



Western Cape
Government



Department of Health and Wellness

Annual Performance Plan

2023-2024

Executive Authority Statement

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

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

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

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

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

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

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

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

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

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

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

I endorse the 2023/24 Annual Performance Plan.

Accounting Officer Statement

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

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

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

Official Sign-off

It is hereby certified that this Annual Performance Plan:

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

Signature:



Dr S Kariem [Chief of Operations]

Signature:



Mr S Kaye [Head of Corporate Services]

Signature:



Ms N Nkosi [Chief Director of the Strategic Cluster]

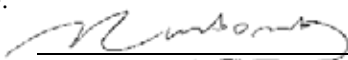
Signature:



Dr K Cloete [Accounting Officer]

APPROVED BY

Signature:



Minister Nomafrench Mbombo [MEC for Health]

Acronyms

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

| | |
|-------------------|--|
| PCR | Polymerase chain reaction |
| PHC | Primary Health Care |
| PHCIS | Primary Health Care Information System |
| PPP | Public Private Partnership |
| PSI | Patient Safety Incident |
| PT | Provincial Treasury |
| SAC | Severity Assessment Code |
| 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 |
| WCGHW | Western Cape Government Health and Wellness |
| WCGTPW | Western Cape Government Transport and Public Works |

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PART A

OUR MANDATE

PART A: Our Mandate

Legislative Mandates

National

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

National Health Act (Act No. 61 of 2003)

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

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

National Health Act (Act No. 61 of 2003)

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

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

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

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

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

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

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

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

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

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

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

Western Cape District Health Councils Amendment Act, 2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Regulations relating to the Criteria and Process for the Clustering of Primary Health Care Facilities, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

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

Policy Mandates

International

2030 Agenda for Sustainable Development, 2015 (Goal 3)

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

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

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

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

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

National

National Development Plan (NDP), 2030

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

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

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

Revised Medium Term Strategic Framework (MTSF) 2019/24

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

Provincial

2019-2024 Provincial Strategic Plan (PSP), 2020

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

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

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

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

Western Cape Recovery Plan

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

Departmental Policies & Strategies

Healthcare 2030 – The Road to Wellness, 2014

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

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

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

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

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

Relevant court rulings

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



PART B

OUR STRATEGIC FOCUS

Part B: Our Strategic Focus

Vision

Access to person-centred quality care

Mission

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

Values



Situational Analysis

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

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

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

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

External Environment

Demographics

The 2022 mid-year population estimates by Statistics South Africa (Stats SA) have projected the population in the Western Cape (WC) to be approximately 7 212 142¹, which is 11.9 per cent of South Africa's population. Fifty-one per cent of the total population are females. About 24.1 per cent of the population in the Western Cape is below the age of 15, and 10.7 per cent of the population is 60 years and older. The average fertility rate in the Province is estimated to decline from 2.04 to 2.01 between the periods 2016-2021 and 2021-2026.

The Western Cape has been a receiving province for in-migration, due to a range of improved socio-economic opportunities including education, jobs and health. It is estimated to receive the second highest migrant inflow of the nine provinces with a total of 460 489 net in-migration expected for the period 2021-2026² (See figure 1).

¹ Mid-year population estimates 2022, presentation, Statistical Release P0302, Statistics South Africa

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

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

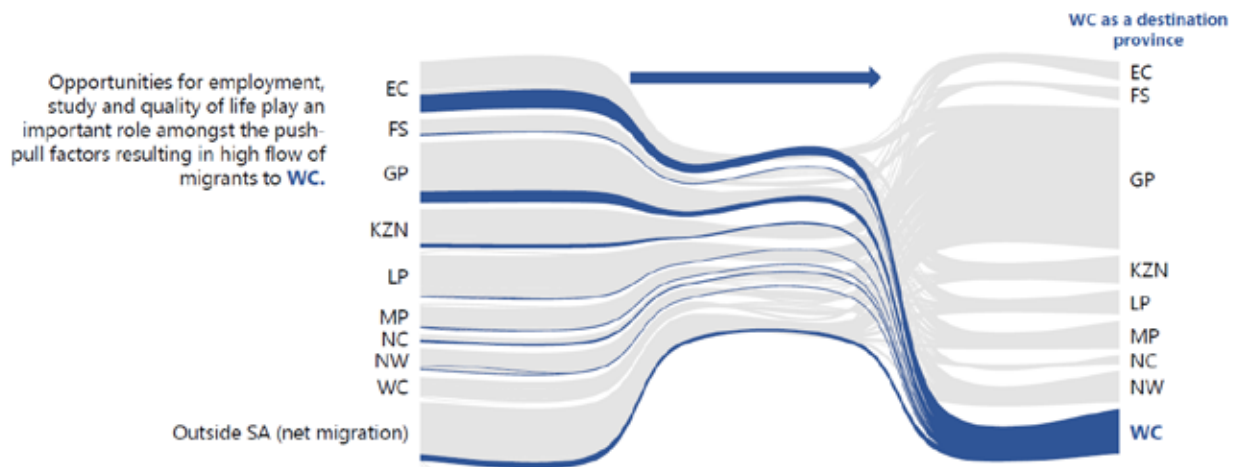


Figure 1: Migration patterns in South Africa

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

Social Determinants of Health

The onset of the COVID-19 pandemic resulted in considerable slowdown in global economic activity and growth. A brief recovery in 2021 was followed by increased risks in 2022, including the war in Ukraine, high levels of inflation, a decrease in global output, particularly in China, and lingering supply chain issues. Economic activity in 2023 will continue to be curtailed by the increase in interest rates by central banks and the war in Ukraine, however the reopening of China is expected to mitigate against this. Consequently, the expected global growth for 2023 is expected to decrease to 2.9 per cent from the 3.4 per cent seen in 2022³.

³ World Economic Outlook, January 2023. *International Monetary Fund*

The South African economy contracted in the second quarter of 2022, with inflation reaching the highest levels in 5 years⁴. Growth expectations remain low due to high inflation rates, increasing unemployment, unreliable energy supply and high interest rates. The IMP has halved the country's expected growth in 2023 to 1.2 per cent⁵.

The official unemployment rate in South Africa at the end of quarter 3 of 2022 was 32.9 per cent, while that in the Western Cape was 24.5 per cent⁶. Over the last decade, the proportion of people experiencing long term unemployment increased from 67.2 per cent in quarter 3 of 2012 to 77 per cent in quarter 3 of 2022. The NEET (not in employment, education or training) rate for 15-34 year olds was 44 per cent at the end of 2022, up by 2 per cent from the same time in 2021.

The World Economic Forum Global Risks Report 2023 indicates that the five biggest risks posed to South Africa are: state collapse, the debt crisis, collapse of services and public infrastructure, the cost-of-living crisis, and the employment of livelihood crisis⁷. Furthermore, South Africa is currently in the grip of an energy crisis, with insufficient electricity generation capacity leading to rolling blackouts, which started in 2007 and have escalated in intensity since then with 2022 being the worst year on record. This has a significant impact on the economic growth of the country⁸ and there is also correlated with higher levels of crime during periods of loadshedding⁹. Furthermore, the announcement of stage 6 loadshedding was associated with a drop in the well-being of South Africans, as measured by a happiness index which uses machine learning methods for natural language processes to assess emotions¹⁰. This decrease in happiness (increases in disappointment, anger and distress) could be associated with future increases in crime, strikes and protests. This environment could potentially contribute to poor mental health outcomes and be associated with concerns for higher levels of unemployment and poverty in the future.

Poverty levels in the Western Cape remain relatively high, with 45.9 per cent of the population living below the poverty line of R890 per month. The number of people living below the poverty line increased by 10.2 per cent between 2012 and 2021. The largest number of people living below the poverty line was in 2020, due to the recession precipitated by COVID-19. The food access inadequacy rate was 19.5 per cent in 2021⁴. These statistics point to a greater future demand on the public health system as fewer people can afford to access private medical services and more people become susceptible to malnutrition and other conditions related to poverty.

Mental health disorders continue to add to the burden on services and detract from the wellbeing of the population¹¹. This was exacerbated by pandemic-related restrictions and risks. Distress caused by restriction

⁴ 2022 Provincial Economic Outlook and Review. *Western Cape Provincial Treasury*

⁵ World Economic Outlook, January 2023. *International Monetary Fund*

⁶ Quarterly Labour Force Survey Q3:2022. *Statistics South Africa*

⁷ The Global Risk Report 2023. *World Economic Forum*

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

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

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

¹¹ 2022 Provincial Economic Outlook and Review. *Western Cape Provincial Treasury*

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

The current socio-economic conditions not only exacerbate the existing burden of disease, but they can also do so exponentially through the synergistic interplay between different conditions. Tuberculosis and mental health can illustrate this. The prevalence of depressive symptoms among tuberculosis patients have been found to be relatively high¹². The rate of depression was also found to be higher among drug-resistant TB patients compared to drug sensitive TB patients. Mental health conditions have also been found to be risk factors for symptomatic TB, and people diagnosed with a mental health condition including depression had a higher incidence of TB compared to those without a mental health condition¹³. Therefore, not only will there be a greater future demand on public health services, but services will have to become strongly oriented toward screening, prevention and primary health care services in order to appropriately address the burden of disease.

Climate Change

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

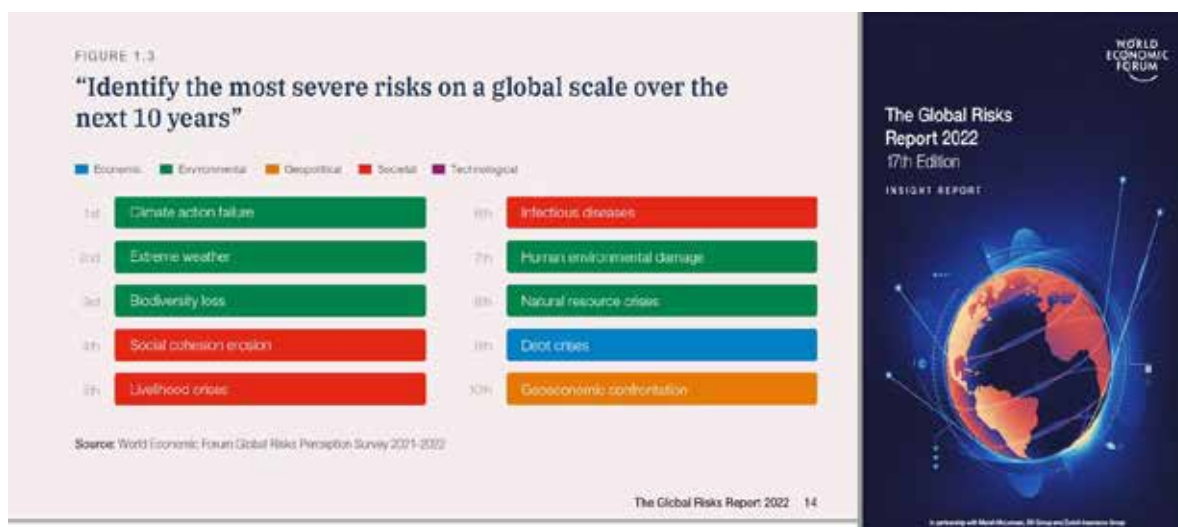


Figure 2: Top ten global risks for 2022 as identified by World Economic Forum

According to Wikipedia¹⁴, climate change in South Africa is leading to increased temperatures and rainfall variability. Evidence shows that extreme weather events are becoming more prominent due to climate change.

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

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

¹⁴ Climate change in South Africa. Available: https://en.wikipedia.org/wiki/Climate_change_in_South_Africa (Accessed: 18 November 2022).

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

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

In a press release in November 2022, The World Bank¹⁵ states that South Africa can build a more inclusive, resilient, and sustainable economy while simultaneously responding to climate change, says the World Bank's Country Climate and Development Report launched today with South Africa's Presidential Climate Commission. The report highlights key policies and investments needed to achieve South Africa's climate goals through a "triple transition" that is low-carbon, climate-resilient and just.

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

On 14 September 2021, Cabinet approved South Africa's updated climate change mitigation target range to 2030 contained in its Nationally Determined Contribution for submission to the United Nations Framework Convention on Climate Change (Republic of South Africa, 2021). In this note the relationship between the new economy wide mitigation targets, and that required from the power sector is set out. The updated Nationally Determined Contribution target range is expressed as being between 398 and 510 Mt CO₂ equivalent in 2025, and between 350 and 420 Mt CO₂ equivalent in 2030 (South African Cabinet, 2021).

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

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

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

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

COVID-19 Pandemic

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

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

COVID-19 presented several challenges to governments and healthcare providers as SARS-CoV-2 is highly infectious, more so than influenza¹⁶; and asymptomatic SARS-CoV-2 positive people can transmit the virus to other people¹⁷.

South Africa experienced 4 waves of infection of COVID-19, each driven by a different variant of the virus. The predominant circulating variant during wave 1 as the Alpha variant, of which the first documented sample was identified in the United Kingdom¹⁸. The second, third and fourth waves were driven by the Beta (first identified in South Africa), Delta (first identified in India) and Omicron (first identified in South Africa), respectively.

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

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

¹⁷ Do asymptomatic carriers of SARS-COV-2 transmit the virus. Muller, C.P. *The Lancet Regional Health* 2021

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

case numbers and hospitalisations and deaths, as vaccination protected against severe COVID-19. Wave 4 saw a change in the profile of COVID-19 deaths in the province¹⁹, with fewer deaths associated with severe COVID (i.e. evidence of pneumonia); more deaths being COVID-associated (no evidence of pneumonia and presence of another condition as the primary cause of death, e.g. diabetes); more deaths being coincidental to COVID (i.e. COVID was not the cause of hospital admission); and more deaths being indeterminate (i.e. other forms of pathology could not be excluded as the primary cause of death).

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

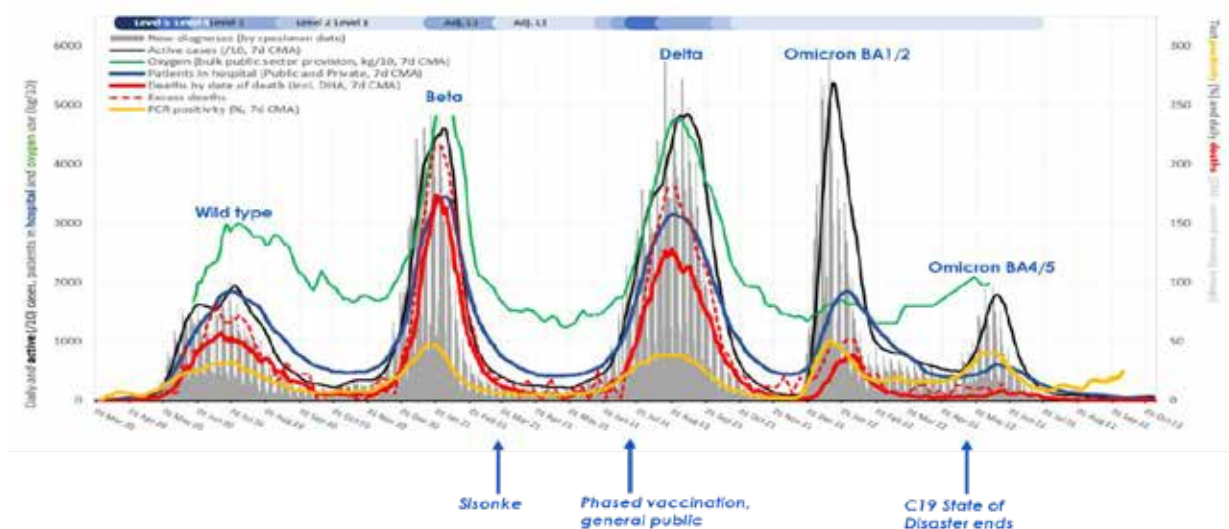


Figure 3: COVID-19 evolution in the Western Cape

but rather by sub-lineages of the Omicron variant. This may indicate that the pattern of SARS-CoV-2 evolution is shifting so that it becomes endemic²⁰. Another subvariant of Omicron, XJB.1.5, has subsequently been detected in South Africa but the numbers in the country remain low, with two cases detected in samples collected in late December 2022 and 15 cases identified in early January 2023. No data is available to confirm if XJB.1.5 will cause more severe disease than other Omicron sub-lineages and currently it behaves like all other sub-lineages, although it is highly transmissible.

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

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

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

COVID-19 Vaccinations

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

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

In total 47.68 per cent of people in the Western Cape have been fully vaccinated²¹. For adults (18 and older), the vaccination coverage is 61.10%. For those 50 years and older (generally more vulnerable to severe COVID) the vaccination coverage is 67.98%. Broken down into age categories is as follows:

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

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

Quadruple Burden of Disease

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

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

time and was the only province to do so. Following the roll out of ARVs, an increase of 11.5 years was made in life expectancy in the country between the period 2007 and 2019, with the Western Cape experiencing an increase of 3.8 years over the same period. See figure 4²². The Western Cape has the highest life expectancy of all the provinces and consequently, with the highest healthy life expectancy. Owing to the association between older age and NCDs, Western Cape also has a higher proportion of disability adjusted life years related to NCDs.

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

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

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

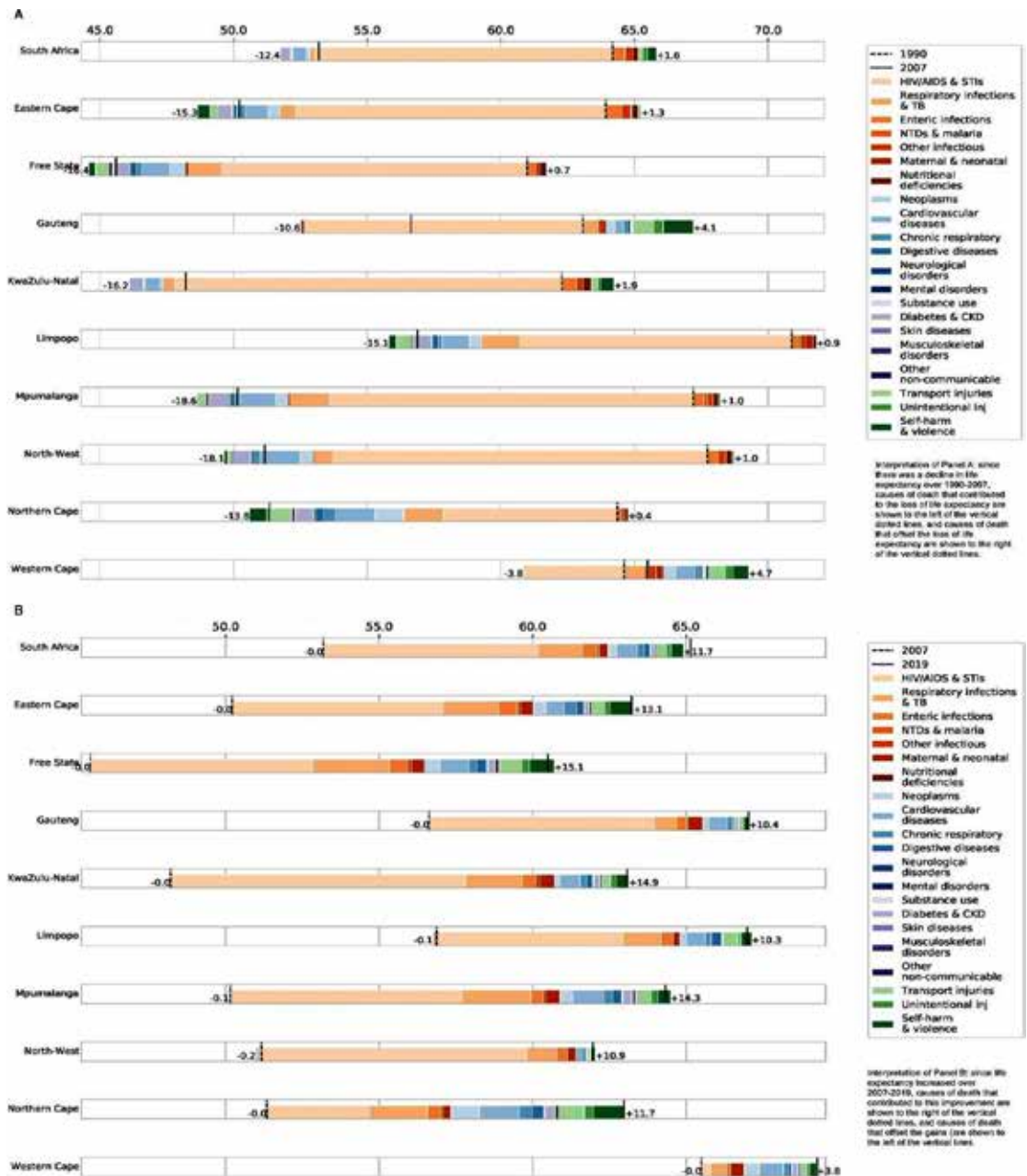


Figure 4: Life expectancy in South Africa, 1990-2007 (top) and 2007-2019 (bottom)

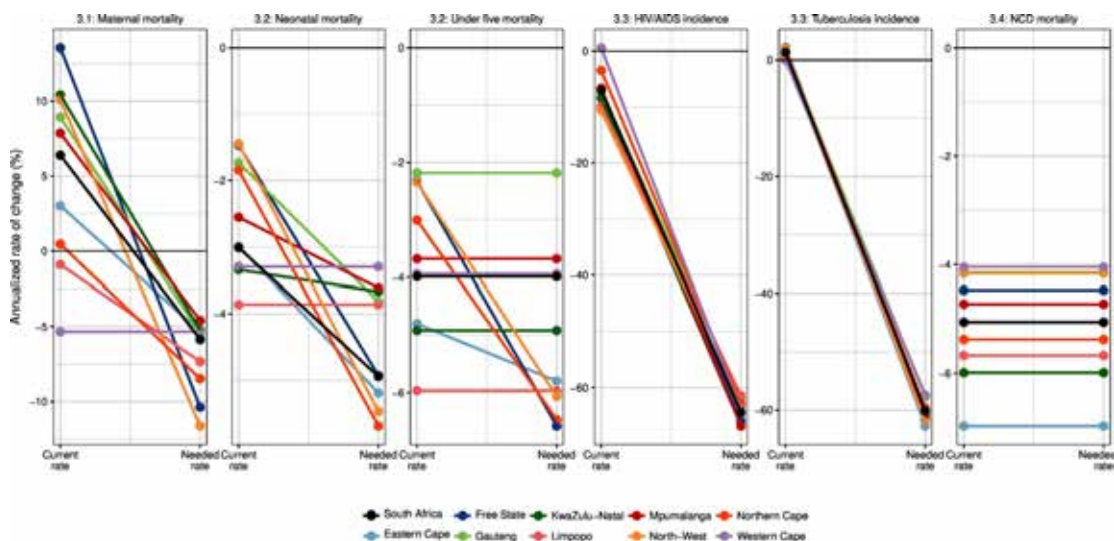


Figure 5: Progress toward SDG goals in South Africa

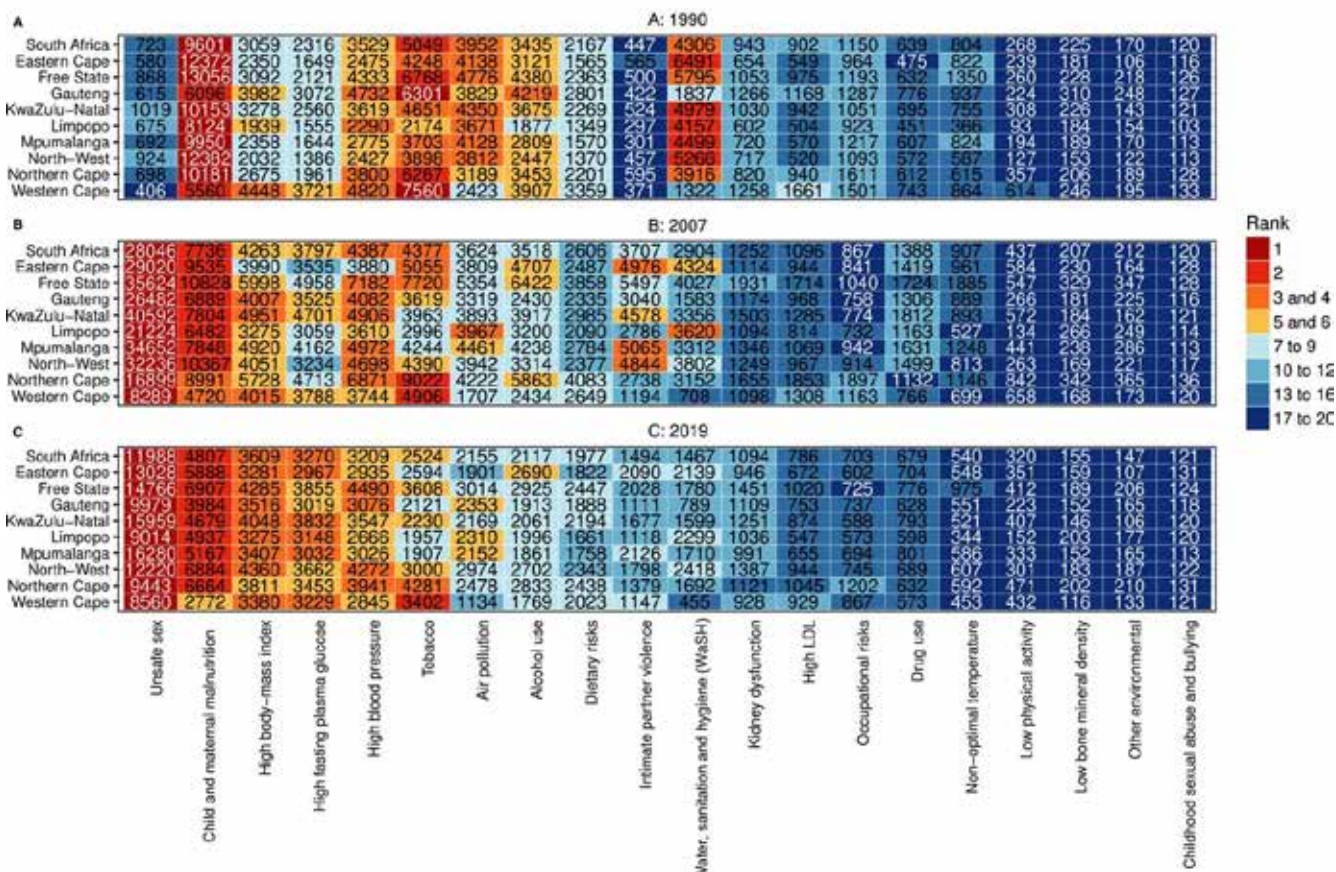


Figure 6: Risk factors for loss of healthy life years

Woman and Child Health Services

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

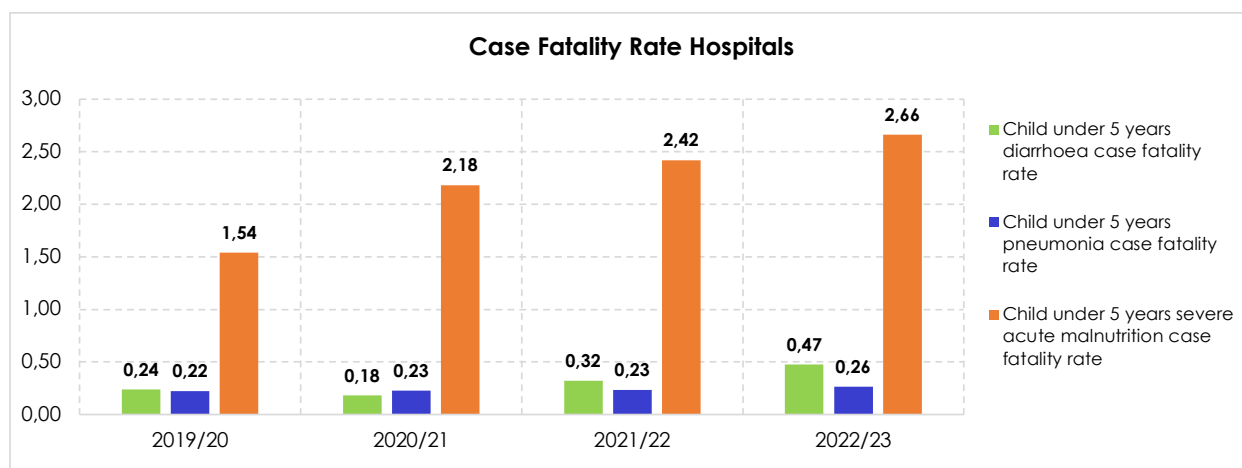


Figure 7: Under 5 case fatality rate

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

Table 1: Severe acute malnutrition deaths across all hospital

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

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

and Rural districts up to the end of December 2022 (Figure 9). This drop in immunisation coverage is concerning, particularly as an alert for pertussis cases in children has recently been issued by the NICD²³.

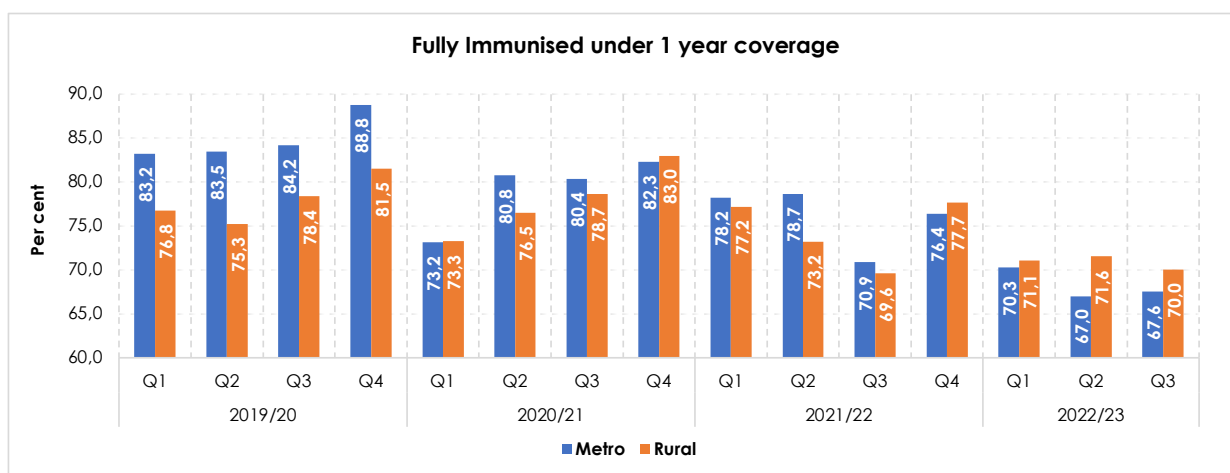


Figure 9: Immunisation under 1 year coverage

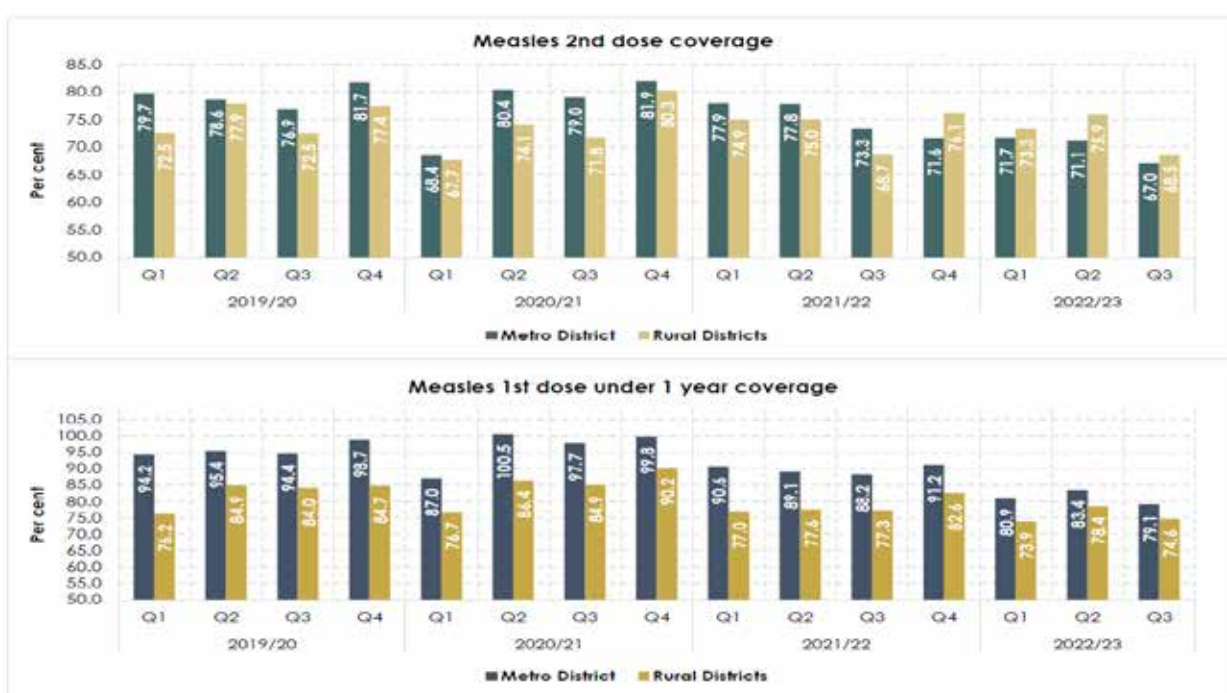


Figure 10: Measles vaccination coverage

Measles vaccination coverage for the second dose follows the same pattern as fully immunized (figure 10). The vaccination coverage does not seem adversely affected by the pandemic (actually increasing during 2020-21) followed by a decrease from April 2021. Measles outbreaks have been declared in the Free State, Gauteng, Limpopo, Mpumalanga and North-West Provinces between October and December 2022²⁴. Over this same period, 4 confirmed measles cases were reported in the Western Cape, at the time not meeting

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

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

the criteria for an outbreak (three or more confirmed laboratory cases reported within 30 days). However, on 20 February 2023 an alert of an outbreak in the Western Cape, in the City of Cape Town Metropolitan District, was issued by the National Institute for Communicable Diseases²⁵. A catch-up measles vaccination is currently underway in which all children up to 15 years of age are eligible for an additional measles vaccine.

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

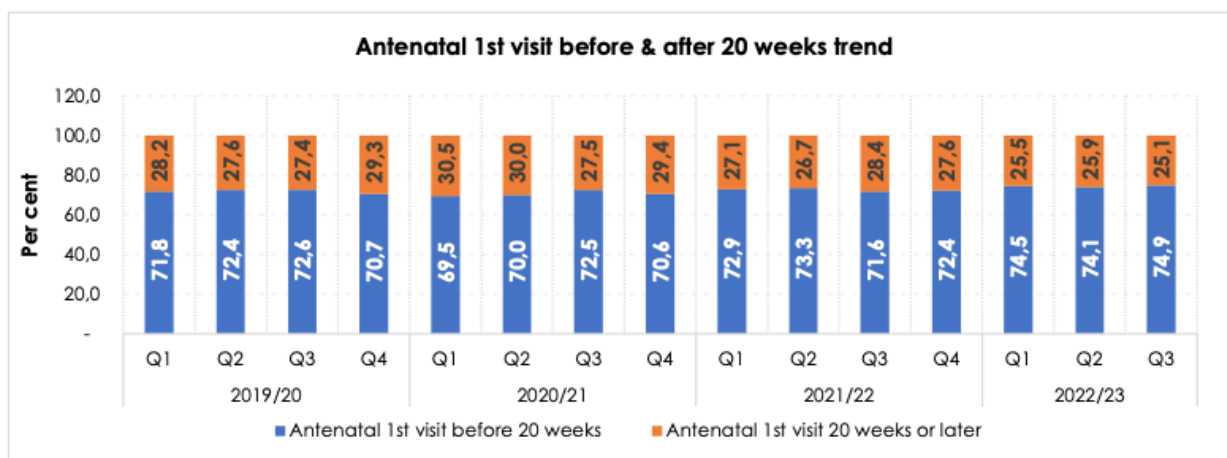


Figure 11: Antenatal client visit before and after 20 weeks

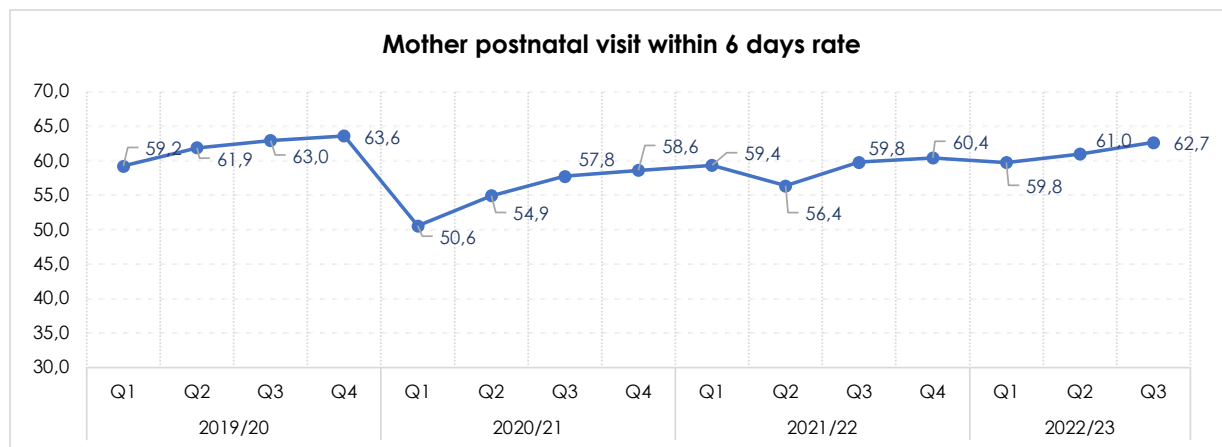


Figure 12: Postnatal visit within 6 days following delivery

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

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

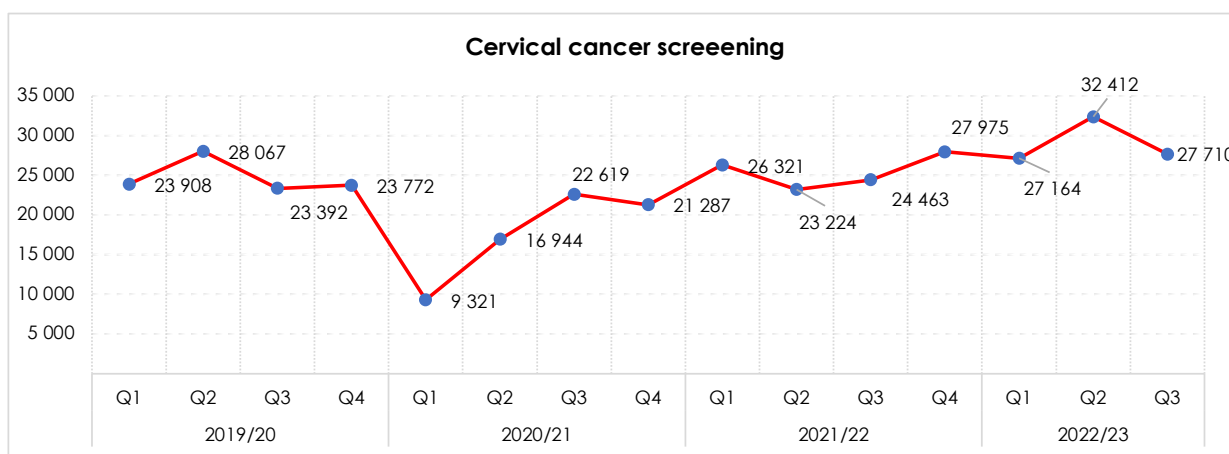


Figure 13: Cervical screening

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

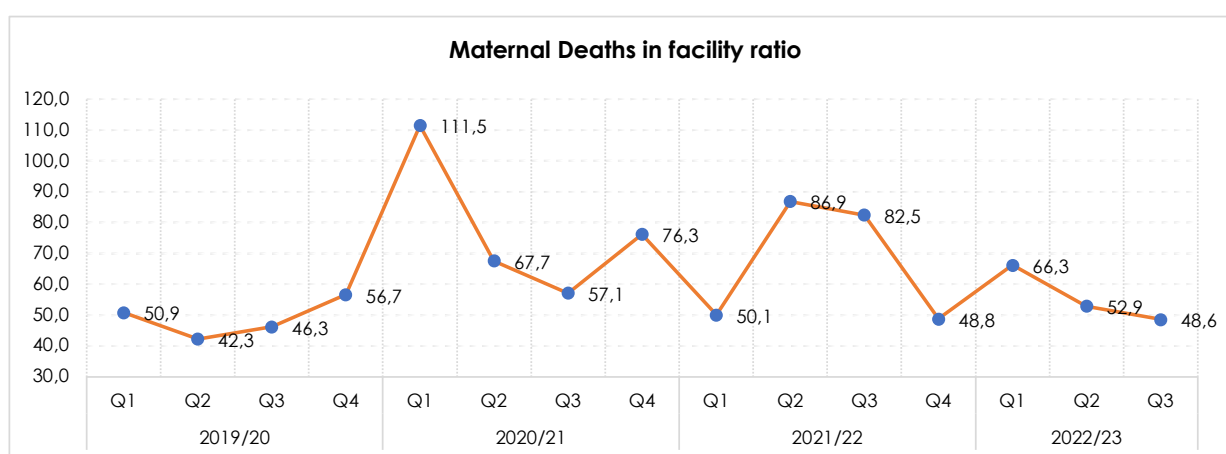


Figure 14: In-facility maternal deaths

HIV/AIDS and TB Services

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

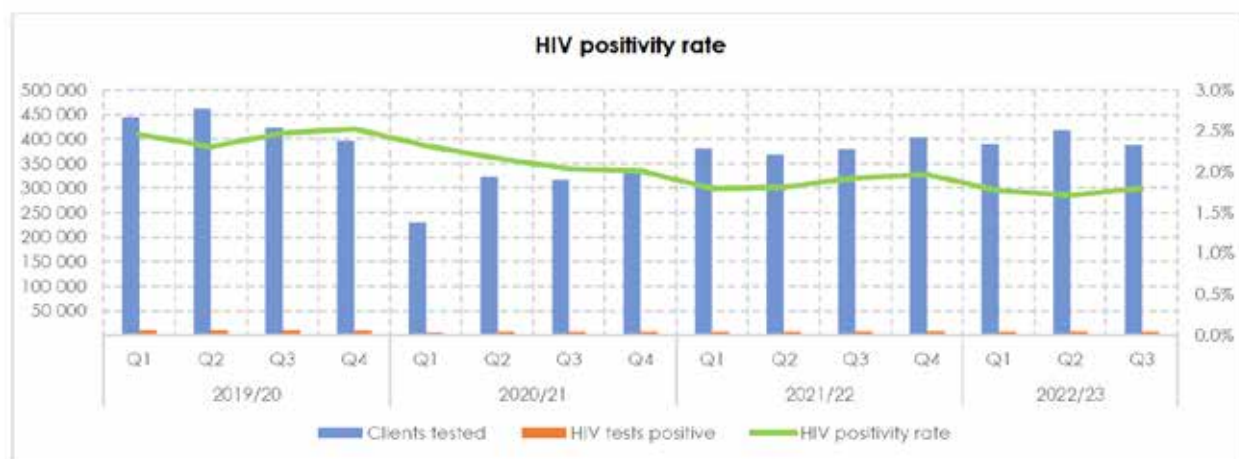


Figure 15: Clients tested for HIV, HIV positive tests and HIV positivity rate

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



Figure 16: Linkage to care: ART initiation



Figure 17: Retention in care: ART

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

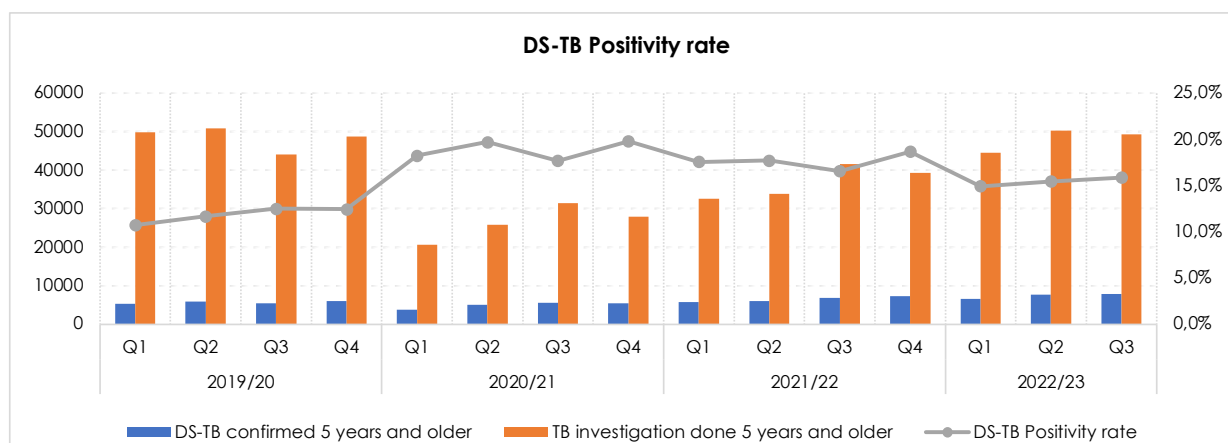


Figure 18: TB testing and positivity rate

TB programmes were negatively affected by the demand COVID-19 placed on the services. Figure 20 shows the 28 day moving average²⁶ of TB detection in the Western Cape. Waves 1-4 are demarcated and there is a clear decrease in the number of cases detected during these periods of increased COVID cases and hospitalizations. This is likely to do the corresponding restrictions on movement with the associated lockdowns, particularly in the ease of accessibility to health facilities for non-COVID health issues. Reduced TB detection in an area of high TB burdened could be considered a reflection of decreased screening as well as have implications for further dissemination of TB as infected people continue to transmit while they are not receiving treatment.

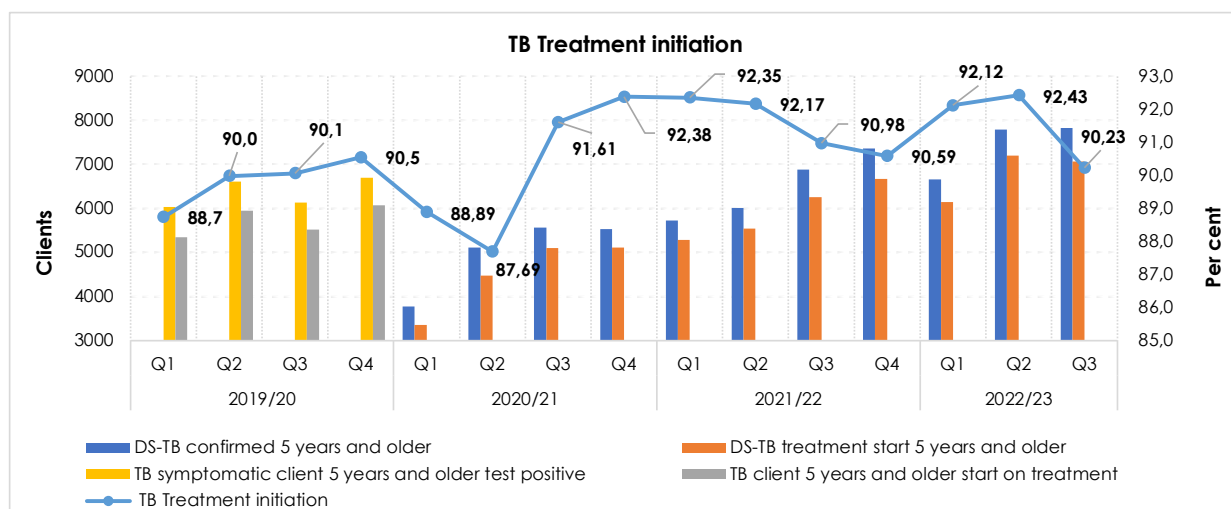


Figure 19: TB treatment initiation

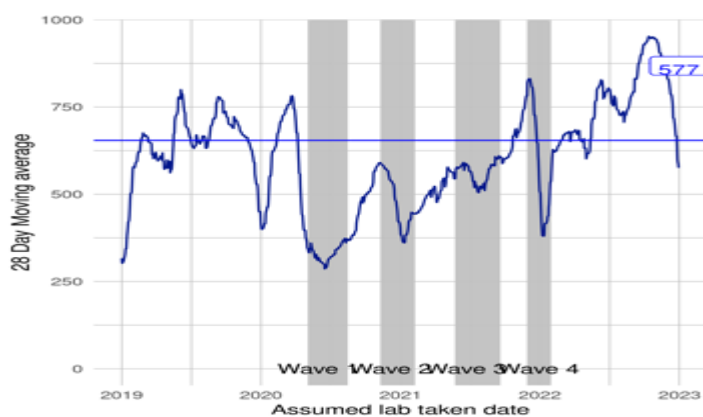


Figure 20: 28 day moving average of TB detection

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

Non-communicable diseases

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

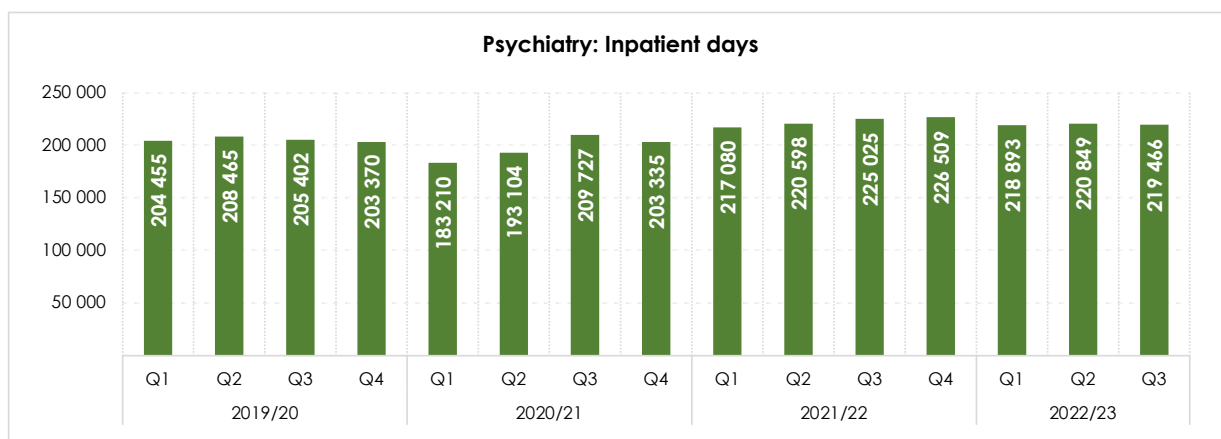


Figure 21: Psychiatry inpatient days

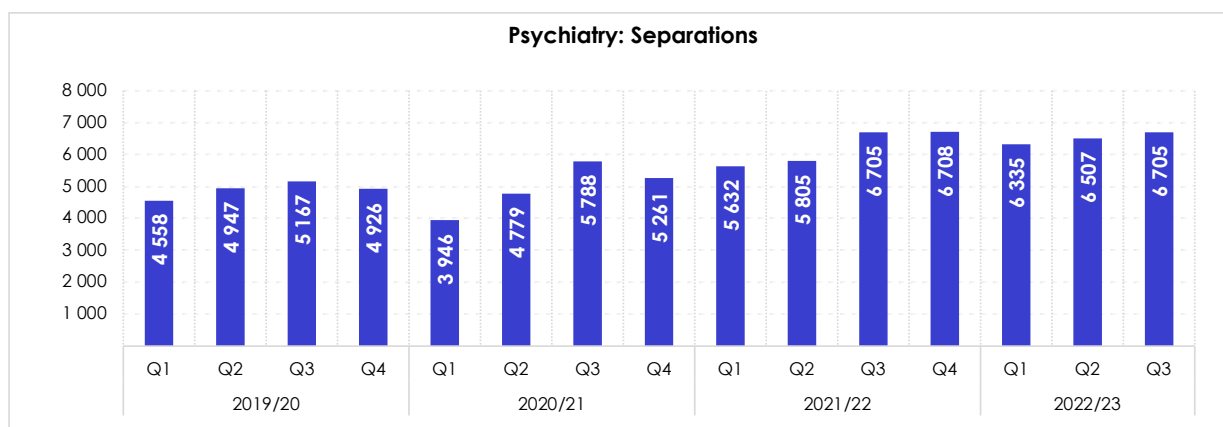


Figure 22: Psychiatric separations

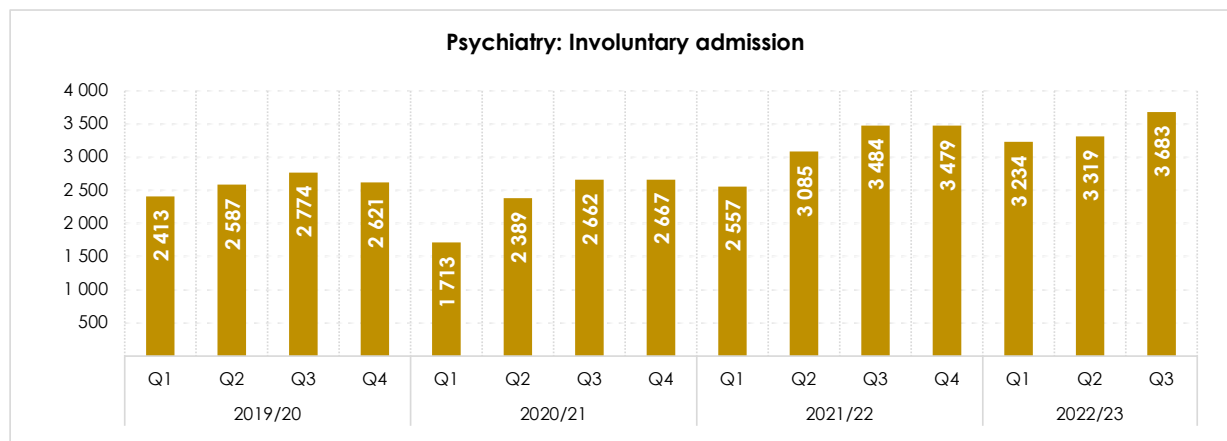


Figure 23: Involuntary psychiatric admissions

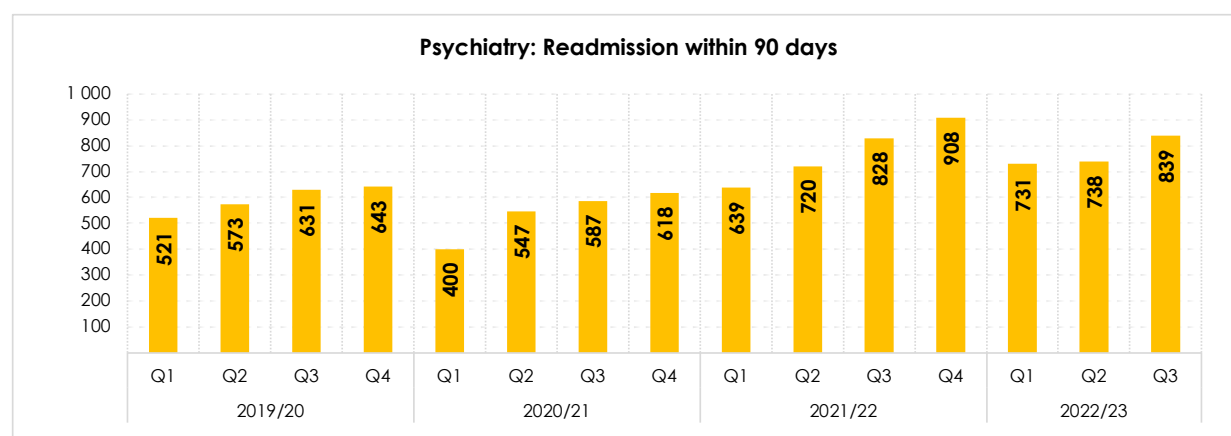


Figure 24: Psychiatric readmission within 90 days

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

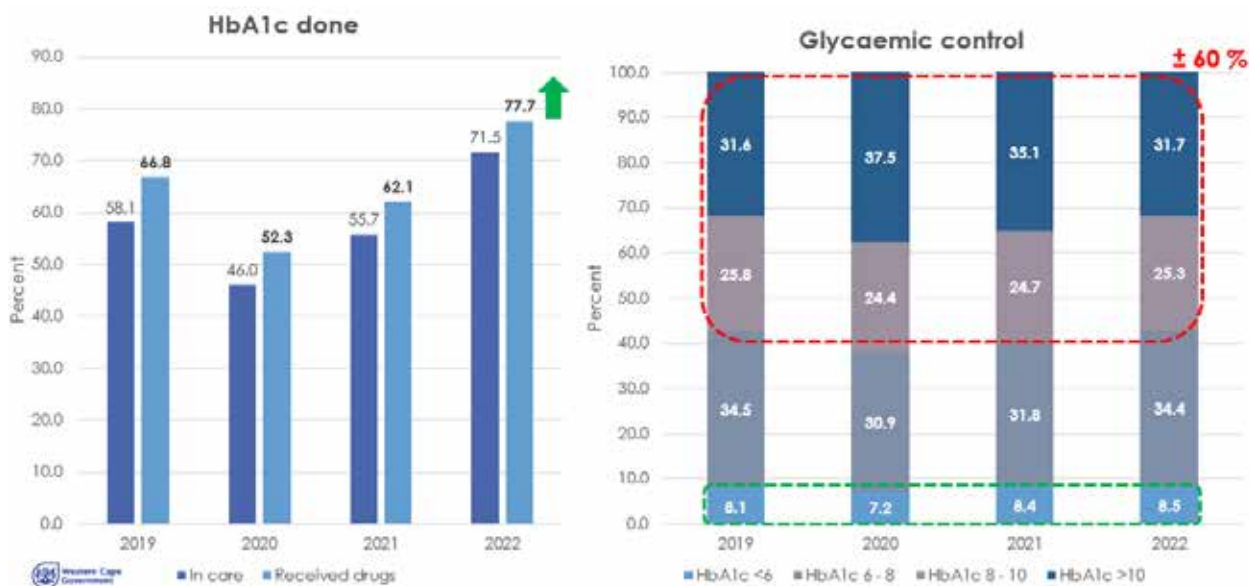


Figure 25: HbA1c tests done (left) and glycaemic control (right)

Trauma burden and Surgical services

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

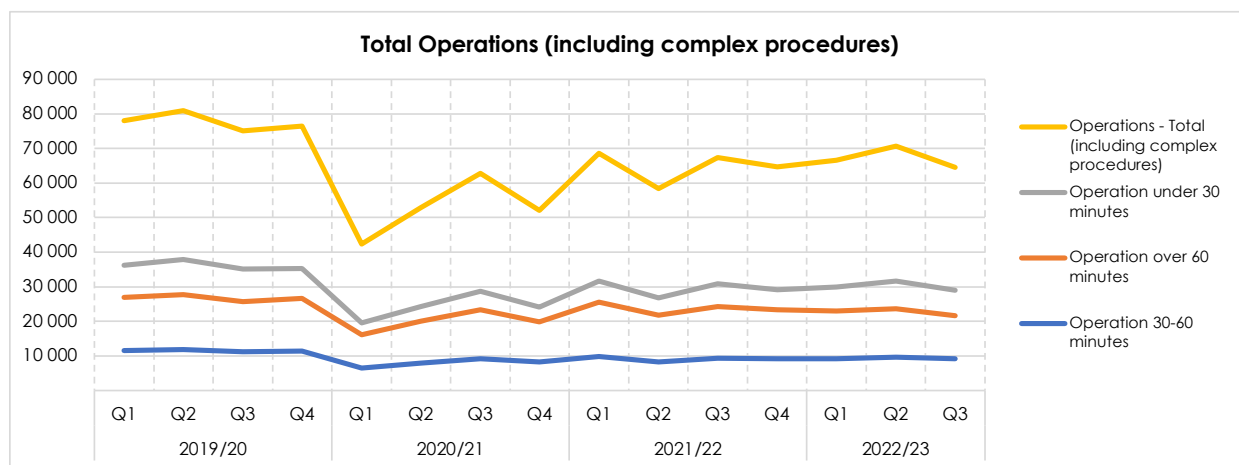


Figure 26: Operations performed

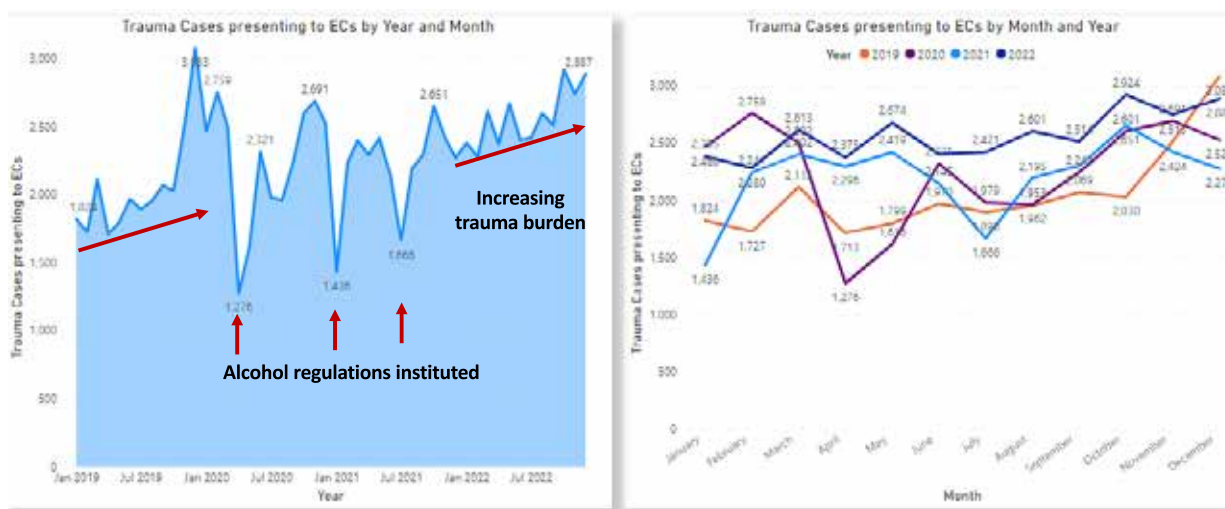


Figure 27: Trauma burden on Western Cape Hospitals

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

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

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

The unit will be responsible for:

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

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

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

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

Demand on the Healthcare Platform

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

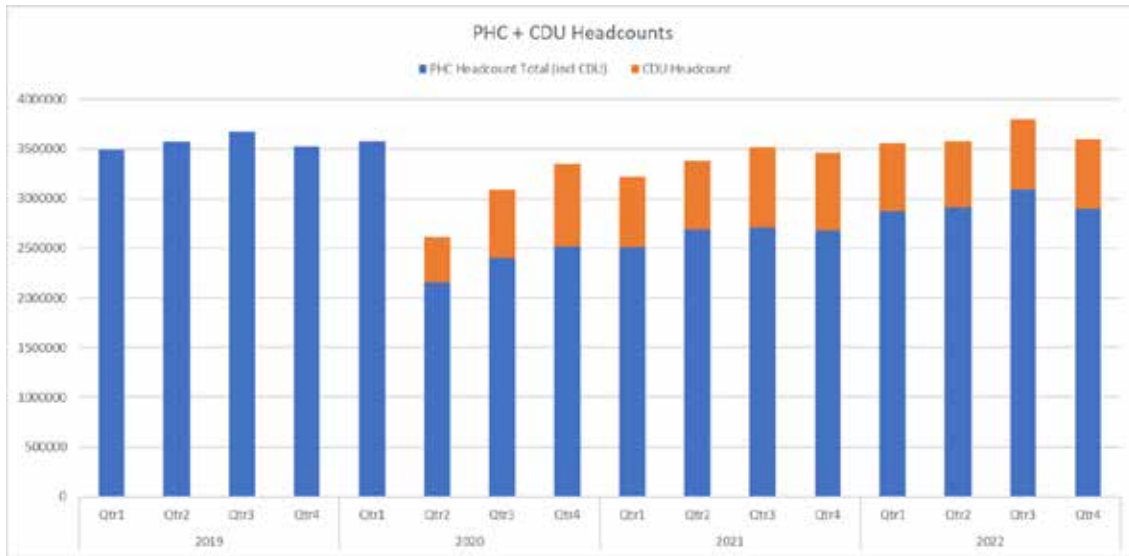


Figure 28: PHC and CDU headcount

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

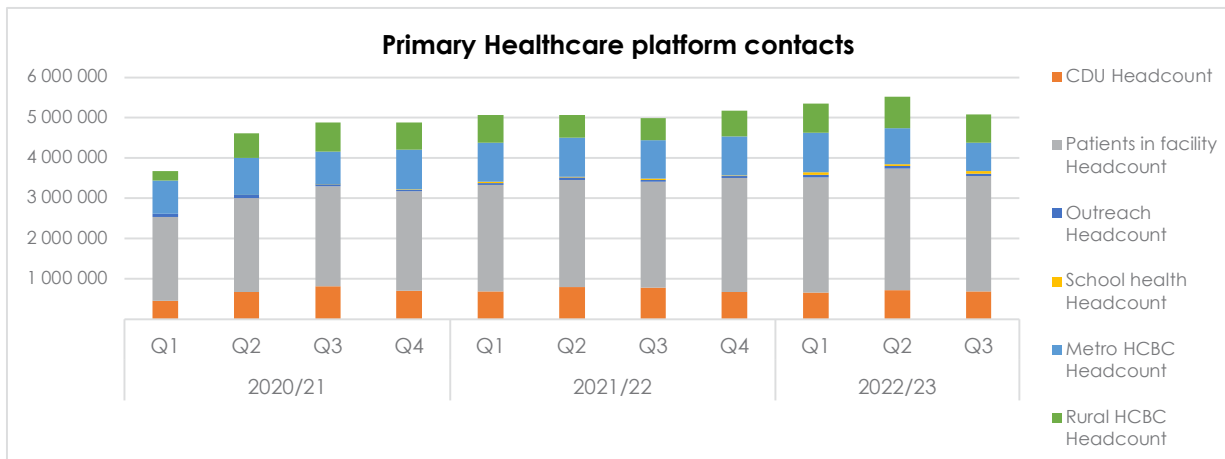


Figure 29: Total primary healthcare platform contacts

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

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

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

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

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

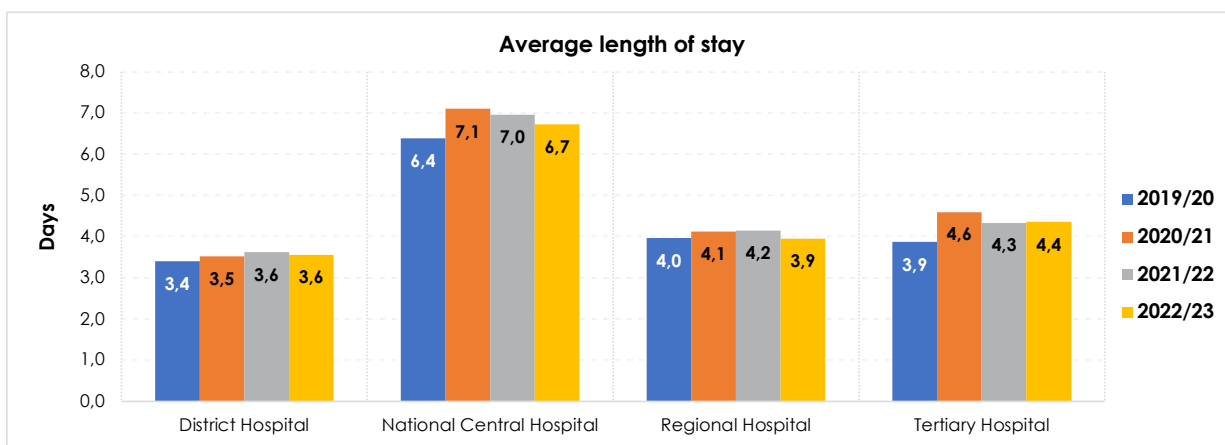


Figure 30: Average length of stay across all hospital platforms

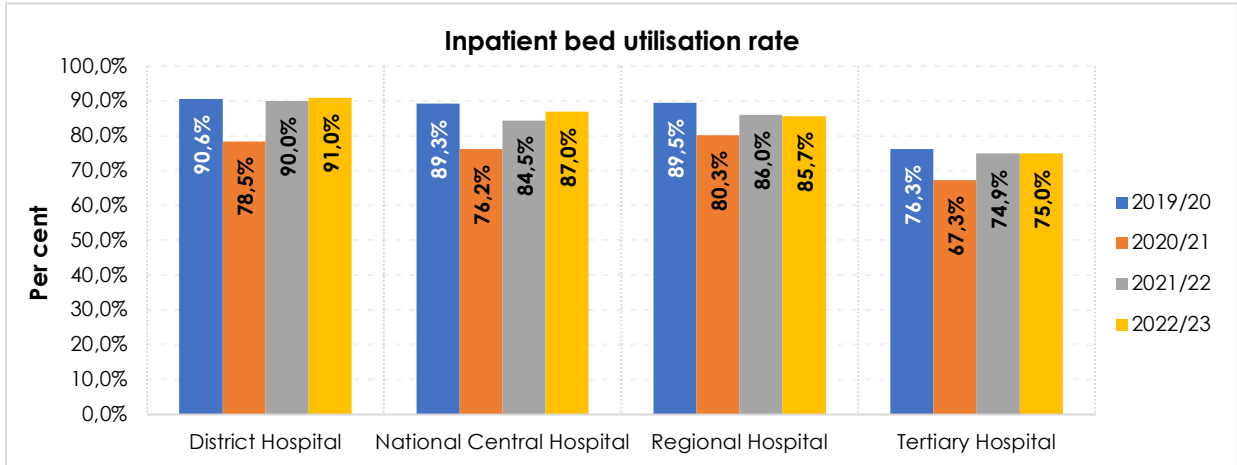


Figure 31: Bed utilisation rate across all hospital platforms

Internal Environment

Service Delivery Platform

The Western Cape health system has 570 service points, which includes 447 primary health care service points, 52 hospitals and 49 EMS stations. See table 2²⁷.

Table 2: Western Cape Health Service Delivery Platform

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

Governance of the health system

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

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

²⁷ Notes:

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

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

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

Governance for Health

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

People Management

Organisational Design

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

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

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

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

Leadership and Organisational Culture

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

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

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

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

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

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

Employee Health and Wellness

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

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

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

Information and Communication Technology (ICT)

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

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

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

Infrastructure Developments

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

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

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

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

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

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

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

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

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

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

Implementation of Equity Resource Allocation (ERA)

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

The Department's Reset Agenda

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



Figure 32: Our Reset Agenda

2023 MTEF priorities

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

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

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

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

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

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

1. Service platform reform

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

2. Governance reform

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

3. Public policy reform

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

4. UHC reform

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

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



PART C

MEASURING OUR PERFORMANCE

Part C: Measuring our Performance

Departmental Programme Performance Information

Programme 1. Administration

Purpose

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

Sub-programme 1.1. MEC's Office

Rendering of advisory, secretarial and office support services

Sub-programme 1.2. Management

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

Outcomes, Outputs, Performance Indicators & Targets

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

| | |
|---------------|---|
| OUTPUT | Technically efficient provincial health system |
|---------------|---|

INDICATOR Audit opinion of Provincial DoH

| Audited Performance | | | Estimated Performance | Medium Term Targets | | |
|---------------------|---------|---------|-----------------------|---------------------|-------------|-------------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| Clean | Clean | Clean | Unqualified | Unqualified | Unqualified | Unqualified |

Output indicators – Annual & Quarterly Targets

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

Explanation of planned performance over the medium-term

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

Programme Resource Considerations

Summary of payments and estimates

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

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

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

Payments and estimates by economic classification

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

Transfers and subsidies

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

Programme 2. District Health Services

Purpose

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

Sub-programme 2.1. District Management

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

Sub-programme 2.2. Community Health Clinics

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

Sub-Programme 2.3. Community Health Centres

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

Sub-Programme 2.4. Community Based Services

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

Sub-Programme 2.5. Other Community Services

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

Sub-Programme 2.6. HIV and AIDS

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

Sub-Programme 2.7. Nutrition

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

Sub-Programme 2.8. Coroner Services

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

Sub-Programme 2.9. District Hospitals

Rendering of a district hospital service at sub-district level

Sub-Programme 2.10. Global Fund

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

Outcomes, Outputs, Performance Indicators & Targets

District Health System

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

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

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

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

INDICATOR Patient Safety Incident (PSI) case closure rate

| | Audited Performance | | | Estimated Performance | Medium Term Targets | | |
|----------|---------------------|---------|---------|-----------------------|---------------------|---------|---------|
| | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| | 93.4% | 92.6% | 97.3% | 96.8% | 96.5% | 96.6% | 96.5% |
| N | 1 334 | 983 | 1 381 | 1 592 | 1 540 | 1 500 | 1 405 |
| D | 1 429 | 1 061 | 1 420 | 1 644 | 1 596 | 1 552 | 1 455 |

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

| | Audited Performance | | | Estimated Performance | Medium Term Targets | | |
|----------|---------------------|---------|---------|-----------------------|---------------------|---------|---------|
| | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| | 59.4% | 64.0% | 50.0% | 63.1% | 67.4% | 71.3% | 75.2% |
| N | 19 | 48 | 20 | 53 | 59 | 61 | 56 |
| D | 32 | 75 | 40 | 84 | 87 | 85 | 74 |

INDICATOR Ideal clinic status obtained rate

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

Primary Health Care²⁸**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 | | |
|---------------------|---------|---------|-----------------------|---------------------|---------|---------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| 71.9% | 70.6% | 72.6% | 73.1% | 74.8% | 75.5% | 76.2% |
| N 80 989 | 75 756 | 75 814 | 75 581 | 79 303 | 81 080 | 82 960 |
| D 112 718 | 107 250 | 104 478 | 103 360 | 105 980 | 107 399 | 108 872 |

INDICATOR Mother postnatal visit within 6 days rate

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

INDICATOR Delivery 10 - 19 years in facility rate

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

INDICATOR Couple year protection rate

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

INDICATOR Maternal Mortality in Facility Ratio

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

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

| Output | Child health services |
|--------|-----------------------|
|--------|-----------------------|

INDICATOR Infant 1st PCR test positive at birth rate

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

INDICATOR Infant PCR test positive around 6 months rate

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

INDICATOR HIV test positive around 18 months rate

| Audited Performance | | | Estimated Performance | Medium Term Targets | | | |
|---------------------|---------|---------|-----------------------|---------------------|---------|---------|--------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | |
| New indicator | | | 0.07% | 0.09% | 0.08% | 0.08% | |
| N | | | | 41 | 18 | 18 | |
| D | | | | 60 174 | 20 681 | 21 368 | 22 079 |

INDICATOR Immunisation under 1 year coverage

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

INDICATOR Measles 2nd dose 1 year coverage

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

INDICATOR Vitamin A dose 12 - 59 months coverage

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

INDICATOR Neonatal death in facility rate

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

INDICATOR ART child remain in care rate (12 months)

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

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

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

OUTCOME PEOPLE WITH LONG-TERM CONDITIONS ARE WELL MANAGED.

| | |
|---------------|---|
| Output | HIV/AIDS, STI and Tuberculosis services |
|---------------|---|

INDICATOR ART adult remain in care rate (12 months)

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

INDICATOR Adult viral load suppressed rate (12 months)

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

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

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

INDICATOR All DS-TB client death rate

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

INDICATOR All DS-TB client LTF rate²⁹

| Audited Performance | | | Estimated Performance | Medium Term Targets | | |
|---------------------|---------|---------|-----------------------|---------------------|---------|---------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| 17.7% | 18.6% | 17.1% | 17.83% | 15.48% | 15.14% | 14.80% |
| N | 7 811 | 7 468 | 5 603 | 5 366 | 5 693 | 5 632 |
| D | 44 077 | 40 240 | 32 778 | 30 094 | 37 174 | 38 045 |

INDICATOR All DS-TB Client Treatment Success Rate

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

INDICATOR TB Rifampicin resistant/Multidrug - Resistant treatment success rate

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

²⁹ LTF: Lost to Follow-Up

| | | | | |
|---|-------|-------|-------|-------|
| D | 1 297 | 1 294 | 1 291 | 1 288 |
|---|-------|-------|-------|-------|

INDICATOR TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate

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

INDICATOR TB Pre-XDR treatment success rate

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

INDICATOR TB Pre-XDR loss to follow up rate

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

District Hospitals³⁰**OUTCOME ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH****OUTPUT Child health services****INDICATOR Live birth under 2500g in facility rate**

| Audited Performance | | | Estimated Performance | Medium Term Targets | | |
|---------------------|---------|---------|-----------------------|---------------------|---------|---------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| 11.2% | 11.0% | 11.1% | 11.2% | 10.7% | 10.3% | 10.0% |
| N | 4 146 | 4 227 | 4 209 | 4 156 | 4 015 | 3 948 |
| D | 37 111 | 38 567 | 37 846 | 37 049 | 37 622 | 38 304 |

³⁰ Notes:

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

INDICATOR Child under 5 years diarrhoea case fatality rate

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

INDICATOR Child under 5 years pneumonia case fatality rate

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

INDICATOR Child under 5 years severe acute malnutrition case fatality rate

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

INDICATOR Death under 5 years against live birth rate

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

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

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

| OUTPUT | Accessible health services | | | | | |
|--------|----------------------------|--|--|--|--|--|
|--------|----------------------------|--|--|--|--|--|

| INDICATOR | Average length of stay | | | | | |
|-----------|------------------------|--|--|--|--|--|
|-----------|------------------------|--|--|--|--|--|

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

| INDICATOR | Inpatient bed utilization rate | | | | | |
|-----------|--------------------------------|--|--|--|--|--|
|-----------|--------------------------------|--|--|--|--|--|

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

Output indicators – Annual & Quarterly Targets

District Health System

| Management endorsed prevention strategy 2020-2025 | | | | |
|---|--|--|--|--|
|---|--|--|--|--|

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|---|----|----|----|---|
| Embed strategy through stakeholder engagement | | | | Embed strategy through stakeholder engagement |

| Patient Experience of Care satisfaction rate | | | | |
|--|--|--|--|--|
|--|--|--|--|--|

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|--------------------|---------|----|----|---------|
| 74.2% | | | | 74.2% |
| Numerator | 722 944 | | | 722 944 |
| Denominator | 974 936 | | | 974 936 |

| Patient Safety Incident (PSI) case closure rate | | | | |
|---|--|--|--|--|
|---|--|--|--|--|

| Annual Target | Q1 | Q2 | Q3 | Q4 | |
|--------------------|-------|-------|-------|-------|-------|
| 96.5% | 96.4% | 96.2% | 96.2% | 96.5% | |
| Numerator | 1 540 | 385 | 773 | 1 149 | 1 540 |
| Denominator | 1 596 | 399 | 804 | 1 195 | 1 596 |

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

Primary Health Care

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

Couple year protection rate

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|-----------------------|---------|-----------|-----------|-----------|
| 55.0% | 54.7% | 53.9% | 53.9% | 55.0% |
| Numerator 1 106 271 | 280 569 | 557 590 | 825 615 | 1 106 271 |
| Denominator 2 011 141 | 512 884 | 1 034 792 | 1 530 702 | 2 011 141 |

Maternal Mortality in facility Ratio

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|-------------------|----|----|----|-------|
| 50.9 | | | | 50.9 |
| Numerator 50 | | | | 50 |
| Denominator 0.982 | | | | 0.982 |

Infant 1st PCR test positive at birth rate

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|--------------------|-------|-------|--------|--------|
| 0.8% | 0.8% | 0.8% | 0.8% | 0.8% |
| Numerator 121 | 31 | 62 | 92 | 121 |
| Denominator 14 921 | 3 708 | 7 417 | 11 125 | 14 921 |

Infant PCR test positive around 6 months rate

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|-------------------|-------|-------|-------|-------|
| 0.69% | 0.73% | 0.73% | 0.73% | 0.69% |
| Numerator 27 | 7 | 14 | 21 | 27 |
| Denominator 3 915 | 959 | 1 920 | 2 879 | 3 915 |

HIV test positive around 18 months rate

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|--------------------|-------|--------|--------|--------|
| 0.09% | 0.10% | 0.09% | 0.10% | 0.09% |
| Numerator 18 | 5 | 9 | 15 | 18 |
| Denominator 20 681 | 5 064 | 10 141 | 15 201 | 20 681 |

Immunisation under 1 year coverage

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|---------------------|--------|--------|--------|---------|
| 75.7% | 73.2% | 73.0% | 75.1% | 75.7% |
| Numerator 95 629 | 23 566 | 47 050 | 71 086 | 95 629 |
| Denominator 126 390 | 32 174 | 64 470 | 94 701 | 126 390 |

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

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

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

District Hospitals

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

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

Explanation of planned performance over the medium-term

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

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

Programme Resource Considerations

Summary of payments and estimates

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

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

Earmarked priority allocation:

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

Payments and estimates by economic classification

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

Transfers and subsidies

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

Programme 3. Emergency Medical Services

Purpose

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

Sub-Programme 3.1: Emergency Medical Services

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

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

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

Outcomes, Outputs, Performance Indicators & Targets³¹

OUTCOME A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE

OUTPUT Accessible health services

INDICATOR EMS P1 urban response under 15 minutes rate

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

INDICATOR EMS P1 urban response under 30 minutes rate

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

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

INDICATOR EMS P1 rural response under 60 minutes rate

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

INDICATOR EMS incident mission time under 120 minutes rate

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

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

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|---------------------------|--------|--------|--------|--------|
| 43.0% | 43.0% | 43.0% | 43.0% | 43.0% |
| Numerator 11 477 | 11 477 | 11 477 | 11 477 | 11 477 |
| Denominator 26 691 | 26 691 | 26 691 | 26 691 | 26 691 |

EMS P1 urban response under 30 minutes rate

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|---------------------------|--------|--------|--------|--------|
| 67.0% | 67.0% | 67.0% | 67.0% | 67.0% |
| Numerator 17 883 | 17 883 | 17 883 | 17 883 | 17 883 |
| Denominator 26 691 | 26 691 | 26 691 | 26 691 | 26 691 |

EMS P1 rural response under 60 minutes rate

| Annual Target | Q1 | Q2 | Q3 | Q4 |
|--------------------------|-------|-------|-------|-------|
| 90.0% | 90.0% | 90.0% | 90.0% | 90.0% |
| Numerator 2 077 | 2 077 | 2 077 | 2 077 | 2 077 |
| Denominator 2 307 | 2 307 | 2 307 | 2 307 | 2 307 |

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

Explanation of planned performance over the medium-term

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

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

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

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

Programme Resource Considerations

Summary of payments and estimates

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

Payments and estimates by economic classification

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

Transfers and subsidies

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

Programme 4. Provincial Hospital Services

Purpose

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

Sub-Programme 4.1: General (Regional) Hospitals

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

Sub-Programme 4.2: Tuberculosis Hospitals³²

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

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

Outcomes, Outputs, Performance Indicators & Targets

Regional Hospitals³³

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

OUTPUT Child health services

INDICATOR Live birth under 2500g in facility rate

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

INDICATOR Child under 5 years diarrhoea case fatality rate

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

INDICATOR Child under 5 years pneumonia case fatality rate

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

INDICATOR Child under 5 years severe acute malnutrition case fatality rate

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

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

INDICATOR [Number of] Death in facility under 5 years

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

INDICATOR [Number of] Maternal Mortality in facility

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

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

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

INDICATOR Patient Experience of Care satisfaction rate

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

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

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

INDICATOR Patient Safety Incident (PSI) case closure rate

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

| OUTPUT | Accessible health services |
|--------|----------------------------|
|--------|----------------------------|

INDICATOR Average length of stay

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

INDICATOR Inpatient bed utilization rate

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

Specialised Hospital³⁴

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

| OUTPUT | Technically efficient provincial health system |
|--------|--|
|--------|--|

INDICATOR Complaint resolution within 25 working days rate

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

INDICATOR Patient Experience of Care satisfaction rate

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

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

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

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

INDICATOR Patient Safety Incident (PSI) case closure rate

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

Output indicators – Annual & Quarterly Targets

Regional Hospitals

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

| Child under 5 years severe acute malnutrition case fatality rate | | | | | |
|--|-----|--------|-------|-------|-------|
| Annual Target | | Q1 | Q2 | Q3 | Q4 |
| 6.47% | | 11.43% | 8.70% | 7.77% | 6.47% |
| Numerator | 9 | 4 | 6 | 8 | 9 |
| Denominator | 139 | 35 | 69 | 103 | 139 |
| [Number of] Death in facility under 5 years | | | | | |
| Annual Target | | Q1 | Q2 | Q3 | Q4 |
| Numerator | 265 | 64 | 131 | 197 | 265 |
| [Number of] Maternal Mortality in facility | | | | | |
| Annual Target | | Q1 | Q2 | Q3 | Q4 |
| Numerator | 15 | | | | 15 |

| Complaint resolution within 25 working days rate | | | | | |
|--|--------|--------|--------|--------|--------|
| Annual Target | | Q1 | Q2 | Q3 | Q4 |
| 98.1% | | 98.9% | 98.9% | 97.8% | 96.7% |
| Numerator | 355 | 89 | 90 | 89 | 87 |
| Denominator | 362 | 90 | 91 | 91 | 90 |
| Patient Experience of Care satisfaction rate | | | | | |
| Annual Target | | Q1 | Q2 | Q3 | Q4 |
| 83.7% | | | | | 83.7% |
| Numerator | 20 288 | | | | 20 288 |
| Denominator | 24 242 | | | | 24 242 |
| Severity assessment code (SAC) 1 incidents reported within 24 hours rate | | | | | |
| Annual Target | | Q1 | Q2 | Q3 | Q4 |
| 94.12% | | 87.50% | 94.12% | 95.83% | 94.12% |
| Numerator | 32 | 7 | 16 | 23 | 32 |
| Denominator | 34 | 8 | 17 | 24 | 34 |

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

Specialised Hospitals

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

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

Explanation of planned performance over the medium-term

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

Programme Resource Considerations

Summary of payments and estimates

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

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

Payments and estimates by economic classification

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

Transfers and subsidies

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

Programme 5. Central Hospital Services

Purpose

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

Sub-Programme 5.1: Central Hospital Services

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

Sub-Programme 5.2: Provincial Tertiary Hospital Services

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

Outcomes, Outputs, Performance Indicators & Targets

Central Hospitals

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

OUTPUT Child health services

INDICATOR Live birth under 2500g in facility rate

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

INDICATOR Child under 5 years diarrhoea case fatality rate

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

INDICATOR Child under 5 years pneumonia case fatality rate

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

INDICATOR Child under 5 years severe acute malnutrition case fatality rate

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

INDICATOR [Number of] Death in facility under 5 years

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

INDICATOR [Number of] Maternal Mortality in facility

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

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

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

INDICATOR Patient Experience of Care satisfaction rate

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

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

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

INDICATOR Patient Safety Incident (PSI) case closure rate

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

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

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

INDICATOR Inpatient bed utilization rate

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

Tertiary Hospitals

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

OUTPUT Child health services

INDICATOR Child under 5 years diarrhoea case fatality rate

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

INDICATOR Child under 5 years pneumonia case fatality rate

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

INDICATOR Child under 5 years severe acute malnutrition case fatality rate

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

INDICATOR [Number of] Death in facility under 5 years

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

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

| | |
|---------------|---|
| OUTPUT | Technically efficient provincial health system |
|---------------|---|

INDICATOR Complaint resolution within 25 working days rate

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

INDICATOR Patient Experience of Care satisfaction rate

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

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

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

INDICATOR Patient Safety Incident (PSI) case closure rate

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

| OUTPUT | Accessible health services | | | | | |
|--------|----------------------------|--|--|--|--|--|
|--------|----------------------------|--|--|--|--|--|

INDICATOR Average length of stay

| | Audited Performance | | | Estimated Performance | Medium Term Targets | | |
|----------|---------------------|---------|---------|-----------------------|---------------------|---------|---------|
| | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| | 3.9 | 4.6 | 4.3 | 4.4 | 4.4 | 4.3 | 4.3 |
| N | 75 804 | 66 818 | 76 387 | 79 935 | 81 001 | 79 935 | 81 001 |
| D | 19 586 | 14 538 | 17 632 | 18 167 | 18 409 | 18 590 | 18 837 |

INDICATOR Inpatient bed utilization rate

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

Output indicators – Annual & Quarterly Targets

Central Hospitals

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

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

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

Tertiary Hospitals

| Child under 5 years diarrhoea case fatality rate | | | | |
|--|-------|-------|-------|-------|
| Annual Target | Q1 | Q2 | Q3 | Q4 |
| 0.5% | 0.5% | 0.5% | 0.5% | 0.5% |
| Numerator 7 | 2 | 4 | 5 | 7 |
| Denominator 1 508 | 377 | 754 | 1 131 | 1 508 |
| Child under 5 years pneumonia case fatality rate | | | | |
| Annual Target | Q1 | Q2 | Q3 | Q4 |
| 0.5% | 0.5% | 0.5% | 0.5% | 0.5% |
| Numerator 12 | 3 | 6 | 9 | 12 |
| Denominator 2 430 | 608 | 1 215 | 1 823 | 2 430 |
| Child under 5 years severe acute malnutrition case fatality rate | | | | |
| Annual Target | Q1 | Q2 | Q3 | Q4 |
| 1.2% | 0.0% | 0.0% | 1.6% | 1.2% |
| Numerator 1 | 0 | 0 | 1 | 1 |
| Denominator 82 | 21 | 41 | 62 | 82 |
| [Number of] Death in facility under 5 years | | | | |
| Annual Target | Q1 | Q2 | Q3 | Q4 |
| Numerator 130 | 33 | 66 | 98 | 130 |
| Complaint resolution within 25 working days rate | | | | |
| Annual Target | Q1 | Q2 | Q3 | Q4 |
| 95.0% | 95.0% | 95.0% | 95.0% | 95.0% |
| Numerator 116 | 29 | 29 | 29 | 29 |
| Denominator 122 | 30 | 31 | 30 | 31 |
| Patient Experience of Care satisfaction rate | | | | |
| Annual Target | Q1 | Q2 | Q3 | Q4 |
| 89.3% | | | | 89.3% |
| Numerator 7 505 | | | | 7 505 |
| Denominator 8 400 | | | | 8 400 |

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

Explanation of planned performance over the medium-term

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

Programme Resource Considerations

Summary of payments and estimates

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

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

Payments and estimates by economic classification

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

Transfers and subsidies

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

Programme 6. Health Sciences & Training

Purpose

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

Sub-Programme 6.1: Nurse Training College

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

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

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

Sub-Programme 6.3: Bursaries

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

Sub-Programme 6.4: Primary Health Care

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

Sub-Programme 6.5: Training (Other)

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

Outcomes, Outputs, Performance Indicators & Targets

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

| | |
|---------------|----------------------------|
| OUTPUT | A capable workforce |
|---------------|----------------------------|

INDICATOR Bursaries awarded for scarce and critical skills categories

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

Output indicators – Annual & Quarterly Targets

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

Explanation of planned performance over the medium-term

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

Programme Resource Considerations

Summary of payments and estimates

| Sub-programme R'000 | Outcome | | | Main appro- priation 2022/23 | Adjusted appro- priation 2022/23 | Revised estimate 2022/23 | Medium-term estimate | | | |
|---|----------------|----------------|----------------|---------------------------------------|---|--------------------------------|---|---------------|----------------|----------------|
| | Audited | Audited | Audited | | | | % Change from Revised estimate | | | |
| | 2019/20 | 2020/21 | 2021/22 | | | | 2023/24 | 2022/23 | 2024/25 | 2025/26 |
| 1. Nurse Training College | 64 816 | 61 870 | 83 539 | 95 867 | 95 666 | 96 895 | 97 684 | 0.81 | 100 648 | 103 820 |
| 2. Emergency Medical Services (EMS) Training College | 31 473 | 31 955 | 31 633 | 34 415 | 34 415 | 34 338 | 35 505 | 3.40 | 36 247 | 37 030 |
| 3. Bursaries | 58 087 | 53 824 | 56 368 | 62 094 | 69 027 | 69 027 | 65 281 | (5.45) | 68 263 | 71 403 |
| 4. Primary Health Care (PHC) Training | | | | 1 | 1 | 1 | 1 | | 1 | 1 |
| 5. Training (Other) | 176 493 | 170 165 | 172 300 | 205 555 | 213 786 | 207 351 | 206 173 | (0.57) | 196 368 | 204 612 |
| Total payments and estimates | 330 869 | 317 814 | 343 840 | 397 932 | 412 895 | 407 612 | 404 624 | (0.73) | 401 527 | 416 866 |

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

Payments and estimates by economic classification

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

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

Programme 7. Health Care Support Services

Purpose

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

Sub-Programme 7.1. Laundry Services

To render laundry and related technical support service to health facilities

Sub-Programme 7.2. Engineering Services

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

Sub-Programme 7.3. Forensic Pathology Service

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

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

Sub-Programme 7.4. Orthotic and Prosthetic Services

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

Sub-Programme 7.5. Cape Medical Depot

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

Sub-Programme 7.6. WC Health Warehouse

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

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

Outcomes, Outputs, Performance Indicators & Targets

Engineering Services

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

| OUTPUT | Technically efficient provincial health system |
|--------|--|
|--------|--|

INDICATOR Percentage of hospitals achieving the provincial benchmark for energy consumption

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

INDICATOR Percentage of hospitals achieving the provincial benchmark for water utilisation

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

Forensic Pathology Services

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

| OUTPUT | Technically efficient provincial health system |
|--------|--|
|--------|--|

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

| Audited Performance | | | Estimated Performance | Medium Term Targets | | |
|---------------------|---------|---------|-----------------------|---------------------|---------|---------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| 71.5% | 82.4% | 78.8% | 89.5% | 90.0% | 90.5% | 91.0% |
| N | 1 058 | 996 | 1 124 | 1 349 | 1 248 | 1 193 |
| D | 1 479 | 1 209 | 1 426 | 1 507 | 1 386 | 1 311 |

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 | | |
|---|---------------------|---------|---------|-----------------------|---------------------|---------|---------|
| | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| | 84.2% | 89.8% | 95.2% | 95.1% | 95.1% | 95.1% | 95.1% |
| N | 583 | 693 | 727 | 674 | 674 | 674 | 674 |
| D | 692 | 772 | 786 | 709 | 709 | 709 | 709 |

Output indicators – Annual & Quarterly Targets

Engineering Services

Percentage of hospitals achieving the provincial benchmark for energy consumption

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

Percentage of hospitals achieving the provincial benchmark for water utilisation

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

Forensic Pathology Services

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

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

Medicine Supply

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

Explanation of planned performance over the medium-term

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

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

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

Programme Resource Considerations

Summary of payments and estimates

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

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

Payments and estimates by economic classification

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

Transfers and subsidies

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

Programme 8. Health Facilities Management

Purpose

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

Sub-Programme 8.1. Community Health Facilities

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

Sub-Programme 8.2. Emergency Medical Rescue Services

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

Sub-Programme 8.3. District Hospital Services

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

Sub-Programme 8.4. Provincial Hospital Services

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

Sub-Programme 8.5. Central Hospital Services

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

Sub-Programme 8.6. Other Facilities

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

Outcomes, Outputs, Performance Indicators & Targets

| | |
|----------------|---|
| 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 | | |
|------------------------|---------|---------|-----------------------|---------------------|---------|---------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| Not required to report | | | 83.3% | 100.0% | 100.0% | 100.0% |
| N | | | 5 | 9 | 13 | 11 |
| D | | | 6 | 9 | 13 | 11 |

Output indicators – Annual & Quarterly Targets

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

Explanation of planned performance over the medium-term

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

Programme Resource Considerations

Summary of payments and estimates

| Sub-programme R'000 | Outcome | | | Main appro- piation 2022/23 | Adjusted appro- piation 2022/23 | Revised estimate 2022/23 | Medium-term estimate | | | |
|--------------------------------------|------------------|------------------|----------------|--------------------------------------|--|--------------------------------|---|---------|-----------|-----------|
| | Audited | Audited | Audited | | | | % Change from Revised estimate | 2023/24 | 2024/25 | 2025/26 |
| | 2019/20 | 2020/21 | 2021/22 | | | | | | | |
| 1. Community Health Facilities | 189 651 | 111 890 | 104 599 | 213 409 | 156 618 | 156 979 | 230 263 | 46.68 | 198 851 | 262 235 |
| 2. Emergency Medical Rescue Services | 21 320 | 21 155 | 6 834 | 53 682 | 55 888 | 39 379 | 38 072 | (3.32) | 41 595 | 21 738 |
| 3. District Hospital Services | 269 147 | 192 514 | 127 893 | 110 579 | 137 082 | 141 706 | 174 427 | 23.09 | 205 648 | 207 569 |
| 4. Provincial Hospital Services | 96 231 | 106 704 | 52 899 | 132 625 | 144 491 | 138 879 | 212 134 | 52.75 | 230 323 | 173 250 |
| 5. Central Hospital Services | 331 916 | 220 762 | 448 317 | 486 942 | 477 624 | 536 008 | 473 375 | (11.69) | 417 560 | 507 862 |
| 6. Other Facilities | 168 875 | 445 864 | 218 179 | 179 356 | 221 469 | 180 221 | 177 598 | (1.46) | 146 997 | 150 064 |
| Total payments and estimates | 1 077 140 | 1 098 889 | 958 721 | 1 176 593 | 1 193 172 | 1 193 172 | 1 305 869 | 9.45 | 1 240 974 | 1 322 718 |

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

Earmarked priority allocation:

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

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

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

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

Payments and estimates by economic classification

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

Transfers and subsidies

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

Updated Key Risks & Mitigations of the Strategic Plan

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

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

| Outcome 2 Children have the health resilience to flourish | |
|---|---|
| Risk | The fragmented PHC services in the City of Cape Town district |
| Mitigation | <ul style="list-style-type: none"> 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 <i>Political and senior management engagement continues for the transfer of the remaining facilities.</i> |

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

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

| | |
|-------------------|--|
| Risk | Fraud, corruption, and theft |
| Mitigation | <ul style="list-style-type: none"> • Development and Implementation of fraud and prevention plan. |
| Risk | Escalating medico legal claims |
| Mitigation | <ul style="list-style-type: none"> • Build good relationships with the institutions and facilities and staff to process documents • Raise the awareness of the risk and engage with the Obstetric task team. • Obstetric and neonatal services have been prioritized by the department for focused attention. |
| Risk | ICT Risks |
| Mitigation | <ul style="list-style-type: none"> • 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 • Improve IT contracts management |

Public Entities

Not applicable

Infrastructure Projects

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

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

New & Replacement Assets

| No | Project Name | Sub-programme | District | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2022/23 R000's | Medium Term Estimates | | |
|----|---|---------------|-------------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 1 | CI810032 : Gouda - Gouda Clinic - Replacement | 8.1 | Cape Winelands | Health infrastructure improved | 1-Mar-17 | 7-Nov-22 | 23,713 | 17,623 | 610 | 355 | - |
| 2 | CI810074 : Paarl - Paarl CDC - New | 8.1 | Cape Winelands | Health infrastructure improved | 28-Feb-17 | 31-Oct-25 | 85,589 | 1,780 | 2,776 | 27,360 | 6,259 |
| 3 | CI810100 : Wolseley - Wolseley Clinic - Replacement | 8.1 | Cape Winelands | Health infrastructure improved | 20-Mar-12 | 29-Mar-19 | 25,274 | 10 | 241 | - | - |
| 4 | CI810101 : Worcester - Avian Park Clinic - New | 8.1 | Cape Winelands | Health infrastructure improved | 1-Jul-15 | 31-May-22 | 37,087 | 2,623 | 190 | - | - |
| 5 | CI820002 : De Doorns - De Doorns Ambulance Station - Replacement | 8.2 | Cape Winelands | Health infrastructure improved | 1-Sep-14 | 21-Jun-21 | 19,660 | 383 | 1 | - | - |
| 6 | CI810059 : Matjiesfontein - Matjiesfontein Satellite Clinic - Replacement | 8.1 | Central Karoo | Health infrastructure improved | 19-Dec-14 | 31-Mar-27 | 6,000 | - | 1 | 25 | 33 |
| 7 | CI860003 : Beaufort West - Beaufort West FPL - Replacement | 8.6 | Central Karoo | Health infrastructure improved | 1-Apr-09 | 30-Apr-12 | 11,461 | 1 | 1 | - | - |
| 8 | CI810016 : Delft - Symphony Way CDC - New | 8.1 | City of Cape Town | Health infrastructure improved | 26-Jan-11 | 6-Jul-15 | 66,400 | - | 1 | - | - |
| 9 | CI810021 : Elsie's River - Elsie's River CHC - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 25-May-16 | 31-Mar-28 | 257,847 | 724 | 1,384 | 2,509 | 8,836 |
| 10 | CI810038 : Hanover Park - Hanover Park CHC - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 30-Jun-16 | 31-Jul-27 | 233,299 | 2,471 | 2,533 | 12,500 | 20,117 |
| 11 | CI810043 : Hout Bay - Hout Bay CDC - Replacement and Consolidation | 8.1 | City of Cape Town | Health infrastructure improved | 21-Jun-18 | 30-Apr-28 | 74,000 | 402 | 1,109 | 1,278 | 1,869 |
| 12 | CI810047 : Parklands - Parklands CDC - New | 8.1 | City of Cape Town | Health infrastructure improved | 1-Dec-24 | 31-Dec-29 | 250,000 | - | - | - | 10 |
| 13 | CI810055 : Matieland - Matieland CDC - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 13-Dec-17 | 30-Jun-28 | 160,369 | 405 | 1,656 | 1,468 | 1,613 |
| 14 | CI810060 : Mfuleni - Mfuleni CDC (Repl) - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 30-Dec-23 | 30-Sep-28 | 200,000 | - | - | 315 | 1,000 |
| 15 | CI810062 : Phillippi - Welltevreden CDC - New | 8.1 | City of Cape Town | Health infrastructure improved | 30-Nov-17 | 30-Jun-27 | 130,338 | 1,954 | 547 | 7,524 | 13,348 |
| 16 | CI810071 : Lotus River - Lotus River CDC (Repl) - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 30-Dec-24 | 31-May-29 | 220,000 | - | - | 331 | 200 |
| 17 | CI810080 : Ravensmead - Ravensmead CDC - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 1-Aug-15 | 31-Mar-25 | 79,488 | 1,176 | 9,889 | 11,773 | 10,254 |
| 18 | CI810094 : Strand - Rusthof CDC - New | 8.1 | City of Cape Town | Health infrastructure improved | 30-Dec-24 | 30-Sep-30 | 250,000 | - | - | - | 10 |
| 19 | CI810114 : Kraaifontein - Wallacedene CDC - New | 8.1 | City of Cape Town | Health infrastructure improved | 1-Aug-24 | 31-May-30 | 250,000 | - | - | - | 10 |
| 20 | CI810154 : Blackheath - KleinVlei CDC (Repl) - CoCT CDC Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 30-Dec-24 | 30-Sep-30 | 200,000 | - | - | - | 10 |
| 21 | CI810311 : Khayelitsha - Zakhele CDC - New | 8.1 | City of Cape Town | Health infrastructure improved | 30-Dec-23 | 30-Jun-28 | 250,000 | - | - | 8 | 100 |

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

| No | Project Name | Sub-programme | District | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2022/23 R000's | Medium Term Estimates | | |
|---|--|---------------|-------------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 44 | HC1860021 : Caledon - Overberg District Office - Replacement | 8.6 | Overberg | Health infrastructure improved | 1-Dec-23 | 31-Mar-26 | 30,000 | - | - | 252 | 2,000 |
| 45 | CI810086 : Saldanha - Diazville Clinic - Replacement | 8.1 | West Coast | Health infrastructure improved | 21-Nov-17 | 31-Jan-27 | 38,818 | 866 | 498 | 119 | 5,975 |
| 46 | CI810088 : St Helena Bay - Sandy Point Satellite Clinic - Replacement | 8.1 | West Coast | Health infrastructure improved | 5-May-15 | 31-Oct-22 | 9,958 | 6,120 | 666 | 407 | - |
| 47 | CI830096 : Vredenburg - Vredenburg CDC - New | 8.1 | West Coast | Health infrastructure improved | 30-Nov-17 | 31-May-28 | 70,000 | 700 | 295 | 517 | 753 |
| 48 | CI830028 : Malmesbury - Swartland Hospital (Repl) - Replacement | 8.3 | West Coast | Health infrastructure improved | 30-Dec-24 | 30-Jun-30 | 1,000,000 | - | - | - | 4,000 |
| 49 | HC1830018 : Malmesbury - Swartland Hospital (Repl) - Replacement (FIDPM Stage 2) | 8.3 | West Coast | Health infrastructure improved | 31-Dec-23 | 31-Dec-25 | 2,000 | - | 300 | 750 | 660 |
| TOTAL NEW AND REPLACEMENT ASSETS | | | | | | | | 97,098 | 131,684 | 122,477 | |
| No | Project Name | Sub-programme | District | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2021/22 R000's | Medium Term Estimates | | |
| | | | | | | | | | 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 : Elsie's River - Elsie's River CHC - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 25-May-16 | 31-Jul-28 | 213,438 | 553 | 4,001 | 5,686 | - |
| 11 | CI810038 : Hanover Park - Hanover Park CHC - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 30-Jun-16 | 31-Dec-26 | 233,299 | - | 6,403 | 1 | 10,000 |
| 12 | CI810043 : 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 : Matjiesfontein - Matjiesfontein CDC - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 13-Dec-17 | 31-Jul-26 | 160,369 | 722 | 577 | 3,207 | - |

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

| No | Project Name | Sub-programme | District | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2022/23 R000's | Medium Term Estimates | | |
|---|---|---------------|--------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 37 | 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 | - | - |
| 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 | | | | | | | | 1 66 509 | 151 912 | 178 300 | |

Maintenance & Additions

| No | Reporting Category | Sub-programme | District | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2022/23 R000's | Medium Term Estimates | | |
|---|----------------------|---------------|-----------|----------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| Provincial Equitable Share: Infrastructure | | | | | | | | | | | |
| 1 | Maintenance - WCGHW | 8.1 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 1,934 | 18,627 | 20,490 | 22,539 |
| 2 | Maintenance - WCGHW | 8.2 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 8,649 | 9,514 | 10,465 | 11,512 |
| 3 | Maintenance - WCGHW | 8.3 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 35,830 | 32,451 | 35,696 | 39,266 |
| 4 | Maintenance - WCGHW | 8.4 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 37,652 | 34,811 | 41,554 | 45,282 |
| 5 | Maintenance - WCGHW | 8.5 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 40,988 | 36,903 | 24,835 | 47,225 |
| 6 | Maintenance - WCGHW | 8.6 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 10,701 | 11,771 | 12,948 | 14,243 |
| 7 | Maintenance - WCGTPW | 8.1 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 197 | 148 | 105 | 70 |
| 8 | Maintenance - WCGTPW | 8.3 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 590 | 295 | 210 | 200 |
| 9 | Maintenance - WCGTPW | 8.4 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 1,300 | 1,051 | 750 | 500 |
| 10 | Maintenance - WCGTPW | 8.5 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 16,104 | 8,391 | 3,185 | 1,066 |
| 11 | Maintenance - WCGTPW | 8.6 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 63 | 30 | 21 | 14 |
| TOTAL PROVINCIAL EQUITABLE SHARE: INFRASTRUCTURE | | | | | | | | | 153,992 | 150,259 | 181,917 |
| Provincial Equitable Share: Tygerberg | | | | | | | | | | | |
| 1 | Maintenance - WCGHW | 8.5 | Cape Town | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 20,522 | 99,166 | 120,215 | 172,442 |
| 2 | Maintenance - WCGTPW | 8.5 | Cape Town | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 70,917 | 61,377 | 39,315 | 20,820 |
| TOTAL PROVINCIAL EQUITABLE SHARE: TYGERBERG | | | | | | | | | 160,543 | 159,530 | 193,262 |

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

| No | Reporting Category | Sub-programme | District | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | |
|---|----------------------|---------------|-----------|----------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 10 | Maintenance - WCGTPW | 8.5 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 14 535 | 11 705 | 9 193 | 4 905 |
| 11 | Maintenance - WCGTPW | 8.6 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 56 | 56 | 56 | 42 |
| TOTAL PROVINCIAL EQUITABLE SHARE: INFRASTRUCTURE | | | | | | | | | 143 378 | 136 459 | 159 453 |
| Provincial Equitable Share: Tygerberg | | | | | | | | | | | |
| 1 | Maintenance - WCGHW | 8.5 | Cape Town | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 54 379 | 49 522 | - | 20 953 |
| 2 | Maintenance - WCGTPW | 8.5 | Cape Town | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 85 049 | 82 892 | 90 574 | 50 853 |
| TOTAL PROVINCIAL EQUITABLE SHARE: TYGERBERG | | | | | | | | | 132 414 | 90 574 | 71 806 |
| Health Facility Revitalisation Grant | | | | | | | | | | | |
| 1 | Maintenance - WCGHW | 8.5 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 20 000 | 21 800 | - | - |
| 2 | Maintenance - WCGTPW | 8.1 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 17 845 | 31 065 | 36 222 | 18 774 |
| 3 | Maintenance - WCGTPW | 8.2 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 1 507 | 6 415 | 391 | 80 |
| 4 | Maintenance - WCGTPW | 8.3 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 22 180 | 16 033 | 19 675 | 23 035 |
| 5 | Maintenance - WCGTPW | 8.4 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 20 411 | 32 550 | 39 196 | 70 189 |
| 6 | Maintenance - WCGTPW | 8.5 | Cape Town | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 11 970 | 18 054 | 19 441 | 12 899 |
| 7 | Maintenance - WCGTPW | 8.6 | Various | Health infrastructure maintained | 1-Apr-16 | 31-Mar-36 | N/A | 3 635 | 1 581 | 9 702 | 19 844 |
| TOTAL HEALTH FACILITY REVITALISATION GRANT | | | | | | | | | 127 498 | 124 627 | 144 821 |
| TOTAL MAINTENANCE AND REPAIRS | | | | | | | | | 403 290 | 351 660 | 376 080 |

Upgrades & Additions

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

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | |
|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 21 | CI810132 : Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2023/05/30 | 2027/03/31 | 45,000 | - | 439 | 556 | 1,001 |
| 22 | CI810146-0001 : Gugulethu - Gugulethu 2 CDC - Fencing to secure new site | 8.1 | City of Cape Town | Health infrastructure improved | 2022/08/16 | 2024/12/31 | 2,000 | - | 360 | 670 | 24 |
| 23 | CI810251 : Bonteheuwel - Vanguard CHC - Upgrade and Additions (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2023/05/30 | 2027/01/31 | 40,000 | - | 244 | 302 | 831 |
| 24 | CI810263 : Kraaifontein - Scottsdenne CDC - Upgrade and Additions (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2023/06/30 | 2026/11/30 | 20,000 | - | 178 | 468 | 2,480 |
| 25 | CI810279 : Hanover Park - Hanover Park CHC - Demolitions | 8.1 | City of Cape Town | Health infrastructure improved | 2016/06/30 | 2023/09/30 | 9,560 | 188 | 3,398 | 245 | - |
| 26 | CI830015 : Eerste River - Eerste River Hospital - Acute Psychiatric Unit | 8.3 | City of Cape Town | Health infrastructure improved | 2015/02/23 | 2025/01/31 | 86,002 | 5,649 | 19,319 | 13,156 | 5,011 |
| 27 | CI830021 : Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit | 8.3 | City of Cape Town | Health infrastructure improved | 23-Feb-15 | 21-Nov-24 | 87,413 | 5,395 | 18,226 | 12,888 | 4,000 |
| 28 | CI830052 : Wynberg - Victoria Hospital - New EC | 8.3 | City of Cape Town | Health infrastructure improved | 1-Apr-12 | 14-Jul-21 | 90,930 | 710 | 1 | - | - |
| 29 | CI830131 : Atlantis - Wesifleur Hospital - Record Room extension | 8.3 | City of Cape Town | Health infrastructure improved | 24-Dec-18 | 30-Nov-25 | 32,700 | 237 | 634 | 5,601 | 6,131 |
| 30 | CI830142 : Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area | 8.3 | City of Cape Town | Health infrastructure improved | 14-Oct-19 | 30-Apr-25 | 7,753 | 105 | 112 | 3,681 | 16 |
| 31 | CI830150 : Bellville - Karl Bremer Hospital - New Acute Psychiatric Unit | 8.3 | City of Cape Town | Health infrastructure improved | 13-May-22 | 29-Feb-28 | 102,000 | 1 | 1,341 | 1,290 | 482 |
| 32 | CI830184 : Bellville - Karl Bremer Hospital - Lift upgrade CE3067, CE3068, CE3078, CE3079 | 8.3 | City of Cape Town | Health infrastructure improved | 31-Oct-23 | 31-Mar-27 | 12,000 | - | - | 250 | 3,600 |
| 33 | CI840010 : Green Point - New Somerset Hospital - Acute Psychiatric Unit | 8.4 | City of Cape Town | Health infrastructure improved | 23-Feb-15 | 23-Jan-25 | 92,700 | 3,255 | 17,371 | 15,123 | 4,000 |
| 34 | CI840019 : Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security | 8.4 | City of Cape Town | Health infrastructure improved | 13-Aug-09 | 31-Dec-29 | 306,027 | 1 | 218 | 182 | - |
| 35 | CI840088 : Green Point - New Somerset Hospital - Relocation of helistop | 8.4 | City of Cape Town | Health infrastructure improved | 30-Sep-23 | 31-Mar-26 | 14,000 | - | - | 56 | 567 |
| 36 | CI850005-0001 : Observatory - Groote Schuur Hospital - EC Upgrade and Additions - Patient bed lift installation | 8.5 | City of Cape Town | Health infrastructure improved | 1-Apr-23 | 31-Mar-26 | 6,000 | - | 180 | 2,000 | 480 |
| 37 | CI850032 : Observatory - Groote Schuur Hospital - New Linear Accelerator Installation New Bunker Completion | 8.5 | City of Cape Town | Health infrastructure improved | 1-Oct-15 | 23-Jun-16 | 2,634 | - | 1 | 1 | - |
| 38 | CI850075 : Parow - Tygerberg Hospital - Balance of 11kV (MV), 400V (LV) network upgr. incl earthing, lightning protection | 8.5 | City of Cape Town | Health infrastructure improved | 29-Mar-19 | 28-Feb-26 | 152,200 | 2,903 | 12,000 | 15,000 | 12,000 |
| 39 | CI850079 : Parow - Tygerberg Hospital - Consolidated Security Control Centre | 8.5 | City of Cape Town | Health infrastructure improved | 12-Dec-19 | 31-Jul-25 | 2,236 | 1,276 | 1 | - | - |
| 40 | CI850088-0001 : Parow - Tygerberg Hospital - Perimeter security upgrade - Southern boundary | 8.5 | City of Cape Town | Health infrastructure improved | 15-Apr-19 | 30-Apr-24 | 24,700 | 2,577 | 5,699 | 5,672 | 513 |

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

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | | |
|-------------------------------------|--|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 63 | HC1840019 : Provincial Hospitals - Photovoltaic Panels installation | 8.4 | Various | Health infrastructure improved | 1-Feb-23 | 31-Mar-25 | 32,381 | - | 12,952 | 19,429 | - | - |
| 64 | CI810084 : Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha) | 8.1 | West Coast | Health infrastructure improved | 1-Dec-26 | 31-Jan-31 | 10,000 | - | - | - | - | 100 |
| 65 | CI810097 : Vredendal - Vredendal North Clinic - Upgrade and Additions (Alpha) | 8.1 | West Coast | Health infrastructure improved | 30-Dec-24 | 29-Feb-28 | 25,000 | - | - | - | - | 59 |
| 66 | CI810198 : Darling - Darling Clinic - Upgrade and Additions (Alpha) | 8.1 | West Coast | Health infrastructure improved | 1-Jan-24 | 31-Jan-30 | 25,000 | - | - | 100 | 400 | - |
| 67 | HC1810032 : Pletberg - Pletberg Clinic - Upgrade and Additions (Alpha) | 8.1 | West Coast | Health infrastructure improved | 30-Mar-23 | 31-Dec-26 | 20,000 | - | 122 | 174 | 1,760 | - |
| 68 | CI820033 : Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay | 8.2 | West Coast | Health infrastructure improved | 1-Jun-16 | 31-Jul-23 | 3,617 | 71 | 1,873 | 98 | - | - |
| 69 | CI830185 : Malmesbury - Swartland Hospital (Repl) - Fencing of new site | 8.3 | West Coast | Health infrastructure improved | 1-Oct-23 | 31-Mar-26 | 6,000 | - | 600 | 3,000 | 2,400 | - |
| 70 | HC1840017 : Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha) | 8.4 | West Coast | Health infrastructure improved | 1-Aug-23 | 31-Mar-25 | 20,000 | - | 800 | 8,000 | 8,800 | - |
| TOTAL UPGRADES AND ADDITIONS | | | | | | | | | 212,811 | 205,215 | 155,805 | |
| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | | |
| | | | | | | | | | 2021/22 R000's | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 1 | CI810013 : De Doorns - De Doorns CDC - Upgrade and Additions | 8.1 | Cape Winelands | Health infrastructure improved | 9-Apr-14 | 30-Nov-23 | 25,600 | 753 | 3,297 | 14,734 | - | - |
| 2 | CI810074-0001 : Paarl - Paarl CDC - Enabling work incl fencing to secure new site | 8.1 | Cape Winelands | Health infrastructure improved | 28-Feb-17 | 30-Nov-22 | 13,316 | - | 8,690 | 1 | 462 | - |
| 3 | CI810090 : Stellenbosch - Kayamandi Clinic - Upgrade and Additions (Alpha) | 8.1 | Cape Winelands | Health infrastructure improved | 31-Mar-22 | 30-Nov-25 | 20,000 | - | - | 826 | 488 | - |
| 4 | CI810091 : Klipmuis - Klipmuis 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 : Franschoek - Groendal Clinic - Upgrade and Additions (Alpha) | 8.1 | Cape Winelands | Health infrastructure improved | 1-Sep-23 | 31-May-26 | 8,000 | - | - | - | 526 | - |
| 7 | CI820050 : Paarl - Paarl Ambulance Station - Upgrade and Additions incl wash bay | 8.2 | Cape Winelands | Health infrastructure improved | 1-Dec-22 | 31-May-25 | 3,000 | - | - | 197 | 2,125 | - |
| 8 | CI830044 : Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC | 8.3 | Cape Winelands | Health infrastructure improved | 2-Oct-18 | 31-Mar-25 | 64,300 | 376 | 2,418 | 10,681 | 32,467 | - |
| 9 | CI830114 : Ceres - Ceres Hospital - New Acute Psychiatric Ward | 8.3 | Cape Winelands | Health infrastructure improved | 1-Jun-16 | 30-Nov-22 | 5,141 | 161 | 3,335 | 166 | - | - |
| 10 | CI840089 : Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit | 8.4 | Cape Winelands | Health infrastructure improved | 4-Nov-19 | 31-May-23 | 10,200 | 239 | 5,757 | 1,917 | 265 | - |
| 11 | CI860025 : Worcester - WCCN Boland Overberg Campus - Training Facility at Keerom | 8.6 | Cape Winelands | Health infrastructure improved | 1-Apr-12 | 31-Jan-27 | 45,100 | 970 | 1,660 | - | - | - |

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | |
|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 12 | C1820011 : 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 | C1820042 : 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 | C1810002 : Athlone - Dr Aburahman CDC - Upgrade and Additions (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 31-Dec-23 | 29-Feb-28 | 30 000 | - | - | - | 649 |
| 15 | C1810021-0001 : Elises River - Elises 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 | C1810048 : 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 | C1810055-0001 : Matieland - Matieland 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 | C1810060-0001 : 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 | C1810071-0001 : 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 | C1810109 : Mame - Mame CDC - Upgrade and Additions (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 1-May-24 | 31-Mar-27 | 10 000 | - | - | - | 216 |
| 21 | C1810132 : Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 31-May-22 | 31-Mar-27 | 45 000 | - | - | 974 | 1 764 |
| 22 | C1810146-0001 : 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 | C1810251 : Bonheuwel - 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 | C1810263 : Kraaifontein - Scottsdale 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 | C1810279 : 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 | C1830015 : 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 | C1830021 : 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 | C1830032 : 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 | C1830052 : 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 | C1830131 : Atlantis - Wesfleur 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 | C1830142 : 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 | C1830150 : 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 | C1830172 : Wynberg - Victoria Hospital - Records Room upgrade | 8.3 | City of Cape Town | Health infrastructure improved | 27-Feb-23 | 31-Oct-28 | 10 000 | - | - | - | 216 |

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

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2022/23 R000's | Medium Term Estimates | | |
|-------------------------------------|--|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 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 : Pikerberg - Pikerberg Clinic - Upgrade and Additions (Alpha) | 8.1 | West Coast | Health infrastructure improved | 30-Dec-22 | 31-Mar-26 | 10 000 | - | - | 216 | 441 |
| 58 | CI810084 : Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha) | 8.1 | West Coast | Health infrastructure improved | 1-Dec-23 | 31-Jan-27 | 6 000 | - | - | - | 248 |
| 59 | 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 Appropriation 2022/23 R000's | Medium Term Estimates | | |
|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 1 | HC1810020 : Ceres - Ceres CDC - Enabling work and rehabilitation | 8.1 | Cape Winelands | Health infrastructure improved | 12-Jan-23 | 30-May-24 | 50,000 | 3,000 | 36,000 | 4,000 | - |
| 2 | CI830034 : Montagu - Montagu Hospital - Rehabilitation | 8.3 | Cape Winelands | Health infrastructure improved | 1-Mar-19 | 31-Aug-26 | 28,600 | 186 | 344 | 3,775 | 3,193 |
| 3 | CI830120 : Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation | 8.3 | Cape Winelands | Health infrastructure improved | 28-Feb-18 | 31-Mar-26 | 29,265 | 426 | 426 | 4,285 | 6,761 |
| 4 | CI830122 : Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation | 8.3 | Cape Winelands | Health infrastructure improved | 26-Oct-17 | 30-Apr-24 | 35,925 | 7,525 | 9,091 | 4,076 | 656 |
| 5 | CI840053 : Worcester - Worcester Hospital - Fire Compliance | 8.4 | Cape Winelands | Health infrastructure improved | 1-Apr-15 | 31-May-23 | 31,030 | 17,494 | 2,141 | 1,995 | 46 |
| 6 | CI840061 : Worcester - Worcester Hospital - Relocation of MOU | 8.4 | Cape Winelands | Health infrastructure improved | 14-Feb-18 | 31-Mar-24 | 14,576 | 137 | 5,467 | 1,623 | 304 |
| 7 | CI860100 : Worcester - Cape Winelands District Office - Lift upgrade 1892, 1893 | 8.6 | Cape Winelands | Health infrastructure improved | 15-Nov-22 | 31-Mar-25 | 6,000 | - | 168 | 1,560 | 80 |
| 8 | CI830002 : Beaufort West - Beaufort West Hospital - Rationalisation | 8.3 | Central Karoo | Health infrastructure improved | 9-Oct-18 | 30-Jun-26 | 76,900 | 1,658 | 689 | 197 | 5,766 |
| 9 | CI860051 : Nelspoort - Nelspoort Hospital - Repairs to Wards | 8.6 | Central Karoo | Health infrastructure improved | 22-Aug-17 | 19-Sep-22 | 17,300 | 1,047 | 167 | - | - |
| 10 | CI810161 : Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance | 8.1 | City of Cape Town | Health infrastructure improved | 1-Jun-16 | 28-Apr-22 | 5,965 | 1,473 | 106 | - | - |
| 11 | CI810240 : Khayelitsha - Nlungile CDC - Rehabilitation (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 1-Mar-21 | 30-Sep-25 | 22,000 | 426 | 329 | 6,922 | 2,327 |
| 12 | CI810248 : Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance | 8.1 | City of Cape Town | Health infrastructure improved | 21-Dec-18 | 31-Mar-26 | 25,300 | 359 | 1,380 | 6,595 | 3,380 |
| 13 | CI810260 : Nyanga - Nyanga CDC - Rehabilitation (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 21-Apr-21 | 31-Aug-26 | 8,000 | - | 91 | 133 | 680 |
| 14 | CI810274 : Retreat - Retreat CHC - Rehabilitation (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 21-Jan-21 | 28-Feb-27 | 50,000 | 101 | 526 | 827 | 3,644 |
| 15 | CI810286 : Gugulethu - Gugulethu CHC - MOU rehabilitation | 8.1 | City of Cape Town | Health infrastructure improved | 30-Sep-21 | 30-Nov-28 | 32,000 | - | 364 | 236 | 260 |
| 16 | HC1820006 : Pinelands - Pinelands Ambulance Station - Communication Centre relocation | 8.2 | City of Cape Town | Health infrastructure improved | 1-Jun-23 | 31-Dec-24 | 20,000 | - | 1 | 19,500 | 499 |
| 17 | CI830045 : Somerset West - Heiderberg Hospital - EC Upgrade and Additions | 8.3 | City of Cape Town | Health infrastructure improved | 1-Apr-13 | 15-Mar-21 | 57,813 | 1 | 1 | - | - |
| 18 | CI830119 : Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation | 8.3 | City of Cape Town | Health infrastructure improved | 19-Dec-17 | 30-Apr-28 | 217,200 | 4,295 | 2,559 | 3,773 | 13,740 |
| 19 | CI830121 : Somerset West - Heiderberg Hospital - Repairs and Renovation (Alpha) | 8.3 | City of Cape Town | Health infrastructure improved | 30-Nov-17 | 31-Oct-24 | 37,045 | 220 | 5,185 | 11,371 | 808 |
| 20 | CI830124 : Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces | 8.3 | City of Cape Town | Health infrastructure improved | 24-Dec-18 | 28-Feb-27 | 51,083 | 963 | 411 | 1,325 | 7,461 |

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2022/23 R000's | Medium Term Estimates | | |
|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 21 | CI830127 : Bellville - Karl Bremer Hospital - Demolitions and parking | 8.3 | City of Cape Town | Health infrastructure improved | 19-Dec-17 | 30-Jun-25 | 26,000 | 1 | 1 | 6,778 | 2,291 |
| 22 | CI830144 : Mitchells Plain - Mitchells Plain Hospital - Fire doors | 8.3 | City of Cape Town | Health infrastructure improved | 13-Aug-19 | 30-Apr-24 | 8,030 | 368 | 2,840 | 1,125 | 90 |
| 23 | CI840008 : Green Point - New Somerset Hospital - Upgrading of theatres and ventilation | 8.4 | City of Cape Town | Health infrastructure improved | 22-May-15 | 31-May-24 | 55,292 | 581 | 10,073 | 11,742 | 876 |
| 24 | CI840066 : Green Point - New Somerset Hospital - R and R (Alpha) | 8.4 | City of Cape Town | Health infrastructure improved | 30-Dec-23 | 30-Nov-28 | 100,000 | - | - | 100 | 200 |
| 25 | CI840067 : Matieland - Alexandra Hospital - Repairs and Renovation (Alpha) | 8.4 | City of Cape Town | Health infrastructure improved | 18-Mar-18 | 31-Dec-25 | 7,400 | 159 | 470 | 1,152 | 30 |
| 26 | CI840070 : Matieland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting | 8.4 | City of Cape Town | Health infrastructure improved | 1-Mar-18 | 31-May-26 | 13,266 | 122 | 279 | 4,402 | 650 |
| 27 | CI840082 : Mitchells Plain - Lentsegeur Hospital - Ward rehabilitation framework | 8.4 | City of Cape Town | Health infrastructure improved | 30-Nov-23 | 31-Mar-28 | 100,000 | - | - | 214 | 142 |
| 28 | CI840097 : Shiklani - Shiklani Hospital - Rehabilitation of water reticulation system | 8.4 | City of Cape Town | Health infrastructure improved | 30-Jul-22 | 31-Jul-27 | 20,000 | - | 134 | 135 | 774 |
| 29 | HC1840012 : Mitchells Plain - Lentsegeur Hospital - R, R & R to accommodate Child and Adolescent beds | 8.4 | City of Cape Town | Health infrastructure improved | 14-Sep-22 | 31-Mar-24 | 20,000 | 1,000 | 16,000 | - | - |
| 30 | HC1840013 : Matieland - Alexandra Hospital - R, R and R to Wards 1-10, 15 and 16 | 8.4 | City of Cape Town | Health infrastructure improved | 15-Sep-22 | 31-Mar-24 | 100,000 | 1,000 | 54,303 | 47,889 | 34,511 |
| 31 | CI850005 : Observatory - Grootte Schuur Hospital - EC Upgrade and Additions | 8.5 | City of Cape Town | Health infrastructure improved | 3-Jul-10 | 28-Feb-27 | 205,800 | 3,893 | 15,000 | 20,000 | 18,000 |
| 32 | CI850031 : Parow - Tygerberg Hospital - Replacement - Enabling Work | 8.5 | City of Cape Town | Health infrastructure improved | 1-Mar-23 | 30-Apr-28 | 265,000 | - | 1 | 2,152 | 2,597 |
| 33 | CI850048 : Parow - Tygerberg Hospital - Medical Gas Upgrade | 8.5 | City of Cape Town | Health infrastructure improved | 2-May-17 | 30-Jun-26 | 36,000 | 235 | 3,360 | 6,000 | 4,000 |
| 34 | CI850054 : Observatory - Grootte Schuur Hospital - BMS Upgrade | 8.5 | City of Cape Town | Health infrastructure improved | 1-Jun-16 | 29-Apr-22 | 21,000 | 1,979 | 1 | - | - |
| 35 | CI850055 : Observatory - Grootte Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 25-Jul-17 | N/A | 11,000 | - | 1 | - | - |
| 36 | CI850056 : Observatory - Grootte Schuur Hospital - R and R to OPD (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 9-Feb-21 | 31-Dec-27 | 120,000 | 518 | 782 | 1,984 | 6,172 |
| 37 | CI850061 : Observatory - Grootte Schuur Hospital - R, R & R to interior of Maternity Block | 8.5 | City of Cape Town | Health infrastructure improved | 31-Oct-24 | 31-Oct-30 | 80,000 | - | - | 1,653 | 781 |
| 38 | CI850074 : Parow - Tygerberg Hospital - Hot water system upgrade | 8.5 | City of Cape Town | Health infrastructure improved | 28-Feb-19 | 31-Mar-25 | 28,100 | 397 | 5,507 | 4,213 | 1,920 |
| 39 | CI850078-0001 : Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A | 8.5 | City of Cape Town | Health infrastructure improved | 2-Jun-19 | 31-Aug-31 | 615,000 | 4,545 | 1,273 | 6,030 | - |
| 40 | CI850078-0007 : Parow - Tygerberg Hospital - Rehab of various wards - Block A (LG) Psychiatry OPD | 8.5 | City of Cape Town | Health infrastructure improved | 2-Jun-19 | 30-Nov-24 | 2,259 | - | 1 | - | - |

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

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | |
|---|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 58 | HC1850017 : Rondebosch - Red Cross War Memorial Children Hospital - New warehouse (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 31-Oct-24 | 31-Mar-26 | 10,000 | - | - | - | 8,000 |
| 59 | CI860069 : Athlone - WCCN Metro West Campus - Rehabilitation to improve College buildings | 8.6 | City of Cape Town | Health infrastructure improved | 1-Dec-24 | 31-Aug-29 | 50,000 | - | - | - | 541 |
| 60 | CI860005 : Parow - Parow WC Health Warehouse - Mezzanine R, R & R | 8.6 | City of Cape Town | Health infrastructure improved | 30-Aug-22 | 5-Jan-24 | 23,000 | 1,000 | 16,000 | 1,600 | - |
| 61 | CI810307 : Calitzdorp - Calitzdorp Clinic - R, R and R (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 30-Jul-18 | 31-May-24 | 1,863 | 1 | 472 | 493 | 36 |
| 62 | CI810308 : Zoar - Amalienstein Clinic - R, R and R (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 30-Jul-18 | 31-May-24 | 1,671 | 1 | 308 | 533 | 36 |
| 63 | CI830176 : Ladismith - Ladismith (Alan Blyth) Hospital - R, R and R (Beta) | 8.3 | Garden Route | Health infrastructure improved | 30-Jul-18 | 30-Dec-24 | 13,000 | 1 | 603 | 4,829 | 220 |
| 64 | CI840083 : George - George Hospital - Wards R, R and R (Alpha) | 8.4 | Garden Route | Health infrastructure improved | 10-Jul-19 | 30-Jun-27 | 15,000 | 129 | 218 | 1 | - |
| 65 | CI830117 : Swellendam - Swellendam Hospital - Acute Psychiatric Ward | 8.3 | Overberg | Health infrastructure improved | 1-Jun-16 | 31-Dec-24 | 4,680 | 228 | 149 | 1,991 | 58 |
| 66 | CI830118 : Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward | 8.3 | Overberg | Health infrastructure improved | 30-Apr-16 | 1-Jun-21 | 14,305 | 556 | 1 | - | - |
| 67 | CI830123 : Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R | 8.3 | Overberg | Health infrastructure improved | 3-Jul-17 | 31-Aug-24 | 12,520 | 456 | 669 | 4,877 | 150 |
| 68 | CI810130 : Primary Healthcare - Pharmacies rehabilitation (Alpha) | 8.1 | Various | Health infrastructure improved | 30-Jun-15 | 31-Aug-26 | 7,000 | 71 | 100 | 82 | 312 |
| 69 | CI830073 : District Hospitals - Pharmacies rehabilitation (Alpha) | 8.3 | Various | Health infrastructure improved | 30-Jun-15 | 28-Feb-26 | 6,000 | 70 | 119 | 115 | 492 |
| 70 | HC1820005 : Clanwilliam - Clanwilliam Ambulance Station - Entrance R, R and R (Alpha) | 8.2 | West Coast | Health infrastructure improved | 30-Aug-23 | 31-Dec-24 | 2,000 | - | 800 | 800 | - |
| 71 | CI830080 : Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion | 8.3 | West Coast | Health infrastructure improved | 31-Mar-15 | 23-May-19 | 176,000 | 3 | 1 | - | - |
| 72 | CI830116 : Pletberg - Radie Kotze Hospital - Hospital layout improvement | 8.3 | West Coast | Health infrastructure improved | 1-Jun-16 | 31-Jul-25 | 33,566 | 1,754 | 2,012 | 9,162 | 1,711 |
| 73 | CI830125 : Malmesbury - Swartland Hospital - Prefabricated Wards | 8.3 | West Coast | Health infrastructure improved | 15-Jul-17 | 26-Mar-20 | 42,011 | 119 | 153 | - | - |
| 74 | CI830137 : Porterville - LAPA Munnik Hospital - Rehabilitation (Alpha) | 8.3 | West Coast | Health infrastructure improved | 30-Sep-25 | 31-Mar-29 | 25,000 | - | - | - | 10 |
| TOTAL REHABILITATION, RENOVATIONS AND REFURBISHMENTS | | | | | | | | | 262,528 | 323,469 | 206,872 |

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | | | Medium Term Estimates | | |
|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|----------------|----------------|-----------------------|-------|--|
| | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's | | |
| 1 | CI810089 : Stellenbosch - Cloetesville CDC - Rehabilitation (Alpha) | 8.1 | Cape Winelands | Health infrastructure improved | 1-Apr-24 | 31-Mar-27 | 20 000 | - | - | - | - | 1 315 | |
| 2 | CI830034 : Montagu - Montagu Hospital - Rehabilitation | 8.3 | Cape Winelands | Health infrastructure improved | 1-Mar-19 | 31-Mar-27 | 28 600 | 282 | 1 081 | - | - | - | |
| 3 | CI830120 : Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation | 8.3 | Cape Winelands | Health infrastructure improved | 28-Feb-18 | 31-Dec-24 | 29 265 | 143 | 1 157 | 9 459 | 11 269 | - | |
| 4 | CI830122 : Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation | 8.3 | Cape Winelands | Health infrastructure improved | 26-Oct-17 | 31-Dec-23 | 38 486 | 978 | 12 063 | 14 269 | - | - | |
| 5 | CI840053 : Worcester - Worcester Hospital - Fire Compliance | 8.4 | Cape Winelands | Health infrastructure improved | 1-Apr-15 | 30-Apr-23 | 31 030 | 3 015 | 15 435 | 3 419 | 963 | - | |
| 6 | CI840061 : Worcester - Worcester Hospital - Relocation of MOU | 8.4 | Cape Winelands | Health infrastructure improved | 14-Feb-18 | 30-Jun-23 | 12 980 | 94 | 6 675 | 2 290 | 337 | - | |
| 7 | CI840098 : Worcester - Brewskloof Hospital - R & R incl mechanical work on HVAC | 8.4 | Cape Winelands | Health infrastructure improved | 1-May-24 | 31-Aug-28 | 30 000 | - | - | - | 1 240 | - | |
| 8 | 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 - Nalungile CDC - Rehabilitation (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 1-Mar-21 | 31-Dec-24 | 22 000 | - | 104 | 961 | 6 528 | - | |
| 13 | CI810248 : Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance | 8.1 | City of Cape Town | Health infrastructure improved | 21-Dec-18 | 31-Oct-25 | 7 200 | 165 | 167 | 560 | 4 520 | - | |
| 14 | CI810260 : Nyanga - Nyanga CDC - Rehabilitation (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 21-Apr-21 | 31-Aug-26 | 8 000 | - | - | 331 | 195 | - | |
| 15 | CI810274 : Retreat - Retreat CHC - Rehabilitation (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 21-Jan-21 | 31-May-26 | 50 000 | - | - | 2 066 | 1 221 | - | |
| 16 | CI810286 : Gugulethu - Gugulethu CHC - MOU rehabilitation | 8.1 | City of Cape Town | Health infrastructure improved | 30-Sep-21 | 31-Jan-28 | 32 000 | - | - | 693 | 1 411 | - | |
| 17 | CI830045 : Somerset West - Helderberg Hospital - EC Upgrade and Additions | 8.3 | City of Cape Town | Health infrastructure improved | 1-Apr-13 | 15-Mar-21 | 55 630 | 3 898 | 294 | - | - | - | |
| 18 | CI830119 : Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation | 8.3 | City of Cape Town | Health infrastructure improved | 19-Dec-17 | 31-Mar-27 | 217 200 | 2 585 | 3 446 | 10 022 | 39 082 | - | |
| 19 | CI830121 : Somerset West - Helderberg Hospital - Repairs and Renovation (Alpha) | 8.3 | City of Cape Town | Health infrastructure improved | 30-Nov-17 | 30-Sep-24 | 31 016 | 269 | 88 | 10 174 | 10 092 | - | |
| 20 | CI830124 : Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces | 8.3 | City of Cape Town | Health infrastructure improved | 24-Dec-18 | 31-Jan-25 | 19 132 | 486 | 261 | 2 891 | - | - | |
| 21 | CI830127 : Bellville - Karl Bremer Hospital - Demolitions and parking | 8.3 | City of Cape Town | Health infrastructure improved | 19-Dec-17 | 30-Jun-25 | 26 000 | 2 042 | 1 | 1 | 11 929 | - | |

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2022/23 R000's | Medium Term Estimates | | |
|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 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: Sijikand - Sijikand Hospital - Rehabilitation of water reticulation system | 8.4 | City of Cape Town | Health infrastructure improved | 30-Mar-22 | 30-Sep-26 | 20 000 | - | - | 434 | 482 |
| 31 | HC1840007: Brooklyn - Brooklyn Chest Hospital - Rehabilitation (Alpha) | 8.4 | City of Cape Town | Health infrastructure improved | 31-Mar-23 | 29-Feb-28 | 100 000 | - | 500 | 500 | 475 |
| 32 | CI850005: Observatory - Groote Schuur Hospital - EC Upgrade and Additions | 8.5 | City of Cape Town | Health infrastructure improved | 3-Jul-10 | 31-Mar-27 | 205 800 | 6 526 | 4 801 | 25 502 | 55 000 |
| 33 | CI850031: Parow - Tygerberg Hospital - Replacement - Enabling Work | 8.5 | City of Cape Town | Health infrastructure improved | 1-Jul-23 | 31-Jul-30 | 265 000 | - | - | - | 3 761 |
| 34 | CI850047: Parow - Tygerberg Hospital - 11kV Generator Panel Upgrade | 8.5 | City of Cape Town | Health infrastructure improved | 1-Oct-16 | 21-Jun-21 | 13 450 | 1 294 | 470 | - | - |
| 35 | CI850048: Parow - Tygerberg Hospital - Medical Gas Upgrade | 8.5 | City of Cape Town | Health infrastructure improved | 2-May-17 | 30-Nov-25 | 36 000 | - | 2 258 | 8 144 | 11 580 |
| 36 | CI850052: Parow - Tygerberg Hospital - 11kV Main Substation Upgrade | 8.5 | City of Cape Town | Health infrastructure improved | 1-Oct-16 | 21-Jun-21 | 28 980 | 1 640 | 894 | - | - |
| 37 | CI850054: Observatory - Groote Schuur Hospital - BMS Upgrade | 8.5 | City of Cape Town | Health infrastructure improved | 1-Jun-16 | 30-Sep-21 | 21 000 | 3 066 | 1 285 | - | - |
| 38 | CI850056: Observatory - Groote Schuur Hospital - R and R to OPD (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 9-Feb-21 | 31-Jul-27 | 120 000 | - | 1 583 | 1 039 | - |
| 39 | CI850061: Observatory - Groote Schuur Hospital - R & R to Maternity Ward | 8.5 | City of Cape Town | Health infrastructure improved | 30-Dec-22 | 30-Jun-28 | 80 000 | - | - | - | 3 305 |
| 40 | CI850074: Parow - Tygerberg Hospital - Hot water system upgrade | 8.5 | City of Cape Town | Health infrastructure improved | 28-Feb-19 | 31-Dec-24 | 28 100 | 401 | 1 923 | 11 518 | 6 260 |
| 41 | CI850078-0001: Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A | 8.5 | City of Cape Town | Health infrastructure improved | 2-Jun-19 | 30-Apr-31 | 615 000 | 3 223 | 6 060 | 16 080 | 1 |
| 42 | CI850078-0002: Parow - Tygerberg Hospital - Rehab of various wards - Block C Adult EC and Trauma | 8.5 | City of Cape Town | Health infrastructure improved | 30-Nov-21 | 31-Dec-27 | 100 000 | - | 1 586 | 1 446 | 1 338 |

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | |
|----|--|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 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 | HC1850013 : 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 : Callitdorp - Callitdorp Clinic - R, R and R (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 30-Jul-18 | 30-Apr-23 | 1 863 | - | 988 | 358 | 144 |
| 59 | CI810308 : Zoar - Annaltenstein 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 | HC1810014 : Dysseisdorp - Dysseisdorp Clinic - R, R and R (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 31-Jul-18 | 14-Nov-23 | 2 888 | - | - | 2 888 | - |

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2022/23 R000's | Medium Term Estimates | | |
|---|--|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 61 | CI830176 : Ladismith - Ladismith (Alan Blyth) Hospital - R, R and R (Beta) | 8.3 | Garden Route | Health infrastructure improved | 30-Jul-18 | 30-Dec-23 | 13 000 | - | 1 889 | 7 495 | 1 016 |
| 62 | CI840083 : George - George Hospital - Wards R, R and R (Alpha) | 8.4 | Garden Route | Health infrastructure improved | 10-Jul-19 | 31-Mar-26 | 15 000 | 103 | 104 | 782 | 1 031 |
| 63 | CI830117 : Swellendam - Swellendam Hospital - Acute Psychiatric Ward | 8.3 | Overberg | Health infrastructure improved | 1-Jun-16 | 30-Apr-23 | 4 680 | 619 | 1 017 | 2 242 | 1 58 |
| 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 | 1 61 | 719 | 3 583 |
| 66 | CI810130 : Various Facilities 8.1 - HT - Pharmacies rehabilitation | 8.1 | Various | Health infrastructure improved | 30-Jun-15 | 30-Sep-24 | 7 000 | 64 | 314 | 3 062 | 1 301 |
| 67 | CI830073 : Various Pharmacies upgrade 8.3 | 8.3 | Various | Health infrastructure improved | 30-Jun-15 | 30-Sep-24 | 6 000 | 54 | 330 | 2 598 | 1 116 |
| 68 | CI830080 : Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion | 8.3 | West Coast | Health infrastructure improved | 31-Mar-15 | 23-May-19 | 176 000 | 792 | 1 | - | - |
| 69 | CI830116 : Piqueberg - Radie Kotze Hospital - Hospital layout improvement | 8.3 | West Coast | Health infrastructure improved | 1-Jun-16 | 31-May-24 | 20 300 | 215 | 786 | 10 564 | 2 620 |
| 70 | CI830137 : Porterville - LAPA Munnik Hospital - Rehabilitation (Alpha) | 8.3 | West Coast | Health infrastructure improved | 30-Sep-23 | 31-Mar-27 | 25 000 | - | - | 541 | 1 850 |
| 71 | CI860021 : Vredenburg - Vredenburg FPL - Rehabilitation (Alpha) | 8.6 | West Coast | Health infrastructure improved | 1-Dec-23 | 31-Jul-28 | 3 249 | - | - | 165 | 562 |
| TOTAL REHABILITATION, RENOVATIONS AND REFURBISHMENTS | | | | | | | | 1 41 722 | 292 567 | 359 951 | |

Non-Infrastructure

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | | | Medium Term Estimates | | |
|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|----------------|----------------|-----------------------|----------------|----------------|
| | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's | 2025/26 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 | 2025/03/31 | 5,594 | 1,030 | 3,209 | 950 | 950 | - | |
| 2 | CH810014 : De Doorns - Sandhills Clinic (Repl) - HT - Replacement | 8.1 | Cape Winelands | Health infrastructure improved | 2025/04/01 | 2027/03/31 | 3,000 | - | - | - | - | 950 | |
| 3 | CH810074 : Paarl - Paarl CDC - HT - New | 8.1 | Cape Winelands | Health infrastructure improved | 2023/04/01 | 2026/03/31 | 7,502 | - | 1,297 | 914 | 4,917 | - | |
| 4 | CH810090 : Stellenbosch - Kayamandi Clinic - HT - Upgrade and Additions (Alpha) | 8.1 | Cape Winelands | Health infrastructure improved | 2024/04/01 | 2027/03/31 | 6,000 | - | - | - | 3,800 | - | |
| 5 | CH810091 : Klapmuts - Klapmuts Clinic - HT - Upgrade and Additions (Alpha) | 8.1 | Cape Winelands | Health infrastructure improved | 2025/04/01 | 2027/03/31 | 4,000 | - | - | - | 2,850 | - | |
| 6 | CH810162 : Paarl - Windmeul Clinic - HT - Upgrade and Additions (Alpha) | 8.1 | Cape Winelands | Health infrastructure improved | 2022/04/01 | 2025/03/30 | 1,168 | - | 445 | 570 | - | - | |
| 7 | CH810210 : Ceres - Ceres CDC - HT - Enabling work for Hospital OPD | 8.1 | Cape Winelands | Health infrastructure improved | 2024/04/01 | 2026/03/31 | 2,501 | - | - | 950 | 1,425 | - | |
| 8 | CH810218 : Paarl - Dalevale Clinic - HT - General maintenance (Alpha) | 8.1 | Cape Winelands | Health infrastructure improved | 2022/04/01 | 2024/03/31 | 2,314 | 1,258 | 889 | - | - | - | |
| 9 | CH810224 : Stellenbosch - Cloeteville CDC - HT - General maintenance (Alpha) | 8.1 | Cape Winelands | Health infrastructure improved | 2022/04/01 | 2024/03/31 | 3,255 | 862 | 1,866 | - | - | - | |
| 10 | CH810228 : Saron - Saron Clinic - HT - General maintenance and upgrade (Alpha) | 8.1 | Cape Winelands | Health infrastructure improved | 2018/04/01 | 2023/12/31 | 1,000 | 142 | 428 | - | - | - | |
| 11 | CH810243 : Worcester - Worcester CDC - HT - Upgrade of MOU area | 8.1 | Cape Winelands | Health infrastructure improved | 2024/04/01 | 2027/12/31 | 2,000 | - | - | 950 | 950 | - | |
| 12 | CO810074 : Paarl - Paarl CDC - OD QA - New | 8.1 | Cape Winelands | Health infrastructure improved | 2017/02/28 | 2025/10/31 | 267 | 137 | - | 130 | - | - | |
| 13 | HCH810020 : Ceres - Ceres CDC - HT - Enabling work and rehabilitation | 8.1 | Cape Winelands | Health infrastructure improved | 2023/01/15 | 2026/03/31 | 10,000 | - | 950 | 7,600 | 1,450 | - | |
| 14 | CH820050 : Paarl - Paarl Ambulance Station - HT - Upgrade and Additions incl wash bay | 8.2 | Cape Winelands | Health infrastructure improved | 2025/04/01 | 2027/03/30 | 1,000 | - | - | - | 285 | - | |
| 15 | CH830034-0001 : Montagu - Montagu Hospital - HT - Rehabilitation | 8.3 | Cape Winelands | Health infrastructure improved | 2025/04/01 | 2027/03/31 | 6,000 | - | - | 950 | 1,900 | - | |
| 16 | CH830044 : Robertson - Robertson Hospital - HT - Acute Psychiatric Ward and New EC | 8.3 | Cape Winelands | Health infrastructure improved | 2024/04/01 | 2027/12/31 | 9,566 | - | - | 2,375 | 3,325 | - | |
| 17 | CH830120 : Ceres - Ceres Hospital - HT - Hospital and Nurses Home Repairs and Renovation | 8.3 | Cape Winelands | Health infrastructure improved | 2023/04/01 | 2026/08/31 | 1,500 | - | 475 | 950 | - | - | |
| 18 | CH830122 : Stellenbosch - Stellenbosch Hospital - HT - Hospital and Stores Repairs and Renovation | 8.3 | Cape Winelands | Health infrastructure improved | 2022/04/01 | 2025/03/30 | 4,000 | 939 | 1,900 | 865 | - | - | |
| 19 | CH840061 : Worcester - Worcester Hospital - HT - Relocation of MOU | 8.4 | Cape Winelands | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 3,000 | - | 2,375 | 475 | - | - | |
| 20 | CH840089 : Paarl - Paarl Hospital - HT - New Obstetric Theatre in Maternity Unit | 8.4 | Cape Winelands | Health infrastructure improved | 2021/04/01 | 2025/03/30 | 3,300 | 701 | 10 | 1 | 1 | - | |

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|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 21 | HCH840029 : Paarl - Paarl Hospital - HT - Refurbishment 2023-24 | 8.4 | Cape Winelands | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 3,232 | - | 3,070 | - | - |
| 22 | HCH840031 : Worcester - Worcester Hospital - HT - Refurbishment 2023-24 | 8.4 | Cape Winelands | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 1,400 | - | 1,330 | - | - |
| 23 | CO860077 : Paarl - Paarl HT Maintenance Hub - Infrastructure Support | 8.6 | Cape Winelands | Health infrastructure improved | 2021/04/01 | 2034/03/31 | N/A | - | 770 | 770 | 770 |
| 24 | CO860078 : Worcester - Worcester HT Maintenance Hub - Infrastructure Support | 8.6 | Cape Winelands | Health infrastructure improved | 2021/04/01 | 2034/03/31 | N/A | - | 642 | 642 | 642 |
| 25 | CO860081 : Paarl - West Coast Maintenance Hub - Infrastructure Support | 8.6 | Cape Winelands | Health infrastructure improved | 2021/04/01 | 2034/03/31 | N/A | - | 1,615 | 1,615 | 1,615 |
| 26 | CO860082 : Worcester - Winelands & Overberg Maintenance Hub - Infrastructure Support | 8.6 | Cape Winelands | Health infrastructure improved | 2021/04/01 | 2034/03/31 | N/A | - | 1,090 | 1,090 | 1,090 |
| 27 | CH830002-0001 : Beaufort West - Beaufort West Hospital - HT - Rationalisation | 8.3 | Central Karoo | Health infrastructure improved | 2025/04/01 | 2027/03/31 | 8,000 | - | - | - | 2,850 |
| 28 | CH810038 : Hanover Park - Hanover Park CHC - HT - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2028/03/30 | 21,450 | - | - | - | 3,800 |
| 29 | CH810048-0001 : Bothasig - Bothasig CDC - HT - Upgrade and Additions | 8.1 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 6,000 | - | 2,850 | 2,850 | - |
| 30 | CH810062 : Philippi - Weltevreden CDC - HT - New | 8.1 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2028/03/31 | 12,500 | - | - | - | 3,325 |
| 31 | CH810080 : Ravensmead - Ravensmead CDC - HT - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2024/03/31 | 8,500 | - | - | - | 3,800 |
| 32 | CH810230 : Strand - Gustrouw CDC - HT - General maintenance (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2026/03/30 | 4,468 | - | 1,202 | 3,044 | 10 |
| 33 | CH810235 : Gugulethu - Gugulethu CHC - HT - General maintenance (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2027/03/30 | 3,500 | - | - | - | 2,850 |
| 34 | CH810237 : Kraaifontein - Kraaifontein CHC - HT - General maintenance (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2026/12/31 | 3,500 | - | - | 2,375 | 950 |
| 35 | CH810240 : Khayelitsha - Nolungile CDC - HT - Rehabilitation (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2026/03/30 | 1,500 | - | - | 950 | 475 |
| 36 | HT - Pharmacy refurbishment and general maintenance | 8.1 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2026/03/31 | 800 | - | - | 380 | 380 |
| 37 | CH810260 : Nyanga - Nyanga CDC - HT - Rehabilitation (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2027/03/31 | 4,000 | - | - | - | 1,330 |
| 38 | CH810263 : Kraaifontein - Scottsdenne CDC - HT - Upgrade and Additions (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2025/01/30 | 2027/03/31 | 4,000 | - | - | - | 1,900 |
| 39 | CO810062 : Philippi - Weltevreden CDC - OD QA - New | 8.1 | City of Cape Town | Health infrastructure improved | 2017/11/30 | 2027/06/30 | 260 | - | - | - | 60 |
| 40 | CO810080 : Ravensmead - Ravensmead CDC - OD QA - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 2015/08/01 | 2025/03/31 | 282 | 152 | 130 | - | - |
| 41 | HCH810022 : Mitchells Plain - Mitchells Plain CHC - HT - Fire disaster HT replacement | 8.1 | City of Cape Town | Health infrastructure improved | 2022/10/01 | 2024/03/31 | 4,850 | - | 3,196 | - | - |
| 42 | HCH810027 : Durbanville - Fisankraal CDC - HT - Refurbishment 2023-24 | 8.1 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 3,000 | - | 1,800 | 200 | - |

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| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 43 | CH820057 : Maitland - EMS Head Office (Repl) - HT - Replacement | 8.2 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/30 | 3,000 | - | 1,900 | 950 | - |
| 44 | CH820059 : Montague Gardens - Pinelands Ambulance Station Workshop (Repl) - HT - Acquisition for replacement | 8.2 | City of Cape Town | Health infrastructure improved | 2023/01/30 | 2024/12/31 | 1,000 | - | 665 | 285 | - |
| 45 | CH820003 : Maitland - Pinelands Ambulance Station (Repl) - HT - Relocation to Alexandra Hospital site | 8.2 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/30 | 3,000 | - | 1,425 | 1,425 | - |
| 46 | CH820009 : Pinelands - EMS Head Office - HT - Refurbishment 2023-24 | 8.2 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 4,300 | - | 4,085 | - | - |
| 47 | CH830015 : Eerste River - Eerste River Hospital - HT - Acute Psychiatric Unit | 8.3 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2026/03/31 | 2,000 | - | - | 760 | 1,140 |
| 48 | CH830021 : Khayelitsha - Khayelitsha Hospital - HT - Acute Psychiatric Unit | 8.3 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2025/12/31 | 2,000 | - | - | 950 | 950 |
| 49 | CH830119 : Bellville - Karl Bremer Hospital - HT - Hospital Repairs and Renovation | 8.3 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2029/03/31 | 10,000 | - | 1 | 475 | 2,850 |
| 50 | CH830121 : Somerset West - Heiderberg Hospital - HT - Repairs and Renovation (Alpha) | 8.3 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/05/31 | 5,000 | - | 1,425 | 3,325 | - |
| 51 | CH830124 : Fish Hoek - Faise Bay Hospital - HT - Fire Compliance Completion and changes to internal spaces | 8.3 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2027/03/31 | 5,000 | - | - | 1,425 | 1,900 |
| 52 | CH830131 : Atlantis - Westfleur Hospital - HT - Record Room extension | 8.3 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2026/03/31 | 500 | - | - | 190 | 285 |
| 53 | CH830142 : Eerste River - Eerste River Hospital - HT - Upgrade of Linen Bank and Waste Management Area | 8.3 | City of Cape Town | Health infrastructure improved | 2024/01/04 | 2026/03/30 | 500 | - | - | 190 | 190 |
| 54 | CO830015 : Eerste River - Eerste River Hospital - OD QA - Acute Psychiatric Unit | 8.3 | City of Cape Town | Health infrastructure improved | 2015/02/23 | 2025/01/31 | 150 | - | - | 150 | - |
| 55 | CO830021 : Khayelitsha - Khayelitsha Hospital - OD QA - Acute Psychiatric Unit | 8.3 | City of Cape Town | Health infrastructure improved | 2015/02/23 | 2024/11/21 | 100 | - | - | 100 | - |
| 56 | HCH830033 : Bellville - Karl Bremer Hospital - HT - Refurbishment 2023-24 | 8.3 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 4,608 | - | 4,377 | - | - |
| 57 | HCH830034 : Khayelitsha - Khayelitsha Hospital - HT - Refurbishment 2023-24 | 8.3 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 1,446 | - | 1,374 | - | - |
| 58 | HCH830035 : Eerste River - Eerste River Hospital - HT - Refurbishment 2023-24 | 8.3 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 2,211 | - | 2,100 | - | - |
| 59 | CH840008-0001 : Green Point - New Somerset Hospital - HT - Upgrading of theatres and ventilation | 8.4 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/30 | 10,000 | - | 1,710 | 475 | - |
| 60 | CH840010 : Green Point - New Somerset Hospital - HT - Acute Psychiatric Unit | 8.4 | City of Cape Town | Health infrastructure improved | 2023/03/01 | 2025/03/31 | 2,500 | - | 760 | 1,615 | - |
| 61 | CH840067 : Maitland - Alexandra Hospital - HT - Repairs and Renovation (Alpha) | 8.4 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2026/07/31 | 5,000 | - | - | 1,900 | 2,850 |
| 62 | CH840070 : Maitland - Alexandra Hospital - HT - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting | 8.4 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2026/03/30 | 6,000 | - | - | 2,850 | 2,850 |

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| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 63 | CH840076 : Sikkland - Sikkland Hospital - HT - General maintenance to wards | 8.4 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2027/03/31 | 3,500 | - | - | 1,425 | 950 |
| 64 | CH840078 : Mitchells Plain - Lenteguur Hospital - HT - General maintenance to Ward 5 | 8.4 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 1,000 | - | - | - | 950 |
| 65 | CH840079 : Mitchells Plain - Lenteguur Hospital - HT - Ward 5A Seclusion Rooms upgrade | 8.4 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2026/03/31 | 2,000 | - | - | 950 | 950 |
| 66 | CO840010 : Green Point - New Somerset Hospital - OD QA - Acute Psychiatric Unit | 8.4 | City of Cape Town | Health infrastructure improved | 2015/02/23 | 2025/01/23 | 250 | - | 200 | 50 | - |
| 67 | CO840043 : Observatory - Valkenberg Hospital - Project Support | 8.4 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 703 | 532 | 541 | 553 |
| 68 | CO840051 : Observatory - Valkenberg Hospital - Commissioning Support | 8.4 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 1,462 | 1,278 | 1,302 | 1,324 |
| 69 | CO840067 : Matieland - Alexandra Hospital - OD QA - Repairs and Renovation (Alpha) | 8.4 | City of Cape Town | Health infrastructure improved | 2018/03/18 | 2025/12/31 | 200 | - | - | 100 | 110 |
| 70 | HCH840012 : Mitchells Plain - Lenteguur Hospital - HT - R, R & R to accommodate Child and Adolescent beds | 8.4 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 3,000 | - | 1,500 | 1,500 | - |
| 71 | HCH840030 : Green Point - New Somerset Hospital - HT - Refurbishment 2023-24 | 8.4 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 3,261 | - | 3,098 | - | - |
| 72 | CH850005 : Observatory - Groote Schuur Hospital - HT - EC Upgrade and Additions | 8.5 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2027/03/31 | 40,000 | - | - | 4,750 | 9,500 |
| 73 | CH850078-0001 : Parow - Tygerberg Hospital - HT - Rehabilitation of various wards (Alpha) - Block A | 8.5 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2032/03/30 | 50,000 | - | - | - | 9,500 |
| 74 | CH850078-0007 : Parow - Tygerberg Hospital - HT - Rehab of various wards - Block A (LG) Psychiatry OPD | 8.5 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/09/30 | 7,000 | - | 190 | 2,660 | 3,800 |
| 75 | CH850092 : Parow - Tygerberg Hospital - HT - Repurposing of Bank and Post Office Building | 8.5 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/30 | 1,000 | - | 475 | 475 | - |
| 76 | CH850097 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Nurses Home refurbishment (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 2028/04/30 | 2030/03/31 | 4,000 | - | - | - | 1 |
| 77 | CH850121 : Parow - Tygerberg Hospital - HT - Oncology Linac replacement (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 2022/04/01 | 2024/03/31 | 60,000 | - | 40,250 | - | - |
| 78 | CO850029 : Parow - Tygerberg Hospital - Replacement - Project Support | 8.5 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 1,429 | 2,969 | 3,020 | 3,075 |
| 79 | HCH850013 : Parow - Tygerberg Hospital - HT - Repair and remedial works to Theatres Block C | 8.5 | City of Cape Town | Health infrastructure improved | 2023/04/30 | 2025/03/31 | 10,000 | - | 3,800 | 5,700 | - |
| 80 | HCH850015 : Parow - Tygerberg Hospital - HT - New warehouse (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 2023/01/04 | 2024/03/30 | 3,000 | - | 2,850 | - | - |
| 81 | HCH850016 : Parow - Tygerberg Hospital - HT - Protea Court Office Accommodation Rehab | 8.5 | City of Cape Town | Health infrastructure improved | 2025/04/30 | 2027/04/30 | 3,000 | - | - | - | 475 |
| 82 | HCH850017 : Rondebosch - Red Cross War Memorial Children Hospital - HT - New warehouse (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 2026/04/01 | 2027/03/31 | 2,000 | - | - | - | 2,000 |

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| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 83 | HCH850020 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Linen Bank relocation | 8.5 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 500 | - | - | - | 475 |
| 84 | HCH850026 : Observatory - Groote Schuur Hospital - HT - Refurbishment 2023-24 | 8.5 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 14,250 | - | 14,250 | - | - |
| 85 | HCH850027 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment 2023-24 | 8.5 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 3,225 | - | 3,225 | - | - |
| 86 | HCH850028 : Parow - Tygerberg Hospital - HT - Refurbishment 2023-24 | 8.5 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 14,250 | - | 14,250 | - | - |
| 87 | HCH850030 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment 2024-25 | 8.5 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2025/03/31 | 1 | - | - | 1 | - |
| 88 | HCH850032 : Observatory - Groote Schuur Hospital - HT - Refurbishment 2025-26 | 8.5 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 34,111 | - | - | - | 34,111 |
| 89 | HCH850033 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment 2025-26 | 8.5 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 1 | - | - | - | 1 |
| 90 | HCH850034 : Parow - Tygerberg Hospital - HT - Refurbishment 2025-26 | 8.5 | City of Cape Town | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 34,111 | - | - | - | 34,111 |
| 91 | CH860012 : Observatory - Observatory FPL - HT - Replacement | 8.6 | City of Cape Town | Health infrastructure improved | 2018/04/30 | 2026/03/31 | 72,990 | 7,000 | 13,965 | 6,155 | 12,937 |
| 92 | CH860016 : Pinelands - Orthotic and Prosthetic Centre - HT - Upgrade | 8.6 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 8,000 | - | 1,900 | 5,700 | - |
| 93 | CH860057 : Mitchells Plain - Lentegeur Laundry - HT - Upgrade and Additions to Dirty Linen Area | 8.6 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2026/03/30 | 2,000 | - | - | 475 | 1,425 |
| 94 | CH860089 : Parow - Tygerberg Regional Laundry - HT - Laundry Line Replacement | 8.6 | City of Cape Town | Health infrastructure improved | 2021/04/01 | 2024/03/31 | 100,000 | 40,003 | 1,951 | - | - |
| 95 | CH860096 : Goodwood - Goodwood Clinical Engineering Workshop - HT - HT Hub impl at Paarl, George, Worcester | 8.6 | City of Cape Town | Health infrastructure improved | 2024/01/04 | 2027/04/30 | 2,500 | - | 10 | 1,900 | 428 |
| 96 | CO860030 : Bellville - Bellville Engineering Workshop - Capacitation | 8.6 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 7,764 | 8,412 | 8,561 | 8,716 |
| 97 | CO860030 : Bellville - Bellville Engineering Workshop - Capacitation | 8.6 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 3,523 | 5,216 | 5,358 | 5,486 |
| 98 | CO860032 : Bellville - Engineering and Technical Services - Capacitation | 8.6 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 1,071 | 1,080 | 1,099 | 1,119 |
| 99 | CO860032 : Bellville - Engineering and Technical Services - Capacitation | 8.6 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 395 | 415 | 424 | 433 |
| 100 | CO860034 : Bellville - HT Unit - Capacitation | 8.6 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 4,419 | 4,099 | 4,174 | 4,246 |
| 101 | CO860034 : Bellville - HT Unit - Capacitation | 8.6 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 2,274 | 3,546 | 3,377 | 3,739 |
| 102 | CO860036 : Cape Town - Infra Man CD - Capacitation | 8.6 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 2,066 | 2,981 | 3,034 | 3,136 |

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

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | |
|-----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 126 | CH830067 : Mossel Bay - Mossel Bay Hospital - HT - Entrance, Admissions and EC | 8.3 | Garden Route | Health infrastructure improved | 2024/04/01 | 2027/03/30 | 6,000 | - | - | - | 1,900 |
| 127 | CH830176 : Ladismith - Ladismith (Alan Blyth) Hospital - HT - R, R and R (Beta) | 8.3 | Garden Route | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 2,000 | - | 1,425 | 475 | - |
| 128 | HCH830010 : Riversdale - Riversdale Hospital - HT - Upgrade and Additions (Alpha) | 8.3 | Garden Route | Health infrastructure improved | 2022/04/01 | 2025/03/31 | 2,000 | - | 1,900 | - | - |
| 129 | CH860007 : Knysna - Knysna FPL - HT - Replacement | 8.6 | Garden Route | Health infrastructure improved | 2022/04/01 | 2024/03/31 | 1,500 | 711 | 817 | - | - |
| 130 | CO860076 : George - George HT Maintenance Hub - Infrastructure Support | 8.6 | Garden Route | Health infrastructure improved | 2021/04/01 | 2036/03/31 | N/A | - | 415 | 415 | 415 |
| 131 | CO860079 : George - Rural DHS Head Office HT Hub - Infrastructure Support | 8.6 | Garden Route | Health infrastructure improved | 2022/09/01 | 2036/03/31 | N/A | - | 389 | 389 | 389 |
| 132 | CO860080 : George - Garden Route & Central Karoo Maintenance Hub - Infrastructure Support | 8.6 | Garden Route | Health infrastructure improved | 2021/04/01 | 2036/03/31 | N/A | - | 1,421 | 1,421 | 1,421 |
| 133 | CH810271 : Grabouw - Grabouw CHC - HT - Entrance and Records upgrade | 8.1 | Overberg | Health infrastructure improved | 2025/03/30 | 2027/03/31 | 2,000 | - | - | - | 950 |
| 134 | CH820027 : Villiersdorp - Villiersdorp Ambulance Station - HT - Replacement | 8.2 | Overberg | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 500 | - | 475 | - | - |
| 135 | CH830123 : Caledon - Caledon Hospital - HT - Acute Psychiatric Unit and R & R | 8.3 | Overberg | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 1,170 | - | 95 | 1,017 | - |
| 136 | CH830135 : Caledon - Caledon Hospital - HT - Theatre upgrade and maintenance | 8.3 | Overberg | Health infrastructure improved | 2018/01/04 | 2025/03/31 | 8,633 | - | 2,378 | 2,093 | - |
| 137 | CH830147 : Hermanus - Hermanus Hospital - HT - General maintenance (Alpha) | 8.3 | Overberg | Health infrastructure improved | 2024/04/01 | 2026/03/31 | 1,000 | - | - | 285 | 665 |
| 138 | HCH860021 : Caledon - Overberg District Office - HT - Replacement | 8.6 | Overberg | Health infrastructure improved | 2025/04/30 | 2027/03/31 | 3,000 | - | - | - | 950 |
| 139 | HCH810023 : Primary Healthcare - HT - Provincial WiFi accessibility | 8.1 | Various | Health infrastructure improved | 2023/01/04 | 2025/03/30 | 27,417 | - | 20,267 | 753 | - |
| 140 | HCH810028 : Primary Healthcare - HT - CCTV systems 2023-24 | 8.1 | Various | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 8,950 | - | 8,507 | - | - |
| 141 | HCH810030 : Primary Healthcare - HT - CCTV systems 2025-26 | 8.1 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 23,708 | - | - | - | 23,708 |
| 142 | HCH820008 : Emergency Medical Rescue Services - HT - CCTV systems 2023-24 | 8.2 | Various | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 250 | - | 238 | - | - |
| 143 | CH830073 : District Hospitals - HT - Pharmacies rehabilitation (Alpha) | 8.3 | Various | Health infrastructure improved | 2022/04/01 | 2027/03/30 | 10,000 | 1 | 10 | - | - |
| 144 | HCH830019 : District Hospitals - HT - Provincial WiFi accessibility | 8.3 | Various | Health infrastructure improved | 2023/01/04 | 2025/03/30 | 19,088 | - | 14108 | 562 | - |
| 145 | HCH830022 : District Hospitals - HT - CCTV systems 2023-24 | 8.3 | Various | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 2,563 | - | 2,435 | - | - |
| 146 | HCH830024 : District Hospitals - HT - CCTV systems 2025-26 | 8.3 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 7,959 | - | - | - | 7,959 |
| 147 | HCH830025 : District Hospitals - HT - Laundry equipment 2023-24 | 8.3 | Various | Health infrastructure improved | 2023/01/04 | 2024/03/31 | 2,146 | - | 2,039 | - | - |
| 148 | HCH830027 : District Hospitals - HT - Laundry equipment 2025-26 | 8.3 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 5,354 | - | - | - | 5,354 |

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|-----|--|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 149 | HCH830028 : District Hospitals - HT - Kitchen equipment 2023-24 | 8.3 | Various | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 3,195 | - | 3,034 | - | - |
| 150 | HCH830030 : District Hospitals - HT - Kitchen equipment 2025-26 | 8.3 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 685 | - | - | - | 1,221 |
| 151 | HCH830032 : District Hospitals - HT - Medical waste 2025-26 | 8.3 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 30,400 | - | - | - | 30,400 |
| 152 | HCH840018 : Provincial Hospitals - HT - Provincial WiFi accessibility | 8.4 | Various | Health infrastructure improved | 2023/01/04 | 2025/03/30 | 23,350 | - | 17,240 | 755 | - |
| 153 | HCH840021 : Provincial Hospitals - HT - Laundry equipment 2023-24 | 8.4 | Various | Health infrastructure improved | 2023/01/04 | 2024/03/31 | 2,539 | - | 2,412 | - | - |
| 154 | HCH840023 : Provincial Hospitals - HT - Laundry equipment 2025-26 | 8.4 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 14,540 | - | - | - | 14,540 |
| 155 | HCH840024 : Provincial Hospitals - HT - Kitchen equipment 2023-24 | 8.4 | Various | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 1,150 | - | 1,092 | - | - |
| 156 | HCH840026 : Provincial Hospitals - HT - Kitchen equipment 2025-26 | 8.4 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 1,470 | - | - | - | 1,470 |
| 157 | HCH840028 : Provincial Hospitals - HT - Medical Waste 2025-26 | 8.4 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 3,000 | - | - | - | 7,600 |
| 158 | HCH850018 : Central Hospitals - HT - Provincial WiFi accessibility | 8.5 | Various | Health infrastructure improved | 2023/01/04 | 2025/03/30 | 8,473 | - | 6,263 | 250 | - |
| 159 | HCH850021 : Central Hospitals - HT - Kitchen equipment 2023-24 | 8.5 | Various | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 3,170 | - | 3,012 | - | - |
| 160 | HCH850023 : Central Hospitals - HT - Kitchen equipment 2025-26 | 8.5 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 1,870 | - | - | - | 2,081 |
| 161 | HCH850025 : Central Hospitals - HT - Medical Waste 2025-26 | 8.5 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 10,000 | - | - | - | 14,250 |
| 162 | HCH860013 : Office Accommodation - HT - Provincial WiFi accessibility | 8.6 | Various | Health infrastructure improved | 2023/01/04 | 2025/03/30 | 111 | - | 82 | 3 | - |
| 163 | HCH860014 : Forensic Services - HT - CCTV systems 2023-24 | 8.6 | Various | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 3,400 | - | 3,230 | - | - |
| 164 | HCH860015 : Laundry Services - HT - CCTV systems 2023-24 | 8.6 | Various | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 1,000 | - | 950 | - | - |
| 165 | HCH860017 : Office Accommodation - HT - CCTV systems 2025-26 | 8.6 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 1,271 | - | - | - | 1,468 |
| 166 | HCH860018 : Laundry Services - HT - Laundry equipment 2023-24 | 8.6 | Various | Health infrastructure improved | 2023/01/04 | 2024/03/31 | 7,041 | - | 6,689 | - | - |
| 167 | HCH860020 : Laundry Services - HT - Laundry equipment 2025-26 | 8.6 | Various | Health infrastructure improved | 2025/04/01 | 2026/03/31 | 8,519 | - | - | - | 15,451 |
| 168 | CH810086 : Saldanha - Diazville Clinic - HT - Replacement | 8.1 | West Coast | Health infrastructure improved | 2025/04/01 | 2028/03/31 | 5,500 | - | - | - | 1,900 |
| 169 | CH810217 : Moorsburg - Moorsburg Clinic - HT - General upgrade and maintenance (Alpha) | 8.1 | West Coast | Health infrastructure improved | 2019/04/01 | 2027/03/31 | 3,595 | - | - | - | 2,052 |
| 170 | HCH810032 : Piketberg - Piketberg Clinic - HT - Upgrade and Additions (Alpha) | 8.1 | West Coast | Health infrastructure improved | 2025/04/01 | 2027/03/30 | 3,500 | - | - | - | 1,900 |

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

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

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|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 33 | CH810237 : Kraaifontein - Kraaifontein CHC - HT - General maintenance (Alpha) | 8.1 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 3 500 | - | - | 1 000 | 2 500 |
| 34 | CH810240 : Khayelitsha - Nolungie 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 : Houf Bay - Houf 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 : Matieland - Matieland CDC - OD QA - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 2017/12/13 | 2025/09/30 | 260 | - | - | - | 130 |
| 39 | CO810080 : Parow - Ravensmead CDC - OD QA - Replacement | 8.1 | City of Cape Town | Health infrastructure improved | 2015/08/01 | 2024/12/31 | 260 | - | 130 | 130 | - |
| 40 | CH820057 : Matieland - 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 : Eerster River - Eerster 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 |
| 45 | CH830121 : Somerset West - Heiderberg 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 - Faise 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 : Eerster River - Eerster 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 |
| 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 |
| 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 |
| 51 | CH840070 : Matieland - Alexandra Hospital - HT - Wards renovations to enable Valkenberg Hospital Forensic Precinct decontanting | 8.4 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/30 | 6 000 | - | - | - | 2 000 |
| 52 | CH840076 : Sijikland - Sijikland 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 |
| 53 | CH840078 : Mitchells Plain - Lentegeur Hospital - HT - General maintenance to Ward 5 | 8.4 | City of Cape Town | Health infrastructure improved | 2024/04/01 | 2025/03/31 | 1 000 | - | - | - | 1 000 |

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation 2022/23 R000's | Medium Term Estimates | | |
|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2023/24 R000's | 2024/25 R000's | 2025/26 R000's |
| 54 | CO840043 : Observatory - Valkenberg Hospital - Project Support | 8.4 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 680 | 562 | 572 | 582 |
| 55 | CO840051 : Observatory - Valkenberg Hospital - Commissioning Support | 8.4 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 1 370 | 1 081 | 1 102 | 1 119 |
| 56 | CO840067 : Matifand - Alexandra Hospital - OD Q.A. - Repairs and Renovation (Alpha) | 8.4 | City of Cape Town | Health infrastructure improved | 2018/03/18 | 2026/12/30 | 200 | - | - | - | 100 |
| 57 | CH850050 : Parow - Tygerberg Hospital - HT - Refurbishment | 8.5 | City of Cape Town | Health infrastructure improved | 2015/04/01 | 2038/03/31 | 500 000 | 44 500 | 37 000 | - | - |
| 58 | CH850057 : Observatory - Groote Schuur Hospital - HT - Refurbishment | 8.5 | City of Cape Town | Health infrastructure improved | 2018/04/01 | 2030/03/31 | 300 000 | 49 169 | 37 000 | - | - |
| 59 | CH850095 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment | 8.5 | City of Cape Town | Health infrastructure improved | 2019/04/01 | 2030/03/31 | 200 000 | - | 46 500 | - | - |
| 60 | CH850120 : Observatory - Groote Schuur Hospital - HT - Oncology Linac replacement (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 2022/04/01 | 2023/03/31 | 60 000 | - | 30 000 | - | - |
| 61 | CH850121 : Parow - Tygerberg Hospital - HT - Oncology Linac replacement (Alpha) | 8.5 | City of Cape Town | Health infrastructure improved | 2022/04/01 | 2023/03/31 | 60 000 | - | 30 000 | - | - |
| 62 | CO850029 : Parow - Tygerberg Hospital - Replacement - Project Support | 8.5 | City of Cape Town | Health infrastructure improved | 2016/04/01 | 2036/03/31 | N/A | 1 781 | 2 467 | 2 744 | 2 558 |
| 63 | CH860012 : Observatory - Observatory FPL - HT - Replacement | 8.6 | City of Cape Town | Health infrastructure improved | 2018/04/30 | 2024/03/31 | 72 990 | 41 243 | 21 585 | 6 970 | - |
| 64 | CH860016 : Thornton - Orthotic and Prosthetic Centre - HT - Upgrade | 8.6 | City of Cape Town | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 8 000 | - | - | 2 000 | 6 000 |
| 65 | 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 |

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | |
|----|---|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 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 : Callitzdorp - Callitzdorp Clinic - HT - R, R and R (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 2022/04/01 | 2023/06/30 | 500 | - | 270 | - | - |
| 79 | CO810052 : Ladismith - Ladismith Clinic - OD QA - Replacement | 8.1 | Garden Route | Health infrastructure improved | 2017/03/16 | 2023/02/28 | 70 | - | 70 | - | - |
| 80 | HCH810004 : Knysna - Hornlee Clinic - HT - Replacement | 8.1 | Garden Route | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 4 000 | - | - | 1 500 | 2 500 |
| 81 | HCH810005 : George - Blanco Clinic - HT - Upgrade and Additions (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 2019/12/01 | 2024/12/31 | 833 | - | - | 833 | - |
| 82 | HCH810007 : Albertinia - Albertinia Clinic - HT - R, R and R (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 2023/04/01 | 2024/12/31 | 500 | - | - | 300 | 200 |
| 83 | HCH810011 : Riversdale - Riversdale Clinic - HT - R, R and R (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 2023/04/01 | 2024/10/31 | 500 | - | - | 500 | - |
| 84 | HCH810012 : George - Rosemoor Clinic - HT - Upgrade and Additions (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 2024/04/01 | 2025/03/30 | 500 | - | - | - | 500 |
| 85 | HCH810013 : George - Parkdene Clinic - HT - Upgrade and Additions (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 2023/04/01 | 2025/03/31 | 568 | - | - | 200 | 368 |
| 86 | HCH810014 : Dyseselsdorp - Dyseselsdorp Clinic - HT - R, R and R (Alpha) | 8.1 | Garden Route | Health infrastructure improved | 2023/04/01 | 2024/03/31 | 866 | - | - | 866 | - |
| 87 | HC0810004 : 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 | - | - |

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

| No | Project Name | Sub-programme | District Municipality | Outputs | Strategic Brief Issue Date | Practical Completion Date | Estimated Total Project Cost | Adjusted Appropriation | Medium Term Estimates | | |
|---------------------------------|--|---------------|-----------------------|--------------------------------|----------------------------|---------------------------|------------------------------|------------------------|-----------------------|----------------|----------------|
| | | | | | | | | | 2022/23 R000's | 2023/24 R000's | 2024/25 R000's |
| 117 | CH810088 : St Helena Bay - Sandy Point Satellite Clinic - HT - Replacement | 8.1 | West Coast | Health infrastructure improved | 2019/04/01 | 2023/03/31 | 1 400 | 400 | 497 | 200 | - |
| 118 | CH810217 : Moorreesburg - Moorreesburg Clinic - HT - General upgrade and maintenance (Alpha) | 8.1 | West Coast | Health infrastructure improved | 2019/04/01 | 2025/03/31 | 3 531 | 1 | - | 1 000 | 1 376 |
| 119 | CO810086 : Saldanha - Diazville Clinic - OD QA - Replacement | 8.1 | West Coast | Health infrastructure improved | 2017/11/21 | 2025/05/31 | 50 | - | - | 10 | 40 |
| 120 | CH820033 : Darling - Darling Ambulance Station - HT - Upgrade and Additions incl wash bay | 8.2 | West Coast | Health infrastructure improved | 2022/04/01 | 2023/06/30 | 300 | - | 300 | - | - |
| 121 | CH830069 : Vredenburg - Vredenburg Hospital - HT - HT | 8.3 | West Coast | Health infrastructure improved | 2012/04/01 | 2023/03/31 | 45 000 | 1 850 | 100 | - | - |
| 122 | CH830116 : Pletberg - Radie 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 |
| 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 | | |
|--|--------------------------------|--|
| <p>Purpose:</p> <p>Provision of infrastructure for the new central hospital and soft facilities management services</p> | | |
| <p>Outputs:</p> <ul style="list-style-type: none"> • Design procurement process and prepare procurement documentation, including draft PPP agreement. • Approval of the procurement documentation as provided for in Treasury Regulation 16 in terms of the PFMA. • Issue procurement documentation i.e. Request for Qualification and Request for Proposals to prospective bidders. • Evaluate bids, draft report in this regard and submit to National Treasury. • Approval of bid evaluation and report as provided for in Treasury Regulation 16 in terms of the PFMA. • Finalise output specification, performance standards, payment mechanism and the PPP agreement. | | |
| Current annual budget R'000 | Date of termination | Measures to ensure smooth transfer of responsibilities |
| 6 953 | To be determined ³⁵ | Due to the size and complexity of the hospital, its redevelopment is classified as a 'megaproject' and the support of not only provincial and national stakeholders, but also international stakeholders is required. The process of consultation and refinement of the Feasibility Study commenced in 2017. This was concluded in 2022 after which National Treasury issued Treasury Approval: I approval on 4 November 2022. Market Sounding and Requests for Qualification invitations are planned for early 2023, whereafter the Request for Proposals process will commence. The aim of this process is to achieve Treasury Approvals: IIA and IIB from National Treasury and to procure a Private Partner to design, finance, build and maintain a value-for-money and fit-for-purpose new central hospital. |

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



PART D

TECHNICAL INDICATOR

DESCRIPTIONS

Part D: Technical Indicator Descriptions

Technical Indicator Descriptions

| INDICATOR TITLE | | All DS-TB client death rate |
|----------------------------------|--|--|
| Definition | TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently died as a proportion of all those in the treatment outcome cohort. | |
| Source of data | webDHIS | |
| Method of calculation / assessed | 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 | |
| Notes | 12 months cohort data is used in the calculation of the indicator | |

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

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

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

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

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

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

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

| INDICATOR TITLE | | ART child remain in care rate (12 months) |
|----------------------------------|---|---|
| Definition | ART child remain in care – total as a proportion of ART child start minus cumulative transfer out | |
| Source of data | SINJANI (ART Workbook) | |
| Method of calculation / assessed | 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, below 50 (at 12 months) |
|----------------------------------|---|---|
| Definition | ART child viral load under 50 as a proportion of ART child viral load done at 12 months | |
| Source of data | SINJANI (ART Workbook) | |
| Method of calculation / assessed | Numerator | ART child viral load under 50 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 | |
| Reporting Cycle | Quarterly | |
| Desired Performance | Lower | |
| Indicator responsibility | Programme Manager | |
| Notes | Applicable to District, Regional, Central & Tertiary Hospitals | |

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

| INDICATOR TITLE | Average length of stay |
|----------------------------------|---|
| Definition | Average number of patient days an admitted patient spends in a hospital before separation. Inpatient separation is the total of, inpatient discharges, inpatient deaths and inpatient transfers out, includes all specialties |
| Source of data | SINJANI |
| Method of calculation / assessed | <p>Numerator Patient days (Sum of inpatient days and ½ day patients)</p> <p>Denominator Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out)</p> |
| Means of verification | SINJANI; CLINICOM |
| Assumptions | Accuracy dependent on quality of data from reporting facilities High levels of efficiency could hide poor quality |
| Disaggregation of beneficiaries | N/A |
| Spatial transformation | N/A |
| Calculation type | Cumulative (Year-End) |
| Reporting Cycle | Quarterly |
| Desired Performance | A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. |
| Indicator responsibility | Programme Manager |
| Notes | Applicable to District-, Regional-, Central- & Tertiary Hospitals |

| INDICATOR TITLE | Bursaries awarded for scarce and critical skills categories |
|----------------------------------|--|
| Definition | Bursaries awarded each year to students (prospective employees) for full-time study based on scarce skills and to current employees for part-time study, based on critical skills. |
| Source of data | Bursary Information Management System |
| Method of calculation / assessed | Bursaries awarded for scarce and critical skills categories |
| Means of verification | BIMS report on confirmed full-time and part-time bursaries; signed bursary contract. |
| Assumptions | Accuracy dependent on good record keeping by the Provincial DoHW, nursing colleges, HEIs and external accredited training providers |
| Disaggregation of beneficiaries | N/A |
| Spatial transformation | N/A |
| Calculation type | Cumulative (Year-End) |
| Reporting Cycle | Annual |
| Desired Performance | Higher number will lead to an increase in the number of scarce skills (prospective employees) and critical skills of current employees to improve service delivery |
| Indicator responsibility | Programme manager |
| Notes | <ul style="list-style-type: none"> 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 | <p>Numerator Diarrhoea death under 5 years</p> <p>Denominator Diarrhoea separation under 5 years</p> |
| Means of verification | SINJANI; Clinicom |
| Assumptions | Accuracy dependent on quality of data submitted by health facilities |
| Disaggregation of beneficiaries | Children |
| Spatial transformation | All Districts |
| Calculation type | Cumulative (Year-to-Date) |
| Reporting Cycle | Quarterly |
| Desired Performance | Lower |
| Indicator responsibility | Programme Manager |
| Notes | Applicable to District, Regional, Central & Tertiary Hospitals |

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

| | |
|--------------------------|--|
| Reporting Cycle | Quarterly |
| Desired Performance | Lower |
| Indicator responsibility | 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 | <p>Numerator Complaint resolved within 25 working days</p> <p>Denominator Complaints resolved</p> |
| 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 | <p>Numerator Couple year protection</p> <p>Denominator Population 15-49 years female</p> |
| Means of verification | SINJANI; PHC Comprehensive Tick Register/PREHMIS (CCT); Theatre register; condoms distribution monthly list; current population circular based on Stats SA |
| Assumptions | Accuracy dependent on quality of data submitted by health facilities |

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

| INDICATOR TITLE [Number of] Death in facility under 5 years | |
|---|--|
| Definition | Children under 5 years who died during their stay in the facility |
| Source of data | SINJANI; Clinicom |
| Method of calculation / assessed | <p>Numerator Death in facility under 5 years total (in Regional, Central and Tertiary Hospitals)</p> <p>Denominator Not Applicable</p> |
| 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 | <p>Numerator Death in facility under 5 years total (in DHS and Referral Hospitals)</p> <p>Denominator Live birth in facility (in DHS and Referral Hospitals)</p> |
| Means of verification | Clinicom; Delivery/Maternity register |
| Assumptions | Accuracy dependent on the quality of data submitted by health facilities |

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

| INDICATOR TITLE | | Delivery 10 - 19 years in facility rate |
|----------------------------------|--|--|
| Definition | Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities | |
| Source of data | SINJANI | |
| Method of calculation / assessed | 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 | <p>Numerator EMS P1 rural response under 60 minutes</p> <p>Denominator EMS P1 rural responses</p> |
| 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 | <p>Numerator EMS P1 urban response under 15 minutes</p> <p>Denominator EMS P1 urban responses</p> |
| 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 | <p>Numerator EMS P1 urban response under 30 minutes</p> <p>Denominator EMS P1 urban responses</p> | |
| 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 | <p>Numerator HIV positive 15-24 years (excl ANC)</p> <p>Denominator HIV test 15-24 years (excl ANC)</p> | |

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

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

| INDICATOR TITLE | Ideal clinic status obtained rate |
|----------------------------------|---|
| Definition | Fixed PHC health facilities that obtained Ideal Clinic status (silver, gold, platinum) as a proportion of fixed PHC clinics and CHCs and/or CDCs |
| Source of data | Ideal Health Facility software; SINJANI |
| Method of calculation / assessed | <p>Numerator Fixed PHC health facilities have obtained Ideal Clinic status</p> <p>Denominator Fixed PHC clinics or fixed CHCs and/or CDCs</p> |
| 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 6 months rate |
|----------------------------------|---|---|
| Definition | Infants PCR tested around 6 months among infants born to HIV positive mothers | |
| Source of data | SINJANI | |
| Method of calculation / assessed | Numerator | Infant PCR test positive around 6 months |
| | Denominator | Infant HIV PCR test around 6 months |
| Means of verification | SINJANI; PMTCT Baby follow up register | |
| Assumptions | Accuracy dependent on quality of data submitted by health facilities | |

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

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

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

| | |
|--------------------------|--|
| Calculation type | Cumulative (Year-End) |
| Reporting Cycle | Quarterly |
| Desired Performance | Higher bed utilization indicates efficient use of available beds and/or higher burden of disease and/or better service levels. |
| Indicator responsibility | Programme Manager |
| Notes | <ul style="list-style-type: none"> • 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 2020-2025 |
|----------------------------------|--|---|
| Definition | Prevention strategy endorsed by management | |
| Source of data | Meeting Minutes | |
| Method of calculation / assessed | Strategy approved by management | |
| Means of verification | N/A | |
| Assumptions | N/A | |
| Disaggregation of beneficiaries | N/A | |
| Spatial transformation | N/A | |

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

| INDICATOR TITLE [Number of] Maternal Mortality in facility | |
|--|--|
| Definition | Maternal death (in Central, Regional and Tertiary Hospitals) are deaths occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) |
| Source of data | SINJANI |
| Method of calculation / assessed | 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 1 year coverage |
|----------------------------------|---|----------------------------------|
| Definition | Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population | |
| Source of data | SINJANI; current population circular based on Stats SA | |
| Method of calculation / assessed | 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 | <p>Numerator Neonatal deaths (< 28 days) in facility (Death in facility 0-6 days) + [Death in facility 7-28 days)</p> <p>Denominator Live birth in facility</p> |
| 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 | <p>Numerator Patient Experience of Care survey satisfied responses</p> <p>Denominator Patient Experience of Care survey total responses</p> |
| Means of verification | DHIS; Patient Surveys |
| Assumptions | Accuracy dependent on quality of data submitted by health facilities. |
| Disaggregation of beneficiaries | N/A |

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

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

| INDICATOR TITLE | Percentage of Child Death Cases reviewed by the Child Death Review Boards |
|----------------------------------|---|
| Definition | Percentage of Child Death Cases reviewed by the Child Death Review Boards |
| Source of data | SINJANI |
| Method of calculation / assessed | <p>Numerator Number of Child Death Cases Reviewed</p> <p>Denominator Total number of Child Death Cases</p> |
| Means of verification | Child Death Review Board Minutes & the autopsy database |
| Assumptions | The information with regards to the number of Child Death Cases Reviewed to be collated within a register. The register will be archived on the Enterprise Content Management (ECM) System. Any issues affecting access to the ECM system or loss of data contained therein will affect the ability to report on the indicator. |

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

| INDICATOR TITLE | Percentage of hospitals achieving the provincial benchmark for energy consumption |
|----------------------------------|---|
| Definition | Increase the percentage of hospitals with energy consumption per hospital bed per day below the provincial benchmark set by the Department; the metric is kWh/bed/day. |
| Source of data | Smart metering Hospital Infrastructure Database and utility bills |
| Method of calculation / assessed | <p>Numerator Number of provincial hospitals achieving the Department's benchmark for average energy consumption per hospital bed per day</p> <p>Denominator Number of provincial hospitals</p> |
| Means of verification | Smart metering compared to actual invoicing |
| Assumptions | <ul style="list-style-type: none"> • 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 | <p>The provincial benchmark for each hospital has been set as follows:</p> <ul style="list-style-type: none"> • 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 | | <ul style="list-style-type: none"> • 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 | | <p>The Department's provincial benchmark for each hospital has been set as follows:</p> <ul style="list-style-type: none"> • 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 | TB Pre-XDR loss to follow up rate |
|----------------------------------|---|
| Definition | TB Pre-XDR clients who are loss to follow up as a proportion of TB Pre-XDR clients started on treatment. |
| Source of data | EDRweb/ DHIS |
| Method of calculation / assessed | Numerator TB Pre-XDR client who are loss to follow up Denominator TB Pre-XDR client started on treatment |
| Means of verification | EDRweb/ DHIS |
| Assumptions | Accuracy dependent on quality of data submitted by health facilities |
| Disaggregation of beneficiaries | N/A |
| Spatial transformation | All Districts |
| Calculation type | Cumulative (Year-to-Date) |
| Reporting Cycle | Quarterly |
| Desired Performance | Lower |

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

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

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

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

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

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

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

Annexures

Annexure A. Amendments to the Strategic Plan

No amendments to the 2020-2024 Strategic Plan.

Annexure B. Conditional Grants

HUMAN RESOURCES AND TRAINING GRANT

Purpose of the Grant

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

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

NATIONAL TERTIARY SERVICES GRANT

Purpose of the Grant

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

| Performance Indicators | Targets |
|--------------------------------------|---------|
| Render Tertiary Services to Patients | 47 |

HIV/AIDS AND TB CONTROL

Purpose of the Grant

TB Control

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

HIV/AIDS

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

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

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

DISTRICT HEALTH PROGRAMMES GRANT

Purpose of the Grant

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

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

EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT FOR PROVINCES

Purpose of the Grant

- To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme (EPWP) guidelines:
 - road maintenance and the maintenance of buildings
 - low traffic volume roads and rural roads
 - other economic and social infrastructure
 - tourism and cultural industries
 - sustainable land based livelihoods
 - waste management

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

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

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

³⁷ Number of schools consent forms have been distributed to
Number of consent forms received back

³⁸ There is an option to extend for an additional year.

SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE GRANT FOR PROVINCES

Purpose of the Grant

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

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

NATIONAL HEALTH INSURANCE GRANT

Purpose of the Grant

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

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

³⁹ 2 patients treated per session within Comprehensive care package

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 | 2 ⁴⁰ |
| Number of hospitals constructed or revitalised | 0 ⁴¹ |
| Number of facilities maintained, repaired and / or refurbished | 18 ⁴² |

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

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

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

Annexure C. Consolidated Indicators

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

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

OUTPUT: HIV/AIDS, STI & Tuberculosis Services

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

OUTPUT: Technically Efficient Provincial Health System

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

| | | | |
|---|------------------------|--------|---|
| | Tertiary Hospital | 66.7% | Ideal Health Facility Monitoring System |
| | Specialised Hospitals | 90.91% | Ideal Health Facility Monitoring System |
| Patient Safety Incident (PSI) case closure rate | District Health System | 96.5% | Ideal Health Facility Monitoring System |
| | Regional Hospitals | 95.6% | Ideal Health Facility Monitoring System |
| | Central Hospitals | 89.0% | Ideal Health Facility Monitoring System |
| | Tertiary Hospital | 90.0% | Ideal Health Facility Monitoring System |
| | Specialised Hospitals | 98.8% | Ideal Health Facility Monitoring System |

OUTPUT: Accessible Health Care Services

| | | | |
|--------------------------------|--------------------|-----------|---------|
| Average length of stay | District Hospitals | 3.55 days | SINJANI |
| | Regional Hospitals | 4.03 days | SINJANI |
| | Central Hospitals | 7.0 days | SINJANI |
| | Tertiary Hospital | 4.4 days | SINJANI |
| Inpatient bed utilization rate | District Hospitals | 90.6% | SINJANI |
| | Regional Hospitals | 86.8% | SINJANI |
| | Central Hospitals | 87.6% | SINJANI |
| | Tertiary Hospital | 76.0% | SINJANI |

Annexure D. District Development Model

In Western Cape, the District Development Model is implemented using the Joint Metro and District Approach (JMDSA). 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 JMDSA 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 JMDSA is premised on developmental local government, sustainable service delivery and good governance.

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

Table 3: District Development Model

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

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

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