hospital Platform: Complaint resolution within 25 working days rate.
- The following indicator, reported in Programme 4 Regional Hospitals, refers to performance on the Regional Hospital platform: Client satisfaction survey satisfaction rate.
- The following indicators, reported in Programme 4 Regional Hospitals, refer to performance on the Regional Hospital platforms: Patient Safety Incident (PSI) case closure rate and Severity assessment code (SAC) 1 Incidents reported within 24 hours rate
- The following indicators, reported in Programme 4 Regional Hospitals, refer to performance on the Regional Hospital platform only: Average length of stay and Inpatient bed utilization rate.

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
N	306	269	308	294	291	284	277

INDICATOR **Maternal Mortality in facility**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
N	0	0	0	11	13	12	11

OUTCOME A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM THAT IS FOR PEOPLE

OUTPUT Technically efficient provincial health system

INDICATOR **Complaint resolution within 25 working days rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	99.4%	96.4%	97.6%	97.0%	97.0%	97.6%	97.8%
N	309	323	279	194	255	239	223
D	311	335	286	200	263	245	228

INDICATOR **Patient Experience of Care satisfaction rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	N/A New Indicator			Not required to report	81.9%	82.1%	82.1%
N					1 239	1 257	1 273
D					1 513	1 531	1 550

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	76.3%	81.0%	83.3%	100.0%	90.6%	92.9%	96.2%
N	29	34	25	14	29	26	25
D	38	42	30	14	32	28	26

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	79.9%	91.7%	97.3%	93.4%	96.3%	96.9%	97.6%
N	856	759	709	756	709	678	649
D	1 072	828	729	809	736	700	665

OUTPUT	Accessible health services

INDICATOR **Average length of stay**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	4.0	4.0	4.1	4.3	4.3	4.2	4.2
N	465 832	468 801	421 713	456 946	462 243	468 814	475 461
D	115 652	118 333	102 332	106 373	108 403	110 520	112 665

INDICATOR **Inpatient bed utilization rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	89.4%	89.5%	80.3%	87.1%	88.1%	89.3%	90.6%
N	465 832	468 801	421 713	456 946	462 243	486 814	475 461
D	520 912	523 832	524 928	524 905	524 905	524 905	524 905

Specialised Hospitals[36]

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM THAT IS FOR PEOPLE

OUTPUT	Technically efficient provincial health system

INDICATOR **Complaint resolution within 25 working days rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	98.9%	100.0%	98.0%	98.5%	97.4%	98.2%	99.0%
N	180	171	98	130	114	107	101
D	182	171	100	132	117	109	102

INDICATOR **Patient Experience of Care satisfaction rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	N/A New Indicator			Not required to report	83.0%	83.3%	83.6%
N					453	464	475
D					546	557	568

[36] Notes:
• The following indicator, reported under Programme 4 Specialised Hospitals, refers to performance on the Specialised Hospital Platform: Complaint resolution within 25 working days rate.
• The following indicator, reported in Programme 4 Specialised Hospitals, refers to performance on the Specialised Hospital platform: Client satisfaction survey satisfaction rate.
• The following indicators, reported in Programme 4 Specialised Hospitals, refer to performance on the Specialised Hospital platform: Patient safety incident case closure rate and Severity assessment code (SAC) 1 Incidents reported within 24 hours rate

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	73.5%	82.4%	95.5%	70.6%	84.6%	92.0%	100.0%
N	25	28	63	12	22	23	23
D	34	34	66	17	26	25	23

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	90.5%	99.2%	94.5%	97.0%	97.7%	97.8%	97.9%
N	1 473	1 473	1 243	1 300	1 290	1 265	1 240
D	1 628	1 485	1 316	1 340	1 321	1 293	1 267

Output indicators – Annual & Quarterly Targets

Regional Hospitals

Live birth under 2500g in facility rate					
	Annual Target	Q1	Q2	Q3	Q4
	14.9%	15.1%	15.0%	15.0%	14.9%
Numerator	4 171	1 074	2 146	3 165	4 171
Denominator	27 973	7 109	14 302	21 170	27 973

Child under 5 years diarrhoea case fatality rate					
	Annual Target	Q1	Q2	Q3	Q4
	0.3%	0.5%	0.5%	0.3%	0.3%
Numerator	3	1	2	2	3
Denominator	886	208	417	642	886

Child under 5 years pneumonia case fatality rate					
	Annual Target	Q1	Q2	Q3	Q4
	0.5%	0.4%	0.5%	0.5%	0.5%
Numerator	9	2	4	6	9
Denominator	1 647	446	878	1 267	1 647

Child under 5 years severe acute malnutrition case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
2.2%		3.0%	3.0%	3.0%	2.2%
Numerator	3	1	2	3	3
Denominator	134	33	66	100	134
Death under 5 years against live birth					
Annual Target		Q1	Q2	Q3	Q4
Numerator	291	70	145	218	291
Maternal Mortality in facility					
Annual Target		Q1	Q2	Q3	Q4
Numerator	13				13
Complaint resolution within 25 working days rate					
Annual Target		Q1	Q2	Q3	Q4
97.0%		96.9%	97.0%	95.5%	98.5%
Numerator	255	62	65	64	64
Denominator	263	64	67	67	65
Patient Experience of Care satisfaction rate					
Annual Target		Q1	Q2	Q3	Q4
81.9%					81.9%
Numerator	1 239				1 239
Denominator	1 513				1 513
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Annual Target		Q1	Q2	Q3	Q4
90.6%		87.5%	87.5%	92.0%	90.6%
Numerator	29	7	14	23	29
Denominator	32	8	16	25	32
Patient Safety Incident (PSI) case closure rate					
Annual Target		Q1	Q2	Q3	Q4
96.3%		95.3%	96.0%	95.9%	96.3%
Numerator	709	181	358	539	709
Denominator	736	190	373	562	736

Average length of stay					
Annual Target		Q1	Q2	Q3	Q4
4.3		4.3	4.3	4.2	4.3
Numerator	462 243	113 695	117 535	116 044	114 969
Denominator	108 403	26 354	27 554	27 494	27 001
Inpatient bed utilization rate					
Annual Target		Q1	Q2	Q3	Q4
88.1%		86.7%	89.3%	88.2%	88.1%
Numerator	462 243	113 695	117 535	116 044	114 969
Denominator	524 905	131 088	131 645	131 643	130 529

Specialised Hospitals

Complaint resolution within 25 working days rate					
Annual Target		Q1	Q2	Q3	Q4
97.4%		96.7%	100.0%	93.1%	100.0%
Numerator	114	29	27	27	31
Denominator	117	30	27	29	31
Patient Experience of Care satisfaction rate					
Annual Target		Q1	Q2	Q3	Q4
83.0%					83.0%
Numerator	453				453
Denominator	546				546
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Annual Target		Q1	Q2	Q3	Q4
84.6%		83.3%	81.8%	85.0%	84.6%
Numerator	22	5	9	17	22
Denominator	26	6	11	20	26
Patient Safety Incident (PSI) case closure rate					
Annual Target		Q1	Q2	Q3	Q4
97.7%		96.7%	97.4%	97.5%	97.7%
Numerator	1 290	327	643	962	1 290
Denominator	1 321	338	660	987	1 321

Explanation of planned programme performance over the medium-term

In alignment with the MTSF and PSP, Programme 4 is specifically focussed on interventions to ensure the children of the province flourish. Enhancing technical efficiencies and service accessibility are key on the Provincial hospital platform if we are to become a high-performance health system for people. Leadership and governance ensure improved quality of care as well as improved management of patient safety incidents.

Programme Resource Considerations

Summary of payments and estimates[37]

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
1. General (Regional) Hospitals	1 995 181	2 181 082	2 288 523	2 330 364	2 407 585	2 407 585	**2 522 154**	4.76	2 368 176	2 417 109
2. Tuberculosis Hospitals	324 057	348 725	333 775	356 688	369 170	369 170	**388 998**	5.37	367 130	373 941
3. Psychiatrlc/Mental Hospitals	930 626	983 865	1 013 801	1 009 965	1 051 252	1 051 252	**1 087 180**	3.42	1 024 253	1 040 075
4. Sub-acute, Step down and Chronic Medical Hospitals	206 682	219 748	241 398	249 025	254 135	254 135	**263 094**	3.53	254 023	257 660
5. Dental Training Hospitals	166 296	176 238	179 035	194 058	197 770	197 770	**199 924**	1.09	191 148	194 091
Total payments and estimates	3 622 842	3 909 658	4 056 532	4 140 100	4 279 912	4 279 912	**4 461 350**	4.24	4 204 730	4 282 876

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Current payments	3 554 973	3 850 292	3 988 616	4 069 896	4 208 765	4 208 528	**4 398 116**	4.50	4 141 526	4 219 661
Compensation of employees	2 612 953	2 857 384	2 925 263	2 935 809	3 066 839	3 066 839	**3 149 483**	2.69	2 924 356	2 974 886
Goods and services	942 020	992 908	1 063 353	1 134 087	1 141 926	1 141 689	**1 248 633**	9.37	1 217 170	1 244 775
Transfers and subsidies to	13 798	18 732	15 181	20 537	20 557	20 564	**21 454**	4.33	21 424	21 435
Departmental agencies and accounts		20								
Non-profit institutions	3 232	3 407	3 528	3 695	3 695	3 695	**3 850**	4.19	3 850	3 850
Households	10 566	15 305	11 653	16 842	16 862	16 869	**17 604**	4.36	17 574	17 585
Payments for capital assets	53 680	40 392	52 419	49 667	50 590	50 614	**41 780**	(17.45)	41 780	41 780
Machinery and equipment	53 501	40 351	52 139	49 667	50 590	50 590	**41 780**	(17.41)	41 780	41 780
Software and other intangible assets	179	41	280			24		(100.00)		
Payments for financial assets	391	242	316			206		(100.00)		
Total economic classification	3 622 842	3 909 658	4 056 532	4 140 100	4 279 912	4 279 912	**4 461 350**	4.24	4 204 730	4 282 876

[37] Sub-programme 4.3: 2022/23: National conditional grant: National Health Insurance – R1 996 000 (Compensation of employees).

Sub-programmes 4.1 - 4.5: 2022/23: National conditional grant: Human Resources and Training: R306 944 000 (Compensation of employees).

Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Transfers and subsidies to (Current)	13 798	18 732	15 181	20 537	20 557	20 564	**21 454**	4.33	21 424	21 435
Departmental agencies and accounts		20								
Departmental agencies (non-business entities)		20								
South African Broadcasting Corporation		20								
Non-profit institutions	3 232	3 407	3 528	3 695	3 695	3 695	**3 850**	4.19	3 850	3 850
Households	10 566	15 305	11 653	16 842	16 862	16 869	**17 604**	4.36	17 574	17 585
Social benefits	10 566	15 203	11 653	16 842	16 862	16 862	**17 604**	4.40	17 574	17 585
Other transfers to		102				7		(100.00)		

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[38]

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		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	36.3%	35.0%	34.8%	35.4%	35.4%	35.2%	35.0%
N	3 861	3 794	3 782	3 988	3 883	3 821	3 773
D	10 635	10 825	10 865	11 264	10 970	10 855	10 780

	INDICATOR	Child under 5 years diarrhoea case fatality rate						
	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	0.0%	0.2%	0.4%	0.0%	0.2%	0.3%	0.3%
N	0	1	1	0	1	1	1
D	591	425	266	300	402	386	378

[38] Notes:
- The following indicators, reported in Programme 5, refer to performance on the Central Hospital platform only: Child under 5 years diarrhoea case fatality rate, Child under 5 years pneumonia case fatality rate, Sever acute malnutrition deaths under 5 years rate and Deaths under 5 years against live birth rate.
- The following indicator, reported in Programme 5 Central Hospitals, refers to performance on the Central Hospital Platform: Complaint resolution within 25 working days rate.
- The following indicator, reported in Programme 5 Central Hospitals, refers to performance on the Central Hospital platforms: Client satisfaction survey satisfaction rate.
- The following indicators, reported in Programme 5 Central Hospitals, refer to performance on the Central Hospital platforms: Patient Safety Incident (PSI) case closure rate and Severity assessment code (SAC) 1 Incidents reported within 24 hours rate.
- The following indicators, reported in Programme 5 Central Hospitals, refer to performance on the Central Hospital platform only: Average length of stay and Inpatient bed utilization rate.
- The following indicators, reported in Programme 5 Central Hospitals, refer to performance on the Central Hospital platform only: Average length of stay and Inpatient bed utilization rate.

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	0.7%	0.4%	0.3%	0.4%	0.3%	0.3%	0.3%
N	11	5	3	4	3	3	3
D	1 636	1 319	888	976	1 040	992	976

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	New Indicator			1.9%	0.9%	1.2%	1.4%
N				2	1	1	1
D				107	106	84	72

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
N	509	461	441	488	458	431	418

INDICATOR **Maternal Mortality in facility**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
N	41	22	45	23	36	35	34

OUTCOME A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM THAT IS FOR PEOPLE

OUTPUT Technically efficient provincial health system

INDICATOR **Complaint resolution within 25 working days rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	89.1%	95.5%	88.0%	92.4%	91.3%	89.0%	90.0%
N	498	555	410	122	543	570	585
D	559	581	466	132	610	640	650

INDICATOR **Patient Experience of Care satisfaction rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	New Indicator			Not required to report	80.3%	80.1%	80.8%
N					1 007	1 105	1 229
D					1 254	1 379	1 521

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	71.4%	66.7%	0.0%	100.0%	100.0%	100.0%	100.0%

N	5	2	0	4	3	3	3
D	7	3	0	4	3	3	3

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	96.0%	92.9%	97.2%	90.5%	89.0%	90.0%	91.0%
N	2 063	1 053	771	648	901	896	894
D	2 150	1 134	793	716	1 012	996	982

OUTPUT	Accessible health services

INDICATOR **Average length of stay**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	6.5	6.4	7.1	6.6	7.0	6.9	6.9
N	774 007	768 750	657 069	745 542	749 100	749 100	740 491
D	119 554	120 416	92 564	113 674	107 014	108 565	107 317

INDICATOR **Inpatient bed utilization rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	89.9%	89.3%	76.2%	86.6%	87.0%	87.0%	86.0%
N	774 007	768 750	657 069	745 542	749 100	749 100	740 491
D	861 129	861 129	862 103	861 129	861 129	861 129	861 129

Tertiary Hospitals[39]

OUTCOME	ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH

OUTPUT	Child health services

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	0.4%	0.3%	0.2%	0.4%	0.5%	0.5%	0.4%

[39] Notes:
• The following indicators, reported in Programme 5 Tertiary Hospitals, refer to performance on the Tertiary Hospital platform only: Child under 5 years diarrhoea case fatality rate, Child under 5 years pneumonia case fatality rate, Severe acute malnutrition deaths under 5 years rate and Deaths under 5 years against live birth rate.
• The following indicator has a denominator of Zero (0) as there are no obstetric services at the Tertiary Hospital in the Western Cape: Deaths under 5 against live birth rate. • The following indicator, reported under Programme 5 Tertiary Hospitals, refers to performance on the Tertiary Hospital Platform: Complaint resolution within 25 working days rate.
• The following indicator, reported in Programme 5 Tertiary Hospitals, refers to performance on the Tertiary Hospital platforms: Client satisfaction survey satisfaction rate.
• The following indicators, reported in Programme 5 Tertiary Hospitals, refer to performance on the Tertiary Hospital platforms: Patient Safety Incident (PSI) case closure rate and Severity assessment code (SAC) 1 Incidents reported within 24 hours rate
• The following indicators, reported in Programme 5 Tertiary Hospitals, refer to performance on the Tertiary Hospital platform only: Average length of stay and Inpatient bed utilization rate.

N	5	4	2	4	4	4	3
D	1 376	1 184	828	1 092	865	824	807

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	0.5%	0.5%	0.1%	0.4%	0.4%	0.4%	0.4%
N	13	11	2	7	9	9	8
D	2 495	2 225	1 630	1 983	2 130	2 014	1 986

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	N/A New Indicator			0.0%	1.0%	0.0%	0.0%
N				0	1	0	0
D				36	96	82	78

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
N	123	124	99	140	146	132	127

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		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	92.2%	93.9%	100.0%	93.0%	95.0%	95.0%	95.0%
N	106	124	59	119	133	116	122
D	115	132	59	128	140	122	128

INDICATOR **Patient Experience of Care satisfaction rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	N/A New Indicator			Not required to report	80.2%	80.1%	80.0%
N					202	205	224
D					252	256	280

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	22.2%	100.0%	75.0%	40.0%	71.4%	83.3%	80.0%
N	2	2	3	2	5	5	4
D	9	2	4	5	7	6	5

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

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	86.8%	95.3%	98.2%	90.8%	90.0%	90.6%	91.2%
N	158	201	218	178	99	96	93
D	182	211	222	196	110	106	102

OUTPUT	Accessible health services

INDICATOR **Average length of stay**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	3.8	3.9	4.6	3.9	4.4	4.4	4.3
N	78 201	75 804	66 818	75 453	74 460	75 453	74 460
D	20 838	19 586	14 538	19 347	16 923	17 148	17 316

INDICATOR **Inpatient bed utilization rate**

	Audited Performance			Estimated Performance	Medium Term Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	78.8%	76.3%	67.3%	76.0%	75.0%	76.0%	75.0%
N	78 201	75 804	66 818	75 453	74 460	75 453	74 460
D	99 291	99 291	99 291	99 291	99 291	99 291	99 291

Output indicators – Annual & Quarterly Targets

Central Hospitals

Live birth under 2500g in facility rate					
	Annual Target	Q1	Q2	Q3	Q4
	35.4%	35.4%	35.4%	35.4%	35.4%
Numerator	3 883	971	1 942	2 913	3 883
Denominator	10 970	2 743	5 485	8 228	10 970

Child under 5 years diarrhoea case fatality rate					
	Annual Target	Q1	Q2	Q3	Q4
	0.2%	0.0%	0.0%	0.3%	0.2%
Numerator	1	0	0	1	1
Denominator	402	101	201	302	402

Child under 5 years pneumonia case fatality rate					
	Annual Target	Q1	Q2	Q3	Q4
	0.3%	0.4%	0.4%	0.4%	0.3%
Numerator	3	1	2	3	3
Denominator	1 040	260	520	780	1 040
Child under 5 years severe acute malnutrition case facility rate					
	Annual Target	Q1	Q2	Q3	Q4
	0.9%	0.0%	0.0%	1.3%	0.9%
Numerator	1	0	0	1	1
Denominator	106	27	53	80	106
Death under 5 years against live birth					
	Annual Target	Q1	Q2	Q3	Q4
Numerator	458	114	229	343	458
Maternal Mortality in facility					
	Annual Target	Q1	Q2	Q3	Q4
Numerator	36				36
Complaint resolution within 25 working days rate					
	Annual Target	Q1	Q2	Q3	Q4
	91.3%	88.9%	92.8%	91.5%	92.1%
Numerator	543	136	135	136	136
Denominator	610	153	152	153	152
Patient Experience of Care satisfaction rate					
	Annual Target	Q1	Q2	Q3	Q4
	80.3%				80.3%
Numerator	1 007				1 007
Denominator	1 254				1 254
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
	Annual Target	Q1	Q2	Q3	Q4
	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator	3	1	2	2	3
Denominator	3	1	2	2	3

Patient Safety Incident (PSI) case closure rate					
Annual Target		Q1	Q2	Q3	Q4
89.0%		88.9%	88.9%	88.9%	89.0%
Numerator	901	225	450	675	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	749 100	187 275	187 275	187 275	187 275
Denominator	107 014	26 754	26 753	26 753	26 754
Inpatient bed utilization rate					
Annual Target		Q1	Q2	Q3	Q4
87.0%		87.0%	87.0%	87.0%	87.0%
Numerator	749 100	187 275	187 275	187 275	187 275
Denominator	861 129	215 282	215 282	215 283	215 282

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	4	1	2	3	4
Denominator	865	216	432	649	865
Child under 5 years pneumonia case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
0.4%		0.4%	0.4%	0.4%	0.4%
Numerator	9	2	4	7	9
Denominator	2 130	533	1 066	1 599	2 130
Child under 5 years severe acute malnutrition case fatality rate					
Annual Target		Q1	Q2	Q3	Q4
1.0%		0.0%	0.0%	1.4%	1.0%
Numerator	1	0	0	1	1
Denominator	96	24	48	72	96

Death under 5 years against live birth					
Annual Target		Q1	Q2	Q3	Q4
146	Numerator	36	73	110	146
Complaint resolution within 25 working days rate					
Annual Target		Q1	Q2	Q3	Q4
95.0%		94.3%	94.3%	94.3%	97.1%
133	Numerator	33	33	33	34
140	Denominator	35	35	35	35
Patient Experience of Care satisfaction rate					
Annual Target		Q1	Q2	Q3	Q4
80.2%					80.2%
202	Numerator				202
252	Denominator				252
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Annual Target		Q1	Q2	Q3	Q4
71.4%		50.0%	50.0%	60.0%	71.4%
5	Numerator	1	2	3	5
7	Denominator	2	4	5	7
Patient Safety Incident (PSI) case closure rate					
Annual Target		Q1	Q2	Q3	Q4
90.0%		89.3%	89.3%	90.2%	90.0%
99	Numerator	25	50	74	99
110	Denominator	28	56	82	110
Average length of stay					
Annual Target		Q1	Q2	Q3	Q4
4.4		4.4	4.4	4.4	4.4
74 460	Numerator	18 615	18 615	18 615	18 615
16 923	Denominator	4 231	4 231	4 231	4 230
Inpatient bed utilization rate					
Annual Target		Q1	Q2	Q3	Q4
75.0%		75.0%	75.0%	75.0%	75.0%
74 460	Numerator	18 615	18 615	18 615	18 615
99 291	Denominator	24 823	24 823	24 823	24 822

Explanation of planned programme performance over the medium-term

Following on from Programme 4, the Department continues to focus on building the health resilience of children to ensure they flourish and enhancing the technical efficiencies and accessibility of this component of the provincial health system. Leadership and governance ensure improved quality of care as well as improved management of patient safety incidents.

Programme Resource Considerations

Summary of payments and estimates[40]

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
1. Central Hospital Services	5 663 751	6 049 874	6 300 327	6 371 169	6 539 784	6 539 784	**6 776 954**	3.63	6 429 448	6 545 012
2. Provincial Tertiary Hospital Services	853 494	894 634	934 311	938 207	958 452	958 452	**996 246**	3.94	951 014	966 448
Total payments and estimates	6 517 245	6 944 508	7 234 638	7 309 376	7 498 236	7 498 236	**7 773 200**	3.67	7 380 462	7 511 460

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Current payments	6 345 631	6 867 698	7 028 718	7 211 553	7 385 413	7 382 247	**7 674 216**	3.96	7 281 620	7 412 571
Compensation of employees	4 379 069	4 760 853	4 847 072	4 914 944	5 105 078	5 105 078	**5 191 684**	1.70	4 834 718	4 916 261
Goods and services	1 966 562	2 106 845	2 181 646	2 296 609	2 280 335	2 277 169	**2 482 532**	9.02	2 446 902	2 496 310
Transfers and subsidies to	30 246	44 090	39 139	35 663	35 663	35 663	**37 426**	4.94	37 284	37 331
Departmental agencies and accounts		15								
Non-profit institutions	12 467	13 205	13 707	14 159	14 159	14 159	**14 754**	4.20	14 754	14 754
Households	17 779	30 870	25 432	21 504	21 504	21 504	**22 672**	5.43	22 530	22 577
Payments for capital assets	140 256	32 241	166 364	62 160	77 160	79 902	**61 558**	(22.96)	61 558	61 558
Machinery and equipment	139 432	31 764	166 364	62 160	77 160	78 958	**61 558**	(22.04)	61 558	61 558
Software and other intangible assets	824	477				944		(100.00)		
Payments for financial assets	1 112	479	417			424		(100.00)		
Total economic classification	6 517 245	6 944 508	7 234 638	7 309 376	7 498 236	7 498 236	**7 773 200**	3.67	7 380 462	7 511 460

[40] Sub-programmes 5.1 and 5.2: 2022/23: National conditional grant: National Tertiary Services: R3 392 922 000 (Compensation of employees R2 008 763 000, Goods and services R1 370 721 000 and Payments for capital assets R13 438 000).

Sub-programmes 5.1 and 5.2: 2022/23: National conditional grant: Human Resources and Training: R346 625 000 (Compensation of employees).

Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Transfers and subsidies to (Current)	30 246	44 090	39 139	35 663	35 663	35 663	**37 426**	4.94	37 284	37 331
Departmental agencies and accounts		15								
Departmental agencies (non-business entities)		15								
South African Broadcasting Corporation (SABC)		15								
Non-profit institutions	12 467	13 205	13 707	14 159	14 159	14 159	**14 754**	4.20	14 754	14 754
Households	17 779	30 870	25 432	21 504	21 504	21 504	**22 672**	5.43	22 530	22 577
Social benefits	17 779	30 870	25 260	21 504	21 504	21 504	**22 672**	5.43	22 530	22 577
Other transfers to households			172							

Programme 6. Health Sciences & Training

Purpose

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

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

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE

OUTPUT	A capable workforce

INDICATOR **Bursaries awarded for scarce and critical skills**

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
1 875	2 090	1 503	1 424	1 420	1 440	1 500

Output indicators – Annual & Quarterly Targets

Bursaries awarded for scarce and critical skills				
Annual Target	Q1	Q2	Q3	Q4
1 420				1 420

Explanation of planned programme 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[41]

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
1. Nurse Training College	56 688	64 816	61 870	75 881	79 376	79 376	**95 867**	20.78	91 609	93 031
2. Emergency Medical Services (EMS) Training College	34 322	31 473	31 955	32 924	33 597	33 597	**34 415**	2.43	32 903	33 390
3. Bursaries	67 509	58 087	53 824	59 591	63 301	63 301	**62 094**	(1.91)	62 094	62 212
4. Primary Health Care (PHC) Training				1	1	1	**1**		1	1
5. Training (Other)	163 124	176 493	170 165	192 182	199 683	199 683	**205 555**	2.94	186 820	194 270
Total payments and estimates	321 643	330 869	317 814	360 579	375 958	375 958	**397 932**	5.84	373 427	382 904

[41] Sub-programme 6.5: 2022/23: National conditional grant: Social Sector EPWP Incentive Grant for Provinces – R10 291 000 (Compensation of Employees).

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Current payments	181 728	211 643	202 143	240 147	248 421	241 528	**272 035**	12.63	249 202	256 679
Compensation of employees	137 402	153 558	158 015	167 328	171 614	171 614	**190 609**	11.07	173 856	177 981
Goods and services	44 326	58 085	44 128	72 819	76 807	69 914	**81 426**	16.47	75 346	78 698
Transfers and subsidies to	120 816	109 743	109 317	117 562	121 272	121 658	**122 500**	0.69	120 828	122 828
Departmental agencies and accounts	5 703	6 126	6 404	6 616	6 616	6 616	**6 894**	4.20	6 894	6 894
Non-profit institutions	60 014	56 995	62 055	62 065	62 065	62 065	**64 672**	4.20	63 000	65 000
Households	55 099	46 622	40 858	48 881	52 591	52 977	**50 934**	(3.86)	50 934	50 934
Payments for capital assets	16 123	8 464	4 693	2 870	6 265	7 405	**3 397**	(54.13)	3 397	3 397
Machinery and equipment	16 123	8 464	4 693	2 870	5 870	6 762	**3 397**	(49.76)	3 397	3 397
Software and other intangible assets					395	643		(100.00)		
Payments for financial assets	2 976	1 019	1 661			5 367		(100.00)		
Total economic classification	321 643	330 869	317 814	360 579	375 958	375 958	**397 932**	5.84	373 427	382 904

Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Transfers and subsidies to (Current)	120 816	109 743	109 317	117 562	121 272	121 658	**122 500**	0.69	120 828	122 828
Departmental agencies and accounts	5 703	6 126	6 404	6 616	6 616	6 616	**6 894**	4.20	6 894	6 894
Departmental agencies (non-business entities)	5 703	6 126	6 404	6 616	6 616	6 616	**6 894**	4.20	6 894	6 894
Sector Education and Training Authority	5 703	6 126	6 404	6 616	6 616	6 616	**6 894**	4.20	6 894	6 894
Non-profit institutions	60 014	56 995	62 055	62 065	62 065	62 065	**64 672**	4.20	63 000	65 000
Households	55 099	46 622	40 858	48 881	52 591	52 977	**50 934**	(3.86)	50 934	50 934
Social benefits	788	674	431	596	596	982	**621**	(36.76)	621	621
Other transfers to households	54 311	45 948	40 427	48 285	51 995	51 995	**50 313**	(3.23)	50 313	50 313

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[42]

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[43]

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[44]

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

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

[42] This function has been transferred from sub-programme 2.8
[43] This service is reported in Sub-programme 4.4.
[44] 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

OUTPUT	Technically efficient provincial health system

INDICATOR **Percentage of hospitals achieving provincial benchmark for energy consumption**

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Not required to report		75.0%	73.1%	75.0%	75.0%	75.0%
N		39	38	39	39	39
D		52	52	52	52	52

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

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
76.9%	75.0%	76.9%	55.8%	69.2%	69.2%	69.2%
N 40	39	40	29	36	36	36
D 52	52	52	52	52	52	52

Forensic Pathology Services

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE

OUTPUT	Technically efficient provincial health system

INDICATOR **Percentage of child death cases reviewed by the child death review board**

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
75.2%	71.5%	82.4%	84.5%	89.5%	92.0%	94.5%
N 1 365	1 058	996	1 635	1 349	1 374	1 399
D 1 815	1 479	1 209	1 935	1 507	1 493	1 481

Medicine Supply

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE

OUTPUT	Technically efficient provincial health system

INDICATOR **Percentage of pharmaceutical stock available**

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
89.4%	84.2%	89.8%	95.2%	95.2%	95.2%	95.2%
N 634	583	693	675	675	675	675
D 709	692	772	709	709	709	709

Output indicators – Annual & Quarterly Targets

Engineering Services

Percentage of hospitals achieving provincial benchmark for energy consumption					
	Annual Target	Q1	Q2	Q3	Q4
	75.0%				75.0%
Numerator	39				39
Denominator	52				52

Percentage of hospitals achieving 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 board					
	Annual Target	Q1	Q2	Q3	Q4
	89.5%	89.7%	89.2%	89.5%	89.6%
Numerator	1 349	323	289	460	277
Denominator	1 507	360	324	514	309

Medicine Supply

Percentage of pharmaceutical stock available					
	Annual Target	Q1	Q2	Q3	Q4
	95.2%	95.2%	95.2%	95.2%	95.2%
Numerator	675	675	675	675	675
Denominator	709	709	709	709	709

Explanation of planned programme performance over the medium-term

A high-performance health system necessitates technically efficient Health Care Support Services. One of the focus points of Programme 7 is thus to ensure a stable supply of medicines. 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. With the national and provincial focus on children, the Forensic Pathology Services are ensuring child deaths are reviewed.

Programme Resource Considerations

Summary of payments and estimates[45]

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
1. Laundry Services	104 649	110 862	123 696	116 105	119 176	119 176	**124 477**	4.45	120 135	121 938
2. Engineering Services	105 495	103 632	113 566	123 176	126 178	126 178	**129 771**	2.85	122 403	124 055
3. Forensic Services	185 309	199 893	214 615	242 151	246 686	246 686	**245 862**	(0.33)	233 125	236 770
4. Orthotic and Prosthetic Services				1	1	1	**1**		1	1
5. Cape Medical Depot	66 214	76 870	81 084	80 135	82 302	82 302	**84 170**	2.27	80 303	81 517
Total payments and estimates	461 667	491 257	532 961	561 568	574 343	574 343	**584 281**	1.73	555 967	564 281

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Current payments	437 160	467 695	504 382	534 052	546 415	544 461	**559 375**	2.74	531 061	539 375
Compensation of employees	291 196	318 383	336 146	353 506	366 281	366 281	**369 597**	0.91	342 392	348 279
Goods and services	145 964	149 312	168 236	180 546	180 134	178 180	**189 778**	6.51	188 669	191 096
Transfers and subsidies to	797	765	1 136	840	840	2 527	**874**	(65.41)	874	874
Provinces and municipalities		2								
Households	797	763	1 136	840	840	2 527	**874**	(65.41)	874	874
Payments for capital assets	22 805	21 666	26 645	26 676	27 088	27 137	**24 032**	(11.44)	24 032	24 032
Machinery and equipment	22 805	21 666	26 645	26 676	27 088	27 137	**24 032**	(11.44)	24 032	24 032
Payments for financial assets	905	1 131	798			218		(100.00)		
Total economic classification	461 667	491 257	532 961	561 568	574 343	574 343	**584 281**	1.73	555 967	564 281

[45] Sub-programme 7.2: 2022/23: National conditional grant: Expanded Public Works Programme Integrated Grant for Provinces: R2 106 000 (Compensation of employees).

Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Transfers and subsidies to (Current)	797	765	1 136	840	840	2 527	**874**	(65.41)	874	874
Provinces and municipalities		2								
Provinces		2								
Provincial agencies and funds		2								
Households	797	763	1 136	840	840	2 527	**874**	(65.41)	874	874
Social benefits	797	763	1 136	840	840	2 527	**874**	(65.41)	874	874

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

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE

OUTPUT	Technically efficient provincial health system

INDICATOR **Percentage of Health facilities with completed capital infrastructure projects**

Audited Performance			Estimated Performance	Medium Term Targets		
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Not required to report			Not required to report	100.0%	100.0%	100.0%
N				6	4	8
D				6	4	8

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 6				6
Denominator 6				6

Explanation of planned programme 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[46]

Sub-programme R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	2021/22	2021/22	2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
1. Community Health Facilities	118 211	189 651	111 890	176 602	128 074	128 074	**213 409**	66.63	233 761	217 331
2. Emergency Medical Rescue Services	7 214	21 320	21 155	21 560	15 740	15 740	**53 682**	241.05	20 646	12 384
3. District Hospital Services	257 183	269 147	192 514	137 707	133 580	133 580	**110 579**	(17.22)	238 712	246 672
4. Provincial Hospital Services	93 878	96 231	106 704	148 558	87 237	87 237	**132 625**	52.03	208 258	244 295
5. Central Hospital Services	277 682	331 916	220 762	370 008	461 058	461 058	**486 942**	5.61	357 208	399 491
6. Other Facilities	168 726	168 875	445 864	269 582	259 786	259 786	**179 356**	(30.96)	156 388	138 323
Total payments and estimates	922 894	1 077 140	1 098 889	1 124 017	1 085 475	1 085 475	**1 176 593**	8.39	1 214 973	1 258 496

Earmarked priority allocation:

Included in Sub-programmes 8.1 to 8.6: R1 176 593 000 (2022/23); R1 214 973 000 (2023/24); R1 258 496 000 (2024/25) for infrastructure, of which:

Tygerberg Hospital (maintenance and capital): R182 942 000 (2022/23); R232 410 000 (2023/24) and R227 265 000 (2024/25)

of which:

Tygerberg Scheduled Maintenance: R82 892 000 (2022/23); R90 574 000 (2023/24) and R50 853 000 (2024/25)

Health Facility Revitalisation Grant: R796 590 000 (2022/23); R805 103 000 (2023/24) and R830 223 000 (2024/25)

Payments and estimates by economic classification

Economic classification R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	2021/22	2021/22	2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Current payments	414 192	397 012	505 452	499 091	549 528	549 528	**472 946**	(13.94)	422 753	449 848
Compensation of employees	50 107	55 059	57 639	66 030	61 464	61 464	**60 543**	(1.50)	61 324	62 423
Goods and services	364 085	341 953	447 813	433 061	488 064	488 064	**412 403**	(15.50)	361 429	387 425
Transfers and subsidies to	10 276	10 127	10 287							
Higher education institutions	10 209	10 000	10 000							
Households	67	127	287							
Payments for capital assets	498 357	670 001	583 150	624 926	535 947	535 947	**703 647**	31.29	792 220	808 648
Buildings and other fixed structures	342 006	372 777	338 832	356 119	214 610	214 610	**395 196**	84.15	667 895	719 460
Machinery and equipment	156 116	293 484	244 225	265 807	321 337	321 337	**305 451**	(4.94)	120 325	89 188
Software and other intangible assets	235	3 740	93	3 000			**3 000**		4 000	
Payments for financial assets	69									
Total economic classification	922 894	1 077 140	1 098 889	1 124 017	1 085 475	1 085 475	**1 176 593**	8.39	1 214 973	1 258 496

[46] Sub-programme 8.1 – 8.6: 2022/23: National conditional grant: Health Facility Revitalisation: R796 590 000 (Compensation of employees R48 951 000, Goods and services R135 381 000 and Payments for capital assets R612 258 000).

Transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2018/19	Audited 2019/20	Audited 2020/21	Main appro-priation 2021/22	Adjusted appro-priation 2021/22	Revised estimate 2021/22	2022/23	% Change from Revised estimate 2021/22	2023/24	2024/25
Transfers and subsidies to (Current)	67	127	287							
Households	67	127	287							
Social benefits	67	127	287							
Transfers and subsidies to (Capital)	10 209	10 000	10 000							
Higher education institutions	10 209	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
Risk	**Inability to mobilise the necessary financial, human and other resources**
Mitigation	• Clearly defined principles and process for re-prioritisation of resources • Establish alternate resource sources • Change management strategy • Build relationships of trust with key stakeholders
Risk	**COVID-19 vaccine roll-out related risks**
Mitigation	• Demand generation plans need to be strengthened • Equitable access to vulnerable populations need to be strengthened. • Funding for expanded vaccine programme needs to be secured. • Supply and demand of vaccines needs to be closely titrated to reduce wastage
Risk	**Disease outbreak**
Mitigation	• Regular and vigilant surveillance across multiple platforms. • Development of platform response. • Apply lessons from C-19 to other conditions.

Outcome 2	Children have the health resilience to flourish
Risk	**The fragmented PHC services in the City of Cape Town district**
Mitigation	• Have measures in place to minimize the impact on service users to ensure a seamless transition between care settings • Advocate for provincialization of PHC services to align with rural districts • *Implement the phased transitioning of 9 facilities in 2022/23*

Outcome 3	People with long - term conditions are well managed
Risk	**Medicine supply interruptions**
Mitigation	• Design and implement alternate medicine dispensing mechanisms • Monitor stock levels and timeously order new stock • Monitor vaccine supply • Provide alternatives to the essential medicines, where possible • Identify alternate sourcing options • Tight contract management with suppliers • Create provincial contracts for items that have been excluded from the revised national tenders, where possible • Optimal functioning of ICT system for stock management
Risk	**Inadequate models of care**
Mitigation	• *Mainstream the COVID-19 health system response, integrate the COVID-19 vaccination programme and address service backlogs within a redesigned comprehensive service delivery approach.* • *Change management strategy to enable the transition to a person-centred clinical practice culture* • *Leverage telehealth and the call centre to address conditions beyond COVID-19.* • *Focus on identified priority areas such as mental health, maternal and neonatal services and intermediate care*
Risk	***Provision of safe care by community mental facilities***
Mitigation	• *Track and address compliance of CMHF with statutory requirements in partnership with other depts and NGOs to ensure safe care of users*

Outcome 4	A high-performance provincial health system for people
Risk	**Load shedding**
Mitigation	• Strategies to become more energy efficient • Business continuity plans are in place • *Contingency planning at operational and facility level.*
Risk	**Water scarcity**
Mitigation	• Reduce water consumption and supply of potable water by means of behaviour change (surgical scrubs, alcohol hand sanitizers, reduced utilisation of laundry services, etc.) • Engineering interventions (elimination of leaks, installation of low flow sanitary fixtures, waterless urinals, re-use of treated water etc.) • Continue with roll-out of boreholes programme and installation of storage tanks • Investigate and implement feasible water treatment technologies • Implementation and monitoring of Water Preparedness Plan
Risk	***Climate change***
Mitigation	• *Climate Change Committee formally set up by TEXCO to provide stewardship and oversight* • *Roadmap to be developed of mitigation and adaptation strategies*
Risk	***Fire***
Mitigation	• *Ensure adequate Fire protection measures are in place and regularly reviewed at health facilities*
Risk	**Built environment does not enable high performance**
Mitigation	• Planning and prioritisation of maintenance and renewals • Ongoing monitoring of infrastructure expenditure • Develop a capacity building and retention strategy for both Engineering and Health Technology to help ensure support sustainability • Implement alternative contracting strategies to streamline service delivery • Monitor compliance with the Service Delivery Agreement between WCGH and WCGTPW • Develop improved asset and maintenance management system for Health Technology and Engineering assets • Identify and implement Health Technology strategies, options and interventions related to funding and service delivery impact scenarios for medical equipment • Review policies for emergency maintenance and repairs • Utilise Facility Condition Assessments to prioritise facility maintenance • Implement the Hub and Spoke Maintenance Blueprints for both Engineering and Health Technology
Risk	**Workforce safety compromises the responsiveness of the health system and the morale of employees**
Mitigation	• Safety guidelines and protocols that empower staff to make decisions around their own safety • Raise employee awareness on safety in the workplace • Ensuring optimal occupational health and safety measures are in place • Provide psychosocial support to employees who have experienced trauma • 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
Risk	***Staff Burn-out***
Mitigation	• *Implementation of #Staffcare Learning collaboration.* • *Encourage local initiatives and sharing of ideas.* • *Roll-out of healing sessions to staff.* • *Visible leadership, recognition and engagement with frontline staff.* • *Individual counselling and employee assistance programmes*
Risk	***Fraud, corruption, and theft***
Mitigation	• *Development and Implementation of fraud and prevention plan.*
Risk	***Medico legal***
Mitigation	• *Development of strategies to settle matters for cost saving to the department.* • *Initiatives to decrease our errors and adverse incidents in the maternal and childcare framework.* • *Build on relationships with existing bodies and clinicians.*

Risk	***POPIA***
Mitigation	• *The immediate appointment of an Information Officer and a Deputy Information Officer has been submitted to the Information Regulator.* • *Set-up of governance structure to ensure compliance.* • *Regular training and awareness.* • *Develop data privacy policies and guidelines* • *Set up a system to support POPIA related queries*
Risk	***Cyber security***
Mitigation	• *Implementation of control procedures with continuous monitoring.* • *User account management (network infrastructure and applications).* • *Development of departmental user account management policy and configuration.* • *System to track user account reviews*
Risk	***ICT system disruptions***
Mitigation	• *Ensure Business Continuity Plans and Disaster Recovery Plans are in place and updated regularly* • *Monitor infrastructure and system age to improve budget planning for necessary infrastructure refresh and system enhancements or replacement.* • *Increased and improved security measures at sites.*
Risk	***ICT governance and Contract Management***
Mitigation	• *Develop a system to monitor IT contracts* • *Contract mx training of project managers* • *Systematic review of governance arrangements across the major IT systems and projects*
Risk	***Tech Refresh***
Mitigation	• *Develop a systematic approach to refresh IT hardware* • *Explore alternative procurement models with CEI* • *Secure increased budget allocation for tech refresh*

Public Entities

Not Applicable

Infrastructure Projects

New & Replacement Assets

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	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	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	CI860003 : 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 : Elsies River - Elsies 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 : Hout Bay - Hout 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 : Maitland - Maitland CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	13-Dec-17	31-Jul-26	160 369	722	577	3 207	-
14	CI810062 : 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	CI810071 : 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	CI810080 : 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	CI810094 : Strand - Rusthof CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	1-Jul-23	30-Sep-28	100 000	-	-	-	2 532
18	CI810112 : 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	CI810129 : Kraaifontein - Bloekombos CHC - New	8.1	City of Cape Town	Health infrastructure improved	30-Jun-23	31-May-29	100 000	-	-	-	1 200

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
20	CI810146 : 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	CI810154 : Blackheath - Kleinvlei CDC - CoCT CDC Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Dec-23	30-Sep-28	200 000	-	-	-	4 329
22	CI810311 : Khayelitsha - Zakhele CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Jun-23	30-Jun-28	200 000	-	-	-	25
23	CI820057 : Maitland - 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	CI830031 : Mitchells Plain - Mitchells Plain Hospital - New	8.3	City of Cape Town	Health infrastructure improved	1-Apr-05	18-Feb-13	528 378	2	1	-	-
25	CI840016 : 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	CI840025 : 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	CI840055 : Manenberg - Klipfontein Regional Hospital - Replacement Ph1	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	HCI850002 : 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	CI860012 : 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	CI860014 : 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	CI860094 : 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	HCI860001 : 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	CI810052 : 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	CI810068 : 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	HCI810004 : 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	CI860007 : Knysna - Knysna FPL - Replacement	8.6	Garden Route	Health infrastructure improved	1-Nov-14	31-Mar-23	34 216	320	17 837	883	977
37	CI860063 : 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	CI810007 : Caledon - Caledon Clinic - Replacement	8.1	Overberg	Health infrastructure improved	30-Dec-22	31-Oct-28	30 000	-	-	-	866
39	CI810095 : 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	CI820027 : Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	Health infrastructure improved	26-Jun-17	30-Sep-23	8 450	-	925	4 555	288
41	CI810086 : Saldanha - Diazville Clinic - Replacement	8.1	West Coast	Health infrastructure improved	21-Nov-17	31-Mar-27	38 818	98	1 710	-	-

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
42	CI810088 : 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	CI810096 : Vredenburg - Vredenburg CDC - New	8.1	West Coast	Health infrastructure improved	30-Nov-17	31-Jul-26	70 000	-	1 939	4 848	-
44	CI830028 : 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 Appro-priation	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 - WCGH	8.1	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	24 579	16 934	22 570	34 143
2	Maintenance - WCGH	8.2	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	3 759	8 649	9 085	9 543
3	Maintenance - WCGH	8.3	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	39 573	29 500	43 869	41 285
4	Maintenance - WCGH	8.4	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	23 199	37 652	25 432	25 991
5	Maintenance - WCGH	8.5	Various	Health infrastructure maintained	1-Apr-16	31-Mar-36	N/A	9 232	25 087	14 039	31 300
6	Maintenance - WCGH	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
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									**143 378**	**136 459**	**159 453**
Provincial Equitable Share: Tygerberg											
1	Maintenance - WCGH	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									**132 414**	**90 574**	**71 806**

No	Reporting Category	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation 2021/22 R000's	Medium Term Estimates 2022/23 R000's	2023/24 R000's	2024/25 R000's
Health Facility Revitalisation Grant											
1	Maintenance - WCGH	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 Appro-priation	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	-	-
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 : Elsies River - Elsies 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 : Maitland - Maitland 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

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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
34	CI840010 : 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	CI840019 : 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	CI840088 : 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	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	31-Mar-26	150 000	3 073	2 069	17 900	20 313
38	CI850079 : 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	CI850088-0001 : 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	CI850088-0002 : 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	CI850092 : 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	CI850102 : 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	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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-May-27	26 000	442	1 020	6 764	6 796
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-May-27	27 000	420	961	7 134	7 154
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	31-May-27	24 000	362	665	7 572	1 114
46	CI860010 : Mitchells Plain - Lentegeur Laundry - Upgrade	8.6	City of Cape Town	Health infrastructure improved	1-Apr-05	20-Jun-13	-	2	1	-	-
47	CI860016 : 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	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-Jan-24	15 750	170	461	8 193	2 374
49	CI860067 : 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	CI830067 : 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	CI840085 : 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	CI810022 : 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	CI810271 : 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	CI830115 : Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	1-Jun-16	25-Aug-21	3 700	619	70	-	-
55	CI830145 : Various Facilities 8.3 - Fencing	8.3	Various	Health infrastructure improved	2-May-19	28-Feb-23	6 492	58	4 021	768	-
56	CI840086 : Various Facilities 8.4 - Fencing	8.4	Various	Health infrastructure improved	2-May-19	31-Oct-24	1 317	152	840	110	-
57	CI810077 : Piketberg - Piketberg Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	30-Dec-22	31-Mar-26	10 000	-	-	216	441
58	CI810084 : Riebeek West - Riebeek West Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	1-Dec-23	31-Jan-27	6 000	-	-	-	248
59	CI810097 : 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	CI820033 : 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	CI840026 : Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha)	8.4	West Coast	Health infrastructure improved	1-Apr-25	30-Jun-29	20 000	-	-	-	433
								TOTAL UPGRADES AND ADDITIONS	**86 965**	**223 416**	**181 209**

Rehabilitation, Renovation & Refurbishment

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 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 - Brewelskloof 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	CI860060 : 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	CI860051 : 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 - Nolungile 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

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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
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	HCI840007 : 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

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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
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	HCI850013 : 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

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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	HCI810014 : Dysselsdorp - Dysselsdorp Clinic - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	31-Jul-18	14-Nov-23	2 888	-	-	2 888	-
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 : Piketberg - 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 Appro-priation	Medium Term Estimates		
								2021/22 R000's	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
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	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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	-
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	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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 - Helderberg 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 decanting	8.4	City of Cape Town	Health infrastructure improved	2023/04/01	2025/03/30	6 000	-	-	2 000	4 000
52	CH840076 : Stikland - Stikland 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
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	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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	CH860057 : 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
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	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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 : Dysselsdorp - Dysselsdorp Clinic - HT - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	2023/04/01	2024/03/31	866	-	-	866	-
87	HCO810004 : 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 - Railton Clinic - HT - General maintenance (Alpha)	8.1	Overberg	Health infrastructure improved	2023/04/01	2024/03/31	400	-	400	-	-
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 CHC - 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	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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	-
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 : Piketberg - Radie Kotze 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

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2021/22 R000's	2022/23 R000's	2023/24 R000's	2024/25 R000's
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		
Purpose: Provision of infrastructure for new central hospital and soft facilities management services		
Outputs: • Preparation of a Feasibility Study for the Redevelopment of the existing Tygerberg Hospital (central hospital component only) using a Public Private Partnership procurement approach. • Review and revision of Feasibility Study to incorporate stakeholder comments. • Approval of the Feasibility Study as provided for in Treasury Regulation 16 in terms of the PFMA.		
Current annual budget R'000	**Date of termination**	**Measures to ensure smooth transfer of responsibilities**
1 276	To be determined[47]	Due to the size and complexity of the Hospital, its redevelopment is classified as a 'megaproject' and the support of not only provincial but also national stakeholders is required. The process of consultation and refinement of the draft Feasibility Study commenced in 2017. Positive feedback and constructive comments were received from National Treasury. Final amendments and review of the Feasibility Study is currently underway to finalise for submission to National Treasury for approval. The aim of this process, which was delayed due to the COVID-19 pandemic, is to attain stakeholder support and National Treasury approval for the most suitable approach to procuring value for money, fit-for-purpose health infrastructure that is affordable to build, equip and operate.

[47] The Tygerberg Hospital PPP is still a proposed project and is currently in the Feasibility Stage. Once National Treasury approves the Feasibility Study, this project will proceed to the procurement stage which will see the development of procurement documents.

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	Numerator: All DS-TB client died Denominator: 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

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	Numerator: All DS-TB client lost to follow up Denominator: 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 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

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 in the treatment outcome cohort.
Source of data	webDHIS
Method of calculation / assessed	Numerator: All DS-TB client successfully completed treatment Denominator: 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 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

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	Numerator: Antenatal 1st visit before 20 weeks Denominator: 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	Numerator ART adult remain in care – total Denominator ART adult start minus cumulative transfer out
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 400 as a proportion of ART adult viral load done at 12 months
Source of data	SINJANI (ART workbook) /DHIS
Method of calculation / assessed	Numerator ART adult viral load under 400 at 12 months Denominator ART adult viral load done at 12 months
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	Numerator ART child remain in care – total Denominator 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 (12 months)
Definition	ART child viral load under 400 as a proportion of ART child viral load done at 12 months
Source of data	SINJANI (ART Workbook)
Method of calculation / assessed	Numerator ART child viral load under 400 at 12 months Denominator 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

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	Numerator	Patient days (Sum of inpatient days and ½ day patients)
	Denominator	Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out
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 DoH, 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	• This includes bursaries for each year of study, not only the first year. • Scarce skills refer to staff shortages within an occupational category, e.g., radiographers, due to the department's inability to recruit and retain staff. Critical skill refers to skills shortages amongst existing staff, who, despite their formal qualifications, may require top up training or continuous clinical skills development, e.g., a doctor who may require basic life support training as an identified gap that exists within his/ her current competency level.

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	Numerator: Diarrhoea death under 5 years Denominator: Diarrhoea 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	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	Numerator: Pneumonia death under 5 years Denominator: 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	Numerator: Severe acute malnutrition (SAM) death under 5 years Denominator: Severe acute malnutrition inpatient 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	Numerator: Complaint resolved within 25 working days Denominator: 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	Numerator: Couple year protection Denominator: 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	Death under 5 years against live birth
Definition	Children under 5 years who died during their stay in the facility
Source of data	SINJANI; Clinicom
Method of calculation / assessed	Numerator: Death in facility under 5 years total (in Regional and Tertiary Hospitals) Denominator: 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	Numerator: Death in facility under 5 years total (in DHS and Referral Hospitals) Denominator: 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 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	Numerator: Delivery 10–19 years in facility (Delivery 10-14 years in facility] + [Delivery 15-19 years in facility) Denominator: 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	Numerator: All incidents with a mission time < 120 minutes Denominator: 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	Numerator: EMS P1 rural response under 60 minutes Denominator: 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	Numerator: EMS P1 urban response under 15 minutes Denominator: 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	Numerator: EMS P1 urban response under 30 minutes Denominator: 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	Numerator: HIV positive 15-24 years (excl ANC) Denominator: 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	Ideal clinic status obtained rate
Definition	Fixed PHC health facilities that obtained Ideal Clinic status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs and/or CDCs
Source of data	Ideal Health Facility software; SINJANI
Method of calculation / assessed	Numerator: Fixed PHC health facilities have obtained Ideal Clinic status Denominator: 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	Numerator: Immunised fully under 1 year Denominator: 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 10 weeks rate
Definition	Infants PCR tested around 10 weeks as a proportion of HIV exposed infants
Source of data	SINJANI
Method of calculation / assessed	Numerator: Infant PCR test positive around 10 weeks Denominator: Infant PCR test around 10 weeks
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	Numerator: Infant 1st PCR test positive at birth Denominator: Infant 1st PCR test at birth
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	Numerator: Patient days (Sum of inpatient days and ½ day patients) Denominator: Inpatient bed days available (Actual beds total x 30.42)
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	• Applicable to District, Regional, Central & Tertiary Hospitals • Provincial term for "usable beds" is "actual beds"

INDICATOR TITLE	Live birth under 2500g in facility rate
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	Numerator: Live birth under 2500g in facility Denominator: 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	Management endorsed prevention strategy by 2022/23
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	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	Numerator: Maternal death in facility (in Central , Regional and Tertiary Hospitals) Denominator: Not Applicable
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	Numerator	Maternal death in facility [in DHS and Referral Hospitals]
	Denominator	Live births known to facility (Live birth in facility plus baby born alive before arrival at facility) [in DHS and Referral Hospitals]
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 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	Numerator	Measles 2nd dose
	Denominator	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	Numerator: Mother postnatal visit within 6 days after delivery Denominator: 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	Numerator: Neonatal deaths (< 28 days) in facility (Death in facility 0-6 days] + [Death in facility 7-28 days) Denominator: 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	Numerator: Patient Experience of Care survey satisfied responses Denominator: 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	Numerator: Patient Safety Incident (PSI) case closed Denominator: Patient Safety Incident (PSI) case reported
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	Numerator: Number of Child Death Cases Reviewed Denominator: Total number of Child Death Cases
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	Numerator	Number of provincial hospitals achieving the Department's benchmark for average energy consumption per hospital bed per day
	Denominator	Number of provincial hospitals
Means of verification	Smart metering compared to actual invoicing	
Assumptions	• Accuracy dependent on the reliability of meter readings and availability of data. • Estimations will be used where data is not available (as is common practice with municipalities' metering systems). • Management at Health facilities is committed to optimising efficiencies.	
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	The provincial benchmark for each hospital has been set as follows: • 30 kWh/bed/day for District Hospitals with no central air-conditioning • 45 kWh/bed/day for District Hospitals fully air-conditioned • 30 kWh/bed/day for Regional Hospitals with no central air-conditioning • 45 kWh/bed/day for Regional Hospitals fully air-conditioned • 85 kWh/bed/day for Central and Tertiary Hospitals • 25 kWh/bed/day for Psychiatric Hospitals • 20 kWh/bed/day for TB Hospitals	

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	• 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. • Estimations will be used where data is not available (as is common practice with municipalities' metering systems). • Management at Health facilities is committed to optimising efficiencies.	
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	The Department's provincial benchmark for each hospital has been set as follows: • 200 litres of water/bed/day for Brooklyn Chest, DP Marais, Sonstraal and Valkenberg Hospitals • 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 • 400 litres of water/bed/day for Eerste River, Montagu, Murraysburg, Oudtshoorn, Prince Albert, Stikland and Vredenburg Hospitals • 450 litres of water/bed/day for Alexandra, Riversdale, Robertson and Wesfleur Hospitals • 500 litres of water/bed/day for Beaufort West, Brewelskloof, Ceres, Citrusdal, Laingsburg, Otto du Plessis, Victoria and Worcester Hospitals • 600 litres of water/bed/day for Lentegeur, Red Cross War Memorial Children and Stellenbosch Hospitals • 800 litres of water/bed/day for LAPA Munnik and Uniondale Hospitals • 900 litres of water/bed/day for Caledon, Groote Schuur and Karl Bremer Hospitals • 1 000 litres of water/bed/day for Tygerberg Hospital	

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	Numerator	Total number of health facilities with completed capital infrastructure projects i.e., Practical Completion Certificate (or equivalent) issued
	Denominator	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	Numerator	Pharmaceutical items that are in stock at the CMD
	Denominator	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	

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	Numerator: Severity assessment code (SAC) 1 Incidents reported within 24 hours Denominator: 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	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	Numerator: Vitamin A dose 12 - 59 months Denominator: 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

to the annual performance plan


Annexures

Annexure A. Amendments to the Strategic Plan

There are no amendments to the Strategic Plan 2020/25.

Annexure B. Conditional Grants

HUMAN RESOURCES AND TRAINING GRANT

Purpose of the Grant
- Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.

Performance Indicators	Targets
Number of Registrars supervised on the service platform that receives partial funding support from the Health Professional Training and Development Grant Funding	144 (registrars)
Number of adequately skilled and capacitated health professionals in service delivery platform	384 (medical interns)

NATIONAL TERTIARY SERVICES GRANT

Purpose of the Grant
- To ensure provision of tertiary health services for all South African citizens (including documented foreign nationals).
- To compensate tertiary facilities for the additional costs associated with provision of these services.

Performance Indicators	Targets
Number of approved and funded tertiary services provided by the Western Cape Department of Health	47

COMPREHENSIVE HIV/AIDS AND TB GRANT

Purpose of the Grant
- To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing.
- To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care.
- To subsidise in-part funding for the antiretroviral treatment plan.
- To provide financial resources in order to accelerate the effective implementation of a programme that has been identified as a priority in the 10-point plan of the National Department of Health.
- The grant is utilised in line with the National Operational Plan for HIV and AIDS Care, Management and Treatment in South Africa, the National and Provincial HIV / AIDS / STI Strategic Plans 2017-2022 and Healthcare 2010.

Performance Indicators	Targets
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)	55 754
HIV test positive child 19-59 months	*Targets not available at the time of tabling the APP*
HIV test positive child 5-14 years	3 331
Health facilities offering MMC	74
Medical Male Circumcisions performed	21 887
High volume MMC sites providing package of Men's Health services	*Targets not available at the time of tabling the APP*
Adult started on ART during this month - naïve	50 314

New patients started on Antiretroviral treatment	53 514
Patients on ART remaining in care	366 876
Adult remaining on ART – total	350 930
Adult lost to follow up (LTF) rate at 6 months	30
Adult with Viral load completion (VLD) rate at 6 months	95
Adult with Viral load suppressed (VLS) rate at 6 months	95
Child under 1-year naïve started ART	*Targets not available at the time of tabling the APP*
Child 12-59 months naïve started ART	*Targets not available at the time of tabling the APP*
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
Patients referred for chronic meds defaulting	*Targets not available at the time of tabling the APP*
Adherence clubs	*Targets not available at the time of tabling the APP*
Patients participating in adherence clubs	126 995
HTA intervention sites	180
Peer educators receiving stipends	100
Male Urethritis Syndrome treated - new episodes	40 965
Individuals who received an HIV service /referral at High Transmission Area sites (HTS, ART, PreP, TB, STIS, Psych)	88 189
Individuals from key populations reached with outreach services IEC, dialogues, health education, HTS, support groups)	120
Antenatal 1st visit before 20 weeks rate	75
Antenatal client HIV re-test rate	90
Antenatal clients initiated on ART	6 811
Mother postnatal visit within 6 days rate	63
Infant Polymerase Chain Reaction test around 10 weeks	13 960
Infant 1st PCR test positive around 10 weeks rate	0.60
Couple year protection rate	68
Infant PCR test at birth	10 382
Infant PCR test at birth positive	89
People at risk started on PrEP	31 660
New sexual assault case HIV negative issued with Post Exposure Prophylaxis	5 548
HIV new positive eligible client initiated on TPT	22 839

Numbers of patients referred to facilities	*Targets not available at the time of tabling the APP*
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
Number of patients tested for TB using Xpert	240 959
Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay	45 000
DS-TB treatment start (under 5yrs, 5yrs and older combined)	*Targets not available at the time of tabling the APP*
TB Rifampicin Resistant /MDR/ pre-XDR treatment start rate	90
Number of CHWs receiving a stipend	3 981
Total Remaining on PrEP	3 737
TB symptom clients screened in facility rate (under 5 yrs and 5 yrs and older)	63
Number of clients screened for symptoms in health facilities	8 232 068
Number of newly diagnosed HIV positive patients tested for TB	57 736
Number of patients tested for TB using Xpert	240 959
Client 5 yrs and older start on treatment rate	90
Number of eligible clients initiated on Delanamid containing regimen	260
Number of clients initiated on new drug resistant-TB drugs	1 686
Percentage of confirmed TB Rifampicin Resistant patients started on treatment	90
Number of HIV defaulters traced	23 821
Number of TB defaulters traced	2 191
Number of CHWs trained	3 981
Number of forensic mental evaluations conducted at designated Psychiatric hospital	240
Number of forensic mental evaluations conducted	240
Number of Psychiatrists, Psychologist and Registered Counsellors contracted to provide mental health services in the province	23
Number of eligible people with mental health problem seen by contracted Psychologist and Registered Counsellors	25 200

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	49
Increased average duration of the work opportunities created	Average duration of 1 year[48]
Number of full-time equivalents (FTEs) to be created by the grant	14

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 (105) and Forensic Pathology Assistants (100)	205

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
Health Professionals appointed for number of sessions per week	911
Number of patients treated within Comprehensive Package of care per session	3
Number of Psychiatrists, Psychologist and Registered Counsellors contracted to provide mental health services in the Province.	23
Number of eligible people with mental health problem seen by contracted Psychologist	25 200
Number of forensic mental evaluations conducted at designated Psychiatric hospital.	240
Number of forensic mental evaluations conducted	240

HEALTH FACILITY REVITALISATION GRANT

Purpose of the Grant

- To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including health technology, organisational development systems and quality assurance
- To enhance capacity to delivery health infrastructure
- To accelerate the fulfilment of the requirements of occupational health and safety

Performance Indicators	Targets
Number of PHC facilities constructed or revitalised	3[49]
Number of hospitals constructed or revitalised	1[50]
Number of facilities maintained, repaired and / or refurbished	9[51]

[48] There is an option to extend for an additional year.
[49] 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 2022/23.
[50] 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 2022/23.
[51] This figure includes facilities where projects categorised as Renovations, Rehabilitation or Refurbishments or Scheduled Maintenance are estimated to achieve Practical Completion (or equivalent) in 2022/23.

Annexure C. Consolidated Indicators

OUTPUT INDICATOR	INSTITUTION	ANNUAL TARGET	DATA SOURCE
OUTPUT: Women's Health Services			
Antenatal 1st visit before 20 weeks rate	Primary health care facilities	73.6%	SINJANI
Mother postnatal visit within 6 days rate		62.8%	SINJANI
Delivery in 10 – 19 years in facility rate		10.7%	SINJANI
Couple year protection rate		57.9%	SINJANI; current population circular based on Stats SA
Maternal Mortality in facility Ratio	DHS and all referral hospitals	69.9 / 100000 live births	SINJANI
OUTPUT: Child Health Services			
Infant 1st PCR test positive around 10 weeks rate	Primary health care facilities	0.5%	SINJANI
Immunisation under 1 year coverage		86.0%	SINJANI; current population circular based on Stats SA
Measles 2nd dose coverage		82.5%	SINJANI; current population circular based on Stats SA
Vitamin A 12 – 59 months coverage		50.0%	SINJANI; current population circular based on Stats SA
Neonatal death in facility rate		7.8 / 1000 live births	SINJANI
Live births under 2500g in facility rate	District Hospitals	11.1%	SINJANI
	Regional Hospitals	14.9%	SINJANI
	Central Hospitals	35.4%	SINJANI
Child under 5 years diarrhoea case fatality rate	District Hospitals	0.1%	SINJANI
	Regional Hospitals	0.3%	SINJANI
	Central Hospitals	0.2%	SINJANI
	Tertiary Hospital	0.5%	SINJANI
Child under 5 years pneumonia case fatality rate	District Hospitals	0.1%	SINJANI
	Regional Hospitals	0.5%	SINJANI
	Central Hospitals	0.3%	SINJANI
	Tertiary Hospital	0.4%	SINJANI
Child under 5 years severe acute malnutrition case fatality rate	District Hospitals	7.9%	SINJANI
	Regional Hospitals	2.2%	SINJANI
	Central Hospitals	0.9%	SINJANI
	Tertiary Hospital	1.0%	SINJANI
Deaths under 5 years against live birth	DHS and all referral hospitals	1.2%	SINJANI
	Regional Hospitals	291	SINJANI
	Central Hospitals	458	SINJANI
	Tertiary Hospital	146	SINJANI

Maternal Mortality in facility	Regional Hospitals	13	SINJANI
	Central Hospitals	36	SINJANI
ART child remains in care rate	Primary health care facilities	62.7%	SINJANI (ART Workbook)
ART child viral load suppressed rate		71.8%	SINJANI (ART Workbook)
OUTPUT: HIV/AIDS, STI & Tuberculosis Services			
ART adult remain in care rate	Primary health care facilities	57.2%	SINJANI (ART Workbook)
ART adult viral load suppressed rate		92.4%	SINJANI (ART Workbook)
HIV positive 15-24 years (excl ANC) rate		1.5%	SINJANI
All DS-TB client death rate		3.5%	webDHS
All DS-TB client LTF rate		13.7%	webDHIS
All DS-TB Client Treatment Success Rate		81.0%	webDHS
OUTPUT: Technically Efficient Provincial Health System			
Complaint resolution within 25 working days rate	District Hospitals	91.9%	Ideal Health Facility Monitoring System – CCS module
	Regional Hospitals	97.0%	Ideal Health Facility Monitoring System – CCS module
	Central Hospitals	91.3%	Ideal Health Facility Monitoring System – CCS module
	Tertiary Hospital	95.0%	Ideal Health Facility Monitoring System – CCS module
	Specialised Hospitals	97.4%	Ideal Health Facility Monitoring System – CCS module
Patient Experience of Care satisfaction rate	District Health System	80.5%	SINJANI
	Regional Hospitals	81.9%	SINJANI
	Central Hospitals	80.3%	SINJANI
	Tertiary Hospital	80.2%	SINJANI
	Specialised Hospitals	83.0%	SINJANI
Severity assessment code (SAC) 1 Incidents reported within 24 hours rate	District Health System	78.1%	Ideal Health Facility Monitoring System
	Regional Hospitals	90.6%	Ideal Health Facility Monitoring System
	Central Hospitals	100.0%	Ideal Health Facility Monitoring System
	Tertiary Hospital	71.4%	Ideal Health Facility Monitoring System
	Specialised Hospitals	84.6%	Ideal Health Facility Monitoring System
Patient safety incidence case closure rate	District Health System	98.0%	Ideal Health Facility Monitoring System
	Regional Hospitals	96.3%	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	97.7%	Ideal Health Facility Monitoring System

OUTPUT: Accessible Health Care Services			
Average length of stay	District Hospitals	3.4 days	SINJANI
	Regional Hospitals	4.3 days	SINJANI
	Central Hospitals	7.0 days	SINJANI
	Tertiary Hospital	4.4 days	SINJANI
Inpatient bed utilization rate	District Hospitals	86.7%	SINJANI
	Regional Hospitals	88.1%	SINJANI
	Central Hospitals	87.0%	SINJANI
	Tertiary Hospital	75.0%	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.

Due to the ongoing COVID-19 pandemic, the associated demand on the health service platform and the demanding vaccination drive, no specific projects were implemented in the 2021/22 financial year. Furthermore, no immediate projects are planned for 2022/23.

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