Western Cape Government

Department of Health and Wellness

Annual Performance Plan

2024-2025

Western Cape Department of Health and Wellness

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EXECUTIVE AUTHORITY STATEMENT

As we begin the new financial year, it is important to reflect on the many challenges our Department has not only encountered, but overcome.

Whether it be load shedding, droughts, pandemics, effects of crime on our services or the increased burden of disease as a result of worsening socio-economic conditions, we have always survived and shown unwavering resilience in spite of the odds.

In recent times, our staff have exhibited unwavering dedication and resilience in the face of unprecedented challenges. They have tirelessly served their communities, often at great personal sacrifice.

Yet, the strains on our healthcare system persist, exacerbated by years of underfunding nationally and a burgeoning demand for services.

Our healthcare system now stands at a critical juncture – one that is not only characterised by effects of the ongoing crises that have strained its resources, but also with the looming specter of budgetary constraints from National Treasury.

The reality of these fiscal pressure cannot be overstated, for they cast a long shadow over our ability to meet the diverse needs of our population and to provide equitable access to quality healthcare.

They place further pressure on an already burdened system, stretching resources thin and testing the limits of our capacity to deliver essential services. This is something which is being felt by everyone, especially our frontline staff who are at the risk of experiencing moral injury as a result.

However, in the face of these challenges, lies an opportunity for further innovation and collaboration.

The Department has an extensive track record of going above and beyond its mandate to mitigate the risks it faces in order for quality healthcare services to be accessible to all in the Western Cape.

Nomafrench Mbombo
Minister of Health
February 2024

We have seen this through the impact of our rural PHC inverter programme, which is ensuring that even our most isolated facilities are still able to render services in an environment where electricity supply remains unreliable.

We have seen this in our recently established and capacitated Violence Prevention Unit, which is actively working with all stakeholders to address the impact of crime on our communities and reduce the impact it is has on our facilities.

We have seen this in our brand-new Telehealth policy, which builds on from the initial telehealth experiences used during the Covid-19 pandemic and is now being used in a number of pilot projects such as the TeleICU project between Groote Schuur and George Regional Hospital.

The culmination of these efforts provides the foundation for us to continuously improve healthcare and make it more accessible to residents, especially in the context of a forever changing environment.

Going forward, it is crucial that we continuously build on our engagements with all our stakeholders, notably those in labour, higher education, the private sector, civil society and others alike.

In closing, I extend my heartfelt gratitude to all those who contribute to the mission of the Department of Health and Wellness. Your tireless efforts and unwavering commitment are the premises upon which our collective success rests. Thank you to Dr Keith Cloete and his team for leading this group of brilliant professionals on a daily basis.

By working together, we can forge a path forward that is grounded in shared values and driven by a collective vision for a healthier, more resilient future. Together, let us rise to meet the challenges that lie ahead, confident in our ability to overcome adversity and build a brighter future for all.

I endorse the Annual Performance Plan for 2024/25.

ACCOUNTING OFFICER STATEMENT

As we enter the last year of the 2020-2025 Strategic Plan, we are guided by our constitutional mandate to progressively realise the right to health. We remain firmly committed to the ideals of our long-term plan, Healthcare 2030. Our aspiration is to become a health system that is people-centric, trusted, and equitable. Our caring and empowered staff members continue to provide high quality services, within an environment that is supportive of clean governance and innovation. We are committed to re-align our service delivery platform to ensure that we provide the right care, at the right time, in the right place, at the right price; and care that puts people first.

Our reality is that the 2024/25 Annual Performance Plan (APP) is prepared in the context of a significant budget baseline reduction that have necessitated service prioritization, against the backdrop of having to negotiate multiple crises. Consequently, the planned service delivery targets in this APP have been adjusted to take the budget reality into account. Whilst we commit to undertake service prioritization in a responsible manner and within an ethical decision-making framework, we recognize that this process will have an impact on our staff members and the clients that we serve.

Therefore, as we navigate these challenging times, we call upon the whole of government and whole of society to commit to intentionally address the social determinants of health and well-being. This will require coherent and consistent multi-sectoral commitment to achieve household food security, violence prevention, societal mental well-being and healthy lifestyle choices, especially in the most vulnerable communities.

This period calls for collective transformational leadership and adaptive governance across multiple fronts: a) within our department - with a deepening of our intentional capability development and organisational culture strategy, b) with our social partners in civil society, higher education institutions, the private sector and organized labour - as part of our broader stewardship role, c) within the whole of the Western Cape Government - across all departments, spheres of government and across sectors, and d) within the broader Health Sector – in partnership with other Provincial Health Departments and the National Department of Health.

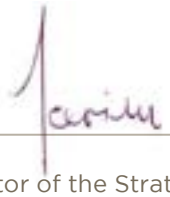
I am extremely proud of all of our dedicated frontline staff, administrative staff and management team members, who collectively continue to go beyond the call of duty, to deliver quality service to the citizens of this province. I believe we will continue to collectively navigate these difficult times with distinction, in service of the people of the Western Cape.

Dr Keith Cloete
Western Cape Head of Health
February 2024

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: 

Ms N Nkosi
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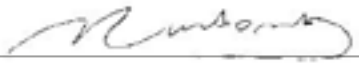
APPROVED BY

Signature: 

Minister Nomafrench Mbombo
MEC for Health

Acronyms

AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ANC	Antenatal Care
AO	Accounting Officer
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAD	Computer Aided Dispatch
CBS	Community-Based Service
CCS	Complaints, Compliments and Suggestion
CCT	City of Cape Town
CDC	Community Day Centre
CDU	Chronic Dispensing Unit
CHC	Community Health Centre
CHW	Community Health Worker
CISD	Critical Incident Stress Debriefing
CMD	Cape Medical Depot
CMHF	Community Mental Health Facilities
COVID-19	Coronavirus Disease
CSIR	Council for Scientific and Industrial Research
DALY	Disability-Adjusted Life Years
DHS	District Health System
DHIS	District Health Information System
DoHW	Department of Health and Wellness
EC	Emergency Centre
EHWP	Employee Health & Wellness Programme
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
ESCO	Energy Services Companies
FPL	Forensic Pathology Laboratory
FPS	Forensic Pathology Service
FY	Fiscal Year
GBV	Gender-Based Violence
GGHH	Global Green and Healthy Hospitals
HAST	HIV/AIDS, STIs and Tuberculosis
HCBC	Home & Community-Based Care
HECTIS	Hospital & Emergency Centre Tracking Information System
HEI	Higher Education Institution
HFRG	Health Facility Revitalisation Grant
HIV	Human Immunodeficiency Virus
HoD	Head of Department
ICT	Information and Communication Technology

IMF	International Monetary Fund
IT	Information Technology
IUCD	Intra Uterine Contraceptive Device
LEAP	Law Enforcement Assisted Diversion
MCWH&N	Maternal, Child, Women's Health and Nutrition
MDP	Micro Design Process
MEAP	Management Efficiencies and Alignment Project
MEC	Member of the Executive Council
MEDSAS	Medical Stores Administration System
MTSF	Medium-Term Strategic Framework
MYPE	Mid-Year Population Estimates
N/A	Not Applicable / Not Available
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
NDP	National Development Plan
NEET	Not in Employment, Education or Training
NHA	National Health Act
ODI	Organisation Development Investigation
OPD	Outpatient Department
PCR	Polymerase Chain Reaction
PDC	People Development Centre
PEC	Patient Experience of Care
PERO	Provincial Economic Review and Outlook
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHCIS	Primary Health Care Information System
PHDC	Provincial Health Data Centre
PPP	Public Private Partnership
PPT	Planned Patient Transport
PSI	Patient Safety Incident
PSP	Provincial Strategic Plan
PSS	Patient Satisfaction Survey
PREHMIS	Patient Record and Hospital Management Information System
PTSD	Post-Traumatic Stress Disorder
SA	South Africa
SAC	Severity Assessment Code
SAM	Severe Acute Malnutrition
SAPS	South Africa Police Service
SASHS	South African Stress and Health Survey
SDG	Sustainable Development Goal
SEZ	Special Economic Zone
SINJANI	Standard Information Jointly Assembled by Networked Infrastructure
Stats SA	Statistics South Africa
TB	Tuberculosis
TEXCO	Top Executive Committee
TIER.Net	HIV Electronic Register

UHC	Universal Health Coverage
UN	United Nations
USAID	United States Agency for International Development
VIP	Vision Inspired Priority
VPU	Violence Prevention Unit
WC	Western Cape
WCCN	Western Cape College of Nursing
WCG	Western Cape Government
WCGEADP	Western Cape Government Environmental Affairs and Development Planning
WCGHW	Western Cape Government Health and Wellness
WCDoHW	Western Cape Department of Health and Wellness
WCGTPW	Western Cape Government Transport and Public Works
YLL	Years of Life Lost
ZAR	South African Rand

Table of Contents

3	**EXECUTIVE AUTHORITY STATEMENT**
5	**ACCOUNTING OFFICER STATEMENT**
6	**Official Sign-off**
7	**Acronyms**
13	**PART A: OUR MANDATE**
13	**Legislative Mandates**
17	**Policy Mandates**
20	**Departmental Policies & Strategies**
20	**Relevant court rulings**
22	**PART B: OUR STRATEGIC FOCUS**
22	**Vision**
22	**Mission**
22	**Values**
22	**Situational Analysis**
23	**External Environment**
23	Demographics
25	Social Determinants of Health
28	Climate Change
30	Burden of Disease
47	Leading Causes of Death
51	Demands on the Service Delivery Platform
54	**Internal Environment**
54	Service Delivery Platform
57	Organisational Design
58	Organisational Culture
59	Information and Communication Technology (ICT)
60	Infrastructure Developments
62	**PART C: MEASURING OUR PERFORMANCE**
62	**Programme 1. Administration**
62	Outcomes, Outputs, Performance Indicators & Targets
62	Output indicators – Annual & Quarterly Targets
62	Explanation of planned performance over the medium-term
63	Programme Resource Considerations
64	**Programme 2. District Health Services**
65	Outcomes, Outputs, Performance Indicators & Targets
72	Output indicators – Annual & Quarterly Targets
77	Explanation of planned performance over the medium-term
77	Programme Resource Considerations
79	**Programme 3. Emergency Medical Services**
79	Outcomes, Outputs, Performance Indicators & Targets
80	Output indicators – Annual & Quarterly Targets
80	Explanation of planned performance over the medium-term
80	Programme Resource Considerations

82 **Programme 4. Provincial Hospital Services**
82 Outcomes, Outputs, Performance Indicators & Targets
85 Output indicators – Annual & Quarterly Targets
87 Explanation of planned performance over the medium-term
87 Programme Resource Considerations
89 **Programme 5. Central Hospital Services**
89 Outcomes, Outputs, Performance Indicators & Targets
93 Output indicators – Annual & Quarterly Targets
95 Explanation of planned performance over the medium-term
95 Programme Resource Considerations
97 **Programme 6. Health Sciences & Training**
97 Outcomes, Outputs, Performance Indicators & Targets
97 Output indicators – Annual & Quarterly Targets
97 Explanation of planned performance over the medium-term
98 Programme Resource Considerations
100 **Programme 7. Health Care Support Services**
100 Outcomes, Outputs, Performance Indicators & Targets
101 Output indicators – Annual & Quarterly Targets
102 Explanation of planned performance over the medium-term
102 Programme Resource Considerations
104 **Programme 8. Health Facilities Management**
104 Outcomes, Outputs, Performance Indicators & Targets
104 Output indicators – Annual & Quarterly Targets
105 Explanation of planned performance over the medium-term
105 Programme Resource Considerations
107 **Key Risks & Mitigations of the Strategic Plan**
109 **Public Entities**
110 **Infrastructure Projects**
140 **Public-Private Partnerships (PPPs)**
142 **PART D: TECHNICAL INDICATOR DESCRIPTIONS**
170 **PART E: ANNEXURES**
170 **Annexure A. Amendments to the Strategic Plan**
171 **Annexure B. Conditional Grants**
175 **Annexure C. Consolidated Indicators**
178 **Annexure D. District Development Model**

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 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 maybe 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; and
- Strengthening the provincial health system towards achieving Universal Health Coverage (UHC).

Political declaration of the United Nations High-Level meeting on UHC UN 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.

National

National Development Plan (NDP), 2012

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

- Uniting South Africans around a common programme;
- Citizens active in their own development;
- Fast and more inclusive economic growth;
- Building capabilities;
- A capable and developmental state; and
- 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 - 2024

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 - 2024 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 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; and
5. Innovation and culture.

VIP 3 speakers specifically to the mandate of the Department as it seeks to ensure a meaningful and dignified life for residents of the province. Achieving this impact is heavily reliant on the collective efforts of the "whole of society" and, 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, signaling 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 UHC.

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

The Department's strategy is located within the context of our constitutional imperative to progressively realise the right to health for all citizens of the Western Cape province. Our Reset Agenda (See figure 1) incorporates lessons learned from the COVID-19 pandemic and sets out our aspirations as we build forward towards 2030 and beyond. Through our Reset Agenda, we want the people we serve to know that they matter. Every contact should make people feel a sense of optimism and worth. We aspire to become a health system that is people-centric, trusted, and equitable; with a caring, competent, empowered workforce; clean governance; and innovative and accessible service delivery; a health system FOR YOU. Our goal is to provide the right care, at the right time, in the right place, at the right price; care that puts people first. We understand that this requires of us to 'do' and 'be' differently as individuals and as a Department; and that change starts with us.

Figure 1: Our Reset Agenda

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

- In – Innovation
- C – Caring
- Co – Competence
- A – Accountability
- I – Integrity
- R – Responsiveness
- Re – Respect

Situational Analysis

South Africa (S.A.) comprises of nine provinces[1]. The Western Cape province is situated along the south-western coast of South Africa. It is the third largest province by population in S.A., 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 Cape Town which is the capital of the province and the second most populous city in South Africa, after Johannesburg.

The province is topographically diverse, with numerous mountain ranges, that have peak heights ranging from 1000m to 3200m. The valleys between these mountains are very fertile, while the interior of the province forms part of the Karoo, which 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 was established to become a Greentech hub for local green technology manufacturing – including renewable energy technologies; energy storage; energy efficiency; water efficiency and management; greener packaging; recycling; and green chemicals – and to create jobs while growing the local economy.

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 S.A. 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.

1 Statista, 2023

External Environment

Demographics

Population

According to the 2022 MYPE[2] by Statistics South Africa (Stats SA) South Africa is the sixth African country with the largest population, counting approximately 60.5 million individuals as of 2021. Approximately 51.5% (31 million) of the population is female and 48.5% are male. The Black African population constitutes approximately 81% of the total S.A. population. S.A. has a youthful population, with a significant youth bulge aged 25 - 39 years. Children and youth amount to nearly 38 million in S.A. The elderly have seen the largest growth over the period 2002 to 2022 from 3.5 million to 5.6 million respectively. The average fertility rate for S.A. is 2.34 children in a women's lifetime.

African migration has been on a steady upward trajectory for the past two decades. The record level of over 40 million African migrants represents a 30% increase from 2010. Given continuing strong push factors, that trend can be expected to continue. While often unrecognized, most African migration occurs within the continent as migrants seek employment opportunities in neighbouring regional economic hubs. South Africa, Côte d'Ivoire, and Nigeria are among the top five destination countries on the continent, revealing their position as economic hubs for their respective subregions (see Table 1).[3]

Top 10 African Destination Countries by Numbers of Migrants

Country of Destination	Immigrant Population	Total Population	Percentage Immigrant Population
South Africa	2,860,495	58,801,926	5
Côte d'Ivoire	2,564,857	26,811,790	10
Uganda	1,720,313	44,404,611	4
Sudan	1,379,147	44,440,486	3
Nigeria	1,308,568	208,327,404	1
Ethiopia	1,085,517	117,190,911	1
Kenya	1,050,147	51,985,780	2
Democratic Republic of the Congo	952,871	92,853,164	1
South Sudan	882,252	10,606,227	8
Libya	826,537	6,653,942	12

Data source: UN DESA

Table 1: Top 10 African Destination Countries by Number of Migrants

South Africa's population rose to 62 million people last year from 51.8 million in 2011, according to census data from Statistics South Africa (SSA). In terms of immigration statistics, there were more than 2.4 million migrants in South Africa last year, with the highest percentage coming from neighboring Zimbabwe at 45.5%, followed by Mozambique and Lesotho[4].

In terms of emigration trends, the United Nations' (UN) latest International Migrant Stock report suggests that the UK has the most migrant stock from South Africa, with almost a quarter of a million residents listing RSA as their birth country, with Australia, the USA and New Zealand following. South Africans have

2 According to the Statistician-General of S.A., Risenga Maluleke, it is important to note that the mid-year population estimates (MYPE) will not be published in 2023. This is because only limited results of the Census 2022 were released in 2023 and subsequently full results will be incorporated into the 2024 MYPE. Hence, for the purpose of this APP 24/25, we will only report on the MYPE for 2022.
3 https://africacenter.org/spotlight/african-migration-trends-to-watch-in-2023/
4 https://www.reuters.com/world/africa/south-african-population-grew-62-mln-last-year-census-2023-10-10/

frequently cited escalations in unemployment rates, stagnant economic growth, and diplomatic and political uncertainty – fueled by the worst loading shedding on record as a driving factor for their decision to move their families abroad[5].

Inter-provincially, the Western Cape has been a receiving province for in-migration, due to a range of improved socioeconomic opportunities including education, jobs and health. Between 2016 and 2021, Gauteng and Western Cape provinces emerged as significant migrant magnets within S.A. Gauteng attracted an estimated 1 564 861 migrants, while Western Cape witnessed an inflow of around 470 657 migrants[6] (see figure 2). Language differences, xenophobia, discrimination, and health-seeking behaviour significantly impact migrants' access to healthcare. The health service needs of migrants, both foreign and domestic, present complex challenges to S.A.'s district health services. Resource allocation and health services need to be titrated accordingly.

The Western Cape's population has increased from 6.6 million people in 2017 to 7.4 million in 2022; and now has the 3rd largest population in the country, with Gauteng having the largest population. The Western Cape accounts for 11.9% of the country's population; and has the second highest average annual growth rate (1.8%) following Gauteng (2.2%). The City of Cape Town (CCT) accounts for 65.9% of the Western Cape province's population. Cape Winelands (13.4%) and Garden Route (8.7%) are the rural districts with the second and third highest population in the province. About 22.4% of the population in the Western Cape is categorised by children below the age of 15 years, 70.3% comprise of the youth and adult population between 15 and 59 years and 7.3% 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 respectively.

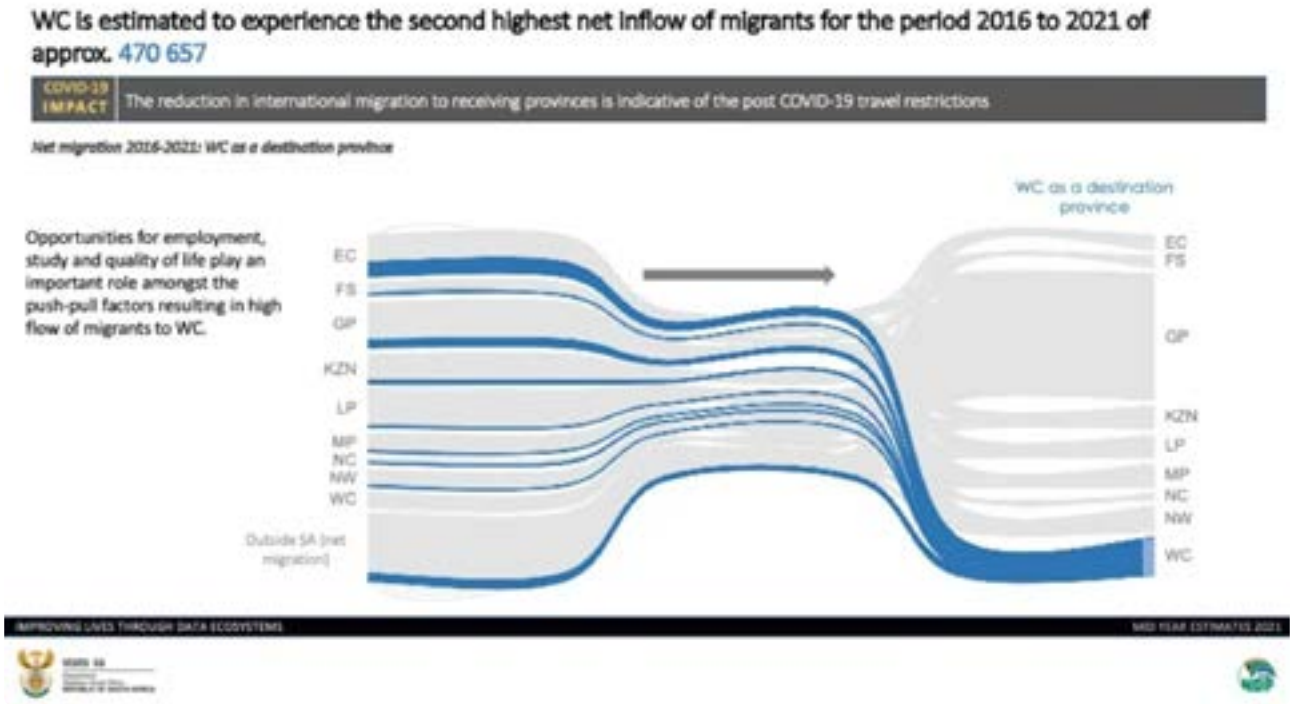


Figure 2: Migration patterns into Western Cape Province

5 https://businesstech.co.za/news/lifestyle/696173/big-jump-in-south-africans-looking-to-emigrate-heres-why-and-where-they-want-to-go/

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

The population over the age of 60 years 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

Economic Factors

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, lingering supply chain issues and extreme weather-related events. Economic activity in 2023 was curtailed by the increase in interest rates by central banks and the war in Ukraine, however, the reopening of China mitigated against this. Consequently, the baseline forecast is for growth to fall from 3.4% in 2022 to 2.8% in 2023, before settling at 3.0% in 2024[7].

Unemployment levels in South Africa are among the highest in the world and have remained that way for more than 15 years. In Quarter 2 of 2023, the overall unemployment rate in S.A. decreased from 32.9% to 32.6% (maximum rate was 32.6% and minimum was 21.5%)[8], recovering from 34.9% in 2021, when the impact of the Covid-19 global health pandemic on economic activity was still being felt. Over the last decade, the proportion of people experiencing long term unemployment increased from 67.2% in quarter 3 of 2012 to 77% in quarter 3 of 2022. More alarming is that over one-third (3.5 million) of young people aged 15–24 years are currently not in employment, education or training (NEET). Most young people who are NEET are based in disadvantaged areas, including rural communities, where opportunities for employment are limited. The persistently high numbers of persons who are NEET in South Africa illustrates a socially explosive situation that requires urgent attention. Since youth are a fundamental asset to South Africa, it is crucial to provide them with the skills needed for sound economic and social development, and for the future sustainability of the country. The NEET (not in employment, education or training) rate for 15 – 34-year-olds was 44% at the end of 2022, up by 2% from the same time in 2021.

The World Economic Forum (WEF) has highlighted an energy supply shortage as the biggest risk South Africa faces in 2024. In its Global Risks Report for 2024, the WEF released the top five risks as identified by the Executive Opinion Survey for every country in the world. For South Africa, these five risks are: energy supply shortage, economic downturn, unemployment, state fragility, and water-supply shortage[9].

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 has escalated in intensity since then with 2023 being the worst year on record. This has a significant impact on the economic growth of the country[10] and this is also correlated with higher levels of crime during periods of load-shedding[11]. South Africa is not unique in facing energy supply shortages, as over 40 countries in the Global Risks Report for 2024, including

7 World Economic Outlook, January 2023. International Monetary Fund
8 https://take-profit.org/en/statistics/unemployment-rate/south-africa/
9 https://dailyinvestor.com/south-africa/41821/south-africas-five-biggest-risks-in-2024/ (January, 2024)
10 South Africa's economic growth affected by mismatch of electricity supply and demand. Inglesi-Lotz, R & Mabugu, T. The Conversation (April 2022)
11 Increase in home break-ins during longer loadshedding periods. Businesstech (September 2022)

the United States, Germany, Iraq, and Mexico, have this risk in their top five risks. Furthermore, economic downturn and unemployment are also common risks listed in the report.

South Africa is one of only 17 countries facing the risk of state fragility in 2024. The WEF's assessment of South Africa's risks mirrors that of Allianz in its annual Risk Barometer[12], which compiles the views of over 3,000 risk management experts worldwide. The Barometer identified infrastructure collapse as the biggest risk facing South African companies in 2024. Globally, cyber incidents such as ransomware attacks, data breaches, and IT disruptions are the biggest worry for companies globally in 2024. Business interruption ranks second, followed by natural catastrophes and changes in legislation and regulation. Fire and explosions, political risks and violence are the biggest risers in the compilation of the top global business risks. South Africa is unique in facing the threat of infrastructure collapse, which is the number one risk for the second year running. According to Allianz, this highlights the severe impact of power outages and the failure of essential infrastructure, such as ports, railways, and roads, on the economy and businesses. The closely related risk of the energy crisis has climbed to the fifth position, up from sixth place in 2023, indicating that little progress has been made in tackling the issue. Cyber incidents and business interruption continue to hold the second and third spots, respectively. The report underscores the urgent need for investment in infrastructure resilience and the development of contingency plans to mitigate the potential consequences of blackouts.

Although South Africa has made significant progress in reducing poverty since 1994, poverty reduction came to a halt in 2011. The latest survey, conducted in 2014/2015 shows that about 55% of the population (30 million people) was living below the national upper-bound poverty line (ZAR 992, in 2015 prices), while 25% (almost 14 million people) was experiencing food poverty, about 3 million more poor people compared to 2011. The lack of progress in poverty and inequality reduction is largely driven by sluggish economic growth, poor business climate, and lack of opportunities in the labour market. Unemployment rates have hovered around 25 - 29% during the past decade and worsened during the COVID-19 pandemic, by the fourth quarter of 2021 the unemployment rate reached its all-time high at 35.3%. Youth and women continue to be most vulnerable, with the 15 - 24 years and the 25 - 34 years age groups facing unemployment rates of 60% and 41% respectively, and women facing unemployment rate of 35.1% compared to men at 31.0%[13]

South Africa and the Western Cape have entered a period of stagflation, where sluggish economic growth is accompanied by high unemployment and inflation. South Africa is expected to grow sluggishly at 1.7% in 2022 and 0.3% in 2023. The current global and national economic conditions are likely to worsen unemployment, inequality, poverty and many socio-economic development indicators in the province. The unemployment rate in South Africa is forecast to be 32.79% in 2024[14]. In Q3 of 2023, the Western Cape's unemployment rate stood at 20.2%, a decrease from 20.9% in the previous quarter[15]. The declining labour force participation rate indicates a working population that is losing hope and is less willing to actively seek employment opportunities. Growing unemployment levels will exacerbate the long-term trend of rising income inequality in the Western Cape. By the second quarter of 2022, employment levels were still 6.3% lower than before the pandemic.

Recent data from Statistics South Africa (Stats SA) reveals that a substantial portion of households across South Africa have been affected by hunger. Approximately one-fifth of households nationally reported that their access to food was either inadequate or severely inadequate. In 2022, the provinces facing the highest

12 https://commercial.allianz.com/content/dam/onemarketing/commercial/commercial/reports/Allianz-Risk-Barometer-2024-Appendix.pdf
13 Poverty & Equity Brief South Africa, Africa Eastern & Southern April 2023 https://databankfiles.worldbank.org/public/ddpext_download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/current/Global_POVEQ_ZAF.pdf
14 https://www.statista.com/outlook/co/socioeconomic-indicators/employment/south-africa#:~:text=The%20unemployment%20rate%20in%20South,to%2025.13m%20in%202024
15 https://www.da.org.za/2023/11/ancs-big-brother-approach-to-running-the-economy-is-killing-jobs

food access inadequacies were the Northern Cape and Mpumalanga. Only 4.5% of households in Limpopo reported inadequate or severely inadequate access to food. Adequate access to food amongst households was highest in Limpopo (95.5%), Gauteng (84.3%), and the Western Cape (81.9%). Limpopo enjoys higher household food access due to having a largely rural population with robust local agriculture, while Gauteng and the Western Cape, due to their stronger economies, provide better income, enhancing households' purchasing power for food[16]. 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[17].

The role of education in reducing unemployment levels should be viewed with caution. Data reveals that unemployment rates are lower for the higher educated, meaning that education offers a competitive advantage to the higher educated in finding employment. However, an improvement in education levels did not lead to lower unemployment levels over the last five years. Furthermore, unemployment disparities persist among age and population cohorts after adjusting for education levels. Provincial Economic Review & Outlook (PERO) data points to unequal education attainment between and within population groups. In this regard, the Wellbeing priority area of the Recovery Plan includes programmes to support early childhood development and food nutrition. These programmes will play a key role to support a more equal educational attainment.

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 such as HIV/AIDS and tuberculosis[18]; its association with the growing burden of noncommunicable diseases, such as cardiovascular disease and diabetes mellitus[19]; high levels of violence and injury[20]; and maternal and child illness[21]. 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.

Empirical research consistently demonstrates that social, economic and commercial factors play a pivotal role in determining health outcomes. South Africa is ranked as one of the most unequal countries in the world with a Gini coefficient of 0.63 in 2023[22], which dropped from 0.67 in 2006. Thirty years after the end of apartheid, "race remains a key factor in South Africa's high levels of inequality, due to its impact on education and the labour market," according to the World Bank. Ethnicity contributes 41% to income inequality and 30% in education. These socio-economic disparities significantly impact the health improvement prospects of vulnerable population groups, as their social conditions often hinder their ability to access adequate healthcare and resources for better health outcomes.

One of the implications is the call for health and wellness leadership at all levels, to step up beyond the conventional role of health service provision and play a much more assertive and advocacy role in influencing socio-economic determinants through intersectoral collaboration.

16 https://www.westerncape.gov.za/provincial-treasury/sites/provincial-treasury.westerncape.gov.za/files/atoms/files/2023%20PERO%20Speech.pdf
17 PERO, 2023
18 Prince M, Patel V, Saxena S, et al. No health without mental health. Lancet 2007; 370: 859-77.
19 Mayosi B, Flisher AJ, Lalloo UG, Sitas F, Tollman SM, Bradshaw D. The burden of non-communicable diseases in South Africa. Lancet 2009; 374: 934-47.
20 Seedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K. Violence and injuries in South Africa: prioritising an agenda for prevention. Lancet 2009; 374: 1011-22.
21 Chopra M, Daviaud E, Pattinson R, Fonn S, Lawn JE. Saving the lives of South Africa's mothers, babies and children: can the health system deliver? Lancet 2009; 374: 835-46.
22 https://www.africanews.com/2022/03/10/world-bank-south-africa-is-the-most-unequal-country-in-the-world/#:~:text=Thirty%20years%20after%20the%20end,inequality%20and%2030%25%20in%20education

Climate Change

Globally, climate change is being hailed as an emergency, with immediate systems change required to achieve emissions reductions by 2030 and maintain a habitable planet. The World Economic Forum, in their The Global Risks Report 2024 (19th Edition, Insight Report), confirm that environmental risks continue to dominate the risks landscape. As reflected in Figure 2 below, this report reflects the top 10 severe risks over the next 2 years (short term) and 10 years (long term). It is clear that 5 out of the top 10 severe risks, in the next ten years, are related to climate change.

FIGURE 2.2 **Global risks ranked by severity over the long term (10 years)**

"Please estimate the likely impact (severity) of the following risks over a 10-year period."

Figure 3: Global risks ranked by severity over the short and long term, World Economic Forum Global Risks Report of 2024

South Africa's dependence on coal as a primary fuel source for electricity generation makes it one of the world's top 15 greenhouse gas emitters. Climate change is already altering South African ecosystems, economies, and livelihoods.

South Africa's climate priorities span climate adaptation and mitigation. The South African Cabinet has approved key climate actions, including creating a Presidential Climate Commission, South Africa's Low Emissions Development Strategy, a National Climate Change Adaptation Strategy, a carbon tax, and a Just Transition Framework.

Western Cape Government, through WCG Environmental Affairs and Development Planning (WCGEADP), prepared the Western Cape Climate Change Response Strategy: Vision 2050 whereby it aspires to be a net zero carbon emissions province by 2050.

WCGHW has participated in Health Care Without Harm's Global Green and Healthy Hospitals (GGHH) Climate Challenge since 2015. In March 2021, the Department officially confirmed its pledge to achieve net zero climate emissions and joined the United Nations Framework Convention on Climate Change's Race to Zero campaign and confirmed its commitment to achieve net zero emissions by 2050 or sooner and to achieve an interim target of 20% reduction of measurable emissions over its 2015 baseline by 2030 or sooner. The Department has formally registered climate change as a strategic risk and is committed to develop, implement and monitor both adaptation and mitigation strategies.

Over the past five years WCGHW has implemented various initiatives to mitigate climate change and the impact thereof:

- Smart metering for electricity and water to assist in improving monitoring and billing;
- Carry out energy efficiency audits of facilities and feasibility studies of energy management opportunities and interventions;
- Taking cognisance of energy saving initiatives that can be implemented when undertaking maintenance and monitor estimated savings realised as a result of these;
- Behaviour change interventions for electricity and water consumption and awareness;
- Installation of hybrid inverter backup systems at PHC facilities rather than diesel generators;
- Replace element heaters with heat pumps for hot water generation;
- Installation of energy-efficient lighting at facilities; and
- Installation of boreholes and treatment plants for domestic use at some hospitals.

Whilst continuing with the above initiatives, the following initiatives will be commenced with during the next five years:

- A selective implementation of solar photovoltaic (renewable) installations to augment power supply to lower energy consumption and provide electricity supply stability to especially clinics via hybrid installations with battery backup; and
- The Department forms part of the WCG One Health Approach collaborative. One Health is an integrated unifying approach that aims to sustainably balance and optimise the health of people, animals and ecosystems. The Department will work closely with WCGEADP and WCG Agriculture to promote health and wellbeing and to develop adaptation and mitigation strategies to combat the impact of climate change.

Burden of Disease

South Africa has a quadruple burden of disease, which includes HIV/AIDS/STIs; non-communicable conditions including mental health; maternal, neonatal and child health conditions; and TB. The HIV/AIDS pandemic significantly impacted life expectancy in South Africa over the period 1990-2007. Following the roll out of ARVs, an increase of 11.5 years was made in life expectancy in the country between the period 2007 and 2019, with the Western Cape experiencing an increase of 3.8 years over the same period (see figure 4)[23]. 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.

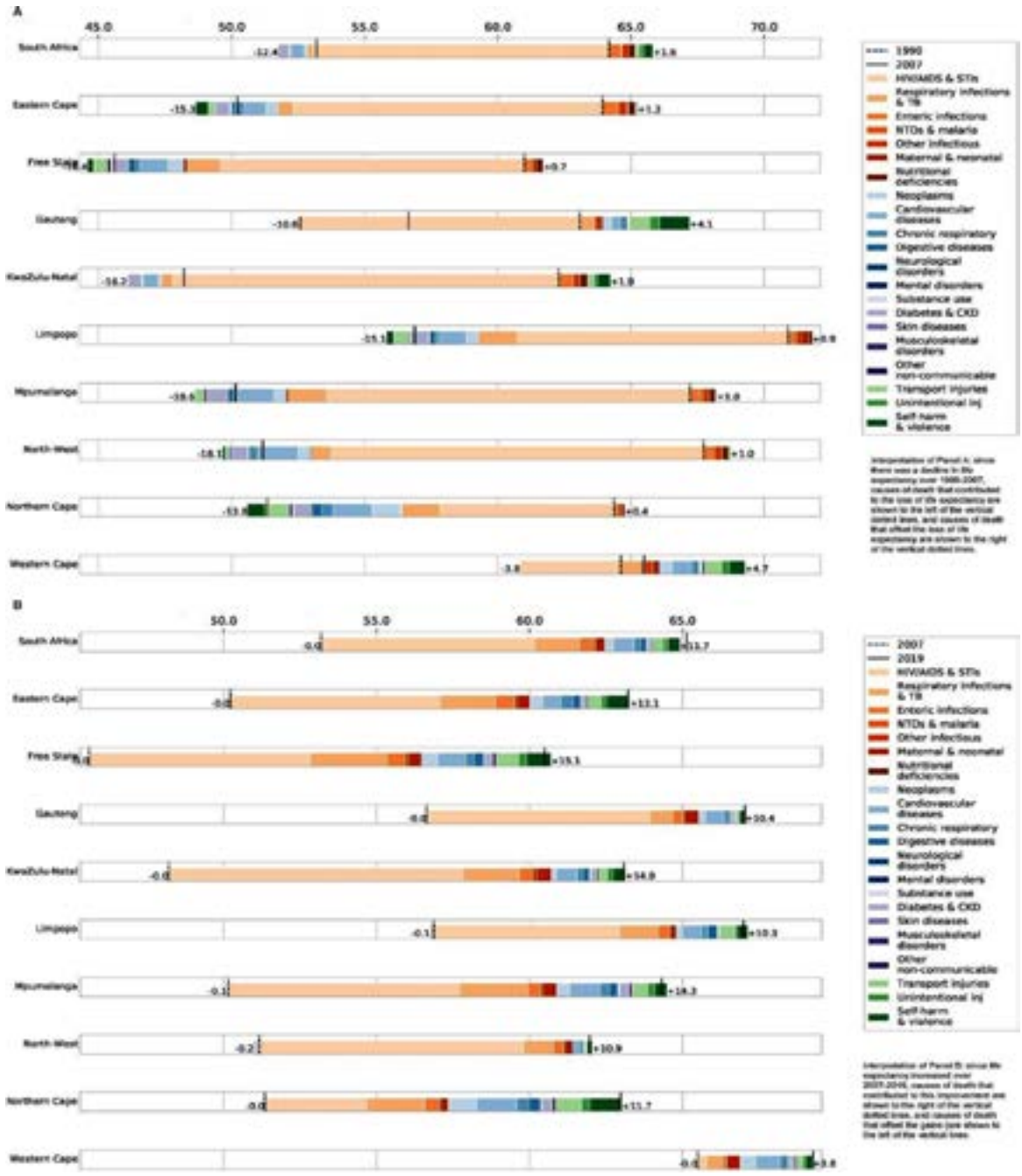


Figure 4: Changes in life expectancy over 1990-2007 and 2007-2019

23 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 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 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, viz. HIV incidence and TB incidence.

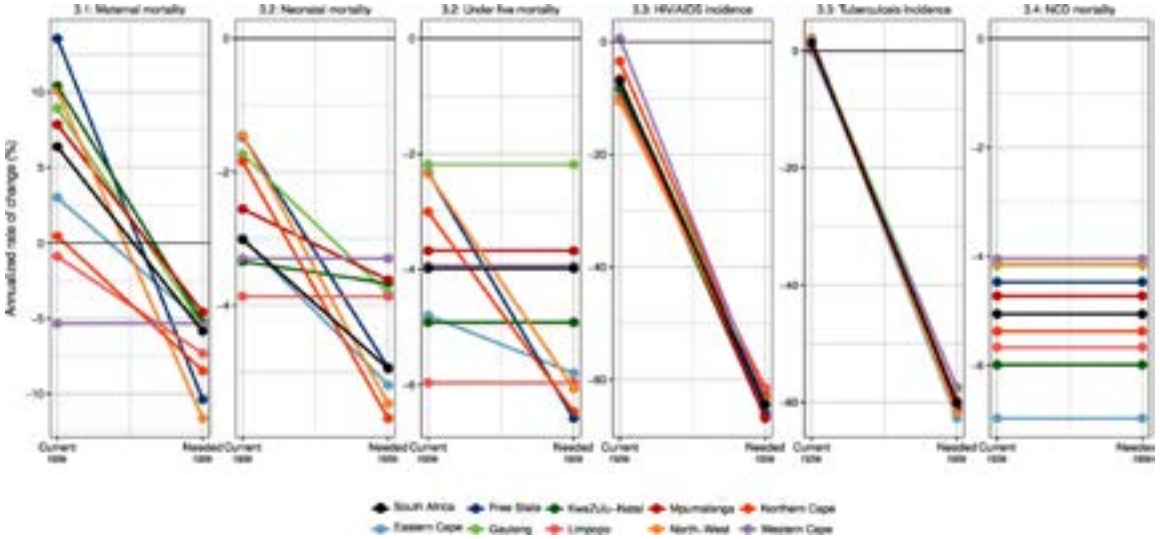


Figure 5: Progress toward achievement of key SDG goals, with the left axis showing current rate of change and right axis showing required rate of change to achieve the target

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.

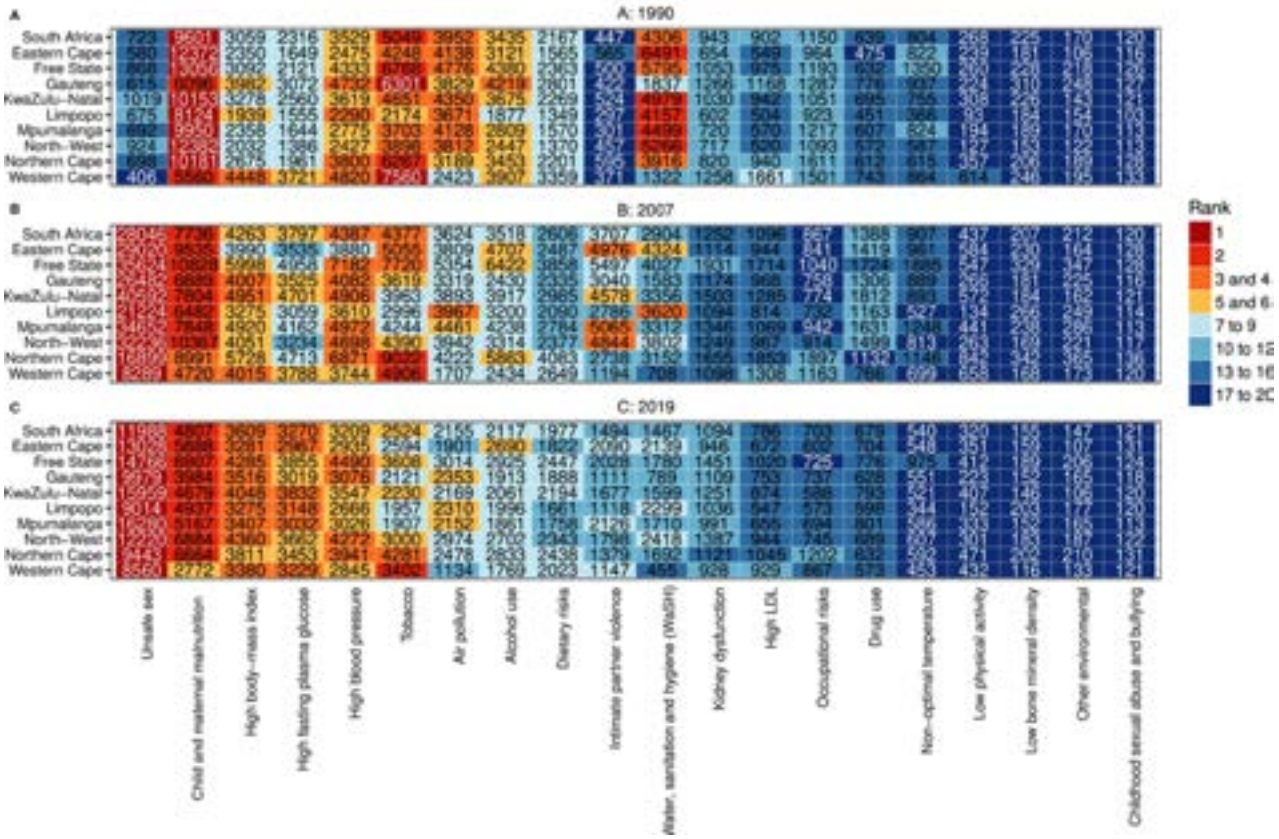


Figure 6: Risk factors for loss of healthy life year, ranked per province and for South Africa

HIV/AIDS

HIV testing sharply declined in 2020/21 at the time points coinciding with the national lockdown restrictions (Figure 7). This decline may be attributed to various factors, including restrictions on movement, changes in healthcare priorities, and disruptions in health services. Recovery in HIV testing has been gradual since the initial decline during the lockdowns. However, to date the province has not yet reached the testing levels seen in 2019. This suggests that there may still be challenges in fully restoring testing rates. Despite the fluctuations in testing rates, the positivity rate remains consistent. This could indicate a stable prevalence of HIV among those who are tested, emphasizing the importance of maintaining and improving testing efforts. The introduction of HIV self-testing and Index Case testing in the province is a positive step toward expanding testing options and identifying new cases. However, there is recognition that these approaches still need to be scaled up to achieve their full potential. Understanding the factors that contributed to the decline in HIV testing during periods of lockdown and the gradual recovery is crucial. These factors could include fear of exposure, limited access to testing facilities, and shifts in healthcare priorities. Addressing the identified factors contributing to the decline in HIV testing is essential for designing effective interventions. The introduction of HIV self-testing and Index Case testing is a step in the right direction, but efforts need to be scaled up to achieve broader impact. Ongoing monitoring of testing rates, positivity rates, and the effectiveness of new testing approaches is crucial. The ability to adapt strategies based on changing circumstances and emerging trends will enhance the success of HIV testing initiatives.

In summary, addressing the decline in HIV testing and working toward surpassing pre-lockdown levels requires a comprehensive approach that considers the unique challenges posed by lockdowns and other factors. The introduction of new testing methods is promising but scaling up efforts and ongoing monitoring will be essential to achieving and maintaining high levels of HIV testing in the Western Cape.

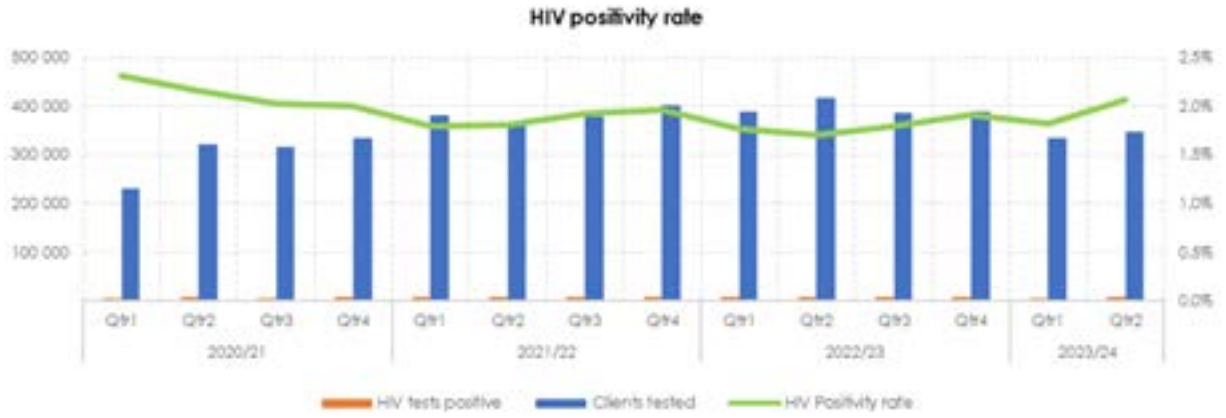


Figure 7: HIV tests and test positivity rates

ART initiation has remained low in the Western Cape (Figure 8), with a notable decrease, especially in Q3 of the last three fiscal years. This decline raises concerns as it may have implications for achieving the 95-95-95 targets by 2030, which aim for 95% of people living with HIV to know their status, 95% of those diagnosed to be on treatment, and 95% of those on treatment to have suppressed viral loads. The overall decrease in ART initiation has implications for the 95-95-95 targets. Lower initiation rates mean fewer people are aware of their HIV status and are not accessing treatment services. This has potential consequences for HIV incidence in the population. On a positive note, retention in care for HIV clients on ART has been increasing since 2019. This suggests that once individuals are initiated on treatment, efforts to keep them engaged in care have been successful. The rate of increase in retention in care since 2020 has not been as high as that seen pre-2020. This could be indicative of additional challenges or disruptions introduced by the COVID-19 pandemic. Recognizing the importance of addressing retention in care, a scaling grant was signed for three more years. This commitment suggests a focus on sustained efforts to improve and maintain retention rates.

In summary, while there are challenges with low ART initiation rates, the positive trend in retention in care is encouraging. The signing of a scaling grant to focus on retention highlights a commitment to addressing this issue. Ongoing efforts to understand and overcome barriers to ART initiation, especially in the context of the pandemic, are crucial for achieving HIV treatment targets and reducing HIV incidence in the Western Cape.

Figure 8: Total clients started on ART

To address these challenges and improve ART initiation rates, strategies could include strengthening healthcare systems, and adaptation of service delivery including implementation of flexible and innovative approaches, such as telehealth, to ensure the continuity of HIV services during disruptions. Also, community engagement and education, conducting targeted campaigns to raise awareness about the importance of HIV testing, the safety of healthcare facilities, and the benefits of early ART initiation, economic support, integration of services, and continued monitoring and evaluation. While retention in care for HIV clients on ART has shown improvement (Figure 9), it is crucial to address the challenges related to ART initiation to ensure a comprehensive and effective HIV care continuum. Ongoing collaboration between healthcare providers, policymakers, and communities is essential for achieving and sustaining progress in HIV prevention and treatment efforts.

Figure 9: ART initiation and retention in care

Tuberculosis

TB screening in the Western Cape decreased notably in quarter 2 of 2020. It's important to note that this decline occurred during the early stages of the COVID-19 pandemic, and changes in reporting elements may have influenced the observed trend. Since the decline in quarter 2 of 2020, TB testing has increased gradually. Notably, quarter 2 of 2022 shows higher levels than those observed in 2021, indicating a positive trend in efforts to screen for and diagnose TB, see Figure 10. TB treatment initiation has increased steadily from quarter 2 of 2020. This suggests that, despite the initial decline in screening during the early stages of the pandemic, efforts to identify and treat individuals with TB have been successful and are on an upward trajectory.

These trends may be influenced by various factors, including changes in healthcare priorities during the pandemic, modifications in reporting mechanisms, and adjustments to health services. In summary, while there was a temporary decrease in TB screening during the early months of the COVID-19 pandemic, the Western Cape has seen a gradual increase in both TB testing and treatment initiation since then. The higher levels observed in quarter 2 of 2022 suggest positive strides in TB-related healthcare efforts in the region. Continued monitoring, adaptability to changing circumstances, and efforts to address barriers to TB care remain crucial in the ongoing fight against tuberculosis.

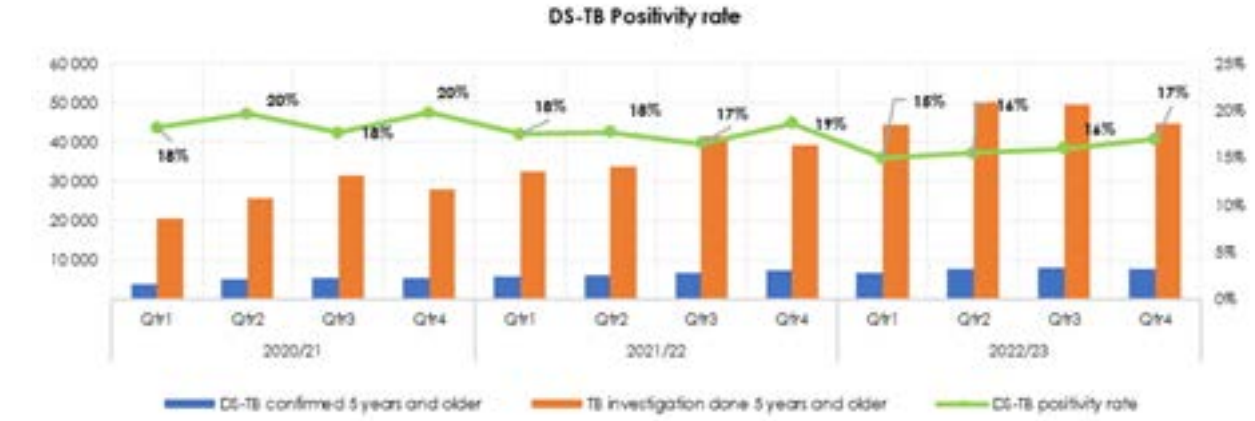


Figure 10: TB screening, testing and test positivity

Even though there is still a long way to go, the steady increase in TB treatment initiation since quarter 2, 2020 onwards (Figure 11) may be attributed to the following: enhanced diagnostics, improved patient pathways, treatment access and adherence support and resilience of TB programmes.

To sustain and further improve TB screening, testing, and treatment initiation, ongoing efforts should include continued public health education, flexible healthcare delivery models that can adapt to the changing dynamics of public health emergencies while maintaining essential services. Strengthening health systems to withstand shocks and maintain routine healthcare services, including TB screening and treatment, during crises Data monitoring and analysis and collaborative efforts between healthcare providers, policymakers, and community stakeholders are essential to achieving and sustaining progress in TB prevention and treatment.

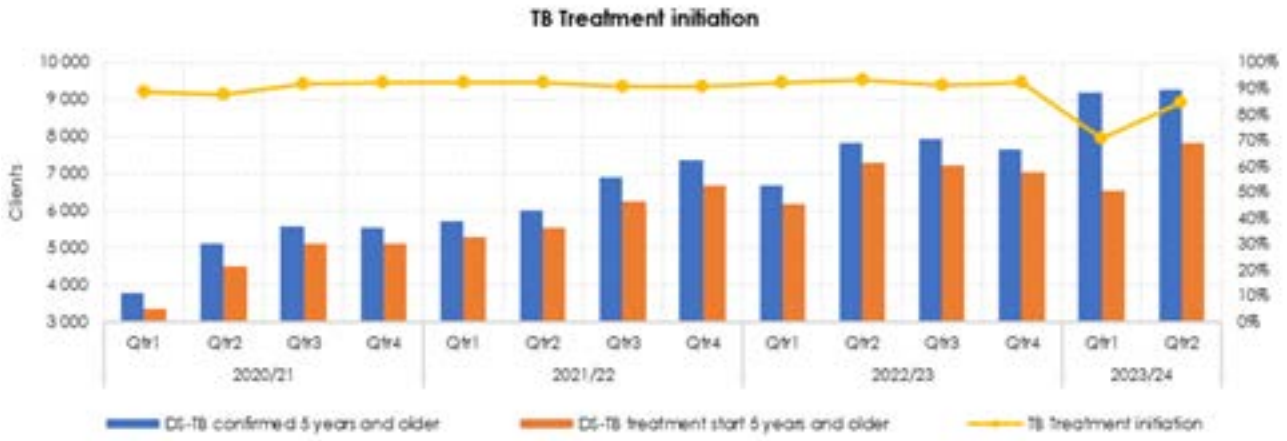


Figure 11: TB Treatment Initiation

Non-communicable diseases

Figure 12 below shows an encouraging trend that most diabetic patients inferred as being "in care" are having HbA1c tests or blood sugar levels done (specifically those receiving medication). Testing decreased in 2020, although prior to that the rates were already low. Testing has increased thereafter, meeting the 2017 totals and are on an upward trend. Testing levels in 2020 reflect service de-escalation due to COVID-19.

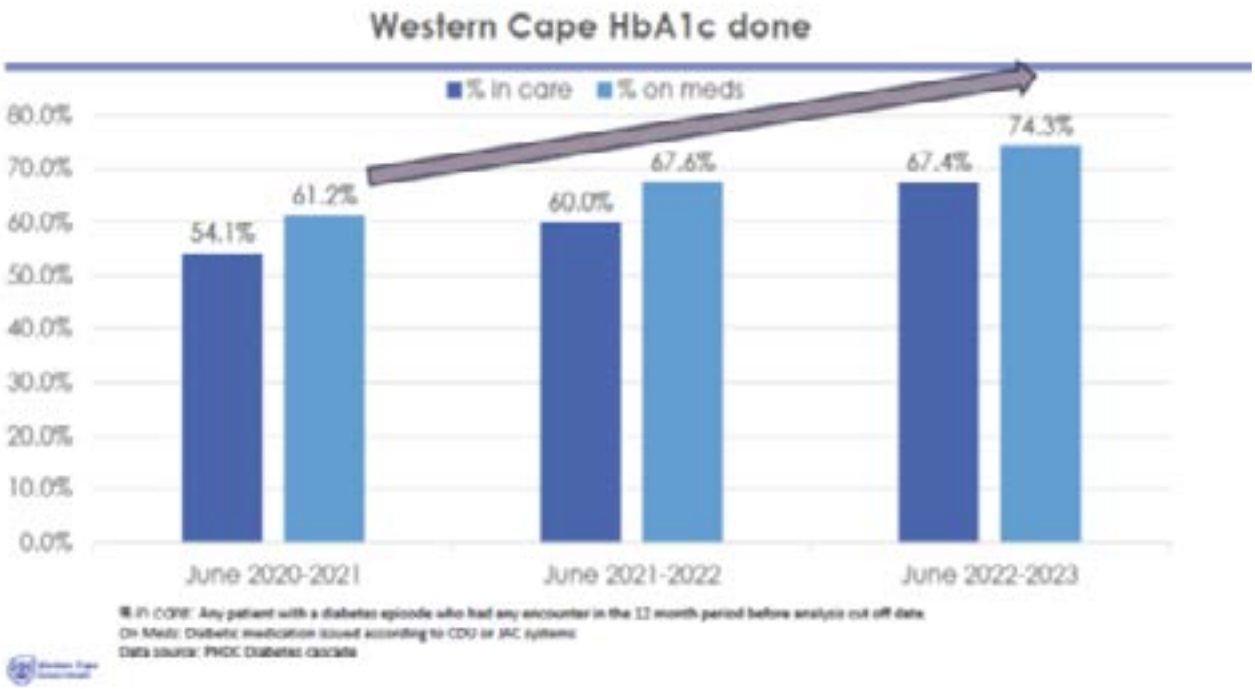


Figure 12: HbA1c tests being done.

Glycaemic control remains poor, with roughly 55% of diabetic patients who received a HbA1c test having a result of 8 and higher (Figure 13). Another concerning trend is the drop in proportion of inferred diabetics in care. However more analysis is required to understand this pattern, although it is encouraging that an increasing proportion of HbA1c tests done are within range of "normal" and "controlled".

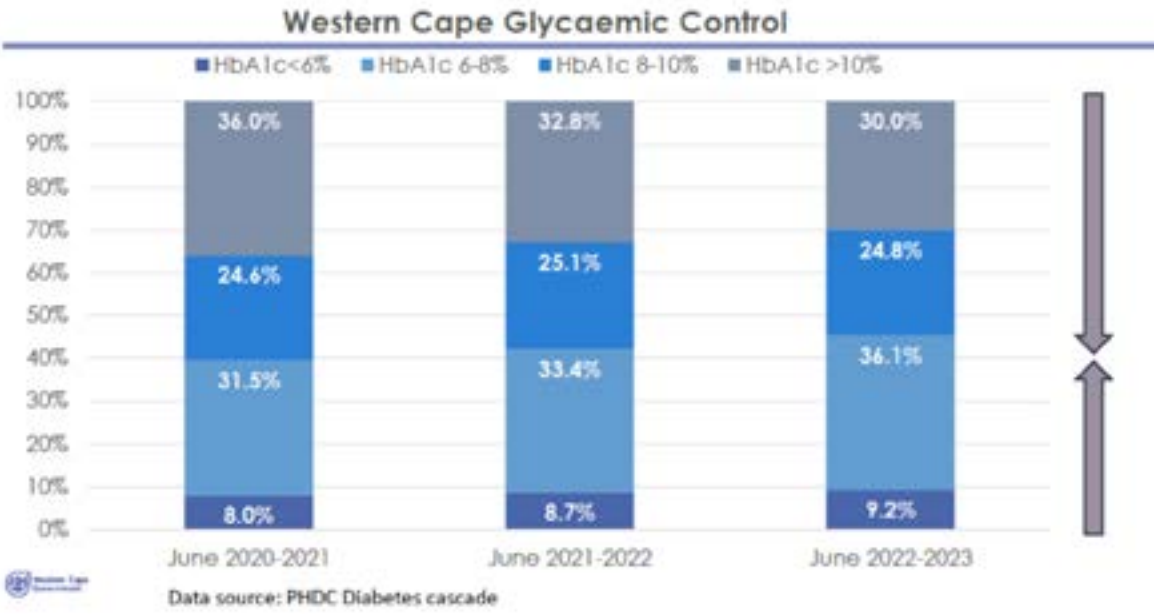


Figure 13: HbA1c testing and glycaemic control

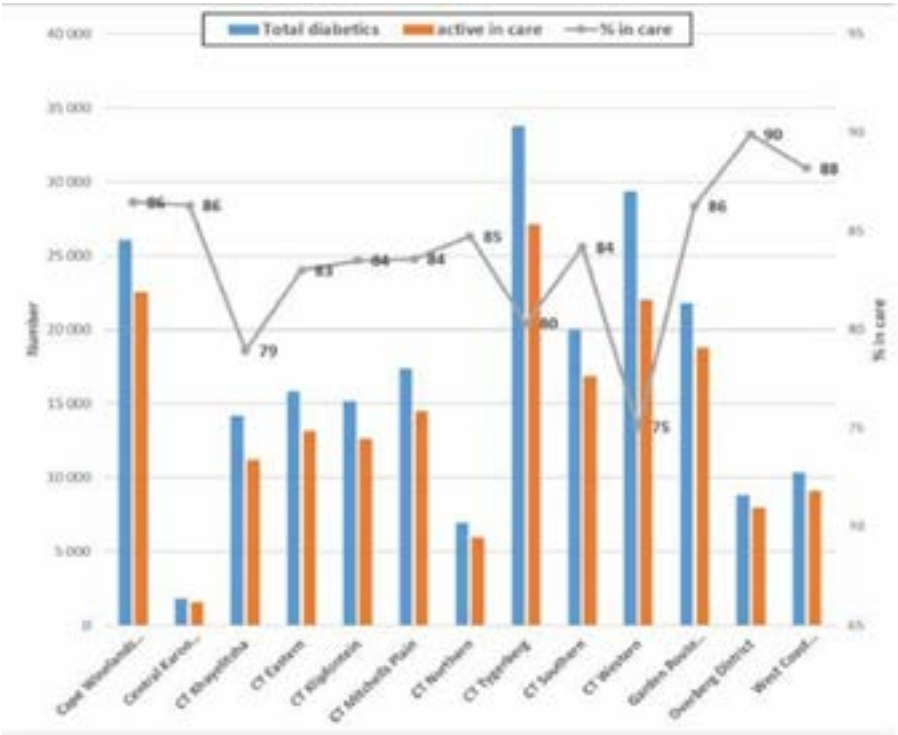


Figure 14: Diabetics in Care

Figure 14 above illustrates the total number of diabetics that have at some point been diagnosed in our system but are not in active care, juxtaposed against the diabetics who have been diagnosed, and are still receiving healthcare - this is done at a sub-district level. These figures are concerning as they show the percentage of diabetics who have touched our services but are no longer in our care. These patients are at high risk for the negative sequelae of untreated diabetes, including end organ damage and microvascular disease. If we can retain diabetics in care, we could improve diabetes control in the population.

Mental Health

One of the most notable effects of the pandemic was the impact it had on mental health. The Western Cape is currently experiencing an increased prevalence of mental illness, which has been exacerbated by unemployment, substance abuse and safety concerns. Psychiatry inpatient days decreased at the onset of the pandemic, then quickly returned to pre-COVID levels and remain high at all levels. Psychiatric separations, a proxy for admissions, has been increasing since 2020. Of concern is the psychiatric readmissions with 90 days and involuntary psychiatric admissions (Figure 15).

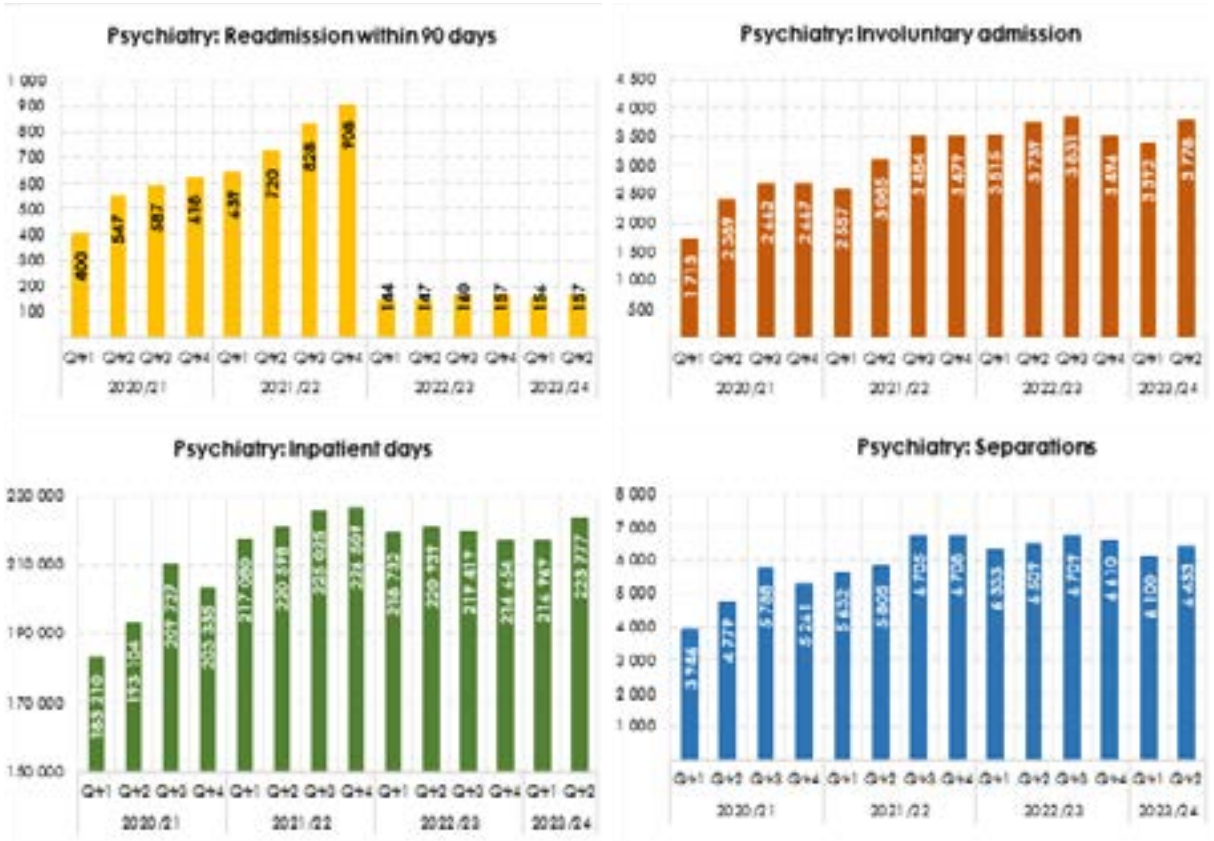


Figure 15: Psychiatric admissions and inpatient days

The burden of mental health conditions has increased globally in recent years [24] [25]. The Global Burden of Disease study attributes nearly 15% of years of life lost to mental disorders, making mental illnesses one of the most significant causes of disability worldwide. Findings from the Global Burden of disease estimates in South Africa found that 15.9% of South Africans have experienced a mental or substance use disorder in the previous 12 months (see Table 2). This was exacerbated by pandemic-related restrictions and risks. Distress caused by restriction measures and fear of infection was significantly associated with anxiety and depression, with many people reaching the diagnostic threshold for anxiety and depressive disorder

24 WHO, 2022. World Mental Health Report: Transforming mental health for all. Geneva
25 Patel V, Saxena S, Lund C, et al. The Lancet Commission on global mental health and sustainable development. Lancet 2018.

Condition	%
Idiopathic developmental intellectual disability	1.7
Schizophrenia	0.2
Alcohol use disorders	1.6
Drug use disorders	0.7
Depressive disorders	3.9
Bipolar disorder	0.6
Anxiety disorders	3.8
Ealing disorders	0.2
Autism spectrum disorders	0.8
Attention deficit/hyperactivity disorder	1.2
Conduct disorder	0.8
Total: Mental and substance use disorders	15.9

Table 2: 12-month prevalence of mental, neurological and substance use conditions, and intellectual disability in South Africa

Quantifying the burden of mental illness is challenging both because of limited epidemiological studies and because mental illness is associated with morbidity rather than mortality. The burden of mental illness cannot be approximated from mortality surveillance data. Disability-Adjusted Life Years (DALYs) are more appropriate than mortality data to quantify the burden of mental illness as DALYs combine morbidity (years life with disability) with premature mortality (YLL). In 2000, in South Africa, neuropsychiatric disorders were the third leading cause of DALYs[26], however no data are available for the Western Cape. The 2004 South African Stress and Health Survey (SASHS) remains the main source of mental health prevalence data for South Africa[27]. The SASH reported a lifetime prevalence of 39.4% of any mental disorders in the Western Cape. The prevalence of anxiety disorder was 19%, mood disorder 14% and substance use disorders 21%.

Woman and Child Health

Under 5 years in facility mortality has returned to pre-COVID levels and there seems to be a downward trend in death rates. The absolute numbers of deaths under 5 were the highest in the last 5 years, including both neonatal (0 - 28 days) and older (29 days – 59 months). Specifically, under 5-year deaths due to malnutrition and diarrhoea (Figure 16) were higher than pre-COVID levels. This was due to the knock-on effect of COVID-19, social disruptions, food security and less breastfeeding. In the last two quarters of FY 2023/2024, Diarrhoea and Severe Acute Malnutrition Case Fatality rate was lower than expected. Pneumonia Case Fatality rate remained the same at 0.2% over the last 4 FYs. Severe Acute Malnutrition Case Fatality rate in 2023/2024 was lower than previous years but still indicates that children are presenting with poor immunity due to the increase in poor socio-economic conditions. Addressing the persisting challenges, especially those related to malnutrition and diarrhea, may require a comprehensive approach involving healthcare, social support systems, and interventions to improve socio-economic conditions. Monitoring and responding to these trends are crucial for ongoing efforts to reduce child mortality and improve overall child health.

26 Bradshaw D, Norman R, Schneider M. A clarion call for action based on refined DALY estimates for South Africa: editorial. South African Medical Journal 2007;97(6):438-440.
27 Herman AA et al. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. SAMJ: S Afr Med J 2009;99(5):339-34

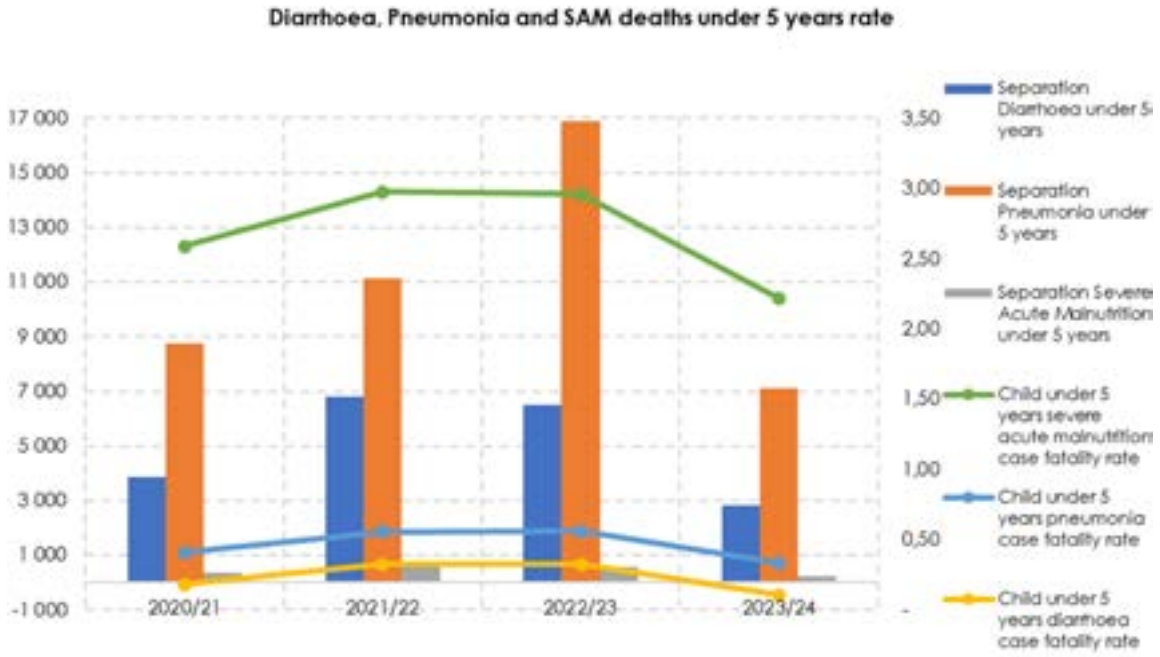


Figure 16: Diarrhoea, Pneumonia and SAM deaths under 5 years rate

The information provided in Figure 17 below suggests a fluctuating pattern in deaths related to acute malnutrition, particularly in the Western Cape, over the years. In 2020, there was a dramatic increase in deaths due to severe acute malnutrition. Subsequent years saw a decrease in these deaths, but as of the latest data, they have not returned to the levels seen in 2019. There was a notable increase in 2022 compared to 2021, indicating ongoing challenges or fluctuations in addressing severe acute malnutrition. Deaths due to moderate acute malnutrition increased in 2021. However, by the latest data, these deaths are back at 2019 levels in the Western Cape, suggesting a potential recovery or improvement in the situation. The trends in malnutrition-related deaths highlight the dynamic nature of the issue, with fluctuations over the years. While there has been an overall improvement since the peak in 2020, challenges remain, and efforts may be needed to sustain and further enhance progress. The fact that deaths due to severe acute malnutrition have not returned to 2019 levels and there was an increase in 2022 suggests that ongoing attention and targeted interventions are crucial. Monitoring the situation closely and adapting strategies based on the evolving patterns is essential for addressing malnutrition effectively.

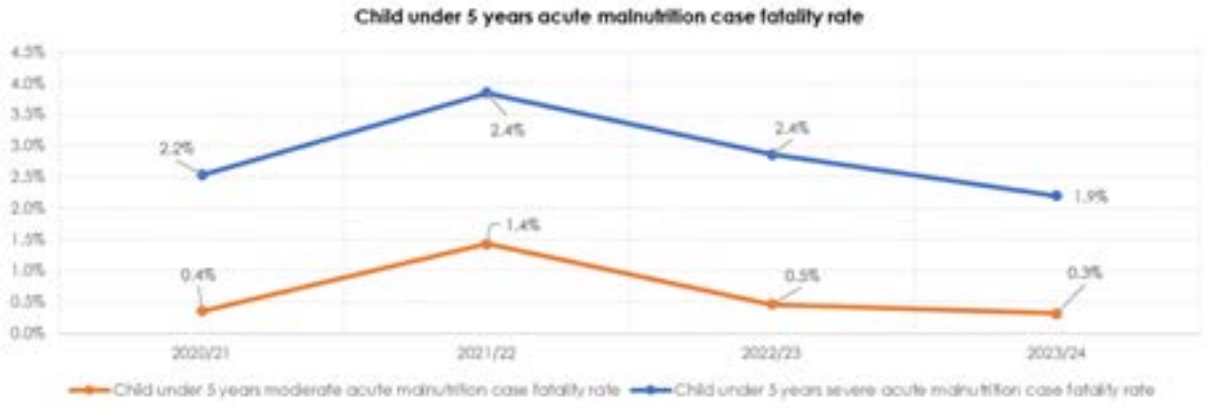


Figure 17: Under 5 moderate and severe acute malnutrition deaths

It is generally acknowledged that stunting is the best indicator of a child's well-being and that a child's linear growth potential is largely determined by the time they turn 2 years old. Many countries in sub-Saharan Africa, including South Africa, also have a high prevalence of overweight and obesity in children, amounting to a double burden of malnutrition. Stunting is associated with many disorders including reduced neurodevelopment, lifelong cognitive deficits, educational and employment challenges, increased risk of obesity and non-communicable diseases (NCDs) in adulthood, and cycles of intergenerational poverty. According to the stunting survey done in 2022/2023, the good news is that since previous surveys, the prevalence of stunting appears to have decreased. However, it is still far too high. The findings also highlight the need for key interventions to address both stunting and obesity simultaneously while optimising the use of limited resources to improve the well-being of individuals and communities. The Western Cape Government ultimately aims to reduce stunting rates as part of its well-being recovery plan. The representative data derived from this survey helps us understand the drivers of stunting and allows us to plan and strengthen appropriate interventions across the whole government and society, and to inform local targeted interventions. Practical steps that can be taken include advocating for public policy reforms (e.g. accurate and easy-to-understand food labelling; stronger controls on the marketing of unhealthy foods, etc.); incentivising the provision of affordable healthy food through viable food supply systems; supporting vulnerable families with food choices; and monitoring child growth specifically supporting children under two years of age whose growth is faltering. The collection, analysis and use of good-quality data and evidence should guide future action and track progress. WCG: H&W has invested in a range of interventions across the Department as part of the First Thousand Days (FTD) Initiative since 2016, in collaboration with a wide range of partners, including NPOs, CBOs, academic units and other government departments. This project is an example of what can be done through partnership and lays the basis for an accelerated joint response to improving the nutrition, health, and well-being of the children of the Western Cape[28].

In summary, the data points to both improvements and challenges in addressing malnutrition-related deaths. Sustained efforts, targeted interventions, and ongoing monitoring are key components of any strategy aimed at reducing malnutrition-related mortality. Understanding the factors contributing to these trends can also inform more effective and targeted interventions.

The information provided in Figure 18 outlines the trends in immunization coverage under 1 year in the Western Cape, with specific attention to differences between Metro and Rural districts. Regarding the impact of the pandemic, immunisation coverage under 1 year in the Western Cape was not as adversely affected by the pandemic, suggesting that the healthcare system in the region managed to maintain or recover vaccination services for this age group. District-wide disparities show that there has been a consistent drop in immunisation coverage in both Metro and Rural districts over the last 3 fiscal years. Despite the overall drop in coverage, rural areas showed higher immunisation coverage compared to the Metro. This could be due to various factors, including differences in healthcare infrastructure, accessibility, and community engagement.

28 file:///C:/Users/55602100/Downloads/02_StuntingStudy_Report-%20FInal-compress-less.pdf

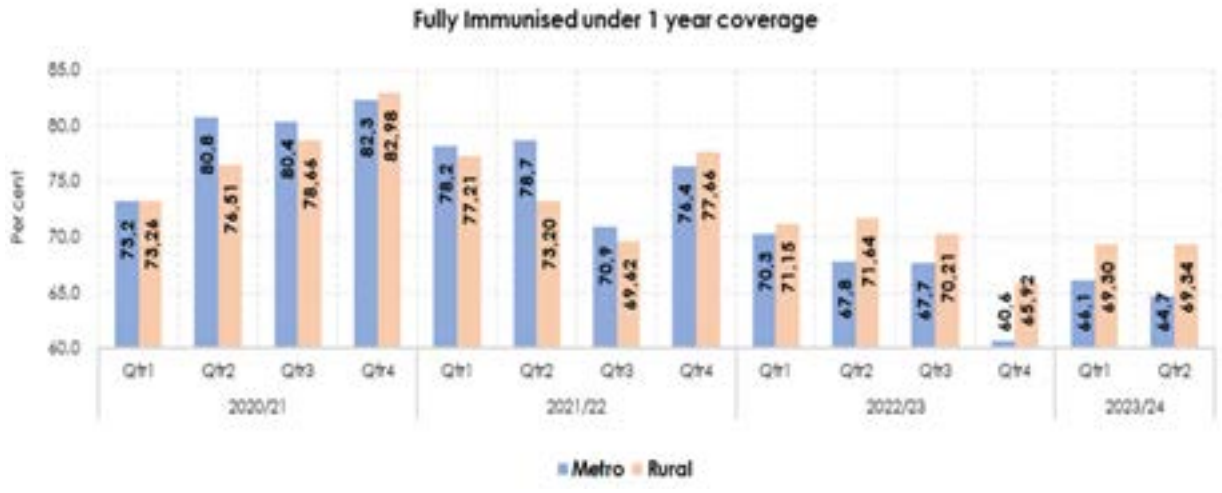


Figure 18: Fully Immunised under 1-year coverage

The decline in coverage, especially in the last year, could be attributed to various reasons, including vaccine hesitancy, violence, bad weather, and potentially other factors not explicitly mentioned. Vaccine hesitancy, which is the reluctance or refusal to vaccinate despite the availability of vaccines, appears to be one of the contributing factors to the decline in immunisation coverage. Other challenges such as violence and bad weather can also impact the accessibility and delivery of vaccination services. Identifying and addressing the specific reasons for the decline in coverage, such as vaccine hesitancy or logistical challenges, is crucial for designing targeted interventions to improve immunisation rates. The data highlights the importance of public health campaigns and outreach efforts to address vaccine hesitancy and raise awareness about the importance of childhood immunisations.

In summary, while the Western Cape managed to maintain relatively stable immunisation coverage for infants during the pandemic, challenges in Metro and Rural districts have led to a consistent decline, with varying rates between the two. Understanding the specific barriers and tailoring interventions accordingly will be essential to improve and sustain immunisation coverage in both regions.

Measles vaccinations in the Western Cape (Figure 19) have remained fairly consistent over the specified period, indicating a stable immunisation effort in the region. An outbreak of measles was reported in Gauteng Province in June 2022, emphasising the potential for infectious diseases to spread and the importance of monitoring and vaccination efforts. Sporadic cases were reported throughout 2022 and as of 16 March 2023, confirmed cases were reported from all provinces. The Western Cape experienced an increase in cases from Epi Week 43 (November 2023), however the increase has not been sustained. This suggests effective management and containment of individual cases. Both Metro and Rural districts in the Western Cape experienced the lowest measles vaccination coverage in Q4 of 2022/2023, indicating a need for improvement in that specific timeframe. Metro generally performed better in 1st dose coverage compared to Rural over the last three fiscal years.

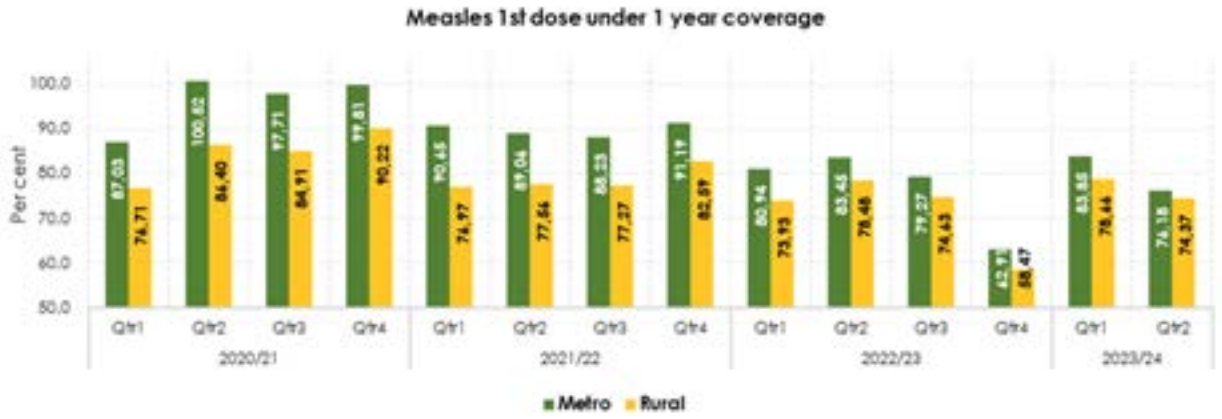


Figure 19: Measles 1st dose coverage

Understanding the reasons for this discrepancy could help in tailoring strategies to address specific challenges in each area. Acknowledging the low coverage in Q4 of 2022/2023, catch-up vaccinations and campaigns were planned to address the gap. This proactive approach is essential for preventing the potential resurgence of preventable diseases. The fact that catch-up vaccinations and campaigns were planned indicates a recognition of the importance of addressing periods of low coverage promptly to prevent outbreaks and protect the population. In summary, while the Western Cape has maintained fairly consistent measles vaccination rates, challenges in coverage, especially in specific quarters, highlight the need for targeted interventions such as catch-up vaccinations and campaigns. Monitoring and responding to changes in vaccination coverage are crucial components of public health efforts to prevent outbreaks and ensure the protection of the population against preventable diseases like measles.

The information in Figure 20 below highlights specific details about measles 2nd dose coverage in the Western Cape. Measles 2nd dose coverage appeared to be lower in both Metro and Rural districts compared to 1st dose coverage. This could be indicative of challenges in ensuring that individuals receive the necessary follow-up vaccinations. Rural generally performed better at 2nd dose coverage than Metro in the fiscal years 2022/23 and 2023/2024. Understanding the reasons behind this difference could inform targeted strategies for improvement. Rural demonstrated a positive trend in 2nd dose coverage during Q4 of 2022/2023, making up for the low 1st dose coverage in the same period. This suggests a successful effort to catch up on vaccinations and improve overall coverage. The mention of Q4 of 2022/2023 as a period of both low 1st dose and high 2nd dose coverage indicates a need for focused attention during specific timeframes to ensure complete vaccination coverage. Recognising the need for improvement, especially in Q4 of 2022/2023, and successfully implementing strategies to enhance 2nd dose coverage in Rural areas demonstrates a proactive approach to addressing vaccination challenges.

In summary, the data suggests variations in measles 2nd dose coverage between Metro and Rural districts in the Western Cape. Rural areas showed better performance in 2nd dose coverage, particularly in the specified fiscal years, and efforts were made to address gaps, especially during Q4 of 2022/2023. Understanding the factors contributing to differences in coverage and replicating successful strategies can contribute to more effective vaccination programs and improved overall immunity in the population.

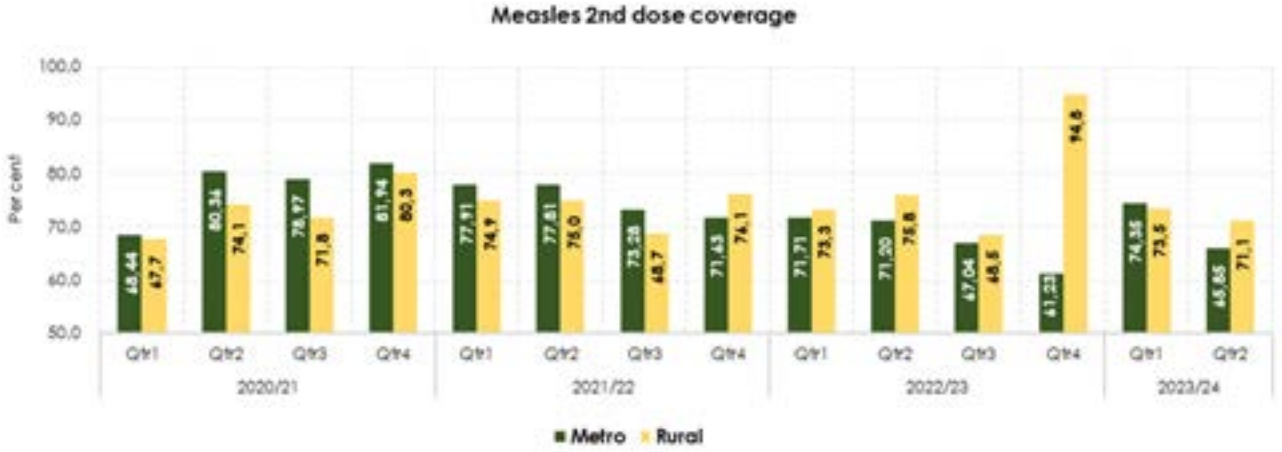


Figure 20: Measles 2nd dose coverage

The rate of antenatal visits before 20 weeks (Figure 21) has recovered well, suggesting that there has been improvement in this aspect of maternal care. Antenatal visits at 20 weeks or later are still slightly below pre-COVID levels. This indicates that there may be challenges or barriers in getting mothers into care later in their pregnancies. The observation that antenatal visits at 20 weeks or later are below pre-COVID levels suggests that efforts may be needed to change behaviours related to the timing of seeking maternal care. It's crucial to address not only the timing of antenatal visits but also postnatal care to ensure comprehensive maternal healthcare. There is a recognition of the issue, and increased efforts, interventions, as well as campaigns to encourage early and comprehensive antenatal care. Understanding the reasons why mothers may delay seeking antenatal care, whether due to awareness, accessibility, cultural factors, or other barriers, is essential in developing targeted strategies. Behavioural change often involves public health education and awareness campaigns, including initiatives to inform and educate the community about the importance of early antenatal care. In summary, while there has been improvement in antenatal care before 20 weeks, the slightly lower rates for visits at 20 weeks or later indicate the need for targeted efforts to encourage early and comprehensive maternal care. Identifying specific barriers and implementing strategies to address them, along with public health campaigns, can contribute to improving maternal health outcomes in the Western Cape.

Figure 21: Antenatal 1st visit before and after 20 weeks

Cervical screening (Figure 22) decreased dramatically at the start of the COVID-19 pandemic, likely due to disruptions in healthcare services and changes in priorities. Cervical screening gradually recovered during 2020 and reached pre-COVID levels in 2022, indicating a successful effort to resume and normalise screening services. Despite the initial recovery, there has been a steady decline in cervical cancer screening since Q2 of 2022/2023. This decline raises concerns about sustained access to and utilisation of screening services. Ongoing concerns about the quality of screening have been identified through further investigations into the data. This suggests that while screening numbers may have recovered, there are issues with the effectiveness and adequacy of the screening process. The PHDC has updated the criteria for the "adequacy of smear," including factors such as insufficient samples due to a lack of endo-cervical cells. The data reveals a high percentage of inadequate smears consistently at almost 30%, indicating a potential issue with the quality of collected samples. While "Adequacy of smear" is not an Annual Performance Plan indicator, there is a consensus that it should be monitored. This reflects a commitment to ensuring the effectiveness and reliability of cervical cancer screening. The focus on the adequacy of smears underscores the importance of quality assurance in cervical cancer screening programs. Ensuring that screening processes are effective and that samples collected are adequate is crucial for accurate diagnoses and effective preventive measures.

In summary, the recovery of cervical screening rates in the Western Cape after the initial impact of the pandemic is positive, but ongoing concerns about the declining trend and the quality of screening emphasize the need for continuous monitoring and improvement in cervical cancer screening programs. Addressing issues related to inadequate smears and ensuring the overall quality of the screening process is vital for the effectiveness of cervical cancer prevention efforts in the region.

Figure 22: Cervical Cancer Screening

Maternal deaths doubled in the period between Q2 to Q4 of 2020/2021. This alarming increase corresponds with the most restrictive lockdown period (level 5), where movement restrictions and service de-escalation were in place (Figure 23). The same doubling trend in maternal deaths appeared between Q1 and Q2 of 2021/2022, indicating a sustained impact during the early phase of the pandemic. Many maternal deaths in 2020 and 2021 were related to HIV and TB losses to follow up, as well as other infectious diseases. This suggests that disruptions in health services and follow-up protocols may have played a role. A steady decline in maternal deaths was observed from Q4 of 2021/2022. This coincided with the easing of COVID-19 restrictions, indicating a potential correlation between lockdown measures and maternal health outcomes. Since Q2 of 2022/2023, there appears to be an erratic upward and downward trend in maternal deaths. Reasons for this trend are still being investigated. The decline in maternal deaths from Q4 of 2021/2022 coincided with the lifting of COVID-19 restrictions, and there was a national expectation for provinces to place emphasis on catch-up plans to resume health services. This indicates a commitment to understanding and addressing the factors contributing to these trends.

In summary, the data suggests a complex relationship between the COVID-19 pandemic, lockdown measures, and maternal health outcomes in the Western Cape. While there was a significant impact during the most restrictive lockdown periods, the subsequent decline in maternal deaths and the erratic trend in recent quarters emphasise the need for ongoing investigation and targeted interventions to ensure maternal health and well-being.

Figure 23: Maternal deaths in facility ratio

Several factors can contribute to a low rate of postnatal visits within six days after childbirth (Figure 24) in the Western Cape or any other region. These factors can vary and may include access to healthcare services, socioeconomic factors, and education. For example, the lack of awareness or understanding about the importance of postnatal care may be more common among women with lower levels of education. Also, cultural and social behaviours; health system features, such as the availability of healthcare providers, and quality of care; health literacy; stigma and discrimination, and maternal health status are contributing factors. Addressing these factors requires a comprehensive approach that involves improving healthcare infrastructure, increasing awareness about the importance of postnatal care, providing support systems for mothers, and addressing socioeconomic disparities. Government initiatives, community outreach programs, and healthcare provider training can contribute to improving the rates of timely postnatal visits.

Figure 24: Mother postnatal visit within 6 days rate

Leading Causes of Death

In 2019, 51 311 deaths were reported[29] across all age-groups in the Western Cape with more men than women dying in the province (54.4% male vs 45.3% female, overall), see Figure 25. Most deaths occurred in the Cape Town Metro (55.6%), however nearly 20% had an unspecified district[30].

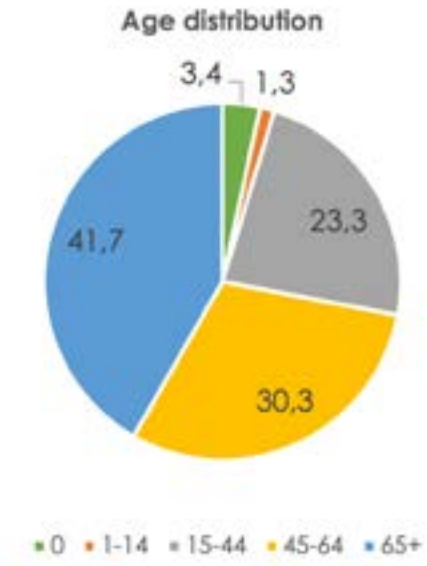


Figure 25: Deaths by Age Distribution

Statistics South Africa reports on underlying natural causes of death. It is important to note that this excludes injuries (intentional or unintentional). The top 10 underlying causes of death overall and by sex are detailed in Table 3, below. It is important to note that since most deaths occur in older people (65 years +), conditions that cause death in older people e.g. ischaemic heart disease, diabetes mellitus, hypertensive diseases, cerebrovascular diseases, chronic lower respiratory disease, and malignancies tend to dominate. However, conditions that tend to cause death in younger people e.g. HIV, tuberculosis and unnatural causes of death will result in more premature mortality and therefore more years of life lost. The Western Cape has the second highest percentage of unnatural deaths (13.6% of all deaths in the province in 2019) in the country (12.4% unnatural deaths in South Africa overall). When stratified by sex, unnatural deaths are 20.3% of deaths for men, compared to 5.5% for women.

Western Cape, overall		**No**	**%**
1	Ischaemic heart diseases (I20-I25)	3802	7.4
2	Diabetes mellitus (E10-E14)	3421	6.7
3	Human immunodeficiency virus [HIV] disease (B20-B24)	3001	5.8
4	Cerebrovascular diseases (I60-I69)	2988	5.8
5	Tuberculosis (A15-A19)	2391	4.7
6	Malignant neoplasms of digestive organs (C15-C26)	2358	4.6
7	Chronic lower respiratory diseases (J40-J47)	2293	4.5
8	Hypertensive diseases (I10-I15)	2151	4.2
9	Malignant neoplasms of respiratory and intrathoracic organs (C30-C39)	2106	4.1
10	Other forms of heart disease (I30-I52)	1493	2.9
	Other Natural	18333	35.7
	Non-natural	6974	13.6
	All causes	**51311**	**100**
Western Cape: Women overall		**No**	**%**
1	Diabetes mellitus (E10-E14)	2068	8.9
2	Ischaemic heart diseases (I20-I25)	1685	7.3
3	Cerebrovascular diseases (I60-I69)	1638	7
4	Human immunodeficiency virus [HIV] disease (B20-B24)	1486	6.4
5	Hypertensive diseases (I10-I15)	1308	5.6
6	Malignant neoplasms of digestive organs (C15-C26)	1092	4.7
7	Chronic lower respiratory diseases (J40-J47)	935	4

29 Stats SA released data; 2019 latest available mortality statistics (released December 2023)
30 Statistical release P0309.3 Mortality and causes of death in South Africa: Findings from death notification 2019.

8	Tuberculosis (A15-A19)	864	3.7
9	Malignant neoplasms of breast (C50)	838	3.6
10	Malignant neoplasms of respiratory and intrathoracic organs (C30-C39)	800	3.4
	Other Natural	9252	39.8
	Non-natural	1271	5.5
	All causes	**23237**	**100**
Western Cape: Men, overall		**No**	**%**
1	Ischaemic heart diseases (I20-I25)	2113	7.6
2	Tuberculosis (A15-A19)	1524	5.5
3	Human immunodeficiency virus [HIV] disease (B20-B24)	1502	5.4
4	Chronic lower respiratory diseases (J40-J47)	1352	4.8
5	Diabetes mellitus (E10-E14)	1349	4.8
6	Cerebrovascular diseases (I60-I69)	1349	4.8
7	Malignant neoplasms of respiratory and intrathoracic organs (C30-C39)	1305	4.7
8	Malignant neoplasms of digestive organs (C15-C26)	1266	4.5
9	Hypertensive diseases (I10-I15)	840	3
10	Other forms of heart disease (I30-I52)	715	2.6
	Other Natural	8951	32
	Non-natural	5666	20.3
	All causes	**27932**	**100**

Table 3: Western Cape natural and unnatural deaths stratified by sex

There are distinct differences in natural and unnatural deaths by age group and sex. This is detailed in figures 26 & 27 below as a percentage of total deaths.

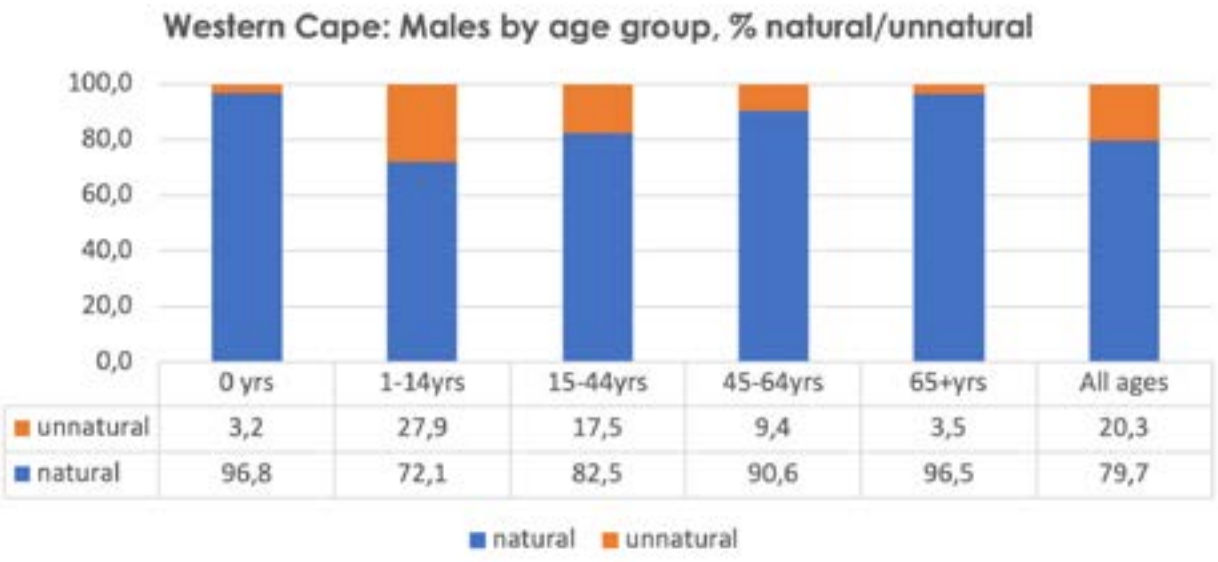


Figure 26: Differences in natural and unnatural deaths by age, group and sex

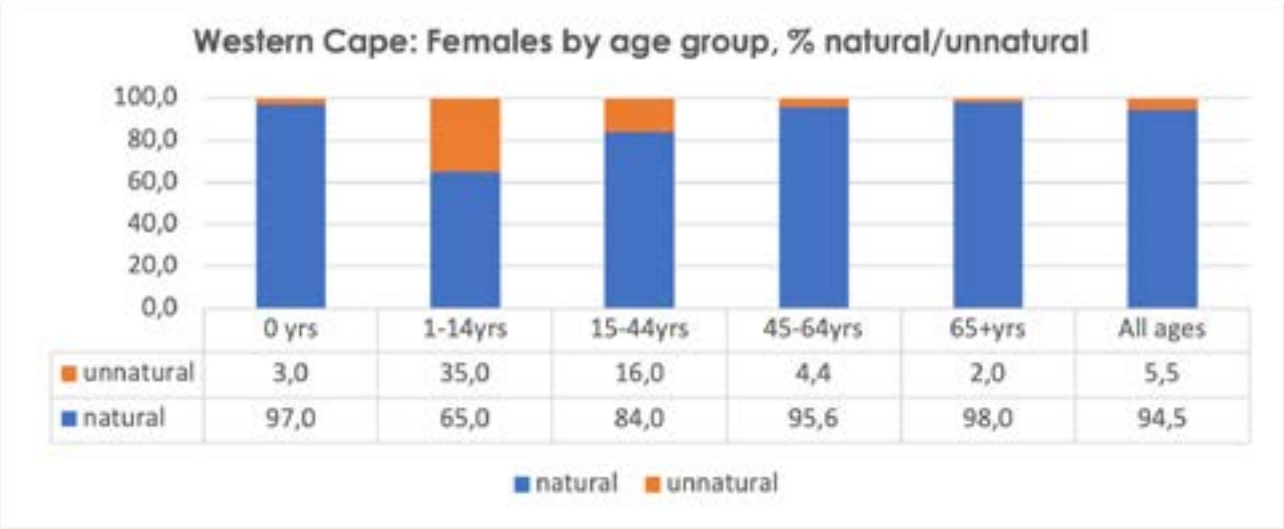


Figure 27: Females by age group, % natural/unnatural

Injuries accounted for 14% of all deaths in the Western Cape in 2016, while homicides accounted for 51% of all injury deaths, and 38% were unintentional (accidental). Suicides were 11% of all injury deaths[31]. Mostly males (80% of injury deaths), particularly between the ages of 20 - 39 years, died from injuries.

There has been a year-on-year increase in the annual number of homicides in the province from 2010 - 2018, with the major increase being homicide due to firearms (age-standardised rate doubled from 17 to 35 per 100 000 population from 2010 - 2016).

Most of the increase in homicides in the province came from the Cape Metro, specifically Mitchells Plain, Klipfontein, Tygerberg and Khayelitsha. The last three sub-districts had the highest age standardised homicide rate among males in 2016. Furthermore, 50% of homicide deaths tested positive for alcohol, with 45% having a blood alcohol concentration greater than the legal driving limit in South Africa (>0.05g/100ml)[32].

Road traffic injuries were the leading cause of unintentional injuries (35% motor vehicle, 25% pedestrian fatalities), followed by fires (14%) and drowning (approximately 9%) in 2016. The absolute number of road injury deaths increased slightly between 2012 - 2019, due to population growth, the age-standardized road injury mortality rates have remained relatively constant. Central Karoo had the highest motor vehicle age-standardised rate, mainly due to the high number of fatal accidents (residents and non-residents) occurring along the N1 national road, although it declined substantially between 2010 - 2016. Issues such as inadequate road infrastructure, non-compliance with traffic rules, and the high prevalence of drunk driving are contributing factors. Pedestrian safety is also a concern, with a notable number of injuries and fatalities occurring among pedestrians, especially in urban areas.

31 Western Cape Injury Mortality Profile 2010-2016, Evans et al 2018
32 Western Cape Injury Mortality Profile 2010-2016, Evans et al 2018

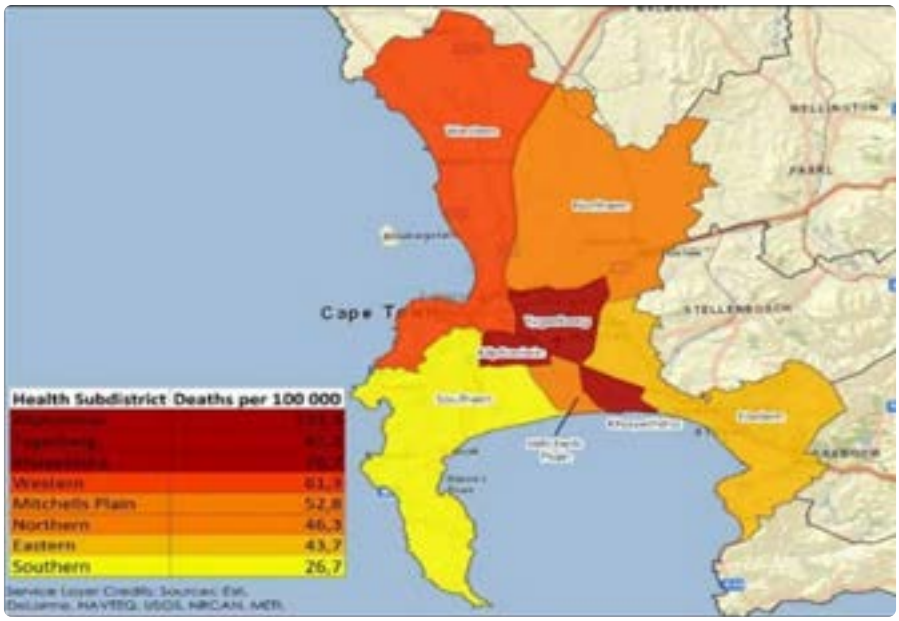


Figure 28: Cape Metro Homicides, 2016

Up until January 2022, interpersonal violence and injuries have been significant contributors to the overall burden of disease in South Africa. South Africa has faced challenges related to high crime rates, including violent crimes such as assaults, robberies, and homicides (Figure 28). Factors such as poverty, inequality, and historical social issues contribute to the prevalence of violence. Gender-based violence, including intimate partner violence and sexual assault, has been a particularly pressing issue. Efforts to address and prevent GBV have gained attention and advocacy. Some areas, particularly in urban centres, experience high levels of gang-related violence. This includes not only inter-gang conflicts but also violence involving innocent bystanders. Periodic protests and demonstrations, sometimes turning violent, have occurred in response to various social and economic issues. Individuals who experience violence, whether as victims or witnesses, may suffer from psychological trauma. This can have long-term effects on mental health and well-being. In some cases, exposure to violence can lead to the development of post-traumatic stress disorder, which further adds to the mental health challenges in affected communities.

It is important to note that addressing violence and injuries involves a multi-faceted approach, including law enforcement, social interventions, economic development, and community engagement. The South African government has implemented various measures to address violence, including increased law enforcement efforts, community policing, and initiatives to combat organized crime. Social programmes aimed at addressing root causes, such as poverty and unemployment, are also part of the broader strategy to reduce violence.

Demands on the Service Delivery Platform

Trauma and surgical services

The de-escalation of elective surgeries created a large backlog of operations during the pandemic. However, the total number of operations has still not reached pre-COVID totals (figure 29). Although, total operations are slowly increasing, the backlog in surgery (specifically cataract operations) remains.

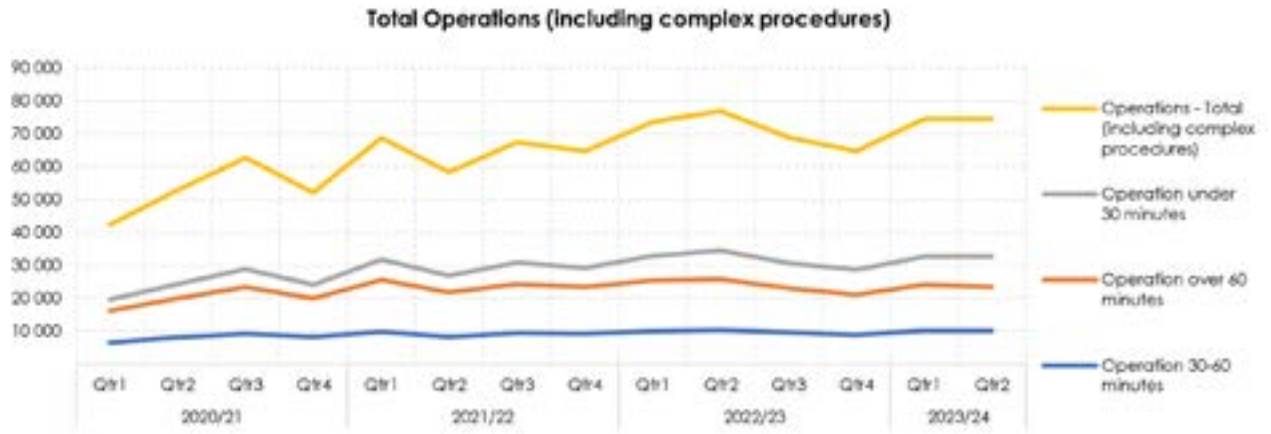


Figure 29: Total Operations

The trend over time is an increasing in the number of assault cases being reported in the province. Although not all EC facilities have implemented the HECTIS trauma data system yet, the intention is to roll-out to all levels of healthcare facilities in the long-term. The data findings from our healthcare facilities will be used to further capacitate the crime fighting and violence prevention programmes implemented by stakeholders in civil society and government.

Primary Health Care Services

The primary health care (PHC) workload continues to increase. In quarter 1 of 2020, the 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 2022/23, service output reached record levels. This is apparent when one looks at the data on the indicator named primary healthcare and chronic dispensing unit (CDU) headcount (figure 30), but still does not take into consideration the full range of services that are delivered on the PHC platform.

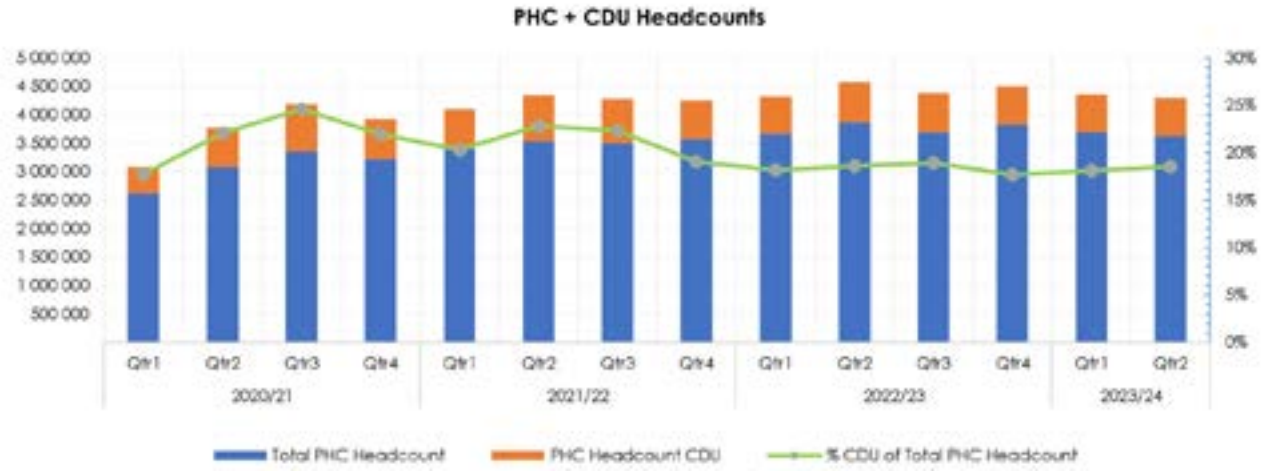


Figure 30: PHC + CDU Headcount

Furthermore, in 2020, the definition for PHC headcount was changed. School health visits and chronic dispensing unit (CDU) deliveries were removed. This led to a significant drop in PHC headcount which is demonstrated in the graph above. In reality, the drop in headcount is attributed to 2 factors: COVID-19 restrictions and the change in definition. If we consider the true workload/output on the primary healthcare platform, we will see that it significantly higher than the PHC & CDU headcount.

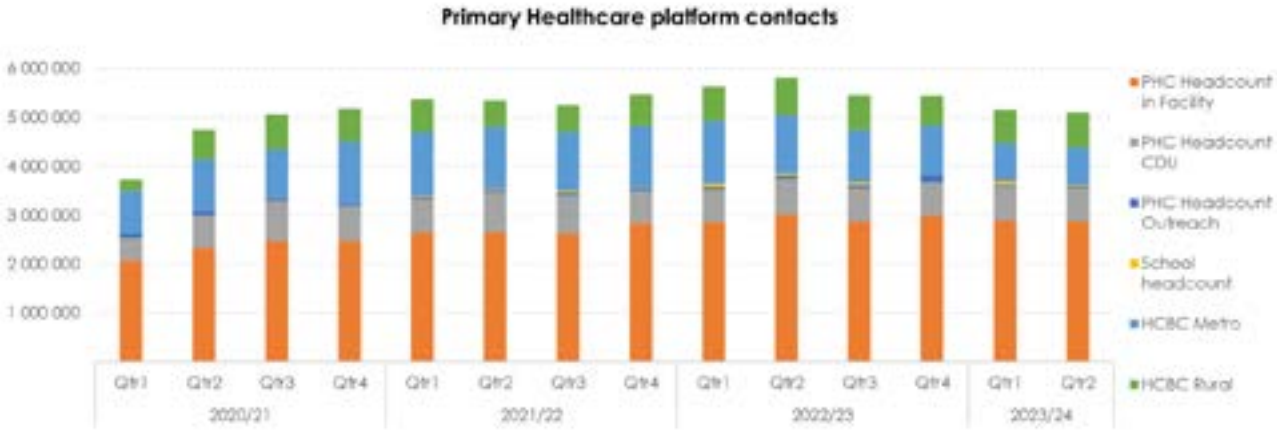


Figure 31: Primary Health Care platform contacts

Figure 31 shows the various contacts on the PHC platform added to the PHC headcount in facility. Thus shows a steadily increasing PHC workload. The light blue and green bars show the increase in *Home- & Community-Based Care (HCBC) encounters* since 2020. Adding these to the columns, we find that the PHC workload is exceeding the pre-COVID-19 totals.

PHC headcount is a poor indication of the workload at PHC level. It is stuck in the paradigm that health services only occur in brick-and-mortar buildings. Primary health care has moved beyond that and now offer services at a place that is most convenient for the patient. This may be in the form of delivering medication to their homes, visits by community health workers (CHW) or even tele-medicine consultations. A new indicator is needed that adequately captures the workload at primary health care level.

Our proposal is a new indicator called primary health care encounter, which will count traditional measure of PHC workload, and also take into consideration additional services such as telemedicine, CHW visits etc.

Taking all of the above into consideration, it can be seen that PHC workload in the Western Cape has steadily increased since the COVID-19 lockdown and currently exceeds pre-pandemic levels.

Hospital Services

When looking at the hospital workload represented by patient day equivalent (PDE), we note a drop in 2020 and an increase in 2021/22, which is sustained in 2022/23 at District Hospitals and exceeding pre-COVID-19 totals. This overall increase in PDE is mainly driven by the increasing inpatient days and not the EC and OPD headcounts. Bed pressures are unpredictable and persistently unrelenting despite the increase in beds over the years. Long stay patients due to their medical conditions, higher acuity and awaiting social placement has increased Average Length of Stay (ALOS), particularly at central and tertiary hospitals (Figure 32). Trauma and mental health are still driving service pressures in hospitals, and both are on an upward trend. Bed utilisation rate at the tertiary hospital has increased and as a result the emergency patient load remains high, due to the unavailability of beds in wards (Figure 33). The province still has backlogs in surgical operations because of COVID-19 restrictions. This will inevitably lead to an increased workload as we try to catch up on these critical operations.

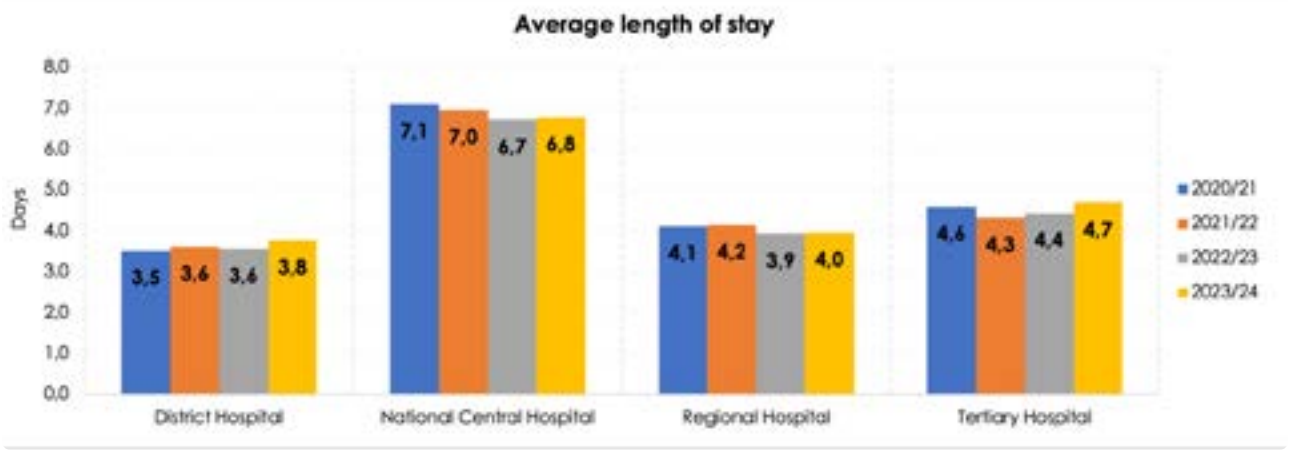


Figure 32: Average length of stay

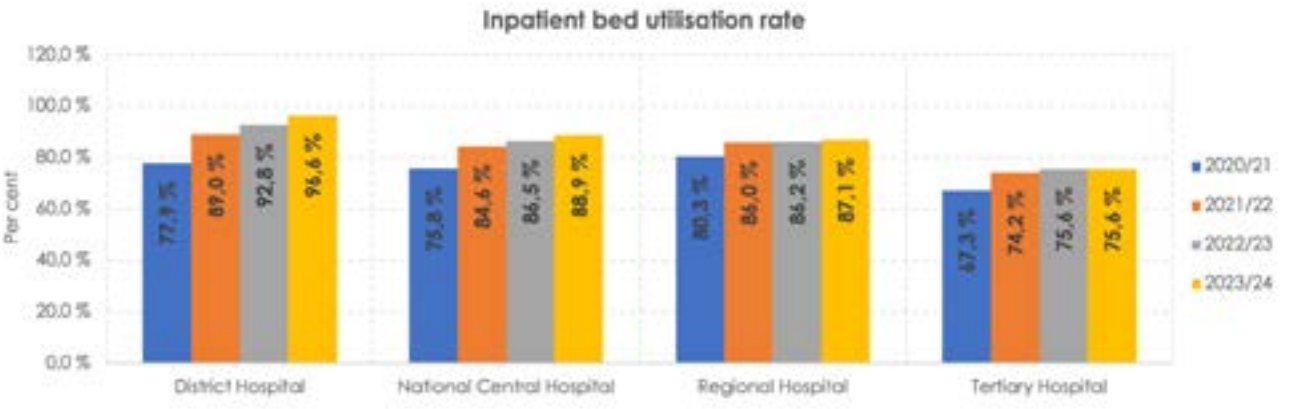


Figure 33: Bed Utilisation rate

Internal Environment

Service Delivery Platform

Service Points

The Western Cape health system has a total of 564 service points, which includes 447 primary health care service points, 52 hospitals and 49 EMS stations, see table 4[33]. The PHC platform serves as the main entry point into the health system and consists of 3 core service components namely Home and Community Based Care (HCBC), Primary Care and Intermediate Care.

	Cape Winelands District Municipality	Central Karoo District Municipality	City of Cape Town Metropolitan Municipality	Garden Route District Municipality	Overberg District Municipality	West Coast Distrtct Municipality	Total-Western Cape Province
Clinic	40	8	57	33	17	26	181
Community Day Centre	5	1	48	7	1	1	63
Community Health Centre			10		1		11
Dental Clinic	1		8	1			10
District Hospital	4	4	8	6	4	7	33
EMS Station	10	5	4	11	8	11	49
Forensic Pathology Service	3	2	2	5	1	3	16
Health Post			8	1			9
Intermediate Care		1	1				2
Mobile Service	28	7	8	20	16	15	94
National Central Hospital			2				2
Regional Hospital	2		2	1			5
Reproductive Health Centre			3				3
Satellite Clinic	3	3	15	15	8	23	67
Special Clinic			4				4
Specialised Oral Health Centre			2				2
Specialised Psychiatric Hospital			4				4
Specialised Rehabilitation Hospital			1				1
Specialised Rehabilitation Unit			1				1
Specialised TB Hospital	1		2	1		2	6
Tertiary Hospital			1				1
Grand Total	97	31	191	101	56	88	564

Table 4: Western Cape Health Service Delivery Platform

33 Source: SINJANI as of 9 January 2024.
- 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: 57 clinics, 14 Community Day Centres, 8 Health Posts, 4 Mobile Services, 14 Satellite Clinics, and 4 Special Clinics.

Primary Care is ambulatory in nature and includes child and adult curative care, preventative services, antenatal care, postnatal care, fertility & contraceptive services, mental health, TB, HIV and AIDS, and chronic disease management. It is nurse-driven and based at both fixed and non-fixed facilities throughout the province.

The Intermediate Care component facilitates recovery from an acute illness or complications of a long-term condition. These facilities allow for post-acute and rehabilitative care, which include comprehensive assessment, structured care planning, active therapy, treatment and/or an opportunity to recover, thus enabling users to regain skills and abilities in daily living. Intermediate care essentially supports people in their transition from an acute hospital to the primary living environment and includes end-of-life care.

Quality of Care

Patient Safety Incident (PSI) resolution remains over 95% across all facilities due to strengthening of facility data sign-off and data governance forums, as well as continued in-service training of frontline staff (Figure 34). The Patient Safety Incident (PSI) programme has matured significantly over time, resulting in continued development of PSI management systems and the programme being entrenched into the daily activities to continue strengthening current PSI management systems and maintain our target performance.

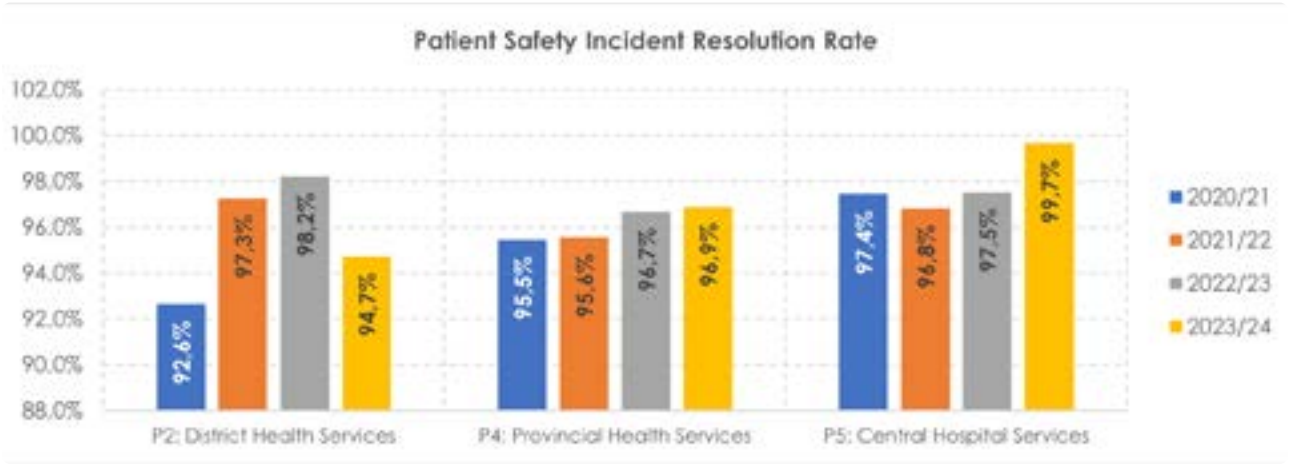


Figure 34: Patient Safety Incident Resolution Rate

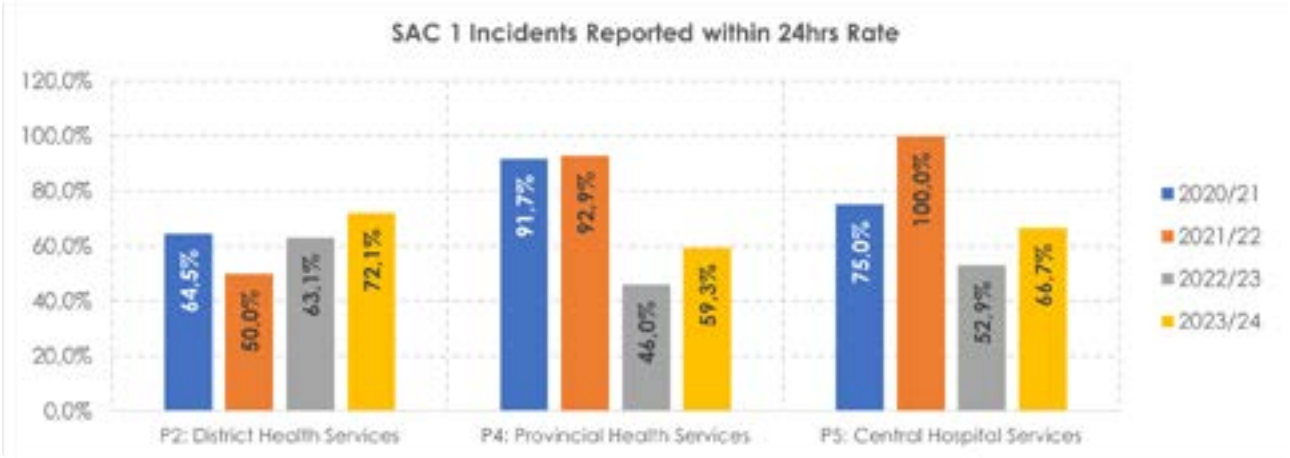


Figure 35: SAC 1 Incidents Reported within 24hrs Rate

There is slight improvement in the reporting of Severity Assessment Code (SAC) 1 incidents within 24 hours and a noticeable increase in the actual number of incidents reported in 2022/23 and 2023/24 due to definition change to broaden the incidents that fall into this category and improved processes (Figure 35). This, however, is still far below the National target of 100%. Several interventions have been introduced to improve on the indicator performance, including an automated email notification system for all SAC 1 captured on the Ideal Health Information System. More training and awareness are needed to improve the classification of all incidents so that incidents that are SAC 1 are correctly reported and managed.

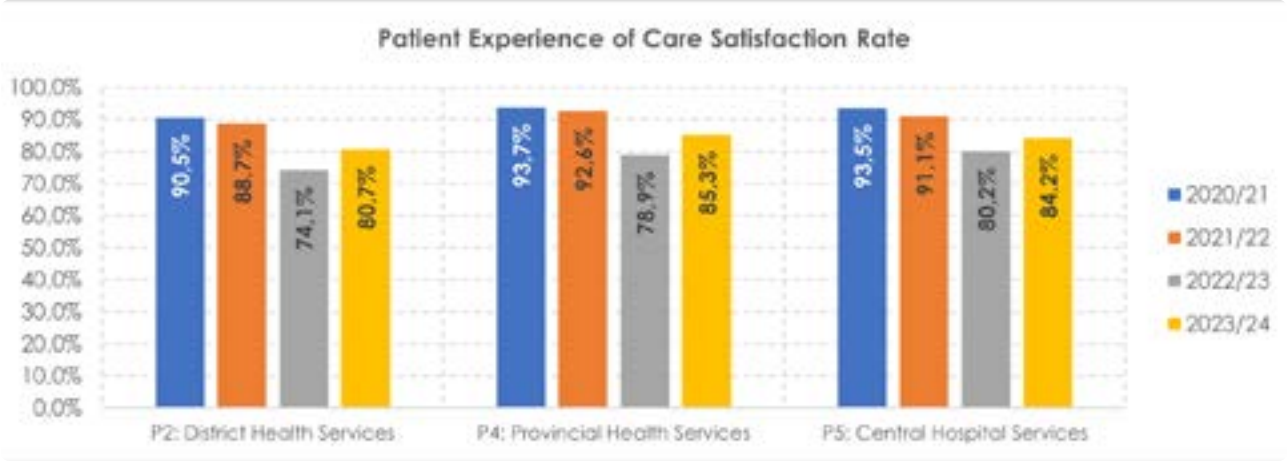


Figure 36: Patient Experience of Care Satisfaction Rate

The 2023/24 Patient Experience of Care (PEC) surveys concluded with an overall provincial performance of 81% (i.e. above the National Department of Health target of 80%)(Figure 36). This is a great achievement, considering that this was the second year of transitioning from implementing the Patient Satisfaction Survey (PSS) to implement the PEC programme. Ongoing training will be done to drive further maturity of the programme, for continuous improvement and sustainability of target performance.

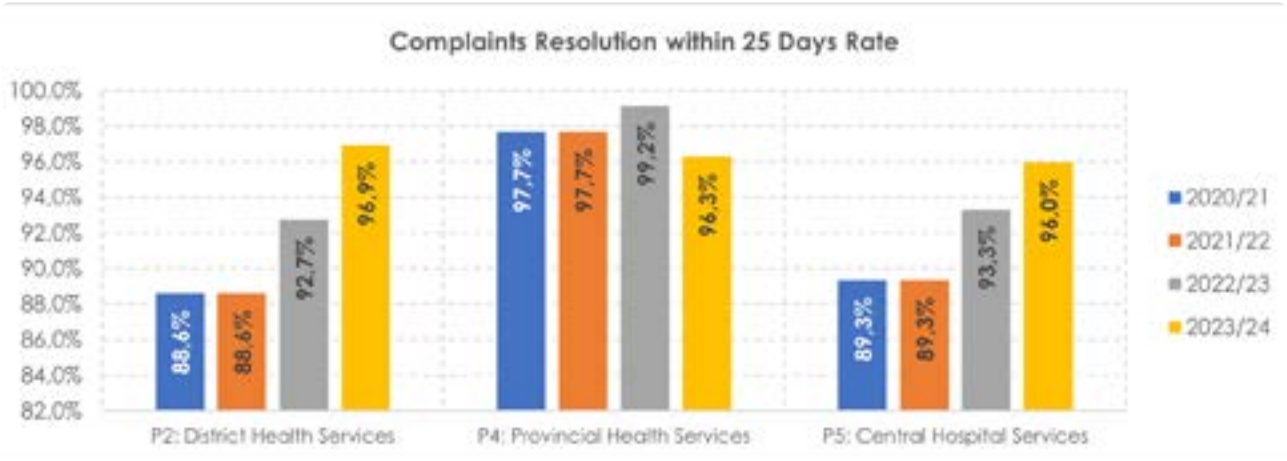


Figure 37: Complaints Resolution within 25 Days Rate

Figure 37 highlights the excellent performance during the 2023/24 financial period as we have far exceeded the National target of 75% complaints resolution rate within 25 working days. The Complaints, Compliments and Suggestions (CCS) programme has strengthened significantly over time, resulting in continued development of CCS systems and the service being entrenched into the daily activities to continue strengthening current CCS systems and maintain our target performance.

Organisational Design

Micro Design Process (MDP)

As part of continuous improvement, the Department reviews its functional configuration to support the ever-shifting landscape in terms of health service delivery needs. Upon completion of the Management Efficiency and Alignment Project (MEAP), the organisational realignment currently underway is the Micro Design Process (MDP). The micro-level components will be logically aligned to the approved Macro Structure to create operational coherence in terms of reporting lines, budget consolidation and team cohesion. A full organisation development investigation (ODI) was completed and consulted for this purpose and a revised organisational structure will come into effect. The next phase of the MDP will focus on optimising 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:

1. Healthcare 2030;
2. Reset Agenda - Health is Everybody's Business;
3. Service Re-design (with the Sub-District Model as a key focus); and
4. Lessons learnt in terms of operational efficiency during COVID-19.

The intention of periodical organisational review allows the Department to refresh its functional configuration to be responsive and efficient. Given the fiscal realities that lay ahead, the optimal performance of components, teams and people working in collaboration will be a critical enabler to sustain health service delivery.

Violence Prevention Unit

In 2022/23, the Western Cape started the process to establish a Violence Prevention Unit (VPU). High levels of violent crime, resulting in the general lack of safety experienced by most communities in the Western Cape, constitute one of our most serious and complex challenges. Safety deeply affects our residents' lives, including their ability to participate and thrive in the economy, to move about freely without fear, to attend school and recreational activities, to access government services and to feel safe and supported inside their own homes.

Considering the complexity of violent crime, its effect on our progress in every other respect and the interconnected and holistic responses which must be explored, the Western Cape Government is implementing a multisectoral and comprehensive approach reducing violence.

The VPU has two pillars. Firstly, it facilitates intersectoral collaboration between government departments, and between government and communities, to address drivers of violence in high-crime areas. This is done through Area-Based Teams (ABTs), which are being established in 18 high-crime areas in the province. The VPU also supports ABTs to use different data sources to help them understand local drivers of violence and better respond to these.

Secondly, the VPU supports WCG Departments to be more evidence-informed in the design, delivery and/or evaluation of their approaches and interventions to reduce violence across the life course. A public health approach is used to embed learning, the centre of the second VPU pillar.

Organisational Culture

Our Cultural Journey

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 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-create 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:

1. Barrett Values Survey – Assessment of Organisational Culture & Values
2. Employee Engagement Survey – Assessment of Staff Satisfaction at Work

In the 2023/24 reporting period, the Barrett Values Survey was conducted yielding positive shifts in the organisational culture of the Department. The entropy score was consistent at 15% with an increase in the value matches and an overall departmental composite culture score is 71, which is an improvement from the previous survey in 2019/20. The lower the entropy score (measure of the internal dysfunction/discord that causes internal challenges within the organisation), the better, more aligned, efficient, and healthy functioning the organisation is. The Staff Satisfaction Survey is being conducted for the current financial year. As per the departments survey cycle, the Barrett Values Survey will be conducted in 2024/25.

The Department has worked incredibly hard over the last 2 decades to inspire public trust, particularly in meeting its accountability obligations and has achieved a clean audit outcome for the 5th consecutive time, the first provincial health department to do so in the country. This illustrates the commitment to ensuring compliance with the rule of law; and the safeguarding of resources against loss, misuse, and damage as we continually strive to enhance the efficacy of management control. Good governance, particularly during trying times, depends on controls that are:

- Fit for purpose, easy to understand and user friendly;
- Based on ethical and effective leadership;
- Retain their utility in the face of changed plans, unforeseen circumstances or health system failure;
- Able to flag threats and risks early to mount a timeous response, corrective or otherwise; and
- Able to support sound and decisive decision-making in addressing flagged threats and risks.

The pandemic has certainly tested the rigor of departmental controls and has provided many opportunities to innovate and transform how we do business. The stewardship role of the Health and Wellness Department at multiple levels and the opportunity to influence broader public policy has surfaced as significant and will continue to be strengthened in the current year.

Employee Health and Wellness

In the context of a Western Cape Government: Health and Wellness (WCGHW) department, employees are often exposed to high-stress situations and may be prone to burnout, a robust employee health and wellness program not only ensures the welfare of the employees but also bolsters the department's ability to deliver effective public health services to the population it serves. It is an investment that yields benefits

not just in the short term but in the long-term resilience and effectiveness of the entire department. As the management requires a highly resilient workforce, a resilient work population hold up well under pressure, adapt quickly to change, are less prone to making mistakes, and utilize less sick leave.

The Employee Health & Wellness Programme (EHWP) can aid optimum health and wellbeing in the Department by providing psychosocial support, assisting employees in Work/Life integration, and providing managers with the tools to manage staff wellbeing. The Employee health and wellness programme plays a pivotal role in promoting the physical and mental well-being of employees, which is critical for their overall performance and productivity. By providing access to resources such as fitness classes, stress management workshops, and regular health check-ups. The Employee Health and Wellness programme empower employees to adopt healthier lifestyles and reduce the risk of chronic illnesses. Moreover, they foster a culture of well-being, enhancing morale and job satisfaction while decreasing absenteeism and healthcare costs.

In the 2022/23 financial year, the overall engagement of the EHWP has increased and this was largely due to a surge in contributors to engagement, namely, the Group (CISD) interventions, advocacy & awareness of the EHWP, the health education and training sessions as well as the coaching benefit. In this period, there were concerted efforts through information and induction sessions, to ensure that the programme is marketed and communicated to the employees. In addition, the participation in targeted interventions conducted through the psychosocial support sessions has increased and was the largest contributor to the overall engagement of 36.97%. An increase in the utilisation of new and current users of the programme is vital to the success of the EHWP in the 2024/25 financial year.

Information and Communication Technology (ICT)

COVID-19 pandemic has brought about radical changes, boosting the use of ICT applications with no desire to undo the free flow of information and data usage. The IT innovations developed have increased in value for management and service delivery in our department. The Department has developed and continues with a Resurgence, Recovery and Reset Strategy that further informs the planning landscape as captured in a discussion document: Health is Everybody's Business.

While the third industrial revolution has taken us through a change to electronics, and the need to keep moving with the times; the fourth industrial revolution has immersed us completely into the need for the internet. The internet has linked us to a digital world of connection in real-time with no limit of distance or access to information. This link has become a great dependency for service delivery; especially through a period of pandemic which could recur, and electricity challenges which will linger. The value of this link comes with an extensive need for workable resources, newly acquired and maintained. The complexities in our service delivery have mostly become our IT needs, which enables the success of achieving the objectives in our departmental strategy.

Given the austerity measures currently being faced and the ever-increasing need for service delivery; the department will continue to invest on the IT building blocks to maintain existing excellence and further improve in identified areas according to the IT Roadmap and prioritisation processes for delivery of healthcare services.

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.

The objective is to ensure facilities are accessible to the dependant population and in areas where the burden of disease impact is the greatest.

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 (Tygerberg) 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 the economy.

Other major projects that have been identified are the new Helderberg Regional Hospital and the Swartland District Hospital replacement.

Reflecting on the past five years, the Department has achieved various successes, the most important of these are:

- For compliance and rendering good quality deliverables, the Department received additional funding, Performance-based Incentive Grant, over R475 million for utilisation from 2019/20 to 2023/24 for infrastructure and infrastructure-related projects.
- Completing nine new / replacement facilities i.e. six PHC facilities, one Ambulance Station, and two Forensic Pathology Laboratory. In addition, 36 other capital infrastructure projects were completed in this period.

Priorities for the next five years are:

- Invest in renewable energy;
- Reduce utility consumption;
- Ensure resilient infrastructure against extreme weather events;
- Improve WiFi connectivity at health facilities; and
- Maintenance.

Part C

Measuring Our Performance

PART C: MEASURING OUR PERFORMANCE

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 DOHW**						
Audited Performance				**Estimated Performance**	**Medium Term Targets**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	Clean	Clean	Clean	Unqualified	Unqualified	Unqualified	Unqualified

Output indicators – Annual & Quarterly Targets

Audit opinion of Provincial DOHW				
Annual Target	**Q1**	**Q2**	**Q3**	**Q4**
Unqualified				Unqualified

Explanation of planned performance over the medium-term

The Department has maintained its track record for good governance and has achieved a clean audit for the last 5-years. Over the medium term the Department is committed to further enhance its technical efficiency, aligned to its aspiration of becoming a high-performance health system for people.

Programme Resource Considerations

Summary of payments and estimates

Sub-programme R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate	% Change from Revised estimate		
	Audited 2020/21	Audited 2021/22	Audited 2022/23	2023/24	2023/24	2023/24	2024/25	2023/24	2025/26	2026/27
1. Office of the MEC	8 084	8 673	9 241	9 480	9 788	9 607	**9 063**	(5.66)	9 298	9 648
2. Management	1 175 267	1 405 629	1 047 351	1 034 193	967 798	957 849	**938 764**	(1.99)	964 771	1 036 846
Total payments and estimates	1 183 351	1 414 302	1 056 592	1 043 673	977 586	967 456	**947 827**	(2.03)	974 069	1 046 494

Note: Sub-programme 1.1: MEC total remuneration package: R2 098 243 with effect from 1 April 2022.

Payments and estimates by economic classification

Economic classification R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate	% Change from Revised estimate		
	Audited 2020/21	Audited 2021/22	Audited 2022/23	2023/24	2023/24	2023/24	2024/25	2023/24	2025/26	2026/27
Current payments	1 025 970	1 291 634	840 983	818 442	815 600	802 927	**729 304**	(9.17)	750 220	778 338
Compensation of employees	369 242	395 323	408 483	435 649	457 066	424 899	**445 465**	4.84	457 654	475 649
Goods and services	656 728	896 311	432 500	382 793	358 534	378 028	**283 839**	(24.92)	292 566	302 689
Transfers and subsidies to	135 578	73 907	173 892	209 382	148 575	143 067	**204 834**	43.17	209 973	254 007
Departmental agencies and accounts	854	486	487	651	651	651	**651**		667	690
Households	134 724	73 421	173 405	208 731	147 924	142 416	**204 183**	43.37	209 306	253 317
Payments for capital assets	21 803	48 460	41 717	15 849	13 411	21 462	**13 689**	(36.22)	13 876	14 149
Machinery and equipment	21 803	48 446	41 560	15 849	13 411	21 305	**13 689**	(35.75)	13 876	14 149
Software and other intangible assets		14	157			157		(100.00)		
Payments for financial assets		301								
Total economic classification	1 183 351	1 414 302	1 056 592	1 043 673	977 586	967 456	**947 827**	(2.03)	974 069	1 046 494

Details of transfers and subsidies

Economic classification R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate	% Change from Revised estimate		
	Audited 2020/21	Audited 2021/22	Audited 2022/23	2023/24	2023/24	2023/24	2024/25	2023/24	2025/26	2026/27
Transfers and subsidies to (Current)	135 578	73 907	173 892	209 382	148 575	143 067	**204 834**	43.17	209 973	254 007
Departmental agencies and accounts	854	486	487	651	651	651	**651**		667	690
Departmental agencies (non-business entities)	854	486	487	651	651	651	**651**		667	690
South African Broadcasting Corporation (SABC)	854	486	487	651	651	651	**651**		667	690
Households	134 724	73 421	173 405	208 731	147 924	142 416	**204 183**	43.37	209 306	253 317
Social benefits	3 190	9 514	10 451	11 166	11 166	5 658	**11 111**	96.38	11 377	11 772
Other transfers to households	131 534	63 907	162 954	197 565	136 758	136 758	**193 072**	41.18	197 929	241 545

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[34]

Rendering environmental and port health services

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[35]

Rendering forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death

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

34 Port health services have moved to the National Department of Health
35 Coroner Services services are reported under Sub-Programme 7.3

Outcomes, Outputs, Performance Indicators & Targets

District Health System

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE						
OUTPUT	**Technically efficient provincial health system**						
INDICATOR	**Patient Experience of Care satisfaction rate[36]**						
Audited Performance				**Estimated Performance**	**Medium Term Targets**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	New Indicator		74.1%	84.5%	79.2%	80.5%	81.9%
N			780 153	721 637	647 563	666 513	683 678
D			1 052 657	853 993	817 455	827 534	834 765
INDICATOR	**Patient Safety Incident (PSI) case closure rate[37]**						
Audited Performance				**Estimated Performance**	**Medium Term Targets**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	92.6%	97.3%	98.2%	95.1%	94.6%	94.5%	94.5%
N	983	1 381	2 201	1 648	1 822	1 659	1 356
D	1 061	1 420	2 241	1 733	1 927	1 755	1 435
INDICATOR	**Severity assessment code (SAC) 1 Incident reported within 24 hours rate[38]**						
Audited Performance				**Estimated Performance**	**Medium Term Targets**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	64.0%	50.0%	63.1%	65.0%	64.6%	64.9%	65.6%
N	48	20	217	264	276	259	227
D	75	40	344	406	427	399	346
INDICATOR	**Ideal clinic status obtained rate**						
Audited Performance				**Estimated Performance**	**Medium Term Targets**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	Not reported	75.5%	80.9%	83.6%	83.6%	88.3%	92.6%
N		200	207	214	214	226	237
D		265	256	256	256	256	256

Primary Health Care

OUTCOME	ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH						
OUTPUT	**Women's health services**						
INDICATOR	**Antenatal 1st visit before 20 weeks rate**						
Audited Performance				**Estimated Performance**	**Medium Term Targets**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	70.6%	72.6%	74.3%	74.0%	74.6%	74.6%	74.7%
N	75 756	75 814	75 064	71 758	72 650	73 672	74 726
D	107 250	104 478	101 053	96 914	97 435	98 742	100 086

36 This indicator includes Fixed Primary Health Care Facilities and District Hospitals combined
37 This indicator includes Fixed Primary Health Care Facilities and District Hospitals combined
38 This indicator includes Fixed Primary Health Care Facilities and District Hospitals combined

INDICATOR	Mother postnatal visit within 6 days rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	55.4%	59.0%	62.4%	63.0%	63.8%	63.9%	63.9%
N	55 985	56 830	56 512	56 220	57 043	57 763	58 506
D	101 055	96 319	90 631	89 215	89 403	90 445	91 519
INDICATOR	Delivery 10 - 19 years in facility rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	11.0%	11.5%	11.5%	11.4%	11.3%	11.4%	11.6%
N	11 155	11 084	10 430	10 188	10 108	10 349	10 604
D	101 055	96 319	90 631	89 215	89 403	90 445	91 519
INDICATOR	Couple year protection rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	48.3%	56.9%	50.2%	51.5%	50.4%	50.3%	50.3%
N	922 098	1 104 549	991 110	1 035 897	1 029 874	1 043 911	1 058 371
D	1 907 810	1 940 948	1 975 502	2 011 140	2 042 940	2 073 720	2 103 492
INDICATOR	Maternal Mortality in facility Ratio[39]						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	78.3	66.9	62.3	53.7	54.1	53.5	52.9
N	82	67	58	49	50	50	50
D	1.047	1.001	0.931	0.912	0.924	0.935	0.945
INDICATOR	IUCD Uptake - Intra Uterine Contraceptive Device[40]						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	New Indicator			4 893	4 823	4 863	4 905
INDICATOR	Delivery 10-14 years in facility						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	New Indicator			338	356	362	368
INDICATOR	Still birth in facility rate (per 1000 births)						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New Indicator			18.42	18.60	18.19	17.79
N				1 637	1 678	1 660	1 643
D				88.871	90.204	91.253	92.334

39 While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District, Regional and Central Hospitals combined.
40 This indicator includes Primary Health Care Facilities and District Hospitals combined

INDICATOR	Cervical cancer screening coverage						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	18.6%	25.5%	27.7%	28.9%	28.1%	27.2%	26.4%
N	47 293	66 119	72 983	77 228	76 560	75 563	74 605
D	254 455	258 889	263 133	267 613	272 439	277 579	282 719

OUTPUT	Child health services						
INDICATOR	Infant 1st PCR test positive at birth rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	0.78%	0.80%	0.88%	0.87%	0.94%	0.93%	0.92%
N	132	122	122	117	128	128	128
D	16 857	15 189	13 861	13 507	13 552	13 696	13 844
INDICATOR	Infant PCR test positive around 6 months rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New indicator			0.34%	0.37%	0.37%	0.36%
N				47	51	51	51
D				13 876	13 897	13 950	14 003
INDICATOR	HIV test positive around 18 months rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New indicator			0.39%	0.39%	0.39%	0.39%
N				86	86	86	86
D				21 790	21 855	22 026	22 201
INDICATOR	Immunisation under 1 year coverage						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	82.9%	83.2%	75.7%	66.1%	69.5%	71.5%	73.9%
N	91 343	91 482	84 637	83 561	87 191	88 255	89 354
D	110 196	109 948	111 856	126 390	125 437	123 483	120 832
INDICATOR	Measles 2nd dose 1 year coverage						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	78.1%	79.2%	77.7%	67.2%	70.1%	71.1%	72.4%
N	86 926	87 614	85 709	81 632	85 159	86 159	87 190
D	111 304	110 684	110 314	121 435	121 563	121 110	120 371

INDICATOR	Vitamin A dose 12 - 59 months coverage						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	41.5%	49.7%	55.1%	52.8%	54.1%	54.5%	54.9%
N	376 291	448 687	492 947	493 870	510 043	517 032	524 232
D	906 788	902 142	895 218	934 856	942 131	948 349	955 408
INDICATOR	Neonatal death in facility rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	8.66	7.98	9.40	8.86	8.77	8.66	8.56
N	870	765	839	774	777	777	777
D	100.480	95.860	89.220	87.333	88.630	89.697	90.795
INDICATOR	ART child remain in care rate [12 months]						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	62.3%	61.1%	60.2%	61.3%	61.6%	61.3%	61.0%
N	480	400	373	373	367	367	367
D	770	655	620	608	596	599	602
INDICATOR	ART child viral load suppressed rate (below 50) [12 months]						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New Indicator			38.3%	40.5%	40.5%	40.5%
N				51	53	53	53
D				133	131	131	131

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		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	56.3%	55.9%	53.3%	53.5%	55.9%	55.2%	54.5%
N	22 177	17 240	16 555	16 257	16 863	16 820	16 769
D	39 403	30 816	31 075	30 409	30 142	30 459	30 781
INDICATOR	ART Adult viral load suppressed rate (below 50) [12 months]						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New Indicator			66.2%	69.7%	68.7%	67.8%
N				3 709	3 906	3 892	3 886
D				5 601	5 605	5 665	5 728

INDICATOR	HIV positive 15-24 years (excl ANC) rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	1.72%	1.38%	1.28%	1.31%	1.34%	1.32%	1.30%
N	5 224	5 342	5 207	5 078	5 215	5 185	5 156
D	304 028	387 640	408 367	386 701	388 058	392 555	397 190
INDICATOR	All DS-TB client death rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	3.85%	4.29%	4.05%	3.98%	4.37%	4.27%	4.17%
N	1 550	1 407	1 420	1 385	1 443	1 432	1 422
D	40 240	32 778	35 090	34 803	33 022	33 555	34 106
INDICATOR	All DS-TB client LTF[41] rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	18.6%	17.1%	19.3%	18.2%	18.1%	17.7%	17.3%
N	7 468	5 603	6 777	6 327	5 977	5 941	5 906
D	40 240	32 778	35 090	34 803	33 022	33 555	34 106
INDICATOR	All DS-TB Client Treatment Success Rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	76.5%	77.3%	75.4%	77.6%	77.4%	77.4%	77.4%
N	30 769	25 327	26 466	27 000	25 564	25 969	26 383
D	40 240	32 778	35 090	34 803	33 022	33 555	34 106
	INDICATOR	TB Rifampicin resistant/Multidrug - Resistant treatment success rate					
	Audited Performance			Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New indicator			55.8%	52.5%	53.2%	53.9%
N				489	428	432	436
D				876	815	812	809
INDICATOR	TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate						
	Audited Performance			Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New indicator			22.5%	24.7%	24.8%	24.8%
N				197	201	201	201
D				876	815	812	809

41 Lost to follow-up (LTF)

INDICATOR	TB Pre-XDR treatment success rate						
	Audited Performance			Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New indicator			50.0%	51.3%	51.3%	51.3%
N				82	78	78	78
D				164	152	152	152

INDICATOR	TB Pre-XDR loss to follow up rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New indicator			23.2%	23.0%	23.0%	23.0%
N				38	35	35	35
D				164	152	152	152

OUTPUT	Mental health services						
INDICATOR	PHC Mental Disorders Treatment rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New Indicator			0.01%	0.01%	0.01%	0.01%
N				1 532	1 532	1 584	1 638
D				12 000 637	12 043 662	12 203 573	12 368 286

District 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		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	11.0%	11.1%	11.4%	11.8%	11.0%	10.6%	10.2%
N	4 227	4 209	4 078	4 187	4 001	3 930	3 862
D	38 567	37 846	35 810	35 496	36 346	37 016	37 705
INDICATOR	Child under 5 years diarrhoea case fatality rate[42]						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	0.09%	0.20%	0.05%	0.11%	0.21%	0.21%	0.21%
N	2	8	2	5	10	10	10
D	2 154	3 920	3 679	4 348	4 661	4 762	4 865

42 While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District, Regional Central and Tertiary Hospitals combined

INDICATOR	Child under 5 years pneumonia case fatality rate[43]						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	0.14%	0.15%	0.11%	0.18%	0.23%	0.23%	0.22%
N	7	10	11	18	25	25	25
D	4 998	6 609	10 085	9 794	10 838	11 063	11 292

INDICATOR	Child under 5 years severe acute malnutrition case fatality rate[44]						
Audited Performance				Estimated Performance	Medium Term Central and Tertiary Hospitals combined Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New indicator		1.05%	1.64%	2.28%	2.24%	2.20%
N			4	7	11	11	11
D			380	427	482	491	500

INDICATOR	Death under 5 years against live birth rate[45]						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	1.14%	1.17%	1.33%	1.30%	1.35%	1.33%	1.31%
N	1 150	1 117	1 184	1 131	1 196	1 194	1 192
D	100 482	95 862	89 217	87 234	88 526	89 593	90 691

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

OUTPUT	Technically efficient provincial health system						
INDICATOR	Complaint resolution within 25 working days rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	88.6%	94.4%	92.7%	92.0%	91.2%	91.2%	91.0%
N	575	759	995	1 179	1 206	1 159	1 068
D	649	804	1 073	1 282	1 322	1 271	1 173

OUTPUT	Accessible health services						
INDICATOR	Average length of stay						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	3.5	3.6	3.6	3.6	3.6	3.6	3.6
N	863 124	996 248	1 038 889	1 060 327	1 060 503	1 068 884	1 077 128
D	245 553	275 166	291 492	290 647	291 145	295 234	299 390

43 While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District, Regional, Central and Tertiary Hospitals combined.
44 While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District, Regional, Central and Tertiary Hospitals combined.
45 While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District, Regional, Central and Tertiary Hospitals combined.

INDICATOR	Inpatient bed utilization rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	78.5%	90.0%	92.8%	94.1%	93.9%	94.9%	95.6%
N	863 124	996 248	1 038 889	1 060 327	1 060 503	1 068 884	1 077 128
D	1 099 561	1 107 440	1 119 578	1 127 213	1 129 768	1 126 848	1 126 848

Output indicators – Annual & Quarterly Targets

District Health System

Patient Experience of Care satisfaction rate					
Annual Target		Q1	Q2	Q3	Q4
79.2%					79.2%
N	647 563				647 563
D	817 455				817 455
Patient Safety Incident (PSI) case closure rate					
Annual Target		Q1	Q2	Q3	Q4
94.6%		94.5%	94.5%	94.6%	94.6%
N	1 822	449	917	1 364	1 822
D	1 927	475	970	1 442	1 927
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Annual Target		Q1	Q2	Q3	Q4
64.6%		65.7%	64.4%	64.3%	64.6%
N	276	69	139	207	276
D	427	105	216	322	427
Ideal clinic status obtained rate					
Annual Target		Q1	Q2	Q3	Q4
83.6%					83.6%
N	214				214
D	256				256

Primary Health Care

Antenatal 1st visit before 20 weeks rate					
Annual Target		Q1	Q2	Q3	Q4
74.6%		74.8%	74.6%	74.7%	74.6%
N	72 650	17 618	37 219	54 166	72 650
D	97 435	23 551	49 873	72 522	97 435
Mother postnatal visit within 6 days rate					
Annual Target		Q1	Q2	Q3	Q4
63.8%		62.6%	62.6%	63.1%	63.8%
N	57 043	14 343	28 210	42 429	57 043
D	89 403	22 906	45 063	67 235	89 403

Delivery 10 - 19 years in facility rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
11.3%		11.3%	11.5%	11.5%	11.3%
N	10 108	2 595	5 195	7 757	10 108
D	89 403	22 906	45 063	67 235	89 403
Couple year protection rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
50.4%		52.0%	51.3%	51.0%	50.4%
N	1 029 874	265 647	523 857	781 068	1 029 874
D	2 042 940	510 736	1 021 472	1 532 208	2 042 940
Maternal Mortality in facility Ratio					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
54.1					54.1
N	50				50
D	0.924				0.924
IUCD Uptake - Intra Uterine Contraceptive Device					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
4 823		1 208	2 482	3 719	4 823
Delivery 10-14 years in facility					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
356		91	182	272	356
Still birth in facility rate (per 1000 births)					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
18.60		18.58	18.61	18.61	18.60
N	1 678	431	866	1293	1678
D	90.204	23.197	46.525	69.469	90.204
Cervical cancer screening coverage					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
28.1%		27.0%	29.2%	28.1%	28.1%
N	76 560	18 415	39 746	57 315	76 560
D	272 439	68 108	136 218	204 328	272 439
Infant 1st PCR test positive at birth rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
0.94%		**0.94%**	**0.96%**	**0.95%**	**0.94%**
N	128	30	58	101	128
D	13 552	3 192	6 011	10 608	13 552
Infant PCR test positive around 6 months rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
0.37%		0.26%	0.32%	0.32%	0.37%
N	51	10	24	34	51
D	13 897	3 797	7 404	10 757	13 897
HIV test positive around 18 months rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
0.39%		0.39%	0.39%	0.39%	0.39%
N	86	21	43	63	86
D	21 855	5 404	10 911	16 337	21 855

Immunisation under 1 year coverage					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
69.5%		72.6%	71.9%	71.4%	69.5%
N	87 191	22 769	45 070	67 186	87 191
D	125 437	31 361	62 721	94 082	125 437
Measles 2nd dose 1 year coverage					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
70.1%		73.4%	73.3%	72.2%	70.1%
N	85 159	22 304	44 564	65 801	85 159
D	121 563	30 391	60 781	91 172	121 563
Vitamin A dose 12 – 59 months coverage					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
54.1%		49.8%	58.4%	56.6%	54.1%
N	510 043	117 184	275 253	399 823	510 043
D	942 131	235 534	471 069	706 601	942 131
Neonatal death in facility rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
8.77		8.80	8.79	8.75	8.77
N	777	198	391	581	777
D	88.630	22.49	44.503	66.407	88.63
ART child remain in care rate [12 months]					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
61.6%		61.6%	61.6%	61.6%	61.6%
N	367	93	186	279	367
D	596	151	302	453	596
ART child viral load suppressed rate (below 50) [12 months]					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
40.5%		37.5%	39.1%	39.6%	40.5%
N	53	12	25	38	53
D	131	32	64	96	131
ART adult remain in care rate [12 months]					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
55.9%		57.4%	56.6%	56.3%	55.9%
N	16 863	4 323	8 529	12 729	16 863
D	30 142	7 536	15 072	22 608	30 142
ART adult viral load suppressed rate (below 50) [12 months]					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
69.7%		71.4%	70.5%	70.1%	69.7%
N	3 906	1 001	1 975	2 948	3 906
D	5 605	1 401	2 803	4 204	5 605
HIV positive 15-24 years (excl ANC) rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
1.34%		1.34%	1.34%	1.35%	1.34%
N	5 215	1 255	2 573	3 859	5 215
D	388 058	93 831	191 698	286 702	388 058

All DS-TB client death rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
4.37%					4.37%
N	1 443				1 443
D	33 022				33 022
All DS-TB client LTF rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
18.1%		18.1%	18.1%	18.1%	18.1%
N	5 977	1 459	2 974	4 450	5 977
D	33 022	8 056	16 434	24 586	33 022
All DS-TB Client Treatment Success Rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
77.4%		78.9%	78.1%	77.8%	77.4%
N	25 564	6 359	12 833	19 132	25 564
D	33 022	8 056	16 434	24 586	33 022
TB Rifampicin resistant/Multidrug – Resistant treatment success rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
52.5%		53.5%	53.3%	53.1%	52.5%
N	428	108	217	324	428
D	815	202	407	610	815
TB Rifampicin resistant/Multidrug – Resistant lost to follow-up rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
24.7%		25.7%	25.3%	24.6%	24.7%
N	201	52	103	150	201
D	815	202	407	610	815
TB Pre-XDR treatment success rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
51.3%		54.1%	51.3%	50.4%	51.3%
N	78	20	39	58	78
D	152	37	76	115	152
TB Pre-XDR loss to follow-up rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
23.0%		24.3%	23.7%	23.5%	23.0%
N	35	9	18	27	35
D	152	37	76	115	152
PHC Mental Disorders Treatment rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
0.01%		0.01%	0.01%	0.01%	0.01%
N	1 532	364	759	1 129	1 532
D	12 043 662	2 953 461	6 002 877	8 982 273	12 043 662

District Hospitals

Live birth under 2500g in facility rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
11.0%		11.1%	10.8%	11.0%	11.0%
N	4 001	1 050	1 985	3 000	4 001
D	36 346	9 435	18 383	27 299	36 346
Child under 5 years diarrhoea case fatality rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
0.21%		0.16%	0.17%	0.18%	0.21%
N	10	2	4	6	10
D	4 661	1 255	2 318	3 384	4 661
Child under 5 years pneumonia case fatality rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
0.23%		0.19%	0.21%	0.21%	0.23%
N	25	6	12	17	25
D	10 838	3 151	5 755	8 200	10 838
Child under 5 years severe acute malnutrition case fatality rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
2.28%		1.60%	2.03%	1.96%	2.28%
N	11	2	5	7	11
D	482	125	246	358	482
Death under 5 years against live birth rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
1.35%		1.35%	1.33%	1.32%	1.35%
N	1 196	310	595	882	1 196
D	88 526	22 961	44 900	66 703	88 526
Complaint resolution within 25 working days rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
91.2%		91.2%	91.6%	90.9%	91.2%
N	1 206	301	306	300	299
D	1 322	330	334	330	328
Average length of stay					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
3.6		3.6	3.7	3.6	3.6
N	1 060 503	263 779	268 680	264 364	263 680
D	291 145	72 344	73 345	72 915	72 541
Inpatient bed utilization rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
93.9%		93.4%	95.1%	93.6%	93.4%
N	1 060 503	263 779	268 680	264 364	263 680
D	1 129 768	282 442	282 442	282 442	282 442

Explanation of planned performance over the medium-term

The Department is committed to further enhancing the promotive and preventive component of the HCBC, Primary Care, and Intermediate Care platforms of the District Health System, aligned to its aspiration of a provincial health system that by design supports wellness. There has been a significant investment into Area Based Teams to enable a 'Whole of Government Approach' to prevent violence and reduce the consequent burden of care it places on the health system. In the context of substantial budget cuts over the 2024 MTEF there is a heightened awareness of the likely impact this will have on the Department's aspirations of a high-performance provincial health system for people, that is capable of ensuring the children of the province have the health resilience to flourish; and that people with long-term conditions are well managed. However, the Department is committed to acting responsibly in honouring its Constitutional mandate to progressively realise the right to healthcare for the people of the province, more especially the most vulnerable.

Programme Resource Considerations

Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
1. District Management	386 850	399 037	400 239	474 091	492 259	463 551	**691 643**	49.21	711 102	738 311
2. Community Health Clinics	1 541 514	1 587 192	1 620 896	1 682 701	1 737 738	1 733 700	**1 732 800**	(0.05)	1 780 286	1 850 754
3. Community Health Centres	2 395 152	2 638 871	2 701 133	2 847 616	2 992 601	2 949 002	**3 049 283**	3.40	3 151 966	3 297 492
4. Community Based Services	224 574	244 181	476 128	476 631	481 153	476 301	**506 308**	6.30	526 171	514 895
5. Other Community Services			198 474	1	1	1	**1**		1	1
6. HIV/Aids	2 513 764	2 269 352	1 942 368	1 922 836	1 856 320	1 856 320	**1 983 370**	6.84	1 996 564	2 088 067
7. Nutrition	52 622	56 756	65 321	59 526	60 265	65 219	**60 757**	(6.84)	62 062	64 563
8. Coroner Services				1	1	1	**1**		1	1
9. District Hospitals	4 270 164	4 446 352	4 632 262	4 300 971	4 557 940	4 680 919	**4 638 378**	(0.91)	4 780 481	4 994 879
10. Global Fund	79			1	1	1	**1**		1	1
Total payments and estimates	11 384 719	11 641 741	12 036 821	11 764 375	12 178 279	12 225 015	**12 662 542**	3.58	13 008 635	13 548 964

Note: Sub-programme 2.1: 2024/25: National conditional grant: National Tertiary Services: R8 535 000 (Compensation of employees R4 835 000, Goods and services R420 000 and Payments for capital assets R3 280 000).

Sub-programme 2.2 and 2.9: 2024/25: National conditional grant: National Health Insurance – R34 448 000 (Compensation of employees). Realignment due to Micro Design Process (MDP).

Sub-programme 2.4 and 2.6: 2024/25: National conditional grant: District Health Programmes – R2 132 386 000 (Compensation of employees R695 634 000, Goods and services R773 045 000, Transfers and Subsidies R663 332 000 and Payments for capital assets R375 000).

Sub-programmes 2.3 and 2.9: 2024/25: National conditional grant: Human Resources and Training: R258 336 000 (Compensation of employees).

Earmarked priority allocation:

Included in Sub-programme 2.1: District Management, is an earmarked allocation for the Violence Prevention: R29 889 000 (2024/25), R31 264 000 000 (2025/26) and R32 671 000 (2026/27).

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Current payments	10 016 678	10 247 298	10 670 854	10 353 162	10 793 357	10 845 614	**11 211 341**	3.37	11 519 789	12 017 846
Compensation of employees	5 915 546	6 309 815	6 526 651	6 305 555	6 614 204	6 613 219	**6 928 881**	4.77	7 102 842	7 365 006
Goods and services	4 101 132	3 937 483	4 144 203	4 047 607	4 179 153	4 232 395	**4 282 460**	1.18	4 416 947	4 652 840
Transfers and subsidies to	1 229 676	1 263 023	1 243 609	1 281 002	1 247 491	1 241 084	**1 301 705**	4.88	1 337 767	1 377 171
Provinces and municipalities	629 012	657 227	629 995	655 785	627 066	627 066	**645 454**	2.93	661 435	681 646
Departmental agencies and accounts			8							
Non-profit institutions	582 325	580 003	595 760	602 981	598 189	598 189	**633 804**	5.95	653 352	671 751
Households	18 339	25 793	17 846	22 236	22 236	15 829	**22 447**	41.81	22 980	23 774
Payments for capital assets	134 151	130 608	121 324	130 211	137 431	137 213	**149 496**	8.95	151 079	153 947
Buildings and other fixed structures	17 345	41	68							
Machinery and equipment	116 350	130 555	120 530	130 157	137 377	137 145	**149 496**	9.01	151 079	153 947
Software and other intangible assets	456	12	726	54	54	68		(100.00)		
Payments for financial assets	4 214	812	1 034			1 104		(100.00)		
Total economic classification	11 384 719	11 641 741	12 036 821	11 764 375	12 178 279	12 225 015	**12 662 542**	3.58	13 008 635	13 548 964

Details of transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Transfers and subsidies to (Current)	1 229 676	1 263 023	1 243 609	1 281 002	1 247 491	1 241 084	**1 301 705**	4,88	1 337 767	1 377 171
Provinces and municipalities	629 012	657 227	629 995	655 785	627 066	627 066	**645 454**	2,93	661 435	681 646
Provinces		2	2							
Provincial agencies and funds		2	2							
Municipalities	629 012	657 225	629 993	655 785	627 066	627 066	**645 454**	2,93	661 435	681 646
Municipal bank accounts	629 012	657 225	629 993	655 785	627 066	627 066	**645 454**	2,93	661 435	681 646
Departmental agencies and accounts			8							
Departmental agencies (non-business entities)			8							
South African Broadcasting Corporation (SABC)			8							
Non-profit institutions	582 325	580 003	595 760	602 981	598 189	598 189	**633 804**	5,95	653 352	671 751
Households	18 339	25 793	17 846	22 236	22 236	15 829	**22 447**	41,81	22 980	23 774
Social benefits	18 187	25 139	17 612	21 606	21 606	15 590	**21 817**	39,94	22 337	23 107
Other transfers to households	152	654	234	630	630	239	**630**	163,60	643	667

Programme 3. Emergency Medical Services

Purpose

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

Sub-Programme 3.1: Emergency Medical Services

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

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

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

Outcomes, Outputs, Performance Indicators & Targets

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**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	36.2%	29.9%	24.6%	21.8%	25.2%	27.3%	29.3%
N	33 651	8 736	7 980	8 111	10 111	11 803	13 502
D	93 081	29 217	32 396	37 159	40 159	43 159	46 159
INDICATOR	**EMS P1 urban response under 30 minutes rate**						
Audited Performance				**Estimated Performance**	**Medium Term Targets**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	65.7%	58.7%	53.2%	49.1%	50.4%	52.0%	54.0%
N	61 178	17 161	17 234	18 252	20 252	22 442	25 170
D	93 081	29 217	32 396	37 159	40 159	43 159	46 612
INDICATOR	**EMS P1 rural response under 60 minutes rate**						
Audited Performance				**Estimated Performance**	**Medium Term Targets**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	88.1%	78.3%	76.5%	75.4%	77.0%	79.0%	81.1%
N	6 911	2 056	1 969	2 091	2 347	2 649	2 991
D	7 846	2 626	2 573	2 772	3 049	3 354	3 689
INDICATOR	**EMS incident mission time under 120 minutes rate**						
Audited Performance				**Estimated Performance**	**Medium Term Targets**		
	2020/21	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	55.8%	52.3%	50.2%	49.3%	52.0%	54.1%	56.0%
N	311 801	323 357	80 023	75 008	87 079	99 656	108 737
D	558 723	618 352	159 318	152 237	167 461	184 207	194 172

Output indicators – Annual & Quarterly Targets

EMS P1 urban response under 15 minutes rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
25.2%		25.2%	25.2%	25.2%	25.2%
N	10 111	10 111	10 111	10 111	10 111
D	40 159	40 159	40 159	40 159	40 159
EMS P1 urban response under 30 minutes rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
50.4%		50.4%	50.4%	50.4%	50.4%
N	20 252	20 252	20 252	20 252	20 252
D	40 159	40 159	40 159	40 159	40 159
EMS P1 rural response under 60 minutes rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
77.0%		77.0%	77.0%	77.0%	77.0%
N	2 347	2 347	2 347	2 347	2 347
D	3 049	3 049	3 049	3 049	3 049
EMS incident mission time under 120 minutes rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
52.0%		52.0%	52.0%	52.0%	52.0%
N	87 079	87 079	87 079	87 079	87 079
D	167 461	167 461	167 461	167 461	167 461

Explanation of planned performance over the medium-term

EMS is central to the responsiveness of the health system and key to the Department's ambition to enhance the accessibility of healthcare provision in the province. The extent of the budget cuts over the 2024 MTEF has informed a more measured outlook on performance, however, the Department is committed to acting responsibly in honouring its Constitutional mandate to progressively realise the right to healthcare for the people of the province, more especially the most vulnerable.

Programme Resource Considerations

Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
1. Emergency Transport	1 064 378	1 142 402	1 188 752	1 201 376	1 240 830	1 244 861	**1 257 447**	1.01	1 292 205	1 344 470
2. Planned Patient Transport	90 258	97 707	114 166	115 080	117 211	111 911	**120 582**	7.75	123 676	128 346
Total payments and estimates	1 154 636	1 240 109	1 302 918	1 316 456	1 358 041	1 356 772	**1 378 029**	1.57	1 415 881	1 472 816

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Current payments	1 051 097	1 113 527	1 175 083	1 198 902	1 238 687	1 223 567	**1 267 988**	3.63	1 303 257	1 356 374
Compensation of employees	729 515	772 964	793 815	785 764	827 349	836 799	**855 655**	2.25	879 853	917 053
Goods and services	321 582	340 563	381 268	413 138	411 338	386 768	**412 333**	6.61	423 404	439 321
Transfers and subsidies to	1 241	1 082	1 250	961	961	1 678	**932**	(44.46)	953	986
Provinces and municipalities	25	13	13	18	18	21	**18**	(14.29)	18	18
Departmental agencies and accounts		20								
Households	1 216	1 049	1 237	943	943	1 657	**914**	(44.84)	935	968
Payments for capital assets	101 169	124 727	125 079	116 593	118 393	130 527	**109 109**	(16.41)	111 671	115 456
Machinery and equipment	101 169	124 727	125 079	116 593	118 393	130 527	**109 109**	(16.41)	111 671	115 456
Payments for financial assets	1 129	773	1 506			1 000		(100.00)		
Total economic classification	1 154 636	1 240 109	1 302 918	1 316 456	1 358 041	1 356 772	**1 378 029**	1.57	1 415 881	1 472 816

Details of transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Transfers and subsidies to (Current)	1 241	1 082	1 250	961	961	1 678	**932**	(44.46)	953	986
Provinces and municipalities	25	13	13	18	18	21	**18**	(14.29)	18	18
Provinces	25	13	13	18	18	21	**18**	(14.29)	18	18
Provincial agencies and funds	25	13	13	18	18	21	**18**	(14.29)	18	18
Departmental agencies and accounts		20								
Departmental agencies (non-business entities)		20								
South African Broadcasting Corporation (SABC)		20								
Households	1 216	1 049	1 237	943	943	1 657	**914**	(44.84)	935	968
Social benefits	1 216	1 049	1 237	943	943	1 657	**914**	(44.84)	935	968

Programme 4. Provincial Hospital Services

Purpose

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

Sub-Programme 4.1: General (Regional) Hospitals

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

Sub-Programme 4.2: Tuberculosis Hospitals

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

Outcomes, Outputs, Performance Indicators & Targets

Regional 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		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	14.9%	15.3%	15.9%	16.3%	16.2%	15.8%	15.4%
N	4 223	4 017	4 094	4 113	4 112	4 116	4 122
D	28 428	26 200	25 752	25 310	25 371	25 998	26 716
INDICATOR	Diarrhoea death under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	2	5	8	6	8	8	8

INDICATOR	Pneumonia death under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	8	7	12	8	10	9	9
INDICATOR	Severe acute malnutrition (SAM) death under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	New indicator		5	4	6	6	6
INDICATOR	Death in facility under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	308	271	266	268	290	290	290

OUTPUT	Women's health services						
INDICATOR	Maternal Deaths in facility						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	Not reported		11	8	9	9	9
INDICATOR	Cervical cancer screening						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	New Indicator			821	822	843	866

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM THAT IS FOR PEOPLE						
OUTPUT	Technically efficient provincial health system						
INDICATOR	Complaint resolution within 25 working days rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	97.6%	99.1%	99.5%	99.5%	97.9%	98.2%	98.5%
N	279	340	400	423	429	430	431
D	286	343	402	425	438	438	438
INDICATOR	Patient Experience of Care satisfaction rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New Indicator		78.5%	87.5%	83.8%	84.2%	84.7%
N			37 911	38 380	32 869	33 746	34 810
D			48 312	43 861	39 235	40 058	41 079

INDICATOR	Severity assessment code (SAC) 1 incident reported within 24 hours rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	83.3%	95.5%	65.9%	91.4%	75.0%	91.8%	91.8%
N	25	21	58	39	36	45	45
D	30	22	88	43	48	49	49
INDICATOR	Patient Safety Incident (PSI) case closure rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	97.3%	95.6%	94.9%	94.1%	91.7%	91.8%	92.0%
N	709	859	947	927	912	935	960
D	729	899	998	985	995	1 018	1 044

OUTPUT	Accessible health services						
INDICATOR	Average length of stay						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	4.1	4.2	3.9	3.9	4.0	4.0	4.0
N	421 713	451 206	456 211	456 642	452 379	463 553	475 093
D	102 332	108 711	115 844	115 990	114 391	116 767	119 212
INDICATOR	Inpatient bed utilization rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	80.3%	86.0%	86.3%	86.4%	86.5%	88.0%	89.5%
N	421 713	451 206	456 211	456 642	452 379	463 553	475 093
D	524 928	524 928	528 578	528 555	522 715	526 781	530 929

Specialised Hospitals

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM THAT IS FOR PEOPLE						
OUTPUT	Technically efficient provincial health system						
INDICATOR	Complaint resolution within 25 working days rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	98.0%	99.4%	98.4%	98.2%	94.8%	95.7%	95.6%
N	98	160	185	192	183	178	172
D	100	161	188	195	193	186	180
INDICATOR	Patient Experience of Care satisfaction rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New Indicator		79.9%	84.2%	84.0%	84.0%	84.2%
N			18 560	14 611	14 510	13 469	13 649
D			23 224	17 363	17 276	16 043	16 213

INDICATOR		Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	95.5%	83.3%	30.0%	30.2%	34.2%	34.2%	34.2%
N	63	5	33	32	38	38	38
D	66	6	110	107	111	111	111
INDICATOR		Patient Safety Incident (PSI) case closure rate					
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	94.5%	95.6%	97.9%	98.8%	94.7%	94.7%	94.7%
N	1 243	1 525	1 475	1 512	1 443	1 445	1 447
D	1 316	1 596	1 507	1 530	1 524	1 526	1 528

Output indicators – Annual & Quarterly Targets

Regional Hospitals

Live birth under 2500g in facility rate					
Annual Target		Q1	Q2	Q3	Q4
16.2%		16.2%	16.3%	16.2%	16.2%
N	4 112	1 044	2 081	3 093	4 112
D	25 371	6 429	12 802	19 067	25 371
Diarrhoea death under 5 years					
Annual Target		Q1	Q2	Q3	Q4
N	8	2	4	7	8
Pneumonia death under 5 years					
Annual Target		Q1	Q2	Q3	Q4
N	10	2	5	7	10
Severe acute malnutrition (SAM) death under 5 years					
Annual Target		Q1	Q2	Q3	Q4
N	6	2	4	6	6
Death in facility under 5 years					
Annual Target		Q1	Q2	Q3	Q4
N	290	72	145	217	290
Maternal Deaths in facility					
Annual Target		Q1	Q2	Q3	Q4
N	9				9
Cervical cancer screening					
Annual Target		Q1	Q2	Q3	Q4
N	822	194	423	623	822
Complaint resolution within 25 working days rate					
Annual Target		Q1	Q2	Q3	Q4
97.9%		99.1%	100.0%	99.1%	93.7%
N	429	108	109	108	104
D	438	109	109	109	111

Patient Experience of Care satisfaction rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
83.8%					83.8%
N	32 869				32 869
D	39 235				39 235
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
75.0%		72.7%	68.0%	73.0%	75.0%
N	36	8	17	27	36
D	48	11	25	37	48
Patient Safety Incident (PSI) case closure rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
91.7%		91.6%	91.6%	91.8%	91.7%
N	912	228	457	686	912
D	995	249	499	747	995
Average length of stay					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
4.0		4.0	3.9	3.9	3.9
N	452 379	113 369	113 170	112 383	113 457
D	114 391	28 122	28 733	28 671	28 865
Inpatient bed utilization rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
86.5%		86.8%	86.6%	86.0%	86.8%
N	452 379	113 369	113 170	112 383	113 457
D	522 715	130 679	130 679	130 679	130 678

Specialised Hospitals

Complaint resolution within 25 working days rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
94.8%		97.8%	94.0%	95.8%	91.8%
N	183	45	47	46	45
D	193	46	50	48	49
Patient Experience of Care satisfaction rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
84.0%					84.0%
N	14 510				14 510
D	17 276				17 276
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
34.2%		29.6%	31.5%	32.5%	34.2%
N	38	8	17	26	38
D	111	27	54	80	111
Patient Safety Incident (PSI) case closure rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
94.7%		94.3%	94.6%	94.8%	94.7%
N	1 443	361	723	1 085	1 443
D	1 524	383	764	1 144	1 524

Explanation of planned performance over the medium-term

The hospital-based component of the health system is likely to experience significant pressure over the 2024 MTEF as a consequence of the budget cuts. The focus is thus on optimising technical efficiencies; and to ensure women and children have adequate access to the healthcare they need in line with the departmental aspiration of a high-performance provincial health system for people, that is capable of ensuring the children of the province have the health resilience to flourish. The Department is committed to acting responsibly in honouring its Constitutional obligations to the people of the province, more especially the most vulnerable.

Programme Resource Considerations

Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
1. General (Regional) Hospitals	2 288 523	2 392 886	2 547 499	2 505 705	2 623 945	2 642 117	**2 625 001**	(0.65)	2 705 326	2 826 325
2. Tuberculosis Hospitals	333 775	368 662	403 479	389 350	404 149	422 140	**412 127**	(2.37)	425 909	445 475
3. Psychiatrlc/Mental Hospitals	1 013 801	1 073 505	1 088 472	1 108 890	1 156 787	1 170 670	**1 189 672**	1.62	1 229 473	1 284 748
4. Sub-acute, Step down and Chronic Medical Hospitals	241 398	242 928	259 732	453 237	459 789	432 941	**469 875**	8.53	483 212	502 557
5. Dental Training Hospitals	179 035	192 465	207 339	203 773	209 294	199 681	**211 453**	5.90	217 684	226 589
Total payments and estimates	4 056 532	4 270 446	4 506 521	4 660 955	4 853 964	4 867 549	**4 908 128**	0.83	5 061 604	5 285 694

Note: Sub-programme 4.3: 2024/25: National conditional grant: National Health Insurance – R2 451 000 (Compensation of employees).

Sub-programmes 4.1 - 4.5: 2024/25: National conditional grant: Human Resources and Training: R312 158 000 (Compensation of employees).

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Current payments	3 988 616	4 212 111	4 442 446	4 543 877	4 736 901	4 754 990	**4 799 411**	0.93	4 951 043	5 172 404
Compensation of employees	2 925 263	3 061 817	3 189 650	3 223 154	3 402 511	3 395 022	**3 477 456**	2.43	3 571 701	3 718 809
Goods and services	1 063 353	1 150 294	1 252 796	1 320 723	1 334 390	1 359 968	**1 321 955**	(2.80)	1 379 342	1 453 595
Transfers and subsidies to	15 181	17 534	13 848	65 951	65 951	60 204	**65 237**	8.36	66 803	69 116
Non-profit institutions	3 528	3 610	3 674	47 490	47 490	47 490	**46 902**	(1.24)	48 028	49 690
Households	11 653	13 924	10 174	18 461	18 461	12 714	**18 335**	44.21	18 775	19 426
Payments for capital assets	52 419	40 489	49 897	51 127	51 112	51 795	**43 480**	(16.05)	43 758	44 174
Machinery and equipment	52 139	40 388	49 610	51 127	51 112	51 781	**43 480**	(16.03)	43 758	44 174
Software and other intangible assets	280	101	287			14		(100.00)		
Payments for financial assets	316	312	330			560		(100.00)		
Total economic classification	4 056 532	4 270 446	4 506 521	4 660 955	4 853 964	4 867 549	**4 908 128**	0.83	5 061 604	5 285 694

Details of transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Transfers and subsidies to (Current)	15 181	17 534	13 848	65 951	65 951	60 204	**65 237**	8.36	66 803	69 116
Non-profit institutions	3 528	3 610	3 674	47 490	47 490	47 490	**46 902**	(1.24)	48 028	49 690
Households	11 653	13 924	10 174	18 461	18 461	12 714	**18 335**	44.21	18 775	19 426
Social benefits	11 653	13 924	10 105	18 461	18 461	12 231	**18 335**	49.91	18 775	19 426
Other transfers to households			69			483		(100.00)		

Programme 5. Central Hospital Services

Purpose

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

Sub-Programme 5.1: Central Hospital Services

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

Sub-Programme 5.2: Provincial Tertiary Hospital Services

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

Outcomes, Outputs, Performance Indicators & Targets

Central Hospitals

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		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	34.8%	34.5%	34.8%	35.1%	35.6%	35.7%	35.5%
N	3 782	3 844	3 465	3 326	3 887	3 874	3 781
D	10 865	11 156	9 966	9 489	10 910	10 845	10 653
INDICATOR	Diarrhoea death under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	1	3	1	2	3	4	3
INDICATOR	Pneumonia death under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	3	3	3	7	5	6	5
INDICATOR	Severe acute malnutrition (SAM) death under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	New Indicator		2	1	2	2	2
INDICATOR	Death in facility under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	441	443	451	408	488	465	473

OUTPUT	Women's health services						
INDICATOR	Maternal Deaths in facility						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	Not reported		26	23	26	25	24
INDICATOR	Cervical cancer screening						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	New Indicator			2 104	2 072	2 041	2 026

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM THAT IS FOR PEOPLE						
OUTPUT	Technically efficient provincial health system						
INDICATOR	Complaint resolution within 25 working days rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	88.0%	90.1%	92.1%	94.9%	90.1%	90.0%	89.9%
N	410	562	673	832	744	804	831
D	466	624	731	877	826	893	924
INDICATOR	Patient Experience of Care satisfaction rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New Indicator		82.0%	84.1%	80.0%	80.0%	80.0%
N			23 521	16 415	27 045	25 241	26 312
D			28 679	19 530	33 800	31 543	32 875
INDICATOR	Severity assessment code (SAC) 1 incident reported within 24 hours rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	0.0%	100.0%	53.3%	31.6%	60.0%	59.1%	59.4%
N	0	1	72	6	126	114	111
D	0	1	135	19	210	193	187
INDICATOR	Patient Safety Incident (PSI) case closure rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	97.2%	96.6%	97.2%	99.1%	85.7%	85.6%	86.0%
N	771	1 184	1 427	1 154	944	1 024	1 069
D	793	1 226	1 468	1 165	1 102	1 196	1 243

OUTPUT	Accessible health services						
INDICATOR	Average length of stay						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	7.1	7.0	6.7	6.8	7.0	7.0	7.0
N	657 069	732 976	755 184	763 580	768 632	768 632	777 366
D	92 564	105 283	112 161	112 888	109 805	110 073	111 052
INDICATOR	Inpatient bed utilization rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	76.2%	84.5%	86.8%	87.4%	88.0%	88.0%	89.0%
N	657 069	732 976	755 184	763 580	768 632	768 632	777 366
D	862 103	866 970	870 255	873 542	873 542	873 542	873 542

Tertiary Hospitals

OUTCOME	ALL CHILDREN IN THE PROVINCE HAVE THE HEALTH RESILIENCE TO FLOURISH						
OUTPUT	Child health services						
INDICATOR	Diarrhoea death under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	2	6	10	4	9	8	7
INDICATOR	Pneumonia death under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	2	6	14	8	12	11	10
INDICATOR	Severe acute malnutrition (SAM) death under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	New Indicator		3	1	2	2	2
INDICATOR	Death in facility under 5 years						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	99	127	117	129	131	125	121

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		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	100.0%	100.0%	100.0%	98.8%	94.7%	94.8%	94.6%
N	59	135	137	159	126	165	176
D	59	135	137	161	133	174	186

INDICATOR	Patient Experience of Care satisfaction rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	New Indicator		73.1%	84.5%	80.2%	80.2%	80.3%
N			5 553	8 343	7 724	7 571	7 662
D			7 594	9 876	9 632	9 436	9 541
INDICATOR	Severity assessment code (SAC) 1 incident reported within 24 hours rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	75.0%	100.0%	0.0%	50.0%	66.7%	66.7%	66.7%
N	3	1	0	1	2	2	2
D	4	1	1	2	3	3	3
INDICATOR	Patient Safety Incident (PSI) case closure rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	98.2%	98.4%	99.6%	99.4%	89.6%	92.1%	94.2%
N	218	185	228	163	138	164	178
D	222	188	229	164	154	178	189

OUTPUT	Accessible health services						
INDICATOR	Average length of stay						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2025/26
	4.6	4.3	4.4	4.4	4.7	4.6	4.7
N	66 818	76 387	80 625	81 001	79 935	81 001	81 001
D	14 538	17 632	18 164	18 409	17 007	17 609	17 234
INDICATOR	Inpatient bed utilization rate						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2025/26
	67.3%	74.9%	75.9%	76.0%	75.0%	76.0%	76.0%
N	66 818	76 387	80 625	81 001	79 935	81 001	81 001
D	99 291	102 029	106 287	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**
35.6%		35.6%	35.6%	35.6%	35.6%
N	3 887	972	1 943	2 915	3 887
D	10 910	2 727	5 454	8 182	10 910
Diarrhoea death under 5 years					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	3	1	1	2	3
Pneumonia death under 5 years					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	5	1	3	4	5
Severe acute malnutrition (SAM) death under 5 years					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	2	0	1	1	2
Death in facility under 5 years					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	488	122	244	366	488
Maternal Deaths in facility					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	26				26
Cervical cancer screening					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	2 072	518	1 036	1 554	2 072

Complaint resolution within 25 working days rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
90.1%		90.3%	89.9%	90.3%	89.9%
N	744	186	186	186	186
D	826	206	207	206	207
Patient Experience of Care satisfaction rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
80.0%					80.0%
N	27 045				27 045
D	33 800				33 800
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
60.0%		58.5%	60.0%	59.9%	60.0%
N	126	31	63	94	126
D	210	53	105	157	210

Patient Safety Incident (PSI) case closure rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
85.7%		85.5%	85.7%	85.6%	85.7%
N	944	236	472	708	944
D	1 102	276	551	827	1 102

Average length of stay					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
7.0		7.0	7.0	7.0	7.0
N	768 632	192 158	192 158	192 158	192 158
D	109 805	27 452	27 451	27 451	27 451
Inpatient bed utilization rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
88.0%		88.0%	88.0%	88.0%	88.0%
N	768 632	192 158	192 158	192 158	192 158
D	873 542	218 386	218 386	218 385	218 385

Tertiary Hospitals

Diarrhoea death under 5 years					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	9	3	4	6	9
Pneumonia death under 5 years					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	12	4	8	10	12
Severe acute malnutrition (SAM) death under 5 years					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	2	0	0	1	2
Death in facility under 5 years					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
N	131	31	65	102	131
Complaint resolution within 25 working days rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
94.7%		97.0%	94.0%	94.1%	93.9%
N	126	32	31	32	31
D	133	33	33	34	33
Patient Experience of Care satisfaction rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
80.2%					80.2%
N	7 724				7 724
D	9 632				9 632
Severity assessment code (SAC) 1 incident reported within 24 hours rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
66.7%		100.0%	50.0%	66.7%	66.7%
N	2	1	1	2	2
D	3	1	2	3	3
Patient Safety Incident (PSI) case closure rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
89.6%		89.5%	89.6%	89.6%	89.6%
N	138	34	69	103	138
D	154	38	77	115	154

Average length of stay					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
4.7		4.7	4.7	4.7	4.7
N	79 935	19 984	19 985	19 983	19 983
D	17 007	4 251	4 253	4 251	4 252
Inpatient bed utilization rate					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
75.0%		75.0%	75.0%	75.0%	75.0%
N	79 935	19 984	19 985	19 983	19 983
D	106 592	26 648	26 648	26 648	26 648

Explanation of planned performance over the medium-term

The hospital-based component of the health system is likely to experience significant pressure over the 2024 MTEF as a consequence of the budget cuts. The focus is thus on optimising technical efficiencies; and to ensure women and children have adequate access to the healthcare they need in line with the departmental aspiration of a high-performance provincial health system for people, that is capable of ensuring the children of the province have the health resilience to flourish. The Department is committed to acting responsibly in honouring its Constitutional obligations to the people of the province, more especially the most vulnerable.

Programme Resource Considerations

Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
1. Central Hospital Services	6 300 327	6 542 436	6 930 659	6 696 778	7 115 283	7 179 934	**7 135 485**	(0.62)	7 356 363	7 684 373
2. Provincial Tertiary Hospital Services	934 311	958 513	997 172	988 379	1 022 015	1 017 518	**1 059 152**	4.09	1 091 951	1 140 270
Total payments and estimates	7 234 638	7 500 949	7 927 831	7 685 157	8 137 298	8 197 452	**8 194 637**	(0.03)	8 448 314	8 824 643

Note: Sub-programmes 5.1 and 5.2: 2024/25: National conditional grant: National Tertiary Services: R3 518 400 000 (Compensation of employees R1 906 992 000, Goods and services R1 595 515 000 and Payments for capital assets R15 893 000).

Sub-programmes 5.1 and 5.2: 2024/25: National conditional grant: Human Resources and Training: R358 184 000 (Compensation of employees).

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Current payments	7 028 718	7 407 075	7 856 955	7 603 768	8 055 792	8 121 289	**8 134 408**	0.16	8 387 425	8 762 780
Compensation of employees	4 847 072	5 076 060	5 205 194	5 113 978	5 368 384	5 370 901	**5 643 510**	5.08	5 792 121	6 030 380
Goods and services	2 181 646	2 331 015	2 651 761	2 489 790	2 687 408	2 750 388	**2 490 898**	(9.43)	2 595 304	2 732 400
Transfers and subsidies to	39 139	38 136	32 848	39 056	39 056	35 238	**23 550**	(33.17)	24 116	24 951
Non-profit institutions	13 707	14 159	14 754	15 506	15 506	15 506		(100.00)		
Households	25 432	23 977	18 094	23 550	23 550	19 732	**23 550**	19.35	24 116	24 951
Payments for capital assets	166 364	55 146	37 221	42 333	42 450	40 091	**36 679**	(8.51)	36 773	36 912
Machinery and equipment	166 364	54 202	33 031	42 333	41 403	39 044	**36 679**	(6.06)	36 773	36 912
Software and other intangible assets		944	4 190		1 047	1 047		(100.00)		
Payments for financial assets	417	592	807			834		(100.00)		
Total economic classification	7 234 638	7 500 949	7 927 831	7 685 157	8 137 298	8 197 452	**8 194 637**	(0.03)	8 448 314	8 824 643

Details of transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Transfers and subsidies to (Current)	39 139	38 136	32 848	39 056	39 056	35 238	**23 550**	(33.17)	24 116	24 951
Non-profit institutions	13 707	14 159	14 754	15 506	15 506	15 506		(100.00)		
Households	25 432	23 977	18 094	23 550	23 550	19 732	**23 550**	19.35	24 116	24 951
Social benefits	25 260	23 977	17 759	23 550	23 550	19 732	**23 550**	19.35	24 116	24 951
Other transfers to households	172		335							

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		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
N	1 503	1 249	1 349	1 923	1 800	1 850	1 900

Output indicators – Annual & Quarterly Targets

Bursaries awarded for scarce and critical skills categories				
Annual Target	Q1	Q2	Q3	Q4
1 800				1 800

Explanation of planned performance over the medium-term

A high performance health system is reliant on a capable workforce and the Department will continue its investment into the development of critical and scarce skill sets.

Programme Resource Considerations

Summary of payments and estimates

Sub-programme R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate			
	Audited	Audited	Audited					% Change from Revised estimate		
	2020/21	2021/22	2022/23	2023/24	2023/24	2023/24	2024/25	2023/24	2025/26	2026/27
1. Nurse Training College	61 870	83 539	97 511	97 684	113 480	117 559	**123 349**	4.93	127 151	132 177
2. Emergency Medical Services (EMS) Training College	31 955	31 633	32 874	35 505	35 505	33 413	**36 043**	7.87	37 081	38 587
3. Bursaries	53 824	56 368	58 107	65 261	65 261	65 261	**65 261**		66 827	69 140
4. Primary Health Care (PHC) Training				1	1	1	**1**		1	1
5. Training (Other)	170 165	172 300	195 243	206 173	205 499	202 108	**204 423**	1.15	205 190	214 214
Total payments and estimates	317 814	343 840	383 735	404 624	419 746	418 342	**429 077**	2.57	436 250	454 119

Note: Sub-programme 6.5: 2024/25: National conditional grant: Social Sector EPWP Incentive Grant for Provinces – R7 504 000 (Compensation of Employees).

Payments and estimates by economic classification

Economic classification R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate			
	Audited	Audited	Audited					% Change from Revised estimate		
	2020/21	2021/22	2022/23	2023/24	2023/24	2023/24	2024/25	2023/24	2025/26	2026/27
Current payments	202 143	217 958	253 037	274 800	296 018	292 819	**299 082**	2.14	302 226	315 183
Compensation of employees	158 015	158 887	174 316	193 699	193 025	191 902	**203 077**	5.82	202 367	211 019
Goods and services	44 128	59 071	78 721	81 101	102 993	100 917	**96 005**	(4.87)	99 859	104 164
Transfers and subsidies to	109 317	107 216	114 880	125 777	119 659	118 095	**125 726**	6.46	129 678	134 477
Departmental agencies and accounts	6 404	6 601	6 873	7 246	7 246	7 241	**7 246**	0.07	7 420	7 677
Non-profit institutions	62 055	62 065	64 672	65 000	65 000	65 000	**64 950**	(0.08)	67 443	70 088
Households	40 858	38 550	43 335	53 531	47 413	45 854	**53 530**	16.74	54 815	56 712
Payments for capital assets	4 693	10 864	11 965	4 047	4 069	5 316	**4 269**	(19.70)	4 346	4 459
Machinery and equipment	4 693	10 076	11 965	4 047	4 069	5 316	**4 269**	(19.70)	4 346	4 459
Software and other intangible assets		788								
Payments for financial assets	1 661	7 802	3 853			2 112		(100.00)		
Total economic classification	317 814	343 840	383 735	404 624	419 746	418 342	**429 077**	2.57	436 250	454 119

Details of transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Transfers and subsidies to (Current)	109 317	107 216	114 880	125 777	119 659	118 095	**125 726**	6.46	129 678	134 477
Departmental agencies and accounts	6 404	6 601	6 873	7 246	7 246	7 241	**7 246**	0.07	7 420	7 677
Departmental agencies (non-business entities)	6 404	6 601	6 873	7 246	7 246	7 241	**7 246**	0.07	7 420	7 677
Sector Education and Training Authority (SETA)	6 404	6 601	6 873	7 246	7 246	7 241	**7 246**	0.07	7 420	7 677
Non-profit institutions	62 055	62 065	64 672	65 000	65 000	65 000	**64 950**	(0.08)	67 443	70 088
Households	40 858	38 550	43 335	53 531	47 413	45 854	**53 530**	16.74	54 815	56 712
Social benefits	431	1 295	1 047	652	652	1 193	**651**	(45.43)	667	690
Other transfers to households	40 427	37 255	42 288	52 879	46 761	44 661	**52 879**	18.40	54 148	56 022

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

Sub-Programme 7.4. Orthotic and Prosthetic Services

To render specialised orthotic and prosthetic services

Sub-Programme 7.5. Cape Medical Depot[46]

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

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		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	75.0%	73.1%	82.7%	76.9%	78.8%	82.7%	82.7%
N	39	38	43	40	41	43	43
D	52	52	52	52	52	52	52

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

INDICATOR	Percentage of hospitals achieving the provincial benchmark for water utilisation						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	76.9%	53.8%	65.4%	63.5%	63.5%	63.5%	63.5%
N	40	28	34	33	33	33	33
D	52	52	52	52	52	52	52

Forensic Pathology Services

OUTCOME	A HIGH-PERFORMANCE PROVINCIAL HEALTH SYSTEM FOR PEOPLE						
OUTPUT	Technically efficient provincial health system						
INDICATOR	Percentage of child death cases reviewed by the Child Death Review Board						
Audited Performance				Estimated Performance	Medium Term Targets		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2025/26
	82.4%	78.8%	78.2%	80.0%	80.0%	80.0%	80.0%
N	996	1 124	1 053	1 109	1 079	1 049	1 021
D	1 209	1 426	1 346	1 386	1 348	1 311	1 276

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		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	89.8%	92.5%	92.5%	95.1%	93.3%	95.1%	95.1%
N	693	727	715	713	700	713	713
D	772	786	773	750	750	750	750

Output indicators – Annual & Quarterly Targets

Engineering Services

Percentage of hospitals achieving the provincial benchmark for energy consumption					
Annual Target		Q1	Q2	Q3	Q4
78.8%					78.8%
N	41				41
D	52				52
Percentage of hospitals achieving the provincial benchmark for water utilisation					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
63.5%					63.5%
N	33				33
D	52				52

Forensic Pathology Services

Percentage of child death cases reviewed by the Child Death Review Board					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
80.0%		79.7%	79.8%	79.8%	80.8%
N	1 079	248	289	277	265
D	1 348	311	362	347	328

Medicine Supply

Percentage of pharmaceutical stock available					
Annual Target		**Q1**	**Q2**	**Q3**	**Q4**
93.3%		93.3%	93.3%	93.3%	93.3%
N	700	700	700	700	700
D	750	750	750	750	750

Explanation of planned performance over the medium-term

A high-performance provincial health system is reliant on technically efficient health support services. The emerging realities of climate change further affirms the need to remain committed to conserving energy and water, which has necessitated technical interventions on the part of Engineering Services in supporting facilities to reduce water and electricity consumption. There is also a continued focus on ensuring medicine supply stability and child death reviews remain a focus for Forensic Pathology Services

Programme Resource Considerations

Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
1. Laundry Services	123 696	122 025	134 772	124 240	126 890	126 154	**136 902**	8.52	140 980	146 767
2. Engineering Services	113 566	121 651	121 198	133 497	136 508	135 676	**140 778**	3.76	142 346	147 698
3. Forensic Services	214 615	228 457	252 109	264 930	274 330	267 556	**279 963**	4.64	287 867	299 789
4. Orthotic and Prosthetic Services				1	1	1	**1**		1	1
5. Cape Medical Depot	81 084	74 013	77 150	81 223	83 690	80 296	**81 895**	1.99	84 215	87 585
6. WC Health Warehouse				19 565	20 188	19 442	**22 374**	15.08	23 007	23 929
Total payments and estimates	532 961	546 146	585 229	623 456	641 607	629 125	**661 913**	5.21	678 416	705 769

Note: Sub-programme 7.2: 2024/25: National conditional grant: Expanded Public Works Programme Integrated Grant for Provinces: R2 092 000 (Compensation of employees).

A new sub-programme 7.6: WC Health Warehouse has been added to this programme as from 2023/24 financial year.

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Current payments	504 382	518 882	556 509	590 050	605 813	588 387	**629 282**	6.95	645 269	671 862
Compensation of employees	336 146	348 158	362 797	379 807	397 512	384 227	**417 366**	8.62	426 934	444 534
Goods and services	168 236	170 724	193 712	210 243	208 301	204 160	**211 916**	3.80	218 335	227 328
Transfers and subsidies to	1 136	2 649	708	917	917	813	**917**	12.79	939	970
Households	1 136	2 649	708	917	917	813	**917**	12.79	939	970
Payments for capital assets	26 645	24 375	26 566	32 489	34 877	38 503	**31 714**	(17.63)	32 208	32 937
Machinery and equipment	26 645	24 375	26 510	32 489	34 877	38 503	**31 714**	(17.63)	32 208	32 937
Software and other intangible			56							
Payments for financial assets	798	240	1 446			1 422		(100.00)		
Total economic classification	532 961	546 146	585 229	623 456	641 607	629 125	**661 913**	5.21	678 416	705 769

Details of transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Transfers and subsidies to (Current)	1 136	2 649	708	917	917	813	**917**	12.79	939	970
Households	1 136	2 649	708	917	917	813	**917**	12.79	939	970
Social benefits	1 136	2 649	708	917	917	813	**917**	12.79	939	970

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		
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	Not required to report		66.7%	100.0%	100.0%	100.0%	100.0%
N			4	5	10	7	5
D			6	5	10	7	5

Output indicators – Annual & Quarterly Targets

Percentage of Health facilities with completed capital infrastructure projects					
Annual Target		Q1	Q2	Q3	Q4
100.0%					100.0%
N	10				10
D	10				10

Explanation of planned performance over the medium-term

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

Programme Resource Considerations

Summary of payments and estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
1. Community Health Facilities	111 890	104 599	161 693	230 263	151 125	151 125	**230 495**	52.52	319 417	360 956
2. Emergency Medical Rescue Services	21 155	6 834	27 326	38 072	35 818	35 818	**31 166**	(12.99)	44 141	27 424
3. District Hospital Services	192 514	127 893	153 779	174 427	193 041	193 042	**269 886**	39.81	207 327	195 281
4. Provincial Hospital Services	106 704	52 899	173 364	212 134	156 645	156 645	**239 275**	52.75	203 104	241 980
5. Central Hospital Services	220 762	448 317	454 999	473 375	435 098	435 098	**392 640**	(9.76)	370 073	363 408
6. Other Facilities	445 864	218 179	144 195	177 598	197 740	197 740	**143 596**	(27.38)	166 845	141 970
Total payments and estimates	1 098 889	958 721	1 115 356	1 305 869	1 169 467	1 169 468	**1 307 058**	11.77	1 310 907	1 331 019

Note: Sub-programme 8.1 – 8.6: 2024/25: National conditional grant: Health Facility Revitalisation: R861 307 000 (Compensation of employees R59 092 000, Goods and services R85 507 000 and Payments for capital assets R716 708 000).

Earmarked priority allocation:

Included in Sub-programmes 8.1 to 8.6: R 1 307 058 000 (2024/25); R1 310 907 000 (2025/26); R1 331 019 000 (2026/27) for infrastructure, of which:

Tygerberg Hospital (maintenance and capital): R217 265 000 (2024/25); R227 447 000 (2025/26); R238 114 000 (2026/27)

Provincial Equitable Share (PES) infrastructure: R193 486 000 (2024/25); R227 854 000 (2025/26); R237 675 000 (2026/27)

Health Facility Revitalisation Grant: R861 307 000 (2024/25); R817 606 000 (2025/26); R855 230 000 (2026/27)

Energy: PV Systems in Provincial Health Buildings: R35 000 000 (2024/25); R38 000 000 (2025/26).

Payments and estimates by economic classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Current payments	505 452	384 889	415 651	476 891	437 694	437 694	**459 259**	4.93	416 448	521 206
Compensation of employees	57 639	56 897	59 525	73 676	80 800	80 800	**83 899**	3.84	89 227	94 870
Goods and services	447 813	327 992	356 126	403 215	356 894	356 894	**375 360**	5.17	327 221	426 336
Transfers and subsidies to	10 287	252	541		41	41		(100.00)		
Higher education institutions	10 000									
Households	287	252	541		41	41		(100.00)		
Payments for capital assets	583 150	573 580	699 164	828 978	731 732	731 733	**847 799**	15.86	894 459	809 813
Buildings and other fixed structures	338 832	215 460	236 594	572 437	488 450	488 451	**631 937**	29.38	775 711	695 636
Machinery and equipment	244 225	358 120	462 570	256 540	243 282	243 282	**215 862**	(11.27)	118 748	114 177
Software and other intangible assets	93			1						
Total economic classification	1 098 889	958 721	1 115 356	1 305 869	1 169 467	1 169 468	**1 307 058**	11.77	1 310 907	1 331 019

Details of transfers and subsidies

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2020/21	Audited 2021/22	Audited 2022/23	Main appro-priation 2023/24	Adjusted appro-priation 2023/24	Revised estimate 2023/24	2024/25	% Change from Revised estimate 2023/24	2025/26	2026/27
Transfers and subsidies to (Current)	287	252	541		41	41		(100.00)		
Households	287	252	541		41	41		(100.00)		
Social benefits	287	252	541		41	41		(100.00)		
Transfers and subsidies to (Capital)	10 000									
Higher education institutions	10 000									

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	• Progressive implementation of Equity Budgeting. • Cost containment strategies implemented and monitored per sector at the monthly departmental Focused Monitoring Committee (FMC) meetings. • Ongoing monitoring of cash flows using the Budget Management Instrument (BMI) tool. • Implementation of clinical governance interventions (service prioritization) in the short term and whole system service platform redesign. • Implementation of FA 32 of 2023 around management and filling of posts including Occupation Specific Dispensation (OSD) posts.
Risk	**Disease outbreak**
Mitigation	• Retained sufficient capacity on the service platform to manage disease outbreaks. • Regular and vigilant surveillance across multiple platforms for all outbreaks including measles, pertussis etc. • Strengthen collaboration and coordination among human health, veterinary health and environmental health sectors.

Outcome 2	Children have the health resilience to flourish
Risk	**Transfer of the remaining PHC facilities from City of Cape Town**
Mitigation	• Continued political and senior management engagement for the transfer of the remaining facilities with due regard for the administrative and financial implications of the transfer.

Outcome 3	People with long - term conditions are well managed
Risk	**Medicine unavailability including vaccines**
Mitigation	• Continued engagements with NDOH to resolve poor performance of suppliers on RT contracts. • Strengthened contract management of pharmaceutical contract suppliers.
Risk	**Inadequate models of care**
Mitigation	• Change management strategy to enable the transition to a person-centred clinical practice culture. • Implementation of the whole system service re-design. • Opening of intermediate care facilities at Brackengate and Sonstraal.
Risk	**Unsafe care by Community Mental Health Facilities**
Mitigation	• Track and address compliance of Community Mental Health Facilities (CMHF) with statutory requirements in partnership with other depts and NGOs to ensure safe care of users. • Develop an intersectoral project roadmap to be used as a strategic tool to achieve project outcomes.

Outcome 4	A high-performance provincial health system for people
Risk	**Climate change**
Mitigation	• Climate Change Committee and Climate Change Forum to provide stewardship and oversight • Development of a roadmap of climate mitigation and adaptation strategies. • Introduce alternative energy solutions at health facilities and investigate the possibility of dedicated electrical feeders at hospitals to become more energy efficient. • Reduce water consumption via the ESCO programme. • Implementation of adequate Fire protection measures and regular review of these at health facilities. • Extreme weather events: Working with Disaster Management and Municipalities. • Local implementation of National Heat Health Action Plan.
Risk	**Inadequate Built Environment**
Mitigation	• Improve built environment norms and standards. • Rigorous programme management and monitoring with implementers. • Project implementation via Management Contractor. • Appointment of additional Implementers. • Encourage other forms of funding.
Risk	**Staff Safety & Wellness**
Mitigation	• Online security awareness sessions. • Security contract management, performance management reports and incident reports. • Provide support teams to Khayelitsha facilities. • Conduct security risk assessments. • EMS – intelligence sharing, bodycams, dashcams, exploring bullet proof vests, LEAP officers. • Safety awareness campaign. • Agenda item on Security and Safety added for every IMLC Meeting. • Appoint new Primary & Secondary EHW providers. • Occupational Hygiene assessments complete and consulted with Districts and substructures. • EC Safety Survey revised in terms of methodology.
Risk	**Fraud, corruption, and theft**
Mitigation	• Development and Implementation of fraud and prevention plan.
Risk	**Escalating medico legal claims**
Mitigation	• Build good relationships with the institutions and facilities and staff to process documents. • Using strategies like tendering services where possible in settlement negotiations. • Obstetric and neonatal services have been prioritized by the department for focused attention. • Strategize to minimize clinical risk ,(and so medico-legal risk) with budget cuts. • Guideline review to redefine what is 'reasonable' to give a chance to defend mishaps.
Risk	**ICT risks**
Mitigation	• Ensure Business Continuity Plans and Disaster Recovery Plans are in place and updated regularly. • Monitor infrastructure and system age to improve budget planning for required infrastructure. • Refresh and system enhancements or replacements. • 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 2024 MTEF.

NT Infrastructure Budget Categories	
New or replaced infrastructure asset – Capital	• 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	• 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	• 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	• 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	• 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	• 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 Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
1	CI810014 : De Doorns - Sandhills Clinic (Repl) - Replacement	8.1	Cape Winelands	Health infrastructure improved	30-Jun-25	31-Mar-28	9,000	-	-	115	134
2	CI810032 : Gouda - Gouda Clinic - Replacement	8.1	Cape Winelands	Health infrastructure improved	1-Mar-17	7-Nov-22	23,713	1	85	-	-
3	CI810074 : Paarl - Paarl CDC - New	8.1	Cape Winelands	Health infrastructure improved	28-Feb-17	30-Sep-26	85,589	957	1,298	16,474	24,578
4	CI810101 : Worcester - Avian Park Clinic - New	8.1	Cape Winelands	Health infrastructure improved	1-Jul-15	31-May-22	37,087	708	461	-	-
5	HCI810035 : Robertson - Robertson CDC - New	8.1	Cape Winelands	Health infrastructure improved	30-Jun-24	31-Dec-29	130,000	-	35	3,000	30,000
6	CI810059 : Matjiesfontein - Matjiesfontein Satellite Clinic - Replacement	8.1	Central Karoo	Health infrastructure improved	19-Dec-14	31-Mar-31	6,000	-	-	-	1
7	CI810016 : Delft - Symphony Way CDC - New	8.1	City of Cape Town	Health infrastructure improved	26-Jan-11	6-Jul-15	66,400	1	1	-	-
8	CI810021 : Elsies River - Elsies River CHC - Replacement	8.1	City of Cape Town	Health infrastructure improved	25-May-16	31-Mar-28	257,847	2,555	3,191	2,627	13,062
9	CI810038 : Hanover Park - Hanover Park CHC - Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Jun-16	30-Apr-27	233,299	2,533	8,142	18,000	36,000
10	CI810043 : Hout Bay - Hout Bay CDC - Replacement and Consolidation	8.1	City of Cape Town	Health infrastructure improved	21-Jun-18	30-Apr-28	139,522	340	1,347	288	2,323
11	CI810055 : Maitland - Maitland CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	13-Dec-17	30-Jun-28	160,368	570	2,369	1	2,670
12	CI810062 : Philippi - Weltevreden CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Nov-17	30-Sep-26	179,149	1,162	17,500	36,000	36,000
13	CI810071 : Lotus River - Lotus River CDC (Repl) - Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Dec-25	31-May-31	150,000	-	-	-	50
14	CI810080 : Ravensmead - Ravensmead CDC - Replacement	8.1	City of Cape Town	Health infrastructure improved	1-Aug-15	28-Feb-26	105,281	2,633	14,000	25,357	4,565
15	CI810094 : Strand - Rusthof CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Dec-25	31-May-31	200,000	-	-	-	50
16	CI810112 : Masiphumelele - Masiphumelele CDC - CoCT Clinic Replacement	8.1	City of Cape Town	Health infrastructure improved	1-Aug-25	31-Oct-32	150,000	-	-	-	50

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
17	CI810114 : Kraaifontein - Wallacedene CDC - New	8.1	City of Cape Town	Health infrastructure improved	1-Aug-25	31-May-30	200,000	-	-	-	50
18	CI810154 : Blackheath - Kleinvlei CDC (Repl) - CoCT CDC Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Dec-24	31-May-30	200,000	-	-	50	100
19	CI810311 : Khayelitsha - Zakhele CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Dec-24	30-Jun-30	200,000	-	-	1,000	5,000
20	HCI810021 : Gugulethu - Gugulethu 2 CDC - New	8.1	City of Cape Town	Health infrastructure improved	30-Apr-25	31-Dec-29	200,000	-	-	-	50
21	HCI810033 : Mfuleni - Mfuleni CDC (Repl) - Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Mar-24	31-Dec-29	200,000	1	1,400	6,000	30,000
22	CI810052 : Ladismith - Ladismith Clinic - Replacement	8.1	Garden Route	Health infrastructure improved	16-Mar-17	30-Nov-23	24,884	8,259	571	878	1
23	CI810068 : Mossel Bay - George Road Sat Clinic - Replacement	8.1	Garden Route	Health infrastructure improved	15-Feb-21	31-May-25	16,509	1,651	3,616	4,618	796
24	HCI810004 : Knysna - Hornlee Clinic - Replacement	8.1	Garden Route	Health infrastructure improved	20-Sep-22	28-Feb-26	46,379	3,700	9,176	16,274	1,500
25	CI810095 : Villiersdorp - Villiersdorp Clinic - Replacement	8.1	Overberg	Health infrastructure improved	30-Jun-17	21-Dec-22	30,068	400	914	-	-
26	HCI810031 : Caledon - Caledon Clinic (Repl) - Replacement	8.1	Overberg	Health infrastructure improved	30-Apr-25	31-Aug-28	40,000	1	-	600	3,000
27	CI810086 : Saldanha - Diazville Clinic - Replacement	8.1	West Coast	Health infrastructure improved	21-Nov-17	30-Nov-25	49,269	1,216	4,207	16,641	5,661
28	CI810088 : St Helena Bay - Sandy Point Satellite Clinic - Replacement	8.1	West Coast	Health infrastructure improved	5-May-15	24-Oct-22	9,958	50	112	-	-
29	CI810096 : Vredenburg - Vredenburg CDC - New	8.1	West Coast	Health infrastructure improved	30-Nov-17	30-Apr-30	70,000	1	358	827	1,120
30	CI810180 : Riebeek Kasteel - Riebeek Kasteel Clinic (Repl) - Replacement	8.1	West Coast	Health infrastructure improved	1-Dec-26	30-Sep-31	40,000	-	-	-	50
31	CI820002 : De Doorns - De Doorns Ambulance Station - Replacement	8.2	Cape Winelands	Health infrastructure improved	1-Sep-14	21-Jun-21	19,660	158	1	-	-
32	CI820057 : Maitland - EMS Head Office (Repl) - Replacement	8.2	City of Cape Town	Health infrastructure improved	24-Feb-22	30-Nov-25	43,075	1	1	1	-
33	CI820059 : Montague Gardens - Pinelands Ambulance Station Workshop (Repl) - Acquisition for replacement	8.2	City of Cape Town	Health infrastructure improved	5-Aug-22	30-Jun-25	25,000	1			-

No	Project Name	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
34	HCI820003 : Maitland - Pinelands Ambulance Station (Repl) - EMS and ECC replacement on Alexandra Hosp site	8.2	City of Cape Town	Health infrastructure improved	10-Aug-23	16-Feb-28	65,000	3,750	700	8,352	9,000
35	CI820027 : Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	Health infrastructure improved	26-Jun-17	31-Jan-24	8,450	8,184	803	327	-
36	CI830031 : Mitchells Plain - Mitchells Plain Hospital - New	8.3	City of Cape Town	Health infrastructure improved	1-Apr-05	18-Feb-13	528,378	-	1	-	-
37	CI830028 : Malmesbury - Swartland Hospital (Repl) - Replacement	8.3	West Coast	Health infrastructure improved	30-Jul-24	30-Jun-32	900,000	-	-	-	50
38	HCI830018 : Malmesbury - Swartland Hospital (Repl) - Replacement (FIDPM Stage 2)	8.3	West Coast	Health infrastructure improved	31-Dec-25	31-Dec-30	4,000	-	-	-	240
39	CI840016 : Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	8.4	City of Cape Town	Health infrastructure improved	1-Apr-10	31-Dec-27	23,453	551	578	313	5,521
40	CI840025 : Belhar - Belhar Regional Hospital - New	8.4	City of Cape Town	Health infrastructure improved	30-Apr-22	31-Dec-32	3,691,201	1	21,000	18,000	18,000
41	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	13,350	21,000	18,000	18,000
42	HCI850002 : Parow - Tygerberg Hospital - Replacement (PPP)	8.5	City of Cape Town	Health infrastructure improved	1-Apr-12	30-Jun-32	10,500,000	14,267	6,442	2,085	3,929
43	CI860003 : Beaufort West - Beaufort West FPL - Replacement	8.6	Central Karoo	Health infrastructure improved	1-Apr-09	30-Apr-12	11,461	1	1	-	-
44	CI860012 : Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	Health infrastructure improved	12-Sep-14	4-Jun-21	306,282	2,615	1	-	-
45	CI860014 : Parow - Cape Medical Depot - Replacement (Stages 3-7)	8.6	City of Cape Town	Health infrastructure improved	31-Dec-25	31-Mar-32	260,000	-	-	-	50
46	CI860094 : Observatory - Observatory FPL - Completion Works	8.6	City of Cape Town	Health infrastructure improved	18-Nov-21	31-Mar-24	11,728	4,218	1	147	-
47	CI860007 : Knysna - Knysna FPL - Replacement	8.6	Garden Route	Health infrastructure improved	1-Nov-14	20-Sep-23	34,216	13,500	665	-	-
48	CI860063 : George - WCCN Southern Cape Karoo Hostel 1 - Residential accommodation - New	8.6	Garden Route	Health infrastructure improved	1-Oct-25	30-Jun-32	25,000	-	-	-	50
49	HCI860021 : Caledon - Overberg District Office - Replacement	8.6	Overberg	Health infrastructure improved	30-Apr-25	30-Mar-27	35,473	-	1	600	16,741
TOTAL NEW AND REPLACEMENT ASSETS									**124,978**	**216,575**	**268,392**

Maintenance & Additions

No	Reporting Category	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
Provincial Equitable Share: Infrastructure											
1	Maintenance - WCGHW	8.1	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	18,627	20,197	21,410	22,694
2	Maintenance - WCGHW	8.2	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	9,514	10,332	10,952	11,609
3	Maintenance - WCGHW	8.3	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	44,157	36,498	40,098	40,075
4	Maintenance - WCGHW	8.4	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	40,742	41,278	52,951	65,000
5	Maintenance - WCGHW	8.5	City of Cape Town	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	21,619	30,528	25,495	26,435
6	Maintenance - WCGHW	8.6	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	11,771	12,609	13,365	14,168
7	Maintenance - WCGI	8.1	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	284	528	152	152
8	Maintenance - WCGI	8.3	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	898	930	497	497
9	Maintenance - WCGI	8.4	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	946	1,202	730	730
10	Maintenance - WCGI	8.5	City of Cape Town	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	11,538	6,284	5,832	1,816
11	Maintenance - WCGI	8.6	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	228	562	182	182
TOTAL PROVINCIAL EQUITABLE SHARE: INFRASTRUCTURE									**160,948**	**171,664**	**183,358**
Provincial Equitable Share: Tygerberg											
1	Maintenance - WCGHW	8.5	City of Cape Town	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	20,000	54,978	3,725	96,386
2	Maintenance - WCGHI	8.5	City of Cape Town	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	8,871	71,637	24,301	7,464
TOTAL PROVINCIAL EQUITABLE SHARE: TYGERBERG									**126,615**	**28,026**	**103,850**
Health Facility Revitalisation Grant											
1	Maintenance - WCGI	8.1	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	24,819	15,114	38,975	28,668
2	Maintenance - WCGI	8.2	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	4,473	638	57	-

No	Reporting Category	Sub-programme	District	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
3	Maintenance - WCGI	8.3	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	13,425	11,688	5,251	43,767
4	Maintenance - WCGI	8.4	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	15,151	14,835	22,559	41,439
5	Maintenance - WCGI	8.5	City of Cape Town	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	89,539	22,399	13,566	1,795
6	Maintenance - WCGI	8.6	Various	Health infrastructure maintained	01-Apr-16	31-Mar-36	N/A	1,371	8,908	24,032	3,019
TOTAL HEALTH FACILITY REVITALISATION GRANT									**73,582**	**104,440**	**118,688**
TOTAL MAINTENANCE AND REPAIRS									**361,145**	**304,130**	**405,896**

Upgrades & Additions

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
1	CI810013 : De Doorns - De Doorns CDC - Upgrade and Additions	8.1	Cape Winelands	Health infrastructure improved	9-Apr-14	31-Aug-25	36,600	623	6,065	13,311	589
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-23	11,113	3,636	259	-	-
3	CI810090 : Stellenbosch - Kayamandi Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	2-Jun-22	31-Aug-28	50,655	701	349	300	1
4	CI810091 : Klapmuts - Klapmuts Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	30-Dec-24	31-Dec-29	43,000	-	-	500	50
5	CI810162 : Paarl - Windmeul Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	1-Jun-16	30-Apr-25	7,940	465	1,148	2,113	176
6	CI810053 : Laingsburg - Laingsburg Clinic - Upgrade and Additions	8.1	Central Karoo	Health infrastructure improved	30-Apr-14	1-Apr-21	31,700	566	396	-	-
7	CI810048 : Bothasig - Bothasig CDC - Upgrade and Additions	8.1	City of Cape Town	Health infrastructure improved	26-Apr-17	27-Jun-24	20,600	10,591	4,506	482	-
8	CI810060-0001 : Mfuleni - Mfuleni CDC - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	12-Aug-22	31-Oct-24	2,429	109	1,311	1	116
9	CI810132 : Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	30-May-25	31-Mar-29	100,000	-	-	-	50
10	CI810146-0001 : Gugulethu - Gugulethu 2 CDC - Fencing to secure new site	8.1	City of Cape Town	Health infrastructure improved	16-Aug-22	31-Mar-27	2,571	1	1	1	740
11	CI810251 : Bonteheuwel - Vanguard CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	30-Mar-25	30-Mar-29	40,000	-	-	50	1,000
12	CI810263 : Kraaifontein - Scottsdene CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	30-Aug-24	30-Mar-29	40,000	-	-	50	1,000
13	CI810279 : Hanover Park - Hanover Park CHC - Demolitions	8.1	City of Cape Town	Health infrastructure improved	30-Jun-16	30-Nov-23	7,410	3,398	156	-	-
14	CI810300 : Nyanga - Nyanga CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	Health infrastructure improved	1-Jun-25	30-Nov-33	60,000	-	-	-	50
15	CI810022 : Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	Health infrastructure improved	31-Jul-14	4-Jul-22	34,271	496	1,897	-	-
16	CI810040 : Hawston - Hawston Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	Health infrastructure improved	30-Oct-25	31-Dec-29	30,000	-	-	-	50

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
17	CI810271 : Grabouw - Grabouw CHC - Entrance and Records upgrade	8.1	Overberg	Health infrastructure improved	30-Aug-19	31-Jul-29	13,611	157	266	2,411	3,815
18	HCI810025 : Primary Healthcare - Hybrid Inverters Ph2	8.1	Various	Health infrastructure improved	1-Mar-24	31-Dec-29	50,000	-	9,264	14,336	14,800
19	CI810097 : Vredendal - Vredendal North Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	30-Jun-24	30-Mar-29	40,000	-	-	-	50
20	CI810198 : Darling - Darling Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	3-Jan-26	30-Mar-29	25,000	-	-	-	50
21	CI810199 : Klawer - Klawer Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	1-May-25	31-Jan-31	30,000	-	-	-	50
22	HCI810032 : Piketberg - Piketberg Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	8-Jun-23	31-Dec-25	20,000	1,000	2,450	10000	11000
23	CI820050 : Paarl - Paarl Ambulance Station - Upgrade and Additions incl wash bay	8.2	Cape Winelands	Health infrastructure improved	28-Dec-22	31-Oct-27	5,000	-	168	132	130
24	CI820011 : Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	8.2	Central Karoo	Health infrastructure improved	15-Jul-19	1-Nov-22	4,818	219	1	-	-
25	CI820042 : Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	Health infrastructure improved	1-Sep-19	16-Sep-22	4,100	159	174	-	-
26	HCI820013 : Emergency Medical Rescue Services - Hybrid inverters (Framework Contract)	8.2	Various	Health infrastructure improved	1-Mar-23	31-Dec-26		-	900	1,250	-
27	CI820033 : Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	8.2	West Coast	Health infrastructure improved	1-Jun-16	29-Feb-24	3,617	2,076	482	-	-
28	CI830044 : Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	Health infrastructure improved	2-Oct-18	31-Jul-29	82,817	1,946	952	1	1
29	CI830114 : Ceres - Ceres Hospital - New Acute Psychiatric Ward	8.3	Cape Winelands	Health infrastructure improved	1-Jun-16	28-Nov-22	6,441	407	246	-	-
30	HCI830042 : Robertson - Robertson Hospital - Interim EC	8.3	Cape Winelands	Health infrastructure improved	19-Oct-23	22-Aug-24	14,000	1,400	7,875	810	-
31	CI830015 : Eerste River - Eerste River Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	23-Feb-15	14-Jan-25	86,002	20,363	27,611	3,603	1,397

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
32	CI830021 : Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	23-Feb-15	14-Jan-25	87,413	18,260	32,848	3,928	1,517
33	CI830032 : Mitchells Plain - Mitchells Plain Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	1-Mar-13	30-Sep-14	26,180	-	1	-	-
34	CI830131 : Atlantis - Wesfleur Hospital - Record Room extension	8.3	City of Cape Town	Health infrastructure improved	24-Dec-18	31-Jul-25	35,000	547	10,850	9,900	507
35	CI830141 : Bellville - Karl Bremer Hospital - OPD Upgrade and Additions (Alpha)	8.3	City of Cape Town	Health infrastructure improved	30-Dec-25	30-Jun-29	100,000	-	-	-	50
36	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-Jun-26	7,753	79	83	2,801	580
37	CI830150 : Bellville - Karl Bremer Hospital - New Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	13-May-22	28-Feb-29	102,000	1,129	2,036	722	-
38	CI830183 : Mitchells Plain - Mitchells Plain Hospital - Upgrade and Additions for storage and KMC	8.3	City of Cape Town	Health infrastructure improved	31-Oct-25	31-Oct-29	40,000	-	-	-	1,000
39	CI830184 : Bellville - Karl Bremer Hospital - Lift upgrade CE3067, CE3068, CE3078, CE3079	8.3	City of Cape Town	Health infrastructure improved	31-Oct-23	30-Jun-27	12,000	-	431	181	5,264
40	HCI830038 : Atlantis - Wesfleur Hospital - Linen bank and waste management relocation	8.3	City of Cape Town	Health infrastructure improved	19-Jun-23	7-May-24	3,281	2,680	1,400	60	-
41	CI830067 : Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	8.3	Garden Route	Health infrastructure improved	15-Oct-18	31-Dec-28	81,111	621	2,199	-	11,398
42	CI830115 : Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	1-Jun-16	8-Oct-21	3,700	1	8	-	-
43	CI830145 : District Hospitals - Fencing (Alpha)	8.3	Various	Health infrastructure improved	2-May-19	11-Nov-22	6,492	175	221	600	-
44	HCI830020 : District Hospitals - Photovoltaic Panels installation	8.3	Various	Health infrastructure improved	1-Jun-23	31-Mar-27	7,465	7,015	2,240	4,590	4,320
45	HCI830020 : District Hospitals - Photovoltaic Panels installation	8.3	Various	Health infrastructure improved	1-Jun-23	31-Mar-27	73,000	-	12,900	8,720	-
46	HCI830041 : District Hospitals - PV Panels installation (Framework Contract)	8.3	Various	Health infrastructure improved	31-May-24	31-Mar-28	-	-	9,450	1,850	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
47	HCI830041 : District Hospitals - PV Panels installation (Framework Contract)	8.3	Various	Health infrastructure improved	31-May-24	31-Mar-28	29,000	-	-	11,100	13,000
48	CI840089 : Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit	8.4	Cape Winelands	Health infrastructure improved	4-Nov-19	25-Jun-24	10,429	1,289	4,254	220	-
49	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	17,579	27,542	8,184	1,258
50	CI840019 : Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	8.4	City of Cape Town	Health infrastructure improved	13-Aug-09	31-Jul-30	306,027	1	2,292	2,152	3,531
51	CI840088 : Green Point - New Somerset Hospital - Relocation of helistop	8.4	City of Cape Town	Health infrastructure improved	30-Mar-24	31-Mar-30	14,000	-	-	50	50
52	CI840086 : Provincial Hospitals - Fencing (Alpha)	8.4	Various	Health infrastructure improved	2-May-19	10-Nov-22	1,317	8	24	-	-
53	HCI840019 : Provincial Hospitals - Photovoltaic Panels installation	8.4	Various	Health infrastructure improved	1-Jun-23	31-Mar-27	3,000	5,562	910	522	4,230
54	HCI840019 : Provincial Hospitals - Photovoltaic Panels installation	8.4	Various	Health infrastructure improved	1-Jun-23	31-Mar-27	5,000	-	6,650	12,930	-
55	HCI840033 : Provincial Hospitals - PV Panels installation (Framework Contract)	8.4	Various	Health infrastructure improved	31-May-24	31-Mar-28		-	6,000	14,500	-
56	HCI840033 : Provincial Hospitals - PV Panels installation (Framework Contract)	8.4	Various	Health infrastructure improved	31-May-24	31-Mar-28	24,000	-	-	-	18,500
57	HCI840017 : Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha)	8.4	West Coast	Health infrastructure improved	30-Mar-24	31-May-27	30,000	1	350	480	9,600
58	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-Jul-27	6,000	1	130	2,635	853
59	CI850006 : Observatory - Groote Schuur Hospital - New Linear Accelerator Installation New Bunker	8.5	City of Cape Town	Health infrastructure improved	1-Jun-13	N/A	16,000	1	1	-	-
60	CI850075 : Parow - Tygerberg Hospital - Balance of 11kV (MV), 400V (LV) network upgr, incl earthing, lightning protection	8.5	City of Cape Town	Health infrastructure improved	29-Mar-19	31-May-25	158,399	57,730	29,958	5,846	7,511

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
61	CI850088-0001 : Parow - Tygerberg Hospital - Perimeter security upgrade - Southern boundary	8.5	City of Cape Town	Health infrastructure improved	15-Apr-19	31-Jan-24	24,700	19,451	781	1,495	-
62	CI850092 : Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	8.5	City of Cape Town	Health infrastructure improved	13-Nov-20	31-Dec-24	15,000	1,502	7,000	583	-
63	CI850102 : Parow - Tygerberg Hospital - 11kV Generators Replacement	8.5	City of Cape Town	Health infrastructure improved	18-Dec-19	10-May-22	23,500	504	39	-	-
64	CI850116 : Observatory - Groote Schuur Hospital - NMB lift upgrade H1 and Hoist	8.5	City of Cape Town	Health infrastructure improved	30-Sep-21	31-May-26	25,257	1	210	4,380	5,700
65	CI850117 : Observatory - Groote Schuur Hospital - NMB lift upgrade H2 and H3	8.5	City of Cape Town	Health infrastructure improved	30-Sep-21	31-May-26	27,103	1	210	4,800	3,240
66	CI850118 : Observatory - Groote Schuur Hospital - OMB SL16 and SL19, New Workshop lift upgrade and Hoist	8.5	City of Cape Town	Health infrastructure improved	30-Sep-21	31-Dec-28	22,275	1	-	-	600
67	HCI850015 : Parow - Tygerberg Hospital - New warehouse (Alpha)	8.5	City of Cape Town	Health infrastructure improved	25-Oct-22	28-Aug-24	25,000	-	10,500	3,300	226
68	HCI850019 : Rondebosch - Red Cross War Memorial Children Hospital - Photovoltaic Panels	8.5	City of Cape Town	Health infrastructure improved	1-Jul-23	30-Jun-24	3,620	3,358	1,086	202	150
69	HCI850020 : Rondebosch - Red Cross War Memorial Children Hospital - Linen Bank relocation	8.5	City of Cape Town	Health infrastructure improved	30-Mar-24	31-Dec-26	10,000	1	559	4,320	600
70	CI860025 : Worcester - WCCN Boland Overberg Campus - Training Facility at Keerom	8.6	Cape Winelands	Health infrastructure improved	1-Apr-12	31-May-29	45,100	867	152	1	1
71	CI860010 : Mitchells Plain - Lentegeur Laundry - Upgrade	8.6	City of Cape Town	Health infrastructure improved	1-Apr-05	14-Jun-13	48,938	-	1	-	-
72	CI860016 : Pinelands - Orthotic and Prosthetic Centre - Upgrade	8.6	City of Cape Town	Health infrastructure improved	17-Dec-14	18-Nov-24	28,592	10,936	6,955	922	-
73	CI860057 : Mitchells Plain - Lentegeur Laundry - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	Health infrastructure improved	15-Oct-19	30-Nov-25	15,945	468	2,574	4,629	688
75	CI860067 : Parow - Tygerberg FPL - Major extensions (Alpha)	8.6	City of Cape Town	Health infrastructure improved	30-Dec-24	31-May-31	100,000	-	-	5	50
75	HCI860007 : Parow - Tygerberg Regional Laundry - New linen warehouse	8.6	City of Cape Town	Health infrastructure improved	25-Oct-22	28-Aug-24	10,000	2,275	5,408	1	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
76	HCI860008 : Goodwood - Goodwood Clinical Engineering Workshop - New warehouse (Alpha)	8.6	City of Cape Town	Health infrastructure improved	30-Mar-24	30-Mar-26	15,000	1	1,400	7,200	600
77	CI860061 : Riversdale - Riversdale FPL - Upgrade and Additions (Alpha)	8.6	Garden Route	Health infrastructure improved	1-Oct-25	30-Jun-32	3,000	-	-	-	50
78	HCI860028 : Forensic Services - Hybrid inverters (Framework Contract)	8.6	Various	Health infrastructure improved	1-Mar-23	31-Dec-26		-	600	-	-
TOTAL UPGRADES AND ADDITIONS									**256,730**	**189,871**	**130,189**

Rehabilitation, Renovation & Refurbishment

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
1	HCI810020 : Ceres - Ceres CDC - Enabling work and rehabilitation	8.1	Cape Winelands	Health infrastructure improved	12-Jan-23	29-Aug-24	48,000	5,506	28,000	1,496	-
2	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	694	1	-	-
3	CI810240 : Khayelitsha - Nolungile CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	1-Mar-21	31-Jul-26	34,908	930	429	5,355	10,484
4	CI810248 : Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	8.1	City of Cape Town	Health infrastructure improved	21-Dec-18	28-Feb-29	29,512	151	497	3,292	10,810
5	CI810260 : Nyanga - Nyanga CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	21-Apr-21	31-Jul-27	10,487	121	118	134	3,165
6	CI810274 : Retreat - Retreat CHC - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	21-Jan-21	31-Dec-28	110,563	634	1,582	384	1,714
7	CI810286 : Gugulethu - Gugulethu CHC - MOU rehabilitation	8.1	City of Cape Town	Health infrastructure improved	30-Sep-21	30-Apr-29	32,000	444	621	86	1,080
8	CI810307 : Calitzdorp - Calitzdorp Clinic - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	30-Jul-18	31-Oct-27	4,510	31	1	-	-
9	CI810130 : Various Facilities 8.1 - Pharmacies rehabilitation	8.1	Various	Health infrastructure improved	30-Jun-15	30-Nov-27	24,143	465	464	626	3,987
10	HCI820005 : Clanwilliam - Clanwilliam Ambulance Station - Entrance R, R and R (Alpha)	8.2	West Coast	Health infrastructure improved	21-Jul-23	29-Nov-24	5,700	750	2,800	570	-
11	CI830034 : Montagu - Montagu Hospital - Rehabilitation	8.3	Cape Winelands	Health infrastructure improved	1-Mar-19	28-Feb-29	42,200	1,014	5,621	13,591	512
12	CI830120 : Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	28-Feb-18	31-May-26	41,091	1,813	2,053	15,096	2,747
13	CI830122 : Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	26-Oct-17	22-Jun-24	38,120	9,091	5,738	666	-
14	CI830002 : Beaufort West - Beaufort West Hospital - Rationalisation	8.3	Central Karoo	Health infrastructure improved	9-Oct-18	28-Feb-30	95,521	645	350	4.000	4.000

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
15	CI830045 : Somerset West - Helderberg Hospital - EC Upgrade and Additions	8.3	City of Cape Town	Health infrastructure improved	1-Apr-13	15-Mar-21	57,813	534	1	-	-
16	CI830119 : Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	8.3	City of Cape Town	Health infrastructure improved	19-Dec-17	30-Apr-31	345,000	1	3,216	6,115	22,246
17	CI830121 : Somerset West - Helderberg Hospital - Repairs and Renovation (Alpha)	8.3	City of Cape Town	Health infrastructure improved	30-Nov-17	5-Sep-24	38,952	10,702	12,703	1,752	-
18	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-28	68,661	1,488	1,026	8,610	12,000
19	CI830127 : Bellville - Karl Bremer Hospital - Demolitions and parking	8.3	City of Cape Town	Health infrastructure improved	19-Dec-17	31-Jul-28	26,000	1	6,007	6,138	5,476
20	CI830129 : Eerste River - Eerste River Hospital - R, R & R (Alpha)	8.3	City of Cape Town	Health infrastructure improved	1-Oct-25	30-Jun-29	100,000	-	-	-	50
21	CI830144 : Mitchells Plain - Mitchells Plain Hospital - Fire doors	8.3	City of Cape Town	Health infrastructure improved	13-Aug-19	31-Oct-24	19,011	889	6,798	4,080	320
22	HCI830040 : Fish Hoek - False Bay Hospital - Roof replacement	8.3	City of Cape Town	Health infrastructure improved	1-Oct-26	30-Jun-29	10,000	-	-	-	240
23	CI830117 : Swellendam - Swellendam Hospital - Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	1-Jun-16	31-Jan-26	5,943	147	64	2,112	723
24	CI830123 : Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	8.3	Overberg	Health infrastructure improved	3-Jul-17	1-Feb-24	12,520	7,443	470	167	-
25	CI830073 : District Hospitals - Pharmacies rehabilitation (Alpha)	8.3	Various	Health infrastructure improved	30-Jun-15	30-Apr-27	7,345	119	120	137	3,600
26	CI830116 : Piketberg - Radie Kotze Hospital - Hospital layout improvement	8.3	West Coast	Health infrastructure improved	1-Jun-16	31-Dec-25	35,000	920	4,841	10,796	2,400
27	CI840053 : Worcester - Worcester Hospital - Fire Compliance	8.4	Cape Winelands	Health infrastructure improved	1-Apr-15	25-Mar-24	35,985	7,970	3,042	790	-
28	CI840061 : Worcester - Worcester Hospital - Relocation of MOU	8.4	Cape Winelands	Health infrastructure improved	14-Feb-18	31-Mar-24	14,576	7,187	1,466	161	-
29	CI840119 : Paarl - Paarl Hospital - Fire compliance (Alpha)	8.4	Cape Winelands	Health infrastructure improved	26-Jun-23	30-Jun-30	30,000	-	367	471	98
30	CI840122 : Worcester - Brewelskloof Hospital - Fire compliance (Alpha)	8.4	Cape Winelands	Health infrastructure improved	26-Jun-23	30-Jun-30	30,000	-	367	471	98

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								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
31	HCI840006 : Paarl - Paarl Hospital - Rooftop Chiller Replacement	8.4	Cape Winelands	Health infrastructure improved	31-Mar-21	31-Jan-24	8,123	7,031	42	-	-
32	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	10,073	13,566	9,365	1,994
33	CI840066 : Green Point - New Somerset Hospital - R, R and R (Alpha)	8.4	City of Cape Town	Health infrastructure improved	30-Jun-24	30-Nov-30	100,000	-	5	50	50
34	CI840067 : Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	18-Mar-18	30-Nov-28	7,400	1	105	1,226	564
35	CI840070 : Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	City of Cape Town	Health infrastructure improved	1-Mar-18	31-May-26	13,266	162	85	857	2,769
36	CI840082 : Mitchells Plain - Lentegeur Hospital - Ward rehabilitation framework	8.4	City of Cape Town	Health infrastructure improved	30-Oct-24	30-Nov-30	100,000	-	5	50	50
37	CI840097 : Stikland - Stikland Hospital - Rehabilitation of water reticulation system	8.4	City of Cape Town	Health infrastructure improved	30-Jul-22	31-Oct-27	20,000	224	189	213	3,350
38	CI840117 : Brooklyn - Brooklyn Chest Hospital - Fire compliance (Alpha)	8.4	City of Cape Town	Health infrastructure improved	28-Jun-23	28-Feb-30	30,000	209	458	98	236
39	CI840120 : Observatory - Valkenberg Hospital - Fire compliance (Alpha)	8.4	City of Cape Town	Health infrastructure improved	28-Jun-23	30-Jun-30	30,000	-	367	471	98
40	CI840123 : Green Point - New Somerset Hospital - Fire compliance (Alpha)	8.4	City of Cape Town	Health infrastructure improved	28-Jun-23	31-Dec-27	103,096	357	1,910	425	1,021
41	CI840124 : Mowbray - Mowbray Maternity Hospital - Fire compliance (Alpha)	8.4	City of Cape Town	Health infrastructure improved	30-Sep-23	28-Feb-30	83,334	-	1,061	227	545
42	HCI840012 : Mitchells Plain - Lentegeur Hospital - R, R & R to accommodate Child and Adolescent beds	8.4	City of Cape Town	Health infrastructure improved	14-Sep-22	9-Jul-24	20,000	6,300	9,380	180	-
43	HCI840013 : Maitland - Alexandra Hospital - R, R and R to Wards 1-10, 15 and 16	8.4	City of Cape Town	Health infrastructure improved	15-Sep-22	31-Oct-26	100,000	7,265	17,500	15,000	15,000
44	CI840083 : George - George Hospital - Wards R, R and R (Alpha)	8.4	Garden Route	Health infrastructure improved	10-Jul-19	31-Dec-29	15,000	10	266	56	250

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
45	CI840121 : George - Harry Comay Hospital - Fire compliance (Alpha)	8.4	Garden Route	Health infrastructure improved	28-Jun-23	30-Jun-30	30,000	-	367	471	98
46	CI840118 : Malmesbury - Malmesbury ID Hospital - Fire compliance (Alpha)	8.4	West Coast	Health infrastructure improved	28-Jun-23	30-Jun-30	30,000	-	367	471	98
47	CI850005 : Observatory - Groote Schuur Hospital - EC Upgrade and Additions	8.5	City of Cape Town	Health infrastructure improved	3-Jul-10	31-Mar-29	243,103	11,589	22,691	35,453	49,678
48	CI850031 : Parow - Tygerberg Hospital - Replacement Enabling - ICT Cable Relocation	8.5	City of Cape Town	Health infrastructure improved	22-Jun-23	31-May-26	10,000	91	35	600	1,800
49	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	445	32	-	-
50	CI850048 : Parow - Tygerberg Hospital - Medical Gas Upgrade	8.5	City of Cape Town	Health infrastructure improved	2-May-17	31-Jul-27	50,000	1,066	4,726	15,000	9,000
51	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	-	58	-	-
52	CI850054 : Observatory - Groote Schuur Hospital - BMS Upgrade	8.5	City of Cape Town	Health infrastructure improved	1-Jun-16	20-Aug-21	21,000	531	1	-	-
53	CI850056 : Observatory - Groote Schuur Hospital - R and R to OPD (Alpha)	8.5	City of Cape Town	Health infrastructure improved	9-Feb-21	31-Jan-31	120,000	17	350	1,429	1,224
54	CI850074 : Parow - Tygerberg Hospital - Hot water system upgrade	8.5	City of Cape Town	Health infrastructure improved	28-Feb-19	27-Jun-24	31,900	13,999	7,646	395	-
55	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-Jan-33	615,000	1	4,471	5,673	3,709
56	CI850078-0008 : Parow - Tygerberg Hospital - Rehab of various wards - Block C, Ward J1EC and Trauma	8.5	City of Cape Town	Health infrastructure improved	30-Nov-21	31-Aug-28	100,000	56	2,405	913	15,000
57	CI850082-0003 : Parow - Tygerberg Hospital - External and Internal Logistics - Signage	8.5	City of Cape Town	Health infrastructure improved	14-May-19	31-Mar-25	12,300	86	5,590	1,888	649
58	CI850083 : Parow - Tygerberg Hospital - Fire Safety	8.5	City of Cape Town	Health infrastructure improved	15-Apr-19	28-Feb-29	312,000	280	2,569	2,928	40,061
59	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-Aug-27	110,000	756	939	21,000	21,000

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
60	CI850100 : Observatory - Groote Schuur Hospital - Clarendon House rehabilitation (Alpha)	8.5	City of Cape Town	Health infrastructure improved	1-Nov-25	31-Jul-28	25,000	-	-	-	500
61	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	12-Apr-23	6,100	6,100	1	1	-
62	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	1-Mar-24	50,020	16,678	2,113	1	-
63	CI850122 : Observatory - Groote Schuur Hospital - R, R and R to exterior of OMB and Maternity Block	8.5	City of Cape Town	Health infrastructure improved	1-Oct-25	30-Jun-32	50,000	-	-	-	50
64	CI850124 : Observatory - Groote Schuur Hospital - Electrical system upgrade - Replace 11kV switchgear	8.5	City of Cape Town	Health infrastructure improved	15-Feb-23	1-Apr-31	114,000	2,430	3,686	1,649	3,151
65	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	30-Nov-29	46,693	650	17,892	9,000	960
66	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	1-Dec-28	37,534	1,273	13,790	8400	1095
67	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	12-Jan-27	43,863	600	12,436	11760	1260
68	CI850137 : Parow - Tygerberg Hospital - Replacement Enabling - Parking and Helistop replacement	8.5	City of Cape Town	Health infrastructure improved	22-Jun-23	31-Mar-26	50,000	873	1,718	24,000	3,600
69	CI850138 : Parow - Tygerberg Hospital - Replacement Enabling - Demolitions	8.5	City of Cape Town	Health infrastructure improved	22-Jun-23	31-Mar-26	50,000	873	1,718	24,000	3,600
70	HCI850013 : Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	8.5	City of Cape Town	Health infrastructure improved	31-Mar-23	31-Mar-27	50,000	-	3,500	8,400	9,600
71	HCI850016 : Parow - Tygerberg Hospital - Protea Court Office Accommodation Rehab	8.5	City of Cape Town	Health infrastructure improved	2-Feb-23	30-Jun-25	80,000	1,153	3,500	36,000	8,308
72	HCI850037 : Parow - Tygerberg Hospital - Replacement Enabling - R, R and R to Sarleh Dollie Precinct	8.5	City of Cape Town	Health infrastructure improved	30-Nov-23	30-Apr-26	105,000	1	3,500	48,000	12,000

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
73	HCI850038 : Observatory - Groote Schuur Hospital - Boiler replacement	8.5	City of Cape Town	Health infrastructure improved	1-Oct-25	31-Jul-29	50,000	-	-	-	30
74	CI860100 : Worcester - Cape Winelands District Office - Lift upgrade 1892, 1893	8.6	Cape Winelands	Health infrastructure improved	15-Nov-22	31-Jul-27	7,258	168	-	265	2,653
75	CI860051 : Nelspoort - Nelspoort Hospital - Repairs to Wards	8.6	Central Karoo	Health infrastructure improved	22-Aug-17	19-Sep-22	17,300	124	426	-	-
76	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-31	100,000	-	-	250	250
TOTAL REHABILITATION, RENOVATIONS AND REFURBISHMENTS									**250,229**	**369,265**	**297,055**

Non-Infrastructure

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
1	CH810013 : De Doorns - De Doorns CDC - HT - Upgrade and Additions	8.1	Cape Winelands	Health infrastructure improved	1-Apr-22	30-Jul-26	5,594	374	494	4,226	500
2	CH810074 : Paarl - Paarl CDC - HT - New	8.1	Cape Winelands	Health infrastructure improved	1-Apr-23	31-Mar-27	10,200	1,299	-	4,775	4,126
3	CH810162 : Paarl - Windmeul Clinic - HT - Upgrade and Additions (Alpha)	8.1	Cape Winelands	Health infrastructure improved	1-Apr-24	30-Mar-26	1,321	-	321	1,000	-
4	CH810210 : Ceres - Ceres CDC - HT - Enabling work for Hospital OPD	8.1	Cape Winelands	Health infrastructure improved	1-Apr-24	31-Mar-26	2,501	-	800	1,701	-
5	CH810218 : Paarl - Dalevale Clinic - HT - General maintenance (Alpha)	8.1	Cape Winelands	Health infrastructure improved	1-Apr-22	31-Mar-25	2,353	-	936	1	-
6	CH810243 : Worcester - Worcester CDC - HT - Upgrade of MOU area	8.1	Cape Winelands	Health infrastructure improved	1-Apr-26	31-Dec-27	2,000	-	-	-	1,000
7	CO810074 : Paarl - Paarl CDC - OD QA - New	8.1	Cape Winelands	Health infrastructure improved	28-Feb-17	31-Oct-27	267	-	-	-	130

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
8	HCH810020 : Ceres - Ceres CDC - HT - Enabling work and rehabilitation	8.1	Cape Winelands	Health infrastructure improved	4-Jan-24	30-Sep-27	10,000	-	950	7,600	1,450
9	HCH810036 : Ceres - Bella Vista Clinic - HT - General maintenance (Alpha)	8.1	Cape Winelands	Health infrastructure improved	1-Apr-25	30-Mar-26	500	-	-	500	-
10	HCH810037 : De Doorns - Orchard Clinic - HT - General maintenance (Alpha)	8.1	Cape Winelands	Health infrastructure improved	1-Apr-24	30-Mar-26	500	-	200	300	-
11	CH810038 : Hanover Park - Hanover Park CHC - HT - Replacement	8.1	City of Cape Town	Health infrastructure improved	1-Apr-25	30-Mar-28	21,450	-	-	6,000	14,000
12	CH810048-0001 : Bothasig - Bothasig CDC - HT - Upgrade and Additions	8.1	City of Cape Town	Health infrastructure improved	1-Apr-23	31-Mar-25	5,000	2,930	2,070	-	-
13	CH810062 : Philippi - Weltevreden CDC - HT - New	8.1	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-27	12,500	-	50	6,000	6,450
14	CH810080 : Ravensmead - Ravensmead CDC - HT - Replacement	8.1	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-27	10,000	-	3,800	4,000	2,200
15	CH810230 : Strand - Gustrouw CDC - HT - General maintenance (Alpha)	8.1	City of Cape Town	Health infrastructure improved	19-Sep-24	31-Mar-26	5,325	1,012	1,636	2,677	-
16	CH810237 : Kraaifontein - Kraaifontein CHC - HT - General maintenance (Alpha)	8.1	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-27	3,500	-	1,125	2,000	375
17	CH810240 : Khayelitsha - Nolungile CDC - HT - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	1-Apr-23	31-Mar-27	3,038	1,688	350	800	200
18	CH810260 : Nyanga - Nyanga CDC - HT - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-28	4,000	-	-	-	1,500
19	CH810274 : Retreat - Retreat CHC - HT - Rehabilitation (Alpha)	8.1	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-29	4,000	-	-	-	1,000
20	CH810340 : Philippi - Inzame Zabantu CDC - HT - General maintenance to address latent defects	8.1	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	1,000	-	1,000	-	-
21	CO810038 : Hanover Park - Hanover Park CHC - OD QA - Replacement	8.1	City of Cape Town	Health infrastructure improved	30-Jun-16	31-Jul-28	260	-	-	-	130

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
22	CO810062 : Philippi - Weltevreden CDC - OD QA - New	8.1	City of Cape Town	Health infrastructure improved	30-Nov-17	30-Mar-29	260	-	-	-	230
23	HCH810038 : Atlantis - Protea Park Clinic - HT - Refurbishment	8.1	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-26	3,000	-	2,000	1,000	-
24	HCH810039 : Atlantis - Saxon Sea Clinic - HT - Refurbishment	8.1	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-26	3,000	-	2,000	1,000	-
25	CH810068 : Mossel Bay - George Road Sat Clinic (Repl) - HT - Replacement	8.1	Garden Route	Health infrastructure improved	1-Apr-24	30-Mar-26	2,000	20	575	1,425	-
26	HCH810004 : Knysna - Hornlee Clinic - HT - Replacement	8.1	Garden Route	Health infrastructure improved	1-Apr-25	31-Dec-26	2,125	-	-	1,000	1,125
27	HCH810005 : George - Blanco Clinic - HT - Upgrade and Additions (Alpha)	8.1	Garden Route	Health infrastructure improved	1-Apr-24	31-Mar-26	800	-	400	400	-
28	HCH810006 : George - Pacaltsdorp Clinic - HT - Upgrade and Additions (Alpha)	8.1	Garden Route	Health infrastructure improved	1-Apr-24	31-Mar-26	1,213	-	513	700	-
29	HCH810007 : Albertinia - Albertinia Clinic - HT - R, R and R (Alpha)	8.1	Garden Route	Health infrastructure improved	1-Apr-24	31-Mar-26	745	-	300	445	-
30	CH810229-0001 : Swellendam - Railton Clinic - HT - General maintenance ((Alpha))	8.1	Overberg	Health infrastructure improved	1-Apr-24	31-Mar-25	500	-	500	-	-
31	CH810271 : Grabouw - Grabouw CHC - HT - Entrance and Records upgrade	8.1	Overberg	Health infrastructure improved	30-Mar-25	31-Mar-27	1,600	-	-	600	1,000
32	CH810130 : Primary Healtchare - HT - Pharmacies rehabilitation (Alpha)	8.1	Various	Health infrastructure improved	30-Mar-26	31-Mar-28	8,000	-	-	-	4,000
33	HCH810023 : Primary Healthcare - HT - Provincial WiFi accessibility	8.1	Various	Health infrastructure improved	4-Jan-23	31-Mar-25	35,796	1	35,796	-	-
34	HCH810043 : Primary Healthcare - HT - CoCT transfers refurbishment 2026-27	8.1	Various	Health infrastructure improved	1-Apr-26	31-Mar-28	16,000	-	-	-	7,000
35	HCH810046 : Primary Healthcare - HT - PACS-RIS 2024-25	8.1	Various	Health infrastructure improved	1-Apr-24	31-Mar-25	7,276	-	7,276	-	-
36	CH810086 : Saldanha - Diazville Clinic - HT - Replacement	8.1	West Coast	Health infrastructure improved	1-Apr-24	31-Mar-26	5,500	-	2,000	3,500	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
37	CH810217 : Moorreesburg - Moorreesburg Clinic - HT - General upgrade and maintenance (Alpha)	8.1	West Coast	Health infrastructure improved	1-Apr-19	31-Mar-27	3,595	-	-	1,052	1,388
38	HCH810032 : Piketberg - Piketberg Clinic - HT - Upgrade and Additions (Alpha)	8.1	West Coast	Health infrastructure improved	1-Apr-25	30-Mar-26	3,500	-	1,000	2,500	-
39	CH820050 : Paarl - Paarl Ambulance Station - HT - Upgrade and Additions incl wash bay	8.2	Cape Winelands	Health infrastructure improved	1-Apr-26	30-Mar-28	1,500	-	-	-	700
40	CH820057 : Maitland - EMS Head Office (Repl) - HT - Replacement	8.2	City of Cape Town	Health infrastructure improved	1-Apr-24	30-Mar-26	3,000	-	1,000	2,000	-
41	CH820059 : Montague Gardens - Pinelands Ambulance Station Workshop (Repl) - HT - Acquisition for replacement	8.2	City of Cape Town	Health infrastructure improved	30-Jan-24	30-Mar-26	1,000	-	500	500	-
42	HCH820003 : Maitland - Pinelands Ambulance Station (Repl) - HT - EMS and ECC replacement on Alexandra Hosp site	8.2	City of Cape Town	Health infrastructure improved	1-Apr-27	30-Mar-29	3,050	-	-	-	1,425
43	HCH820010 : Pinelands - EMS Head Office - HT - Refurbishment 2024-25	8.2	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	4,560	-	4,560	-	-
44	HCH820011 : Pinelands - EMS Head Office - HT - Refurbishment 2026-27	8.2	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-27	4,560	-	-	-	4,560
45	HCH820014 : Emergency Medical Rescue Services - HT - Provincial WiFi accessibility	8.2	Various	Health infrastructure improved	4-Jan-23	30-Mar-25	3,106	-	3,106	-	-
46	CH830034-0001 : Montagu - Montagu Hospital - HT - Rehabilitation	8.3	Cape Winelands	Health infrastructure improved	1-Apr-25	31-Jan-26	10,120	-	4,000	6,120	-
47	CH830120 : Ceres - Ceres Hospital - HT - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	Health infrastructure improved	1-Apr-24	31-Mar-27	2,275	-	475	900	900
48	HCH830042 : Robertson - Robertson Hospital - HT - Interim EC	8.3	Cape Winelands	Health infrastructure improved	1-Apr-24	31-Jul-25	5,000	-	4,500	500	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
49	CH830002-0001 : Beaufort West - Beaufort West Hospital - HT - Rationalisation	8.3	Central Karoo	Health infrastructure improved	1-Apr-25	31-Mar-27	8,000	-	-	4,000	4,000
50	CH830015 : Eerste River - Eerste River Hospital - HT - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	2,000	-	2,000	-	-
51	CH830021 : Khayelitsha - Khayelitsha Hospital - HT - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-26	2,000	-	1,800	200	-
52	CH830119 : Bellville - Karl Bremer Hospital - HT - Hospital Repairs and Renovation	8.3	City of Cape Town	Health infrastructure improved	1-Apr-25	31-Mar-32	12,000	-	-	500	1,000
53	CH830121 : Somerset West - Helderberg Hospital - HT - Repairs and Renovation (Alpha)	8.3	City of Cape Town	Health infrastructure improved	1-Apr-24	31-May-25	5,055	-	5,055	-	-
54	CH830124 : Fish Hoek - False Bay Hospital - HT - Fire Compliance Completion and changes to internal spaces	8.3	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-29	5,000	-	-	-	1,000
55	CH830131 : Atlantis - Wesfleur Hospital - HT - Record Room extension	8.3	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-26	1,000	-	300	700	-
56	CH830142 : Eerste River - Eerste River Hospital - HT - Upgrade of Linen Bank and Waste Management Area	8.3	City of Cape Town	Health infrastructure improved	4-Jan-24	31-Mar-26	500	-	200	300	-
57	CO830015 : Eerste River - Eerste River Hospital - OD QA - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	23-Feb-15	31-Jan-27	150	-	150	-	-
58	CO830021 : Khayelitsha - Khayelitsha Hospital - OD QA - Acute Psychiatric Unit	8.3	City of Cape Town	Health infrastructure improved	23-Feb-15	14-Jan-27	100	-	100	-	-
59	HCH830044 : Khayelitsha - Khayelitsha Hospital - HT - Refurbishment 2026-27	8.3	City of Cape Town	Health infrastructure improved	4-Jan-26	31-Mar-27	7,000	-	-	-	7,000
60	HCH830047 : Bellville - Karl Bremer Hospital - HT - Refurbishment 2026-27	8.3	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-27	1,800	-	-	-	1,800

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
61	HCH830048 : Eerste River - Eerste River Hospital - HT - Refurbishment 2026-27	8.3	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-27	1,500	-	-	-	1,500
62	HCH830051 : Bellville - Karl Bremer Hospital - HT - Refurbishment 2024-25	8.3	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	900	-	900	-	-
63	HCH830051 : Eerste River - Eerste River Hospital - HT - Refurbishment 2024-25	8.3	City of Cape Town	Health infrastructure improved	1-Apr-25	31-Mar-26	1,700	-	1,700	-	-
64	HCH830010 : Riversdale - Riversdale Hospital - HT - Upgrade and Additions (Alpha)	8.3	Garden Route	Health infrastructure improved	1-Apr-25	31-Mar-26	2,000	-	-	2,000	-
65	CH830117 : Swellendam - Swellendam Hospital - HT - Acute Psychiatric Ward	8.3	Overberg	Health infrastructure improved	1-Apr-19	31-Mar-27	1,790	-	-	339	100
66	CH830123 : Caledon - Caledon Hospital - HT - Acute Psychiatric Unit and R & R	8.3	Overberg	Health infrastructure improved	1-Apr-23	31-Mar-25	1,340	520	820	-	-
67	CH830135 : Caledon - Caledon Hospital - HT - Theatre upgrade and maintenance	8.3	Overberg	Health infrastructure improved	4-Jan-18	31-Mar-25	7,986	1,967	2,093	-	-
68	CH830147 : Hermanus - Hermanus Hospital - HT - General maintenance (Alpha)	8.3	Overberg	Health infrastructure improved	1-Apr-26	31-Mar-28	2,000	-	-	-	1,000
69	CH830073 : District Hospitals - HT - Pharmacies rehabilitation (Alpha)	8.3	Various	Health infrastructure improved	1-Apr-24	31-Mar-28	10,000	-	1,000	1,000	1,000
70	HCH830019 : District Hospitals - HT - Provincial WiFi accessibility	8.3	Various	Health infrastructure improved	4-Jan-23	30-Mar-25	19,370	1	19,370	-	-
71	HCH830023 : District Hospitals - HT - CCTV systems 2024-25	8.3	Various	Health infrastructure improved	1-Apr-24	31-Mar-25	3,247	-	3,247	-	-
72	HCH830026 : District Hospitals - HT - Laundry equipment 2024-25	8.3	Various	Health infrastructure improved	1-Apr-24	31-Mar-25	1,993	-	1,993	-	-
73	HCH830029 : District Hospitals - HT - Kitchen equipment 2024-25	8.3	Various	Health infrastructure improved	1-Apr-24	31-Mar-25	535	-	535	-	-
74	HCH830053 : District Hospitals - HT - PACS-RIS 2024-25	8.3	Various	Health infrastructure improved	1-Apr-24	31-Mar-25	7,665	-	7,665	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
75	CH830116 : Piketberg - Radie Kotze Hospital - HT - Hospital layout improvement	8.3	West Coast	Health infrastructure improved	1-Apr-23	31-Mar-26	8,243	29	1,215	6,999	-
76	CH830136 : Vredendal - Vredendal Hospital - HT - General upgrade and maintenance (Alpha)	8.3	West Coast	Health infrastructure improved	1-Oct-22	31-Mar-27	7,100	671	100	3,082	2,000
77	CH830146 : Citrusdal - Citrusdal Hospital - HT - Laundry - Electrification	8.3	West Coast	Health infrastructure improved	1-Apr-19	31-Mar-25	1,209	-	1,192	-	-
78	CH840061 : Worcester - Worcester Hospital - HT - Relocation of MOU	8.4	Cape Winelands	Health infrastructure improved	1-Apr-23	31-Mar-25	3,750	1	3,749	-	-
79	HCH840041 : Worcester - Worcester Hospital - HT - Refurbishment 2024-25	8.4	Cape Winelands	Health infrastructure improved	1-Apr-24	31-Mar-25	2,600	-	2,600	-	-
80	HCH840044 : Worcester - Worcester Hospital - HT - Refurbishment 2026-27	8.4	Cape Winelands	Health infrastructure improved	1-Apr-26	31-Mar-27	1,300	-	-	-	1,300
81	HCH840045 : Paarl - Paarl Hospital - HT - Refurbishment 2026-27	8.4	Cape Winelands	Health infrastructure improved	1-Apr-26	31-Mar-27	1,300	-	-	-	1,300
82	HCH840053 : Paarl - Paarl Hospital - HT - Refurbishment 2024-25	8.4	Cape Winelands	Health infrastructure improved	1-Apr-24	31-Mar-25	1,400	-	1,400	-	-
83	CH840008-0001 : Green Point - New Somerset Hospital - HT - Upgrading of theatres and ventilation	8.4	City of Cape Town	Health infrastructure improved	1-Apr-23	30-Mar-25	2,185	1,710	475	-	-
84	CH840010 : Green Point - New Somerset Hospital - HT - Acute Psychiatric Unit	8.4	City of Cape Town	Health infrastructure improved	1-Mar-23	31-Mar-25	2,654	1,308	1,345	-	-
85	CH840067 : Maitland - Alexandra Hospital - HT - Repairs and Renovation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-28	3,000	-	-	-	1,500
86	CH840070 : Maitland - Alexandra Hospital - HT - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	City of Cape Town	Health infrastructure improved	1-Apr-25	30-Mar-27	6,000	-	-	2,000	4,000
87	CH840076 : Stikland - Stikland Hospital - HT - General maintenance to wards	8.4	City of Cape Town	Health infrastructure improved	1-Apr-25	31-Mar-28	3,500	-	-	1,000	2,000

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
88	CH840078 : Mitchells Plain - Lentegeur Hospital - HT - General maintenance to Ward 5	8.4	City of Cape Town	Health infrastructure improved	1-Apr-25	31-Dec-26	1,000	-	-	400	600
89	CO840043 : Observatory - Valkenberg Hospital - Project Support	8.4	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	848	764	811	861
90	CO840051 : Observatory - Valkenberg Hospital - Commissioning Support	8.4	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	1,717	1,541	1,638	1,741
91	CO840067 : Maitland - Alexandra Hospital - OD QA - Repairs and Renovation (Alpha)	8.4	City of Cape Town	Health infrastructure improved	18-Mar-18	30-Sep-29	200	-	100	110	-
92	HCH840012 : Mitchells Plain - Lentegeur Hospital - HT - R, R & R to accommodate Child and Adolescent beds	8.4	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	3,000	-	3,000	1	-
93	HCH840013 : Maitland - Alexandra Hospital - HT - R, R and R to Wards 1-10, 15 and 16	8.4	City of Cape Town	Health infrastructure improved	1-Sep-23	31-Mar-27	10,000	-	2,000	4,500	3,500
94	HCH840025 : Mowbray - Mowbray Maternity Hospital - HT - Kitchen Equipment 2024-25	8.4	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	800	-	800	-	-
95	HCH840034 : Stikland - Stikland Hospital - HT - General maintenance to wards - Wards 1, 20	8.4	City of Cape Town	Health infrastructure improved	19-Sep-24	31-Mar-26	8,000	-	-	4,000	4,000
96	HCH840035 : Stikland - Stikland Hospital - HT - General maintenance to wards - Wards 11, 12, 13	8.4	City of Cape Town	Health infrastructure improved	19-Sep-24	31-Mar-26	3,000	-	1,000	2,000	-
97	HCH840036 : Stikland - Stikland Hospital - HT - General maintenance to wards - Wards 14, 15	8.4	City of Cape Town	Health infrastructure improved	19-Sep-24	31-Mar-26	3,000	-	1,000	2,000	-
98	HCH840037 : Stikland - Stikland Hospital - HT - General maintenance to wards - Wards 4 to 10	8.4	City of Cape Town	Health infrastructure improved	19-Sep-24	31-Mar-26	3,000	-	1,000	2,000	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
99	HCH840039 : Green Point - New Somerset Hospital - HT - Refurbishment 2024-25	8.4	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	2,600	-	2,600	-	-
100	HCH840048 : Green Point - New Somerset Hospital - HT - Refurbishment 2026-27	8.4	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-27	2,500	-	-	-	2,500
101	HCH840046 : George - George Hospital - HT - Refurbishment 2026-27	8.4	Garden Route	Health infrastructure improved	1-Apr-26	31-Mar-27	2,500	-	-	-	2,500
102	HCH840051 : George - George Hospital - HT - Refurbishment 2024-25	8.4	Garden Route	Health infrastructure improved	1-Apr-24	31-Mar-25	2,800	-	3,600	-	-
103	HCH840018 : Provincial Hospitals - HT - Provincial WiFi accessibility	8.4	Various	Health infrastructure improved	4-Jan-23	30-Mar-25	12,974	1	12,974	-	-
104	HCH840052 : Provincial Hospitals - HT - PACS-RIS 2024-25	8.4	Various	Health infrastructure improved	1-Apr-24	31-Mar-25	497	-	497	-	-
105	HCH840017 : Paarl - Sonstraal Hospital - HT - Upgrade and Additions (Alpha)	8.4	West Coast	Health infrastructure improved	1-Apr-26	31-Mar-28	8,000	-	-	-	4,000
106	CH850078-0001 : Parow - Tygerberg Hospital - HT - Rehabilitation of various wards (Alpha) - Block A	8.5	City of Cape Town	Health infrastructure improved	1-Apr-25	31-Mar-34	45,000	-	-	5,000	5,000
107	CH850078-0008 : Parow - Tygerberg Hospital - HT - Rehab of various wards - Block C, Ward J1EC and Trauma	8.5	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-29	40,000	-	-	-	5,000
108	CO850029 : Parow - Tygerberg Hospital - Replacement - Project Support	8.5	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	2,890	3,307	3,518	3,739
109	CO850041 : Observatory - Groote Schuur Hospital - OD QA - OD and QA	8.5	City of Cape Town	Health infrastructure improved	1-Apr-20	31-Mar-27	2,500	-	-	-	2,500
110	HCH850013 : Parow - Tygerberg Hospital - HT - Repair and remedial works to Theatres Block C	8.5	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-28	9,500	-	-	-	3,000
111	HCH850015 : Parow - Tygerberg Hospital - HT - New warehouse (Alpha)	8.5	City of Cape Town	Health infrastructure improved	4-Jan-24	30-Mar-26	3,000	-	1,000	2,000	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
112	HCH850016 : Parow - Tygerberg Hospital - HT - Protea Court Office Accommodation Rehab	8.5	City of Cape Town	Health infrastructure improved	1-Apr-26	30-Mar-28	3,000	-	-	-	1,000
113	HCH850020 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Linen Bank relocation	8.5	City of Cape Town	Health infrastructure improved	1-Apr-25	31-Mar-26	500	-	-	500	-
114	HCH850029 : Observatory - Groote Schuur Hospital - HT - Refurbishment 2024-25	8.5	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	8,224	-	8,224	-	-
115	HCH850030 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment 2024-25	8.5	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	12,000	-	12,000	-	-
116	HCH850031 : Parow - Tygerberg Hospital - HT - Refurbishment 2024-25	8.5	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	10,000	-	10,000	-	-
117	HCH850040 : Parow - Tygerberg Hospital - HT - Refurbishment 2026-27	8.5	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-27	1	-	-	-	187
118	HCH850041 : Observatory - Groote Schuur Hospital - HT - Refurbishment 2026-27	8.5	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-27	1	-	-	-	1
119	HCH850042 : Rondebosch - Red Cross War Memorial Children Hospital - HT - Refurbishment 2026-27	8.5	City of Cape Town	Health infrastructure improved	1-Apr-26	31-Mar-27	1	-	-	-	1
120	CO860077 : Paarl - Paarl HT Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	1-Apr-21	31-Mar-36	N/A	-	-	770	784
121	CO860078 : Worcester - Worcester HT Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	1-Apr-21	31-Mar-36	N/A	-	-	642	654
122	CO860081 : Paarl - West Coast Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	1-Apr-21	31-Mar-36	N/A	-	-	1,615	1,644

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
123	CO860082 : Worcester - Winelands & Overberg Maintenance Hub - Infrastructure Support	8.6	Cape Winelands	Health infrastructure improved	1-Apr-21	31-Mar-36	N/A	-	-	1,090	1,110
124	HCH860029 : Nelspoort - Nelspoort Hospital - HT - CCTV systems 2024-25	8.6	Central Karoo	Health infrastructure improved	1-Apr-24	31-Mar-25	1,537	-	1,547	-	-
125	CH860012 : Observatory - Observatory FPL - HT - Replacement	8.6	City of Cape Town	Health infrastructure improved	30-Apr-18	31-Mar-26	126,468	5,476	6,500	12,900	-
126	CH860016 : Pinelands - Orthotic and Prosthetic Centre - HT - Upgrade	8.6	City of Cape Town	Health infrastructure improved	1-Apr-23	31-Mar-26	7,600	135	2,465	5,000	-
127	CH860057 : Mitchells Plain - Lentegeur Laundry - HT - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	30-Mar-26	200	-	200	-	-
128	CH860096 : Goodwood - Goodwood Clinical Engineering Workshop - HT - HT Hub impl at Paarl, George, Worcester	8.6	City of Cape Town	Health infrastructure improved	4-Jan-26	30-Mar-27	2,500	-	-	-	2,500
129	CO860030 : Bellville - Bellville Engineering Workshop - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	7,976	9,711	10,319	10,970
130	CO860030 : Bellville - Bellville Engineering Workshop - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	4,605	4,455	4,736	5,032
131	CO860032 : Bellville - Engineering and Technical Services - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	1,174	1,271	1,352	1,437
132	CO860032 : Bellville - Engineering and Technical Services - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	446	392	417	444
133	CO860034 : Bellville - HT Unit - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	5,008	5,585	5,939	6,311
134	CO860034 : Bellville - HT Unit - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	4,200	3,535	3,756	3,993
135	CO860036 : Cape Town - Infra Man CD - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	3,065	2,750	2,925	3,110

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
136	CO860036 : Cape Town - Infra Man CD - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	4,216	3,511	3,727	3,959
137	CO860038 : Cape Town - Infra Planning - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	14,005	13,199	14,030	14,914
138	CO860038 : Cape Town - Infra Planning - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	1,691	847	900	957
139	CO860040 : Cape Town - Infra Prog Delivery - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	11,619	13,784	14,653	15,574
140	CO860040 : Cape Town - Infra Prog Delivery - Capacitation	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	1,779	2,989	3,174	3,371
141	CO860068 : Bellville - HT Unit - SCM Support	8.6	City of Cape Town	Health infrastructure improved	1-Apr-16	31-Mar-36	N/A	6,928	6,799	7,234	7,672
142	CO860103 : Bellville - Facilities Management - Infrastructure Support	8.6	City of Cape Town	Health infrastructure improved	1-Apr-23	31-Mar-36	N/A	1,641	2,168	2,305	2,454
143	CO860103 : Bellville - Facilities Management - Infrastructure Support	8.6	City of Cape Town	Health infrastructure improved	1-Apr-23	31-Mar-36	N/A	11,869	11,807	12,537	13,313
144	HCH860005 : Parow - Parow WC Health Warehouse - HT - Mezzanine R, R & R	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Jul-25	2,000	-	-	2,000	-
145	HCH860007 : Parow - Tygerberg Regional Laundry - HT - New linen warehouse	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-May-25	1	-	1	-	-
146	HCH860008 : Goodwood - Goodwood Clinical Engineering Workshop - HT - New warehouse (Alpha)	8.6	City of Cape Town	Health infrastructure improved	30-Jun-25	30-Mar-27	2,000	-	-	1,000	1,000
147	HCH860030 : Parow - Tygerberg Regional Laundry - HT - Laundry Equipment 2024-25	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	2,000	-	2,000	-	-
148	HCH860031 : Observatory - Observatory FPL - HT - PACS-RIS 2024-25	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	155	-	155	-	-
149	HCH860032 : Mitchells Plain - Western Cape Rehabilitation Center - HT - PACS-RIS 2024-25	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	319	-	319	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Strategic Brief Issue Date	Practical Completion Date	Estimated Total Project Cost	Adjusted Appro-priation	Medium Term Estimates		
								2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's
150	HCH860033 : Parow - Tygerberg Oral Health Centre - HT - Refurbishment 2024-25	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	2,500	-	2,500	-	-
151	HCH860034 : Brackenfell - Brackengate Intermediate Care - HT - PACS-RIS 2024-25	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	314	-	314	-	-
152	HCH860037 : Retreat - Zwaanswyk Engineering Workshop - HT - Provincial WiFi accessibility	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	241	-	241	-	-
153	HCH860038 : Mitchells Plain - Western Cape Rehabilitation Center - HT - Provincial WiFi accessibility	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	1,303	-	1,303	-	-
154	HCH860039 : Rondebosch - William Slater Psychiatric OPD - HT - Provincial WiFi accessibility	8.6	City of Cape Town	Health infrastructure improved	1-Apr-24	31-Mar-25	115	-	115	-	-
155	CO860076 : George - George HT Maintenance Hub - Infrastructure Support	8.6	Garden Route	Health infrastructure improved	1-Apr-21	31-Mar-36	N/A	-	-	415	422
156	CO860079 : George - Rural DHS Head Office HT Hub - Infrastructure Support	8.6	Garden Route	Health infrastructure improved	1-Sep-22	31-Mar-36	N/A	-	-	389	396
157	CO860080 : George - Garden Route & Central Karoo Maintenance Hub - Infrastructure Support	8.6	Garden Route	Health infrastructure improved	1-Apr-21	31-Mar-36	N/A	-	-	1,421	1,447
158	HCH860013 : Office Accommodation - HT - Provincial WiFi accessibility	8.6	Various	Health infrastructure improved	4-Jan-23	30-Mar-25	249	1	249	-	-
159	HCH860033 : Oral Health Centres - HT - PACS-RIS 2024-25	8.6	Various	Health infrastructure improved	1-Apr-24	31-Mar-25	774	-	774	-	-
160	HCH860035 : Forensic Services - HT - Provincial WiFi accessibility	8.6	Various	Health infrastructure improved	1-Apr-24	31-Mar-25	1,357	-	1,357	-	-
161	HCH860036 : Nurse Training College - HT- Provincial WiFi accessibility	8.6	Various	Health infrastructure improved	1-Apr-24	31-Mar-25	489	-	489	-	-
TOTAL NON-INFRASTRUCTURE									**313,976**	**231,066**	**229,487**

Public-Private Partnerships (PPPs)

TYGERBERG HOSPITAL PUBLIC PRIVATE PARTNERSHIP		
Purpose: Provision of infrastructure for the new central hospital and soft facilities management services		
Outputs: • 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 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**
9 203	To be determined[47]	Due to the size and complexity of the hospital, its redevelopment is classified as a 'megaproject' and the support of not only provincial and national stakeholders but also international stakeholders when 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. The project is in the Procurement Phase of the PPP cycle and work on the Request for Proposals is in progress. The aim of the PPP, and after obtaining all required approvals from National Treasury, is to procure a Private Partner to design, finance, build and maintain a value-for-money and fit-for-purpose new central hospital.

47 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 the Request for Proposals. Expected timeline for this is by March 2025, 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 February 2027. 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

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 who started DS-TB treatment.	
Source of data	webDHIS	
Method of calculation / assessed	Numerator	All DS-TB client died
	Denominator	All DS-TB patients in treatment start
Means of verification	TIER.net	
Assumptions	Accuracy dependent on quality of data submitted by health facility	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Annual	
Desired Performance	Lower	
Indicator responsibility	TB Programme Manager	
Notes	All DS-TB outcomes data is at 12 months	

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 who started DS-TB treatment.	
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	TIER.net	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Lower	
Indicator responsibility	TB Programme Manager	
Notes	All DS-TB outcomes data is at 12 months	

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	Numerator	All DS-TB client successfully completed treatment
	Denominator	All DS-TB patients in treatment start
Means of verification	TIER.net	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Higher	
Indicator responsibility	TB Programme Manager	
Notes	All DS-TB outcomes data is at 12 months	

INDICATOR TITLE	Antenatal 1st visit before 20 weeks rate	
Definition	Women who have a first booking visit before they are 20 weeks into their pregnancy as a proportion of all antenatal 1st visits	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Antenatal 1st visit before 20 weeks
	Denominator	Antenatal 1st visit – total (Sum of Antenatal 1st visit before 20 weeks and antenatal 1st visit 20 weeks or later)
Means of verification	PHC Comprehensive Tick Register; PREHMIS (CCT); PHCIS	
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	
Notes		

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	webDHIS	
Method of calculation / assessed	Numerator	ART adult remain in care – total
	Denominator	ART adult start minus cumulative transfer out
Means of verification	TIER.Net/PHCIS/ PREHMIS (CCT)	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
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	ART Adult viral load suppressed rate (below 50) [12 months]	
Definition	ART adult viral load under 50 as a proportion of ART adult viral load done at 12 months	
Source of data	webDHIS	
Method of calculation / assessed	Numerator	ART adult viral load under 50 (at 12 months)
	Denominator	ART adult viral load done (at 12 months)
Means of verification	TIER.Net/PHCIS/PREHMIS (CCT)	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
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	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	webDHIS	
Method of calculation / assessed	Numerator	ART child remain in care – total
	Denominator	ART child start minus cumulative transfer out
Means of verification	TIER.Net/PHCIS/PREHMIS (CCT)	
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	HIV/AIDS Programme Manager	
Notes		

INDICATOR TITLE	ART child viral load suppressed rate (below 50) [12 months]	
Definition	ART child viral load under 50 as a proportion of ART child viral load done at 12 months	
Source of data	webDHIS	
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	TIER.Net/PHCIS/PREHMIS (CCT)	
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	HIV/AIDS Programme Manager	
Notes		

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 the previous financial year
Means of verification	Not Applicable
Assumptions	Not Applicable
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Not Applicable
Reporting Cycle	Annual
Desired Performance	Unqualified audit opinion
Indicator responsibility	Chief Financial Officer
Notes	The audit opinion expressed for a particular financial year refers to the audit outcome for the previous financial year.

INDICATOR TITLE	Average length of stay	
Definition	Average number of patient days an admitted patient spends in a hospital before separation. Inpatient separation is the total of, inpatient discharges, inpatient deaths and inpatient transfers out, includes all specialties	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Patient days (Sum of inpatient days and 1/2 day patients)
	Denominator	Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out
Means of verification	BI National Inpatient separation listing	
Assumptions	Accuracy dependent on quality of data from reporting facilities High levels of efficiency could hide poor quality	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	Not Applicable	
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
Assumptions	Accuracy dependent on good record keeping by the Provincial DoHW, nursing colleges, HEIs and external accredited training providers
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	Not Applicable
Calculation type	Cumulative (Year-End)
Reporting Cycle	Annual
Desired Performance	Higher number will lead to an increase in the number of scarce skills (prospective employees) and critical skills of current employees to improve service delivery
Indicator responsibility	Programme manager
Notes	This includes bursaries for each year of study, not only the first year. Scarce skills refer to staff shortages within an occupational category, e.g., radiographers, due to the department's inability to recruit and retain staff. Critical skill refers to skills shortages amongst existing staff, who, despite their formal qualifications, may require top up training or continuous clinical skills development, e.g., a doctor who may require basic life support training as an identified gap that exists within his/ her current competency level.

INDICATOR TITLE	Cervical cancer screening coverage	
Definition	Cervical cancer screening done in non-HIV positive women 30 - 50 years and in HIV positive women 20 years and older as a proportion of the combined population of 80% of women 30-50 years and 20% of women 20 years and older. (HIV positive women should be screened for cervical cancer once every 3 years. Non-HIV women should be screened for cancer once every 10 years. It is estimated that 20% of women 20 years and older are HIV positive.)	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Cervical cancer screening done (Cervical cancer screening in non-HIV woman 30 - 50 years + Cervical cancer screening in HIV positive women 20 years and older)
	Denominator	[(80% women aged 30-50yrs/10)+(20% women aged 20 years and above /3)
Means of verification	Cervical cancer line listing	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Higher Rate of Cervical Cancer Screening	
Indicator responsibility	MCWH&N Programme Manager	
Notes	While this indicator is reflected in Programme 2 it includes DHS and referral hospitals combined.	

INDICATOR TITLE	Cervical cancer screening	
Definition	Cervical cancer screening done in non-HIV positive woman 30 - 50 years and cervical cancer screening in HIV positive women 20 years and older.	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Number Cervical Cancer Screening done ((Cervical cancer screening in non-HIV woman 30 - 50 years+ Cervical cancer screening in HIV positive women 20 years and older))
	Denominator	Not Applicable
Means of verification	Cervical cancer line listing	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Higher Number of Cervical Cancer Screening	
Indicator responsibility	MCWH&N Programme Manager	
Notes	Applicable to Regional (P4) and Central (P5) Hospitals	

INDICATOR TITLE	Child under 5 years diarrhoea case fatality rate	
Definition	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Diarrhoea death under 5 years
	Denominator	Diarrhoea separation under 5 years
Means of verification	Clinicom; BI Perinatal Line List; BI (Business Intelligence) National Separation listing	
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	While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District Hospitals, Regional Hospitals and Central Hospitals (all combined).	

INDICATOR TITLE	Child under 5 years pneumonia case fatality rate	
Definition	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Pneumonia death under 5 years
	Denominator	Pneumonia separation under 5 years
Means of verification	Clinicom; BI Perinatal Line List; BI (Business Intelligence) National Separation listing	
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	While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District Hospitals, Regional Hospitals and Central Hospitals (all combined).	

INDICATOR TITLE	Child under 5 years severe acute malnutrition case fatality rate	
Definition	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Severe acute malnutrition (SAM) death under 5 years
	Denominator	Severe acute malnutrition inpatient separation under 5 years
Means of verification	Clinicom; BI Perinatal Line List; BI (Business Intelligence) National Separation listing	
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	While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District Hospitals, Regional Hospitals and Central Hospitals (all combined).	

INDICATOR TITLE	Complaint resolution within 25 working days rate	
Definition	Complaints resolved within 25 working days (including public holidays) as a proportion of all complaints resolved in Hospitals	
Source of data	Ideal Health Facility monitoring system – CCS module	
Method of calculation / assessed	Numerator	Complaint resolved within 25 working days
	Denominator	Complaints resolved
Means of verification	Ideal health facility; Complaints, Compliments and Suggestions (CCS) software; Complaint form.	
Assumptions	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint	
Disaggregation of beneficiaries	Not Applicable	
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 (P2), Regional (P4), Specialised (P4), Central (P5) & Tertiary (P5) Hospitals	

INDICATOR TITLE	Couple year protection rate	
Definition	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 years. Couple year protection is the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Subdermal implant x 2.5) + (Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10)	
Source of data	SINJANI; current population circular based on Stats SA	
Method of calculation / assessed	Numerator	Couple year protection
	Denominator	Population 15-49 years female
Means of verification	PHC Comprehensive Tick Register/PREHMIS (CCT))/ PHCIS; Birth Register; Labour, Combined and Postnatal ward, Health Facility Register, 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	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Higher	
Indicator responsibility	MCWH&N Programme Manager	
Notes		

INDICATOR TITLE	Death in facility under 5 years	
Definition	Children under 5 years who died during their stay in the facility	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Death in facility under 5 years total (in Regional, Central and Tertiary Hospitals)
	Denominator	Not Applicable
Means of verification	BI (Business Intelligence) National Separation listing; BI Perinatal line listing	
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 Regional (P4), Central (P5) & Tertiary (P5) Hospitals	

INDICATOR TITLE	Death under 5 years against live birth rate	
Definition	Children under 5 years who died during their stay in the facility as a proportion of all live births	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Death in facility under 5 years total (in DHS and Referral Hospitals)
	Denominator	Live birth in facility (in DHS and Referral Hospitals)
Means of verification	Ward and Delivery/Maternity register; BI Perinatal line listing (hospitals); BI National inpatient separation listing	
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	While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District Hospitals, Regional Hospitals and Central Hospitals (all combined).	

INDICATOR TITLE	Delivery 10-14 years in facility	
Definition	Delivery where the mother is 10-14 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Number Delivery 10-14 years in facility
	Denominator	Not Applicable
Means of verification	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	MCWH&N Programme Manager	
Notes		

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	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	MCWH&N Programme Manager	
Notes		

INDICATOR TITLE	Diarrhoea death under 5 years	
Definition	Diarrhoea deaths in children under 5 years of all those was admitted at health facilities	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Number Diarrhoea deaths in facility (in Referral Hospitals)
	Denominator	Not Applicable
Means of verification	BI (Business Intelligence) National Separation listing	
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 Regional (P4), Central (P5) & Tertiary (P5) Hospitals	

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	CAD system report and line listing; patient and vehicle report.	
Assumptions	Accuracy dependent on the time stamp for each incident as assigned by the staff utilizing the Computer Aided Dispatching Solution. Accuracy dependent on quality of data from reporting EMS station.	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	Not Applicable	
Calculation type	Non-Cumulative	
Reporting Cycle	Quarterly	
Desired Performance	Higher rate indicates better response times in the province.	
Indicator responsibility	EMS Programme Manager	
Notes		

INDICATOR TITLE	EMS P1 rural response under 60 minutes rate	
Definition	EMS P1 calls in rural locations with response times under 60 minutes as a proportion of EMS P1 rural responses.	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	EMS P1 rural response under 60 minutes
	Denominator	EMS P1 rural responses
Means of verification	CAD system report and line listing; patient and vehicle report.	
Assumptions	Accuracy dependent on the time stamp for each incident as assigned by the staff utilizing the Computer Aided Dispatching Solution. Accuracy dependent on quality of data from reporting EMS station.	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Non-Cumulative	
Reporting Cycle	Quarterly	
Desired Performance	Higher	
Indicator responsibility	EMS Programme Manager	
Notes		

INDICATOR TITLE	EMS P1 urban response under 15 minutes rate	
Definition	Emergency P1 calls in urban locations with a response time under 15 minutes as a proportion of EMS P1 urban calls. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrives on scene.	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	EMS P1 urban response under 15 minutes
	Denominator	EMS P1 urban responses
Means of verification	CAD system report and line listing; patient and vehicle report.	
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	Not Applicable	
Spatial transformation	Not Applicable	
Calculation type	Non-Cumulative	
Reporting Cycle	Quarterly	
Desired Performance	Higher rate indicates better response times in urban areas.	
Indicator responsibility	EMS Programme Manager	
Notes		

INDICATOR TITLE	EMS P1 urban response under 30 minutes rate	
Definition	EMS P1 calls in urban locations with response times under 30 minutes as a proportion of EMS P1 urban responses.	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	EMS P1 urban response under 30 minutes
	Denominator	EMS P1 urban responses
Means of verification	CAD system report and line listing; patient and vehicle report.	
Assumptions	Accuracy dependent on the time stamp for each incident as assigned by the staff utilizing the Computer Aided Dispatching Solution. Accuracy dependent on quality of data from reporting EMS station.	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Non-Cumulative	
Reporting Cycle	Quarterly	
Desired Performance	Higher	
Indicator responsibility	EMS Programme Manager	
Notes		

INDICATOR TITLE	HIV positive 15-24 years (excl ANC) rate	
Definition	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of those who were tested for HIV in this age group	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	HIV positive 15-24 years (excl ANC)
	Denominator	HIV test 15-24 years (excl ANC)
Means of verification	HTS Register; PREHMIS (CCT); PHCIS	
Assumptions	Accuracy dependent on individuals self-reporting HIV-positive status and/or individual with detectable ART metabolites among all PLHIV (antibody test). Accuracy dependent on quality of data submitted by health facilities	
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	
Notes		

INDICATOR TITLE	HIV test positive around 18 months rate	
Definition	HIV test positive around 18 months (18-24 months)	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	HIV test positive around 18 months
	Denominator	HIV tests done around 18 months
Means of verification	HTS Register; PREHMIS (CCT); 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	PMTCT Programme Manager	
Notes		

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: Ideal Clinic	
Method of calculation / assessed	Numerator	Fixed PHC health facilities have obtained Ideal Clinic status
	Denominator	Fixed PHC clinics or fixed CHCs and/or CDCs
Means of verification	Ideal Clinic Module: Ideal Clinic report; Facility change control forms	
Assumptions	Accuracy dependent of reporting of data into the system	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Annual	
Desired Performance	Higher	
Indicator responsibility	Quality Assurance Programme Manager	
Notes		

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 new
	Denominator	Population under 1 year (sum of female and male under 1 year population)
Means of verification	PHC Comprehensive Tick Register / PREHMIS (CCT) / PHCIS; 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		

INDICATOR TITLE	Infant PCR test positive around 6 months rate	
Definition	Infants PCR tested around 6 months (19-36 weeks) 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	PMTCT Baby follow up register; HTS Register; PREHMIS (CCT); 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	VTP Programme Manager	
Notes		

INDICATOR TITLE	Infant 1st PCR test positive at birth rate	
Definition	Infants tested PCR positive for the first time at birth as proportion of infants PCR tested at birth	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Infant 1st PCR test positive at birth
	Denominator	Infant 1st PCR test at birth
Means of verification	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	VTP Programme Manager	
Notes		

INDICATOR TITLE	Inpatient bed utilization rate	
Definition	Inpatient bed days expressed as a proportion of the maximum inpatient bed days available (i.e. inpatient beds X days in the period)	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Patient days (Sum of inpatient days and 1/2 day patients)
	Denominator	Inpatient bed days available (Actual beds total x 30.42)
Means of verification	BI National Inpatient days listing; Bed change control forms	
Assumptions	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	Not Applicable	
Calculation type	Cumulative (Year-End)	
Reporting Cycle	Quarterly	
Desired Performance	Higher bed utilization indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	
Indicator responsibility	Programme Manager	
Notes	• Applicable to District, Regional, Central & Tertiary Hospitals • Provincial term for “usable beds” is “actual beds”	

INDICATOR TITLE	IUCD Uptake - Intra Uterine Contraceptive Device	
Definition	The IUCD uptake, as one of the contraception methods, in women 15-49 years, will be collected that will serve as a proxy indicator for Couple year protection. Count each IUCD inserted (EXCLUDE IUCD inserted to women younger than 15 years of age and older than 49 years of age)	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Number IUCD Inserted
	Denominator	Not Applicable
Means of verification	PHC Comprehensive Tick Register; Birth Register; Labour, Combined and Postnatal ward, Health Facility Register, PREHMIS (CCT), PHCIS	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Higher	
Indicator responsibility	MCWH&N Programme Manager	
Notes	Includes both Primary Health Care facilities and District Hospitals (All combined)	

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	BI Perinatal line listing	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
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 (P2), Regional (P4) & Central (P5) Hospitals	

INDICATOR TITLE	Maternal deaths in facility	
Definition	Maternal death (in Central and Regional 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	Number Maternal death in facility (in Central and Regional Hospitals)
	Denominator	Not Applicable
Means of verification	SINJANI maternal death notification line listing; 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 (P5) and Regional (P4) Hospitals	

INDICATOR TITLE	Maternal Mortality in facility (Ratio – per 100 000 live births)	
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 notification line listing; Maternal Death Notification form; Labour Ward Register/ Integrated birth register/ Combined labour ward register/ Perinatal line list	
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	MCWH&N Programme Manager	
Notes	While this indicator is reflected in Programme 2 it includes PHC facilities that admit patients; District, Regional and Central Hospitals combined.	

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	PHC Comprehensive Tick Register Denominator / PREHMIS (CCT) / PHCIS; 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		

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	PHC Comprehensive Tick Register / PREHMIS (CCT) / PHCIS; 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	
Notes		

INDICATOR TITLE	Neonatal death in facility rate	
Definition	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Neonatal deaths (< 28 days) in facility (Death in facility 0-6 days] + [Death in facility 7-28 days)
	Denominator	Live birth in facility
Means of verification	Labour Ward Register/ Integrated birth register/ Combined labour ward register/ Perinatal line list, Ward register; BI National Inpatient Separation listing	
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		

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	SINJANI	
Method of calculation / assessed	Numerator	Patient Experience of Care survey satisfied responses
	Denominator	Patient Experience of Care survey total responses
Means of verification	Patient Surveys	
Assumptions	Accuracy dependent on quality of data submitted by health facilities.	
Disaggregation of beneficiaries	Not Applicable	
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 Fixed PHC Facilities and District Hospitals (all combined), Regional, Specialised, Central, and Tertiary Hospitals	

INDICATOR TITLE	Patient Safety Incident (PSI) case closure rate	
Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month.	
Source of data	Ideal Health Facility monitoring system, Patient Safety Incident module	
Method of calculation / assessed	Numerator	Patient Safety Incident (PSI) case closed
	Denominator	Patient Safety Incident (PSI) case reported
Means of verification	Ideal Health Facility: Patient Safety Incident Software; Incident case report	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
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 Fixed PHC Facilities and District Hospitals (all combined), Regional, Specialised, Central, and Tertiary Hospitals	

INDICATOR TITLE	Percentage of child death cases reviewed by the Child Death Review Board	
Definition	Percentage of child death cases reviewed by the Child Death Review Board	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Number of child death cases reviewed
	Denominator	Total number of child death cases
Means of verification	Child Death Review Board minutes & the autopsy database	
Assumptions	The information with regards to the number of Child Death Cases Reviewed to be collated within a register. The register will be archived on the Enterprise Content Management (ECM) System. Any issues affecting access to the ECM system or loss of data contained therein will affect the ability to report on the indicator.	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	Not Applicable	
Calculation type	Cumulative (Year End)	
Reporting Cycle	Quarterly	
Desired Performance	100%	
Indicator responsibility	FPS programme manager	
Notes		

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	SINJANI; Smart metering Hospital Infrastructure Database and utility bills	
Method of calculation / assessed	Numerator	Number of provincial hospitals achieving the Department's benchmark for average energy consumption per hospital bed per day
	Denominator	Number of provincial hospitals
Means of verification	Facility change control forms; Smart metering reports	
Assumptions	• Accuracy dependent on the reliability of meter readings and availability of data. • Estimations will be used where data is not available (as is common practice with municipalities' metering systems). • Management at Health facilities is committed to optimising efficiencies.	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	Not Applicable	
Calculation type	Cumulative (Year-End)	
Reporting Cycle	Annual	
Desired Performance	Higher than target. A higher percentage indicates that more hospitals are consuming less energy (i.e. kWh/bed/day) than the Department's provincial benchmark.	
Indicator responsibility	Director: Facilities Management	
Notes	The provincial benchmark for each hospital has been set as follows: • 30 kWh/bed/day for District Hospitals with no central air-conditioning • 45 kWh/bed/day for District Hospitals fully air-conditioned • 30 kWh/bed/day for Regional Hospitals with no central air-conditioning • 45 kWh/bed/day for Regional Hospitals fully air-conditioned • 85 kWh/bed/day for Central and Tertiary Hospitals • 25 kWh/bed/day for Psychiatric Hospitals • 20 kWh/bed/day for TB Hospitals	

INDICATOR TITLE	Percentage of hospitals achieving the provincial benchmark for water utilisation	
Definition	Increase the percentage of hospitals consuming less water per hospital bed per day than the provincial benchmark set by the Department for provincial hospitals; the metric is litres of water/bed/day.	
Source of data	SINJANI; 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	Facility change control forms; Smart metering reports	
Assumptions	• Accuracy dependent on the reliability of meter readings and availability of data. Where smart metering is in place, accuracy will be dependent on reliability of system. • Estimations will be used where data is not available (as is common practice with municipalities' metering systems). • Management at Health facilities is committed to optimising efficiencies.	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	Not Applicable	
Calculation type	Cumulative (Year-End)	
Reporting Cycle	Annual	
Desired Performance	Higher than target. A higher percentage indicates that more hospitals are utilising less water (i.e. litres of water/bed/day) than the Department's provincial benchmark	
Indicator responsibility	Director: Engineering and Technical Support	
Notes	The Department's provincial benchmark for each hospital has been set as follows: • 200 litres of water/bed/day for Brooklyn Chest, DP Marais, Sonstraal and Valkenberg Hospitals • 350 litres of water/bed/day for Clanwilliam, False Bay, George, Harry Comay, Helderberg, Hermanus, Khayelitsha, Knysna, Ladismith, Malmesbury ID, Mitchell's Plain, Mossel Bay, Mowbray Maternity, New Somerset, Paarl, Radie Kotze, Swartland, Swellendam and Vredendal Hospitals as well as Western Cape Rehabilitation Centre • 400 litres of water/bed/day for Eerste River, Montagu, Murraysburg, Oudtshoorn, Prince Albert, Stikland and Vredenburg Hospitals • 450 litres of water/bed/day for Alexandra, Riversdale, Robertson and Wesfleur Hospitals • 500 litres of water/bed/day for Beaufort West, Brewelskloof, Ceres, Citrusdal, Laingsburg, Otto du Plessis, Victoria and Worcester Hospitals • 600 litres of water/bed/day for Lentegeur, Red Cross War Memorial Children and Stellenbosch Hospitals • 800 litres of water/bed/day for LAPA Munnik and Uniondale Hospitals • 900 litres of water/bed/day for Caledon, Groote Schuur and Karl Bremer Hospitals • 1000 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)	
Notes		

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	Not Applicable	
Spatial transformation	Not Applicable	
Calculation type	Non-Cumulative	
Reporting Cycle	Quarterly	
Desired Performance	Higher percentage indicate fewer items out of stock at the CMD	
Indicator responsibility	Programme Manager	
Notes		

INDICATOR TITLE	PHC Mental Disorders Treatment rate new	
Definition	Clients treated for the first time for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide attempt, developmental disorders, behavioural disorders and substance abuse/addiction disorders) as a proportion of total PHC headcount	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	PHC client treated for mental disorders - new
	Denominator	PHC Headcount - Total
Means of verification	PHC Comprehensive Tick Register; PREHMIS (CCT); PHCIS	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Higher detection of new mental cases in the PHC setting	
Indicator responsibility	Programme Manager (Non-communicable Diseases – Mental Health component)	
Notes	Only PHC, CDC and CHCs.	

INDICATOR TITLE	Pneumonia death under 5 years	
Definition	Pneumonia deaths in children under 5 years in Referral Hospitals	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Number Pneumonia death under 5 years (in Referral Hospitals)
	Denominator	Not Applicable
Means of verification	BI Perinatal Line List; BI (Business Intelligence) National Separation listing	
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 Regional, Central & Tertiary Hospitals	

INDICATOR TITLE	Severe acute malnutrition (SAM) death under 5 years	
Definition	Severe acute malnutrition deaths in children under 5 years in Referral Hospitals	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Number Severe acute malnutrition (SAM) death under 5 years
	Denominator	Not Applicable
Means of verification	BI Perinatal Line List; BI (Business Intelligence) National Separation listing	
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 Regional, Central & Tertiary Hospitals	

INDICATOR TITLE	Severity assessment code (SAC) 1 Incident 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	Not Applicable	
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 Fixed PHC Facilities and District Hospitals (all combined), Regional, Specialised, Central, and Tertiary Hospitals	

INDICATOR TITLE	Still birth in facility rate (per 1000 births)	
Definition	Infants born still as proportion of total infants born in health facilities (factor: Per 1000 births)	
Source of data	SINJANI	
Method of calculation / assessed	Numerator	Still Birth in facility
	Denominator	Total births in facility (include still birth in facility)
Means of verification	Labour Ward Register/ Integrated birth register/ Combined labour ward register/ Perinatal line list	
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		

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	DR TB register / Clinical stationery (patient folder)	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Lower	
Indicator responsibility	TB Programme Manager	
Notes		

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	Numerator	TB Pre-XDR client who successfully completed treatment
	Denominator	TB Pre-XDR client started on treatment
Means of verification	DR TB register / Clinical stationery (patient folder)	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Higher	
Indicator responsibility	TB Programme Manager	
Notes		

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	Numerator	TB Rifampicin Resistant/Multidrug Resistant client loss to follow-up
	Denominator	TB Rifampicin Resistant/Multidrug Resistant client started on treatment
Means of verification	DR TB register / Clinical stationery (patient folder)	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Lower	
Indicator responsibility	TB Programme Manager	
Notes		

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	Numerator	TB Rifampicin resistant/Multidrug Resistant successfully completed treatment
	Denominator	TB Rifampicin Resistant/Multidrug Resistant client started on treatment
Means of verification	DR TB register / Clinical stationery (patient folder)	
Assumptions	Accuracy dependent on quality of data submitted by health facilities	
Disaggregation of beneficiaries	Not Applicable	
Spatial transformation	All Districts	
Calculation type	Cumulative (Year-to-Date)	
Reporting Cycle	Quarterly	
Desired Performance	Higher	
Indicator responsibility	TB Programme Manager	
Notes		

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	
Method of calculation / assessed	Numerator	Vitamin A dose 12 - 59 months
	Denominator	Target population 12 - 59 months X 2
Means of verification	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	MCWH&N Programme Manager	
Notes		

Part E

Annexures

PART E: 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 costs associated with clinical training and supervision of health science trainees on the public service platform	
STATUTORY HUMAN RESOURCE	
Performance Indicators	Targets
Adequately skilled and capacitated health professionals in service delivery platform	
Appointment of Medical Interns	394
Appointment of Medical Officer Community Service	57
Appointment of Pharmacist Community Service	13
Appointment of Clinical Psychiatric Interns	8
TRAINING COMPONENT	
Performance Indicators	Targets
Adequately skilled and capacitated health professions in service deliver platform	
Nos of registrars employed	147
Number of medical specialists available to perform clinical training on the service platform	37
Number of Clinical Supervisors (Nurses, Radiographers)	484

NATIONAL TERTIARY SERVICES GRANT (NTSG)	
Purpose of the Grant • To ensure provision of tertiary health services for all South African citizens. • To compensate tertiary facilities for the additional costs associated with provision of these services.	
Performance Indicators	Targets
Render Tertiary Services to Patients	45

DISTRICT HEALTH PROGRAMMES GRANT: TB PROGRAMME	
Purpose of the Grant • 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	
Performance Indicators	Targets
TB testing and diagnosis	
Number of patients tested for TB using TB Nucleic Acid Amplification Test (TB-NAAT)	292 787
Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay	22 472
Linkage to care and TB treatment	
DS-TB treatment start rate (under 5yrs, 5yrs and older combined)	90
TB Rifampicin Resistant /MDR/ pre-XDR treatment start rate	90
Number of TB contacts initiated on TB preventive treatment (under 5 and 5yrs and older combined)	43 695

DISTRICT HEALTH PROGRAMMES GRANT: COMPREHENSIVE HIV/AIDS COMPONENT	
Purpose of the Grant • 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
Condom programming (condoms)	
Male condoms distributed	71 315 391
Female condoms distributed	1 258 400
HIV/Testing Services (HTS)	
Active Lay counsellors on stipend	705
Clients tested for HIV (including antenatal)	1 700 000
Medical Male Circumcision (MMC)	
Health facilities offering MMC	74
Medical Male Circumcisions performed	14 000
High volume MMC sites providing package of Mens Health services	74
Treatment, Care and Support (TCS)	
Adult started on ART during this month - naïve	42 120
New patients started on Antiretroviral treatment	42 979
Patients on ART remaining in care	382 679
Adult remaining on ART – total	375 025
Child 5-14 years naïve started ART	860
Child under 15 years remaining on ART - total	7 653
ART patients decanted to Differentiated Model of Care (DMoC) (FAC-PUP, AC,EX-PUP)	126 724
Other HIV Services (Other HIV)	
HTA intervention sites	180
Peer educators receiving stipends	180
Male Urethritis Syndrome treated - new episodes	44 936
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	4 477
Infant PCR test around 10 weeks	16 158
People at risk started on PrEP	46 067
New sexual assault case HIV negative issued with Post Exposure Prophylaxis	3 698
Patients on ART initiated on Tuberculosis Preventative Therapy	21 879
Regional Training Centres	
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: DISTRICT HEALTH COMPONENT	
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 schoolgirls in all public and special schools • Progressive integration of Human Papillomavirus (HPV) into the Integrated School Health Programme (ISHP) • To ensure provision of quality community outreach services through WBPHCOTs by ensuring Community Health Workers (CHWs) receive remuneration, tools of trade and training in line with scope of work • To enable the health sector to rollout COVID-19 vaccine	
Performance Indicators	Targets
HPV	
90% of girls aged 9-14 years are vaccinated with a single dose of HPV vaccine, in and out of schools, during the multi-aged cohort (MAC) campaign in all settings	90 per cent of girls aged 9-14 years are vaccinated with a single dose of HPV vaccine, in and out of schools
90% of schools with eligible girls reached as part of the integrated school health programme.	90 per cent of schools with eligible girls reached as part of the integrated school health programme
Community Health Workers	
Number of community health workers receiving a stipend	3 981
Number of community health workers trained	3 981
Number of HIV clients lost to follow-up traced	26 729
Number of TB clients lost to follow-up traced	6 298
Household 1st and follow-up visits	1 400 000

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
Mental Health	
Number of health practitioners contracted per category	3 Psychiatrists 2 Psychologists 18 Registered Counsellors
Number of patients screened and treated at primary health care and community-based level by contracted practitioners	25 000
Percentage reduction in the backlog of forensic mental evaluations	144
Number of forensic mental evaluations conducted at Valkenberg in the Outpatient Department (20 per month)	140

Health Practitioners	
Number of health practitioners contracted	19 Medical Practitioners 6 Dentists 6 Dental Assistants
Number of health practitioners contracted for number of sessions per week	457 sessions per week by Medical Practitioners 171 sessions done per week by Dentists 174 sessions done per week by Dental Assistants
Number of health practitioners contracted for number of sessions per week	95% for Medical Practitioners 95% for Dentists 95% for Dental Assistants
Number of patients treated at primary health care facilities within Comprehensive Package of Care	3 patients treated per session within Comprehensive care package by Medical Practitioners 1,5 patients treated per session within Comprehensive care package by Dentists and Dental Assistants
Number of M&M or M&E meetings attended per Quarter by Medical Practitioners	1 Morbidity and Mortality meeting attended per Quarter by Medical Practitioners doing 35 sessions or more per week

HEALTH FACILITY REVITALISATION GRANT

Purpose of the Grant

- To help accelerate maintenance, renovations, upgrades, additions, and construction of infrastructure in health
- To help on replacement and commissioning of health technology in existing and revitalised health facility
- 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	1[48]
Number of hospitals constructed or revitalised	3[49]
Number of facilities maintained or refurbished	7[50]

EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT

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	44
Number of days worked per work opportunity created	230
Number of full-time equivalents (FTEs) to be created through the grant	12

48 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 2024/25.
49 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 2024/25.
50 This figure includes facilities where projects categorised as Renovations, Rehabilitation or Refurbishments or Scheduled Maintenance are estimated to achieve Practical Completion (or equivalent) in 2024/25.

Annexure C. Consolidated Indicators

OUTPUT INDICATOR	INSTITUTION	ANNUAL TARGET	DATA SOURCE
OUTPUT: Women's Health Services			
Antenatal 1st visit before 20 weeks rate	Primary health care facilities	74.6%	SINJANI
Mother postnatal visit within 6 days rate		63.8%	SINJANI
Delivery 10 – 19 years in facility rate		11.3%	SINJANI
Delivery 10-14 years in facility		356	SINJANI
Couple year protection rate		50.4%	SINJANI; current population circular based on Stats SA
IUCD Uptake – Intra Uterine Contraceptive Device		4 823	SINJANI
Maternal Mortality in facility Ratio	DHS and all referral hospitals	54.1 / 100 000 live births	SINJANI
Maternal Deaths in facility	Regional Hospitals	9	SINJANI
	Central Hospitals	26	SINJANI
Cervical cancer screening	Regional Hospitals	822	SINJANI
	Central Hospitals	2 072	SINJANI
Cervical cancer screening coverage	Primary health care facilities, District, Regional & Central Hospitals	28.1%	SINJANI
OUTPUT: Child Health Services			
Infant 1st PCR test positive at birth rate	Primary health care facilities	0.94%	SINJANI
Infant PCR test positive around 6 months rate		0.37%	SINJANI
HIV test positive around 18 months rate		0.39%	SINJANI
Immunisation under 1 year coverage		69.5%	SINJANI; current population circular based on Stats SA
Measles 2nd dose 1 year coverage		70.1%	SINJANI; current population circular based on Stats SA
Vitamin A dose 12 - 59 months coverage		54.1%	SINJANI; current population circular based on Stats SA
Neonatal death in facility rate	Primary health care facilities, District, Regional & Central Hospitals	8.77 / 1000 live births	SINJANI
Live birth under 2500g in facility rate	District Hospitals	11.0%	SINJANI
	Regional Hospitals	16.2%	SINJANI
	Central Hospitals	35.6%	SINJANI
Still birth in facility rate (per 1000 births)	Primary health care facilities, District, Regional & Central Hospitals	18.6	SINJANI

Child under 5 years diarrhoea case fatality rate	District Hospitals	0.21%	SINJANI
Child under 5 years pneumonia case fatality rate		0.23%	SINJANI
Child under 5 years severe acute malnutrition case fatality rate		2.28%	SINJANI
Diarrhoea death under 5 years	Regional Hospitals	8	SINJANI
	Central Hospitals	3	SINJANI
Pneumonia death under 5 years	Regional Hospitals	10	SINJANI
	Central Hospitals	5	SINJANI
Severe acute malnutrition (SAM) death under 5 years	Regional Hospitals	6	SINJANI
	Central Hospitals	2	SINJANI
Deaths under 5 years against live birth rate	DHS and all referral hospitals	1.35%	SINJANI
Death in facility under 5 years	Regional Hospitals	290	SINJANI
	Central Hospitals	488	SINJANI
	Central Hospitals	26	SINJANI
ART child remains in care rate [12 months]	Primary health care facilities	61.6%	SINJANI (ART Workbook)
ART child viral load suppressed rate (below 50) [12 months]		40.5%	SINJANI (ART Workbook)
OUTPUT: HIV/AIDS, STI & Tuberculosis Services			
ART adult remain in care rate [12 months]	Primary health care facilities	55.9%	SINJANI (ART Workbook)
ART Adult viral load suppressed rate (below 50) [12 months]		69.7%	SINJANI (ART Workbook)
HIV positive 15-24 years (excl ANC) rate		1.34%	SINJANI
All DS-TB client death rate		4.37%	webDHS
All DS-TB client LTF rate		18.1%	webDHIS
All DS-TB Client Treatment Success Rate		77.4%	webDHS
TB Rifampicin resistant/Multidrug - Resistant treatment success rate		52.5%	EDRweb/ DHIS
TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate		24.7%	EDRweb/ DHIS
TB Pre-XDR treatment success rate		51.3%	EDRweb/ DHIS
TB Pre-XDR loss to follow up rate		23.0%	EDRweb/ DHIS
OUTPUT: Mental Health Services			
PHC Mental Disorders Treatment rate new	Primary health care facilities	0.01%	SINJANI

OUTPUT: Technically Efficient Provincial Health System			
Complaint resolution within 25 working days rate	District Hospitals	91.2%	Ideal Health Facility Monitoring System – CCS module
	Regional Hospitals	97.9%	Ideal Health Facility Monitoring System – CCS module
	Central Hospitals	90.1%	Ideal Health Facility Monitoring System – CCS module
	Specialised Hospitals	94.8%	Ideal Health Facility Monitoring System – CCS module
Patient Experience of Care satisfaction rate	District Health System	79.2%	SINJANI
	Regional Hospitals	83.8%	SINJANI
	Central Hospitals	80.0%	SINJANI
	Specialised Hospitals	84.0%	SINJANI
Severity assessment code (SAC) 1 Incident reported within 24 hours rate	District Health System	64.6%	Ideal Health Facility Monitoring System
	Regional Hospitals	75.0%	Ideal Health Facility Monitoring System
	Central Hospitals	60.0%	Ideal Health Facility Monitoring System
	Specialised Hospitals	34.2%	Ideal Health Facility Monitoring System
Patient Safety Incident (PSI) case closure rate	District Health System	94.6%	Ideal Health Facility Monitoring System
	Regional Hospitals	91.7%	Ideal Health Facility Monitoring System
	Central Hospitals	85.7%	Ideal Health Facility Monitoring System
	Specialised Hospitals	94.7%	Ideal Health Facility Monitoring System
OUTPUT: Accessible Health Care Services			
Average length of stay	District Hospitals	3.6 days	SINJANI
	Regional Hospitals	4.0 days	SINJANI
	Central Hospitals	7.0 days	SINJANI
Inpatient bed utilization rate	District Hospitals	93.9%	SINJANI
	Regional Hospitals	86.5%	SINJANI
	Central Hospitals	88.0%	SINJANI

Annexure D. District Development Model

In Western Cape, the District Development Model is implemented using the Joint Metro and District Approach (JMDA). This is a geographical, team-based, citizen-centric approach to integrated service delivery. There is a single support plan per district with various levels of engagement by interface teams. This allows for strategic alignment of all platforms at the various spheres of government, as the interface team has representation from each local municipality, the district municipality, all provincial departments and any relevant national departments. Thus, the interface is both horizontal, between provincial departments, and vertical, between national and provincial departments and municipalities. In order to strengthen the capacity of municipalities, key projects and support initiatives are identified, with specific Departments assuming various levels of responsibility to drive the projects. Key to the JMDA is the culture of data-driven and evidence-based decision making. This in turn will drive a culture of accountability, which ultimately results in improvement in service delivery that have a meaningful positive impact on the lives of citizens. Furthermore, the JDMA is premised on developmental local government, sustainable service delivery and good governance. The Department of Health and Wellness acts as a social partner to other Western Cape Government Departments. The projects and areas of intervention in which the Department is involved is shown in Table 5. 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.

Area of intervention	Project description	District Municipality	Project leader	Social partners
Urbanisation	Human settlement projects (priority 2.2): TRANSHEX Vlakkeland Vredebes	Cape Winelands DM	• DLG	• DHS • DEA&DP • WCED • Dept of Health • Relevant municipal officials
Unemployment	Address unemployment and related challenges within the District (priority 7).	Cape Winelands DM	• CWDM • DLG	• BET structure: LED officials in local municipalities: Drakenstein, BVW, Witzenberg, Langeberg, Stellenbosch • Provincial official and associated institutions • Sub team: ◦ DHET ◦ DRDLR ◦ DotP ◦ DoA ◦ City ◦ LGSETA ◦ DoE ◦ DLG ◦ DEA&DP ◦ DLG CDW, Training ◦ DEDAT ◦ DSD ◦ Health ◦ DTPW ◦ CWDM SDF ◦ PT
Education	• ECD support	Overberg DM	• DSD • DOE • Health	• Not specified

Area of intervention	Project description	District Municipality	Project leader	Social partners
Supporting wellbeing and resilience	Overberg drug rehab centre: • 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	• DSD • Police • Health • DTPW	• Not specified

Table 5: District Development Model

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