Western Cape Government

Health

Annual Performance Plan

2018 - 2019

Foreword by the MEC for Health

As we approach the 2018/19 financial year we look back at 2017, which has been a challenging year for the Department of Health. We have had to deal with the devastating fires in Eden District and at Swartland Hospital; and the increasing water scarcity in the Province.

The demand for health care continues to grow and this is unlikely to change in the short-term given the trends in the social determinants of health and wellbeing. A worrying trend is the increases in the people that are presenting with multiple, interacting and compounding health problems. This situation places the provincial health system under enormous strain and in the context of significant budgetary constraints and the drought, 2018/19 is likely to be a very challenging year.

Health remains a priority in the Province with the Department receiving one of the largest share of the provincial budget. However, health and wellbeing is compromised by a number of factors beyond the health system, many of them preventable. One of our priorities is to move away from a singular focus on disease to that of promoting wellness and we need the whole of society to get involved, every service user needs to understand our business and become part of it.

Health care in the country remains a conundrum and we need to find innovative ways to continue to deliver quality health services to our people. This requires competent, engaged, caring and empowered employees with managers who can lead. The resilience of the provincial health system depends on each and every one of the 31 463 employees of the Department and I would like to thank all of you for working tirelessly to deliver health services across the Province. Your commitment and dedication to providing person-centred quality health care does not go unnoticed.

Western Cape government, working better together!

Nomafrench Mbombo
Western Cape Minister of Health
February 2018

Statement by the Head of Department

The Department has the largest social safety footprint in the Province with the broadest reach to the vulnerable in the context of increasing poverty and social stress. The budgetary challenges over the next 3 years, in the context of a growing burden of disease; poor socio-economic conditions, the drought and migration, pose a significant challenge to the Department's ability to maintain its current performance. The conventional way of providing services and seeking marginal efficiencies has run its course. The need for transformation and redesigning the way we do business has become a critical and urgent imperative. To ensure a strong, coherent and resilient health system, in these difficult times, a significant shift is required from marginal efforts at cost cutting and efficiencies to fundamental transformation in the way we do business.

The Department has developed a transformation strategy and begun in earnest to implement aspects of it. This includes strengthening distributed leadership across the platform, fostering a values-based and positive culture to embrace the change, engaging clinicians and staff more generally on a service redesign process and piloting Community Orientated Primary Care (COPC) as part of service transformation, and embarking upon an extensively collaborative process to redesign the organization functionally (reviewing purpose, process and organizational culture) and structurally within the MEAP project.

As a Department, our 2018/19 rallying cry will have to be "*doing more with less*", from both a budgetary and natural resource perspective. Each one of us will have to find innovative ways to become more efficient in how we use the resources available to us and this is not only an imperative in our work environment but also our households. The water crisis is a very real threat and while we are doing everything we can to ensure continuity in health care provision during this time, the onus is on each of us to responsibly use the natural resources of the Province.

In my engagements with staff I am always heartened by how resilient and innovative you all are and I know that as a collective we will overcome the challenges the coming year brings.

Dr Beth Engelbrecht
Western Cape Head of Health
February 2018

Official Sign-off

It is hereby certified that this Annual Performance Plan:

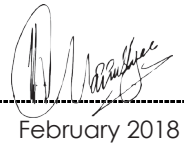
a. Was developed by the management of Western Cape Government (WCG): Health.
b. Was prepared in line with the current Strategic Plan of WCG: Health under the guidance of Minister Nomafrench Mbombo.
c. Accurately reflects the performance targets which WCG: Health will endeavour to achieve given the resources made available in the budget for 2018/19.

Mr A van Niekerk
Chief Financial Officer

SIGNATURE: 

DATE: February 2018

Dr KN Vallabhjee
Chief Director: Strategy and Health Support

SIGNATURE: 

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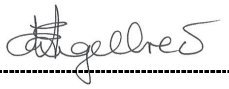
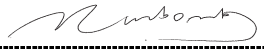
Dr B Engelbrecht
Head of Department

SIGNATURE: 

DATE: February 2018

APPROVED BY:

Minister Nomafrench Mbombo
Executive Authority

SIGNATURE: 

DATE: February 2018

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PART A:

STRATEGIC OVERVIEW

Part A: Strategic Overview

Vision

Access to person-centred quality care

Mission

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

Values

Strategic Goals

Provincial Health Department's Strategic Goals

The Western Cape population is expected to continue to grow over the 2018 Medium Term Expenditure Framework (MTEF) period. This, together with the quadruple burden of disease and increasing multi morbidity will place escalating pressure on the provincial health system in the context of a real reduction in the available budget over the next two to three years. As the demand for healthcare increases, the Department's ability to respond will be compromised by these realities and the pace and scale of Healthcare 2030 implementation will be modest at best. The Department's strategic goals are outlined in Table A 1 and guide the direction we take in the 5-year period between 2014/15 – 2019/20.

Table A 1: Strategic Objectives

STRATEGIC GOAL 1	To promote health and wellness
Goal Statement	To promote health and wellness with the aim of increasing the life expectancy of citizens in the Western Cape.
OUTCOME 1.1.	Comprehensive, efficient health services
Priority Strategies	• Strengthen the continuum of care across the health system • Person-centred approach to care provision • Improve the waiting experience • Comply with the National Core Standards • Nurture a culture of continuous quality improvement
OUTCOME 1.2.	Effective PHC Services as part of a resilient, comprehensive health system
Priority Strategies	• Service Re-design • Strengthen Care Pathway Co-ordination • Enhance the health system's capability for prevention • Strengthen strategies to retain patients, with a chronic condition, in care

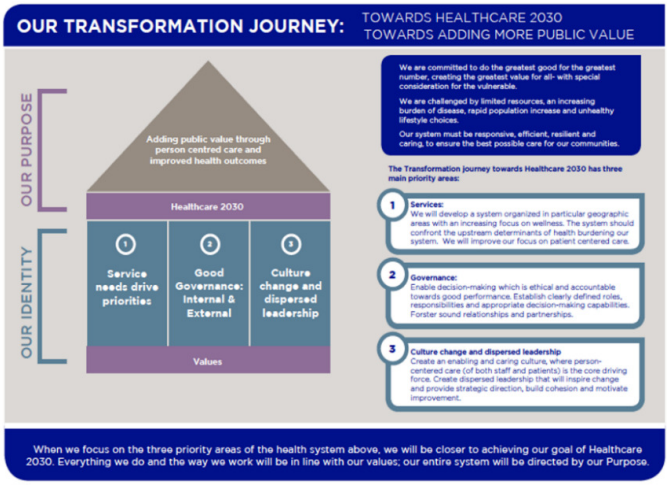
STRATEGIC GOAL 2	To embed good governance and values-driven leadership practices
Goal Statement	To embed good governance and values-driven leadership practices that enables integrated service delivery and person-centred care
OUTCOME 2.1. Priority Strategies	Competent, engaged, caring and empowered employees • Caring for the Carer Initiative • Behaviour Change Programme
OUTCOME 2.2. Priority Strategies	Managers who Lead • Management and leadership capacity development initiative
OUTCOME 2.3. Priority Strategies	Basic Coverage of core ICT systems • Roll-out and operationalise Clinicom, PHCIS and JAC • Develop a data harmonising approach to integrate data from all systems • Develop an approach to encourage and manage innovation in ICT
OUTCOME 2.4. Priority Strategies	Create an enabling built environment • Build health facilities that are conducive to healing and service excellence at the same time being sustainable, flexible, energy efficient, environmentally friendly and affordable
OUTCOME 2.5. Priority Strategies	Unqualified Audit • Continuously improve alignment of practice to policy in financial, human resources and information management. • Establish systems to comply with the regularity framework, for example medical waste management

Transformation Strategy

A transformation strategy has been set to give effect to the strategic vision of Healthcare 2030; which recognises the overall goal and focus of delivering pubic value (See figure A 1). It is the Public Value of improved health and wellness, a long quality life, and a good experience of our services, as envisaged in the drive to do the greatest good to the greatest number, adding the greatest value, through leveraging its resources. The 3 pillars of the Transformation strategy are as follows:

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

Figure A 1: Transformation Strategy



Service Design

There is also a recognition that the services have to be redesigned in the way we conduct business. This ranges from what happens within a facility, between facilities across the platform as well as between the Health Department and other role players such as communities, NPOs and other departments and spheres of government. A range of projects are occurring in this area including, amongst others, a patient flow project being piloted at PHC facilities, the Collaborative Health Initiative within the Retreat CHC – Victoria – GSH axis and many Lean Management projects inter-related with a leadership development programme within GSH.
A workshop was convened with, amongst others, senior clinicians and nursing managers to launch the approach to service re-design. There was a clear recognition of the burning platform that took shape in various forms at different facilities and specialities. The comment that "*it is the staff that burn*" pointed the reality of staff on the ground. The participants appreciated the HOD sharing insights of the attempts by the Department to communicate the service pressures and engage with role players such as the PT and NDOH around resource allocation pressures. It was heartening to see the willingness of the clinical leadership to be part of the solution. It was agreed that this process will be further unfolded at local level with guidance and parameters from the centre.

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

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

Community Oriented Primary Care (COPC)

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

Service Priorities

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

Management Efficiency & Alignment Project (MEAP)

The Department has concluded the first phase of the management efficiency and alignment project (MEAP) which involved extensive engagement with staff. The technical report has been signed off by the Head of

WCG Health. The next phase is a transition that will include finalising a macro design. The intention is to have the SMS cadre matched and placed within the first quarter of 2018 to provide some certainty and stability. The Top Management of the Department will drive the implementation both in the transitional and final stages of the project.

A formal evaluation is being undertaken to assess the outcomes against the intended objectives (i.e. efficiency and alignment) of the project. The first phase of the project also raised operational matters to improve efficiency and functionality that are being addressed as part of daily line function. The structured opportunities to engage in a participatory manner between all parts of the Department have unleashed a positive energy and fostered a spirit of co-creation and joint problem solving which must be sustained in the way we do business going forward. The Strategic cluster under the leadership of the HOD is envisaged to play a key role in building coherence and alignment horizontally and vertically in the Department.

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

Leadership & Culture

The Department is building on the processes we have initiated over recent years such as the value based journey and the C2 AIR Club project. A specific proposal is being finalised to take this initiative forward with dispersed leadership and behavioural alignment to values. The Department is strongly encouraging a shift to reflection and organizational learning in a more systematic manner. Cultural entropy has declined by at least 2 per cent with each survey and the 2017 survey results shows further improvements with an overall result of 18 per cent.

Provincial Government's Strategic Goals

The Western Cape Government has identified 5 strategic goals for the Province over the next 5 years, see Figure A 2. The Department is the lead for strategic goal 3 and the section on "Joint Planning initiatives" provides more detailed information on the projects we are undertaking to achieve this goal

Figure A 2: Strategic Goals for the Western Cape Government

Medium – Term Strategic Framework

MTSF Priorities

Table A 2: Outcome Targets Committed by the Health Sector

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

Situational Analysis

Performance Delivery Environment

Demographic Profile

Population

The 2017 mid-year population estimates by Statistics South Africa have estimated the population in the Western Cape to be about 6 510 312, an exponential increase of about 1.9 per cent per annum from the 2011 census population estimate of 5 822 734 (Census 2011 estimates) and the 2016 estimate of 6 279 731 (Community Survey 2016 estimates), see Figure A 3 below. Increases have occurred across all age groups except 20-29 year olds, with the largest increase in 5-14 year olds and 30-49 year olds (Figure A 4). District distribution of the population remains relatively unchanged, with approximately 64 per cent of the provincial

[1] Medical Research Council (2013): *Rapid Mortality Surveillance (RMS) Report 2012.*
[2] Medical Research Council (2014): *Rapid Mortality Surveillance (RMS) Report 2015.*

population residing in the Metro, followed by about 14 per cent in the Cape Winelands District and 10 per cent in the Eden District.

Figure A 3: Total Population 2002-2017, Western Cape Province

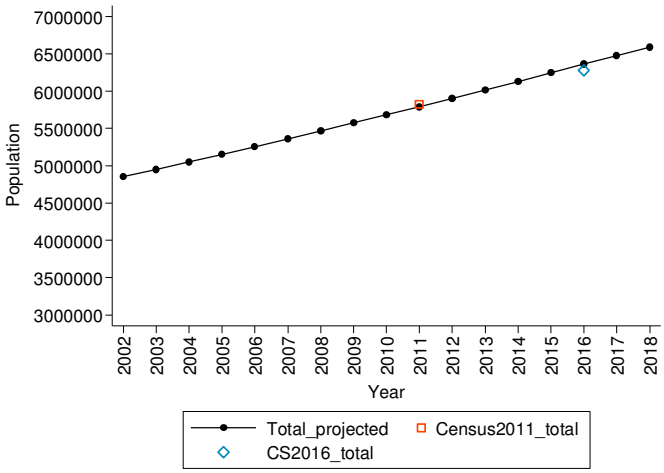
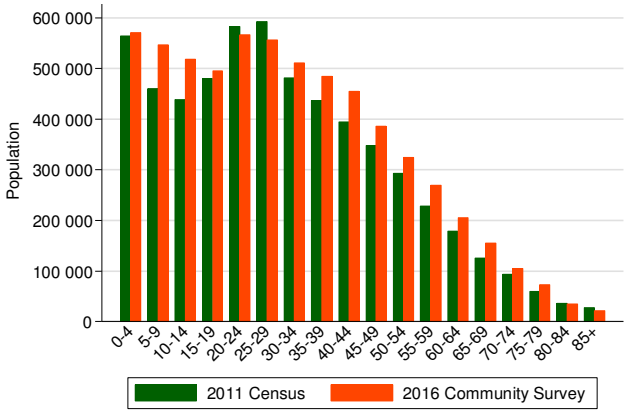


Figure A 4: Western Cape Population by Age



The official population estimates being used for the purposes of planning are contained in Table A 3, with an uninsured population of 75,3% as per the circular.

Table A 3: Population Estimates[3]

DISTRICT	2014	2015	2016	2017	2018	2019	2020
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/2021
Cape Town Metro District	3 904 218	3964984	4027059	4084946	4140564	4194179	4246442
Cape Winelands District	847 429	864591	882078	899240	916385	933476	950549
Central Karoo District	73 981	74660	75338	76061	76828	77610	78402
Eden District	596 779	604701	612783	620759	628623	636317	643806
Overberg District	270 406	276168	282022	287777	293506	299204	304859
West Coast District	419 201	428914	439003	449287	459683	470159	480692
WESTERN CAPE	**6 112 014**	**6214017**	**6318283**	**6418069**	**6515589**	**6610944**	**6704749**

[3] Source: Circular H11/2017

Fertility Rates & Life Expectancy

The Western Cape's average fertility rate is estimated to decline from 2.23 to 2.02 between the periods 2011-2016 and 2016-2021 (Stats-SA 2017 mid-year estimates). This means that, in the period between 2016 and 2021, women in the Western Cape who live through their reproductive years (10-49) are expected on average to have, 2.02 live births in the period between 2016 and 2021. Life expectancy in the Western Cape population is the highest in the country and has increased over the last 15 years (males: 59.3 years in 2001-2006 increasing to 66.8 years in 2016-2021; females: 63.9 in 2001-2006 increasing to 71.8 years in 2016-2021).

Socio-Economic Profile

Social and economic factors have a significant influence on the health of individuals and populations worldwide. Health is the universal recipient of the results of poor socio-economic realities. Unemployment, lower income levels, informal housing, lower literacy levels, inadequate sanitation and food insecurity are all associated with poor health status and negative health outcomes. In the Western Cape, the unemployment rate is estimated at 20.8 per cent (Stats SA labour force survey). There is also a strong relationship between educational attainment and the rate of unemployment, which falls as educational attainment rises. Whilst the majority of the Province's unemployed have incomplete secondary education, results from the 2016 General Household Survey report that only 1.5 per cent of adults over 20 reported having no schooling, and adult literacy in the province remains relatively high (91 per cent, Stats SA General Household Survey 2016). Informal housing levels remain relatively high (18 per cent compared to national average of 13.9 per cent), yet 99 per cent of households have access to a tapped water supply and 94 per cent have adequate sanitation. Violence and safety concerns contribute significantly to the burden of ill-health, with alcohol and other substances major risk factors.

Epidemiological Profile

Cause of death and premature mortality profiles for the Western Cape in 2014 are shown in Figure A 5. Profiles are based on an analysis of cause of death data for the Western Cape supplied by Statistics South Africa, which excludes 521 deaths with unspecified cause of death. Non-communicable diseases have continued to account for two thirds of all deaths and half of the premature mortality burden, with injuries, HIV/AIDS and TB both accounting for approximately 15 per cent of deaths and 19 per cent of the premature mortality burden.

HIV/Aids & TB

The proportion of people living with HIV in the Western Cape increased from an estimated 3.8 per cent in 2008 to 5.2 per cent in 2012[4]. Although age-standardised HIV mortality rates are declining, HIV still accounts for the second highest number of deaths (8.7 per cent of all deaths), and remains the single leading cause of premature mortality (12 per cent of YLL) in the Province (Western Cape mortality profile 2013)6. The incidence of TB continues to decrease in the Western Cape, with 708 new cases of TB per 100 000 notified in 2014[5]. Eighty-two per cent of all TB cases were successfully treated (cured or completed treatment) in 2014, and the rates of loss to follow up and case fatality were 9.6 per cent and 3.6 per cent, respectively.

The burden of drug resistant (DR) TB remains high, with 1793 DR patients: 33 per cent Rifampicin Resistant, 59 per cent multi-drug resistant and 7 per cent extensively-drug resistant patients, recorded as starting treatment in 2014. Treatment outcomes for DR TB remain poor, with a treatment success of only 38 per cent and 34 per cent of patients defaulting treatment[6].

[4] Shisana, O, Rehle, T, Simbayi LC, Zuma, K, Jooste, S, Zungu N, Labadarios, D, Onoya, D et al. (2014) *South African National HIV Prevalence, Incidence and Behaviour Survey, 2012.* Cape Town, HSRC Press.
[5] ETR.net
[6] EDR.web

Figure A 5: Causes of Death & Premature Mortality in the Western Cape

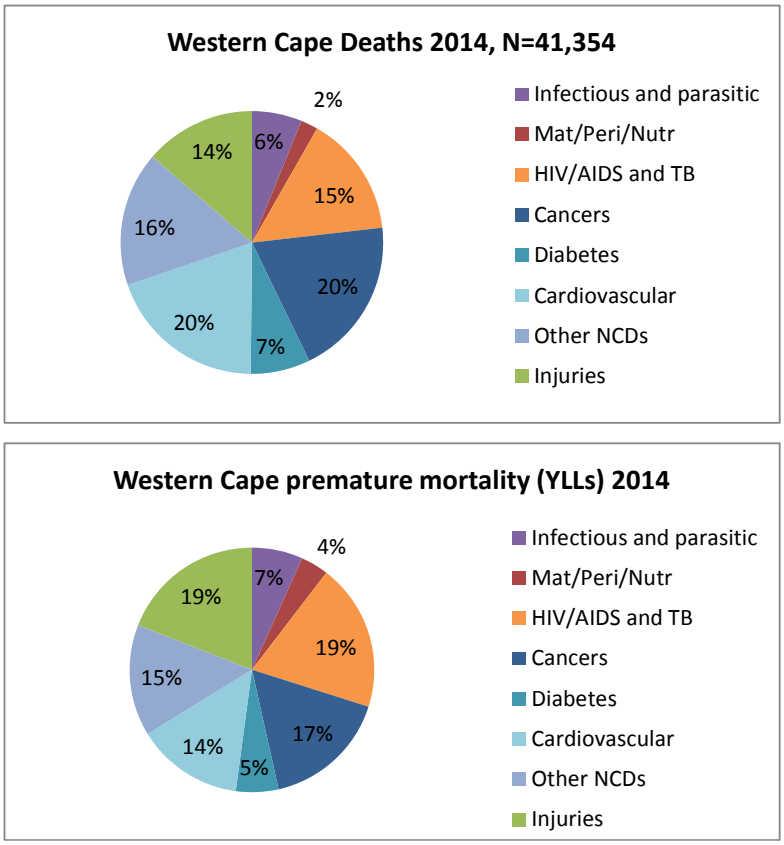


Table A 4: Trends in TB Notification & Outcomes in the Western Cape

	2011/2012	2012/2013	2013/2014	2014
TB NOTIFICATION RATE (Per 100 000)	830.2	779.5	745.1	708.6
TB Treatment Success (%)	81.9	82.1	82.9	82.3
TB Lost to Follow Up (%)	8.5	9.2	8.6	9.6
TB Case Fatality Rate (%)	4.3	4.3	3.8	3.6
TB/Hiv Co-Infected (%)	38.3	38.7	37.3	-

Child Health

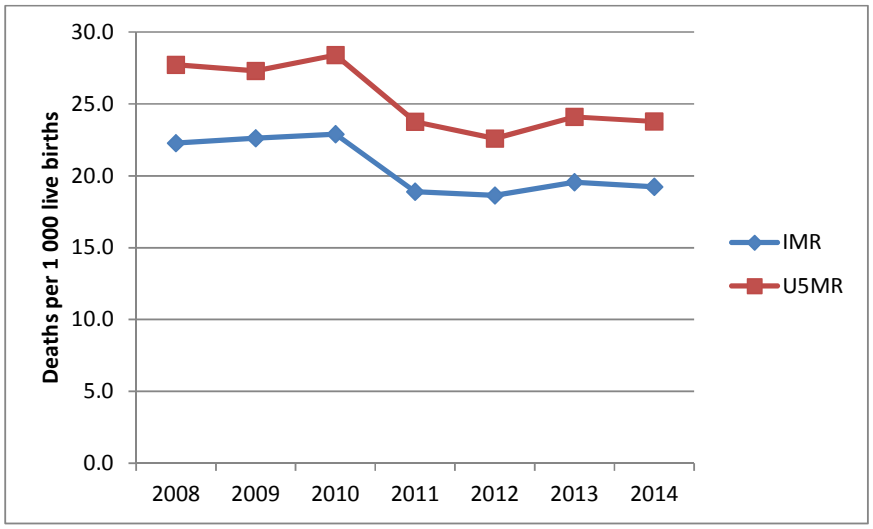
Improving women's, child and adolescent health is a global priority, as well as a key service priority in the department. The first 1000 days (the period from conception to 2 years of age) is a critical window of time that sets the stage for a person's intellectual development and lifelong health. It is a period of enormous potential, but also of enormous vulnerability. The focus on first 1000 days require an inter-sectoral response and is one of the inter-departmental priority projects.

In 2015/16, of the 90 554 women attending antenatal services at least once, approximately 67 per cent attended within the first 20 weeks of their pregnancies. The estimated antenatal HIV prevalence has increased somewhat from 16.8 per cent in 2009 to 17.6 per cent in 2015 (based on preliminary findings from the 2015

Antenatal Survey). Self-reported ART usage among HIV positive pregnant women has increased significantly from 35.9 per cent in 2014 to 45.0 per cent in 2015 and the estimated rate of mother-to-child-transmission of HIV (MTCT) has continued to decrease in the Western Cape, down to 1.1 per cent for 2015/16.

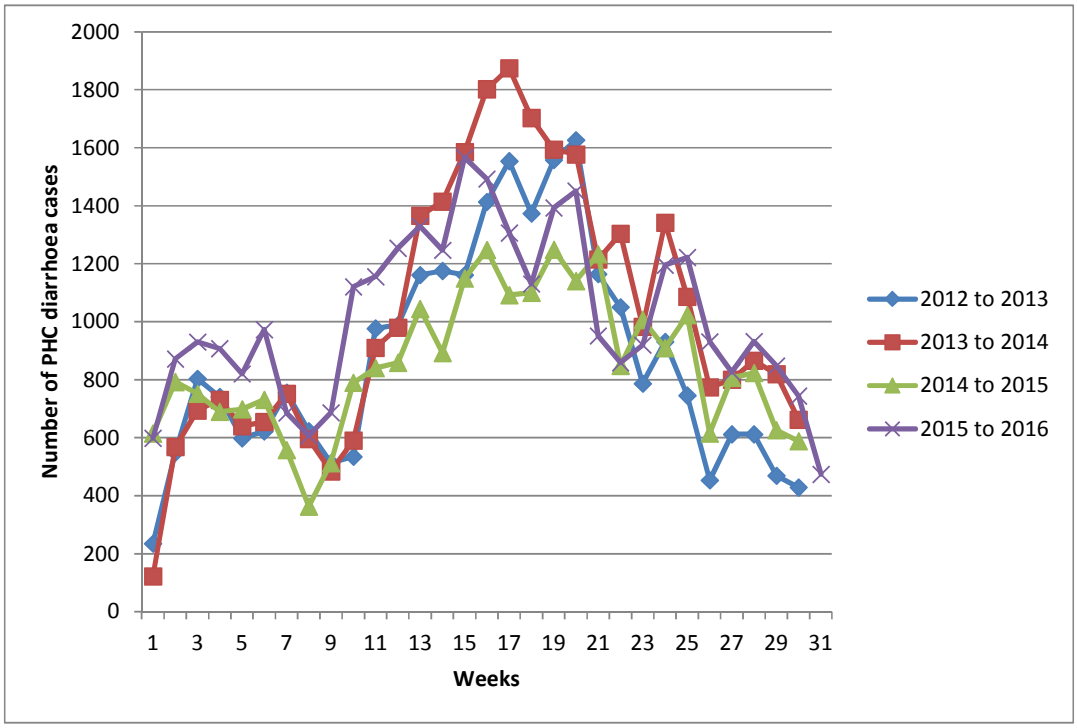
There were approximately 91 322 deliveries in public facilities in the Western Cape in 2016/17. In-facility maternal, and neonatal mortality rates remain relatively low at 59 per 100 000, and 7 per 1000 live births, respectively. Trends in infant and child (under 5) mortality rates, calculated from Stats-SA-reported deaths and live births for the Western Cape, are shown in Figure A 6. Rates appear to be plateauing, however data for 2013 and 2014 must be interpreted cautiously due to an apparent under-registration of births on the Vital Registration System (by approximately 10 000) in both these years. If this is indeed the case, then the true rates for 2013 and 2014 would be 10 per cent lower, i.e. around 21.7/1000 and 17.6/1000 in 2013; around 21.4/1000 and 17.3/1000 in 2014, all of which would be slight decreases compared to 2012.

Figure A 6: Infant & Under 5 Mortality Rates, Western Cape 2001-2014 (per live 1000)



Case fatality rates for diarrhoea (0.1 per cent), pneumonia (0.4 per cent) and severe acute malnutrition (1.7 per cent) in children under 5 years in 2015/16 were low; however preliminary results from the most recent Paediatric Surge Season (high burden months for diarrhoea and pneumonia occurring between November and May due to seasonal influences) shows incidence rates remain high. Figure A 7 shows the trends in the number of diarrhoea cases seen at primary health care facilities in the Metro from November 2015 to May 2016. The numbers of cases in 2015/16 were higher than the previous year and this trend will be monitored closely. The shortage of clean water and its availability in poorer communities owing to the drought in all likelihood will exacerbate this trend.

Figure A 7: Trends in the Number of Diarrhoea Cases seen at PHC Facilities in the Metro (May - November of each Year)



Non-communicable Disease

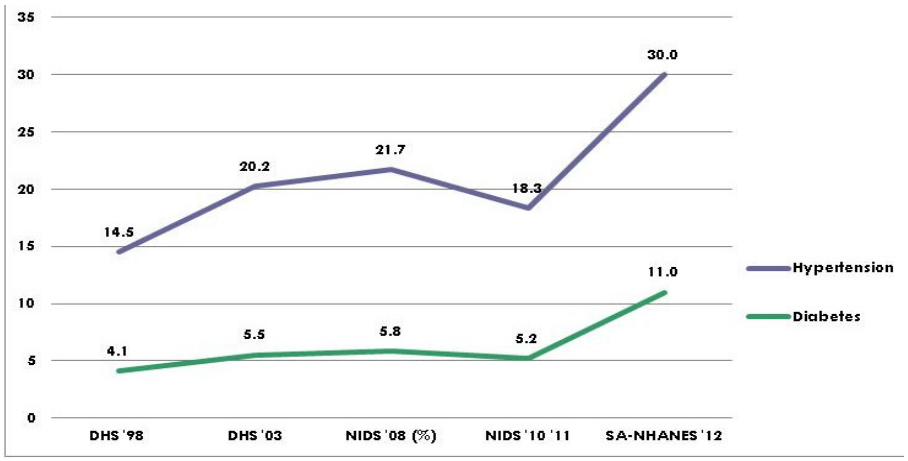
The burden of non-communicable diseases (NCDs) remains a concern when considering the high prevalence of risk factors such as obesity, smoking and physical unfitness. Results from the South African National Health and Nutrition Examination Survey (SA-NHANES), conducted in 2012, found over half of the Western Cape respondents were overweight or obese (Body Mass Index greater than or equal to 25kg/ m2), a third were smokers, and two-thirds were physically unfit. Results from National Community Based Surveys conducted in 2003 and 2012 indicated an increasing trend in the prevalence of non-communicable diseases in the Western Cape, specifically hypertension and type 2 diabetes mellitus (Figure A 8 [7]). Thus this burden is expected to continue to escalate in the coming years.

Facility-level structural processes and resources, clinical practice and related outcomes of chronic diseases are assessed annually by means of the Integrated Chronic Disease Audit. Disease-specific assessments concentrate around the 5 major non-communicable diseases: Diabetes, Hypertension, Epilepsy, Asthma and Chronic Obstructive Pulmonary Disease (COPD). In 2016, participating facilities had the resources to deliver comprehensive chronic disease care in the preparation and consulting rooms, achieving 94 and 70 per cent respectively.

More than half of all diabetics had 4 or more of the recommended annual assessments performed while only about 19 per cent demonstrated glycaemic control. Similarly, out of 4 recommended annual assessments for hypertensive patients, a median of 3 were performed; with 60 per cent of hypertensive clients having demonstrated controlled blood pressures. Additionally, a third of both asthmatic and epileptic patients were assessed to be controlled.

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

Figure A 8: Hypertension & Diabetes Prevalence in the Western Cape



A new aspect of the audit assessed for known co-morbid HIV illness which ranged from 2.4 – 5.4 per cent. This further highlighted that only a small proportion of those not known to be living with HIV were offered voluntary counselling and testing within the last year. In light of the new universal test and treat policy, this may warrant further investigation, attention and improvement.

Injuries

Health Systems Trust's (HST) conducted 5 rapid assessments of injury morbidity in emergency centres in the Metro between September 2013 and 2015. Across all surveys, violence (mainly interpersonal violence in men) was the most common cause of injury (~60 per cent), followed by unintentional (~25 per cent) and transport-related injuries (~12 per cent) presenting at emergency centres. Alcohol use was reported in over half (55 per cent) of all violent injuries and the relative-risk of a transport related injury was twice as high for those who reported alcohol use compared to those who did not. Alcohol has also been identified as the 3rd leading risk factor for death and disability in South Africa. Reducing harms related to alcohol is one of the seven priority interventions in the province, also referred to as "Game Changers".

In 2014, a Child Death Review (CDR) pilot was established at Salt River mortuary in Cape Town to investigate unnatural and natural unexpected deaths in children under 18 years of age, in order to improve child health and protection systems. 201 and 204 deaths due to injuries in children under 18 years of age were reviewed in 2014 and 2015, respectively, Homicide was the commonest cause of death due to injuries and accounted for 41 per cent of all deaths in 2014 and 2015. It spanned all age groups, with the highest burden in infants and the 10 to 17-year age group. Road traffic injuries accounted for almost 25 per cent of all deaths and peaked in the 5 to 9-year-old age group. Suicide accounted for 2.7 per cent of deaths and occurred in children 10 to 17 years of age. Following the success of the pilot, the CDR process is being extended to all mortuaries in the Western Cape, with the aim of having complete coverage by the end of 2017[8].

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

[8] Shanaaz Mathews, Lorna J Martin, David Coetzee, Chris Scott, University of Cape Town: Deaths from injuries in children under 18 years of age in Metro West, Cape Town: Data from the Child Death Review 2014 and 2015

Table A 5: Homicides from Firearms

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

Climate Change

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

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

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

The significance of climate change in the Western Cape, and WCGH more specifically, is rapidly becoming even more evident with extreme weather events, the current water crisis and reality of the province approaching Day Zero – the day when taps run dry. In order to ensure water security and business continuity, WCGH has proactively been putting various strategies in place.

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

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

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

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

WCGH is considering alternative mechanisms for waste disposal. A pilot project is currently underway at Khayelitsha Hospital, whereby medical waste is sterilised and macerated to become harmless waste. The treated medical waste renders reduced waste quantities, which can safely be disposed of as general waste. As a further step, the Department is investigating the feasibility to convert waste to energy. WCGH is furthermore also working towards implementing green initiatives with respect to general waste at health facilities i.e. focus will be on reduce, re-use and recycle. Policies and Standard Operating Procedures will be developed for implementation at all health facilities.

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

Organisational Environment

People Management

Organisational Structure

The macro-organisational structure (see organogram below) reflects the senior management service (SMS) members as at the 1st February 2018; please note only filled posts are reflected. The Department is currently engaged in a process to improve efficiencies and alignment of the management structures, functions and processes, referred to as the Management Efficiency and Alignment Project (MEAP). This intervention will address duplication of functions, imbalances in centralisation/decentralisation, excessive "red tape" and administrative inefficiencies.

In addition to the above, the Department is also correcting all out of adjustment cases, addressing incorrect utilisation and ensuring that the same job titles and occupational classification codes are being used for similar posts. This will ensure a more reliable staff establishment and will reduce the number of unnecessary job titles substantively.

Organisational Capacity

Employment & Vacancy Rates

The Approved Post List (APL) is a tool that assists managers to plan and monitor personnel expenditure against priorities and funds. An APL Tool as well as a Standard Operating Procedure (SOP) was developed to ensure uniformity in the application and management of the funded vacancies as well as control over the staff establishment on the PERSAL system. The APL Tool is coordinated through a central process driven by Sector Managers together with the Division Finance and the Chief Directorate People Management. The impending financial pressures over the MTEF will see an increase in the vacancy rates as posts are deliberately not filled especially in the administrative and non-clinical sections of the Department as the Department will try to protect the service delivery to patients (see Figures A 9, A 10 and A 11).

The current vacancy rate [3.6 per cent] (vacant funded posts) is very low in terms of national standards and is 1.3 per cent lower than the previous financial year. The average turn-around time of the department in the filling of posts is 3 months which is shorter than the national norm of the Department of Public Service and Administration (DPSA) of 4 months.

Western Cape Government

BETTER TOGETHER.

Organisational Organogram

Structure as from 1 February 2018.

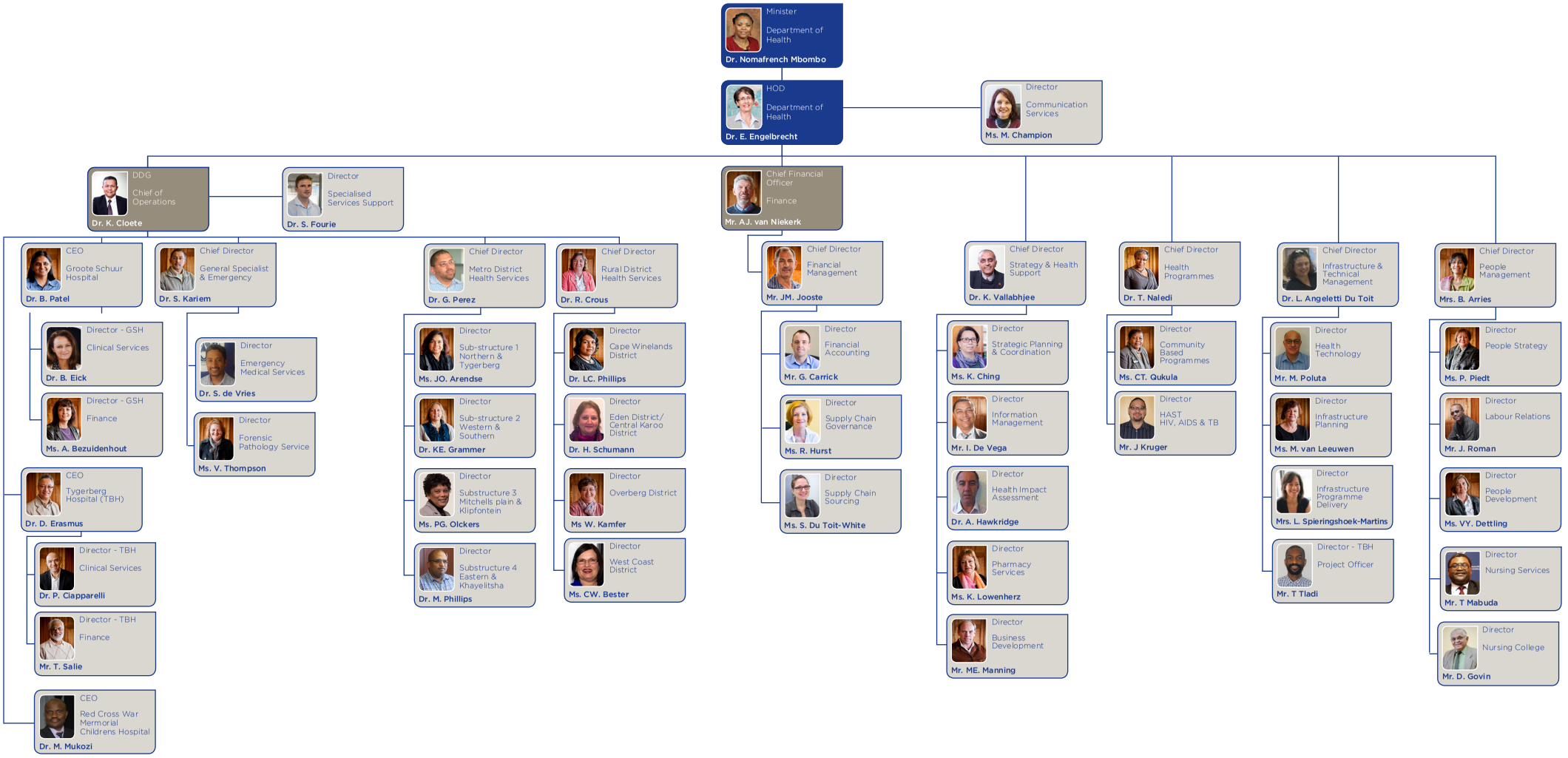
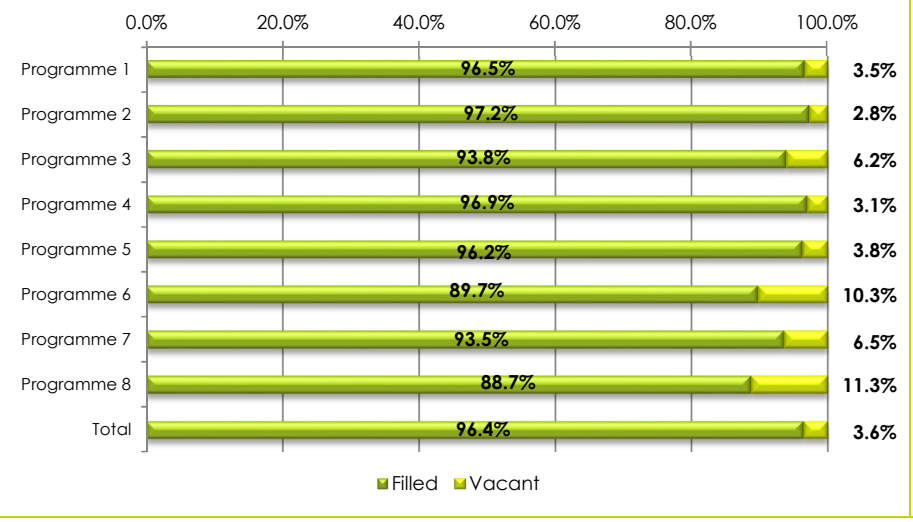


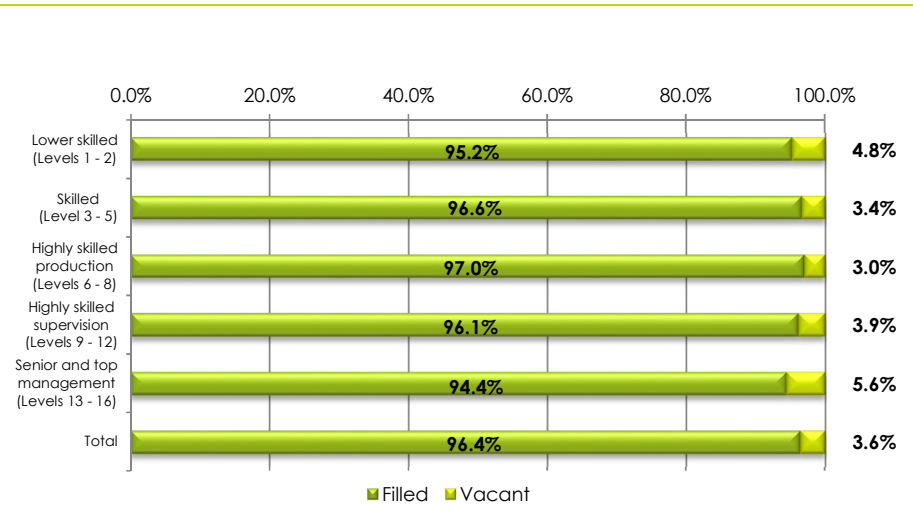
Figure A 9: Employment & Vacancies by Programme as at the 31st March 201 2017



Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Vacancy rate is based on funded vacancies.

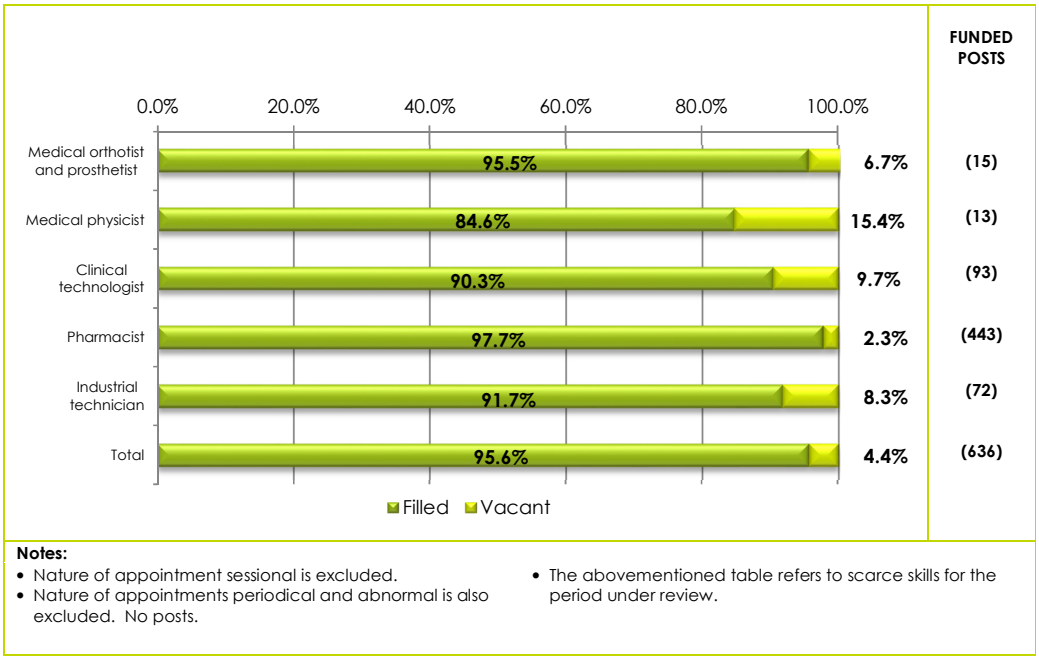
Figure A 10: Employment & Vacancies per Salary Band, 31st March 2017



Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Vacancy rate is based on funded vacancies.
- This table provides the same statistical information as Figure A 8 but broken into salary bands.

Figure A 11: Employment & Vacancies by Critical Occupations, 31st March 2017



Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The abovementioned table refers to scarce skills for the period under review.

The use of block advertisements [number of adverts for entry level ranks within the health professional cadre placed as a "block" which is valid for 12 months] to recruit employees within the health professional environment assist greatly in ensuring shorter turn-around times. The total staff establishment is 31 463 of which 20 258 falls under the health professional (OSD category) while 11 205 are within the Non-OSD category, see Table A5.

Table A 6: OSD vs. Non-OSD Posts per Salary Level

Salary Levels	OSD Category	NON-OSD Category	Grand Total
1	0	387	387
2	0	2355	2355
3	2152	1398	3550
4	1234	1031	2265
5	2838	3398	6236
6	2524	744	3268
7	3284	555	3839
8	761	642	1403
9	2229	362	2591
10	1787	61	1848
11	1951	129	2080
12	1494	80	1574
13	4	48	52
14	0	10	10
15	0	4	4
16	0	1	1
Grand Total	**20 258**	**11 205**	**31 463**

Imbalances in Service Structures & Staff Mix

There is shortage of Clinical Nurses Practitioners (CNP) and Enrolled Nurses (EN) in rural areas in particular and this is compounded by lack of affordable accommodation in these areas; which makes recruitment and retention a challenge. In the occupation for Professional Nurse a shortage in certain specialty areas such as theatre, trauma and orthopaedic professional nurses exists, and this is particularly common in District Hospitals. In addition, there are also shortages of Professional Nurses with advanced psychiatry and midwifery specialty qualifications. Despite, the aforementioned the Department is unable to employ newly qualified professional nurses as there are no funded vacant professional nurse (general) posts and thus we have an oversupply as there is an inability to absorb professional nurse bursary holders.

Table A 7: Public Health Personnel, 31st March 2017

PUBLIC HEALTH PERSONNEL							
CATEGORY	No. EMPLOYED	% OF TOTAL EMPLOYED	No. / 100 000 PEOPLE	No. / 100 000 UNINSURED PEOPLE	VACANCY RATE	% OF TOTAL PERSONNEL BUDGET	ANNUAL COST / STAFF MEMBER
Medical officers	2 038	6.48%	32.033	42.825	2.07%	16.2%	711 135
Medical specialists	694	2.21%	10.908	14.583	2.94%	9.7%	1 151 810
Dental specialists	6	0.02%	0.094	0.126	0.00%	0.1%	1 820 973
Dentists	96	0.31%	1.509	2.017	3.03%	0.8%	522 076
Professional nurses	6 095	19.37%	95.799	128.075	4.06%	22.8%	390 616
Staff nurses	2 604	8.28%	40.929	54.718	2.03%	5.5%	232 806
Nursing assistant	4 144	13.17%	65.134	87.078	2.43%	7.4%	195 818
Pharmacists	433	1.38%	6.806	9.099	2.26%	2.5%	559 195
Physiotherapists	147	0.47%	2.311	3.089	2.65%	0.5%	301 042
Occupational therapists	180	0.57%	2.829	3.782	1.10%	0.6%	319 419
Psychologists	80	0.25%	1.257	1.681	9.09%	0.5%	436 484
Radiographers	454	1.44%	7.136	9.540	4.22%	1.8%	397 334
Emergency medical staff	1850	5.88%	29.078	38.874	5.80%	4.8%	291 743
Dieticians	92	0.29%	1.446	1.933	0.00%	0.3%	344 832
Other allied health professionals and technicians	1534	4.88%	24.111	32.234	4.30%	4.6%	296 556
Other staff	11016	35.01%	173.146	231.481	3.96%	22.1%	203 531
GRAND TOTAL	**31 463**	**100.00%**	**494.526**	**661.137**	**3.56%**	**100.0%**	**325 788**

A Provincial Nursing Strategy (2016-2030) has been developed to address the imbalance and staff mix challenges for nursing. Key interventions contained in the strategy includes:

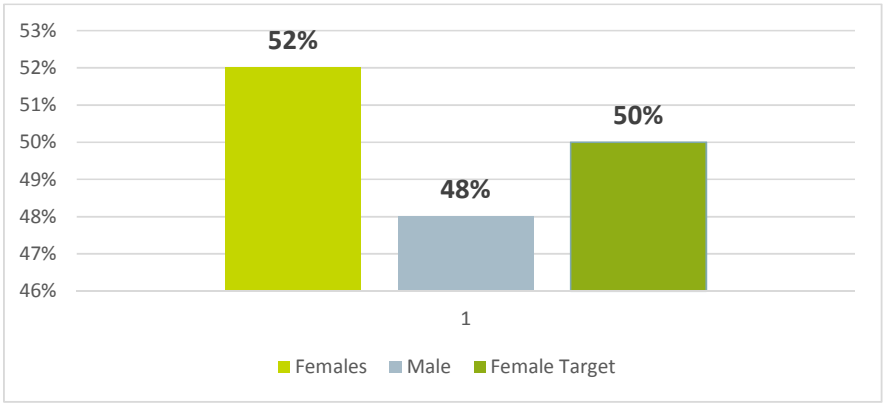
- a 3-year training plan intended to optimise the utilisation of the Western Cape College of Nursing (WCCN) capacity for speciality nurse training programmes
- increasing the number of professional nurses released by the health facilities to undergo speciality nursing training programmes
- rural nursing campuses of WCCN were established in George and Boland Overberg respectively to recruit and train nursing students in the rural areas as part of a recruitment and retention strategy.

Radiographers are also difficult to recruit in the rural areas. Significant progress has been made with the employment of Medical Specialists within the discipline of Family Physician, which is critical in strengthening services and clinical governance especially within the District Health Service (DHS). Further imbalances are being experienced within the occupations Engineering and Related Professions in the form of Artisans and Engineering Technicians.

Employment Equity

The Department of Health Western Cape's current staff profile is very close to the required profile as per the Department of Labour and the Employment Equity Act, 1998 targets. The Department has exceeded its target for women in the SMS category, see Figure A 12. The challenge remains within the professional scarce skills categories and people with disabilities where representation is still lacking.

Figure A 12: Gender Profile of SMS



The Department needs to achieve numerical targets in order to have an employment profile that reflects the community to which it delivers a health service. The following targets were set for the 2012 – 2017 EE Plan:

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

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

- A leadership development strategy;
- A succession planning policy;
- A retention strategy;
- These interventions will assist in achieving a pool of suitably qualified employees to achieve the numerical targets at SMS and MMS levels.

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

- Establish an employment profile through the setting of numerical targets which reflects the economically active population of the Western Cape to which the Department of Health delivers a health service;
- Eliminate discriminative practices and employment barriers through the identification of practices of unfair discrimination and barriers to employment and the establishment of policies and practices free of discrimination and barriers;
- Improve the cultural entropy of the Department.

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

Staff Turnover

The average staff turnover rate (which measures staff exiting the service throughout the financial year as a proportion of the staff complement at the beginning of the financial year) for the Department in the 2016/17 financial year was 11.13 per cent (including fixed-term contractual appointments such as community service, interns and registrars) and 6.66 per cent (excluding fixed-term contractual appointments such as community service, interns and registrars). This is a decrease of 2.55 per cent from the previous reporting period.

Annual staff losses occur as a result of the retirement and resignation of employees, employees completing their training, as well as staff completing their community service employment periods. This is deemed to be part of the natural turnover rate which amounts to 9.26 per cent for health professionals. This is well within the average of health sector institutions in both the private and public sector in South Africa. In South Africa, the average is approximately 12 per cent in the private sector and 8.6 per cent in the public sector (excluding fixed-term contractual appointments such as community service, interns and registrars).

Staff Recruitment & Retention Challenges

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

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

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

- The development of an overarching People Management Strategy that includes a Retention Strategy that will include reviewing policies and strategies relevant to People Management.
- Preparation of strategies to address the approaching loss of staff due to retirement.
- Roll-out of change management interventions targeted at leadership and management development.
- Continuing with Internship programmes.
- Quarterly assessment of exit interview reports by TEXCO and planning the way forward.

Absenteeism

The management of normal sick leave remains problematic. The Department has however put measures in place to monitor and manage sick leave on a continuous basis. A new report has been developed which will indicate the number of sick leave days utilized as well as the number of sick leave incidents. This has been made available to institutions on a quarterly basis and line managers must identify risk areas and address possible abuse. During the period 1 January 2016 to 31 December 2016 the average days' sick leave utilized

per employee was 8.2 days. The increase can be due to the new sick leave cycle which commenced 1 January 2016. The highest incidence of sick leave is found in salary levels 6 to 8 which could be ascribed to the workload, operational responsibilities and accountability within these groups.

The Health Risk Manager is an outsourced service provider that assists the Department in assessing incapacity leave requests. The current Health Risk Manager for the Department of Health is Alexander Forbes, and was appointed with effect from 1 November 2013. The contract has been extended until 31 December 2018 on request from DPSA. A review of the current Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) modality is also currently being conducted by KPMG on request from DPSA. The Department has quarterly PILIR Steering Committee meetings with the Health Risk Manager where problem areas are identified and addressed. The service is delivered within the prescribed timeframes. The incapacity leave cases have decreased in 2016 as it is the first year of the new three-year sick leave cycle.

Employee Wellness

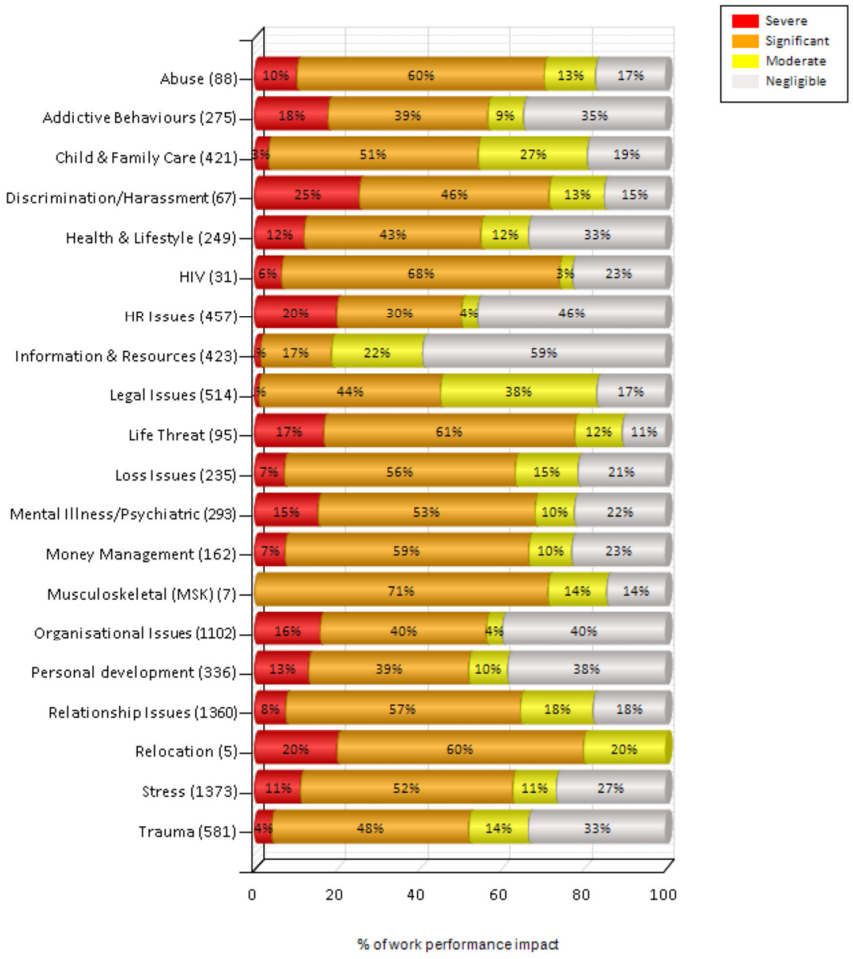
At the most basic level, the people who hold up well under constant pressure live in ways that sustain their health and well-being. It is within this context that the Western Cape Government Employee Health Wellness Programme functions. The programme assists employees to manage negative emotions such as fear, anger, anxiety, and worry which constrict a person's cognitive skills and weaken resiliency. Managers who create a positive, appreciative atmosphere that promotes job satisfaction strengthen resilience, increase mental alertness and accuracy, and keep the best employees strongly committed to the organisation (LMI Research Institute). The broad array of services provided to employees in the programme by today's EHWPs goes further than just psychological counselling but includes an integration of a host of "work/life" resources. The programme provides employees with resources to assist with the challenges such as starting a family, dealing with personal finances, legal problems or maintaining work life balance.

The overall engagement rate, which includes uptake of all services provided, amounted to 26.8 per cent during the period under review, which compares to 25.8 per cent during the comparable previous period. Annualised individual usage of the core counselling and advisory services of 11.7 per cent was recorded during the most recent period, which compares to 11.6 per cent during the previous period. The proportion of employees who were formally referred during the review period was 8.3 per cent (303 cases). This compares to 8.1 per cent (293 cases) during the previous period. The formal referral process has the capacity to proactively identify and mitigate the impact of severely impacting problems on the wellbeing of employees.

Relationship Issues, Stress and Organisational Issues continue to dominate the problem profile. Under the relationship issues cluster individuals presented most commonly with partner/spouse issues. The majority of problems in the cluster were presented by female employees. 57 per cent of the relationship issues presented contributed to significant impact on productivity. Significant impact on productivity is associated with presentism, regular absenteeism and some conflict with colleagues amongst other characteristics.

Figure A 13 represents the severe (1-60), significant (61-80) and moderate (81-90) scale of work performance impact as a comparison with the problem categories that contributed to these ratings. Using a 10-item scale of global functioning at work, clinical staff estimates the overall impact on the employee's work life. A 'severe work and significant impact' may cause impairment in the occupational functioning of the individual and may include absenteeism, presentism, conflict, compromised performance and may lead to disciplinary processes.

Figure A 13: Work Impact per Problem Cluster 2016/17

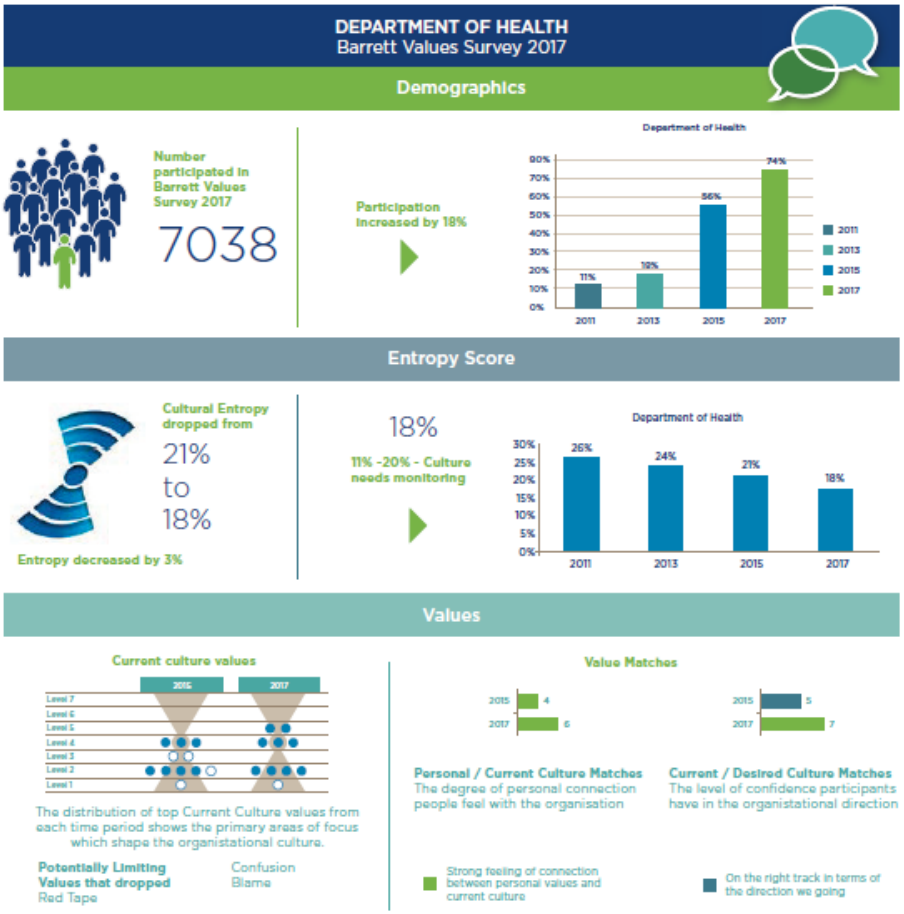


Organisational Culture

The 2017 Barret Values Survey, Figure A 14 was conducted in August and continues to show survey on survey increases in participation, with significant improvement in 2015 and 2017 respectively. The Department's entropy level is declining, from 26 per cent in 2011 to a much lower entropy score of 18 per cent in 2017. This is a positive factor to note and is to be celebrated as an achievement; it indicates that the concerning values highlighted in previous surveys are being effectively addressed, as more positive values are starting to emerge. The Department now falls into the cultural entropy risk band of 10 to 19 per cent, which means we have problems requiring attention and careful monitoring.

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

Figure A 14: Barrett's Survey Results 2017



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

Quality of Care

Management of Complaints & Compliments

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

It is accepted that complaints and compliments are a normal and healthy part of service provision as each one is considered as an opportunity to learn and improve the service. In the 2016/17 financial year, the

Department received 6 112 complaints and 15 743 compliments, the number of complaints and compliments received needs to be viewed in relation to the total number of patient encounters which for the year was 17,8 million. The greatest number of complaints received were in the categories Care and Professional Treatment, Waiting Times and Staff Attitudes. The greatest number of compliments received were in the categories Care and Professional Treatment and Staff Attitudes. The National Health Council has approved the National Department of Health's' Guideline to manage Complaints, Compliments and Suggestions in the Health Sector of South Africa (April 2017) for implementation in April 2018.

National Core Standards for Health Establishments (NCS)

The Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombudsman (Regulations1275 dated 13 October 2016) has been promulgated. However only Chapter 7, which deals with the handling and investigation of complaints by the Ombudsman has come into force, the remainder of the regulations will only come into force once the norms and standards have been prescribed by the National Minister of Health. The National Department of Health is in the process of revising the draft Norms and Standards Regulations Applicable to Different Categories of Health Establishments.

Infection Prevention Control (IPC)

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

Ideal Clinic Realization and Maintenance Programmes (ICRM)

Operation Phakisa, coordinated by the National Department of Health in 2014, resulted in the finalisation of plans to ensure that all clinics in the country meet the elements listed on the Ideal Clinic dashboard by the end of the 2018/19 financial year. The Status Determination Cycle to establish the Ideal Clinic Status of all fixed Primary Health Care Facilities requires the following Status Determinations; a facility Status Determination conducted by the facility, a Status Determination conducted by the District Perfect Permanent Team for Ideal Clinic Realization and Maintenance (PPTICRM) and a cross district Peer Review conducted by the District PTTICRM, with the option of a Peer Review Update where indicated. The periods between the Status Determinations is dedicated to quality improvement. For the 2016/17 financial year, 60 facilities were identified for scale-up, of the 60 facilities 39 achieved Ideal Clinic Status. Of the 39 facilities which achieved Ideal Clinic Status, 29 achieved Silver Status and 10 Gold Status. The Department started the ideal clinic realisation programme a year later than other provinces and is making steady progress.

Occupational Health & Safety (OHS)

WCGH has developed and released an implementation plan relating to the Safety, Health, Environment, Risk and Quality ("SHERQ") Policy. This plan categorises actions under the occupational health services in five categories:

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

Work continues in each of these areas with particular focus on the completion of the appointment of 16(2) appointees (Governance); identification of an appropriate information management system (Governance);

initiation of the health risk assessment cycle (Training and Risk Assessment) and completion of the provincial medical surveillance protocols (Medical Surveillance).

Built Environment

The primary objective of the infrastructure programme is to promote and advance the health and well-being of health facility users in the Province in a sustainable responsible manner, whereby infrastructure is being planned, delivered, operated and maintained with an increased focus on resilient infrastructure whilst ensuring sustainability of both the infrastructure itself as well as that of the environment. This objective is being met through what has been termed the "5Ls Agenda [9]":

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

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

- The publication of National Treasury Instruction No 4 of 2015/2016 legislated the implementation of the Standard for Infrastructure Procurement and Delivery Management (SIPDM) – this has necessitated a review of the Infrastructure Delivery Management Toolkit 2010 and the Western Cape Infrastructure Delivery Management System (IDMS), both of which are currently underway.
- The change in focus from the delivery of new infrastructure to asset care (including maintenance and renewal) is continuing. Capital projects categorised as "Renovations, rehabilitation or refurbishments" by National Treasury, are further categorised as "renewals" and includes work on existing assets (infrastructure) which returns the service potential of the asset, or expected useful life of the asset, to that which it had originally. Thus, although work undertaken under this category is undertaken as *capital projects* they are considered as *asset care activities*. Both maintenance and renewal are therefore recognised as asset care activities.

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

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

Knowledge Management

The objectives of Knowledge Management are centrally informed by the service delivery imperatives for patient-centred quality care and improved health outcomes within an environment regulated by the NDOH, Treasury and the AGSA. The process is heavily influenced by the ever changing ICT environment. Synergy and collaboration between Knowledge Management, ICT, health programmes, budget programmes and other stakeholders is essential to achieve the aim of providing staff with a toolbox to enable them to collect, collate and report accurately on the outcomes and impact of the health service in the Western Cape in order to inform decision making.

The principles and strategies adopted to achieve this are:

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

- Build an Information Management (IM) culture
- Building an IM culture entails shifting the mind-set from mechanistically reporting data to recognising the meaningful use of information for decision making at all levels. This requires a systematic effort over the medium term to build a culture change through training, communication and publicising of IM tools.

Information Systems

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

Information Management Capacity

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

Information Risk & Audit Preparedness

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

Integrated Data Systems

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

Information Technology

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

Financial Management

Since 2005 the Department has managed to establish a track record for unqualified financial statements. Since the 2015/16 financial year it also succeeded to achieve a "clean" financial audit report; the only health department in the country to achieve this.

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

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

Dependencies & Partnerships

City of Cape Town

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

Non-Profit Organisations (NPOs)

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

South African Police Services (SAPS)

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

Western Cape Government: Transport & Public Works

The Department has an annual Service Delivery Agreement with the WCG: Transport and Public Works (TPW), as WCG: TPW is the implementing agent for health infrastructure delivery for capital and scheduled maintenance projects. In addition to this, WCG: TPW renders an Immovable Asset Management service to WCGH, as custodian in terms of GIAMA, which includes the management of leases and office accommodation. This relationship is also managed through the annual Service Delivery Agreement.

Centre for e-Innovation (CEI)

There is a dependence on CEI to ensure that WCG: Health has the necessary infrastructure to be able to communicate, transact and input meaningful day-to-day data through its information systems. In essence they are to ensure that that there is sufficient connectivity, adequate IT infrastructure and server capacity to host WCG: Health systems and data and a full back up infrastructure capacity in case of downtime that may be experienced. The Department is also reliant on CEI to support its ±20 000 computer users on a day-to-day

basis. CEI is equally charged to ensure that WCG benefits from a shared services offering by ensuring that software licenses etc. are provided in a cost-effective manner in order to reduce cost of ICT. Currently a generic MOU with service schedules are used to manage this relationship with DotP for all shared services that are provided centrally. The Department is engaging CEI to add an addendum to the MOU to contain the Department of Health's specific needs.

State Information Technology Agency (SITA)

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

Department of Community Safety (DOCS)

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

Higher Education Institutions (HEIs)

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

Private Health Sector

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

Revision of Legislation and other Mandates

National Legislation

1. Allied Health Professions Act, 63 of 1982 as amended
2. Atmospheric Pollution Prevention Act, 45 of 1965
3. Basic Conditions of Employment Act, 75 of 1997
4. Births and Deaths Registration Act, 51 of 1992
5. Broad Based Black Economic Empowerment Act, 53 of 2003
6. Children's Act, 38 of 2005
7. Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982
8. Choice on Termination of Pregnancy Act, 92 of 1996
9. Compensation for Occupational Injuries and Diseases Act, 130 of 1993
10. Constitution of the Western Cape, 1 of 1998
11. Construction Industry Development Board Act, 38 of 2000
12. Correctional Services Act, 8 of 1959
13. Council for the Built Environment Act (No 43 of 2000)
14. Criminal Procedure Act, 51 of 1977
15. Dental Technicians Act, 19 of 1979
16. Division of Revenue Act (Annually)
17. Domestic Violence Act, 116 of 1998
18. Drugs and Drug Trafficking Act, 140 of 1992
19. Employment Equity Act, 55 of 1998
20. Environment Conservation Act, 73 of 1998
21. Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
22. Government Immovable Asset Management Act, 19 of 2007

23. Hazardous Substances Act, 15 of 1973
24. Health Professions Act, 56 of 1974
25. Higher Education Act, 101 of 1997
26. Inquests Act, 58 of 1959
27. Intergovernmental Relations Framework, Act 13 of 2005
28. Institution of Legal Proceedings against Certain Organs of State Act, 40 of 2002
29. International Health Regulations Act, 28 of 1974
30. Labour Relations Act, 66 of 1995 [LRA]
31. Local Government: Municipal Demarcation Act, 27 of 1998
32. Local Government: Municipal Systems Act, 32 of 2000
33. Medical Schemes Act, 131 of 1998
34. Council for Medical Schemes Levies Act, 58 of 2000
35. Medicines and Related Substances Act, 101 of 1965
36. Medicines and Related Substances Control Amendment Act, 90 of 1997
37. Mental Health Care Act, 17 of 2002
38. Municipal Finance Management Act, 56 of 2003
39. National Building Regulations and Building Standards Act (No 103 of 1977)
40. National Environmental Management Act, 1998
41. National Environmental Management: Waste Act, 59 of 2008
42. National Environmental Management: Waste Amendment Act, 26 of 2014
43. National Health Act, 61 of 2003
44. National Health Amendment Act, 12 of 2013
45. National Health Laboratories Service Act, 37 of 2000
46. Non Profit Organisations Act, 71 of 1977
47. Nuclear Energy Act, 46 of 1999
48. Nursing Act, 33 of 2005
49. Occupational Diseases in Mines and Works Act, 78 of 1973
50. Occupational Health and Safety Act, 85 of 1993 [OHSA]
51. Older Persons Act, 13 of 2006
52. Pharmacy Act, 53 of 1974, as amended
53. Preferential Procurement Policy Framework Act, 5 of 2000
54. Prevention and Combating of Corrupt Activities Act 12 of 2004
55. Prevention and Treatment of Drug Dependency Act, 20 of 1992
56. Promotion of Access to Information Act, 2 of 2000 [PAIA]
57. Promotion of Administrative Justice Act, 3 of 2000
58. Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000
59. Protected Disclosures Act, 26 of 2000
60. Protection of Personal Information Act, 2013 (Act No. 4 of 2013)
61. Public Audit Act, 25 of 2005
62. Public Finance Management Act, 1 of 1999
63. Public Service Act, 1994
64. Road Accident Fund Act, 56 of 1996
65. Sexual Offences Act, 23 of 1957
66. Skills Development Act, 97 of 1998
67. Skills Development Levies Act, 9 of 1999
68. South African Medical Research Council Act, 58 of 1991
69. South African Police Services Act, 68 of 1978
70. Spatial Planning and Land Use Management Act, 16 of 2013
71. State Information Technology Agency Act, 88 of 1998
72. Sterilisation Act, 44 of 1998
73. Tobacco Products Control Act, 83 of 1993
74. Traditional Health Practitioners Act, 35 of 2004
75. University of Cape Town (Private) Act, 8 of 1999

Provincial Legislation

1. Constitution of the Western Cape, 1 of 1998
2. Western Cape Ambulance Services Act, 3 of 2010
3. Western Cape District Health Councils Act, 5 of 2010
4. Western Cape Health Care Waste Management Act, 7 of 2007
5. Western Cape Health Facility Boards Act, 7 of 2001
6. Western Cape Health Facility Boards Amendment Act, 2012(Act No. 7 of 2012)
7. Western Cape Health Services Fees Act, 5 of 2008
8. Western Cape Independent Health Complaints Committee Act, 2 of 2014
9. Western Cape Land Administration Act, 6 of 1998
10. Western Cape Land Use Planning Act, 3 of 2014
11. Exhumation Ordinance, 12 of 1980. Health Act, 63 of 1977
12. Regulations Governing Private Health Establishments. Published in PN 187 of 2001
13. Training of Nurses and Midwives Ordinance 4 of 1984
14. Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)
15. Regulations governing the submissions of nominations for membership of Health Facility Boards in terms of the Western Cape Health Facility Boards Act, 2001 – Repealed due to the promulgation of the Western Cape Health Facilities Boards and Committees Act, 2016
16. Western Cape Independent Health Complaints Committee Regulations, 2014

Policy Mandate

International Policies

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

National Department of Health Policies

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

Provincial Government Policies

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

Relevant Court Rulings

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

Joint Planning Initiatives

Provincial Government Initiatives

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

The current state of wellness (including physical, psychological, financial and social) in the province contributes to escalating pressure on demands for health and social services, community safety and policing, education, and human settlements. In complex, socially challenging environments, there is no choice but to closely collaborate as a whole of government and whole of society. This requires, most importantly, a

commitment to co-create enabling environments in order to positively influence individual behaviours and lifestyle choices; to initiate broad system and community-wide improvements towards building and optimising sustainable human development; and to improve wellness and the quality of life through resilient communities, active and resilient citizenry.

WoW!

This novel wellness-promoting partnership initiative promotes and activates healthy lifestyles at population level towards the prevention, reduction and better self-management of non-communicable diseases (NCDs), including obesity. WoW! currently involves WCED, DOCS, Agriculture, DCAS, DOTP, the four universities in the city, multiple NPOs and CBOs, and a number of private sector sponsors. The overarching purpose is to co-create a culture of wellness and promote healthy lifestyles; including increased health-related physical activity or fitness; healthy eating and healthy weight management; food security though the establishment of food gardens; supporting delivery of the Life Orientation curriculum; supporting availability of healthy foods in government buildings and schools; and ensuring an inclusive communication platform to enable access to healthy lifestyles-promoting information. Using a settings-based (Schools, Communities, Worksites, Primary Health Care Facilities and Public Spaces) and life cycle (from Pregnancy to Senior Citizen) approach, WoW! aims to co-create a culture of wellness in the Western Cape. Informed by evaluative and outcome findings, the WoW! movement has been scaled incrementally over the past two years. The number of WoW! partners have increased from 10 in 2015 to 45 in 2017. The number of trained WoW! Champions (Volunteer Peer Leaders) increased from 82 to 267, and the number of operational WoW! Clubs from 35 to 65 during the same period. Additional Clubs are being established in multiple settings to scale the WoW! initiative. And an integrated Monitoring and Evaluation framework ensures a community responsive and person-centred approach towards positive behaviour and social change for the co-creation of wellness-enabling environments.

Integrated Service Delivery Pilot

During the 2016/17 Financial Year, the Intergovernmental working group, continued to work on strengthening local co-ordination towards the delivery of more effectively co-ordinated projects. The model was implemented and evaluated as per the 2015/16 planning. In November 2016, the naming convention was changed to Drakenstein Better Spaces. The evaluation of the project included interviews with key stakeholders and some of the recommendations formed the basis for further roll-out of the model into three additional geographies, namely Gunya, Khayelitsha Town 2 and Saldanha Bay Municipality. A governance framework has been developed provincially based on the learnings in Drakenstein. The proposal is that meso-level governance arrangements be developed to include all provincial line departments and the local government partners in the specific geographies.

Departmental Interventions towards achieving SG3

Teachable Moments

The Health Department will be implementing brief motivational interviewing interventions (also called Teachable Moments) in Emergency Centres at Paarl, Khayelitsha and Heideveld CHC. The teachable moment project will provide screening, brief motivational interventions and Problem solving Therapy to persons presenting with injuries due to possible substance abuse at these Emergency Centres in the Province. The evidence-based data obtained from the pilot project will be used to evaluate the effectiveness of the intervention. In 2017/18 the Department aims to screen 70 per cent of injured people presenting at our emergency centres and to get at least half of those screened to agree to a brief motivational intervention.

First 1000 Days

The first 1000 days Initiative was conceptualised in 2015 and implemented as one of the PSG3 projects in 2016/17. The overarching goal of the First 1000 Days initiative is to ensure that every pregnant woman and child is nurtured; parents and care-givers are supported from conception onwards, especially the most

vulnerable, through a whole of society approach, so that children can achieve their full potential throughout their life course.

The Department of Health has identified the first 1000 days as a key priority to improve maternal, neonatal and child health outcomes. A comprehensive first 1000 days situation analysis using the 'survive' (ending preventable deaths), 'thrive' (ensure health and wellbeing) and 'transform' (expand enabling environments) framework was completed and adopted in 2016. This situational analysis provided a reasonably detailed assessment of the current state of the need for health services during the first 1000 days, the degree of provision of those services and the outcomes derived from providing those services within the current socio-economic context. Several ongoing successes have been highlighted, shortcomings and challenges were identified.

To improve outcomes, the 'survive', 'thrive' and 'transform' systematic intervention framework with accountability assignment will be implemented from 2017/18. Project management plans have been aligned with the framework and the following key components and deliverables in 4 identified areas:

Survive

- Health systems interventions addressing avoidable causes of deaths related to patient factors, health worker factors, health system factors and community factors.
- Monitoring, evaluation and response system across the care continuum.

Thrive

- Develop a service design framework for the 1st 1000 days including wellness maps and Package of Care for the 1st 1000 days.

Transform

- Communication and engagement strategy
- Identify and support at risk households in the 4 prioritised geographic areas with inter-sectoral support, via PSG3.

Overview of the 2018/19 Budget and MTEF Estimates

Economic Context

South Africa is facing a weak economic outlook. In 2016 year, the International Monetary Fund (IMF) growth prospects have marginally worsened for emerging market and developing economies, where financial conditions have generally tightened. However, in July 2017 the global outlook for 2018 is projected to increase in output from 3.6 per cent in 2017 to 3.7 per cent in 2018 (IMF, 2017). For South Africa, the expected growth in output has been marked down from 0.7 per cent (2017) to 1.1 per cent (2018) due to what the IMF terms, "elevated political uncertainty and weak consumer and business confidence" (IMF, 2017). Shifts in the Chinese economy have become more critical to South Africa in comparison to the European and Unites States of America due to an overall reduction in Chinese mineral imports. In turn, the South African mining exports have become exposed, and in turn the rand currency. The South African National Treasury reduced economic growth outlook from1.3 to 0.7 per cent in 2017. The same reasons noted by the IMF for the weak economic outlook were noted by National Treasury in making their projections.

The exchange rate has continued to be resilient despite the low business confidence. Inflation breached the monetary policy target range, reaching 6.4 per cent in 2016. However, in July 2017, it was 5.1 per cent, a major improvement and lower than the forecasted second quarter projection of 5.2 per cent (SARB, 2017). In January 2018, inflation continued to fall within the target with the South African Reserve Bank revising the forecast for 2018 to 4.9 per cent and 2019 to 5.4 per cent owing to the strengthening of the exchange rate and lower electricity prices (SARB, 2018). Unemployment in South Africa was 27.7 per cent, in the second and third quarter of 2017. The figure is the highest ever recorded since September 2013. Government remains

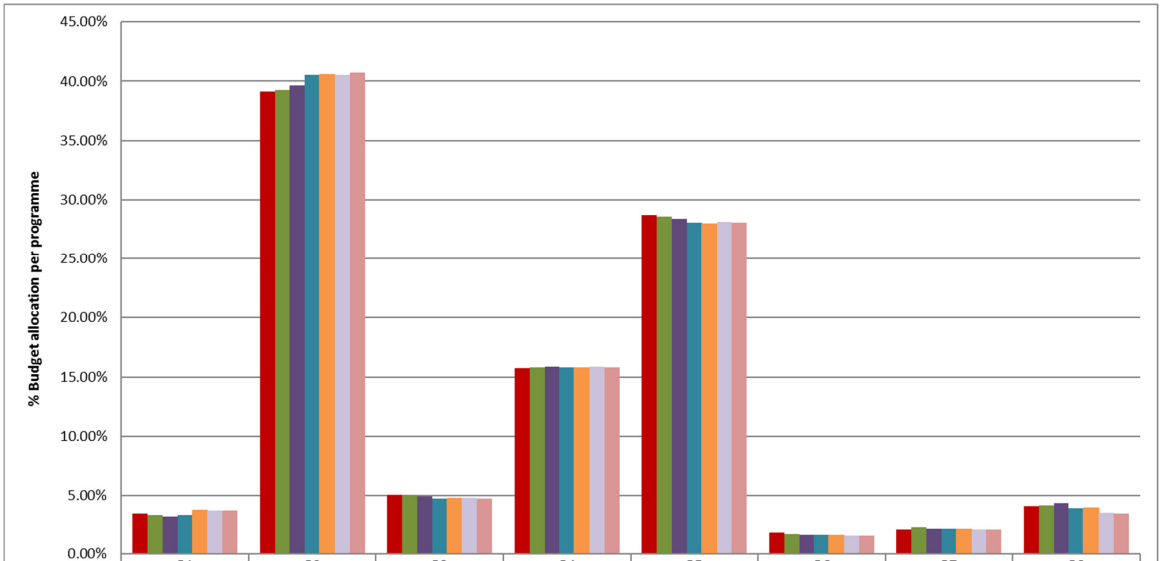
committed to working with the private sector, labour and civil society to promote inclusive growth and economic transformation.

The Western Cape economic outlook is expected to be weaker following the national outlook. A high cost of living has reduced the consumers' disposable income thereby increasing numbers of vulnerable households into living below the poverty datum line. Despite an increase in the 4th quarter on quarter employment by 1.2 per cent (or 70 000) in December 2016, the unemployment for private households decreased by 5 000 in the province. The usage of public health services will continue to come under much more pressure as much of the population shift from private medical aid due to a reduction in disposable income. In the past year, the department has grappled with the increasing medical inflation on technology, medical equipment and drugs emanating from the weak exchange rate which was a major feature in the South African economy throughout the 2017/18 financial year. With the improvement in the exchange rate (trading between ZAR 12.25 and ZAR 12.50 in January 2018), the department can look forward to a reprieve all things held constant (SARB, 2018). However, there are major challenges ahead, emanating from outcome of the ongoing public sector's wage negotiations and the water crisis in the Western Cape. Wage increases may have a knock off effect on the departments' service delivery whilst the drought will affect households and business negatively and most likely to result in poor health amongst the population.

Resource trends over the next years

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

Figure A 15: Budget Allocation per programme over the reporting period, expressed as a percentage of the departmental budget



	P1	P2	P3	P4	P5	P6	P7	P8
2014-2015	3.37%	39.10%	5.09%	15.77%	28.68%	1.80%	2.06%	4.12%
2015-2016	3.28%	39.24%	4.97%	15.77%	28.61%	1.71%	2.26%	4.17%
2016-2017	3.17%	39.61%	4.91%	15.83%	28.40%	1.60%	2.12%	4.37%
2017-2018	3.25%	40.54%	4.77%	15.79%	28.07%	1.64%	2.11%	3.84%
2018-2019	3.66%	40.52%	4.75%	15.75%	27.92%	1.52%	2.04%	3.85%
2019-2020	3.67%	40.51%	4.79%	15.87%	28.13%	1.54%	2.04%	3.45%
2020-2021	3.66%	40.71%	4.77%	15.82%	28.04%	1.53%	2.03%	3.43%

Levels of funding & sustainability of health services

Salary increases (Improvement of Conditions of Service - ICS) are determined at a national level and is consistently more than inflation and also more than the increase in the budget of the department. In addition, the department is subject to Medical Inflation on many items of Goods and Services, and Medical Inflation also exceeds the increase in the CPI. Consequently, the department will not be able to fill all posts that become vacant. Staff numbers will reduce, while population numbers and therefore the demand for services constantly grows by about 1.5% per annum.

This means:

- That the department has to become more selective in the patients it treats;
- That the commissioning of newly erected facilities will be a significant challenge;
- That the focus for infrastructure development will have to shift to maintenance.

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

Various strategies are being implemented to maintain current levels of services.

Review of resource trends

Indicated budgets for years 2 and 3 of MTEF are materially lower that the 2017/18 budget in real terms. However, these budgets are subject to negotiation and adjustment during the next budget cycle.

Changes in funding levels

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

Expenditure Estimates

Table A 8: Summary of Payments and Estimates

Programme R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
1. Administration	583 602	614 141	635 774	858 793	754 909	703 526	**845 174**	20.13	879 451	930 969
2. District Health Services	6 767 273	7 352 880	7 953 437	8 719 001	8 770 309	8 784 810	**9 344 338**	6.37	9 707 899	10 352 767
3. Emergency Medical Services	880 653	931 132	984 923	1 034 454	1 034 526	1 034 293	**1 096 633**	6.03	1 147 604	1 213 756
4. Provincial Hospital Services	2 728 733	2 955 353	3 179 214	3 419 143	3 423 236	3 420 957	**3 631 615**	6.16	3 803 315	4 023 809
5. Central Hospital Services	4 964 077	5 360 411	5 701 407	6 077 400	6 082 268	6 082 824	**6 439 035**	5.86	6 741 602	7 131 438
6. Health Sciences and Training	312 111	319 793	320 291	316 453	340 063	355 792	**349 618**	(1.74)	369 434	390 253
7. Health Care Support Services	356 436	422 977	425 700	439 099	448 448	456 212	**469 674**	2.95	488 996	516 835
8. Health Facilities Management	712 923	780 431	877 438	815 463	832 723	832 723	**887 616**	6.59	826 254	871 697
Total payments and estimates	17 305 808	18 737 118	20 078 184	21 679 806	21 686 482	21 671 137	**23 063 703**	6.43	23 964 555	25 431 524

Notes:

Programme 1:	MEC total remuneration package: R1 977 795 with effect from 1 April 2017.
Programmes 1 and 5:	National Conditional grant: National Tertiary Services – R3 049 284 000 (2018/19), R3 221 651 000 (2019/20) and R3 437 406 000 (2020/21).
Programme 2:	National Conditional grant: Comprehensive HIV, AIDS and TB – R1 531 535 000 (2018/19), R1 666 738 000 (2019/20) and R1 848 202 000 (2020/21).
Programme 2:	National Conditional grant: Human Papillomavirus Vaccine – R19 599 000 (2018/19), R20 697 000 (2019/20) and R21 835 000 (2020/21).
Programmes 4 and 5:	National Conditional grant: Health Professions Training and Development – R574 177 000 (2018/19), R606 334 000 (2019/20) and R639 682 000 (2020/21).
Programme 6:	National Conditional grant: Social Sector EPWP Incentive Grant for Provinces – R2 447 000 (2018/19).
Programme 7:	National Conditional grant: Expanded Public Works Programme Integrated Grant for Provinces – R2 116 000 (2018/19).
Programme 8:	National Conditional grant: Health Facility Revitalisation – R678 829 000 (2018/19), R608 575 000 (2019/20) and R642 046 000 (2020/21).

Table A 9: Summary of Payments and Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
Current payments	15 583 313	16 925 915	18 291 347	19 740 289	19 765 321	19 767 209	20 925 733	5.86	21 765 142	23 091 249
Compensation of employees	10 072 353	10 949 652	11 833 864	12 807 510	12 742 984	12 718 881	**13 606 180**	6.98	14 284 374	15 164 817
Salaries and wages	8 975 853	9 702 893	10 484 241	11 301 367	11 250 684	11 222 755	**11 994 786**	6.88	12 590 515	13 366 815
Social contributions	1 096 500	1 246 759	1 349 623	1 506 143	1 492 300	1 496 126	**1 611 394**	7.70	1 693 859	1 798 002
Goods and services	5 510 960	5 976 263	6 457 483	6 932 779	7 022 337	7 048 328	**7 319 553**	3.85	7 480 768	7 926 432
of which										
Administrative fees	1021	1 106	1030	1 167	1 167	388	**364**	(6.19)	379	400
Advertising	35 124	26 645	14 810	19 928	20 009	18 182	**11 370**	(37.47)	11 816	12 438
Minor Assets	51 117	47 489	45 741	53 208	64 844	72 118	**60 921**	(15.53)	61 325	65 631
Audit cost: External	25 378	23 701	19 176	28 872	20 312	20 312	**22 293**	9.75	23 220	24 512
Bursaries: Employees	7 758	8 703	9 509	10 279	10 279	10 279	**10 297**	0.18	10 725	11 322
Catering: Departmental	3 809	4 192	4 743	6 400	5 995	5 897	**3 541**	(39.95)	3 618	3 831
Communication (G&S)	71 846	79 904	72 022	85 655	83 493	65 121	**82 188**	26.21	85 073	90 380
Computer services	74 418	64 709	68 760	139 504	113 023	94 257	**132 249**	40.31	134 345	139 955
Consultants and professional services: Business and advisory services	77 562	73 427	81 533	98 260	99 038	95 188	**100 618**	5.70	101 607	107 360
Infrastructure and planning	16 204	29 976	23 779	19 262	19 945	20 717	**45 114**	117.76	66 656	68 700
Laboratory services	570 186	554 754	557 112	618 180	628 068	643 346	**649 856**	1.01	683 490	729 713
Legal costs	10 227	12 145	22 168	17 746	17 746	15 317	**18 267**	19.26	19 028	20 087
Contractors	358 295	389 949	485 974	525 037	559 044	534 519	**523 752**	(2.01)	547 204	579 735
Agency and support/outsourced services	430 127	431 294	427 454	427 148	446 848	456 193	**460 703**	0.99	480 273	507 527
Entertainment	67	41	58	325	348	201	**212**	5.47	215	224
Fleet services (including government motor transport)	158 505	166 292	181 492	179 550	179 520	180 317	**187 995**	4.26	195 540	206 436
Inventory: Food and food	51 481	49 496	53 519	53 441	54 541	57 329	**53 908**	(5.97)	56 146	59 268
Inventory: Materials and	29 507	31 016	39 168	40 092		6	**70**	1066.67	73	77
Inventory: Medical supplies	1 174 505	1 298 695	1 344 775	1 446 215	1 442 237	1 457 423	**1 549 471**	6.32	1 619 594	1 714 660
Inventory: Medicine	1 028 175	1 136 188	1 357 475	1 447 750	1 476 550	1 489 947	**1 538 924**	3.29	1 620 824	1 729 895
Medsas inventory interface						(1)		(100.00)		
Inventory: Other supplies	37 618	36 301	12 059	16 160	16 160	11 042	**17 078**	54.66	17 782	18 775
Consumable supplies	297 749	328 998	358 650	381 146	421 034	437 255	**445 841**	1.96	464 129	490 064
Consumable: Stationery, printing and office supplies	77 809	79 370	82 328	92 863	94 047	92 561	**95 386**	3.05	99 365	104 980
Operating leases	23 527	23 850	22 047	28 853	28 847	22 424	**30 554**	36.26	31 826	33 611
Property payments	784 552	962 296	1 064 555	1 070 132	1 091 522	1 125 329	**1 157 394**	2.85	1 013 329	1 065 317
Transport provided: Departmental activity	1882	1968	2 003	2 653	2 653	1763	**1 822**	3.35	1899	2 004
Travel and subsistence	41 184	39 503	37 241	43 579	43 168	41 273	**39 410**	(4.51)	41 699	44 019
Training and development	37 782	35 106	31 737	36 855	33 739	31 274	**39 784**	27.21	46 669	51 016
Operating payments	15 559	15 835	16 699	17 860	23 999	26 098	**15 120**	(42.06)	16 769	16 895
Venues and facilities	1546	1353	1204	1554	1404	1288	**791**	(38.59)	882	926
Rental and hiring	16 440	21 961	18 662	23 105	22 757	20 965	**24 260**	15.72	25 268	26 674
Transfers and subsidies to	964 416	1 057 614	995 592	1 225 773	1 181 786	1 202 753	**1 390 099**	15.58	1 352 588	1 446 213
Provinces and municipalities	396 459	432 972	461 878	520 665	520 687	520 679	**543 809**	4.44	576 907	622 012
Provinces					22	14	**16**	14.29	16	17
Provincial agencies and funds					22	14	**16**	14.29	16	17
Municipalities	396 459	432 972	461 878	520 665	520 665	520 665	**543 793**	4.44	576 891	621 995
Municipal bank accounts	396 459	432 972	461 878	520 665	520 665	520 665	**543 793**	4.44	576 891	621 995
Departmental agencies and accounts	4 605	4 861	5 238	5 874	5 874	5 605	**6 211**	10.81	6 551	6 912
Departmental agencies (non-business entities)	4 605	4 861	5 238	5 874	5 874	5 605	**6 211**	10.81	6 551	6 912
SETA	4 344	4 579	4 790	5 397	5 397	5 397	**5 699**	5.60	6 018	6 349
Other	261	282	448	477	477	208	**512**	146.15	533	563
Higher education institutions	3 773	3 992		9 485	14 485	14 485	**14 772**	1.98	14 971	10 248
Non-profit institutions	415 717	463 520	375 424	466 065	462 043	459 340	**605 051**	31.72	527 571	567 537
Households	143 862	152 269	153 052	223 684	178 697	202 644	**220 256**	8.69	226 588	239 504
Social benefits	53 409	49 229	50 120	59 585	59 602	52 365	**63 131**	20.56	65 757	69 414
Other transfers to households	90 453	103 040	102 932	164 099	119 095	150 279	**157 125**	4.56	160 831	170 090

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
Payments for capital assets	746 805	747 064	784 560	713 744	739 375	693 861	**747 871**	7.78	846 825	894 062
Buildings and other fixed structures	282 817	312 853	344 366	327 685	308 949	287 948	**320 099**	11.17	422 254	449 465
Buildings	282 817	312 853	344 366	327 685	308 949	287 948	**320 099**	11.17	422 254	449 465
Machinery and equipment	461703	428 026	428 847	384 799	422 520	397 398	**416 984**	4.93	414 965	433 856
Transport equipment	153 967	153 817	150 434	160 668	165 718	166 737	**171 230**	2.69	178 028	187 487
Other machinery and equipment	307 736	274 209	278 413	224 131	256 802	230 661	**245 754**	6.54	236 937	246 369
Software and other intangible	2 285	6 185	11347	1260	7 906	8 515	**10 788**	26.69	9 606	10 741
Payments for financial assets	11274	6 525	6 685			7 314		(100.00)		
Total economic classification	17 305 808	18 737 118	20 078 184	21679 806	21686 482	21671137	**23 063 703**	6.43	23 964 555	25 431524

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

Relating Expenditure Trends to Specific Goals

Table A 8: Trends in Provincial Public Health Expenditure ('000)

Expenditure	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Current prices							
Total excluding capital	16 592 885	17 956 687	19 200 746	20 838 414	22 176 087	23 138 301	24 559 827
Total Capital	712 923	780 431	877 438	832 723	887 616	826 254	871 697
Grand Total	**17 305 808**	**18 737 118**	**20 078 184**	**21 671 137**	**23 063 703**	**23 964 555**	**25 431 524**
Total per person	2 831	3 015	3 178	3 377	3 540	3 625	3 793
Total per uninsured person	3 842	3 978	4 220	4 484	4 701	4 814	5 037
Constant 2015/16 prices							
Total excluding capital	19 324 702	19 288 168	19 200 746	19 192 902	18 959 436	18 422 931	18 200 434
Total Capital	612 141	726 557	877 438	904 117	1 038 209	1 037 735	1 176 276
Grand Total	**19 936 844**	**20 014 725**	**20 078 184**	**20 097 019**	**19 997 644**	**19 460 666**	**19 376 710**
Total per person	3 262	3 221	3 178	3 131	3 069	2 944	2 890
Total per uninsured person	4 426	4 249	4 220	4 158	4 076	3 909	3 838
% of Total spent on:							
District Health Services	39.10%	39.24%	39.61%	40.54%	40.52%	40.51%	40.71%
Provincial Hospital Services	15.77%	15.77%	15.83%	15.79%	15.75%	15.87%	15.82%
Central Hospital Services	28.68%	28.61%	28.40%	28.07%	27.92%	28.13%	28.04%
Other Health Services	12.32%	12.21%	11.79%	11.77%	11.97%	12.04%	12.00%
Capital	4.12%	4.17%	4.37%	3.84%	3.85%	3.45%	3.43%
Health as % of total public expenditure (current prices)	36.8%	36.2%	36.3%	36.0%	36.8%	36.6%	37.1%

Table A 9: CPIX multipliers for adjusting current prices to constant 2015/16 rands[10]

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
1.165	1.074	1.000	0.921	0.855	0.796	0.741

[10] Source: CFO's Office

Strategic Risks

Budget Constraints	
Mitigating Factors	• Monitor expenditure regularly against budget • Tight control of the filling of posts • Hold programme managers accountable for expenditure against budget • Communicate concerns to the Minister and treasury on budget constraints • Advocate for additional funds to treasury • Budget priorities to be determined by Budget Planning Committee and TEXCO • Establish and embed mechanisms to enhance cost containment and efficiencies
Staff related security incidents	
Mitigating Factors	• Safety guidelines and protocols that empower staff to make decisions around their own safety • Raise employee awareness on safety in the workplace • Ensuring optimal security measures are in place at health facilities • Engage the SAPS and community safety stakeholders on ways in which closer collaboration and interagency partnerships could assist in securing the physical safety of staff
Stock-outs of essential pharmaceutical goods	
Mitigating Factors	• Monitor stock levels • Monitor vaccine supply • Provide alternatives to the essential medicines, where possible • Tight contract management with suppliers • Create provincial contracts for items that have been excluded from the revised national tenders, where possible • Optimal functioning of ICT system for stock management
Fraud	
Mitigating Factors	• Monitor the implementation of the fraud prevention plan • Embark upon change management initiatives that emphasises the values of the organisation • Ensure all verification checks are conducted for the appointment of new employees • Conduct fraud awareness workshops across the department
Service delivery pressures	
Mitigating Factors	• PHC strengthening • Service redesign • Responsive critical support services • Management efficiency and alignment project
Water Shortage	
Mitigating Factors	• Reduce water consumption and supply of potable water by means of behaviour change (surgical scrubs, alcohol hand sanitizers, reduced utilisation of laundry services, etc.) • Engineering interventions (elimination of leaks, installation of low flow sanitary fixtures, waterless urinals, re-use of treated water etc.) • Continue with roll-out of boreholes programme and installation of storage tanks • Investigate and implement feasible water treatment technologies • Implementation and monitoring of Water Preparedness Plan • Monitor and address disease outbreaks and other potential health impacts • Monitor and address security related impacts of water crisis
Aging Infrastructure and health technology	
Mitigating Factors	• Planning and prioritisation of maintenance and renewals • Ongoing monitoring of infrastructure expenditure • Develop a capacity building and retention strategy for both Engineering and Health Technology to help ensure support sustainability • Implement alternative contracting strategies to streamline service delivery • Monitor compliance with the Service Delivery Agreement between WCGH and WCGTPW • Develop improved asset and maintenance management system for Health Technology and Engineering assets • Identify and implement Health Technology strategies, options and interventions related to funding and service delivery impact scenarios for medical equipment • Review policies for emergency maintenance and repairs • Utilise Facility Condition Assessments to prioritise facility maintenance • Implement the Hub and Spoke Maintenance Blueprints for both Engineering and Health Technology

PART B:

Programme & Sub-Programme Plans

Part B: Programme & Sub-Programme Plans

Programme 1: Administration

Purpose

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

Structure

Sub-Programme 1.1: Office of the MEC

Rendering of advisory, secretarial and office support services

Sub-Programme 1.2: Management

Policy formulation, overall management and administration support of the Department and the respective districts and institutions within the Department
To make limited provision for maintenance and accommodation needs.

Programme Priorities

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

Finance

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

People Management

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

Information and IT Systems Management

- To improve the IT connectivity of our facilities and staff
- To incrementally implement the IT vision within available resources
- To strengthen data and information Systems governance within the Department

Pharmacy Services

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

Management

Strategic Objectives – Annual Targets

Table B 1: Annual targets for Programme 1 Strategic Objectives

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.									
1.1 Promote efficient use of financial resources.	1.1.1 Percentage of the annual equitable share budget allocation spent	100.0%	99.8%	98.6%	99.6%	99.9%	100.0%	100.0%	100.0%
	Numerator	17 840 560 000	12 602 605 000	13 735 431 000	14 833 278 000	16 185 661 000	17 205 716 000	17 840 560 000	18 842 352 000
	Denominator	17 840 560 000	12 622 507 000	13 928 107 000	14 897 973 000	16 201 006 000	17 205 716 000	17 840 560 000	18 842 352 000
2.1 Develop and implement a comprehensive Human Resource Plan.	2.1.1 Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA	Yes	Not required to report	Yes	Yes	Yes	Yes	Yes	Yes
	Element								
3.1 Transform the organisational culture.	3.1.1 Cultural entropy level for WCG: Health	16.9%	Survey conducted every 2nd year	20.9%	Survey conducted every 2nd year	17.9%	Survey conducted every 2nd year	16.9%	Survey conducted every 2nd year
	Numerator	11 910	-	15 261	-	12 568	-	11 910	-
	Denominator	70 380	-	72 980	-	70 380	-	70 380	-
	3.1.2 Number of value matches in the Barrett survey	6	Survey conducted every 2nd year	3	Survey conducted every 2nd year	5	Survey conducted every 2nd year	6	Survey conducted every 2nd year
	Element								

Notes

Indicator 3.1.1 A reduction in the cultural entropy is desirable since it enables a more optimal work environment that improves organisational performance, increases employee engagement and reduces employee turnover.

Indicator 3.1.1 & 3.1.2 The target is dependent on the Barret Survey which is conducted once every 2 years in the Western Cape Government.

Performance Indicators and Annual Targets

Table B 2: Annual Targets for Programe 1 Performance Indicator

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS									
1. Audit opinion from Auditor-General of South Africa	Annual	Categorical	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified
Element									
2. Percentage of hospitals with broadband access	Quarterly	%	Not required to report	48.1%	68.5%	98.1%	100.0%	100.0%	100.0%
Numerator			-	26	37	51	52	52	52
Denominator			54	54	54	52	52	52	52
3. Percentage of fixed PHC facilities with broadband access	Quarterly	%	Not required to report	61.4%	84.2%	91.4%	94.8%	97.0%	97.0%
Numerator			-	172	230	245	254	260	260
Denominator			284	280	273	268	268	268	268

Notes

General: *There are no additional provincial indicators for Programme 1.*

Indicator 1: An "unqualified" audit opinion implies the Department did not receive a qualified, disclaimer or adverse audit opinion. Only "matters of emphasis" was reported in the Audit Report from the AGSA.

Indicator 3: The Department has intensified the rollout of Broadband across the PHC platform since 2015/16 and currently almost all PHC facilities are connected. The target allows for slight fluctuations due to PHC facilities closing down or new facilities opening.

Quarterly Targets for 18/19

Table B 3: Quarterly Targets for Programme 1

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1	Percentage of the annual equitable share budget allocation spent	Annual	100.0%				100.0%
	Numerator		17 205 716 000	-	-	-	17 205 716 000
	Denominator		17 205 716 000	-	-	-	17 205 716 000
2.1.1	Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA	Annual	Yes	-	-	-	Yes
	Element						
3.1.1	Cultural entropy level for WCG: Health	Biennial	Survey conducted every 2nd year				Survey conducted every 2nd year
	Numerator		-	-	-	-	-
	Denominator		-	-	-	-	-
3.1.2	Number of value matches in the Barrett survey	Biennial	Survey conducted every 2nd year	-	-	-	Survey conducted every 2nd year
	Element						

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS							
1.	Audit opinion from Auditor-General of South Africa	Annual	Unqualified	-	-	-	Unqualified
	Element						
2.	Percentage of hospitals with broadband access	Quarterly	100.0%	98.1%	100.0%	100.0%	100.0%
	Numerator		52	51	52	52	52
	Denominator		52	52	52	52	52
3.	Percentage of fixed PHC facilities with broadband access	Quarterly	94.8%	91.4%	93.3%	94.0%	94.8%
	Numerator		254	245	250	252	254
	Denominator		268	268	268	268	268

Notes

There are no additional provincial indicators for Programme 1.

Reconciling Performance Targets with the Budget & MTEF

Table B 4: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
1. Office of the MEC	6 862	6 208	6 935	9 136	9 136	7 189	**7 919**	10.15	8 300	8 784
2. Management	576 740	607 933	628 839	849 657	745 773	696 337	**837 255**	20.24	871 151	922 185
Total payments and estimates	583 602	614 141	635 774	858 793	754 909	703 526	**845 174**	20.13	879 451	930 969

Notes:

Sub-programme 1.1: MEC total remuneration package: R1 977 795 with effect from 1 April 2017.

Sub-programme 1.2: 2018/19: National Conditional grant: National Tertiary Services: R6 042 000 (Compensation of employees R4 042 000, Goods and services R1 500 000 and Payments for capital assets R500 000)

Table B 5: Payments & 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 2014/15	Audited 2015/16	Audited 2016/17	2017/18	2017/18	2017/18	2018/19	2017/18	2019/20	2020/21
Current payments	532 120	558 852	579 613	724 272	694 191	610 757	**712 779**	16.70	744 909	789 284
Compensation of employees	246 449	278 385	301267	342 249	342 249	327 755	**347 847**	6.13	366 567	389 934
Salaries and wages	219 141	244 532	263 317	304 079	304 079	287 017	**305 809**	6.55	322 401	343 122
Social contributions	27 308	33 853	37 950	38 170	38 170	40 738	**42 038**	3.19	44 166	46 812
Goods and services	285 671	280 467	278 346	382 023	351942	283 002	**364 932**	28.95	378 342	399 350
of which										
Administrative fees	1014	1040	980	1 163	1 163	336	**360**	7.14	375	396
Advertising	30 514	19 804	9 606	13 418	10 418	8 021	**8 582**	6.99	8 940	9 438
Minor Assets	2 947	1457	465	1500	1502	644	**1 409**	118.79	1467	1548
Audit cost: External	24 558	23 258	18 713	28 312	20 312	20 312	**22 293**	9.75	23 220	24 512
Catering: Departmental	956	817	512	1617	1617	542	**661**	21.96	689	724
Communication (G&S)	7 774	8 545	9 215	11687	11688	8 877	**9 853**	10.99	10 259	10 832
Computer services	64 625	58 297	62 141	125 884	101804	85 421	**119 251**	39.60	119 854	125 963
Consultants and professional services: Business and advisory services	13 067	6 710	8 741	15 219	15 219	12 429	**16 142**	29.87	19 002	20 053
Legal costs	10 227	12 145	22 168	17 746	17 746	15 317	**18 267**	19.26	19 028	20 087
Contractors	112 872	131752	128 053	144 091	149 090	110 638	**145 929**	31.90	152 000	160 459
Agency and support/outsourced services							**1 500**		1978	2 608
Entertainment	40	22	36	190	190	69	**73**	5.80	74	76
Fleet services (including government motor transport)	3 491	3 850	3 783	4 367	4 367	4 467	**3 984**	(10.81)	4 150	4 381
Inventory: Materials and	10	27	170	7						
Inventory: Medical supplies	7		7	7	7		**7**		7	7
Consumable supplies	118	131	642	175	175	457	**490**	7.22	507	533
Consumable: Stationery, printing and office supplies	3 481	3 250	3 642	4 510	4 513	5 418	**5 797**	7.00	6 034	6 372
Operating leases	847	1271	1318	1036	1036	1384	**1 315**	(4.99)	1370	1446
Property payments	131	83	333	256	256	309	**329**	6.47	340	360
Travel and subsistence	7 098	6 418	6 081	8 647	8 648	6 493	**6 947**	6.99	7 236	7 639
Training and development	1018	826	697	756	756	964	**1 031**	6.95	1072	1 132
Operating payments	729	498	480	1 158	1 158	367	**493**	34.33	513	543
Venues and facilities	46	226	426	98	98	472	**105**	(77.75)	108	115
Rental and hiring	101	40	137	179	179	65	**114**	75.38	119	126
Transfers and subsidies to	25 434	35 008	44 977	103 728	48 375	76 275	**110 688**	45.12	112 436	119 036
Departmental agencies and accounts	5	5	446	477	477	477	**512**	7.34	533	563
Departmental agencies (non-business entities)	5	5	446	477	477	477	**512**	7.34	533	563
Other	5	5	446	477	477	477	**512**	7.34	533	563
Non-profit institutions	1500	1000								
Households	23 929	34 003	44 531	103 251	47 898	75 798	**110 176**	45.35	111903	118 473
Social benefits	6 517	6 479	6 630	9 928	9 928	6 464	**9 839**	52.21	10 248	10 819
Other transfers to households	17 412	27 524	37 901	93 323	37 970	69 334	**100 337**	44.72	101655	107 654
Payments for capital assets	22 931	17 441	9 007	30 793	12 343	14 148	**21 707**	53.43	22 106	22 649
Machinery and equipment	21011	17 441	8 494	30 553	12 103	13 670	**21 707**	58.79	22 106	22 649
Transport equipment	7 135	6 748	5 926	5 404	5 404	6 487	**5 750**	(11.36)	5 990	6 323
Other machinery and equipment	13 876	10 693	2 568	25 149	6 699	7 183	**15 957**	122.15	16 116	16 326
Software and other intangible	1920		513	240	240	478		(100.00)		
Payments for financial assets	3 117	2 840	2 177			2 346		(100.00)		
Total economic classification	583 602	614 141	635 774	858 793	754 909	703 526	**845 174**	20.13	879 451	930 969

Performance and Expenditure Trends

Programme 1 is allocated 3.66 per cent of the vote in 2018/19 in comparison to the 3.25 per cent allocated in the revised estimate of the 2017/18 budget. This amounts to an increase of R141.648 million or 20.13 per cent.

Risk Management

Budget Constraints	
Mitigating Factors	• Monitor expenditure regularly against budget. • Tight control of the filling of posts. • Ensure cost containment and efficiency measures are in place. • Hold managers accountable for expenditure against budget. • Advocate for additional funds to the Budget Committee. • Budget priorities to be determined by the Senior Managers as a collective. • Establish and embed mechanisms to enhance cost containment and efficiencies.
Medico-legal claims	
Mitigating Factors	• Strengthen capacity within the Department to defend claims. • Monitor trends in Medico-legal claims. • Test case law on creation of trust for funds for lifecourse of the affected patient and unused funds to be returned to Department. • Raise awareness of lessons from claims within the Department.
ICT system disruption	
Mitigating Factors	• Monitor downtime of main systems. • Ensure Business Continuity Plans and Disaster Recovery Plans are in place.
Cyber - Security	
Mitigating Factors	• Networks is monitored 24/7 by external service provider. • Preventative layered controls in place e.g. firewall. • Service providers have a dedicated/limited port (concentrated environment). • User account management (network infrastructure and applications). • Departmental user account management policy and configuration. • Periodic reviews on active users. • AGSA performs annual internal vulnerability assessment. • AGSA performs annual external penetration test.

Programme 2: District Health Services

Purpose

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

Structure

Programme 2.1: District Management

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

Sub-Programme 2.2: Community Health Clinics

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

Sub-Programme 2.3: Community Health Centres

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

Sub-Programme 2.4: Community Based Services

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

Sub-Programme 2.5: Other Community Services

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

Sub-Programme 2.6: HIV/AIDS

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

Sub-Programme 2.7: Nutrition

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

Sub-Programme 2.8: Coroner Services

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

Sub-Programme 2.9: District Hospitals

Rendering of a district hospital service at sub-district level

Sub-Programme 2.10: Global Fund

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

Programme Priorities

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

Service Delivery Sites

Facility Type	CITY OF CAPE TOWN	CAPE WINELANDS	CENTRAL KAROO	EDEN	OVERBERG	WEST COAST	PROVINCE
Non-fixed Clinics	22	34	9	34	23	37	159
Fixed Clinics	72	39	8	35	17	26	197
CHCs	9	0	0	0	0	0	9
CDCs	46	6	1	6	2	1	62
Total No. of PHC Facilities	**149**	**79**	**18**	**75**	**42**	**64**	**427**
District Hospitals	8	4	4	6	4	7	33
2016/17 Uninsured Population	Not available at district level						4 850 673
PHC Headcount	9 614482	1 636 113	199 941	1 427 884	731 769	803 161	14 413 350
District Hospital Separations	145 707	26 546	10 747	40 928	18 528	38 124	280 580
Per Capita (uninsured utilisation)	Not available at district level						2.97

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

DHS

Situational Analysis

Table B 6: DHS situational analysis indicators

Performance indicator		Type	_Provincial wide view 2016/17	Cape Town 2016/17	Eden 2016/17	Central Karoo 2016/17	Cape Winelands 2016/17	West Coast 2016/17	Overberg 2016/17
SECTOR SPECIFIC INDICATORS									
1	Ideal clinic status rate	%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
	Numerator								
	Denominator								
2	PHC utilisation rate - Total	No	2.3	2.4	2.3	2.7	1.9	1.8	2.6
	Numerator		14 413 350	9 614 482	1 427 884	199 941	1 636 113	803 161	731 769
	Denominator		6 318 283	4 027 059	612 783	75 338	882 078	439 003	282 022
3	Complaint resolution w ithin 25 w orking days rate (PHC)	%	95.6%	96.0%	91.1%	84.0%	94.9%	96.2%	96.5%
	Numerator		3 175	2 441	163	21	149	128	273
	Denominator		3 320	2 543	179	25	157	133	283

Notes:

Indicator 2: Population data has been updated retrospectively, as per Circular H11/2017.

Strategic Objectives – Annual Targets

There are no Provincial strategic objectives specified for District Health Services

Performance Indicators and Annual Targets

Table B 7: Annual Targets for DHS Performance Indicators

Performance indicator	Type	Audited / Actual performance			Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS								
1 Ideal clinic status rate	%	Not required to report	Not required to report	Not required to report	51.9%	77.5%	89.9%	99.6%
Numerator					139	207	240	266
Denominator					268	267	267	267
2 PHC utilisation rate - Total	No	2.3	2.3	2.3	2.2	2.2	2.2	2.2
Numerator		14 250 244	14 150 180	14 413 350	14 335 488	14 498 396	14 674 519	14 849 477
Denominator		6 112 014	6 214 017	6 318 283	6 418 069	6 515 589	6 610 944	6 704 749
3 Complaint resolution within 25 working days rate (PHC)	%	96.2%	95.5%	95.6%	94.4%	95.5%	95.8%	95.9%
Numerator		2 600	3 220	3 175	2 828	2 889	2 840	2 773
Denominator		2 702	3 371	3 320	2 995	3 024	2 964	2 892

Notes:
Indicator 2: Population data has been updated retrospectively, as per Circular H11/2017.

Quarterly Targets for 18/19

Table B 8: Quarterly Targets for DHS

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
1 Ideal clinic status rate	Annual	77.5%				77.5%
Numerator		207	-	-	-	207
Denominator		267	-	-	-	267
2 PHC utilisation rate - Total	Quarterly	2.2	2.2	2.3	2.1	2.2
Numerator		14 498 396	3 648 311	3 716 234	3 493 454	3 640 398
Denominator		6 515 589	1 628 897	1 628 897	1 628 897	1 628 897
3 Complaint resolution within 25 working days rate (PHC)	Quarterly	95.5%	97.2%	94.6%	100.2%	87.8%
Numerator		2 889	841	730	805	513
Denominator		3 024	865	772	803	584

District Hospitals

Situational Analysis

Table B 9: District Hospital situational analysis indicators

Performance indicator	Type	Provincial wide view	Cape Town	Eden	Central Karoo	Cape Winelands	West Coast	Overberg
		2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
SECTOR SPECIFIC INDICATORS								
1 Hospital achieved 75% and more on National Core Standards self assessment rate (District Hospitals)	%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator								
Denominator								
2 Average length of stay (district hospitals)	Days	3.2	3.7	2.9	2.8	2.6	2.7	2.8
Numerator		909 891	534 743	119 959	30 548	70 041	103 430	51 172
Denominator		280 580	145 707	40 928	10 747	26 546	38 124	18 528
3 Inpatient bed utilisation rate (district hospitals)	%	84.8%	91.8%	83.0%	69.7%	74.7%	77.4%	68.9%
Numerator		909 891	534 743	119 959	30 548	70 041	103 430	51 172
Denominator		1 072 730	582 756	144 526	43 805	93 815	133 604	74 225
4 Expenditure per PDE (district hospitals)	R	R 2 139.02	R 2 281.78	R 1 905.02	R 2 273.16	R 1 780.70	R 1 929.75	R 2 094.07
Numerator		R 2 923 677 427.28	R 1 815 685 997.40	R 339 089 481.00	R 97 287 723.58	R 206 437 000.30	R 300 723 962.00	R 164 453 263.00
Denominator		1 366 830	795 734	177 998	42 799	115 931	155 836	78 533
5 Complaint resolution within 25 working days rate (district hospitals)	%	90.4%	91.5%	92.5%	79.7%	86.8%	67.3%	99.6%
Numerator		1 501	765	272	47	33	101	283
Denominator		1 661	836	294	59	38	150	284

Strategic Objectives – Annual Targets

There are no Provincial strategic objectives specified for District Hospitals

Performance Indicators & Annual Targets

Table B 10: Annual Targets for District Hospital Performance Indicators

Performance indicator	Type	Audited / Actual performance			Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS								
1 Hospital achieved 75% and more on National Core Standards self assessment rate (District Hospitals)	%	Not required to report	Not required to report	Not required to report	72.7%	87.9%	100.0%	103.0%
Numerator					24	29	33	34
Denominator					33	33	33	33
2 Average length of stay (district hospitals)	Days	3.2	3.3	3.2	3.3	3.3	3.3	3.2
Numerator		908 493	931 177	909 891	922 288	926 786	932 543	938 255
Denominator		287 071	281 849	280 580	281 507	284 437	286 577	288 706
3 Inpatient bed utilisation rate (district hospitals)	%	89.4%	87.5%	84.8%	86.8%	87.8%	88.3%	88.8%
Numerator		908 493	931 177	909 891	922 288	926 786	932 543	938 255
Denominator		1 016 119	1 063 909	1 072 730	1 062 250	1 056 044	1 056 044	1 056 044
4 Expenditure per PDE (district hospitals)	R	R 1 838.35	R 1 954.14	R 2 139.02	R 2 253.65	R 2 345.23	R 2 440.37	R 2 565.87
Numerator		R 2 512 440 894.00	R 2 731 832 162.00	R 2 923 677 427.00	R 3 199 149 000.00	R 3 353 736 000.00	R 3 511 799 000.00	R 3 715 391 000.00
Denominator		1 366 685	1 397 974	1 366 830	1 419 541	1 430 021	1 439 043	1 448 005
5 Complaint resolution within 25 working days rate (district hospitals)	%	90.1%	90.2%	90.4%	91.5%	93.3%	94.0%	94.8%
Numerator		1 192	1 590	1 501	1 409	1 362	1 323	1 275
Denominator		1 323	1 763	1 661	1 540	1 460	1 407	1 345

Quarterly Targets for 18/19

Table B 11: Quarterly Targets for District Hospitals

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
1 Hospital achieved 75% and more on National Core Standards self assessment rate (District Hospitals)	Quarterly	87.9%		100.0%	100.0%	76.0%
Numerator		29	0	4	4	19
Denominator		33	0	4	4	25
2 Average length of stay (district hospitals)	Quarterly	3.3	3.3	3.2	3.2	3.3
Numerator		926 786	235 299	230 844	229 329	231 313
Denominator		284 437	71 390	71 555	70 647	70 846
3 Inpatient bed utilisation rate (district hospitals)	Quarterly	87.8%	89.1%	87.4%	86.9%	87.6%
Numerator		926 786	235 299	230 844	229 329	231 313
Denominator		1 056 044	264 012	264 012	264 012	264 008
4 Expenditure per PDE (district hospitals)	Quarterly	R 2 345.23	R 2 326.01	R 2 352.79	R 2 359.77	R 2 342.66
Numerator		R 3 353 736 000.00	R 838 434 000.00	R 838 434 000.00	R 838 434 000.00	R 838 434 000.00
Denominator		1 430 021	360 461	356 358	355 304	357 898
5 Complaint resolution within 25 working days rate (district hospitals)	Quarterly	93.3%	93.9%	91.3%	93.8%	94.2%
Numerator		1 362	360	337	346	319
Denominator		1 460	383	369	369	339

HIV/AIDS, STIs & Tuberculosis (HAST)

Situational Analysis

Table B 12: HAST Situational Analysis Indicators

Performance indicator	Type	_Provincial wide view 2016/17	Cape Town 2016/17	Eden 2016/17	Central Karoo 2016/17	Cape Winelands 2016/17	West Coast 2016/17	Overberg 2016/17
SECTOR SPECIFIC INDICATORS								
1 Client remain on ART at the end of the month - total	No	230 931	162 704	20 127	1 631	27 162	8 910	10 397
Element								
2 TB/HIV co-infected client on ART rate	%	89.6%	91.4%	85.5%	67.0%	90.7%	82.3%	84.3%
Numerator		14 902	9 815	1 468	126	2 033	828	632
Denominator		16 637	10 734	1 717	188	2 242	1 006	750
3 HIV test done - Total	No	1 379 375	835 649	148 651	31 892	180 916	107 918	74 349
Element								
4 Male condom distributed	No	113 913 868	63 010 777	12 333 444	2 355 590	20 709 957	8 967 800	6 536 300
Element								
5 Medical male circumcision - total	No	11 687	6 073	2 236	214	1 692	856	616
Element								
6 TB client 5 years and older start on treatment rate	%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator								
Denominator								
7 TB client treatment success rate	%	80.4%	81.8%	77.9%	78.2%	74.4%	80.9%	90.9%
Numerator		34 651	19 768	3 827	467	5 564	3 054	1 971
Denominator		43 099	24 165	4 913	597	7 482	3 773	2 169
8 TB client lost to follow up rate	%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator								
Denominator								
9 TB client death rate	%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator								
Denominator								
10 TB MDR treatment success rate	%	44.6%	42.5%	40.7%	64.3%	54.2%	54.6%	28.8%
Numerator		738	464	61	18	115	65	15
Denominator		1 653	1 092	150	28	212	119	52

Strategic Objectives – Annual Targets

Table B 13: Annual Targets for HAST Strategic Objectives

Performance indicator	Type	Audited / Actual performance 2014/15	2015/16	2016/17	Estimated performance 2017/18	Medium term targets 2018/19	2019/20	2020/21
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS								
1.1.1 TB programme success rate	%	82.7%	82.3%	80.4%	79.9%	81.1%	82.3%	83.3%
Numerator		37 049	35 756	34 651	34 090	34 148	34 535	34 879
Denominator		44 805	43 445	43 099	42 653	42 085	41 973	41 857
2.1.1 ART retention in care after 12 months	%	Not required to report	68.9%	72.2%	62.1%	64.4%	65.1%	65.6%
Numerator		0	24 586	33 307	28 104	29 667	30 165	30 584
Denominator		0	35 683	46 120	45 270	46 090	46 352	46 603
2.1.2 ART retention in care after 48 months	%	Not required to report	57.3%	60.7%	51.9%	53.8%	54.0%	54.3%
Numerator		0	13 073	19 700	15 292	16 333	16 551	16 792
Denominator		0	22 809	32 455	29 454	30 346	30 646	30 949

Notes:

The strategic objectives refer to thefollowing strategic goals:

- 1.1.1: Improve the TB programme success rate.
- 2.1.1 and 2.1.2: Improve the proportion of clients who remain in care.

Performance Indicators & Annual Targets

Table B 14: Annual Targets for HAST Performance Indicators

Performance indicator	Type	Audited / Actual performance			Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS								
1 Client remain on ART at the end of the month - total	No	180 769	203 565	230 931	250 624	290 000	301 196	308 835
Element								
2 TB/HIV co-infected client on ART rate	%	Not required to report	Not required to report	89.6%	90.1%	88.1%	88.5%	88.8%
Numerator		0	0	14 902	13 669	13 298	13 359	13 416
Denominator		0	0	16 637	15 170	15 090	15 102	15 110
3 HIV test done - Total	No	0	1 384 563	1 379 375	1 418 014	1 512 567	1 479 138	1 489 381
Element								
4 Male condom distributed	No	123 416 309	114 157 641	113 913 868	96 534 056	112 819 962	111 287 945	115 315 754
Element								
5 Medical male circumcision - total	No	15 498	13 310	11 687	10 703	18 000	12 868	13 141
Element								
6 TB client 5 years and older start on treatment rate	%	Not required to report	Not required to report	Not required to report	90.7%	92.5%	92.5%	92.6%
Numerator					20 702	21 425	21 609	21 790
Denominator					22 830	23 165	23 349	23 532
7 TB client treatment success rate	%	82.7%	82.3%	80.4%	79.9%	81.1%	82.3%	83.3%
Numerator		37 049	35 756	34 651	34 090	34 148	34 535	34 879
Denominator		44 805	43 445	43 099	42 653	42 085	41 973	41 857
8 TB client lost to follow up rate	%	Not required to report	Not required to report	Not required to report	10.6%	9.7%	9.5%	9.3%
Numerator					4 520	4 083	3 991	3 905
Denominator					42 653	42 085	41 973	41 857
9 TB client death rate	%	Not required to report	Not required to report	Not required to report	3.8%	3.7%	3.7%	3.7%
Numerator					1 613	1 578	1 558	1 538
Denominator					42 653	42 085	41 973	41 857
10 TB MDR treatment success rate	%	Not required to report	39.4%	44.6%	37.4%	43.0%	42.5%	44.2%
Numerator		0	604	738	314	371	373	395
Denominator		0	1 532	1 653	839	862	878	894

Notes:

Indicator 7: Definition changed in 2017/18 and this indicator has been adjusted retrospectively.

Quarterly Targets for 18/19

Table B 15: Quarterly Targets for HAST

Programme performance indicator	Frequency	Annual target 2018/19	Quarterly targets			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
1.1.1 TB programme success rate	Quarterly	81.1%	81.1%	81.1%	81.1%	81.1%
Numerator		34 148	8 549	8 671	8 348	8 580
Denominator		42 085	10 536	10 687	10 288	10 573
2.1.1 ART retention in care after 12 months	Quarterly	64.4%	64.4%	64.4%	64.3%	64.4%
Numerator		29 667	7 424	7 507	7 289	7 449
Denominator		46 090	11 535	11 652	11 338	11 567
2.1.2 ART retention in care after 48 months	Quarterly	53.8%	53.8%	53.9%	53.7%	53.9%
Numerator		16 333	4 086	4 127	4 022	4 100
Denominator		30 346	7 592	7 660	7 484	7 611
SECTOR SPECIFIC INDICATORS						
1 Client remain on ART at the end of the month - total	Quarterly	290 000	258 943	269 291	279 652	290 000
Element						
2 TB/HIV co-infected client on ART rate	Quarterly	88.1%	88.2%	88.1%	88.2%	88.1%
Numerator		13 298	3 331	3 359	3 274	3 334
Denominator		15 090	3 778	3 814	3 711	3 786
3 HIV test done - Total	Quarterly	1 512 567	364 770	388 872	374 860	384 065
Element						
4 Male condom distributed	Quarterly	112 819 962	27 246 021	29 265 499	28 182 427	28 126 015
Element						
5 Medical male circumcision - total	Quarterly	18 000	4 563	5 514	3 977	3 946
Element						
6 TB client 5 years and older start on treatment rate	Quarterly	92.5%	92.5%	92.5%	92.4%	92.6%
Numerator		21 425	5 338	5 458	5 237	5 392
Denominator		23 165	5 774	5 899	5 666	5 826
7 TB client treatment success rate	Quarterly	81.1%	81.1%	81.1%	81.1%	81.1%
Numerator		34 148	8 549	8 671	8 348	8 580
Denominator		42 085	10 536	10 687	10 288	10 573
8 TB client lost to follow up rate	Quarterly	9.7%	9.7%	9.7%	9.7%	9.7%
Numerator		4 083	1 022	1 039	996	1 024
Denominator		42 085	10 536	10 687	10 288	10 573
9 TB client death rate	Annual	3.7%				3.7%
Numerator		1 578	0	0	0	1 578
Denominator		42 085	0	0	0	42 085
10 TB MDR treatment success rate	Annual	43.0%				43.0%
Numerator		371	0	0	0	371
Denominator		862	0	0	0	862

Maternal, Child and Women's Health (MCWH)

Situational Analysis

Table B 16: MCWH Situational Analysis Indicators

	Performance indicator	Type	_Provincial wide view 2016/17	Cape Town 2016/17	Eden 2016/17	Central Karoo 2016/17	Cape Winelands 2016/17	West Coast 2016/17	Overberg 2016/17
SECTOR SPECIFIC INDICATORS									
1	Antenatal 1st visit before 20 weeks rate	%	69.6%	66.1%	79.1%	73.3%	74.5%	73.1%	78.0%
	Numerator		63 901	39 063	6 852	891	9 301	4 484	3 310
	Denominator		91 849	59 104	8 663	1 215	12 490	6 133	4 244
2	Mother postnatal visit within 6 days rate	%	60.0%	61.1%	52.9%	47.1%	59.9%	56.1%	69.8%
	Numerator		54 816	36 787	4 639	447	8 189	2 610	2 144
	Denominator		91 322	60 211	8 765	949	13 677	4 649	3 071
3	Antenatal client start on ART rate	%	90.8%	95.9%	73.3%	35.4%	79.7%	91.2%	85.1%
	Numerator		7 009	5 111	477	23	681	330	387
	Denominator		7 715	5 328	651	65	854	362	455
4	Infant 1st PCR test positive around 10 weeks rate	%	0.8%	0.7%	1.8%	1.4%	1.5%	0.6%	0.0%
	Numerator		95	58	15	1	18	3	0
	Denominator		12 013	8 918	819	70	1 241	471	494
5	Immunisation under 1 year coverage	%	75.1%	78.1%	77.0%	67.8%	65.3%	70.5%	71.8%
	Numerator		78 933	51 052	8 007	899	10 008	5 673	3 294
	Denominator		105 107	65 406	10 404	1 327	15 338	8 048	4 585
6	Measles 2nd dose coverage	%	86.3%	87.9%	80.6%	80.4%	82.3%	87.0%	91.7%
	Numerator		92 898	58 960	8 491	1 122	12 987	7 025	4 313
	Denominator		107 595	67 109	10 529	1 396	15 784	8 072	4 705
7	Diarrhoea case fatality rate	%	0.2%	0.3%	0.1%	0.0%	0.4%	0.0%	0.0%
	Numerator		17	10	1	0	6	0	0
	Denominator		6 992	3 725	670	162	1 376	767	292
8	Pneumonia case fatality rate	%	0.4%	0.4%	0.0%	0.0%	0.4%	0.6%	0.0%
	Numerator		29	23	0	0	4	2	0
	Denominator		7 943	5 462	550	52	1 023	310	546
9	Severe acute malnutrition case fatality rate	%	0.6%	0.2%	0.6%	0.0%	2.2%	0.0%	0.0%
	Numerator		5	1	1	0	3	0	0
	Denominator		841	407	175	29	136	62	32
10	School Grade 1 learners screened	No	55 171	29 616	8 595	978	10 492	2 159	3 331
	Element								
11	School Grade 8 learners screened	No	9 364	2 864	1 944	-	2 029	-	2 527
	Element								
12	Delivery in 10 to 19 years in facility rate	%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
	Numerator								
	Denominator								
13	Couple year protection rate (Int)	%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
	Numerator								
	Denominator								
14	Cervical cancer screening coverage (annualised)	%	55.7%	53.0%	75.0%	75.7%	56.5%	48.4%	57.1%
	Numerator		90 454	56 371	11 751	1 304	11 938	5 064	4 026
	Denominator		162 461	106 423	15 661	1 723	21 143	10 455	7 055
15	HPV 1st dose	No	36 182	21 618	4 128	601	5 639	2 614	1 582
	Element								
16	HPV 2nd dose	No	34 941	20 718	4 049	593	5 490	2 505	1 586
	Element								
17	Vitamin A 12 – 59 months coverage	%	48.8%	46.7%	64.6%	48.2%	49.3%	42.4%	52.6%
	Numerator		425 757	254 770	54 565	5 580	63 544	27 178	20 120
	Denominator		872 328	545 053	84 522	11 572	128 832	64 133	38 219
18	Maternal mortality in facility ratio	No per 100 000	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
	Numerator								
	Denominator / 100 000								
19	Neonatal death in facility rate	No per 1000	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
	Numerator								
	Denominator / 1 000								

Note:
Indicators 5, 6, 14 and 17: Population data has been updated retrospectively, as per Circular H11/2017
Indicator 13: Not previously reported as oer current definition.

Strategic Objectives – Annual Targets

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

Performance Indicators & Annual Targets

Table B 17: Annual Targets for MCWH Performance Indicators

Performance indicator	Type	Audited / Actual performance			Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS								
1 Antenatal 1st visit before 20 weeks rate	%	65.8%	67.7%	69.6%	69.5%	70.3%	71.3%	72.5%
Numerator		64 604	60 521	63 901	65 117	66 318	67 748	69 274
Denominator		98 136	89 431	91 849	93 673	94 339	95 023	95 507
2 Mother postnatal visit within 6 days rate	%	Not required to report	67.8%	60.0%	60.3%	62.4%	64.0%	65.2%
Numerator		0	63 971	54 816	55 632	57 902	59 767	61 136
Denominator		0	94 342	91 322	92 192	92 776	93 383	93 802
3 Antenatal client start on ART rate	%	Not required to report	77.5%	90.8%	91.8%	86.8%	88.2%	89.6%
Numerator		0	6 070	7 009	7 129	6 789	6 941	7 082
Denominator		0	7 834	7 715	7 767	7 818	7 870	7 906
4 Infant 1st PCR test positive around 10 weeks rate	%	Not required to report	Not required to report	0.8%	0.7%	0.8%	0.8%	0.8%
Numerator		0	0	95	94	104	104	104
Denominator		0	0	12 013	12 966	13 036	13 109	13 159
5 Immunisation under 1 year coverage	%	85.5%	84.5%	75.1%	75.1%	78.3%	79.4%	81.0%
Numerator		93 542	89 942	78 933	79 398	83 410	85 237	86 958
Denominator		109 342	106 450	105 107	105 653	106 547	107 296	107 383
6 Measles 2nd dose coverage	%	Not required to report	82.2%	86.3%	78.6%	79.2%	80.3%	81.6%
Numerator		0	88 873	92 898	84 846	85 631	86 817	88 052
Denominator		0	108 143	107 595	107 885	108 133	108 177	107 940
7 Diarrhoea case fatality rate	%	0.2%	0.1%	0.2%	0.3%	0.3%	0.3%	0.3%
Numerator		12	13	17	18	18	18	18
Denominator		7 704	8 685	6 992	5 554	5 432	5 317	5 245
8 Pneumonia case fatality rate	%	0.4%	0.3%	0.4%	0.4%	0.5%	0.5%	0.5%
Numerator		32	36	29	24	31	31	31
Denominator		7 445	10 726	7 943	6 570	6 429	6 294	6 052
9 Severe acute malnutrition case fatality rate	%	1.8%	0.9%	0.6%	1.3%	1.4%	1.4%	1.4%
Numerator		18	11	5	8	8	8	8
Denominator		986	1 254	841	596	585	574	569
10 School Grade 1 learners screened	No	44 271	54 107	55 171	53 582	55 646	58 075	60 687
Element								
11 School Grade 8 learners screened	No	439	7 657	9 364	11 588	11 964	12 430	12 942
Element								
12 Delivery in 10 to 19 years in facility rate	%	Not required to report	Not required to report	Not required to report	10.1%	10.3%	9.5%	9.4%
Numerator					9 333	9 551	8 877	8 827
Denominator					92 192	92 776	93 383	93 802
13 Couple year protection rate (Int)	%	Not required to report	Not required to report	Not required to report	73.3%	74.2%	74.7%	74.1%
Numerator					1 302 845	1 329 431	1 349 242	1 350 168
Denominator					1 776 519	1 791 703	1 806 367	1 821 674
14 Cervical cancer screening coverage (annualised)	%	57.9%	55.2%	55.7%	55.2%	55.8%	56.3%	56.9%
Numerator		89 162	87 169	90 454	92 128	95 433	98 673	102 114
Denominator		154 022	157 924	162 461	166 812	171 088	175 296	179 462
15 HPV 1st dose	No	33 644	33 537	36 182	32 289	33 045	33 903	34 772
Element								
16 HPV 2nd dose	No	Not required to report	Not required to report	34 941	35 231	36 051	36 957	37 860
Element								
17 Vitamin A 12 – 59 months coverage	%	46.5%	45.9%	48.8%	47.8%	49.2%	50.7%	52.3%
Numerator		402 264	399 480	425 757	417 830	429 540	441 650	454 126
Denominator		864 156	869 839	872 328	874 217	873 395	870 790	868 254
18 Maternal mortality in facility ratio	No per 100 000	Not required to report	Not required to report	Not required to report	64.1	62.9	62.5	62.2
Numerator					61	61	61	61
Denominator / 100 000					0.952	0.969	0.976	0.980
19 Neonatal death in facility rate	No per 1000	Not required to report	Not required to report	Not required to report	5.6	8.5	8.4	8.3
Numerator					600	794	786	779
Denominator / 1 000					108.0	93.3	93.9	94.3

Notes:

Indicators 5, 6, 14 and 17: Population data has been updated retrospectively, as per Circular H11/2017

Indicator 13, 18 and 19: Not previously reported as per current definition.

Quarterly Targets for 18/19

Table B 18: Quarterly Targets for MCWH

Programme performance indicator	Frequency	Annual target 2018/19	Quarterly targets Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
1 Antenatal 1st visit before 20 weeks rate	Quarterly	70.3%	69.5%	70.6%	71.1%	70.1%
Numerator		66 318	15 616	17 670	15 548	17 484
Denominator		94 339	22 474	25 045	21 879	24 941
2 Mother postnatal visit within 6 days rate	Quarterly	62.4%	61.2%	63.1%	63.1%	62.2%
Numerator		57 902	14 314	14 929	14 036	14 623
Denominator		92 776	23 379	23 646	22 230	23 521
3 Antenatal client start on ART rate	Annual	86.8%				86.8%
Numerator		6 789	0	0	0	6 789
Denominator		7 818	0	0	0	7 818
4 Infant 1st PCR test positive around 10 weeks rate	Quarterly	0.8%	0.9%	0.8%	0.8%	0.8%
Numerator		104	22	30	27	26
Denominator		13 036	2 542	3 556	3 507	3 432
5 Immunisation under 1 year coverage	Quarterly	78.3%	83.1%	81.3%	74.5%	74.2%
Numerator		83 410	22 133	21 667	19 845	19 764
Denominator		106 547	26 637	26 637	26 637	26 637
6 Measles 2nd dose coverage	Quarterly	79.2%	84.1%	82.3%	75.3%	75.0%
Numerator		85 631	22 747	22 236	20 360	20 287
Denominator		108 133	27 033	27 033	27 033	27 033
7 Diarrhoea case fatality rate	Quarterly	0.3%	0.2%	0.3%	0.3%	0.6%
Numerator		18	3	3	3	8
Denominator		5 432	1 537	1 145	1 280	1 470
8 Pneumonia case fatality rate	Quarterly	0.5%	0.5%	0.5%	0.4%	0.5%
Numerator		31	10	7	6	8
Denominator		6 429	2 037	1 523	1 413	1 456
9 Severe acute malnutrition case fatality rate	Quarterly	1.4%	1.3%	1.6%	1.7%	1.0%
Numerator		8	2	2	2	2
Denominator		585	149	122	120	195
10 School Grade 1 learners screened	Quarterly	55 646	20 873	12 361	14 086	8 326
Element						
11 School Grade 8 learners screened	Quarterly	11 964	3 697	2 270	2 592	3 405
Element						
12 Delivery in 10 to 19 years in facility rate	Quarterly	10.3%	10.3%	10.3%	10.2%	10.3%
Numerator		9 551	2 406	2 444	2 275	2 426
Denominator		92 776	23 379	23 646	22 230	23 521
13 Couple year protection rate (Int)	Quarterly	74.2%	72.5%	76.0%	73.8%	74.5%
Numerator		1 329 430	324 801	340 208	330 572	333 849
Denominator		1 791 703	447 926	447 926	447 926	447 926
14 Cervical cancer screening coverage (annualised)	Quarterly	55.8%	53.2%	62.5%	51.4%	56.1%
Numerator		95 433	22 751	26 717	21 971	23 994
Denominator		171 088	42 772	42 772	42 772	42 772
15 HPV 1st dose	Annual	33 045	0	0	0	33 045
Element						
16 HPV 2nd dose	Annual	36 051	0	0	0	36 051
Element						
17 Vitamin A 12 – 59 months coverage	Quarterly	49.2%	54.0%	47.4%	39.6%	55.7%
Numerator		429 540	117 926	103 545	86 517	121 552
Denominator		873 395	218 349	218 349	218 349	218 349
18 Maternal mortality in facility ratio	Annual	118.9				118.9
Numerator		40	0	0	0	40
Denominator / 100 000		0.336	0.000	0.000	0.000	0.336
19 Neonatal death in facility rate	Annual	8.5				8.5
Numerator		794	0	0	0	794
Denominator / 1 000		93.3	0.0	0.0	0.0	93.3

Disease Prevention & Control

Situational Analysis

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

Performance indicator	Type	_Provincial wide view 2016/17	Cape Town 2016/17	Eden 2016/17	Central Karoo 2016/17	Cape Winelands 2016/17	West Coast 2016/17	Overberg 2016/17
1 Cataract surgery rate	No per million							
Numerator		8 050	5 546	929	93	1 442	40	0
Denominator / 1 000 000		Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
2 Malaria case fatality rate	%	0.7%	0.0%	0.0%	0.0%	7.1%	0.0%	0.0%
Numerator		1	0	0	0	1	0	0
Denominator		140	95	15	0	14	13	3

Note:
Indicator 1: Uninsured population is not available at a district level, as per Circular H11/2017

Strategic Objectives – Annual Targets

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

Performance Indicators & Annual Targets

Performance indicator	Type	Audited / Actual performance			Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS								
1 Cataract surgery rate	No per million	1 760	1 631	1 692	1 578	1 579	1 585	1 591
Numerator		7 929	7 684	8 050	7 627	7 748	7 888	8 032
Denominator / 1 000 000		4.505	4.710	4.758	4.833	4.906	4.978	5.049
2 Malaria case fatality rate	%	1.6%	0.0%	0.7%	1.0%	1.0%	1.0%	1.0%
Numerator		3	0	1	2	2	2	2
Denominator		186	110	140	192	192	192	192

Quarterly Targets for 18/19

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

Programme performance indicator	Frequency	Annual target 2018/19	Quarterly targets			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
1 Cataract surgery rate	Quarterly	1 579	1 777	1 661	1 427	1 452
Numerator		7 748	2 180	2 038	1 750	1 781
Denominator / 1 000 000		4.906	1.227	1.227	1.227	1.227
2 Malaria case fatality rate	Quarterly	1.0%	0.0%	2.1%	0.0%	2.1%
Numerator		2	0	1	0	1
Denominator		192	48	49	48	49

Reconciling Performance Targets with the Budget & MTEF

Table B 22: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
1. District Management	306 284	317 524	344 875	403 232	404 036	405 315	**440 506**	8.68	458 906	485 148
2. Community Health Clinics	1 036 408	1 079 406	1 180 111	1 241 524	1 248 548	1 244 231	**1 327 652**	6.70	1 388 206	1 467 593
3. Community Health Centres	1 496 331	1 679 765	1 846 888	2 049 840	2 089 760	2 062 261	**2 208 821**	7.11	2 311 006	2 444 365
4. Community Based Services	174 671	196 777	197 956	213 027	213 599	218 540	**222 491**	1.81	232 132	245 227
5. Other Community Services				1	1		**1**		1	1
6. HIV/Aids	1 082 792	1 208 872	1 387 801	1 532 363	1 532 363	1 532 363	**1 613 625**	5.30	1 753 425	1 939 657
7. Nutrition	36 223	41 305	47 060	46 381	46 381	51 161	**50 250**	(1.78)	52 422	55 383
8. Coroner Services				1	1		**1**		1	1
9. District Hospitals	2 512 441	2 735 939	2 928 243	3 138 102	3 163 830	3 199 149	**3 353 736**	4.83	3 511 799	3 715 391
10. Global Fund	122 123	93 292	20 503	94 530	71 790	71 790	**127 255**	77.26	1	1
Total payments and estimates	6 767 273	7 352 880	7 953 437	8 719 001	8 770 309	8 784 810	**9 344 338**	6.37	9 707 899	10 352 767

Notes:

Sub-programme 2.6: **2018/19: National Conditional grant: Comprehensive HIV and AIDS – R1 531 535 000 (Compensation of employees R488 598 000; Goods and services R645 345 000, Transfers and subsidies R397 530 000 and Payments for capital assets R62 000).**

Sub-programme 2.1: **2018/19: National Conditional grant: Human Papillomavirus Vaccine – R19 599 000 (Compensation of employees R5 384 000; Goods and services R14 143 000, and Transfers and subsidies R72 000).**

Table B 23: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
Current payments	5 941 044	6 479 222	7 102 462	7 710 054	7 744 696	7 760 946	**8 164 183**	5.20	8 571 914	9 134 375
Compensation of employees	3 654 420	4 032 421	4 385 145	4 745 262	4 710 278	4 697 417	**5 070 336**	7.94	5 323 203	5 670 554
Salaries and wages	3 241 746	3 555 275	3 869 447	4 171 398	4 137 642	4 136 175	**4 455 001**	7.71	4 675 157	4 980 611
Social contributions	412 674	477 146	515 698	573 864	572 636	561 242	**615 335**	9.64	648 046	689 943
Goods and services	2 286 624	2 446 801	2 717 317	2 964 792	3 034 418	3 063 529	**3 093 847**	0.99	3 248 711	3 463 821
of which										
Administrative fees	2	17								
Advertising	4 291	6 534	4 869	5 996	9 087	9 755	**2 186**	(77.59)	2 238	2 330
Minor Assets	15 094	14 100	14 297	18 143	17 976	14 900	**18 611**	24.91	19 376	20 462
Audit cost: External	820	443	463	560						
Catering: Departmental activities	1 123	1363	2 119	3 556	3 106	3 171	**1 747**	(44.91)	1683	1788
Communication (G&S)	29 614	33 394	32 029	36 745	36 745	28 130	**35 991**	27.95	36 953	39 572
Computer services	4 265	2 898	3 143	5 266	5 036	4 293	**3 784**	(11.86)	3 936	4 158
Consultants and professional services: Business and advisory services	6 971	6 262	6 555	11 143	12 657	12 361	**9 647**	(21.96)	4 644	5 010
Laboratory services	327 732	319 559	327 860	374 368	375 256	383 986	**388 294**	1.12	411 048	442 109
Contractors	42 807	48 591	116 218	117 621	145 511	148 014	**98 995**	(33.12)	104 776	112 682
Agency and support/outsourced services	263 333	260 127	243 156	244 543	249 843	255 533	**259 454**	1.53	270 239	285 281
Entertainment	19	12	13	99	99	75	**104**	38.67	106	113
Fleet services (including government motor transport)	27 260	28 265	29 372	31 915	31 935	33 222	**34 042**	2.47	35 184	37 155
Inventory: Food and food	36 718	34 463	38 827	36 270	36 270	39 186	**35 336**	(9.82)	36 801	38 847
Inventory: Materials and	2 301	3 130	3 553	3 163		6		(100.00)		
Inventory: Medical supplies	334 753	376 035	399 848	450 255	439 855	440 409	**472 467**	7.28	497 990	530 499
Inventory: Medicine	769 742	837 734	1015 043	1 101 694	1 131 994	1 144 500	**1 165 276**	1.82	1231 634	1319 044
Inventory: Other supplies	23 575	23 199	706	4 478	4 478	185	**4 462**	2311.89	4 644	4 903
Consumable supplies	87 655	98 906	101 838	104 764	107 927	115 659	**115 244**	(0.36)	119 941	126 674
Consumable: Stationery, printing and office supplies	40 513	41224	41023	48 730	49 003	49 190	**49 573**	0.78	51648	54 601
Operating leases	11501	11991	11393	14 034	14 034	12 152	**15 098**	24.24	15 722	16 606
Property payments	221481	251755	280 982	297 635	308 793	318 297	**321 868**	1.12	335 266	353 948
Transport provided: Departmental activity	1026	1 128	1 173	1356	1356	1265	**1 432**	13.20	1492	1575
Travel and subsistence	14 535	13 569	12 840	16 306	15 897	14 250	**14 981**	5.13	14 906	15 753
Training and development	8 344	11605	9 611	13 251	13 697	11278	**19 838**	75.90	20 960	22 467
Operating payments	4 675	4 487	5 146	5 568	6 700	5 993	**7 491**	25.00	8 853	8 535
Venues and facilities	141	110	423	519	369	421	**171**	(59.38)	178	188
Rental and hiring	6 333	15 900	14 817	16 814	16 794	17 298	**17 755**	2.64	18 493	19 521
Transfers and subsidies to	717 331	782 741	762 015	922 068	911 549	909 317	**1 094 350**	20.35	1047 147	1 128 331
Provinces and municipalities	396 459	432 972	461878	520 665	520 665	520 665	**543 793**	4.44	576 891	621995
Municipalities	396 459	432 972	461878	520 665	520 665	520 665	**543 793**	4.44	576 891	621995
Municipal bank accounts	396 459	432 972	461878	520 665	520 665	520 665	**543 793**	4.44	576 891	621995
Departmental agencies and accounts	144	136	2							
Departmental agencies (non-business entities)	144	136	2							
Other	144	136	2							
Non-profit institutions	303 935	335 177	285 410	384 442	373 920	372 694	**532 284**	42.82	451 197	486 251
Households	16 793	14 456	14 725	16 961	16 964	15 958	**18 273**	14.51	19 059	20 085
Social benefits	15 907	14 382	14 407	16 460	16 463	15 457	**17 660**	14.25	18 395	19 417
Other transfers to households	886	74	318	501	501	501	**613**	22.36	664	668
Payments for capital assets	107 260	89 867	87 605	86 879	114 064	113 537	**85 805**	(24.43)	88 838	90 061
Buildings and other fixed structures	10	69								
Buildings	10	69								
Machinery and equipment	107 250	89 711	87 586	86 879	112 344	111812	**85 763**	(23.30)	88 796	90 019
Transport equipment	48 078	46 808	43 590	46 960	52 160	54 276	**51 007**	(6.02)	52 870	55 463
Other machinery and equipment	59 172	42 903	43 996	39 919	60 184	57 536	**34 756**	(39.59)	35 926	34 556
Software and other intangible		87	19		1720	1725	**42**	(97.57)	42	42
Payments for financial assets	1638	1050	1355			1010		(100.00)		
Total economic classification	6 767 273	7 352 880	7 953 437	8 719 001	8 770 309	8 784 810	**9 344 338**	6.37	9 707 899	10 352 767

Performance and Expenditure Trends

Programme 2 is allocated 40.52 per cent of the vote in 2018/19 in comparison to the 40.54 per cent allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R559.528 million or 6.37 per cent.

Sub-programmes 2.1 – 2.5, Primary Health Care Services, is allocated 44.94 per cent of the Programme 2 allocation in 2018/19 in comparison to the 44.74 per cent that was allocated in the revised estimate of the 2017/18 budget. This amounts to an increase of R269.124 million or 6.85 per cent.

Sub-programme 2.6: HIV and AIDS is allocated 17.27 per cent of the Programme 2 allocation in 2018/19 in comparison to the 17.44 per cent allocated in the revised estimate of the 2017/18 budget. This amounts to an increase of R81.262 million or 5.30 per cent.

Sub-programme 2.7: Nutrition is allocated 0.54 per cent of the Programme 2 allocation in 2018/19 in comparison to the 0.58 per cent of the revised estimate of the 2017/18 budget. This amounts to a decrease of (1.78) per cent or R0.911 million.

Sub-programme 2.9: District hospitals are allocated 35.89 per cent of the Programme 2 allocation in 2018/19, in comparison to the 36.42 per cent allocated in the revised estimate of the 2017/18 budget. This amounts to an increase of 4.83 per cent or R154.587 million.

Sub-programme 2.10: Global fund is allocated 1.36 per cent of the Programme 2 allocation in 2018/19, in comparison to the 0.82 per cent allocated in the revised estimate of the 2017/18 budget. This amounts to a significant increase of 77.26 per cent or R55.465 million. Due to Global fund exit strategy no money was allocated from 2019/20 onwards.

Risk Management

Fragmented PHC Services	
Mitigating Factors	• Develop and manage the SLA for better, co-ordinated services within the Metro. • Advocate for provincialisation through technical support of the political process. • Use opportunities in specific instances to provincialise the service where feasible.
Stock-outs of essential pharmaceutical goods	
Mitigating Factors	• Monitor stock levels at district and facility levels. • Monitor vaccine supply. • Strengthen ability to move vaccine stock between facilities.
Staff related security incidents	
Mitigating Factors	• Safety guidelines and protocols that empower staff to make decisions around their own safety. • Raise employee awareness on safety in the workplace. • Ensuring optimal security measures are in place at health facilities. • Engage the SAPS and community safety stakeholders on ways in which closer collaboration and interagency partnerships could assist in securing the physical safety of staff.
Vandalism and theft	
Mitigating Factors	• Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible. • Improve security services and contract management of security at facility level. • Increase public awareness to create ownership by communities.
Budget Constraints	
Mitigating Factors	• Monitor expenditure regularly against budget. • Ensure cost containment and efficiency measures are in place. • Tight control of the filling of posts.

Programme 3: Emergency Medical Services

Purpose

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

Structure

Sub-Programme 3.1: Emergency Transport

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

Sub-Programme 3.2: Planned Patient Transport

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

Programme Priorities

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

EMS

Situational Analysis

Table B 24: EMS Situational Analysis Indicators

Programme performance indicator	Frequency	Type	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
			2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
SECTOR SPECIFIC INDICATORS									
1. EMS P1 urban response under 15 minutes rate	Quarterly	%	58.0%	52.7%	58.6%	83.6%	78.2%	57.9%	63.6%
Numerator			121 339	71 832	12 404	4 354	20 018	4 806	7 925
Denominator			209 107	136 382	21 166	5 209	25 593	8 302	12 455
2. EMS P1 rural response under 40 minutes rate	Quarterly	%	79.0%	65.6%	80.6%	58.4%	80.7%	80.8%	79.8%
Numerator			13 874	84	2 653	637	3 912	2 424	4 164
Denominator			17 570	128	3 293	1 090	4 845	2 999	5 215
3. EMS inter-facility transfer rate	Quarterly	%	39.8%	61.9%	23.3%	24.1%	13.6%	22.9%	23.1%
Numerator			203 699	149 657	19 245	2 419	12 415	8 352	11 611
Denominator			512 256	241 698	82 652	10 049	91 257	36 413	50 187
ADDITIONAL PROVINCIAL INDICATORS									
4. Total number of EMS emergency cases	Quarterly	No	512 256	241 698	82 652	10 049	91 257	36 413	50 187
Element									

Strategic Objectives – Annual Targets

Table B 25: Annual Targets for EMS Strategic Objective Indicators

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
			2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
1.1 Ensure registration and licensing of ambulances as per the statutory requirements.	1.1.1 Number of WCG: Health operational ambulances registered and licensed		250	Not required to report	Not required to report	246	250	250	250	250
	Denominator	1								

Performance Indicators & Annual Targets

Table B 26: Annual Targets for EMS Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS									
1. EMS P1 urban response under 15 minutes rate	Quarterly	%	61.0%	61.7%	58.0%	62.6%	64.0%	65.0%	66.0%
Numerator			112 100	138 444	121 339	89 909	92 854	95 247	97 680
Denominator			183 694	224 462	209 107	143 648	145 084	146 535	148 000
2. EMS P1 rural response under 40 minutes rate	Quarterly	%	83.1%	80.6%	79.0%	80.3%	81.0%	82.0%	83.0%
Numerator			23 972	15 713	13 874	9 944	10 128	10 355	10 587
Denominator			28 844	19 497	17 570	12 380	12 504	12 629	12 755
3. EMS inter-facility transfer rate	Quarterly	%	22.5%	40.4%	39.8%	31.9%	31.9%	31.9%	31.9%
Numerator			176 945	210 116	203 699	158 150	159 731	161 329	162 942
Denominator			786 726	520 113	512 256	496 528	501 493	506 508	511 573
ADDITIONAL PROVINCIAL INDICATORS									
4. Total number of EMS emergency cases	Quarterly	No	515 237	520 113	512 256	496 528	501 493	506 508	511 573
Element									

Quarterly Targets for 18/19

Table B 27: Quarterly Targets for EMS Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
1.1.1 Number of WCG: Health operational ambulances registered and licensed	Annual	250	–	–	–	250
Denominator						
Programme performance indicator	**Frequency**	**Annual target**	**Quarterly targets**			
		2018/19	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
SECTOR SPECIFIC INDICATORS						
1. EMS P1 urban response under 15 minutes rate	Quarterly	64.0%	64.0%	64.0%	64.0%	64.0%
Numerator		92 854	23 214	23 214	23 214	23 212
Denominator		145 084	36 271	36 271	36 271	36 271
2. EMS P1 rural response under 40 minutes rate	Quarterly	81.0%	81.0%	81.0%	81.0%	81.0%
Numerator		10 128	2 532	2 532	2 532	2 532
Denominator		12 504	3 126	3 126	3 126	3 126
3. EMS inter-facility transfer rate	Quarterly	31.9%	31.9%	31.9%	31.9%	31.9%
Numerator		159 731	39 933	39 933	39 933	39 932
Denominator		501 493	125 373	125 373	125 373	125 374
ADDITIONAL PROVINCIAL INDICATORS						
4. Total number of EMS emergency cases	Quarterly	501 493	125 373	125 373	125 373	125 374
Element						

Reconciling Performance Targets with the Budget & MTEF

Table B 28: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
1. Emergency Transport	812 615	850 341	893 938	952 625	952 697	944 097	**1 010 146**	7.00	1 057 255	1 118 250
2. Planned Patient Transport	68 038	80 791	90 985	81 829	81 829	90 196	**86 487**	(4.11)	90 349	95 506
Total payments and estimates	880 653	931 132	984 923	1 034 454	1 034 526	1 034 293	**1 096 633**	6.03	1 147 604	1 213 756

Table B 29: Payment & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main appro-priation	Adjusted appro-priation	Revised estimate		% Change from Revised estimate		
	2014/15	2015/16	2016/17	2017/18	2017/18	2017/18	2018/19	2017/18	2019/20	2020/21
Current payments	754 826	791628	878 936	949 951	947 929	947 845	**1 005 836**	6.12	1053 384	1 114 767
Compensation of employees	507 873	540 269	594 689	639 948	639 948	639 330	**679 183**	6.23	713 150	755 585
Salaries and wages	436 680	459 325	509 814	546 087	546 087	546 019	**578 994**	6.04	607 952	644 127
Social contributions	71 193	80 944	84 875	93 861	93 861	93 311	**100 189**	7.37	105 198	111458
Goods and services	246 953	251359	284 247	310 003	307 981	308 515	**326 653**	5.88	340 234	359 182
of which										
Minor Assets	1894	647	1888	2 540	540	452	**2 642**	484.51	2 752	2 905
Catering: Departmental	8	86	37	232	232	224	**219**	(2.23)	227	239
Communication (G&S)	6 421	6 656	7 439	8 717	8 695	7 956	**8 019**	0.79	8 355	8 821
Computer services	1			67	67	35	**70**	100.00	73	77
Consultants and professional services: Business and advisory services	77	44	96	40	40	103	**43**	(58.25)	45	48
Contractors	89 557	87 398	102 592	124 088	124 088	129 594	**132 435**	2.19	137 943	145 621
Agency and support/outsourced services	411	500	443	710	710	671	**710**	5.81	739	780
Entertainment	4	2	1	3	3	4	**3**	(25.00)	3	3
Fleet services (including government motor transport)	111437	116 822	130 550	122 994	122 994	123 728	**129 379**	4.57	134 762	142 261
Inventory: Materials and	1334	2 104	3 082	1847						
Inventory: Medical supplies	8 365	10 801	9 419	10 911	10 911	10 678	**12 083**	13.16	12 584	13 287
Inventory: Medicine	512	524	729	992	992	1025	**1 279**	24.78	1333	1409
Inventory: Other supplies		10	6							
Consumable supplies	11938	10 116	11796	17 336	18 798	14 810	**18 408**	24.29	19 168	20 236
Consumable: Stationery, printing and office supplies	2 504	2 523	2 889	3 158	3 456	2 239	**3 356**	49.89	3 495	3 688
Operating leases	3 118	1647	1022	4 084	4 084	1 181	**4 296**	263.76	4 475	4 725
Property payments	6 508	8 034	8 964	8 755	8 842	11316	**9 944**	(12.12)	10 356	10 937
Travel and subsistence	2 138	2 672	2 831	2 253	2 253	3 298	**2 427**	(26.41)	2 528	2 671
Training and development	639	714	377	1093	1093	1093	**1 151**	5.31	1200	1267
Operating payments	72	51	61	86	86	9	**91**	911.11	94	99
Venues and facilities	10		7	96	96	30	**97**	223.33	101	107
Rental and hiring	5	8	18	1	1	69	**1**	(98.55)	1	1
Transfers and subsidies to	48 171	52 789	707	705	727	789	**772**	(2.15)	803	848
Provinces and municipalities					22	12	**16**	33.33	16	17
Provinces					22	12	**16**	33.33	16	17
Provincial agencies and funds					22	12	**16**	33.33	16	17
Departmental agencies and accounts	15	16								
Departmental agencies (non-business entities)	15	16								
Other	15	16								
Non-profit institutions	47 227	52 144								
Households	929	629	707	705	705	777	**756**	(2.70)	787	831
Social benefits	878	629	707	705	705	777	**756**	(2.70)	787	831
Other transfers to households	51									
Payments for capital assets	75 968	84 938	102 976	83 798	85 870	83 177	**90 025**	8.23	93 417	98 141
Buildings and other fixed structures						8		(100.00)		
Buildings						8		(100.00)		
Machinery and equipment	75 968	84 938	102 976	83 798	85 870	83 169	**90 025**	8.24	93 417	98 141
Transport equipment	66 890	71249	72 166	76 609	76 609	73 980	**81 512**	10.18	84 904	89 628
Other machinery and equipment	9 078	13 689	30 810	7 189	9 261	9 189	**8 513**	(7.36)	8 513	8 513
Payments for financial assets	1688	1777	2 304			2 482		(100.00)		
Total economic classification	880 653	931 132	984 923	1034 454	1034 526	1034 293	**1 096 633**	6.03	1 147 604	1213 756

Performance and Expenditure Trends

Programme 3: Emergency Medical Services is allocated 4.75 per cent of the vote in 2018/19 in comparison to the 4.77 per cent allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R62.340 million or 6.03 per cent.

Risk Management

Budget Constraints	
Mitigating Factors	• Identify potential strategies geared toward attaining greater efficiency with the available resource allocation. These include shift changes and reviewing crew mandates to ensure demand patterns are met. • Re-prioritise the appointment of critical posts in areas where the shortage of resources has had the largest impact. This may also include the revision or withdrawal of posts in lesser prioritised areas. • Actively and continually explore all aspects of the business where potential savings can be made in an effort to fund more resources towards meeting the necessary crew mandates. • Monitor expenditure regularly against budget. • Tight control of the filling of posts.
Staff related security incidents	
Mitigating Factors	• Issue staff safety guidelines and protocols that will empower staff to make decisions around their own safety. This includes how to recognise potentially dangerous situations and what precautions should be taken. • Raise the profile of the safety of EMS (and other healthcare providers) within the local media and encourage open and honest discourse around the community's role in taking this challenge. • Engage the SAPS and community safety stakeholders on ways in which closer collaboration and interagency partnerships could assist in securing the passage of EMS resources in identified hotspots.
Vandalism and theft	
Mitigating Factors	• Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible. • Improve security services and contract management at facility level.

Programme 4: Provincial Hospital Services

Purpose

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

Structure

Sub-Programme 4.1: General (Regional) Hospitals

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

Sub-Programme 4.2: Tuberculosis Hospitals[11]

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

Sub-Programme 4.3: Psychiatric or Mental Hospitals

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

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

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

Sub-Programme 4.5: Dental Training Hospitals

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

Programme Priorities

- Improving service delivery
- Improving quality of care
- Improving governance and financial management

General / Regional Hospitals

Strategic Objectives – Annual Targets

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

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.									
1.1 Provide quality general/ regional hospital services.	1.1.1 Actual (usable) beds in regional hospitals Element	1 427	1 389	1 389	1 393	1 413	1 427	1 427	1 427

[11]Tuberculosis (TB) hospitals are funded from Programme 4.2 but are managed as part of the district health system and are the responsibility of the district directors. The narrative and tables for TB hospitals is in Sub-Programme 4.2.

Performance Indicators & Annual Targets

Table B 31: Annual Targets for Regional Hospital Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS									
1. Hospital achieved 75% and more on National Core Standards self assessment rate (regional hospitals)	Quarterly	%	Not required to report	Not required to report	Not required to report	100.0%	100.0%	100.0%	100.0%
Numerator			-	-	-	5	5	5	5
Denominator			-	-	-	5	5	5	5
2. Average length of stay (regional hospitals)	Quarterly	Days	3.8	3.9	4.0	4.0	4.0	4.0	4.0
Numerator			425 987	451 758	454 770	459 420	464 070	464 080	464 090
Denominator			113 504	116 499	114 099	115 796	114 948	114 958	114 968
3. Inpatient bed utilisation rate (regional hospitals)	Quarterly	%	84.3%	89.1%	89.4%	89.1%	89.1%	89.1%	89.1%
Numerator			425 987	451 758	454 770	459 420	464 070	464 080	464 090
Denominator			505 337	507 041	508 501	515 802	520 912	520 912	520 912
4. Expenditure per PDE (regional hospitals)	Quarterly	R	R 2 645	R 2 717	R 2 925	R 3 167	R 3 326	R 3 482	R 3 683
Numerator			1 492 758 409	1 602 371 869	1 725 945 856	1 883 762 000	1 998 148 000	2 092 115 000	2 212 980 000
Denominator			564 442	589 797	590 126	594 763	600 724	600 756	600 787
5. Complaint resolution within 25 working days rate (regional hospitals)	Quarterly	%	93.6%	97.1%	97.6%	97.3%	97.6%	98.0%	98.3%
Numerator			294	372	286	288	290	292	294
Denominator			314	383	293	296	297	298	299
ADDITIONAL PROVINCIAL INDICATORS									
6. Mortality and morbidity review rate (regional hospitals)	Quarterly	%	104.7%	83.8%	83.3%	82.8%	82.4%	81.9%	81.4%
Numerator			178	171	170	169	168	167	166
Denominator			170	204	204	204	204	204	204

Quarterly Targets for 18/19

Table B 32: Quarterly Targets for Regional Hospital Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
1.1.1 Actual (usable) beds in regional hospitals	Annual	1 427	-	-	-	1 427
Element						
Programme performance indicator	**Frequency**	**Annual target**	**Quarterly targets**			
		2018/19	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
SECTOR SPECIFIC INDICATORS						
1. Hospital achieved 75% and more on National Core Standards self assessment rate (regional hospitals)	Quarterly	100.0%				100.0%
Numerator		5	0	0	0	5
Denominator		5	0	0	0	5
2. Average length of stay (regional hospitals)	Quarterly	4.0	4.0	4.0	4.0	4.0
Numerator		464 070	116 299	116 018	116 658	115 095
Denominator		114 948	28 807	28 737	28 896	28 509
3. Inpatient bed utilisation rate (regional hospitals)	Quarterly	89.1%	89.3%	89.1%	89.6%	88.4%
Numerator		464 070	116 299	116 018	116 658	115 095
Denominator		520 912	130 228	130 228	130 228	130 228
4. Expenditure per PDE (regional hospitals)	Quarterly	R 3 326	R 3 080	R 3 326	R 3 198	R 3 780
Numerator		1 998 148 000	499 537 000	499 537 000	499 537 000	499 537 000
Denominator		600 724	162 195	150 181	156 188	132 159
5. Complaint resolution within 25 working days rate (regional hospitals)	Quarterly	97.6%	97.3%	98.7%	97.2%	97.3%
Numerator		290	73	75	70	72
Denominator		297	75	76	72	74
ADDITIONAL PROVINCIAL INDICATORS						
6. Mortality and morbidity review rate (regional hospitals)	Quarterly	82.4%	82.4%	82.4%	82.4%	82.4%
Numerator		168	42	42	42	42
Denominator		204	51	51	51	51

Tuberculous Hospitals

Strategic Objectives – Annual Targets

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

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.									
1.1 Provide quality tuberculosis hospital services.	1.1.1 Actual (usable) beds in tuberculosis hospitals Element	1 026	1 026	1 026	1 026	1 026	1 026	1 026	1 026

Performance Indicators & Annual Targets

Table B 34: Annual targets for Tuberculous Hospital Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
ADDITIONAL PROVINCIAL INDICATORS									
1. Mortality and morbidity review rate (TB hospitals)	Quarterly	%	134.0%	88.9%	95.8%	83.3%	83.3%	83.3%	83.3%
Numerator			67	64	69	60	60	60	60
Denominator			50	72	72	72	72	72	72

Quarterly Targets for 18/19

Table B 35: Quarterly Targets for Tuberculous Hospital Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
1.1.1 Actual (usable) beds in tuberculosis hospitals Element	Annual	1 026	–	–	–	1 026
ADDITIONAL PROVINCIAL INDICATORS						
1. Mortality and morbidity review rate (TB hospitals)	Quarterly	83.3%	83.3%	83.3%	83.3%	83.3%
Numerator		60	15	15	15	15
Denominator		72	18	18	18	18

Psychiatric Hospitals

Strategic Objectives – Annual Targets

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

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.									
1.1 Provide quality psychiatric hospital services.	1.1.1 Actual (usable) beds in psychiatric hospitals Element	1 850	1 680	1 680	1 700	1 700	1 850	1 850	1 850

Notes: Step-down facilities will report under psychiatry hospitals from 1 April 2018 – 150 intermediate care beds transferred.

Performance Indicators & Annual Targets

Table B 37: Annual Targets for Psychiatric Hospital Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
ADDITIONAL PROVINCIAL INDICATORS									
1 Mortality and morbidity review rate (psychiatric hospitals)	Quarterly	%	115.0%	95.8%	91.7%	91.7%	91.7%	91.7%	91.7%
Numerator			46	46	44	44	44	44	44
Denominator			40	48	48	48	48	48	48

Quarterly Targets for 18/19

Table B 38: Quarterly Targets for Psychiatric Hospital Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
1.1.1 Actual (usable) beds in psychiatric hospitals	Annual	1 850	–	–	–	1 850
Element						
ADDITIONAL PROVINCIAL INDICATORS						
1 Mortality and morbidity review rate (psychiatric hospitals)	Quarterly	91.7%	91.7%	100.0%	83.3%	91.7%
Numerator		44	11	12	10	11
Denominator		48	12	12	12	12

Rehabilitation Hospitals

Strategic Objectives – Annual Targets

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

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.									
1.1 Provide quality rehabilitation hospital services.	1.1.1 Actual (usable) beds in rehabilitation hospitals Element	156	156	156	156	156	156	156	156

Performance Indicators & Annual Targets

Table B 40: Annual targets for Rehabilitation Hospital Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
ADDITIONAL PROVINCIAL INDICATORS									
1 Mortality and morbidity review rate (rehabilitation hospitals)	Quarterly	%	120.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%
Numerator			12	12	11	12	12	12	12
Denominator			10	12	12	12	12	12	12

Quarterly Targets for 18/19

Table B 41: Quarterly Targets for Rehabilitation Hospital Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
1.1.1 Actual (usable) beds in rehabilitation hospitals	Annual	156	–	–	–	156
Element						
ADDITIONAL PROVINCIAL INDICATORS						
1 Mortality and morbidity review rate (rehabilitation hospitals)	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		12	3	3	3	3
Denominator		12	3	3	3	3

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

Performance Indicators & Annual Targets

Table B 42: Annual Targets for Specialised Hospital Sector Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS									
1. Hospital achieved 75% and more on National Core Standards self assessment rate	Quarterly	%	Not required to report	Not required to report	Not required to report	81.8%	81.8%	90.9%	100.0%
Numerator						9	9	10	11
Denominator						11	11	11	11
2. Complaint resolution within 25 working days rate	Quarterly	%	Not required to report	Not required to report	Not required to report	94.3%	94.4%	94.4%	94.5%
Numerator						217	219	221	223
Denominator						230	232	234	236

Quarterly Targets for 17/18

Table B 43: Quarterly Targets for Specialised Hospital Sector Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS						
1. Hospital achieved 75% and more on National Core Standards self assessment rate	Quarterly	81.8%				81.8%
Numerator		9	0	0	0	9
Denominator		11	0	0	0	11
2. Complaint resolution within 25 working days rate	Quarterly	94.4%	93.1%	96.6%	94.7%	93.2%
Numerator		219	54	56	54	55
Denominator		232	58	58	57	59

Dental Training Hospital

Strategic Objectives – Annual Targets

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

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.									
1.1 Provide quality dental training hospital services.	1.1.1 Oral health patient visits at dental training hospitals	123 711	121 262	122 373	124 103	123 238	123 671	123 681	123 711
	Element								

Performance Indicators & Annual Targets

Table B 45: Annual Target for Dental Hospital Performance Indicator

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
ADDITIONAL PROVINCIAL INDICATORS									
1. Number of removable oral health prosthetic devices manufactured (dentures)	Quarterly	No	3 883	4 315	4 581	4 289	4 435	4 440	4 440
Element									

Quarterly Targets for 18/19

Table B 46: Quarterly Targets for Dental Hospital Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1	Oral health patient visits at dental training hospitals Element	Quarterly	123 671	34 410	35 860	23 857	29 544
ADDITIONAL PROVINCIAL INDICATORS							
1.	Number of removable oral health prosthetic devices manufactured (dentures) Element	Quarterly	4 435	1 185	1 499	1 354	397

Reconciling Performance Targets with the Budget & MTEF

Table B 47: Summary of Payments & Estimates

Sub-programme R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	2017/18	2017/18	2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
1. General (Regional) Hospitals	1 492 758	1 625 357	1 748 697	1 869 043	1 874 674	1 883 762	**1 998 148**	6.07	2 092 115	2 212 980
2. Tuberculosis Hospitals	249 138	265 748	289 081	305 368	305 986	301 811	**327 067**	8.37	342 461	362 322
3. Psychiatric/Mental Hospitals	700 868	755 887	818 818	881 999	879 483	881 665	**921 793**	4.55	966 153	1 022 678
4. Sub-acute, Step down and Chronic Medical Hospitals	160 155	166 601	179 407	198 608	198 626	196 463	**211 116**	7.46	220 807	233 506
5. Dental Training Hospitals	125 814	141 760	143 211	164 125	164 467	157 256	**173 491**	10.32	181 779	192 323
Total payments and estimates	2 728 733	2 955 353	3 179 214	3 419 143	3 423 236	3 420 957	**3 631 615**	6.16	3 803 315	4 023 809

Note:

Sub-programmes 4.1, 4.3 and 4.5: 2018/19: National Conditional grant: Health Professions Training and Development: R166 451 000 (Compensation of employees).

Table B 48: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
Current payments	2 670 960	2 901 827	3 126 646	3 372 350	3 368 908	3 368 325	**3 573 946**	6.10	3 744 504	3 963 410
Compensation of employees	1943 488	2 119 313	2 274 739	2 467 122	2 465 492	2 457 361	**2 603 736**	5.96	2 733 940	2 896 598
Salaries and wages	1724 937	1872 565	2 006 875	2 163 592	2 163 193	2 160 298	**2 282 660**	5.66	2 396 806	2 539 405
Social contributions	218 551	246 748	267 864	303 530	302 299	297 063	**321076**	8.08	337 134	357 193
Goods and services	727 472	782 514	851907	905 228	903 416	910 964	**970 210**	6.50	1010 564	1066 812
of which										
Administrative fees	5	49	48	4	4	50	**4**	(92.00)	4	4
Advertising	35	126	42	58	58	106	**160**	50.94	167	176
Minor Assets	9 993	8 422	10 001	10 155	10 155	10 851	**10 517**	(3.08)	10 953	11562
Catering: Departmental	203	170	470	298	298	246	**278**	13.01	287	303
Communication (G&S)	16 356	17 220	15 909	17 527	16 427	12 757	**16 862**	32.18	17 563	18 540
Computer services	1675	468	604	1165	2 015	1698	**1 223**	(27.97)	1273	1343
Consultants and professional services: Business and advisory services	54 477	58 347	63 987	68 292	68 292	68 285	**71 833**	5.20	74 821	78 985
Laboratory services	63 186	62 531	58 564	65 204	65 204	66 115	**68 880**	4.18	71745	75 738
Contractors	21622	21919	27 970	29 766	29 766	30 636	**31 962**	4.33	33 293	35 146
Agency and support/outsourced services	57 484	57 237	66 582	66 704	66 704	72 475	**73 841**	1.88	76 913	81196
Entertainment	1	2	4	15	15	15	**15**		15	15
Fleet services (including government motor transport)	5 114	5 350	5 326	5 853	5 793	4 977	**6 034**	21.24	6 284	6 635
Inventory: Food and food	3 961	5 241	4 988	6 424	6 524	5 596	**6 979**	24.71	7 269	7 673
Inventory: Materials and	7 699	7 938	11240	11848						
Inventory: Medical supplies	185 294	202 393	211992	221847	223 156	220 559	**242 837**	10.10	252 941	267 021
Inventory: Medicine	60 101	61376	75 226	80 835	80 835	80 918	**87 972**	8.72	91631	96 730
Inventory: Other supplies	3 149	3 370	1316	1746	1746	1218	**1 885**	54.76	1962	2 072
Consumable supplies	68 791	75 469	82 913	87 143	97 465	101 166	**105 232**	4.02	109 610	115 711
Consumable: Stationery, printing and office supplies	13 295	12 327	13 538	14 962	14 962	14 134	**14 633**	3.53	15 242	16 092
Operating leases	3 973	4 713	4 523	5 108	5 108	4 263	**5 062**	18.74	5 274	5 568
Property payments	141667	168 380	186 853	198 159	196 774	204 450	**212 396**	3.89	221230	233 540
Transport provided: Departmental activity	786	840	818	1097	1097	498	**181**	(63.65)	189	199
Travel and subsistence	3 834	3 644	4 239	4 483	4 483	4 278	**4 704**	9.96	4 896	5 170
Training and development	2 761	2 885	3 256	4 569	4 569	4 246	**4 805**	13.17	5 006	5 284
Operating payments	1386	1448	870	1411	1411	889	**1 332**	49.83	1389	1468
Venues and facilities	12	2	1	5	5	1	**5**	400.00	5	5
Rental and hiring	612	647	627	550	550	537	**578**	7.64	602	636
Transfers and subsidies to	13 969	12 170	12 275	17 069	17 069	13 506	**18 320**	35.64	19 083	20 145
Departmental agencies and accounts	57	52								
Departmental agencies (non-business entities)	57	52								
Other	57	52								
Non-profit institutions	2 000	2 505	2 823	3 026	3 026	3 049	**3 253**	6.69	3 388	3 577
Households	11912	9 613	9 452	14 043	14 043	10 457	**15 067**	44.09	15 695	16 568
Social benefits	11435	9 520	9 175	13 753	13 753	10 362	**14 758**	42.42	15 373	16 228
Other transfers to households	477	93	277	290	290	95	**309**	225.26	322	340
Payments for capital assets	41151	40 836	40 017	29 724	37 259	38 601	**39 349**	1.94	39 728	40 254
Buildings and other fixed structures						1		(100.00)		
Buildings						1		(100.00)		
Machinery and equipment	41145	40 748	38 783	29 724	33 259	34 411	**39 349**	14.35	39 728	40 254
Transport equipment	9 268	9 253	10 148	9 382	9 232	9 939	**9 962**	0.23	10 341	10 867
Other machinery and equipment	31877	31495	28 635	20 342	24 027	24 472	**29 387**	20.08	29 387	29 387
Software and other intangible	6	88	1234		4 000	4 189		(100.00)		
Payments for financial assets	2 653	520	276			525		(100.00)		
Total economic classification	2 728 733	2 955 353	3 179 214	3 419 143	3 423 236	3 420 957	**3 631 615**	6.16	3 803 315	4 023 809

Performance and Expenditure Trends

Programme 4: Provincial Hospital Services is allocated 15.75 per cent of the vote during 2018/19 in comparison to the 15.79 per cent allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R210.658 million or 6.16 per cent.

Sub-programme 4.1: General (Regional) Hospitals is allocated 55.02 per cent of the Programme 4 budget 2018/19 in comparison to the 55.07 per cent allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R114.386 million or 6.07 per cent.

Sub-programme 4.2: TB Hospitals is allocated 9.01 per cent of the Programme 4 budget in 2018/19 in comparison to the 8.82 per cent that was allocated in the revised estimate of the 2017/18 budget. This is a nominal increase of R25.256 million or 8.37 per cent.

Sub-programme 4.3: Psychiatric Hospitals are allocated 25.38 per cent of the Programme 4 budget in 2018/19 in comparison to the 25.77 per cent that was allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R40.128 million or 4.55 per cent.

Sub-programme 4.4: Rehabilitation Hospitals is allocated 5.81 per cent of the Programme 4 budget in 2018/19 in comparison to the 5.74 per cent that was allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R14.653 million or 7.46 per cent.

Sub-programme 4.5: Dental Training Hospitals is allocated 4.78 per cent of the Programme 4 budget for 2018/19 in comparison to the 4.60 per cent that was allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R16.235 million or 10.32 per cent.

Risk Management

Vandalism and theft	
Mitigating Factors	• Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible. • Improve security services and contract management at facility level.
Budget Constraints	
Mitigating Factors	• Ensure cost containment and efficiency measures are in place. • Tight control of the filling of posts. • Monitor expenditure regularly against budget.

Programme 5: Central Hospital Services

Purpose

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

Structure

Sub-Programme 5.1: Central Hospital Services

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

Sub-Programme 5.2: Provincial Tertiary Hospital Services

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

Programme Priorities

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

Central Hospitals

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

Strategic Objectives – Annual Targets

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

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.									
1.1 Provide access to the full package of central hospital services.	1.1.1 Actual (usable) beds in central hospitals Element	2 359	2 359	2 359	2 359	2 359	2 359	2 359	2 359

Performance Indicators & Annual Targets

Table B 50: Annual Targets for Central Hospital Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS									
1. Hospitals achieved 75% and more on National Core Standards self-assesment rate (central hospitals)	Quarterly	%	Not required to report	Not required to report	Not required to report	0.0%	100.0%	100.0%	100.0%
Numerator						0	2	2	2
Denominator						2	2	2	2
2. Average length of stay (central hospitals)	Quarterly	Days	6.2	6.3	6.4	6.4	6.3	6.3	6.2
Numerator			738 641	745 141	742 396	743 239	739 457	736 932	736 932
Denominator			119 127	117 668	115 448	117 005	116 814	116 426	118 297
3 Inpatient bed utilisation rate (central hospitals)	Quarterly	%	85.8%	86.5%	86.2%	86.3%	85.9%	85.6%	85.6%
Numerator			738 641	745 141	742 396	743 239	739 457	736 932	736 932
Denominator			861 129	861 129	861 129	861 129	861 129	861 129	861 129
4. Expenditure per PDE (central hospitals)	Quarterly	R	R 4 284	R 4 602	R 4 987	R 5 284	R 5 578	R 5 842	R 6 169
Numerator			4 325 098 495	4 641 532 537	4 950 578 555	5 279 349 000	5 590 320 000	5 853 167 000	6 191 847 000
Denominator			1 009 499	1 008 606	992 676	999 195	1 002 217	1 001 995	1 003 726
5. Complaint resolution within 25 working days rate (central hospitals)	Quarterly	%	83.9%	87.9%	88.7%	91.4%	91.7%	91.8%	91.8%
Numerator			773	648	716	753	724	724	724
Denominator			921	737	807	825	789	789	789
ADDITIONAL PROVINCIAL INDICATORS									
6. Mortality and morbidity review rate (central hospitals)	Quarterly	%	95.6%	103.6%	96.4%	94.0%	94.0%	94.0%	94.0%
Numerator			86	87	81	79	79	79	79
Denominator			90	84	84	84	84	84	84

Quarterly Targets for 18/19

Table B 51: Quarterly Targets for Central Hospital Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
1.1.1 Actual (usable) beds in central hospitals	Annual	2 359	-	-	-	2 359
Element						
SECTOR SPECIFIC INDICATORS						
1. Hospitals achieved 75% and more on National Core Standards self-assesment rate (central hospitals)	Quarterly	100.0%	0.0%	0.0%	0.0%	100.0%
Numerator		2	0	0	0	2
Denominator		2	2	2	2	2
2. Average length of stay (central hospitals)	Quarterly	6.3	6.3	6.5	6.2	6.3
Numerator		739 457	185 167	188 864	180 562	184 864
Denominator		116 814	29 437	29 204	28 970	29 204
3 Inpatient bed utilisation rate (central hospitals)	Quarterly	85.9%	86.2%	87.0%	84.1%	86.1%
Numerator		739 457	185 167	188 864	180 562	184 864
Denominator		861 129	214 692	217 052	214 692	214 692
4. Expenditure per PDE (central hospitals)	Quarterly	R 5 578	R 5 578	R 5 409	R 5 578	R 5 758
Numerator		5 590 320 000	1 397 580 000	1 397 580 000	1 397 580 000	1 397 580 000
Denominator		1 002 217	250 554	258 372	250 554	242 736
5. Complaint resolution within 25 working days rate (central hospitals)	Quarterly	91.7%	92.4%	91.9%	91.9%	90.8%
Numerator		724	182	182	182	178
Denominator		789	197	198	198	196
ADDITIONAL PROVINCIAL INDICATORS						
6. Mortality and morbidity review rate (central hospitals)	Quarterly	94.0%	95.2%	95.2%	90.5%	95.2%
Numerator		79	20	20	19	20
Denominator		84	21	21	21	21

Tertiary Hospital

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

Strategic Objectives – Annual Targets

Table B 52: Annual Target for Tertiary Hospital Strategic Objective

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.									
1.1 Provide access to the full package of central hospital services at RCWMCH	1.1.1 Actual (usable) beds in RCWMCH Element	272	272	272	272	272	272	272	272

Performance Indicators & Annual Targets

Table B 53: Annual Targets for Tertiary Hospital Performance Indicators

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS										
1. Hospitals achieved 75% and more on National Core Standards self-assesment rate (RCWMCH)	Quarterly		%	Not required to report	Not required to report	Not required to report	0.0%	100.0%	100.0%	100.0%
Element		2					0	1	1	1
Denominator							1	1	1	1
2. Average length of stay (RCWMCH)	Quarterly		Days	3.9	4.0	4.0	3.8	3.9	3.9	3.9
Numerator		3		81 472	79 852	78 222	80 329	81 410	81 410	81 409
Denominator		4		20 728	20 166	19 581	20 962	20 874	20 874	20 874
3. Inpatient bed utilisation rate (RCWMCH)	Quarterly		%	82.1%	80.4%	78.8%	80.9%	82.0%	82.0%	82.0%
Numerator		3		81 472	79 852	78 222	80 329	81 410	81 410	81 409
Denominator		5		99 291	99 291	99 291	99 291	99 291	99 291	99 291
4. Expenditure per PDE (RCWMCH)	Quarterly		R	R 4 830	R 5 472	R 5 980	R 6 277	R 6 499	R 6 768	R 7 109
Numerator		6		629 563 698	708 917 790	739 990 486	791 878 000	836 248 000	875 449 000	925 882 000
Denominator		9		130 349	129 543	123 748	126 148	128 679	129 346	130 247
5. Complaint resolution within 25 working days rate (RCWMCH)	Quarterly		%	72.1%	92.2%	95.5%	91.4%	92.0%	92.0%	92.0%
Numerator		12		145	130	168	128	155	153	155
Denominator		10		201	141	176	140	169	167	169
ADDITIONAL PROVINCIAL INDICATORS										
6. Mortality and morbidity review rate (RCWMCH)	Quarterly		%	100.0%	91.7%	100.0%	91.7%	91.7%	91.7%	91.7%
Numerator		13		11	11	12	11	11	11	11
Denominator		14		11	12	12	12	12	12	12

Notes:

Indicator 4: Expenditure in Red Cross War Memorial Children's Hospital excludes Maitland Cottage expenditure.

Quarterly Targets for 18/19

Table B 54: Quarterly Targets for Tertiary Hospital Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1	Actual (usable) beds in RCWMCH	Annual	272	-	-	-	272
	Element						
SECTOR SPECIFIC INDICATORS							
1.	Hospitals achieved 75% and more on National Core Standards self-assesment rate (RCWMCH)	Quarterly	100.0%	0.0%	0.0%	0.0%	100.0%
	Element		1	0	0	0	1
	Denominator		1	1	1	1	1
2.	Average length of stay (RCWMCH)	Quarterly	3.9	3.9	4.0	3.8	3.9
	Numerator		81 410	20 434	20 922	19 701	20 353
	Denominator		20 874	5 260	5 219	5 177	5 219
3.	Inpatient bed utilisation rate (RCWMCH)	Quarterly	82.0%	82.5%	83.6%	79.6%	82.2%
	Numerator		81 410	20 434	20 922	19 701	20 353
	Denominator		99 291	24 755	25 027	24 755	24 755
4.	Expenditure per PDE (RCWMCH)	Quarterly	R 6 499	R 6 499	R 6 249	R 6 499	R 6 769
	Numerator		836 248 000	209 062 000	209 062 000	209 062 000	209 062 000
	Denominator		128 679	32 170	33 457	32 170	30 883
5.	Complaint resolution within 25 working days rate (RCWMCH)	Quarterly	92.0%	90.5%	92.9%	92.9%	90.7%
	Numerator		155	38	39	39	39
	Denominator		169	42	42	42	43
ADDITIONAL PROVINCIAL INDICATORS							
6.	Mortality and morbidity review rate (RCWMCH)	Quarterly	91.7%	100.0%	100.0%	66.7%	100.0%
	Numerator		11	3	3	2	3
	Denominator		12	3	3	3	3

Reconciling Performance Targets with the Budget & MTEF

Table B 55: Summary of Payments & Estimates

Sub-programme R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
1. Central Hospital Services	4 325 098	4 641 532	4 950 579	5 276 038	5 277 810	5 279 349	**5 590 320**	5.89	5 853 167	6 191 847
2. Provincial Tertiary Hospital Services	638 979	718 879	750 828	801 362	804 458	803 475	**848 715**	5.63	888 435	939 591
Total payments and estimates	4 964 077	5 360 411	5 701 407	6 077 400	6 082 268	6 082 824	**6 439 035**	5.86	6 741 602	7 131 438

Notes:

Sub-programmes 5.1 and 5.2: 2018/19: National Conditional grant: National Tertiary Services: R3 043 242 000 (Compensation of employees R1 795 810 000, Goods and services R1 235 347 000 and Payments for capital assets R12 085 000).

Sub-programmes 5.1 and 5.2: 2018/19: National Conditional grant: Health Professions Training and Development: R407 726 000 (Compensation of employees). Red Cross War Memorial Children's Hospital was reclassified as a Provincial Tertiary Hospital and moved from Sub programme 5.1: Central Hospitals to Sub-programme 5.2: Provincial Tertiary Hospitals with effect from 1 April 2013.

Table B 56: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited	Audited	Audited	Main appro-priation	Adjusted appro-priation	Revised estimate		% Change from Revised estimate		
	2014/15	2015/16	2016/17	2017/18	2017/18	2017/18	2018/19	2017/18	2019/20	2020/21
Current payments	4 913 009	5 268 274	5 598 758	5 993 996	5 992 996	5 989 967	**6 349 604**	6.00	6 650 742	7 038 588
Compensation of employees	3 374 685	3 606 404	3 859 793	4 162 094	4 141094	4 139 252	**4 388 508**	6.02	4 607 948	4 882 111
Salaries and wages	3 047 902	3 242 945	3 465 102	3 718 943	3 708 943	3 687 119	**3 918 001**	6.26	4 113 915	4 358 682
Social contributions	326 783	363 459	394 691	443 151	432 151	452 133	**470 507**	4.06	494 033	523 429
Goods and services	1538 324	1661870	1738 965	1831902	1851902	1850 715	**1 961 096**	5.96	2 042 794	2 156 477
of which										
Administrative fees			2			2		(100.00)		
Advertising	187	105	57	199	199	46	**208**	352.17	216	228
Minor Assets	8 427	7 019	7 740	11507	11507	10 807	**12 018**	11.21	12 518	13 215
Catering: Departmental	14	3	34	76	76	29	**78**	168.97	82	86
Communication (G&S)	7 946	10 520	3 982	6 427	5 427	3 447	**6 713**	94.75	6 993	7 383
Computer services	798	451	838	1084	1084	993	**1 132**	14.00	1 179	1244
Consultants and professional services: Business and advisory services	1918	1910	2 017	2 196	2 196	1682	**2 294**	36.39	2 390	2 522
Laboratory services	178 840	172 183	170 060	177 961	186 961	192 629	**191 975**	(0.34)	199 961	211089
Contractors	80 248	85 335	96 796	95 643	95 643	101324	**100 486**	(0.83)	104 666	110 491
Agency and support/outsourced services	92 157	98 273	108 256	102 863	113 863	111631	**109 162**	(2.21)	113 703	120 031
Entertainment	1			2	2	1	**2**	100.00	2	2
Fleet services (including government motor transport)	1010	1010	1022	1172	1172	1046	**1 225**	17.11	1276	1348
Inventory: Food and food	10 802	9 792	9 704	10 747	11747	12 547	**11 593**	(7.60)	12 076	12 748
Inventory: Materials and	7 990	7 903	7 730	10 398						
Inventory: Medical supplies	636 184	702 257	716 337	755 870	757 370	758 245	**813 455**	7.28	847 412	894 568
Inventory: Medicine	197 798	211475	236 645	254 610	253 110	253 897	**274 658**	8.18	286 082	302 003
Inventory: Other supplies	10 347	8 805	9 185	8 913	8 913	8 557	**9 614**	12.35	10 014	10 571
Consumable supplies	102 334	110 333	115 108	124 005	132 403	125 707	**140 561**	11.82	146 409	154 557
Consumable: Stationery, printing and office supplies	13 639	15 888	17 424	16 953	16 953	16 027	**17 705**	10.47	18 441	19 467
Operating leases	2 892	2 914	2 296	3 025	3 025	1980	**3 158**	59.49	3 289	3 473
Property payments	169 953	203 877	224 602	235 533	237 533	239 988	**251 775**	4.91	262 248	276 843
Transport provided: Departmental activity	70			200	200		**209**		218	230
Travel and subsistence	1741	1646	1501	1608	1608	1434	**1 680**	17.15	1751	1848
Training and development	3 666	3 845	3 851	4 909	4 909	4 667	**5 128**	9.88	5 341	5 639
Operating payments	1290	1268	1112	1045	1045	1288	**1 092**	(15.22)	1137	1201
Venues and facilities				53	53		**55**		57	60
Rental and hiring	8 072	5 058	2 666	4 903	4 903	2 741	**5 120**	86.79	5 333	5 630
Transfers and subsidies to	29 126	27 355	28 362	29 160	29 160	29 513	**31 312**	6.10	32 615	34 430
Departmental agencies and accounts	38	71								
Departmental agencies (non-business entities)	38	71								
Other	38	71								
Non-profit institutions	12 415	9 961	10 838	11597	11597	11597	**12 467**	7.50	12 986	13 709
Households	16 673	17 323	17 524	17 563	17 563	17 916	**18 845**	5.19	19 629	20 721
Social benefits	16 039	16 783	17 524	17 563	17 563	17 901	**18 845**	5.27	19 629	20 721
Other transfers to households	634	540				15		(100.00)		
Payments for capital assets	21314	64 727	73 981	54 244	60 112	62 636	**58 119**	(7.21)	58 245	58 420
Buildings and other fixed structures		27	16							
Buildings		27	16							
Machinery and equipment	21314	64 700	73 965	54 224	58 292	60 816	**57 019**	(6.24)	57 145	57 320
Transport equipment	3 516	2 851	2 869	2 833	2 833	2 911	**3 775**	29.68	3 901	4 076
Other machinery and equipment	17 798	61849	71096	51391	55 459	57 905	**53 244**	(8.05)	53 244	53 244
Software and other intangible				20	1820	1820	**1 100**	(39.56)	1 100	1 100
Payments for financial assets	628	55	306			708		(100.00)		
Total economic classification	4 964 077	5 360 411	5 701407	6 077 400	6 082 268	6 082 824	**6 439 035**	5.86	6 741602	7 131438

Performance and Expenditure Trends

Programme 5: Central Hospital Services is allocated 27.92 per cent of the vote in 2018/19 in comparison to the 28.07 per cent of the vote that was allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R356.211 million or 5.86 per cent.

Risk Management

Budget Constraints	
Mitigating Factors	• Establish and embed mechanisms to enhance cost containment and efficiencies. • Monitor expenditure regularly against budget. • Tight control of the filling of posts.
Vandalism and theft	
Mitigating Factors	• Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible. • Improve security services and contract management at facility level.
Aging Infrastructure	
Mitigating Factors	• Enhanced pro-active maintenance and replacement of infrastructure as budget allows.

Programme 6: Health Science & Training

Purpose

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

Structure

Sub-Programme 6.1: Nurse Training College

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

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

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

Sub-Programme 6.3: Bursaries

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

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

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

Sub-Programme 6.5: Training (Other)

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

Programme Priorities

- Facilitate education and training opportunities to address scarce and critical skills to strengthen the health system and quality people-centred healthcare
- A leadership and management development strategy to drive organisational culture change
- Ensure the continuous competency-based clinical skills and professional development of current health professionals including empathic engagement.
- Orientation and Induction for all new appointees
- Capacitate all professional support staff at all levels to provide cohesion to the health services across the different levels of care and across the different geographical areas

Strategic Objectives – Annual Targets

Table B 57: Annual Target for Strategic Objective Indicator

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.									
1.1 Implement a Human Resource Development (HRD) strategy.	1.1.1 Number of bursaries awarded for scarce and critical skills categories Element	1 900	Not required to report	2 554	2 447	2 358	1 875	1 900	1 925

Notes

Indicator 1.1.1 The allocation is based on service needs but importantly, the availability of vacant funded posts when nursing bursars graduate. The reduction in the allocation of nursing bursaries is due to a reduction in the availability of vacant funded nursing posts where the supply of graduate nurses outstrips the demand for entry level nurses (the shortages of nurses are in the specialty categories).

Performance Indicators & Annual Targets

Table B 58: Annual Targets for Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS									
1. Number of bursaries awarded to first year medicine students Element	Annual	No	Not required to report	45	49	53	50	50	50
2. Number of bursaries awarded to first year nursing students Element	Annual	No	Not required to report	288	195	150	100	100	100
ADDITIONAL PROVINCIAL INDICATORS									
3. EMC intake on accredited HPCSA courses Element	Annual	No	96	78	90	90	90	90	90
4. Intake of home community based carers (HCBCs) Element	Annual	No	739	759	882	800	800	800	800
5. Intake of data capturer interns Element	Annual	No	180	192	220	160	180	180	180
6. Intake of learner basic/post basic pharmacist assistants Element	Annual	No	96	87	123	120	130	130	130
7. Intake of assistant to artisan (ATA) interns Element	Annual	No	110	124	119	120	120	120	120
8. Intake of HR and finance interns Element	Annual	No	138	150	153	170	170	180	180
9. Intake of emergency medical care (EMC) assistant interns Element	Annual	No	Not required to report	104	162	140	110	110	110
10. Intake of forensic pathology service (FPS) assistant interns Element	Annual	No	Not required to report	15	13	10	20	20	20

Notes

Indicator 8: The intake of HR and finance interns as a potential recruitment measure to deal with the scarce finance and HR skills is a priority programme. Additional budget has been set aside to grow the number of interns incrementally as per the Departmental need from 2014/15 onwards.

Quarterly Targets for 18/19

Table B 59: Quarterly Targets for Programme 6 Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS:						
1.1.1 Number of bursaries awarded for scarce and critical skills categories Element	Annual	1 875	-	-	-	1 875

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS:						
1. Number of bursaries awarded to first year medicine students Element	Annual	50	-	-	-	50
2. Number of bursaries awarded to first year nursing students Element	Annual	100	-	-	-	100
ADDITIONAL PROVINCIAL INDICATORS:						
3. EMC intake on accredited HPCSA courses Element	Annual	90	-	-	-	90
4. Intake of home community based carers (HCBCs) Element	Annual	800	-	-	-	800
5. Intake of data capturer interns Element	Annual	180	-	-	-	180
6. Intake of learner basic/post basic pharmacist assistants Element	Annual	130	-	-	-	130
7. Intake of assistant to artisan (ATA) interns Element	Annual	120	-	-	-	120
8. Intake of HR and finance interns Element	Annual	170	-	-	-	170
9. Intake of emergency medical care (EMC) assistant interns Element	Annual	110	-	-	-	110
10. Intake of forensic pathology service (FPS) assistant interns Element	Annual	20	-	-	-	20

Reconciling Performance Targets with the Budget & MTEF

Table B 60: Summary of Payments & Estimates

Sub-programme R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	2017/18	2017/18	2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
1. Nurse Training College	88 801	91 555	80 785	70 401	81 840	97 752	**95 435**	(2.37)	99 906	105 702
2. Emergency Medical Services (EMS) Training	29 075	30 664	28 562	32 878	32 878	32 676	**32 679**	0.01	34 086	35 890
3. Bursaries	78 739	83 470	73 945	80 264	90 613	90 613	**66 163**	(26.98)	68 915	72 750
4. Primary Health Care (PHC) Training				1	1		**1**		1	1
5. Training (Other)	115 496	114 104	136 999	132 909	134 731	134 751	**155 340**	15.28	166 526	175 910
Total payments and estimates	312 111	319 793	320 291	316 453	340 063	355 792	**349 618**	(1.74)	369 434	390 253

Notes:

Sub-programme 6.5: 2018/19: National Conditional grant: Social Sector EPWP Incentive Grant for Provinces – R2 447 000 (Transfers and subsidies).

Table B 61: Payment & estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
Current payments	176 494	175 384	184 495	174 337	182 544	197 820	**219 736**	11.08	233 630	246 428
Compensation of employees	107 967	113 676	133 785	124 854	124 854	137 383	**166 671**	21.32	173 098	181506
Salaries and wages	97 737	102 336	121310	111835	111835	125 122	**148 253**	18.49	153 875	161169
Social contributions	10 230	11340	12 475	13 019	13 019	12 261	**18 418**	50.22	19 223	20 337
Goods and services	68 527	61708	50 710	49 483	57 690	60 437	**53 065**	(12.20)	60 532	64 922
of which										
Advertising	9	14	234	247	247	254	**234**	(7.87)	255	266
Minor Assets	713	577	313	985	985	985	**839**	(14.82)	874	923
Bursaries: Employees	7 758	8 703	9 509	10 279	10 279	10 279	**10 297**	0.18	10 725	11322
Catering: Departmental	1366	1665	1396	411	411	1471	**323**	(78.04)	406	430
Communication (G&S)	915	989	857	995	995	1038	**1 000**	(3.66)	1041	1099
Computer services	1			1	1	25		(100.00)		
Consultants and professional services: Business and advisory services	1047	96	32	805	290	27	**144**	433.33	150	158
Contractors	986	127	81	858	858	96	**155**	61.46	162	171
Agency and support/outsourced services	5 977	5 756	968	2 097	5 997	6 774	**6 465**	(4.56)	6 734	7 108
Entertainment			1	4	4	2	**4**	100.00	4	4
Fleet services (including government motor transport)	1402	1417	1448	1672	1672	1710	**1 246**	(27.13)	1297	1369
Inventory: Materials and	21	104	312	117						
Inventory: Medical supplies	281	253	316	302	302	320	**332**	3.75	346	366
Inventory: Medicine	15	1	8	14	14	2	**14**	600.00	14	15
Consumable supplies	7 476	6 855	7 104	4 971	8 388	9 093	**7 317**	(19.53)	7 620	8 042
Consumable: Stationery, printing and office supplies	1237	966	685	1393	1393	959	**849**	(11.47)	884	933
Operating leases	442	531	504	539	539	422	**535**	26.78	557	588
Property payments	9 130	10 831	8 838	5 840	10 540	11564	**11 629**	0.56	12 112	12 786
Travel and subsistence	8 470	8 718	5 808	6 506	6 506	7 726	**4 670**	(39.55)	6 064	6 423
Training and development	19 372	12 912	11654	10 356	7 178	7 057	**6 516**	(7.67)	10 710	12 315
Operating payments	408	216	377	321	321	249	**158**	(36.55)	165	175
Venues and facilities	1292	950	235	686	686	267	**256**	(4.12)	327	339
Rental and hiring	209	27	30	84	84	117	**82**	(29.91)	85	90
Transfers and subsidies to	127 798	136 634	131763	137 354	152 703	152 900	**123 907**	(18.96)	129 724	137 600
Departmental agencies and accounts	4 346	4 581	4 790	5 397	5 397	5 128	**5 699**	11.13	6 018	6 349
Departmental agencies (non-business entities)	4 346	4 581	4 790	5 397	5 397	5 128	**5 699**	11.13	6 018	6 349
SETA	4 344	4 579	4 790	5 397	5 397	5 397	**5 699**	5.60	6 018	6 349
Other	2	2				(269)		(100.00)		
Higher education institutions	3 773	3 992		4 485	4 485	4 485	**4 772**	6.40	4 971	5 248
Non-profit institutions	48 409	52 733	61353	57 000	62 000	62 000	**57 047**	(7.99)	60 000	64 000
Households	71270	75 328	65 620	70 472	80 821	81287	**56 389**	(30.63)	58 735	62 003
Social benefits	289	519	1184	487	487	953	**523**	(45.12)	545	575
Other transfers to households	70 981	74 809	64 436	69 985	80 334	80 334	**55 866**	(30.46)	58 190	61428
Payments for capital assets	7 814	7 775	3 972	4 762	4 816	5 007	**5 975**	19.33	6 080	6 225
Machinery and equipment	7 814	7 775	3 972	4 762	4 816	5 007	**5 954**	18.91	6 059	6 204
Transport equipment	2 855	2 095	2 461	2 365	2 365	2 405	**2 516**	4.62	2 621	2 766
Other machinery and equipment	4 959	5 680	1511	2 397	2 451	2 602	**3 438**	32.13	3 438	3 438
Software and other intangible							**21**		21	21
Payments for financial assets	5		61			65		(100.00)		
Total economic classification	312 111	319 793	320 291	316 453	340 063	355 792	**349 618**	(1.74)	369 434	390 253

Performance and Expenditure Trends

Programme 6: Health Sciences and Training is allocated 1.52 per cent of the vote in 2018/19 in comparison to the 1.64 per cent that was allocated in the revised estimate of the 2017/18 budget. This amounts to a decrease of R6.174 million or (1.74) per cent.

Risk Management

Budget Constraints	
Mitigating Factors	• Establish and embed mechanisms to enhance cost containment and efficiencies. • Monitor expenditure regularly against budget. • Tight control of the filling of posts.

Programme 7: Health Care Support Services

Purpose

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

Structure

Sub-Programme 7.1: Laundry Services

To render laundry and related technical support service to health facilities

Sub-Programme 7.2: Engineering Services

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

Sub-Programme 7.3: Forensic Services[12]

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

Sub-Programme 7.4: Orthotic & Prosthetic Services

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

Programme 7.5: Cape Medical Depot[13]

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

Programme Priorities

Laundry Services

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

Engineering Services

- Continue, within budget constraints, with the implementation of the Blueprint: Organisation and Establishment for the Provisioning of Day-to-day, Routine and Emergency Building Maintenance Services and the Blueprint on the Organisation and Establishment for the Provision of Health Technology Maintenance Services by the Department of Health.
- Ensure compliance with the Health Risk Waste regulations and the relevant policy.
- Continue with a phased approach to ensure fire compliance at all facilities.
- Reducing water consumption and supply of potable water, through;
  - behaviour change (surgical scrubs, use of alcohol hand sanitizers, bottled water for drinking, reduce water consumption awareness campaign, lower utilisation of laundries) and closer monitoring of water utilisation

[12] This function has been transferred from sub-programme 2.8
[13] Sub-programme 7.5 has been renamed since 2013, in line with the incorporation of the trading entity into the Department.

  - engineering interventions (elimination of leaks, shutting off of basin taps (use hand sanitizers), installation of low flow sanitary fixtures and waterless urinals, re-use of treated water, installation of water efficient equipment and systems, recycling of autoclave water in CSSDs (already successfully implemented at Groote Schuur Hospital)
- On-going implementation of processes to ensure a reduction in utility consumption at all facilities. The Western Cape Government launched its Energy Security Game Changer in partnership with the World Wide Fund for Nature. WCGH is committed to this Game Changer and aims to achieve a 10 per cent reduction in energy utilisation at provincial hospitals by 2020.
- Focus on water security programme for limiting the impact of drought at health facilities.

Forensic Pathology Services

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

Cape Medical Depot

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

Laundry Services

Strategic Objectives – Annual Targets

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

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.									
1.1 Provide an efficient and effective laundry service.	1.1.1 Average cost per item laundered in-house	R 5.83	R 4.75	R 4.49	R 4.67	R 5.18	R 5.40	R 5.83	R 6.30
	Numerator	78 116 094	61 105 421	58 486 645	58 696 958	68 544 536	71 929 800	78 116 094	84 427 157
	Denominator	13 398 987	12 862 253	13 030 231	12 562 691	13 232 536	13 332 538	13 398 987	13 401 136

Performance Indicators & Annual Targets

Table B 63: Annual Targets for Laundry Services Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
ADDITIONAL PROVINCIAL INDICATORS									
1. Average cost per item laundered outsourced	Quarterly	R	R 3.28	R 3.31	R 3.56	R 3.93	R 4.15	R 4.43	R 4.74
Numerator			27 417 693	27 376 128	28 471 463	33 643 884	35 561 787	38 072 678	40 760 127
Denominator			8 364 679	8 266 131	7 991 134	8 562 884	8 572 884	8 594 284	8 599 183

Quarterly Targets for 18/19

Table B 64: Quarterly Targets for Laundry Services Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
1.1.1 Average cost per item laundered in-house	Quarterly	R 5.40	R 5.36	R 5.39	R 5.40	R 5.43
Numerator		71 929 800	17 865 604	17 900 810	17 949 114	18 214 273
Denominator		13 332 538	3 333 135	3 321 115	3 323 910	3 354 378
ADDITIONAL PROVINCIAL INDICATORS:						
1. Average cost per item laundered outsourced	Quarterly	R 4.15	R 4.12	R 4.13	R 4.16	R 4.18
Numerator		35 561 787	8 830 071	8 335 199	9 019 853	9 376 664
Denominator		8 572 884	2 143 221	2 018 208	2 168 234	2 243 221

Engineering Services

Strategic Objectives – Annual Targets

Table B 65: Annual Target for Engineering Services Strategic Objective

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.									
1.1 Provide an efficient and effective maintenance service.	1.1.1 Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)	12.0%	Not required to report	Not required to report	2.7%	7.2%	10.7%	12.0%	14.0%
	Numerator	18 393 509	-	-	4 156 880	10 969 864	16 366 404	18 393 509	21 459 094
	Denominator	153 279 246	-	-	153 279 246	153 279 246	153 279 246	153 279 246	153 279 246

Performance Indicators & Annual Targets

Table B 66: Annual Targets for Engineering Services Performance Indicators

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
ADDITIONAL PROVINCIAL INDICATORS										
1. Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed	Quarterly		Yes / No	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes	Yes
Element		3		-	-	-				
2. Threshold (provincial benchmark) achieved for engineering maintenance jobs	Quarterly		Yes / No	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes	Yes
Element		4		-	-	-	Yes	Yes	Yes	Yes
3. Percentage of hospitals achieving the provincial benchmark for w ater utilisation	Annual		%	Not required to report	Not required to report	Not required to report	51.9%	69.2%	75.0%	78.8%
Numerator		5		-	-	-	27	36	39	41
Denominator		6		-	-	-	52	52	52	52

Quarterly Targets for 18/19

Table B 67: Quarterly Targets for Engineering Services Indicators

Programme performance indicator	Frequency	Annual target	Quarterly targets			
		2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS						
1.1.1 Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)	Annual	10.7%				10.7%
Numerator		16 366 404	-	-	-	16 366 404
Denominator		153 279 246	-	-	-	153 279 246
ADDITIONAL PROVINCIAL INDICATORS:						
1. Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed	Quarterly	Yes	Yes	Yes	Yes	Yes
Element						
2. Threshold (provincial benchmark) achieved for engineering maintenance jobs completed	Quarterly	Yes	Yes	Yes	Yes	Yes
Element						
3. Percentage of hospitals achieving the provincial benchmark for w ater utilisation	Annual	69.2%				69.2%
Numerator		36	-	-	-	36
Denominator		52	-	-	-	52

Forensic Pathology Services

Strategic Objectives – Annual Targets

Table B 68: Annual Targets for FPS Strategic Objectives

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Promote health and wellness.									
1.1 Ensure access to a Forensic Pathology Service.	1.1.1 Percentage of Child Death Cases Reviewed by the Child Death Review Boards	100.0%	Not required to report	Not required to report	Not required to report	Not required to report	100.0%	100.0%	100.0%
	Numerator	1 826	-	-	-	-	1 832	1 829	1 826
	Denominator	1 826	-	-	-	-	1 832	1 829	1 826

Notes

Indicator 1.1.1 This is a new indicator. Child death review provides an opportunity to explore the pattern of child deaths and to inform prevention with the potential to influence and improve child survival in the Western Cape. This further links to the First Thousand Days Policy of the Western Cape Government.

Performance Indicators & Annual Targets

There are no sector indicators specified for Forensic Pathology Services

Quarterly Targets for 18/19

Table B 69: Quarterly Targets for FPS Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1	Percentage of Child Death Cases Reviewed by the Child Death Review Boards	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
	Numerator		1 832	447	510	505	370
	Denominator		1 832	447	510	505	370

Cape Medical Depot (CMD)

Strategic Objectives – Annual Targets

Table B 70: Annual Target for CMD Strategic Objective Indicator

Strategic objective		Programme performance indicator		Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
				2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.											
1.1	Ensure optimum pharmaceutical stock levels to meet the demand.	1.1.1	Percentage of pharmaceutical stock available	95.1%	88.1%	93.8%	93.8%	95.1%	95.1%	95.1%	95.1%
			Numerator	694	672	716	676	694	694	694	694
			Denominator	730	763	763	721	730	730	730	730

Performance Indicators & Annual Targets

There are no sector indicators specified for Cape Medical Depot

Quarterly Targets for 18/19

Table B 71: Quarterly Targets for CMD Indicator

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1	Percentage of pharmaceutical stock available	Quarterly	95.1%	95.1%	95.1%	95.1%	95.1%
	Numerator		694	694	694	694	694
	Denominator		730	730	730	730	730

Reconciling Performance Targets with the Budget & MTEF

Table B 72: Summary of Payments & Estimates

Sub-programme R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate	% Change from Revised estimate		
	Audited 2014/15	Audited 2015/16	Audited 2016/17	2017/18	2017/18	2017/18	2018/19	2017/18	2019/20	2020/21
1. Laundry Services	72 791	80 467	93 711	101 990	102 026	102 026	**105 669**	3.57	110 400	116 686
2. Engineering Services	106 280	117 814	93 182	99 365	103 390	102 391	**109 667**	7.11	112 529	119 016
3. Forensic Services	128 772	150 958	155 784	166 020	166 200	175 053	**183 136**	4.62	191 520	202 259
4. Orthotic and Prosthetic Services				1	1		**1**		1	1
5. Cape Medical Depot	48 593	73 738	83 023	71 723	76 831	76 742	**71 201**	(7.22)	74 546	78 873
Total payments and estimates	356 436	422 977	425 700	439 099	448 448	456 212	**469 674**	2.95	488 996	516 835

Note:

Sub-programme 7.2: 2018/19: National Conditional grant: Expanded Public Works Programme Integrated Grant for Provinces: R2 116 000 (Compensation of employees R2 100 000; Goods and services R16 000). Day-to-day and Emergency maintenance allocation transferred from Sub-programme 7.2 to various sub-programmes in Programme 8 as from 1 April 2016.

The ordinance through which the Cape Medical Depot (CMD) was created was abolished in the 2012/13 financial year; consequently, the CMD has thus become part of the Department, Sub-programme 7.5: Cape Medical Depot.

Table B 73: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
Current payments	329 920	393 973	402 031	410 779	419 290	424 740	**442 370**	4.15	460 970	487 804
Compensation of employees	205 051	222 286	242 775	268 332	270 462	272 013	**292 652**	7.59	305 085	323 234
Salaries and wages	177 770	191825	209 963	232 337	234 083	236 352	**253 046**	7.06	263 499	279 175
Social contributions	27 281	30 461	32 812	35 995	36 379	35 661	**39 606**	11.06	41586	44 059
Goods and services	124 869	171687	159 256	142 447	148 828	152 727	**149 718**	(1.97)	155 885	164 570
of which										
Advertising		2								
Minor Assets	1632	1744	944	1891	1906	1697	**1 845**	8.72	1922	2 028
Catering: Departmental	118	84	125	203	203	161	**215**	33.54	222	234
Communication (G&S)	2 656	2 342	2 469	3 420	3 358	2 731	**3 589**	31.42	3 735	3 946
Computer services	1941	1879	1985	2 719	2 719	1496	**2 839**	89.77	2 957	3 121
Consultants and professional services: Business and advisory services	5	29	22	468	268	235	**499**	112.34	519	548
Laboratory services	428	481	628	647	647	616	**707**	14.77	736	777
Contractors	10 144	14 600	13 959	12 970	13 570	14 067	**13 790**	(1.97)	14 364	15 165
Agency and support/outsourced services	10 754	9 401	7 949	10 231	9 731	9 109	**9 571**	5.07	9 967	10 523
Entertainment	2	1		9	9	4	**9**	125.00	9	9
Fleet services (including government motor transport)	8 783	9 576	9 991	11577	11587	11167	**12 085**	8.22	12 587	13 287
Inventory: Materials and	9 659	9 712	13 023	12 708						
Inventory: Medical supplies	3 870	3 877	4 886	4 530	4 530	5 588	**6 364**	13.89	6 628	6 998
Inventory: Medicine	7	25 078	29 824	9 605	9 605	9 605	**9 725**	1.25	10 130	10 694
Medsas inventory interface						(1)		(100.00)		
Inventory: Other supplies	547	917	846	1023	1023	1082	**1 117**	3.23	1162	1229
Consumable supplies	18 163	25 657	37 573	40 761	53 947	55 128	**57 859**	4.95	60 233	63 587
Consumable: Stationery, printing and office supplies	2 550	2 346	2 590	2 937	2 816	2 451	**3 186**	29.99	3 315	3 502
Operating leases	754	756	964	1001	1001	1022	**1 070**	4.70	1 115	1178
Property payments	42 047	52 116	18 823	13 633	14 996	15 839	**16 476**	4.02	17 152	18 107
Transport provided: Departmental activity			12							
Travel and subsistence	2 554	2 027	2 808	2 422	2 548	2 404	**2 843**	18.26	2 960	3 123
Training and development	787	874	814	846	846	891	**851**	(4.49)	885	934
Operating payments	6 978	7 847	8 579	8 175	13 175	17 200	**4 366**	(74.62)	4 546	4 798
Venues and facilities	44	65	75	97	97	97	**102**	5.15	106	112
Rental and hiring	446	276	367	574	246	138	**610**	342.03	635	670
Transfers and subsidies to	894	781	448	689	689	437	**738**	68.88	767	809
Provinces and municipalities						2		(100.00)		
Provinces						2		(100.00)		
Provincial agencies and funds						2		(100.00)		
Households	894	781	448	689	689	435	**738**	69.66	767	809
Social benefits	882	781	448	689	689	435	**738**	69.66	767	809
Other transfers to households	12									
Payments for capital assets	24 077	28 114	23 015	27 631	28 469	30 857	**26 566**	(13.91)	27 259	28 222
Buildings and other fixed structures			26							
Buildings			26							
Machinery and equipment	24 077	28 078	22 989	27 631	28 469	30 857	**26 566**	(13.91)	27 259	28 222
Transport equipment	16 222	14 812	13 274	17 115	17 115	16 739	**16 708**	(0.19)	17 401	18 364
Other machinery and equipment	7 855	13 266	9 715	10 516	11354	14 118	**9 858**	(30.17)	9 858	9 858
Software and other intangible		36								
Payments for financial assets	1545	109	206			178		(100.00)		
Total economic classification	356 436	422 977	425 700	439 099	448 448	456 212	**469 674**	2.95	488 996	516 835

Performance and Expenditure Trends

Programme 7 is allocated 2.04 per cent of the vote in 2018/19 in comparison to the 2.11 per cent allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R13.462 million or 2.95 per cent.

Sub-programme 7.1: Laundry Services is allocated 22.50 per cent of the 2018/19 Programme 7 budget in comparison to the 22.36 per cent that was allocated in the revised estimate of the 2017/18 budget. This is a nominal increase of R3.643 million or 3.57 per cent.

Sub-programme 7.2: Engineering Services is allocated 23.35 per cent of the Programme 7 budget in 2018/19 in comparison to the 22.44 per cent that was allocated in the revised estimate of the 2017/18 budget. This is a nominal increase of R7.276 million or 7.11 per cent.

Sub-programme 7.3: Forensic Pathology Services is allocated 38.99 per cent of the Programme 7 budget in 2018/19 in comparison to the 38.37 per cent that was allocated in the revised estimate of the 2017/18 budget. This amounts to a nominal increase of R8.083 million or 4.62 per cent in nominal terms.

Sub-programme 7.5: Cape Medical Depot is allocated 15.16 per cent of the Programme 7 budget in 2018/19 in comparison to the 16.82 per cent of the Programme 7 budget that was allocated in the adjusted estimate of the 2017/18 budget. This amounts to a decrease of R5.541 million or (7.22) per cent.

Risk Management

Stock-outs of essential pharmaceutical goods	
Mitigating Factors	• Monitor stock levels. • Monitor vaccine supply. • Provide alternatives to the essential medicines, where possible. • Tight contract management with suppliers. • Create provincial contracts for items that have been excluded from the revised national tenders, where possible. • Optimal functioning of ICT system for stock management.
Waste Management	
Mitigating Factors	• Improve contract management for waste management. • Regular audits and reports for monitoring waste management practices.
Aging infrastructure and Health Technology	
Mitigating Factors	• Full and effective expenditure of maintenance budget. • Planning and prioritisation of maintenance. • Implement intern programmes to attract technical skills for both Engineering and Health Technology. • Use basic internal maintenance management system for Health Technology and Engineering to enable maintenance planning. • Prepare and implement protocols for emergency replacement and / or maintenance of medical equipment • Implement the Hub and Spoke Maintenance Blueprints for both Engineering and Health Technology

Programme 8: Health Facilities Management

Purpose

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

Structure

Sub-Programme 8.1: Community Health Facilities

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

Sub-Programme 8.2: Emergency Medical Rescue Services

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

Sub-Programme 8.3: District Hospital Services

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

Sub-Programme 8.4: Provincial Hospital Services

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

Sub-Programme 8.5: Central Hospital Services

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

Sub-Programme 8.6: Other Facilities

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

Programme Priorities

National Treasury Instruction No 4 of 2015 prescribes the implementation of the Standard for Infrastructure Procurement and Delivery Management (SIPDM). Implementation thereof is effective from 01 July 2016. This has necessitated various changes to the Western Cape Infrastructure Delivery Management System (IDMS), as well as a revision of Provincial Treasury Instruction (PTI) 16B both of which are being facilitated by WCG: Provincial Treasury.

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

- Augment availability of water
  - Use of ground water at large health facilities (reinstatement of existing boreholes and drilling of new, storage tanks, engineering work for connection to water reticulation system, water treatment technologies) – good progress is being made with the WCG Groundwater Programme
  - Deployment of water tankers at other facilities (as Water Preparedness Plan)
  - WCGH Procurement (special delegations have been approved, convenience contracts for tanks and pumps, and Framework Agreements for installations)
  - Implement water saving measures e.g. Closer monitoring of water utilisation at all health facilities

- Disaster Response
  - Command and control
  - Integrated planning and response (recognition of inter-dependancy across sectors)
  - Strategic partnership with CoCT (agreed phased approach)
  - Clinical Service Priorities – every attempt will be made to keep all facilities open
  - Water Supply Preparedness Plan has been finalised

- Health impacts of drought
  - Circular H146 of 2017 has been communicated and distributed

These strategies have been fully developed, with some having progressed well into implementation. Various actions have also been taken to support these e.g. special delegations have been put in place to expedite procurement.

Within this context, the following priorities have been identified:

- Continue development and implementation of Health Technology Strategy and Standard Equipment List per facility type;
- Strengthen and improve the primary health care infrastructure and health technology in all Districts;
- Modernise emergency centres at hospitals;
- Provide or upgrade acute psychiatric units at hospitals;
- Focus on maintenance, renewals (rehabilitation, refurbishment, and renovation), and fire compliance at existing health facilities;

Strategic Objectives – Annual Targets

Table B 74: Annual Target for Strategic Objective Indicator

Strategic objective	Programme performance indicator	Strategic plan target	Audited / Actual performance			Estimated performance	Medium term targets		
		2019/20	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.									
1.1 Efficient and effective management of infrastructure.	1.1.1 Percentage of Programme 8 Capital infrastructure budget spent (excluding Maintenance)	100.0%	82.9%	91.8%	105.5%	93.2%	100.0%	100.0%	100.0%
	Numerator	422 254 000	283 038 829	363 751 000	344 324 000	287 939 000	320 099 000	422 254 000	449 465 000
	Denominator	422 254 000	341 476 200	396 357 000	326 399 000	308 949 000	320 099 000	422 254 000	449 465 000

Performance Indicators & Annual Targets

Table B 75: Annual Targets for Performance Indicators

Programme performance indicator	Frequency	Type	Audited / Actual performance			Estimated performance	Medium term targets		
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
SECTOR SPECIFIC INDICATORS									
1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Eden District)	Annual	No	Not required to report	Not required to report	6	2	2	1	1
Element									
2. Number of health facilities that have undergone major and minor refurbishment (excluding facilities in NHI Pilot District (Eden District))	Annual	No	Not required to report	Not required to report	52	19	41	33	19
Element									
ADDITIONAL PROVINCIAL INDICATORS									
3. Percentage of Programme 8 Maintenance budget spent	Quarterly	%	Not required to report	Not required to report	Not required to report	103.0%	100.0%	100.0%	100.0%
Numerator			-	-	-	343 469 000	378 091 000	221 281 000	227 496 000
Denominator			-	-	-	333 603 000	378 091 000	221 281 000	227 496 000
4. Percentage of Programme 8 Health Technology budget spent	Quarterly	%	96.1%	97.9%	167.5%	110.9%	100.0%	100.0%	100.0%
Numerator			183 391 491	107 194 000	113 360 000	129 038 000	113 925 000	99 904 000	113 302 000
Denominator			190 859 000	109 545 000	67 665 000	116 394 000	113 925 000	99 904 000	113 302 000

Quarterly Targets for 18/19

Table B 76: Quarterly Targets for Programme 8 Indicators

Programme performance indicator		Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1	Percentage of Programme 8 Capital infrastructure budget spent (excluding Maintenance)	Quarterly	100.0%	19.8%	45.1%	75.8%	100.0%
	Numerator		320 099 000	63 532 131	144 441 415	242 576 928	320 099 000
	Denominator		320 099 000	320 099 000	320 099 000	320 099 000	320 099 000
SECTOR SPECIFIC INDICATORS							
1.	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Eden District)	Annual	2	-	-	-	2
	Element						
2.	Number of health facilities that have undergone major and minor refurbishment (excluding facilities in NHI Pilot District (Eden District))	Annual	41	-	-	-	41
	Element						
ADDITIONAL PROVINCIAL INDICATORS							
3.	Percentage of Programme 8 Maintenance budget spent	Quarterly	100.0%	16.7%	36.8%	61.7%	100.0%
	Numerator		378 091 000	62 976 725	139 089 589	233 357 497	378 091 000
	Denominator		378 091 000	378 091 000	378 091 000	378 091 000	378 091 000
4.	Percentage of Programme 8 Health Technology budget spent	Quarterly	100.0%	3.9%	13.0%	27.2%	100.0%
	Numerator		113 925 000	4 426 802	14 859 663	30 988 410	113 925 000
	Denominator		113 925 000	113 925 000	113 925 000	113 925 000	113 925 000

Reconciling Performance Targets with the Budget & MTEF

Table B 77: Summary of Payments & Estimates

Sub-programme R'000	Outcome			Main appro-priation	Adjusted appro-priation	Revised estimate	Medium-term estimate	% Change from Revised estimate		
	Audited 2014/15	Audited 2015/16	Audited 2016/17	2017/18	2017/18	2017/18	2018/19	2017/18	2019/20	2020/21
1. Community Health Facilities	189 004	180 130	240 119	238 756	212 697	213 679	**145 586**	(31.87)	122 524	218 206
2. Emergency Medical Rescue Services	6 697	18 611	18 228	10 366	11 425	11 645	**17 983**	54.43	38 877	14 291
3. District Hospital Services	152 543	145 995	251 651	218 154	215 535	204 675	**274 234**	33.99	258 761	214 973
4. Provincial Hospital Services	126 769	214 428	135 356	77 924	111 344	92 601	**107 112**	15.67	113 646	129 504
5. Central Hospital Services	190 701	145 503	152 372	170 727	194 891	197 545	**165 305**	(16.32)	118 241	125 491
6. Other Facilities	47 209	75 764	79 712	99 536	86 831	112 578	**177 396**	57.58	174 205	169 232
Total payments and estimates	712 923	780 431	877 438	815 463	832 723	832 723	**887 616**	6.59	826 254	871 697

Notes:

Sub-programme 8.1 – 8.6: 2018/19: National Conditional grant: Health Facility Revitalisation: R678 829 000 (Compensation of employees R48 853 000; Goods and services R253 163 000; Transfers and subsidies R12 000 and Payments for capital assets R376 801 000). Day-to-day and Emergency maintenance allocation transferred from sub-programme 7.2 to various sub-programmes in Programme 8 as from 1 April 2016.

Table B 78: Payments & Estimates by Economic Classification

Economic classification R'000	Outcome						Medium-term estimate			
	Audited 2014/15	Audited 2015/16	Audited 2016/17	Main appro-priation 2017/18	Adjusted appro-priation 2017/18	Revised estimate 2017/18	2018/19	% Change from Revised estimate 2017/18	2019/20	2020/21
Current payments	264 940	356 755	418 406	404 550	414 767	466 809	**457 279**	(2.04)	305 089	316 593
Compensation of employees	32 420	36 898	41671	57 649	48 607	48 370	**57 247**	18.35	61383	65 295
Salaries and wages	29 940	34 090	38 413	53 096	44 822	44 653	**53 022**	18.74	56 910	60 524
Social contributions	2 480	2 808	3 258	4 553	3 785	3 717	**4 225**	13.67	4 473	4 771
Goods and services	232 520	319 857	376 735	346 901	366 160	418 439	**400 032**	(4.40)	243 706	251298
of which										
Advertising	88	60	2	10						
Minor Assets	10 417	13 523	10 093	6 487	20 273	31782	**13 040**	(58.97)	11463	12 988
Catering: Departmental	21	4	50	7	52	53	**20**	(62.26)	22	27
Communication (G&S)	164	238	122	137	158	185	**161**	(12.97)	174	187
Computer services	1112	716	49	3 318	297	296	**3 950**	1234.46	5 073	4 049
Consultants and professional services: Business and advisory services		29	83	97	76	66	**16**	(75.76)	36	36
Infrastructure and planning	16 204	29 976	23 779	19 262	19 945	20 717	**45 114**	117.76	66 656	68 700
Contractors	59	227	305		518	150		(100.00)		
Agency and support/outsourced services	11		100							
Entertainment		2	3	3	26	31	**2**	(93.55)	2	2
Fleet services (including government motor transport)	8	2								
Inventory: Materials and	493	98	58	4						
Inventory: Medical supplies	5 751	3 079	1970	2 493	6 106	21624	**1 926**	(91.09)	1686	1914
Consumable supplies	1274	1531	1676	1991	1931	15 235	**800**	(94.75)	714	801
Consumable: Stationery, printing and office supplies	590	846	537	220	951	2 143	**287**	(86.61)	306	325
Operating leases		27	27	26	20	20	**20**		24	27
Property payments	193 635	267 220	335 160	310 321	313 788	323 566	**332 977**	2.91	154 625	158 796
Travel and subsistence	814	809	1133	1354	1225	1390	**1 158**	(16.69)	1358	1392
Training and development	1195	1445	1477	1075	691	1078	**464**	(56.96)	1495	1978
Operating payments	21	20	74	96	103	103	**97**	(5.83)	72	76
Venues and facilities	1		37							
Rental and hiring	662	5								
Transfers and subsidies to	1693	10 136	15 045	15 000	21514	20 016	**10 012**	(49.98)	10 013	5 014
Higher education institutions				5 000	10 000	10 000	**10 000**		10 000	5 000
Non-profit institutions	231	10 000	15 000	10 000	11500	10 000		(100.00)		
Households	1462	136	45		14	16	**12**	(25.00)	13	14
Social benefits	1462	136	45		14	16	**12**	(25.00)	13	14
Payments for capital assets	446 290	413 366	443 987	395 913	396 442	345 898	**420 325**	21.52	511 152	550 090
Buildings and other fixed structures	282 807	312 757	344 324	327 685	308 949	287 939	**320 099**	11.17	422 254	449 465
Buildings	282 807	312 757	344 324	327 685	308 949	287 939	**320 099**	11.17	422 254	449 465
Machinery and equipment	163 124	94 635	90 082	67 228	87 367	57 656	**90 601**	57.14	80 455	91047
Transport equipment	3	1								
Other machinery and equipment	163 121	94 634	90 082	67 228	87 367	57 656	**90 601**	57.14	80 455	91047
Software and other intangible	359	5 974	9 581	1000	126	303	**9 625**	3076.57	8 443	9 578
Payments for financial assets		174								
Total economic classification	712 923	780 431	877 438	815 463	832 723	832 723	**887 616**	6.59	826 254	871697

Performance and Expenditure Trends

Programme 8 is allocated 3.85 per cent of the vote in 2018/19 in comparison to the 3.84 per cent that was allocated in the revised estimate of the 2017/18 budget. This translates into an increase of R54.893 million or 6.59 per cent.

Risk Management

Fire Outbreak	
Mitigating Factors	• Ensure that design and construction of infrastructure is compliant through phased fire compliance. • Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order. • Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards.
Ageing infrastructure and Health Technology	
Mitigating Factors	• Planning and prioritisation of maintenance and renewals • Ongoing monitoring of infrastructure expenditure • Develop a capacity building and retention strategy for both Engineering and Health Technology to help ensure support sustainability • Implement alternative contracting strategies to streamline service delivery • Monitor compliance with the Service Delivery Agreement between WCGH and WCGTPW • Develop improved asset and maintenance management system for Health Technology and Engineering assets • Identify and implement Health Technology strategies, options and interventions related to funding and service delivery impact scenarios for medical equipment • Review policies for emergency maintenance and repairs • Utilise Facility Condition Assessments to prioritise facility maintenance • Implement the Hub and Spoke Maintenance Blueprints for both Engineering and Health Technology
Water shortage	
Mitigating Factors	• Reduce water consumption by means of behaviour change • Implement engineering interventions to reduce water consumption • Continue with roll-out of groundwater security programme and installation of storage tanks • Investigate and implement feasible water treatment technologies • Implementation and monitoring of Water Preparedness Plan

Capital Infrastructure Programme

Deliverables

The long-term strategy of the Department is to plan ahead according to the projected health service requirements and future growth of the population. In line with this strategy, infrastructure takes these requirements into consideration in its planning and execution of projects, whilst taking cognisance of the Department's drive towards improving patient-centred care. This is achieved by allowing some flexibility in the design and size of facilities, which often results in facilities requiring staged commissioning. WCGH's infrastructure planning needs are documented in its annual U-AMP – the 2017/18 U-AMP being the latest version available at www.westerncape.gov.za. Flexibility, expandability, and adaptability in design render more resilient health infrastructure, facilitating improved responsiveness to service pressures. The overarching infrastructure priorities for Programme 8 are:

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

Infrastructure planning and delivery is faced with the following challenges:

- The infrastructure budget allocation has continuously been reducing over the past few years, which necessitates the on-going reprioritisation of projects;
- Under expenditure of the grant allocation; and
- Scarcity of skilled human resources and expertise.
-
- The tables that follow indicate the deliverables in the capital infrastructure programme. The project categories stipulated by NT are firstly provided in the table below, followed by the milestone definitions.

Project Categories

NT Infrastructure Budget Categories	
New or replaced infrastructure asset – Capital	• 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.

As stated in Part A, it is important to note that capital projects categorised as "Renovations, rehabilitation or refurbishments" by National Treasury, are further categorised as "renewals" and includes work on existing assets (infrastructure) which returns the service potential of the asset, or expected useful life of the asset, to that which it had originally. Thus, although work undertaken under this category is undertaken as *capital projects* they are considered as *asset care activities*. Both maintenance and renewal are therefore recognised as asset care activities.[14]

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

Milestone Definitions

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

Schedule 1: Sub-programme 8.1 Community Health Facilities

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
Stage 1: Infrastructure Planning											
1	CI810154	HFRG	Blackheath - Kleinvlei CDC - Replacement	Cape Town	1-May-20	31-Dec-24	70 000	-	-	-	300
2	CI810007	HFRG	Caledon - Caledon Clinic - Replacement	Overberg	1-Jun-20	31-Dec-23	25 000	-	-	-	50
3	CI810138	HFRG	Grabouw - Grabouw CDC - Upgrade and Additions Ph2	Overberg	1-Jun-20	30-Aug-23	10 000	-	-	-	500
4	CI810146	HFRG	Gugulethu - Gugulethu 2 CDC - New	Cape Town	30-Sep-18	31-Dec-23	70 000	-	-	400	800
5	CI810043	HFRG	Hout Bay - Hout Bay CDC - Replacement	Cape Town	1-Dec-18	30-Jun-23	50 000	-	1	750	1 000
6	CI810132	HFRG	Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions	Cape Town	1-Feb-20	30-Mar-24	45 000	-	-	-	200
7	CI810050	HFRG	Knysna - Hornlee Clinic - Replacement	Eden	1-Jun-20	31-Dec-23	20 000	-	-	-	1
8	CI810129	HFRG	Kraaifontein - Bloekombos CHC - New	Cape Town	30-Nov-18	1-Apr-23	90 000	-	1	500	2 000
9	CI810071	HFRG	Lotus River - Lotus River CDC - Replacement	Cape Town	1-Jul-19	30-Sep-24	70 000	-	-	-	100
10	CI810055	HFRG	Maitland - Maitland CDC - Replacement	Cape Town	14-Dec-17	30-Sep-23	67 000	1	120	750	2 600
11	CI810112	HFRG	Masiphumelele - Masiphumelele CDC - New	Cape Town	31-Dec-19	31-Mar-24	50 000	-	-	-	500
12	CI810060	HFRG	Mfuleni - Mfuleni CDC - Replacement	Cape Town	1-Dec-18	31-Mar-23	70 000	-	-	200	3 000
13	CI810068	HFRG	Mossel Bay - George Road Clinic - Replacement	Eden	1-Sep-19	30-Nov-21	3 000	-	-	-	50
14	CI810090	HFRG	Stellenbosch - Kayamandi CDC - Clinic Replacement	Cape Winelands	1-Sep-20	30-Nov-24	50 000	-	-	-	50
15	CI810092	HFRG	Stellenbosch - Lanquedoc Clinic - Rehabilitation	Cape Winelands	1-Jan-20	31-Mar-22	2 000	-	-	-	249
16	CI810094	HFRG	Strand - Rusthof CDC - Replacement	Cape Town	1-Dec-19	31-Jul-24	80 000	-	-	1	251
17	CI810097	HFRG	Vredendal - Vredendal North Clinic - Upgrade and Additions	West Coast	1-Aug-19	31-Mar-22	10 000	-	-	-	500
18	CI810179	HFRG	Worcester - Empilisweni Clinic - R, R & R	Cape Winelands	30-Apr-19	31-Mar-22	4 000	-	-	450	1 000
Stage 3: Preparation and Briefing											
1	CI810062	HFRG	Philippi - Weltevreden CDC - New	Cape Town	30-Nov-17	30-Nov-23	80 000	1	50	750	2 250
2	CI810086	HFRG	Saldanha - Diazville Clinic - Replacement	West Coast	21-Nov-17	31-Mar-23	28 000	1	25	250	5 000
3	CI810096	HFRG	Vredenburg - Vredenburg CDC - New	West Coast	30-Nov-17	30-Mar-23	70 000	1	300	1 250	2 285

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
Stage 4: Concept and Viability											
1	HCI810001	HFRG	Blackheath - Kleinvlei CDC - New Woman and Child Health Unit	Cape Town	15-Feb-17	30-Jul-18	10 987	6 000	4 983	-	-
2	CI810048	HFRG	Bothasig - Bothasig CDC - Upgrade and Additions	Cape Town	26-Apr-17	31-Mar-20	10 000	250	500	5 000	3 900
3	CI810021	HFRG	Elsies River - Elsies River CHC - Replacement	Cape Town	25-May-16	31-Oct-23	126 000	1	400	4 000	15 000
4	CI810032	HFRG	Gouda - Gouda Clinic - Replacement	Cape Winelands	30-Mar-17	31-Mar-20	14 000	250	250	1 000	11 000
5	CI810038	HFRG	Hanover Park - Hanover Park CHC - Replacement	Cape Town	30-Jun-16	31-Mar-23	126 000	500	500	4 200	14 000
6	CI810052	HFRG	Ladismith - Ladismith Clinic - Replacement	Eden	30-Mar-17	28-Mar-21	19 500	250	400	5 000	10 000
7	CI810057	HFRG	Malmesbury - Chatsworth Satellite Clinic - Replacement	West Coast	16-Mar-17	30-Jun-20	5 000	250	750	1 250	2 500
8	CI810161	HFRG	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	Cape Town	1-Jun-16	30-Mar-19	3 140	500	2 500	140	-
9	CI810074	HFRG	Paarl - Paarl CDC - New	Cape Winelands	28-Feb-17	31-Mar-22	66 000	1	399	1 500	19 365
10	CI810080	HFRG	Parow - Ravensmead CDC - Replacement	Cape Town	1-Aug-15	31-Mar-22	60 000	500	500	4 000	20 000
11	CI810088	HFRG	St Helena Bay - Sandy Point Satellite Clinic - Replacement	West Coast	5-May-15	30-Dec-22	4 000	1	1	150	2 400
12	CI810130	HFRG	Various Pharmacies Upgrade 8.1 - Pharmacies Rehabilitation	Various	30-Jun-15	30-Apr-19	7 000	50	1 000	4 500	1 150
13	CI810095	HFRG	Villiersdorp - Villiersdorp Clinic - Replacement	Overberg	30-Jun-17	31-Mar-22	27 300	1	200	1 000	2 250
14	CI810162	HFRG	Wellington - Windmeul Clinic - Upgrade and Additions	Cape Winelands	1-Jun-16	30-Mar-19	2 050	800	1 200	50	-
Stage 5: Design Development											
1	CI810053	HFRG	Laingsburg - Laingsburg Clinic - Upgrade and Additions	Central Karoo	30-Apr-14	30-Jun-22	23 000	500	750	5 000	15 000
2	CI810056	HFRG	Malmesbury - Abbotsdale Satellite Clinic - Replacement	West Coast	5-May-15	1-Dec-19	5 000	950	2 000	1 850	200
3	CI810101	HFRG	Worcester - Avian Park Clinic - New	Cape Winelands	1-Jul-15	30-Sep-20	28 800	323	800	10 000	7 600
Stage 6A: Production Information											
1	CI810022	HFRG	Gansbaai - Gansbaai Clinic - Upgrade and Additions	Overberg	31-Jul-14	31-Mar-20	20 400	1 200	3 000	10 650	4 680
Stage 7: Works											
1	CI810017	HFRG	Cape Town - District Six CDC - New	Cape Town	11-Jan-12	23-Jul-17	104 141	16 996	1 042	1	-
2	CI810030	HFRG	George - Thembalethu CDC - Replacement	Eden	16-Mar-15	31-Jan-18	64 000	21 000	750	22	-

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
3	CI810069	HFRG	Napier - Napier Clinic - Replacement	Overberg	22-Oct-12	29-Sep-17	24 415	12 465	549	-	-
4	CI810079	HFRG	Prince Alfred Hamlet - Prince Alfred Hamlet Clinic - Replacement	Cape Winelands	20-Mar-12	30-Nov-17	31 005	16 000	2 000	-	250
5	CI810098	HFRG	Wellington - Wellington CDC - Pharmacy Additions and Alterations	Cape Winelands	1-Apr-13	31-Mar-18	4 813	3 752	681	-	-
6	CI810100	HFRG	Wolseley - Wolseley Clinic - Replacement	Cape Winelands	20-Mar-12	30-Nov-17	25 274	13 000	5 060	800	-
Stage 8: Handover											
1	CI810004	HFRG	Beaufort West - Hill Side Clinic - Replacement	Central Karoo	1-Nov-12	4-May-17	25 037	3 494	38	-	-
2	CI810015	HFRG	Delft - Delft CHC - ARV Consulting Rooms and new Pharmacy	Cape Town	1-Apr-11	30-Oct-14	30 287	25	1	-	-
3	CI810102	HFRG	Worcester - Worcester CDC - Dental Suite Additions and Alterations	Cape Winelands	1-Apr-12	30-Sep-15	4 690	200	1	-	-
Stage 9: Close-Out											
1	CI810065	HFRG	Citrusdal - Citrusdal Clinic - Upgrade and Additions	West Coast	1-Apr-15	10-Jun-16	4 421	25	1	-	-
2	CI810016	HFRG	Delft - Symphony Way CDC - New	Cape Town	26-Jan-11	6-Jul-15	56 498	6 550	1	-	-
3	CI810018	HFRG	Du Noon - Du Noon CHC - New	Cape Town	1-Apr-10	31-Oct-15	71 685	1 517	1	-	-
On Hold											
1	CI810013	HFRG	De Doorns - De Doorns CDC - Upgrade and Additions	Cape Winelands	9-Apr-14	30-Sep-22	20 000	50	50	500	1 400
Maintenance											
1	HMD810001	PES	Maint - Day-to-day - 8.1 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	6 819	20 139	12 445	16 000
2	HME810001	PES	Maint - Emergency - 8.1 Various Facilities - PES	Various	1-Apr-18	30-Mar-20	-	-	1 861	2 035	4 000
3	HMR810001	HFRG	Maint - Routine - 8.1 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	3 554	7 954	-	-
4	HMR810001	PES	Maint - Routine - 8.1 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	5 905	-	5 262	5 553
5	MS810001	HFRG	Maint - Scheduled - 8.1 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	50 553	73 136	17 878	6 086
6	MS810001	PES	Maint - Scheduled - 8.1 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	1 000	-	9 800
Non-infrastructure											
1	CH810206	HFRG	Ashton - Zolani Clinic - HT - General upgrade and maintenance (Alpha)	Cape Winelands	31-Mar-18	31-Mar-19	800	-	400	400	-
2	CH810207	HFRG	Beaufort West - Kwamandlenkosi Clinic - HT - General upgrade and maintenance (Alpha)	Central Karoo	10-Apr-19	31-Mar-20	600	-	-	400	-

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3	CH810208	HFRG	Bellville - Reed Street CDC - HT - Pharmacy compliance and general maintenance	Cape Town	31-Mar-18	31-Mar-19	600	-	400	200	-
4	HCH810001	HFRG	Blackheath - Kleinvlei CDC - HT - New Woman and Child Health Unit	Cape Town	1-Apr-18	30-Mar-19	2 000	-	2 000	-	-
5	CH810048	HFRG	Bothasig - Bothasig CDC - HT - Upgrade and Additions	Cape Town	1-Apr-19	31-Mar-21	4 000	-	-	-	1 000
6	CH810209	HFRG	Bredasdorp - Elim Satellite Clinic - HT - General upgrade and maintenance (Alpha)	Overberg	31-Mar-19	31-Dec-20	500	-	-	300	200
7	CH810205	HFRG	Cape Town - Dorp Street RHC - HT - General maintenance (Alpha)	Cape Town	31-Mar-18	31-Mar-19	300	-	300	-	-
8	CH810210	HFRG	Ceres - Ceres CDC - HT - General upgrade, extension and maintenance	Cape Winelands	31-Mar-18	31-Mar-19	800	-	-	800	-
9	CH810211	HFRG	Darling - Darling Clinic - HT - Paving upgrade and general maintenance	West Coast	31-Mar-19	31-Mar-20	600	-	-	600	-
10	CO810021	HFRG	Elsies River - Elsies River CHC - OD - Replacement	Cape Town	1-Apr-20	31-Mar-22	260	-	-	-	130
11	CH810022	HFRG	Gansbaai - Gansbaai Clinic - HT - Upgrade and Additions	Overberg	1-Apr-18	31-Mar-21	2 500	-	-	1 000	1 500
12	CH810212	HFRG	Genadendal - Genadendal Clinic - HT - General upgrade and maintenance (Alpha)	Overberg	31-Mar-19	31-Mar-20	600	-	-	600	-
13	CH810190	HFRG	George - Blanco Clinic - HT - NHI upgrade	Eden	1-Apr-18	1-Mar-19	300	300	300	-	-
14	CH810191	HFRG	George - Pacaltsdorp Clinic - HT - NHI upgrade	Eden	1-Apr-18	1-Mar-19	300	300	300	-	500
15	CH810030	HFRG	George - Thembalethu CDC - HT - Replacement	Eden	30-Mar-17	30-Jun-19	8 300	8 060	240	-	-
16	CH810213	HFRG	Goodwood - Goodwood CDC - HT - Pharmacy compliance and general maintenance	Cape Town	31-Mar-19	31-Mar-20	800	-	-	800	-
17	CH810032	HFRG	Gouda - Gouda Clinic - HT - Replacement	Cape Winelands	1-Apr-19	1-Mar-21	4 000	-	-	-	2 000
18	CO810032 & CQ810032	HFRG	Gouda - Gouda Clinic - OD and QA - Replacement	Cape Winelands	1-Apr-19	31-Mar-20	70	-	-	70	-
19	CH810214	HFRG	Koringberg - Koringberg Satellite Clinic - HT - General maintenance (Alpha)	West Coast	31-Mar-18	31-Mar-19	500	-	250	250	-
20	CO810129 & CQ810129	HFRG	Kraaifontein - Bloekombos CHC - OD and QA - New	Cape Town	1-Apr-20	31-Mar-22	260	-	-	-	130
21	CH810052	HFRG	Ladismith - Ladismith Clinic - HT - Replacement	Eden	1-Apr-20	30-Mar-22	1 500	-	-	-	500
22	CO810052 & CQ810052	HFRG	Ladismith - Ladismith Clinic - OD and QA - Replacement	Eden	1-Apr-19	31-Mar-20	70	-	-	70	-
23	CH810215	HFRG	Lamberts Bay - Lamberts Bay Clinic - HT - General maintenance (Alpha)	West Coast	31-Mar-19	31-Mar-20	800	-	-	800	-
24	CH810197	HFRG	Lutzville - Lutzville Clinic - HT - Clinic (Alpha)	West Coast	1-Apr-17	1-Dec-18	1 300	1	200	-	-
25	CH810056	HFRG	Malmesbury - Abbotsdale Satellite Clinic - HT - Replacement	West Coast	1-Apr-18	1-Mar-20	700	-	100	600	-
26	CH810057	HFRG	Malmesbury - Chatsworth Satellite Clinic - HT - Replacement	West Coast	1-Apr-19	1-Sep-20	700	-	-	400	300

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27	CH810216	HFRG	Malmesbury - Kalbaskraal Satellite Clinic - HT - General maintenance (Alpha)	West Coast	31-Mar-18	31-Mar-19	500	-	250	-	-
28	CH810217	HFRG	Moorreesburg - Moorreesburg Clinic - HT - General upgrade and maintenance (Alpha)	West Coast	31-Mar-18	31-Mar-19	1 500	-	-	1 000	-
29	CH810232	HFRG	Mossel Bay - Alma CDC - HT - NHI upgrade	Eden	31-Mar-18	31-Mar-19	10 000	-	700	650	-
30	CH810028	HFRG	Mossel Bay - Asla Park Clinic - HT	Eden	1-Apr-18	31-Mar-19	1 500	-	750	750	-
31	CH810227	HFRG	Mossel Bay - Eyethu Clinic - HT - General maintenance (Alpha)	Eden	31-Mar-18	31-Mar-19	500	-	400	-	-
32	CH810188	HFRG	Oudtshoorn - De Rust Clinic - HT - NHI upgrade	Eden	1-Apr-18	1-Mar-19	300	200	300	-	-
33	CH810074	HFRG	Paarl - Paarl CDC - HT - New	Cape Winelands	1-Apr-20	31-Mar-23	14 000	-	-	-	4 000
34	CO810074 & CQ810074	HFRG	Paarl - Paarl CDC - OD and QA - New	Cape Winelands	1-Apr-19	31-Mar-21	200	-	-	100	100
35	CH810080	HFRG	Parow - Ravensmead CDC - HT - Replacement	Cape Town	1-Apr-20	31-Mar-23	14 000	-	-	-	2 000
36	CO810080 & CQ810080	HFRG	Parow - Ravensmead CDC - OD and QA - Replacement	Cape Town	1-Apr-20	19-Mar-21	110	-	-	-	130
37	CH810219	HFRG	Paternoster - Paternoster Satellite Clinic - HT - General upgrade and maintenance (Alpha)	West Coast	31-Mar-19	31-Mar-20	500	-	1	500	-
38	CH810231	HFRG	Pearly Beach - Pearly Beach Satellite Clinic - HT - General maintenance (Alpha)	Overberg	31-Mar-19	31-Mar-21	300	-	-	300	-
39	CH810062	HFRG	Philippi - Weltevreden CDC - HT - New	Cape Town	1-Apr-22	31-Mar-24	14 000	-	-	-	2 000
40	CH810220	HFRG	Piketberg - Piketberg Clinic - HT - General upgrade and maintenance (Alpha)	West Coast	31-Mar-18	31-Mar-19	800	-	800	-	-
41	CH810077	HFRG	Piketberg - Piketberg Clinic - HT - Upgrade and Additions	West Coast	31-Mar-21	31-Dec-22	3 500	-	-	-	1 500
42	CH810221	HFRG	Redelinghuys - Redelinghuys Satellite Clinic - HT - General maintenance (Alpha)	West Coast	31-Mar-18	31-Mar-19	300	-	500	-	-
43	CH810222	HFRG	Rietpoort - Rietpoort Satellite Clinic - HT - General maintenance (Alpha)	West Coast	31-Mar-18	31-Mar-19	500	-	500	-	-
44	CH810223	HFRG	St Helena Bay - Laingville Clinic - HT - General upgrade, extension and maintenance	West Coast	31-Mar-18	31-Mar-19	800	-	400	400	-
45	CH810088	HFRG	St Helena Bay - Sandy Point Satellite Clinic - HT - Replacement	West Coast	1-Sep-20	31-Mar-22	550	-	-	200	350
46	CO810090 & CQ810090	HFRG	Stellenbosch - Kayamandi CDC - OD and QA - Clinic Replacement	Cape Winelands	1-Apr-20	31-Dec-22	200	-	-	-	100
47	CH810230	HFRG	Strand - Gustrouw CDC - HT - General maintenance (Alpha)	Cape Town	31-Mar-20	31-Mar-22	1 500	-	-	500	1 000
48	CO810094 & CQ810094	HFRG	Strand - Rusthof CDC - OD and QA - Replacement	Cape Town	1-Apr-20	1-May-22	200	-	-	-	100
49	CH810225	HFRG	Tulbagh - Tulbagh Clinic - HT - Structural repair	Cape Winelands	31-Mar-19	31-Mar-21	600	-	-	300	300
50	CH810233	PES	Various Facilities 8.1 - HT - Digital X-Ray	Various	1-Apr-18	31-Mar-26	14 000	-	1 200	2 400	2 446

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
51	CO810095 & CQ810095	HFRG	Villiersdorp - Villiersdorp Clinic - OD and QA - Replacement	Overberg	1-Apr-20	1-May-21	100	-	-	-	100
52	CO810096 & CQ810096	HFRG	Vredenburg - Vredenburg CDC - OD and QA - New	West Coast	1-Apr-19	1-Jul-20	100	-	-	100	-
53	CH810228	HFRG	Wellington - Saron Clinic - HT - General maintenance and upgrade (Alpha)	Cape Winelands	31-Mar-18	31-Mar-19	800	-	400	400	-
54	CH810162	HFRG	Wellington - Windmeul Clinic - HT - Upgrade and Additions	Cape Winelands	1-Apr-19	30-Mar-20	1 500	-	-	1 000	-
55	CH810101	HFRG	Worcester - Avian Park Clinic - HT - New	Cape Winelands	1-Apr-19	31-Mar-21	6 000	-	-	3 000	3 000
56	CO810101 & CQ810101	HFRG	Worcester - Avian Park Clinic - OD and QA - New	Cape Winelands	1-Apr-19	31-Dec-20	100	-	-	100	-
Sub-programme 8.1 Grand Total								**183 097**	**145 586**	**122 524**	**218 206**

Schedule 2: Sub-Programme 8.2 Emergency Medical Rescue Services

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
Stage 3: Preparation and Briefing											
1	CI820027	HFRG	Villiersdorp - Villiersdorp Ambulance Station - Replacement	Overberg	26-Jun-17	31-Mar-21	5 000	-	150	200	500
Stage 5: Design Development											
1	CI820032	HFRG	Bonnievale - Bonnievale Ambulance Station - Upgrade and Additions incl wash bay	Cape Winelands	1-Jun-16	30-Mar-19	2 175	1	-	1 050	1 125
2	CI820001	HFRG	Caledon - Caledon Ambulance Station - Communications Centre Extension	Overberg	1-Aug-14	30-Mar-21	6 500	375	500	4 000	1 500
3	CI820033	HFRG	Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	West Coast	1-Jun-16	30-Mar-19	1 400	50	1 000	350	-
4	CI820034	HFRG	Prince Albert - Prince Albert Ambulance Station - Upgrade and Additions incl wash bay	Central Karoo	1-Jun-16	30-Mar-19	2 200	-	500	1 500	200
Stage 6A: Production Information											
1	CI820002	HFRG	De Doorns - De Doorns Ambulance Station - Replacement	Cape Winelands	1-Sep-14	1-Feb-20	15 000	300	3 500	9 500	500
2	CI820023	HFRG	Swellendam - Swellendam Ambulance Station - Upgrade and Additions	Overberg	31-Mar-15	31-Jan-20	4 000	200	2 100	1 470	-
Stage 9: Close Out											

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
1	CI820014	HFRG	Piketberg - Piketberg Ambulance Station - Replacement	West Coast	1-Apr-10	14-Jul-16	16 500	450	20	-	-
Maintenance											
1	HMD820001	PES	Maint - Day-to-day - 8.2 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	1 202	850	5 000	5 000
2	HME820001	PES	Maint - Emergency - 8.2 Various Facilities - PES	Various	1-Apr-18	30-Mar-20	-	-	1 000	1 000	1 000
3	HMR820001	HFRG	Maint - Routine - 8.2 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	520	3 165	-	-
4	HMR820001	PES	Maint - Routine - 8.2 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	1 811	-	3 355	2 541
5	MS820001	HFRG	Maint - Scheduled - 8.2 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	6 445	4 498	10 552	374
6	MS820001	PES	Maint - Scheduled - 8.2 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	-	-	1 000
Non-infrastructure											
1	CH820001	HFRG	Caledon - Caledon Ambulance Station - HT - Communications Centre Extension	Overberg	1-Apr-20	30-Dec-21	300	-	-	300	-
2	CH820038	HFRG	Clanwilliam - Clanwilliam Ambulance Station - HT - General upgrade and maintenance (Alpha)	West Coast	31-Mar-18	31-Mar-19	200	-	200	-	-
3	CH820002	HFRG	De Doorns - De Doorns Ambulance Station - HT - Replacement	Cape Winelands	1-Apr-19	30-Mar-20	300	-	-	300	-
4	CH820039	HFRG	Lamberts Bay - Lamberts Bay Ambulance Station - HT - General maintenance (Alpha)	West Coast	31-Mar-18	31-Mar-19	300	-	300	-	-
5	CH820034	HFRG	Prince Albert - HT Prince Albert Ambulance Station - Upgrade and Additions	Central Karoo	1-Jun-18	30-Sep-19	300	-	-	-	250
6	CH820023	HFRG	Swellendam - Swellendam Ambulance Station - HT - Upgrade and Additions	Overberg	31-Mar-19	31-Mar-20	300	-	-	300	-
7	CH820040	HFRG	Touwsrivier - Touwsrivier Ambulance Station - HT - General upgrade, extension for wash bay and maintenance	Cape Winelands	1-Apr-18	31-Mar-19	200	-	200	-	-
8	CH820025	HFRG	Uniondale - Uniondale Ambulance Station - HT - New	Eden	1-Apr-21	31-Mar-23	8 000	-	-	-	1
9	CH820027	HFRG	Villiersdorp - Villiersdorp Ambulance Station - HT - Replacement	Overberg	1-Apr-20	30-Dec-21	300	-	-	-	300
Sub-programme 8.2 Grand Total								**11 354**	**17 983**	**38 877**	**14 291**

Schedule 3: Sub-Programme 8.3 District Health Services

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
Stage 1: Infrastructure Planning											
1	CI830131	HFRG	Atlantis - Wesfleur Hospital - Record Room extension	Cape Town	1-Dec-18	1-Jan-20	5 000	-	-	250	2 500
2	CI830002	HFRG	Beaufort West - Beaufort West Hospital - Rationalisation	Central Karoo	30-May-18	30-Apr-24	30 000	-	1	150	500
3	CI830127	HFRG	Bellville - Karl Bremer Hospital - Demolitions and parking	Cape Town	19-Dec-17	1-Mar-20	2 000	-	500	1 250	250
4	CI830119	HFRG	Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	Cape Town	19-Dec-17	31-Mar-22	50 000	-	250	4 000	15 000
5	CI830120	HFRG	Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	Cape Winelands	28-Feb-18	31-Mar-21	20 000	1	50	1 000	16 500
6	CI830124	HFRG	Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	Cape Town	30-Aug-18	31-Mar-22	10 000	1	200	500	7 000
7	CI830056	HFRG	Malmesbury - Swartland Hospital - Demolitions	West Coast	15-Dec-17	31-Mar-19	1 850	50	1 400	400	-
8	HCI830005	HFRG	Malmesbury - Swartland Hospital - EC extension to fire-damaged building	West Coast	28-Feb-18	1-Dec-19	10 000	-	500	8 500	1 500
9	HCI830006	HFRG	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital Ph2	Cape Town	17-Aug-17	31-Oct-19	33 000	-	30 000	2 000	-
10	CI830028	HFRG	Malmesbury - Swartland Hospital - Replacement	West Coast	1-Dec-19	31-Mar-26	600 000	-	-	1	1 000
11	CI830034	HFRG	Montagu - Montagu Hospital - Rehabilitation	Cape Winelands	30-Sep-18	31-Mar-20	8 000	-	-	50	1 500
12	CI830067	HFRG	Mossel Bay - Mossel Bay Hospital - Entrance and Records Upgrade	Eden	31-May-18	31-Dec-21	30 000	1	250	1 872	9 000
13	CI830044	HFRG	Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	Cape Winelands	31-May-18	31-May-22	20 000	1	50	2 000	7 499
14	HCI830004	HFRG	Wynberg - Victoria Hospital - Temporary EC	Cape Town	30-Mar-18	30-Jun-19	10 000	-	10 000	-	-
Stage 3: Preparation and Briefing											
1	CI830123	HFRG	Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	Overberg			5 000	1	250	3 000	1 500
2	HCI830001	HFRG	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital	West Coast	17-Aug-17	1-Dec-19	48 000	-	16 000	-	-
3	CI830121	HFRG	Somerset West - Helderberg Hospital - Repairs and Renovation	Cape Town	30-Nov-17	31-Mar-22	20 000	1	240	1 600	10 600
4	CI830122	HFRG	Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	Cape Winelands	5-Oct-17	31-Mar-22	19 000	1	100	1 500	6 000
Stage 4: Concept and Viability											
1	CI830118	HFRG	Bredasdorp - Otto Du Plessis Hospital - Acute Psychiatric Ward	Overberg			3 600	50	400	2 500	650
2	CI830114	HFRG	Ceres - Ceres Hospital - New Acute Psychiatric Ward	Cape Winelands	1-Jun-16	30-Mar-19	3 200	50	160	2 490	500

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
3	CI830015	HFRG	Eerste River - Eerste River Hospital - Acute Psychiatric Unit	Cape Town	23-Feb-15	30-Dec-21	40 000	500	700	4 000	18 000
4	CI830115	HFRG	Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	Overberg			2 000	50	450	1 500	-
5	CI830021	HFRG	Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	Cape Town	23-Feb-15	31-Mar-20	40 000	750	400	1 000	10 000
6	CI830125	HFRG	Malmesbury - Swartland Hospital - Prefabricated Wards	West Coast	15-Jul-17	30-Jun-18	28 000	7 200	20 000	800	-
7	CI830116	HFRG	Piketberg - Radie Kotze Hospital - Hospital layout improvement	West Coast	1-Jun-16	30-Mar-19	6 000	1	200	4 000	1 799
8	CI830117	HFRG	Swellendam - Swellendam Hospital - Acute Psychiatric Ward	Overberg			2 000	800	500	700	-
9	CI830073	HFRG	Various Pharmacies Upgrade 8.3	Various	30-Jun-15	30-Apr-20	6 000	-	1 000	3 500	1 500
Stage 6A: Production Information											
1	CI830045	HFRG	Somerset West - Helderberg Hospital - EC Upgrade and Additions	Cape Town	1-Apr-13	30-Apr-19	37 000	6 500	15 000	20 000	50
2	CI830052	HFRG	Wynberg - Victoria Hospital - New EC	Cape Town	1-Apr-12	13-Mar-19	72 200	4 000	9 000	44 000	4 814
Stage 7: Works											
1	CI830047	HFRG	Stellenbosch - Stellenbosch Hospital - EC Upgrade and Additions	Cape Winelands	30-Nov-13	27-Nov-17	35 270	17 369	500	-	-
2	CI830080	HFRG	Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	West Coast	31-Mar-15	10-Dec-18	174 955	48 083	54 500	64 836	3 072
Stage 8: Handover											
1	CI830003	HFRG	Bellville - Karl Bremer Hospital - New Bulk Store	Cape Town	10-Sep-13	23-Jun-17	18 665	5 200	500	-	-
2	CI830012	HFRG	Citrusdal - Citrusdal Hospital - Upgrade and Additions of Childrens Ward, EC and Calming Room	West Coast	1-Apr-15	1-Mar-17	16 679	1 578	750	-	-
Stage 9: Close Out											
1	CI830032	HFRG	Mitchells Plain - Mitchells Plain Hospital - Acute Psychiatric Unit	Cape Town	1-Mar-13	30-Sep-14	39 475	500	100	-	-
2	CI830031	HFRG	Mitchells Plain - Mitchells Plain Hospital - New	Cape Town	1-Apr-05	18-Feb-13	565 231	6 000	1 000	-	-
Maintenance											
1	HMD830001	PES	Maint - Day-to-day - 8.3 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	10 515	12 865	15 000	15 000
2	HME830001	PES	Maint - Emergency - 8.3 Various Facilities - PES	Various	1-Apr-18	30-Mar-20	-	-	2 000	1 000	2 000
3	HMP830001	PES	Maint - Prof Day-to-day - 8.3 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	16 373	7 000	-	-
4	HMR830001	HFRG	Maint - Routine - 8.3 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	6 403	22 756	-	-

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
5	HMR830001	PES	Maint - Routine - 8.3 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	10 964	-	13 779	13 267
6	MS830001	HFRG	Maint - Scheduled - 8.3 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	28 928	32 638	4 725	12 100
7	MS830001	PES	Maint - Scheduled - 8.3 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	-	-	7 300
8	MS830001	PES: Maintenance	Maint - Scheduled - 8.3 Various Facilities - PES MAINT	Various	1-Apr-16	31-Mar-30	-	-	4 820	1 519	8 500
Non-infrastructure											
1	CH830131	HFRG	Atlantis - Westfleur Hospital - HT - Record Room extension	Cape Town	1-Apr-19	1-Jan-20	300	-	-	-	300
2	CH830119	HFRG	Bellville - Karl Bremer Hospital - HT - Hospital Repairs and Renovation	Cape Town	1-Apr-21	31-Mar-23	10 000	-	-	-	3 334
3	CH830133	HFRG	Bellville - Karl Bremer Hospital - HT - Nurses Home repairs and renovation	Cape Town	1-Apr-18	31-Mar-19	1 000	-	1 000	-	-
4	CH830118	HFRG	Bredasdorp - Otto Du Plessis Hospital - HT - Acute Psychiatric Ward	Overberg			500	-	-	250	250
5	CH830135	HFRG	Caledon - Caledon Hospital - HT - Theatre upgrade and maintenance	Overberg			3 500	-	1 000	2 500	-
6	CH830120	HFRG	Ceres - Ceres Hospital - HT - Hospital and Nurses Home Repairs and Renovation	Cape Winelands	30-Jan-19	31-Mar-21	5 000	-	-	-	2 000
7	CH830114	HFRG	Ceres - Ceres Hospital - HT - New Acute Psychiatric Ward	Cape Winelands	1-Apr-18	30-Dec-19	500	-	-	500	-
8	CH830059	HFRG	Eerste River - Eerste River Hospital - HT - Upgrade	Cape Town	1-Apr-21	1-Dec-23	8 000	-	-	-	2 000
9	CQ830015	HFRG	Eerste River - Eerste River Hospital - QA - Acute Psychiatric Unit	Cape Town	1-Apr-19	30-Apr-21	200	-	-	100	100
10	CH830115	HFRG	Hermanus - Hermanus Hospital - HT - New Acute Psychiatric Ward	Overberg			500	-	-	500	-
11	CH830021	HFRG	Khayelitsha - Khayelitsha Hospital - HT - Acute Psychiatric Unit	Cape Town	1-Apr-19	31-Mar-21	1 500	-	-	500	1 000
12	CH830125	HFRG	Malmesbury - Swartland Hospital - HT - Prefabricated Wards	West Coast	1-Apr-18	30-Mar-21	10 000	-	8 000	2 000	-
13	HCH830001	HFRG	Malmesbury - Swartland Hospital - HT - Rehabilitation of fire-damaged hospital	West Coast	1-Aug-17	31-Mar-18	8 260	1 655	1 000	1 000	1 000
14	CH830093	HFRG	Mitchells Plain - Mitchells Plain Hospital - HT - Waste Management	Cape Town	1-Apr-18	30-Mar-20	3 000	-	1 000	2 000	500
15	CO830072	HFRG	Mitchells Plain - Mitchells Plain Hospital - OD - SCM Support	Cape Town	1-Apr-16	31-Mar-30	-	3 907	4 325	4 613	4 909
16	CH830034	HFRG	Montagu - Montagu Hospital - HT - Rehabilitation	Cape Winelands	31-Mar-19	30-Mar-21	4 000	-	-	-	2 500
17	CO830089	HFRG	Mossel Bay - Eden District - OD - SCM Support	Eden	1-Apr-16	31-Mar-30	-	427	455	485	516
18	CH830067	HFRG	Mossel Bay - Mossel Bay Hospital - HT - Entrance and Records Upgrade	Eden	1-Apr-20	31-Dec-21	6 000	-	-	-	2 000
19	CH830134	HFRG	Mossel Bay - Mossel Bay Hospital - HT - NHI upgrade	Eden	31-Mar-20	31-Mar-21	2 000	-	1 000	1 000	-

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
20	CH830116	HFRG	Piketberg - Radie Kotze Hospital - HT - Hospital layout improvement	West Coast	1-Apr-18	30-Mar-20	3 000	-	-	2 194	-
21	CH830091	HFRG	Piketberg - Radie Kotze Hospital - HT - Psychiatric Examining Room	West Coast	1-Apr-16	31-Mar-18	800	250	250	-	-
22	CH830137	HFRG	Porterville - Lapa Munnik Hospital - HT - General maintenance (Alpha)	West Coast	31-Mar-21	31-Mar-25	2 000	-	-	-	500
23	CH830044	HFRG	Robertson - Robertson Hospital - HT - Acute Psychiatric Ward and New EC	Cape Winelands	1-Apr-19	31-Mar-21	4 000	-	-	-	2 000
24	CH830045	HFRG	Somerset West - Helderberg Hospital - HT - EC Upgrade and Additions	Cape Town	1-Apr-18	31-Mar-20	9 000	-	-	6 000	1 000
25	CO830077	HFRG	Somerset West - Helderberg Hospital - OD and QA	Cape Town	1-Apr-16	31-Mar-18	380	220	-	-	-
26	CH830047	HFRG	Stellenbosch - Stellenbosch Hospital - HT - EC Upgrade and Additions	Cape Winelands	1-Sep-16	30-Oct-18	8 000	3 001	200	-	-
27	CH830104	HFRG	Stellenbosch - Stellenbosch Hospital - HT - PACS-RIS	Cape Winelands	1-Apr-19	31-Mar-20	3 000	-	-	500	500
28	CH830122	HFRG	Stellenbosch - Stellenbosch Hospital - HT Hospital and Stores and upgraded areas	Cape Winelands	1-Apr-20	31-Mar-23	4 000	-	-	-	1 000
29	CH830117	HFRG	Swellendam - Swellendam Hospital - HT - Acute Psychiatric Ward	Overberg			500	-	-	500	-
30	CH830066	PES	Various Facilities 8.3 - HT - Digital X-Ray	Various	1-Apr-18	31-Mar-26	21 000	-	1 800	7 600	3 670
31	CH830069	HFRG	Vredenburg - Vredenburg Hospital - HT	West Coast	1-Apr-04	31-Mar-22	45 000	2 437	4 000	4 000	3 000
32	CO830082	HFRG	Vredenburg - Vredenburg Hospital - OD - Project Support	West Coast	1-Apr-16	31-Mar-30	-	625	667	711	757
33	CO830078	HFRG	Vredenburg - Vredenburg Hospital - OD - SCM Support	West Coast	1-Apr-16	31-Mar-30	-	643	707	756	806
34	CH830136	HFRG	Vredendal - Vredendal Hospital - HT - General upgrade and maintenance (Alpha)	West Coast	31-Mar-18	31-Mar-21	4 000	-	-	500	2 000
35	CH830052	HFRG	Wynberg - Victoria Hospital - HT - New EC	Cape Town	1-Apr-18	31-Mar-21	9 300	-	1 800	7 000	300
36	CQ830052	HFRG	Wynberg - Victoria Hospital - QA - New EC	Cape Town	1-Apr-18	31-Mar-20	260	-	-	130	130
Sub-programme 8.3 Grand Total								**185 036**	**274 234**	**258 761**	**214 973**

Schedule 4: Sub-Programme 8.4 Provincial Hospital Services

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
Stage 1: Infrastructure Planning											
1	CI840025	HFRG	Belhar - Tygerberg Regional Hospital - New Ph1	Cape Town	1-Aug-19	31-Mar-26	2 400 000	-	-	1	750
2	CI840066	HFRG	Green Point - New Somerset Hospital - Repairs and renovation incl stores upgrade	Cape Town	30-Jul-18	31-Mar-23	20 000	-	-	500	3 000
3	CI840067	HFRG	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	Cape Town	31-Mar-18	31-Mar-22	20 000	1	200	3 000	10 000
4	CI840068	HFRG	Mowbray - Mowbray Maternity Hospital - Rehabilitation (Alpha)	Cape Town	30-Nov-19	31-Mar-22	10 000	-	-	-	1 000
5	CI840070	HFRG	Observatory - Valkenberg Hospital - Renovations to enable decanting	Cape Town	1-Mar-18	30-Jun-19	5 000	-	750	3 250	1 000
6	CI840049	HFRG	Somerset West - Helderberg Hospital - Replacement	Cape Town	1-Oct-20	31-Mar-26	1 300 000	-	-	-	1
7	CI840061	HFRG	Worcester - Worcester Hospital - MOU Upgrade	Cape Winelands	30-Jan-18	30-Jun-20	5 000	-	150	4 350	500
Stage 3: Preparation and Briefing											
1	CI840055	HFRG	Manenberg - Klipfontein Regional Hospital - Replacement Ph1	Cape Town	30-Jun-18	31-Mar-27	2 186 140	-	-	5 000	17 000
Stage 4: Concept and Viability											
1	CI840010	HFRG	Green Point - New Somerset Hospital - Acute Psychiatric Unit	Cape Town	23-Feb-15	31-Mar-20	41 000	750	500	3 750	20 000
2	CI840008	HFRG	Green Point - New Somerset Hospital - Upgrading of Theatres and Ventilation	Cape Town	22-May-15	30-Mar-20	17 000	624	750	4 975	9 903
3	CI840053	HFRG	Worcester - Worcester Hospital - Fire Compliance	Cape Winelands	1-Apr-15	31-Mar-19	6 000	500	3 000	2 500	-
Stage 6A: Production Information											
1	CI840014	HFRG	Observatory - Valkenberg Hospital - Acute Precinct Redevelopment	Cape Town	1-Apr-10	31-Mar-30	491 000	13 000	-	-	-
2	CI840019	HFRG	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	Cape Town	1-Apr-10	30-Sep-26	243 000	-	-	2 150	4 300
3	CI840016	HFRG	Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	Cape Town	1-Apr-10	31-Mar-18	20 000	50	50	14 000	3 000
Stage 7: Works											
1	CI840022	HFRG	Observatory - Valkenberg Hospital - Renovations to Historical Admin Building Ph2	Cape Town	1-Apr-10	29-May-17	63 771	22 020	1 000	-	-
Stage 9: Close Out											
1	CI840032	HFRG	Worcester - Worcester Hospital - Upgrade Ph5	Cape Winelands	1-Apr-14	31-Mar-16	40 528	3 100	200	-	-

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
Maintenance											
1	HMD840001	PES	Maint - Day-to-day - 8.4 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	8 346	9 610	10 000	10 000
2	HME840001	PES	Maint - Emergency - 8.4 Various Facilities - PES	Various	1-Apr-18	30-Mar-20	-	-	500	2 000	2 000
3	HMR840001	HFRG	Maint - Routine - 8.4 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	2 008	24 029	-	-
4	HMR840001	PES	Maint - Routine - 8.4 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	8 982	-	13 635	13 240
5	MS840001	HFRG	Maint - Scheduled - 8.4 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	39 267	47 599	25 185	10 460
6	MS840001	PES	Maint - Scheduled - 8.4 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	-	-	5 400
7	MS840001	PES: Maintenance	Maint - Scheduled - 8.4 Various Facilities - PES MAINT	Various	1-Apr-16	31-Mar-30	-	2 246	16 749	14 849	8 950
Non-infrastructure											
1	CH840076	HFRG	Bellville - Stikland Hospital - HT - General maintenance to wards	Cape Town	31-Mar-19	31-Dec-22	2 000	-	-	-	600
2	CH840010	HFRG	Green Point - New Somerset Hospital - HT - Acute Psychiatric Unit	Cape Town	1-Apr-19	31-Mar-21	2 500	-	-	-	1 500
3	CQ840010	HFRG	Green Point - New Somerset Hospital - QA - Acute Psychiatric Unit	Cape Town	1-Apr-20	30-Sep-21	300	-	-	-	200
4	CH840067	HFRG	Maitland - Alexandra Hospital - HT - Repairs and Renovation (Alpha)	Cape Town	30-Mar-21	31-Dec-22	4 000	-	-	-	2 000
5	CO840051	HFRG	Observatory - Valkenberg Hospital - OD - Commissioning Support	Cape Town	1-Apr-16	31-Mar-30	-	820	874	934	994
6	CO840043	HFRG	Observatory - Valkenberg Hospital - OD - Project Support	Cape Town	1-Apr-16	31-Mar-30	-	936	1 151	1 227	1 306
7	CO840017 & CQ840017	HFRG	Observatory - Valkenberg Hospital - OD and QA - Forensic Precinct - Low Security, Chronic and OT	Cape Town	1-Apr-12	31-Mar-22	2 843	-	-	340	400
8	CH840075	HFRG	Retreat - DP Marais Hospital - HT - General upgrade and maintenance (Alpha)	Cape Town	31-Mar-19	31-Mar-21	4 000	-	-	2 000	2 000
Sub-programme 8.4 Grand Total								**102 650**	**107 112**	**113 646**	**129 504**

Schedule 5: Sub-Programme 8.5 Central Hospital Services

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
Stage 1: Infrastructure Planning											
1	CI850056	HFRG	Observatory - Groote Schuur Hospital - R & R to OPD	Cape Town	1-Dec-19	30-Nov-21	45 000	-	-	-	1 000
2	CI850065	HFRG	Observatory - Groote Schuur Hospital - Rainwater Harvesting	Cape Town	30-Dec-18	31-Mar-22	15 000	-	-	500	2 000
3	HCI850002	HFRG	Parow - Tygerberg Hospital - Replacement (PPP)	Cape Town	1-Apr-12	31-Mar-23	7 800 000	1 211	250	-	-
4	HCI850004	HFRG	Observatory - Groote Schuur Hospital - Greywater recycling	Cape Town	14-Dec-17	30-Mar-19	3 000	-	2 500	500	-
Stage 3: Preparation and Briefing											
1	CI850055	HFRG	Observatory - Groote Schuur Hospital - Ventilation and AC refurbishment incl mechanical installation	Cape Town	25-Jul-17	31-Mar-23	65 000	25	2 000	5 000	20 448
Stage 4: Concept and Viability											
1	CI850047	HFRG	Parow - Tygerberg Hospital - 11Kv Generator Panel Upgrade	Cape Town	1-Oct-16	13-Dec-19	8 000	500	6 500	1 000	-
2	CI850052	HFRG	Parow - Tygerberg Hospital - 11Kv Main Substation Upgrade	Cape Town	1-Oct-16	31-Mar-21	13 000	1 000	9 000	3 000	-
3	CI850054	HFRG	Observatory - Groote Schuur Hospital - BMS Upgrade	Cape Town	1-Jun-16	31-Mar-23	21 000	2 000	2 000	5 000	8 000
Stage 5: Design Development											
1	CI850005	HFRG	Observatory - Groote Schuur Hospital - EC Upgrade and Additions	Cape Town	3-Jul-10	30-Jun-22	127 000	500	500	1 000	4 000
Stage 6A: Production Information											
1	CI850048	HFRG	Parow - Tygerberg Hospital - Medical Gas Upgrade	Cape Town	2-May-17	31-Mar-21	18 000	1 000	7 600	9 400	-
Stage 8: Handover											
1	CI850011	HFRG	Parow - Tygerberg Hospital - C1D West EC Ph2	Cape Town	27-Aug-14	9-Jun-17	20 180	6 500	100	-	-
2	CI850051	HFRG	Observatory - Groote Schuur Hospital - Central Kitchen - Floor Replacement Completion	Cape Town	23-Jun-16	28-Jun-17	2 300	1 810	100	-	-
Infrastructure-related (non-construction)											
1	HCI850001	HFRG	Observatory - Groote Schuur Hospital - Masterplan	Cape Town	1-Dec-19	30-Mar-21	1 000	-	-	-	500
Infrastructure Transfers											
1	CI850042	PES	Observatory - Groote Schuur Hospital - Neuroscience Rehabilitation	Cape Town	1-Jun-16	31-Mar-20	40 000	10 000	10 000	10 000	5 000
Maintenance											

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
1	HMD850001	PES	Maint - Day-to-day - 8.5 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	1 790	-	1 000	1 000
2	HME850001	PES	Maint - Emergency - 8.5 Various Facilities - PES	Various	1-Apr-18	30-Mar-20	-	-	2 000	2 000	2 000
3	HMP850001	PES	Maint - Prof Day-to-day - 8.5 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	12 286	20 000	4 000	-
4	HMR850001	HFRG	Maint - Routine - 8.5 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	3 720	8 928	-	-
5	HMR850001	PES	Maint - Routine - 8.5 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	8 171	-	3 629	5 830
6	MS850001	HFRG	Maint - Scheduled - 8.5 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	6 317	12 410	6 890	15 210
7	MS850001	PES	Maint - Scheduled - 8.5 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	1 000	-	-
8	MS850001	PES: Maintenance	Maint - Scheduled - 8.5 Various Facilities - PES MAINT	Various	1-Apr-16	31-Mar-30	-	57 754	28 431	33 632	35 300
Non-infrastructure											
1	CH850009	HFRG	Parow - Tygerberg Hospital - HT - General Paediatric Outpatient Service Renovations	Cape Town	1-Apr-19	31-Mar-21	5 000	-	-	1 000	4 000
2	CH850050	PES	Parow - Tygerberg Hospital - HT - Refurbishment	Cape Town	1-Oct-16	1-Mar-30	300 000	-	22 964	17 650	9 000
3	CH850057	PES	Observatory - Groote Schuur Hospital - HT - Refurbishment	Cape Town	1-Apr-17	31-Mar-19	20 981	-	22 380	10 019	9 000
4	CH850069	HFRG	Parow - Tygerberg Hospital - HT - Maintenance and Remedial Works to Theatres Ph1	Cape Town	1-Apr-18	1-Apr-20	3 800	-	3 800	-	-
5	CO850029	HFRG	Parow - Tygerberg Hospital - OD - Project Support	Cape Town	1-Apr-16	31-Mar-30	-	2 470	2 842	3 021	3 203
Sub-programme 8.5 Grand Total								**117 054**	**165 305**	**118 241**	**125 491**

Schedule 6: Sub-Programme 8.6 Other Facilities

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
Stage 1: Infrastructure Planning											
1	HCI860001	HFRG	Parow - Cape Medical Depot - Replacement	Cape Town	16-Nov-18	30-Sep-22	8 000	-	3 000	3 000	1 000
2	CI860021	HFRG	Vredenburg - Vredenburg FPL - Replacement	West Coast	1-Dec-19	31-Mar-23	4 000	-	-	-	2 000
Stage 3: Preparation and Briefing											
1	CI860051	HFRG	Nelspoort - Nelspoort Hospital - Repairs to Wards	Central Karoo	15-Aug-17	31-Mar-21	8 000	1	250	800	6 000
Stage 4: Concept and Viability											
1	CI860016	HFRG	Thornton - Orthotic and Prosthetic Centre - Upgrade	Cape Town	17-Dec-14	30-Sep-20	28 000	500	2 150	10 000	8 500
Stage 5: Design Development											
1	CI860007	HFRG	Knysna - Knysna FPL - Replacement	Eden	1-Nov-14	29-May-22	27 000	1 000	10 000	6 546	3 239
Stage 7: Works											
1	CI860050	HFRG	Nelspoort - Nelspoort Hospital - Electrical cable replacement	Central Karoo	30-Apr-17	30-Oct-17	5 000	3 350	50	-	-
2	CI860012	HFRG	Observatory - Observatory FPL - Replacement	Cape Town	1-Apr-12	26-Mar-20	281 000	20 000	63 373	71 649	44 384
Stage 8: Handover											
1	CI860023	HFRG	Worcester - WCCN Boland Campus - Nurses Accommodation at Erica Hostel, R & R	Cape Winelands	1-Apr-12	24-Nov-16	34 000	800	600	-	-
Transfer Capital											
1	HCI860002	PES	Transfer to CEI for ICT	Various	1-Apr-16	1-Apr-20	13 500	-	3 905	5 026	4 000
Maintenance											
1	HMD860001	PES	Maint - Day-to-day - 8.6 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	2 539	4 200	2 000	2 000
2	HME860001	PES	Maint - Emergency - 8.6 Various Facilities - PES	Various	1-Apr-18	30-Mar-20	-	-	500	1 000	1 000
3	HMR860001	HFRG	Maint - Routine - 8.6 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	1 791	2 963	-	-
4	HMR860001	PES	Maint - Routine - 8.6 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	3 499	-	3 141	3 315
5	MS860001	HFRG	Maint - Scheduled - 8.6 Various Facilities - HFRG	Various	1-Apr-16	31-Mar-30	-	7 104	3 490	4 770	1 270
6	MS860001	PES	Maint - Scheduled - 8.6 Various Facilities - PES	Various	1-Apr-16	31-Mar-30	-	-	-	-	1 000

No	WCGH Project No	Fund	Project Name	District Municipality	Start Date (date Strategic Brief issued)	Completion Date (Practical Completion)	Total Project Cost (at Completion) R000's	Adjusted 2017/18 R000's	2018/19 R000's	2019/20 R000's	2020/21 R000's
Non-infrastructure											
1	CO860030	HFRG	Infra Unit - Bellville Eng Workshop - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	5 996	7 406	8 149	8 678
2	CO860030	PES	Infra Unit - Bellville Eng Workshop - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	220	224	245	276
3	CO860032	HFRG	Infra Unit - Eng and Tech Services - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	15	816	1 267	1 337
4	CO860032	PES	Infra Unit - Eng and Tech Services - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	388	408	435	464
5	CO860034	HFRG	Infra Unit - HT Unit - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	4 142	4 740	5 050	5 368
6	CO860034	PES	Infra Unit - HT Unit - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	2 142	2 150	2 429	2 515
7	CO860036	HFRG	Infra Unit - Infra Man CD - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	4 189	4 748	5 039	5 339
8	CO860036	PES	Infra Unit - Infra Man CD - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	3 185	4 037	4 405	4 696
9	CO860038	HFRG	Infra Unit - Infra Planning - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	10 833	12 081	12 488	13 289
10	CO860038	PES	Infra Unit - Infra Planning - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	1 339	1 374	2 124	2 267
11	CO860040	HFRG	Infra Unit - Infra Prog Delivery - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	6 973	8 621	9 186	9 773
12	CO860040	PES	Infra Unit - Infra Prog Delivery - OD - Capacitation	Cape Town	1-Apr-16	31-Mar-30	-	2 197	2 234	2 389	2 549
13	CH860007	HFRG	Knysna - Knysna FPL - HT - Replacement	Eden	1-Apr-19	31-Mar-21	1 600	-	-	600	1 000
14	CO860049	PES	Mitchells Plain - Metro East District Maintenance Hub - OD - Infrastructure Support	Cape Town	1-Apr-17	1-Mar-18	-	-	1 586	1 676	1 772
15	CH860051	HFRG	Nelspoort - Nelspoort Hospital - HT - Repairs to Wards	Central Karoo	11-Aug-19	31-Mar-21	2 000	-	-	-	1 000
16	CH860012	HFRG	Observatory - Observatory FPL - HT - Replacement	Cape Town	30-Apr-18	31-Mar-22	72 990	-	32 340	8 641	18 089
17	CO860012	HFRG	Observatory - Observatory FPL - OD and QA - Replacement	Cape Town	1-Jun-17	31-Dec-20	300	170	150	150	-
18	HCH860001	HFRG	Parow - Cape Medical Depot - HT - Replacement	Cape Town	1-Apr-20	30-Mar-23	55 000	-	-	1 000	8 112
19	CH860016	HFRG	Thornton - Orthotic and Prosthetic Centre - HT - Upgrade	Cape Town	1-Apr-19	31-Mar-21	8 000	-	-	1 000	4 000
20	CH860021	HFRG	Vredenburg - Vredenburg FPL - HT - Replacement	West Coast	1-Apr-21	30-Dec-23	2 500	-	-	-	1 000
Sub-programme 8.6 Grand Total								**82 373**	**177 396**	**174 205**	**169 232**

PART C:

Links to other Plans

Part C: Links to Other Plans

Long-term infrastructure & Other Plans

New & Replacement Assets

Table C 1:New and Replacement Assets

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's		2017/18 R000's		2018/19 R000's	2019/20 R000's	2020/21 R000's
1	Beaufort West - Hill Side Clinic - Replacement	8.1	Central Karoo	Replacement	518	5 715	14 656	2 140	3 494	4 072	38	-	-
2	Belhar - Tygerberg Regional Hospital - New Ph1	8.4	Cape Town	New Ph1	-	-	-	-	-	-	-	1	750
3	Bellville - Karl Bremer Hospital - Demolitions and parking	8.3	Cape Town	Enabling work for demolitions and ring road	-	-	-	-	-	-	500	1 250	250
4	Blackheath - Kleinvlei CDC - Replacement	8.1	Cape Town	Replacement	-	-	-	-	-	-	-	-	300
5	Caledon - Caledon Clinic - Replacement	8.1	Overberg	Replacement	-	-	-	-	-	-	-	-	50
6	Cape Town - District Six CDC - New	8.1	Cape Town	New	5 432	30 557	43 658	19 710	16 996	16 736	1 042	1	-
7	De Doorns - De Doorns Ambulance Station - Replacement	8.2	Cape Winelands	Replacement	7	697	500	-	300	200	3 500	9 500	500
8	Delft - Symphony Way CDC - New	8.1	Cape Town	New	17 957	2 249	83	50	6 550	401	1	-	-
9	Du Noon - Du Noon CHC - New	8.1	Cape Town	New	13 098	1 582	256	769	1 517	-	1	-	-
10	Elsies River - Elsies River CHC - Replacement	8.1	Cape Town	Replacement	-	-	-	2 000	1	-	400	4 000	15 000
11	George - Thembalethu CDC - Replacement	8.1	Eden	Replacement	148	4 593	35 937	31 755	21 000	23 876	750	22	-
12	Gouda - Gouda Clinic - Replacement	8.1	Cape Winelands	Replacement	-	-	-	-	250	-	250	1 000	11 000
13	Gugulethu - Gugulethu 2 CDC - New	8.1	Cape Town	New	-	-	-	-	-	-	-	400	800
14	Hanover Park - Hanover Park CHC - Replacement	8.1	Cape Town	Replacement	-	-	-	500	500	-	500	4 200	14 000
15	Hout Bay - Hout Bay CDC - Replacement	8.1	Cape Town	Replacement	-	-	-	-	-	-	1	750	1 000

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
16	Knysna - Hornlee Clinic - Replacement	8.1	Eden	Replacement	-	-	-	-	-	-	-	-	1
17	Knysna - Knysna FPL - Replacement	8.6	Eden	Replacement	-	165	67	2 000	1 000	753	10 000	6 546	3 239
18	Kraaifontein - Bloekombos CHC - New	8.1	Cape Town	New	-	-	-	-	-	-	1	500	2 000
19	Ladismith - Ladismith Clinic - Replacement	8.1	Eden	Replacement	-	-	-	-	250	-	400	5 000	10 000
20	Lotus River - Lotus River CDC - Replacement	8.1	Cape Town	Replacement	-	-	-	-	-	-	-	-	100
21	Maitland - Maitland CDC - Replacement	8.1	Cape Town	Replacement	-	-	-	1	1	-	120	750	2 600
22	Malmesbury - Abbotsdale Satellite Clinic - Replacement	8.1	West Coast	Replacement	-	-	-	-	950	329	2 000	1 850	200
23	Malmesbury - Chatsworth Satellite Clinic - Replacement	8.1	West Coast	Replacement	-	-	-	-	250	1 109	750	1 250	2 500
24	Malmesbury - Swartland Hospital - Replacement	8.3	West Coast	Replacement	-	-	-	-	-	-	-	1	1 000
25	Manenberg - Klipfontein Regional Hospital - Replacement Ph1	8.4	Cape Town	Replacement Ph1	-	-	-	-	-	-	-	5 000	17 000
26	Masiphumelele - Masiphumelele CDC - New	8.1	Cape Town	Clinic Replacement	-	-	-	-	-	-	-	-	500
27	Mfuleni - Mfuleni CDC - Replacement	8.1	Cape Town	Replacement	-	-	-	-	-	-	-	200	3 000
28	Mitchells Plain - Mitchells Plain Hospital - New	8.3	Cape Town	New	3 435	462	261	4 500	6 000	1 639	1 000	-	-
29	Mossel Bay - George Road Clinic - Replacement	8.1	Eden	Replacement	-	-	-	-	-	-	-	-	50
30	Napier - Napier Clinic - Replacement	8.1	Overberg	Replacement	281	1 372	9 820	9 105	12 465	12 585	549	-	-
31	Observatory - Observatory FPL - Replacement	8.6	Cape Town	Replacement	152	7 033	9 075	20 181	20 000	41 278	63 373	71 649	44 384
32	Observatory - Valkenberg Hospital - Acute Precinct Redevelopment	8.4	Cape Town	Acute Precinct Redevelopment	-	11 400	1 274	100	13 000	2 130	-	-	-
33	Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	8.4	Cape Town	Forensic Precinct Enabling Work	-	92	343	50	50	-	50	14 000	3 000
34	Paarl - Paarl CDC - New	8.1	Cape Winelands	New	-	-	-	-	1	-	399	1 500	19 365
35	Parow - Cape Medical Depot - Replacement	8.6	Cape Town	Replacement	-	-	-	1 500	-	-	3 000	3 000	1 000
36	Parow - Ravensmead CDC - Replacement	8.1	Cape Town	Replacement	-	-	-	500	500	843	500	4 000	20 000
37	Parow - Tygerberg Hospital - Replacement (PPP)	8.5	Cape Town	Replacement (PPP)	-	-	-	250	1 211	1 211	250	-	-
38	Philippi - Weltevreden CDC - New	8.1	Cape Town	New	-	-	-	-	1	-	50	750	2 250
39	Piketberg - Piketberg Ambulance Station - Replacement	8.2	West Coast	Replacement	115	9 948	4 566	25	450	446	20	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
40	Prince Alfred Hamlet - Prince Alfred Hamlet Clinic - Replacement	8.1	Cape Winelands	Replacement	136	1 099	6 529	16 088	16 000	19 441	2 000	-	250
41	Saldanha - Diazville Clinic - Replacement	8.1	West Coast	Replacement	-	-	-	1	1	-	25	250	5 000
42	Somerset West - Helderberg Hospital - Replacement	8.4	Cape Town	Replacement	-	-	-	-	-	-	-	-	1
43	St Helena Bay - Sandy Point Satellite Clinic - Replacement	8.1	West Coast	Replacement	-	-	-	1	1	-	1	150	2 400
44	Stellenbosch - Kayamandi CDC - Clinic Replacement	8.1	Cape Winelands	Clinic Replacement	-	-	-	-	-	-	-	-	50
45	Strand - Rusthof CDC - Replacement	8.1	Cape Town	Replacement	-	-	-	-	-	-	-	1	251
46	Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	Replacement	-	-	-	-	-	-	150	200	500
47	Villiersdorp - Villiersdorp Clinic - Replacement	8.1	Overberg	Replacement	-	-	-	1	1	-	200	1 000	2 250
48	Vredenburg - Vredenburg CDC - New	8.1	West Coast	New	-	-	-	50	1	-	300	1 250	2 285
49	Vredenburg - Vredenburg FPL - Replacement	8.6	West Coast	Replacement	-	-	-	-	-	-	-	-	2 000
50	Wolseley - Wolseley Clinic - Replacement	8.1	Cape Winelands	Replacement	192	1 183	4 401	15 033	13 000	11 766	5 060	800	-
51	Worcester - Avian Park Clinic - New	8.1	Cape Winelands	New	-	-	289	500	323	617	800	10 000	7 600
Total new and replacement assets								**126 810**	**136 064**	**139 432**	**97 981**	**150 771**	**198 426**

Maintenance & Repairs

Table C 2: Maintenance and Repairs

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's		2017/18 R000's		2018/19 R000's	2019/20 R000's	2020/21 R000's
Provincial Equitable Share: Infrastructure													
Day-to-day Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - PES	-	-	-	4 274	6 819	7 086	20 139	12 445	16 000
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - PES	-	-	-	-	1 202	1 214	850	5 000	5 000
3	District Hospital Services	8.3	Various	8.3 Various Facilities - PES	-	-	-	34 086	26 888	39 437	19 865	15 000	15 000
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES	-	-	-	4 990	8 346	7 214	9 610	10 000	10 000
5	Central Hospital Services	8.5	Various	8.5 Various Facilities - PES	-	-	-	14 922	14 076	9 640	20 000	5 000	1 000
6	Other Facilities	8.6	Various	8.6 Various Facilities - PES	-	-	-	12 960	2 539	3 501	4 200	2 000	2 000
Emergency Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities – PES	-	-	-	-	-	-	1 861	2 035	4 000
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - PES	-	-	-	-	-	-	1 000	1 000	1 000
3	District Hospital Services	8.3	Various	8.3 Various Facilities - PES	-	-	-	-	-	-	2 000	1 000	2 000
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES	-	-	-	-	-	-	500	2 000	2 000
5	Central Hospital Services	8.5	Various	8.5 Various Facilities - PES	-	-	-	-	-	-	2 000	2 000	2 000
6	Other Facilities	8.6	Various	8.6 Various Facilities - PES	-	-	-	-	-	-	500	1 000	1 000
Routine Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - PES	-	-	-	23 441	5 905	5 374	-	5 262	5 553
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - PES	-	-	-	1 177	1 811	1 970	-	3 355	2 541
3	District Hospital Services	8.3	Various	8.3 Various Facilities - PES	-	-	-	5 696	10 964	9 310	-	13 779	13 267
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES	-	-	-	6 492	8 982	6 566	-	13 635	13 240
5	Central Hospital Services	8.5	Various	8.5 Various Facilities - PES	-	-	-	1 300	8 171	7 306	-	3 629	5 830

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
6	Other Facilities	8.6	Various	8.6 Various Facilities - PES	-	-	-	1 255	3 499	2 599	-	3 141	3 315
Scheduled Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - PES	-	-	-	-	-	-	1 000	-	9 800
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - PES	-	-	-	-	-	-	-	-	1 000
3	District Hospital Services	8.3	Various	8.3 Various Facilities - PES	-	-	-	-	-	-	-	-	7 300
Total Provincial Equitable Share: Infrastructure								**110 593**	**99 202**	**161 217**	**84 525**	**101 281**	**129 246**
Provincial Equitable Share: Maintenance													
Scheduled Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - PES Maint	-	-	-	-	-	-	-	-	-
2	District Hospital Services	8.3	Various	8.3 Various Facilities - PES Maint	-	-	-	-	-	-	4 820	1 519	8 500
3	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - PES Maint	-	-	-	4 246	2 246	-	16 749	14 849	8 950
4	Central Hospital Services	8.5	Various	8.5 Various Facilities - PES Maint	-	-	-	55 754	57 754	-	28 431	33 632	35 300
Total Provincial Equitable Share: Maintenance								**60 000**	**60 000**	**-**	**50 000**	**50 000**	**52 750**
Health Facility Revitalisation Grant													
Routine Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - HFRG	-	-	-	700	3 554	2 197	7 954	-	-
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - HFRG	-	-	-	-	520	-	3 165	-	-
3	District Hospital Services	8.3	Various	8.3 Various Facilities - HFRG	-	-	-	2 545	6 403	1 436	22 756	-	-
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - HFRG	-	-	-	251	2 008	1 912	24 029	-	-
5	Central Hospital Services	8.5	Various	8.5 Various Facilities - HFRG	-	-	-	3 200	3 720	8 711	8 928	-	-
6	Other Facilities	8.6	Various	8.6 Various Facilities - HFRG	-	-	-	300	1 791	-	2 963	-	-
Scheduled Maintenance													
1	Community Health Facilities	8.1	Various	8.1 Various Facilities - HFRG	-	-	-	49 589	50 553	53 493	73 136	17 878	6 086
2	Emergency Medical Rescue Services	8.2	Various	8.2 Various Facilities - HFRG	-	-	-	6 978	6 445	7 369	4 498	10 552	374

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
3	District Hospital Services	8.3	Various	8.3 Various Facilities - HFRG	-	-	-	37 429	28 928	31 624	32 638	4 725	12 100
4	Provincial Hospital Services	8.4	Various	8.4 Various Facilities - HFRG	-	-	-	30 240	39 267	42 976	47 599	25 185	10 460
5	Central Hospital Services	8.5	Various	8.5 Various Facilities - HFRG	-	-	-	-	6 317	9 048	12 410	6 890	15 210
6	Other Facilities	8.6	Various	8.6 Various Facilities - HFRG	-	-	-	2 664	7 104	7 104	3 490	4 770	1 270
Total Health Facility Revitalisation Grant								**133 896**	**156 610**	**165 870**	**243 566**	**70 000**	**45 500**
Total maintenance and repairs								**304 489**	**315 812**	**327 087**	**378 091**	**221 281**	**227 496**

Upgrades & Additions

Table C 3: Upgrades and Additions

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
1	Athlone - Dr Abdurahman CDC - Upgrade and Additions	8.1	Cape Town	Upgrade and Additions	-	-	70	-	-	-	-	-	-
2	Atlantis - Wesfleur Hospital - Record Room extension	8.3	Cape Town	Extension of Record Room	-	-	-	-	-	-	-	250	2 500
3	Bellville - Karl Bremer Hospital - New Bulk Store	8.3	Cape Town	New Bulk Store	963	11 368	963	4 200	5 200	6 576	500	-	-
4	Blackheath - Kleinvlei CDC - New Woman and Child Health Unit	8.1	Cape Town	New Woman and Child Health Unit	-	-	-	-	6 000	6 000	4 983	-	-
5	Bonnievale - Bonnievale Ambulance Station - Upgrade and Additions incl wash bay	8.2	Cape Winelands	Upgrade and Additions including wash bay	-	-	-	-	1	-	-	1 050	1 125
6	Bothasig - Bothasig CDC - Upgrade and Additions	8.1	Cape Town	Upgrade and Additions	-	-	-	249	250	-	500	5 000	3 900
7	Caledon - Caledon Ambulance Station - Communications Centre Extension	8.2	Overberg	Communications Centre Extension	-	36	72	300	375	375	500	4 000	1 500
8	Ceres - Ceres Hospital - New Acute Psychiatric Ward	8.3	Cape Winelands	New Acute Psychiatric Ward	-	-	-	-	50	-	160	2 490	500

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
9	Citrusdal - Citrusdal Clinic - Upgrade and Additions	8.1	West Coast	Upgrade and Additions	-	2 171	2 225	50	25	-	1	-	-
10	Citrusdal - Citrusdal Hospital - Upgrade and Additions of Childrens Ward, EC and Calming Room	8.3	West Coast	Upgrade and Additions to Childrens Ward, EC and Calming Room	-	858	9 722	500	1 578	1 529	750	-	-
11	Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	8.2	West Coast	Upgrade and Additions including wash bay	-	-	-	-	50	-	1 000	350	-
12	De Doorns - De Doorns CDC - Upgrade and Additions	8.1	Cape Winelands	Upgrade and Additions	7	366	191	50	50	50	50	500	1 400
13	Delft - Delft CHC - ARV Consulting Rooms and new Pharmacy	8.1	Cape Town	ARV Consulting Rooms and new Pharmacy	6 255	3 057	-	-	25	25	1	-	-
14	Eerste River - Eerste River Hospital - Acute Psychiatric Unit	8.3	Cape Town	Acute Psychiatric Unit	-	-	-	500	500	452	700	4 000	18 000
15	Gansbaai - Gansbaai Clinic - Upgrade and Additions	8.1	Overberg	Upgrade and Additions	-	278	250	1 000	1 200	212	3 000	10 650	4 680
16	Grabouw - Grabouw CDC - Upgrade and Additions Ph2	8.1	Overberg	Upgrade and Additions Ph2	-	-	-	-	-	-	-	-	500
17	Green Point - New Somerset Hospital - Acute Psychiatric Unit	8.4	Cape Town	Acute Psychiatric Unit	-	54	249	750	750	302	500	3 750	20 000
18	Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	New Acute Psychiatric Ward	-	-	-	-	50	-	450	1 500	-
19	Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions	8.1	Cape Town	Upgrade and Additions	-	-	-	-	-	-	-	-	200
20	Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	8.3	Cape Town	Acute Psychiatric Unit	-	-	-	750	750	296	400	1 000	10 000
21	Laingsburg - Laingsburg Clinic - Upgrade and Additions	8.1	Central Karoo	Upgrade and Additions	-	28	254	500	500	-	750	5 000	15 000
22	Malmesbury - Swartland Hospital - EC extension to fire-damaged building	8.3	West Coast	EC extension to fire-damaged building	-	-	-	-	-	-	500	8 500	1 500
23	Mitchells Plain - Mitchells Plain Hospital - Acute Psychiatric Unit	8.3	Cape Town	Acute Psychiatric Unit	24 643	220	114	500	500	-	100	-	-
24	Mossel Bay - Mossel Bay Hospital - Entrance and Records Upgrade	8.3	Eden	Entrance and Records Upgrade	-	-	-	1	1	-	250	1 872	9 000
25	Observatory - Groote Schuur Hospital - Greywater recycling	8.5	Cape Town	Greywater recycling	-	-	-	-	-	-	2 500	500	-
26	Observatory - Groote Schuur Hospital - Rainwater Harvesting	8.5	Cape Town	Rainwater harvesting	-	-	-	-	-	-	-	500	2 000
27	Prince Albert - Prince Albert Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	Upgrade and Additions including wash bay	-	-	-	-	-	-	500	1 500	200
28	Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	Acute Psychiatric Ward and New EC	-	-	-	-	1	-	50	2 000	7 499
29	Stellenbosch - Stellenbosch Hospital - EC Upgrade and Additions	8.3	Cape Winelands	EC Upgrade and Additions	784	2 290	10 578	18 000	17 369	18 021	500	-	-
30	Swellendam - Swellendam Ambulance Station - Upgrade and Additions	8.2	Overberg	Upgrade and Additions	-	-	229	200	200	-	2 100	1 470	-
31	Thornton - Orthotic and Prosthetic Centre - Upgrade	8.6	Cape Town	Orthotic and Prosthetic Centre Upgrade	-	-	391	1 500	500	234	2 150	10 000	8 500

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
32	Vredendal - Vredendal North Clinic - Upgrade and Additions	8.1	West Coast	Upgrade and Additions	-	-	-	-	-	-	-	-	500
33	Wellington - Wellington CDC - Pharmacy Additions and Alterations	8.1	Cape Winelands	Pharmacy Additions and Alterations	-	138	243	3 808	3 752	5 924	681	-	-
34	Wellington - Windmeul Clinic - Upgrade and Additions	8.1	Cape Winelands	Upgrade and Additions	-	-	-	-	800	-	1 200	50	-
35	Worcester - Worcester CDC - Dental Suite Additions and Alterations	8.1	Cape Winelands	Dental Suite Additions and Alterations	1 979	1 844	285	50	200	-	1	-	-
36	Wynberg - Victoria Hospital - New EC	8.3	Cape Town	New EC	452	1 632	1 085	8 217	4 000	892	9 000	44 000	4 814
37	Wynberg - Victoria Hospital - Temporary EC	8.3	Cape Town	Temporary EC	-	-	-	-	-	-	10 000	-	-
Total upgrades and additions								**41 125**	**44 677**	**40 888**	**43 777**	**109 932**	**113 318**

Rehabilitation, Renovation & Refurbishments

Table C 4: Rehabilitation, Renovations and Refurbishments

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
1	Beaufort West - Beaufort West Hospital - Rationalisation	8.3	Central Karoo	Rationalisation	-	-	-	-	-	-	1	150	500
2	Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	8.3	Cape Town	Hospital Repairs and Renovation	-	-	-	1	-	-	250	4 000	15 000
3	Bredasdorp - Otto Du Plessis Hospital - Acute Psychiatric Ward	8.3	Overberg	Acute Psychiatric Ward	-	-	-	224	50	-	400	2 500	650
4	Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	8.3	Overberg	Acute Psychiatric Unit and R & R	-	-	-	1	1	-	250	3 000	1 500
5	Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	Hospital and Nurses Home Repairs and Renovation	-	-	-	1	1	-	50	1 000	16 500
6	Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	8.3	Cape Town	Fire Compliance Completion and Changes to Internal Spaces	-	-	-	1	1	-	200	500	7 000
7	Green Point - New Somerset Hospital - Repairs and renovation incl stores	8.4	Cape Town	Repairs and renovation including stores upgrade	-	-	-	1	-	-	-	500	3 000

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
	upgrade												
8	Green Point - New Somerset Hospital - Upgrading of Theatres and Ventilation	8.4	Cape Town	Upgrading of Theatres and Ventilation	-	-	-	749	624	-	750	4 975	9 903
9	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	8.4	Cape Town	Repairs and Renovation	-	-	-	1	1	-	200	3 000	10 000
10	Malmesbury - Swartland Hospital - Demolitions	8.3	West Coast	Demolitions	-	-	-	-	50	-	1 400	400	-
11	Malmesbury - Swartland Hospital - Prefabricated Wards	8.3	West Coast	Prefabricated Wards	-	-	-	-	7 200	1 869	20 000	800	-
12	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital	8.3	West Coast	Rehabilitation of fire-damaged hospital	-	-	-	-	-	-	16 000	-	-
13	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital Ph2	8.3	Cape Town	Rehabilitation of fire-damaged hospital Ph2	-	-	-	-	-	-	30 000	2 000	-
14	Montagu - Montagu Hospital - Rehabilitation	8.3	Cape Winelands	Rehabilitation	-	-	-	1	-	-	-	50	1 500
15	Mowbray - Mowbray Maternity Hospital - Rehabilitation (Alpha)	8.4	Cape Town	Rehabilitation	-	-	-	1	-	-	-	-	1 000
16	Nelspoort - Nelspoort Hospital - Electrical cable replacement	8.6	Central Karoo	Electrical cable replacement	-	-	-	1	3 350	7 303	50	-	-
17	Nelspoort - Nelspoort Hospital - Repairs to Wards	8.6	Central Karoo	Repairs to Wards	-	-	-	1	1	-	250	800	6 000
18	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	8.1	Cape Town	Pharmacy Compliance and General Maintenance	-	-	-	-	500	1 127	2 500	140	-
19	Observatory - Groote Schuur Hospital - BMS Upgrade	8.5	Cape Town	BMS Upgrade	-	-	-	4 000	2 000	-	2 000	5 000	8 000
20	Observatory - Groote Schuur Hospital - Central Kitchen - Floor Replacement Completion	8.5	Cape Town	Central Kitchen - Floor Replacement Completion	-	-	415	1 800	1 810	2 515	100	-	-
21	Observatory - Groote Schuur Hospital - EC Upgrade and Additions	8.5	Cape Town	EC Upgrade and Additions	1 408	2 402	2 179	1 000	500	-	500	1 000	4 000
22	Observatory - Groote Schuur Hospital - Masterplan	8.5	Cape Town	Masterplan	-	-	-	-	-	-	-	-	500
23	Observatory - Groote Schuur Hospital - R & R to OPD	8.5	Cape Town	R & R to OPD	-	-	-	-	-	-	-	-	1 000
24	Observatory - Groote Schuur Hospital - Ventilation and AC refurbishment incl mechanical installation	8.5	Cape Town	Ventilation and AC refurbishment incl mechanical installation	-	-	-	-	25	-	2 000	5 000	20 448
25	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	8.4	Cape Town	Forensic Precinct - Admission, Assessment, High Security	-	-	7 326	-	-	-	-	2 150	4 300
26	Observatory - Valkenberg Hospital - Forensic Precinct - Medium Security	8.4	Cape Town	Forensic Precinct - Medium Security	670	41	599	-	-	-	-	-	-
27	Observatory - Valkenberg Hospital - Renovations to enable decanting	8.4	Cape Town	R, R & R	-	-	-	-	-	-	750	3 250	1 000
28	Observatory - Valkenberg Hospital - Renovations to Historical Admin Building Ph2	8.4	Cape Town	Renovations to Historical Admin Building Ph2	-	2 594	40 134	23 000	22 020	21 411	1 000	-	-

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
29	Parow - Tygerberg Hospital - 11Kv Generator Panel Upgrade	8.5	Cape Town	11Kv Generator Panel Upgrade	-	-	-	7 000	500	61	6 500	1 000	-
30	Parow - Tygerberg Hospital - 11Kv Main Substation Upgrade	8.5	Cape Town	11Kv Main Substation Upgrade	-	-	-	2 900	1 000	163	9 000	3 000	-
31	Parow - Tygerberg Hospital - C1D West EC Ph2	8.5	Cape Town	C1D West EC Ph2	-	1 760	14 291	6 900	6 500	3 884	100	-	-
32	Parow - Tygerberg Hospital - Medical Gas Upgrade	8.5	Cape Town	Medical Gas Upgrade	-	-	-	100	1 000	-	7 600	9 400	-
33	Piketberg - Radie Kotze Hospital - Hospital layout improvement	8.3	West Coast	Hospital Layout Improvement	-	-	-	-	1	-	200	4 000	1 799
34	Somerset West - Helderberg Hospital - EC Upgrade and Additions	8.3	Cape Town	EC Upgrade and Additions	242	638	1 973	6 352	6 500	-	15 000	20 000	50
35	Somerset West - Helderberg Hospital - Repairs and Renovation	8.3	Cape Town	Repairs and Renovation	-	-	-	1	1	-	240	1 600	10 600
36	Stellenbosch - Lanquedoc Clinic - Rehabilitation	8.1	Cape Winelands	Rehabilitation	-	-	-	-	-	-	-	-	249
37	Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	Hospital and Stores Repairs and Renovation	-	-	-	1	1	-	100	1 500	6 000
38	Swellendam - Swellendam Hospital - Acute Psychiatric Ward	8.3	Overberg	Acute Psychiatric Ward	-	-	-	-	800	-	500	700	-
39	Various Pharmacies Upgrade 8.1 - Pharmacies Rehabilitation	8.1	Various	Various Pharmacies Upgrade 8.1 - Pharmacies Rehabilitation	-	-	-	-	50	-	1 000	4 500	1 150
40	Various Pharmacies Upgrade 8.3	8.3	Various	Various Pharmacies Upgrade 8.3	-	-	-	-	-	-	1 000	3 500	1 500
41	Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	8.3	West Coast	Upgrade Ph2B Completion	-	624	46 098	69 830	48 083	47 992	54 500	64 836	3 072
42	Worcester - Empilisweni Clinic - R, R & R	8.1	Cape Winelands	R, R & R	-	-	-	-	-	-	-	450	1 000
43	Worcester - WCCN Boland Campus - Nurses Accommodation at Erica Hostel, R & R	8.6	Cape Winelands	Nurses Accommodation at Erica Hostel, R & R	-	14 578	13 224	300	800	698	600	-	-
44	Worcester - Worcester Hospital - Fire Compliance	8.4	Cape Winelands	Fire Compliance	-	-	-	4 500	500	83	3 000	2 500	-
45	Worcester - Worcester Hospital - MOU Upgrade	8.4	Cape Winelands	MOU Upgrade	-	-	-	1	-	-	150	4 350	500
46	Worcester - Worcester Hospital - Upgrade Ph5	8.4	Cape Winelands	Upgrade Ph5	13 151	16 850	4 950	300	3 100	747	200	-	-
Total rehabilitation, renovations and refurbishments								**128 968**	**106 970**	**87 853**	**178 341**	**161 551**	**137 721**

Non – Infrastructure

Table C 5: Non-infrastructure

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's		2017/18 R000's		2018/19 R000's	2019/20 R000's	2020/21 R000's
1	Ashton - Zolani Clinic - HT - General upgrade and maintenance (Alpha)	8.1	Cape Winelands	HT - General upgrade and maintenance	-	-	-	-	-	-	400	400	-
2	Atlantis - Wesfleur Hospital - HT - Record Room extension	8.3	Cape Town	HT - Record Room exension	-	-	-	-	-	-	-	-	300
3	Beaufort West - Kwamandlenkosi Clinic - HT - General upgrade and maintenance (Alpha)	8.1	Central Karoo	HT - General upgrade and maintenance	-	-	-	-	-	-	-	400	-
4	Bellville - Karl Bremer Hospital - HT - Hospital Repairs and Renovation	8.3	Cape Town	HT Hospital Repairs and Renovation and OPD relocation	-	-	-	-	-	-	-	-	3 334
5	Bellville - Karl Bremer Hospital - HT - Nurses Home repairs and renovation	8.3	Cape Town	HT - Nurses Home repairs and renovation	-	-	-	-	-	-	1 000	-	-
6	Bellville - Reed Street CDC - HT - Pharmacy compliance and general maintenance	8.1	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	400	200	-
7	Bellville - Stikland Hospital - HT - General maintenance to wards	8.4	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	-	-	600
8	Blackheath - Kleinvlei CDC - HT - New Woman and Child Health Unit	8.1	Cape Town	HT - New Woman and Child Health Unit	-	-	-	-	-	-	2 000	-	-
9	Bothasig - Bothasig CDC - HT - Upgrade and Additions	8.1	Cape Town	HT - Upgrade and Additions	-	-	999	-	-	-	-	-	1 000
10	Bredasdorp - Elim Satellite Clinic - HT - General upgrade and maintenance (Alpha)	8.1	Overberg	HT - General upgrade and maintenance	-	-	-	-	-	-	-	300	200
11	Bredasdorp - Otto Du Plessis Hospital - HT - Acute Psychiatric Ward	8.3	Overberg	HT - Acute Psychiatric Ward	-	-	-	-	-	-	-	250	250
12	Caledon - Caledon Ambulance Station - HT - Communications Centre Extension	8.2	Overberg	HT - Communications Centre Extension	-	-	-	-	-	-	-	300	-
13	Caledon - Caledon Hospital - HT - Theatre upgrade and maintenance	8.3	Overberg	HT - General upgrade and maintenance	-	-	-	-	-	-	1 000	2 500	-
14	Cape Town - Dorp Street RHC - HT - General maintenance (Alpha)	8.1	Cape Town	HT - Relocation of Reproductive Health clinic	-	-	-	-	-	-	300	-	-
15	Ceres - Ceres CDC - HT - General upgrade, extension and maintenance	8.1	Cape Winelands	HT - General upgrade and maintenance	-	-	-	-	-	-	-	800	-
16	Ceres - Ceres Hospital - HT - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	HT Hospital and Nurses Home Repairs and Renovation	-	-	-	-	-	-	-	-	2 000
17	Ceres - Ceres Hospital - HT - New Acute Psychiatric Ward	8.3	Cape Winelands	HT - New Acute Psychiatric Ward	-	-	-	-	-	-	-	500	-

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
18	Clanwilliam - Clanwilliam Ambulance Station - HT - General upgrade and maintenance (Alpha)	8.2	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	200	-	-
19	Darling - Darling Clinic - HT - Paving upgrade and general maintenance	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	-	600	-
20	De Doorns - De Doorns Ambulance Station - HT - Replacement	8.2	Cape Winelands	HT - Replacement	-	-	-	-	-	-	-	300	-
21	Eerste River - Eerste River Hospital - HT - Upgrade	8.3	Cape Town	HT - Upgrade	-	-	-	-	-	-	-	-	2 000
22	Eerste River - Eerste River Hospital - QA - Acute Psychiatric Unit	8.3	Cape Town	QA - Acute Psychiatric Unit	-	-	-	-	-	-	-	100	100
23	Elsies River - Elsies River CHC - OD - Replacement	8.1	Cape Town	OD - Replacement	-	-	-	-	-	-	-	-	130
24	Gansbaai - Gansbaai Clinic - HT - Upgrade and Additions	8.1	Overberg	HT - Upgrade and Additions	-	-	-	-	-	-	-	1 000	1 500
25	Genadendal - Genadendal Clinic - HT - General upgrade and maintenance (Alpha)	8.1	Overberg	HT - General upgrade and maintenance	-	-	-	-	-	-	-	600	-
26	George - Blanco Clinic - HT - NHI upgrade	8.1	Eden	HT - NHI upgrade	-	-	-	-	300	-	300	-	-
27	George - Pacaltsdorp Clinic - HT - NHI upgrade	8.1	Eden	HT - NHI upgrade	-	-	-	-	300	-	300	-	500
28	George - Thembalethu CDC - HT - Replacement	8.1	Eden	HT - Replacement	-	-	-	6 000	8 060	8 676	240	-	-
29	Goodwood - Goodwood CDC - HT - Pharmacy compliance and general maintenance	8.1	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	-	800	-
30	Gouda - Gouda Clinic - HT - Replacement	8.1	Cape Winelands	HT - Replacement	-	-	-	-	-	-	-	-	2 000
31	Gouda - Gouda Clinic - OD and QA - Replacement	8.1	Cape Winelands	OD and QA - Replacement	-	-	-	-	-	-	-	70	-
32	Green Point - New Somerset Hospital - HT - Acute Psychiatric Unit	8.4	Cape Town	HT - Acute Psychiatric Unit	-	-	-	-	-	-	-	-	1 500
33	Green Point - New Somerset Hospital - QA - Acute Psychiatric Unit	8.4	Cape Town	QA - Acute Psychiatric Unit	-	-	-	-	-	-	-	-	200
34	Hermanus - Hermanus Hospital - HT - New Acute Psychiatric Ward	8.3	Overberg	HT - New Acute Psychiatric Ward	-	-	-	-	-	-	-	500	-
35	Infra Unit - Bellville Eng Workshop - OD - Capacitation	8.6	Cape Town	OD - Capacitation	-	-	-	7 942	6 216	6 216	7 630	8 394	8 954
36	Infra Unit - Eng and Tech Services - OD - Capacitation	8.6	Cape Town	OD - Capacitation	-	-	-	1 365	403	403	1 224	1 702	1 801
37	Infra Unit - HT Unit - OD - Capacitation	8.6	Cape Town	OD - Capacitation	-	-	-	6 728	6 284	6 284	6 890	7 479	7 883
38	Infra Unit - Infra Man CD - OD - Capacitation	8.6	Cape Town	OD - Capacitation	-	-	-	7 305	7 374	7 374	8 785	9 444	10 035
39	Infra Unit - Infra Planning - OD - Capacitation	8.6	Cape Town	OD - Capacitation	-	-	-	13 306	12 172	12 172	13 455	14 612	15 556
40	Infra Unit - Infra Prog Delivery - OD - Capacitation	8.6	Cape Town	OD - Capacitation	-	-	-	11 288	9 170	9 170	10 855	11 575	12 322

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
41	Khayelitsha - Khayelitsha Hospital - HT - Acute Psychiatric Unit	8.3	Cape Town	HT - Acute Psychiatric Unit	-	-	-	-	-	-	-	500	1 000
42	Knysna - Knysna FPL - HT - Replacement	8.6	Eden	HT - Replacement	-	-	-	-	-	-	-	600	1 000
43	Koringberg - Koringberg Satellite Clinic - HT - General maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	250	250	-
44	Kraaifontein - Bloekombos CHC - OD and QA - New	8.1	Cape Town	OD and QA - New	-	-	-	-	-	-	-	-	130
45	Ladismith - Ladismith Clinic - HT - Replacement	8.1	Eden	HT - Replacement	-	-	-	-	-	-	-	-	500
46	Ladismith - Ladismith Clinic - OD and QA - Replacement	8.1	Eden	OD and QA - Replacement	-	-	-	-	-	-	-	70	-
47	Lamberts Bay - Lamberts Bay Ambulance Station - HT - General maintenance (Alpha)	8.2	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	300	-	-
48	Lamberts Bay - Lamberts Bay Clinic - HT - General maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	-	800	-
49	Lutzville - Lutzville Clinic - HT - Clinic (Alpha)	8.1	West Coast	HT - Clinic	-	-	-	-	1	1 000	200	-	-
50	Maitland - Alexandra Hospital - HT - Repairs and Renovation (Alpha)	8.4	Cape Town	HT Repairs and Renovation	-	-	-	-	-	-	-	-	2 000
51	Malmesbury - Abbotsdale Satellite Clinic - HT - Replacement	8.1	West Coast	HT - Replacement	-	-	-	-	-	-	100	600	-
52	Malmesbury - Chatsworth Satellite Clinic - HT - Replacement	8.1	West Coast	HT - Replacement	-	-	-	-	-	-	-	400	300
53	Malmesbury - Kalbaskraal Satellite Clinic - HT - General maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	250	-	-
54	Malmesbury - Swartland Hospital - HT - Prefabricated Wards	8.3	West Coast	HT - Prefabricated Wards	-	-	-	-	-	-	8 000	2 000	-
55	Malmesbury - Swartland Hospital - HT - Rehabilitation of fire-damaged hospital	8.3	West Coast	HT - Rehabilitation of fire-damaged hospital	-	-	-	-	1 655	1 182	1 000	1 000	1 000
56	Mitchells Plain - Metro East District Maintenance Hub - OD - Infrastructure Support	8.6	Cape Town	OD - Infrastructure Support	-	-	-	1 500	-	-	1 586	1 676	1 772
57	Mitchells Plain - Mitchells Plain Hospital - HT - Waste Management	8.3	Cape Town	HT - Waste Management	-	-	-	-	-	-	1 000	2 000	500
58	Mitchells Plain - Mitchells Plain Hospital - OD - SCM Support	8.3	Cape Town	OD - SCM Support	-	-	-	5 358	3 907	3 907	4 325	4 613	4 909
59	Montagu - Montagu Hospital - HT - Rehabilitation	8.3	Cape Winelands	HT - Rehabilitation	-	-	-	-	-	-	-	-	2 500
60	Moorreesburg - Moorreesburg Clinic - HT - General upgrade and maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	-	1 000	-
61	Mossel Bay - Alma CDC - HT - NHI upgrade	8.1	Eden	HT - NHI upgrade	-	-	-	-	-	-	700	650	-
62	Mossel Bay - Asla Park Clinic - HT	8.1	Eden	HT	-	-	-	500	-	-	750	750	-
63	Mossel Bay - Eden District - OD - SCM Support	8.3	Eden	OD - SCM Support	-	-	-	355	427	427	455	485	516

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
64	Mossel Bay - Eyethu Clinic - HT - General maintenance (Alpha)	8.1	Eden	HT - General upgrade and maintenance	-	-	-	-	-	-	400	-	-
65	Mossel Bay - Mossel Bay Hospital - HT - Entrance and Records Upgrade	8.3	Eden	HT - Entrance and Records Upgrade	-	-	-	-	-	-	-	-	2 000
66	Mossel Bay - Mossel Bay Hospital - HT - NHI upgrade	8.3	Eden	HT - NHI upgrade	-	-	-	-	-	-	1 000	1 000	-
67	Nelspoort - Nelspoort Hospital - HT - Repairs to Wards	8.6	Central Karoo	HT - Repairs to Wards	-	-	-	-	-	-	-	-	1 000
68	Observatory - Groote Schuur Hospital - HT - Refurbishment	8.5	Cape Town	HT - Refurbishment	-	-	-	-	-	-	22 380	10 019	9 000
69	Observatory - Observatory FPL - HT - Replacement	8.6	Cape Town	HT - Replacement	-	-	-	-	-	-	32 340	8 641	18 089
70	Observatory - Observatory FPL - OD and QA - Replacement	8.6	Cape Town	OD and QA - Replacement	-	-	-	-	170	-	150	150	-
71	Observatory - Valkenberg Hospital - HT - Renovations to Historical Admin Building Ph1	8.4	Cape Town	HT - Renovations to Historical Admin Building Ph1	-	-	57	-	-	-	-	-	-
72	Observatory - Valkenberg Hospital - OD - Commissioning Support	8.4	Cape Town	OD - Commissioning Support	-	-	-	723	820	820	874	934	994
73	Observatory - Valkenberg Hospital - OD - Project Support	8.4	Cape Town	OD - Project Support	-	-	-	1 103	936	936	1 151	1 227	1 306
74	Observatory - Valkenberg Hospital - OD and QA - Forensic Precinct - Low Security, Chronic and OT	8.4	Cape Town	OD and QA - Forensic Precinct - Low Security, Chronic and OT	-	-	233	-	-	-	-	340	400
75	Oudtshoorn - De Rust Clinic - HT - NHI upgrade	8.1	Eden	HT - NHI upgrade	-	-	-	-	200	-	300	-	-
76	Paarl - Paarl CDC - HT - New	8.1	Cape Winelands	HT - New	-	-	-	-	-	-	-	-	4 000
77	Paarl - Paarl CDC - OD and QA - New	8.1	Cape Winelands	OD and QA - New	-	-	-	-	-	-	-	100	100
78	Parow - Cape Medical Depot - HT - Replacement	8.6	Cape Town	HT - Replacement	-	-	-	-	-	-	-	1 000	8 112
79	Parow - Ravensmead CDC - HT - Replacement	8.1	Cape Town	HT - Replacement	-	-	-	-	-	-	-	-	2 000
80	Parow - Ravensmead CDC - OD and QA - Replacement	8.1	Cape Town	OD and QA - Replacement	-	-	-	-	-	-	-	-	130
81	Parow - Tygerberg Hospital - HT - General Paediatric Outpatient Service Renovations	8.5	Cape Town	HT - General Paediatric Outpatient Service Renovations	-	-	-	-	-	-	-	1 000	4 000
82	Parow - Tygerberg Hospital - HT - Maintenance and Remedial Works to Theatres Ph1	8.5	Cape Town	HT - Maintenance and Remedial Works to Theatres	-	-	-	-	-	-	3 800	-	-
83	Parow - Tygerberg Hospital - HT - Refurbishment	8.5	Cape Town	HT - Refurbishment	-	-	-	-	-	-	22 964	17 650	9 000
84	Parow - Tygerberg Hospital - OD - Project Support	8.5	Cape Town	OD - Project Support	-	-	-	3 777	2 470	2 470	2 842	3 021	3 203
85	Paternoster - Paternoster Satellite Clinic - HT - General upgrade and maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	1	500	-

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
86	Pearly Beach - Pearly Beach Satellite Clinic - HT - General maintenance (Alpha)	8.1	Overberg	HT - General upgrade and maintenance	-	-	-	-	-	-	-	300	-
87	Philippi - Weltevreden CDC - HT - New	8.1	Cape Town	HT - New	-	-	-	-	-	-	-	-	2 000
88	Piketberg - Piketberg Clinic - HT - General upgrade and maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	800	-	-
89	Piketberg - Piketberg Clinic - HT - Upgrade and Additions	8.1	West Coast	HT - Upgrade and Additions	-	-	-	-	-	-	-	-	1 500
90	Piketberg - Radie Kotze Hospital - HT - Hospital layout improvement	8.3	West Coast	HT - Hospital layout improvement	-	-	-	-	-	-	-	2 194	-
91	Piketberg - Radie Kotze Hospital - HT - Psychiatric Examining Room	8.3	West Coast	HT - Psychiatric Examining Room	-	-	722	250	250	1 175	250	-	-
92	Porterville - Lapa Munnik Hospital - HT - General maintenance (Alpha)	8.3	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	-	-	500
93	Prince Albert - HT Prince Albert Ambulance Station - Upgrade and Additions	8.2	Central Karoo	HT - Upgraded EMS	-	-	-	-	-	-	-	-	250
94	Redelinghuys - Redelinghuys Satellite Clinic - HT - General maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	500	-	-
95	Retreat - DP Marais Hospital - HT - General upgrade and maintenance (Alpha)	8.4	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	-	2 000	2 000
96	Rietpoort - Rietpoort Satellite Clinic - HT - General maintenance (Alpha)	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	500	-	-
97	Robertson - Robertson Hospital - HT - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	HT - Acute Psychiatric Ward and New EC	-	-	-	-	-	-	-	-	2 000
98	Somerset West - Helderberg Hospital - HT - EC Upgrade and Additions	8.3	Cape Town	HT - EC Upgrade and Additions	-	-	79	600	-	-	-	6 000	1 000
99	Somerset West - Helderberg Hospital - OD and QA	8.3	Cape Town	OD and QA	-	-	113	200	220	380	-	-	-
100	St Helena Bay - Laingville Clinic - HT - General upgrade, extension and maintenance	8.1	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	400	400	-
101	St Helena Bay - Sandy Point Satellite Clinic - HT - Replacement	8.1	West Coast	HT - Replacement	-	-	-	-	-	-	-	200	350
102	Stellenbosch - Kayamandi CDC - OD and QA - Clinic Replacement	8.1	Cape Winelands	OD and QA - Clinic Replacement	-	-	-	-	-	-	-	-	100
103	Stellenbosch - Stellenbosch Hospital - HT - EC Upgrade and Additions	8.3	Cape Winelands	HT - EC	-	-	2 219	3 000	3 001	2 523	200	-	-
104	Stellenbosch - Stellenbosch Hospital - HT - PACS-RIS	8.3	Cape Winelands	HT - PACS-RIS	-	-	-	-	-	-	-	500	500
105	Stellenbosch - Stellenbosch Hospital - HT Hospital and Stores and upgraded areas	8.3	Cape Winelands	HT- Hospital and Stores and upgraded areas	-	-	-	-	-	-	-	-	1 000
106	Strand - Gustrouw CDC - HT - General maintenance (Alpha)	8.1	Cape Town	HT - General upgrade and maintenance	-	-	-	-	-	-	-	500	1 000
107	Strand - Rusthof CDC - OD and QA - Replacement	8.1	Cape Town	OD and QA - Replacement	-	-	-	-	-	-	-	-	100
108	Swellendam - Swellendam Ambulance Station - HT - Upgrade and Additions	8.2	Overberg	HT - Ambulance Station	-	-	-	-	-	-	-	300	-
109	Swellendam - Swellendam Hospital - HT - Acute Psychiatric Ward	8.3	Overberg	HT - Acute Psychiatric Ward	-	-	-	-	-	-	-	500	-

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
110	Thornton - Orthotic and Prosthetic Centre - HT - Upgrade	8.6	Cape Town	HT - Orthotic and Prosthetic Centre Upgrade	-	-	-	-	-	-	-	1 000	4 000
111	Touwsrivier - Touwsrivier Ambulance Station - HT - General upgrade, extension for wash bay and maintenance	8.2	Cape Winelands	HT - General upgrade and maintenance	-	-	-	-	-	-	200	-	-
112	Tulbagh - Tulbagh Clinic - HT - Structural repair	8.1	Cape Winelands	HT - General upgrade and maintenance	-	-	-	-	-	-	-	300	300
113	Uniondale - Uniondale Ambulance Station - HT - New	8.2	Eden	HT - New	-	-	-	-	-	-	-	-	1
114	Various Facilities 8.1 - HT - Digital X-Ray	8.1	Various	Digital X-Ray	-	-	-	-	-	-	1 200	2 400	2 446
115	Various Facilities 8.3 - HT - Digital X-Ray	8.3	Various	HT - Digital X-Ray	-	-	-	-	-	-	1 800	7 600	3 670
116	Villiersdorp - Villiersdorp Ambulance Station - HT - Replacement	8.2	Overberg	HT - Replacement	-	-	-	-	-	-	-	-	300
117	Villiersdorp - Villiersdorp Clinic - OD and QA - Replacement	8.1	Overberg	OD and QA - Replacement	-	-	-	-	-	-	-	-	100
118	Vredenburg - Vredenburg CDC - OD and QA - New	8.1	West Coast	OD and QA - New	-	-	-	-	-	-	-	100	-
119	Vredenburg - Vredenburg FPL - HT - Replacement	8.6	West Coast	HT - Replacement	-	-	-	-	-	-	-	-	1 000
120	Vredenburg - Vredenburg Hospital - HT	8.3	West Coast	HT	-	-	5 352	2 369	2 437	2 171	4 000	4 000	3 000
121	Vredenburg - Vredenburg Hospital - OD - Project Support	8.3	West Coast	OD - Project Support	-	-	-	526	625	625	667	711	757
122	Vredenburg - Vredenburg Hospital - OD - SCM Support	8.3	West Coast	OD - SCM Support	-	-	-	755	643	643	707	756	806
123	Vredendal - Vredendal Hospital - HT - General upgrade and maintenance (Alpha)	8.3	West Coast	HT - General upgrade and maintenance	-	-	-	-	-	-	-	500	2 000
124	Vredendal - Vredendal Hospital - HT - Upgrade	8.3	West Coast	HT - Upgrade	-	-	250	-	-	-	-	-	-
125	Wellington - Saron Clinic - HT - General maintenance and upgrade (Alpha)	8.1	Cape Winelands	HT - General upgrade and maintenance	-	-	-	-	-	-	400	400	-
126	Wellington - Windmeul Clinic - HT - Upgrade and Additions	8.1	Cape Winelands	HT - Upgrade and Additions	-	-	-	-	-	-	-	1 000	-
127	Worcester - Avian Park Clinic - HT - New	8.1	Cape Winelands	HT - New	-	-	-	-	-	-	-	3 000	3 000
128	Worcester - Avian Park Clinic - OD and QA - New	8.1	Cape Winelands	OD and QA - New	-	-	-	-	-	-	-	100	-
129	Wynberg - Victoria Hospital - HT - New EC	8.3	Cape Town	HT - New EC	-	-	-	-	-	-	1 800	7 000	300
130	Wynberg - Victoria Hospital - QA - New EC	8.3	Cape Town	QA - New EC	-	-	-	-	-	-	-	130	130
Total non-infrastructure								**74 950**	**68 041**	**68 554**	**175 521**	**167 693**	**185 736**

Transfer Capital

Table C 6: Transfer Capital

No	Project Name	Sub-programme	District Municipality	Outputs	Outcome			Main Appro-priation	Adjusted Appro-priation	Revised Estimate	Medium Term Estimates		
					2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's			2018/19 R000's	2019/20 R000's	2020/21 R000's
1	Observatory - Groote Schuur Hospital - Neuroscience Rehabilitation	8.5	Cape Town	Neuroscience Rehabilitation	-	-	-	5 000	10 000	10 000	10 000	10 000	5 000
2	Transfer to CEI for ICT	8.6	Various	Transfer to CEI for ICT	-	-	-	3 278	-	-	3 905	5 026	4 000
Total Transfer Capital								**8 278**	**10 000**	**10 000**	**13 905**	**15 026**	**9 000**

Conditional Grants

COMPREHENSIVE HIV AND AIDS GRANT		
Purpose of the Grant	**Performance Indicators**	**Targets**
• To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing. • To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care. • To subsidise in-part funding for the antiretroviral treatment plan. • To provide financial resources in order to accelerate the effective implementation of a programme that has been identified as a priority in the 10-point plan of the National Department of Health. • The grant is utilised in line with the National Operational Plan for HIV and AIDS Care, Management and Treatment in South Africa, the National and Provincial • HIV / AIDS / STI Strategic Plans 2007-2011 and Healthcare 2010. • For the coming three years, Global Fund Phase 1 RCC Funding will supplement the grant to contribute towards the attainment of planned outputs and outcomes, notably infrastructure, ARVs, human resources, laboratory costs and health system strengthening.	Male condoms distributed	112,819,962
	Female condoms distributed	2,800,004
	HTA intervention sites	150
	Peer educators receiving stipends	400
	Active Lay counsellors on stipend	682
	Clients tested (including antenatal)	1,512,565
	Health facilities offering MMC	30
	Medical Male Circumcisions performed	18,000
	Sexual assault cases offered ARV prophylaxis	3,499
	Antenatal clients initiated on ART	6,789
	Babies PCR tested at 10 weeks	13,036
	New patients started on treatment	48,936
	Patients on ART remaining in care	290,000
	Community Health Workers receiving stipends	3,828
	Patients in adherence clubs	87,000
	HIV positive clients screened for TB	54,600
	HIV positive clients started on IPT	31,501
	TB symptom clients screened in facility rate	4,715,527
	TB client start on treatment rate	25,400
	TB client treatment success rate	81
	TB Rifampicin Resistant confirmed treatment start rate	91
	TB MDR treatment success rate	43
	DR-TB patients that received Bedaquiline	1,420
	Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	135
	Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	900
	Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	700

NATIONAL TERTIARY SERVICES GRANT (NTSG)		
Purpose of the Grant	**Performance Indicators**	**Targets**
• To ensure provision of tertiary health services for all South African citizens (including documented foreign nationals). • To compensate tertiary facilities for the additional costs associated with provision of these services.	Number of approved and funded tertiary services provided by the Western Cape Department of Health	45

HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT		
Purpose of the Grant	**Performance Indicators**	**Targets**
• Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.	Number of Registrars supervised on the service platform that receives partial funding support from the Health Professional Training and Development Grant Funding	483 (medical & dental registrars)

HEALTH FACILITY REVITALISATION GRANT (NATIONAL HEALTH GRANT)		
Purpose of the Grant	**Performance Indicators**	**Targets**
• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance • To enhance capacity to delivery health infrastructure	Number of new facilities completed	1[15]
	Number of health facilities maintained	49[16]
	Number of facilities upgraded and renovated	8[17]
	Number of facilities commissioned	7[18]
EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT FOR PROVINCES		
Purpose of the Grant	**Performance Indicators**	**Targets**
• To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme (EPWP) guidelines. • Road maintenance and the maintenance of buildings • Low traffic volume roads and rural roads • Other economic and social infrastructure • Tourism and cultural industries • Sustainable land-based livelihoods • Waste management	Number of people employed and receiving income through the EPWP	58
	Increased average duration of the work opportunities created	Average duration of 1 year (with option to extend for an additional year)
SOCIAL SECTOR EPWP INCENTIVE GRANT FOR PROVINCES		
Purpose of the Grant	**Performance Indicators**	**Targets**
• To incentivise provincial Social Sector departments to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential.	Number of Community Health Workers (CHWs) receiving stipends	160

Public Entities

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

[15] This figure refers to facilities where projects, categorised as new or replaced infrastructure assets, are estimated to achieve Practical Completion in 2018/19.
[16] This figure includes facilities where expenditure is planned to be incurred on scheduled maintenance activities during 2018/19.
[17] This figure refers to facilities where projects, categorised as Upgrade and Additions, and as Renovations, Rehabilitation or Refurbishments, are estimated to achieve Practical Completion in 2018/19.
[18] Areas / units/facilities are deemed to be commissioned as follows: 1) Projects with a total project cost equal or less than R200 million = 3 months after Practical Completion has been achieved; and 2) Projects with a total project cost exceeding R200 million = 6 months after Practical Completion has been achieved.

Public-Private Partnership

WESTERN CAPE REHABILITATION CENTRE (WCRC) PUBLIC PRIVATE PARTNERSHIP		
Purpose: Provision of equipment, facilities management and all associated services at the WCRC and the Lentegeur Hospital.		
WCRC Outputs: The private party ensures the provision of catering services, manning the Helpdesk, cleaning of all areas, provision of general estate management services, general grounds and garden maintenance, supply, maintenance and replacement of linen, control of pests and infestations, provision, management, calibration, repair, maintenance, cleaning and replacement of all medical devices, waste management, security services provision, utilities management and remedial works. **Lentegeur Hospital Output**: The private party ensures the provision of catering services, cleaning services, gardens and grounds maintenance, pest control services, security services and waste management.		
Current annual budget R'000	**Date of termination**	**Measures to ensure smooth transfer of responsibilities**
64 211 *(Includes Compensation of Employees for PPP unit)*	28 February 2019	• Partnership Management Plan • Governance Structures • PPP agreement • Performance indicators • Patients and other stakeholder satisfaction • Knowledge management systems • Exit Strategy
TYGERBERG HOSPITAL PUBLIC PRIVATE PARTNERSHIP		
Purpose:		
Outputs: • Replacement of the existing Tygerberg Hospital using a Public Private Partnership procurement approach. • Note that the feasibility study for this project is currently under review.		
Current annual budget R'000	**Date of termination**	**Measures to ensure smooth transfer of responsibilities**
250	To be determined	• The feasibility study has been completed. Consultation with NDoH on Treasury Approval-1 has taken place and comments being incorporated; preparations for Treasury Approval-1 submission in progress.

In Conclusion

The single most dominant factor that impacts on the planning for the 2018/19 financial year is the budget shortfall which is essentially owing to a combination of factors including the public sector wage agreement, reduction in conditional grants, and allocations less than the inflationary rates. This will pose further risks to the Department. This includes, amongst others, compromised quality of care and patient experience, increased risk of medico-legal claims, escalated pressures on staff especially at the coal face of service delivery and then cumulatively a risk of reputational damage to the Department.

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

ANNEXURES

Annexures

Annexure A: Amendments to the Strategic Plan

Programme 1: Administration

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

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

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

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

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

GOAL: EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES

Strategic objective (short title)	**Strategic objective statement (SMART)**	**Indicator**	**Baseline (2013/14)**	**Target (2019/20)**
1. Promote efficient use of financial resources.	1.1. Promote efficient use of financial resources to ensure the under or over spending of the annual equitable share is within 1% of the budget allocation.	1.1.1. Percentage of the annual equitable share budget allocation spent	99.8%	100%
		Numerator:	11 517 782 000	~~16 482 058 000~~ 17 288 066 000
		Denominator:	11 544 801 000	~~16 482 058 000~~ 17 288 066 000
2. Develop and implement a comprehensive Human Resource Plan.	2.1. Review and align the comprehensive Human Resource Plan with the goals and objectives of Healthcare 2030 by 2015.	2.1.1. Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA	~~Yes~~ Not required to report	Yes
3. Transform the organisational culture.	3.1. Reduce the level of cultural 'entropy' within the organisation by 3% by 2019/20.	3.1.1. Cultural entropy level for WCG: Health	~~24%~~ 24.5%	~~21%~~ 16.9%
		Numerator	3 982	~~3 864~~ 11 910
		Denominator	16 220	~~18 400~~ 70 380
	3.2. To achieve two value matches in the Barrett's Survey by 2019/20.	3.2.1. Number of value matches in the Barrett's Survey	1	~~2~~ 6
~~4. Roll-out electronic patient administration systems to PHC facilities.~~	~~4.1. Roll-out the Primary Health Care Information System (PHCIS) software suite to 189 PHC facilities by 2019/20.~~	~~4.1.1. Percentage of PHC facilities where PHCIS software suite has been rolled out~~	~~18.0%~~	~~100.0%~~
		~~Numerator~~	~~34~~	~~189~~
		~~Denominator~~	~~189~~	~~189~~

Programme 2: District Health Services

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table below is reflected on page 61 of the Strategic Plan 2015 – 2019.
The strategic objectives that are being removed are in italic and strikethrough font. The revised Table B.2 is subsequently reflected. The 2019/20 targets that are being changed are in italic and strikethrough font.

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
• Improve the proportion of ART clients who remain in care	○ 85% of people who initiate ART must remain in care after 12 months by 2019/20	▪ ART retention in care after 12 month Numerator: Denominator:	74.8% 21 662 28 960	~~*85.0%*~~ *65.1%* ~~*29 750*~~ *30 165* ~~*35 000*~~ *46 352*
	○ 70% of people who initiate ART must remain in care after 48 months	▪ ART retention in care after 48 months Numerator: Denominator:	68.0% 4010 5820	~~*70.0%*~~ *54.0%* ~~*24 500*~~ *16 551* ~~*35 000*~~ *30 646*
• Improve the TB programme success rate	○ TB programme must have 85 % success rate in 2019/20.	▪ TB programme success rate Numerator: Denominator:	81.5% 37 626 46 187	~~*85.0%*~~ *82.3%* ~~*40 800*~~ *34 535* ~~*48 000*~~ *41 937*
~~• *Reduce mortality in children under 5 years*~~	~~○ *An under 5 years mortality rate of <18.0/1 000 children by 2019/20.*~~	~~▪ *Under 5 mortality rate (Stats SA)*~~ ~~*Numerator:*~~ ~~*Denominator:*~~	~~*28.6/1 000*~~ ~~*2 981*~~ ~~*104.102*~~	~~*18.0/1 000*~~ ~~*1 999*~~ ~~*99.347*~~

Programme 3: Emergency Medical Services

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table below is reflected on page 71 of the Strategic Plan 2015 – 2019.
The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in grey. The revised Table B.4 is subsequently reflected.

GOAL: ~~PROMOTE HEALTH AND WELLNESS~~ EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
1. Ensure registration and licensing of ambulances as per the statutory requirements*	1.1. Ensure ~~*at least 95% of*~~ all WCG: Health's ~~*rostered*~~ operational ambulances are registered and licensed in accordance with the statutory requirements* by 2019/20.	1.1.1. ~~*Percentage*~~ Number of WCG: Health ~~*rostered*~~ operational ambulances registered and licensed	~~*0%*~~ Not required to report	~~*94.8%*~~ 250
		~~*Numerator:*~~	~~*0*~~	~~*181*~~
		~~*Denominator:*~~	~~*166*~~	~~*191*~~

*The National Health Act: Regulations: Emergency Medical Services ~~likely to take effect within the 2015 MTEF period~~ has been promulgated by the National Health Minister in 2015.

Programme 4: Provincial Hospital Services

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table below is reflected on page 81 of the Strategic Plan 2015 – 2019.
The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in grey. The revised Table B.5 is subsequently reflected.

GOAL: PROMOTE HEALTH AND WELLNESS

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
1. Provide quality general/ regional hospital services.	1.1. Provide access to the full package of regional hospital service by ensuring there are ~~*1 389*~~ 1 427 regional hospital beds by 2019/20.	*1.1.1. Actual (usable) beds in regional hospitals*	1 373	~~*1 389*~~ 1 427

2. Actual (usable) beds in psychiatric hospitals.	2.1. Provide access to the full package of psychiatric hospital service by ensuring there are ~~1 680~~ 1 850 psychiatric hospital ~~beds and 145 step-down psychiatric beds by 2019/20~~.	*2.1.1. Actual (usable) beds in psychiatric hospitals* ~~*2.1.2. Actual (usable) beds in step down facilities*~~	1 698 ~~145~~	~~1 680~~ 1 850 ~~145~~
3. Provide quality dental training hospital services.	3.1. Provide access to dental training hospital services by ensuring at least ~~115 598~~ 128 681 oral health patients are treated per annum at dental training hospitals by 2019/20.	*3.1.1. Oral health patient visits at dental training hospitals*	114 848	~~115 598~~ 123 681

Programme 5: Central Hospital Services

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

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

Strategic objective (short title)	**Strategic objective statement (SMART)**	**Indicator**	**Baseline (2013/14)**	**Target (2019/20)**
• Provide access to the full package of central hospital services.	○ Provide access to the full package of central hospital services by ensuring there are 2 359 central hospital beds by 2019/20.	▪ Actual (usable) beds in central hospitals	2 359	2 359
~~• Provide access to the full package of central hospital services at Groote Schuur Hospital.~~	~~○ Provide access to the full package of central hospital services by ensuring there are 975 central hospital beds at Groote Schuur Hospital by 2019/20.~~	~~▪ Actual (usable) beds in Groote Schuur Hospital~~	~~975~~	~~975~~
~~• Provide access to the full package of central hospital services at Tygerberg Hospital.~~	~~○ Provide access to the full package of central hospital services by ensuring there are 1 384~~	~~▪ Actual (usable) beds in Tygerberg Hospital~~	~~1 384~~	~~1 348~~

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
	~~central hospital beds at Tygerberg Hospital by 2019/20.~~			
• Provide access to the full package of central hospital services at RCWMCH.	○ Provide access to the full package of central hospital services by ensuring there are 272 central hospital beds at RCWMCH by 2019/20.	▪ Actual (usable) beds in RCWMCH	270	272

Programme 6: Health Science & Training

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table C.18 below is reflected on page 98 of the Strategic Plan 2015 – 2019.
The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in grey. The revised Table C.18 is subsequently reflected.

GOAL: EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES

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

Programme 7: Health Care Support Services

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

Table C.19 below is reflected on pages 106 and 107 of the Strategic Plan 2015 – 2019.
The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in grey. The revised Table C.19 is subsequently reflected.

Table C. 20 below is reflected on page 106 of the Strategic Plan 2015 – 2019.
The strategic objectives that are being updated are in italic and strikethrough font with changes highlighted in grey. The revised Table C.20 is subsequently reflected.

GOAL: EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
2. Provide an efficient and effective laundry service.	2.1. Provide an efficient and effective laundry service by ensuring the average cost per item laundered in-house does not exceed R5.92 by 2019/20.	2.1.1. Average cost per item laundered in-house	R4.40	~~R5.92~~ R5.83
		Numerator:	63 260 438	~~95 450 056~~ 78 116 094
		Denominator:	14 376 272	~~16 123 320~~ 13 398 987
3. Provide an efficient and effective maintenance service.	3.1. Provide an efficient and effective maintenance service by ensuring a 10.7% reduction in energy consumption at provincial hospitals ~~100% of the maintenance budget is spent~~ by 2019/20 (compared to 2014/15 baseline).	3.1.1. Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)~~maintenance budget spent~~	~~100.0%~~ Not required to report	~~100.0%~~ 12.0%
		Numerator:	~~15107 356 000~~	~~140 102 393~~ 18 393 509
		Denominator:	~~103 400 000~~	~~140 102 393~~ 153 279 246

GOAL: PROMOTE HEALTH AND WELLNESS

Strategic objective (short title)	Strategic objective statement (SMART)	Indicator	Baseline (2013/14)	Target (2019/20)
4. Ensure access to a Forensic Pathology Service.	4.1. Ensure access to Forensic Pathology Service by ~~maintaining cases released within 5 days at 74.4%~~ establishing 5 child death review boards by 2019/20.	4.1.1. ~~Percentage of FPS cases released within 5 days (excluding unidentified persons)~~ Percentage of Child Death Cases Reviewed by the Child Death Review Boards	~~74.4%~~ Not required to report	~~74.4%~~ 100%
		Numerator:	~~7 266~~	~~9 081~~ 1 826
		Denominator:	~~9 340~~	~~12 204~~ 1 826
5. Ensure optimum pharmaceutical stock levels to meet the demand.	5.1. Maintain stock levels to ensure 97% of pharmaceutical stock is available by 2019/20.	5.1.1. Percentage of pharmaceutical stock available	94.8%	~~97.0%~~ 95.1%
		Numerator:	746	~~735~~ 694
		Denominator:	787	~~758~~ 730

Programme 8: Health Facilities Management

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2015-2019

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

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

GOAL: EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES

Strategic objective (short title)	**Strategic objective statement (SMART)**	**Indicator**	**Baseline (2013/14)**	**Target (2019/20)**
1. Efficient and effective management of infrastructure.	1.1. Efficient and effective management of infrastructure by ensuring 100% of the annual allocated budgets are spent and 100% of projects planned for completion is achieved by 2019/20.	1.1.1. Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)	82.6%	100%
		Numerator:	425 339 929	*~~3 263 929 000~~* 422 254 000
		Denominator:	514 935 000	*~~3 263 929 000~~* 422 254 000

Annexure B: Technical Indicator Descriptions

Programme 1

Indicator Title	**Percentage of the annual equitable share budget allocation spent**
Short Definition	Percentage of the allocated equitable share annual budget that was spent by the Department. For quarterly reporting the projected annual expenditure versus the annual budget should be used.
Data Limitations	Dependant on accurate expenditure information on the equitable share budget (Quarterly dependant on realistic projected expenditure)
Purpose / Importance	Ensure the under- or over-spending of the equitable share is within 1% of the budget allocation.
Desired Performance	The over- / under-spending of the annual equitable share do not exceed 1% of the budget allocation.
Responsibility	Chief Financial Officer (CFO)

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS	Expenditure reports Annual allocated budget	Numerator: Annual expenditure on equitable share budget (Quarterly, use projected annual expenditure) Denominator: Total BAS annual equitable share budget allocation	%	100	Output	Annual	No

Indicator Title	**Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA**
Short Definition	Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA
Data Limitations	Availability of documentation to proof submission of Plan.
Purpose / Importance	Strengthen human resource capacity to enhance service delivery by implementing, reviewing and amending the departmental Human Resource Plan.
Desired Performance	Adherence to the due date for the submission of the plan to the Department of Public Service and Administration.
Responsibility	Director: Human Resource Management

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
N/A	Submission of the 2015 - 2019 Human Resource Plan	Revised Human Resource Plan for 2015 – 2019 submitted timeously to DPSA	Compliance	Yes/No	Input	Annual	No

Indicator Title	**Cultural entropy level for WCG: Health**
Short Definition	Cultural entropy provides an indication of organisational culture and is the amount of energy in an organisation that is consumed in unproductive work. It is a measure of the conflict, friction and frustration that exists within an organisation. Cultural entropy is calculated as the proportion of votes for limiting values that participants in the Barrett values survey pick to describe the current culture of the organisation. Entropy risk bands: • Less than 10%: healthy functioning • 10% - 19%: problems requiring attention and careful monitoring • 20% - 29%: significant problems requiring immediate attention • 30% - 39%: crisis situation requiring immediate change • Above 40%: impending risk of implosion, bankruptcy, or failure
Data Limitations	• Respondents base their answers (votes for the values) on their personal perception of the organisation. • Participation is limited to staff with access to computers and, therefore, the majority of staff who participate falls in the admin category.
Purpose / Importance	Organisational culture has an influence on the overall performance of the organisation. Leadership plays a critical role in driving a values-driven culture with the organisation
Desired Performance	A reduction in cultural entropy enables a more optimal work environment that improves organisational performance, increases employee engagement as well as reduces employee turnover
Responsibility	Director: Human Resource Management

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Cultural Values Assessment Report	Barrett values survey	Numerator: Votes for potentially limiting values (PL) in current culture Denominator: Participants in the survey x 10 possible values	%	100	Outcome	Biennial	No

Indicator Title	**Number of value matches in the Barrett survey**
Short Definition	Cultural value matches highlight the relationship between personal values, current and desired organisational values. In a highly aligned culture, one would expect to see three or four positive values matches between personal, current, and desired values. These values indicate whole system change.
Data Limitations	• Respondents base their answers (votes for the values) on their personal perception of the organisation. • Participation is limited to staff with access to computers and, therefore, the majority of staff who participate falls in the admin category.
Purpose / Importance	Matching values indicate alignment between personal, current and desired values - the individual and collective consciousness have grown to the same level and the collective exhibits the behaviours.
Desired Performance	Higher number of value matches indicates better alignment between personal, current and desired values.
Responsibility	Director: Human Resource Management

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Cultural Values Assessment Report	Barrett values survey	Value matches in the Barrett values survey	Number	1	Outcome	Biennial	No

Indicator Title	**Audit opinion from Auditor-General of South Africa**
Short Definition	Outcome of the audit conducted by the Auditor-General of South Africa (AGSA). *Note:* The audit opinion expressed during the current financial year will relate to the audit outcome of the previous financial year (e.g. the audit opinion expressed during 2015/16 will relate to the audit outcome of 2014/15).
Data Limitations	Timeous availability of the Audit Report of the AGSA
Purpose / Importance	Monitors the outcome of the audit conducted by the AGSA
Desired Performance	Unqualified or clean audit i.e. no matters of emphasis.
Responsibility	Chief Financial Officer

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Audit Report of AGSA	Audit Report of AGSA	Audit opinion expressed in Audit Report of AGSA	Categorical	N/A	Outcome	Annual	No

Indicator Title	**Percentage of hospitals with broadband access**
Short Definition	Proportion of hospitals that have access to at least 2 Mbps (megabit per second) broadband connection
Data Limitations	Dependant on accurate monitoring and recording
Purpose / Importance	Tracks hospital broadband access
Desired Performance	Higher number of facilities with specified access will result in increased ICT connectivity
Responsibility	Director: Information Management

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Sintelligent SINJANI	Sintelligent Facility List	Numerator: Total number of hospitals with minimum 2 Mbps broadband connectivity Denominator: Total number of hospitals	%	100	Output	Quarterly	No

Indicator Title	**Percentage of fixed PHC facilities with broadband access**
Short Definition	Proportion of fixed PHC facilities that have access to at least 1 Mbps (megabit per second) broadband connection.
Data Limitations	Dependant on accurate monitoring and recording
Purpose / Importance	Tracks fixed PHC facility broadband access
Desired Performance	Higher number of facilities with specified access will result in increased ICT connectivity
Responsibility	Director: Information Management

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Sintelligent SINJANI	Sintelligent Facility List	Numerator: Total number of fixed PHC facilities with minimum 1 Mbps broadband connectivity Denominator: Total number of fixed PHC facilities	%	100	Output	Quarterly	No

Programmes 2-5

Indicator Title	**Ideal clinic status rate**
Short Definition	Fixed PHC health facilities that have obtained Ideal Clinic status
Data Limitations	The indicator measures self or peer assessment, and performance is reliant on accuracy of interpretation of ideal clinic data elements
Purpose / Importance	Monitors outcomes of PPTICRM assessments to ensure they are ready for inspections conducted by Office of Health Standards Compliance.
Desired Performance	Higher Ideal clinic status rates ensures clinics will have positive outcomes and is ready for inspections conducted by Office of Health Standards Compliance.
Responsibility	DHS Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
National ideal clinic monitoring system	Ideal clinic review tools	Numerator: Ideal clinic status Denominator: Fixed PHC facilities	%	100	Process	Annual	yes

Indicator Title	**PHC utilisation rate**
Short Definition	Average number of PHC visits per person per year in the population
Data Limitations	Dependent on the accuracy of the estimated total population from Stats SA
Purpose / Importance	Monitors PHC access and utilisation
Desired Performance	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system. A lower uptake may indicate underutilization of facility
Responsibility	DHS Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI Stats SA	Routine Monthly Report Stats SA	Numerator: PHC total headcount Denominator: Total Population	Rate (annualised)	1	Output	Quarterly	No

Indicator Title	**Complaint resolution within 25 working days rate**
Short Definition	Complaints resolved within 25 working days as a proportion of all complaints resolved *Note this indicator applies to sub-programmes 2.2-2.3 / 2.9 / 4.1 / 4.2-4.4 / 5.1 & 5.2*
Data Limitations	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint
Purpose / Importance	Monitors the time frame in which the public health system responds to complaints
Desired Performance	Higher rate suggests better management of complaints
Responsibility	Health Facility Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Complaints & Compliments Register	Numerator: Complaint resolved within 25 working days Denominator: Complaints resolved	%	100	Output	Quarterly	No

Indicator Title	**Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate**
Short Definition	Hospitals that achieved a performance of at least 75% on NCS self-assessment *Note, this indicator applies to sub-programmes 2.9 / 4.1 / 4.2-4.4 / 5.1 & 5.2*
Data Limitations	Reliability of data provided
Purpose / Importance	Monitors the level of compliance with the national core standards in hospitals.
Desired Performance	Higher percentage indicates more district hospitals are compliant with the national core standards for quality assurance.
Responsibility	Hospital Managers

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	National core standards self-assessment Hospital Semi-Permanent Data version 2	Numerator: Hospital achieved 75% and more on National Core Standards self-assessment Denominator: Hospitals conducted National Core Standards self-assessment during the financial year	%	100	Output	Quarterly	No

Indicator Title	**Average length of stay**
Short Definition	Average number of patient days an admitted patient spends in a hospital before separation. Inpatient separation is the total of, inpatient discharges, inpatient deaths and inpatient transfers out, includes all specialities *Note this indicator applies to sub-programmes 2.9 / 4.1 / 5.1 & 5.2*
Data Limitations	• Accuracy dependent on quality of data from reporting facilities • High levels of efficiency could hide poor quality
Purpose / Importance	Monitors effectiveness and efficiency of inpatient management in hospitals.
Desired Performance	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.
Responsibility	Hospital Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Numerator: Patient days (Sum of inpatient days and ½ day patients) Denominator: Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out)	Ratio expressed in days	1	Output	Quarterly	No

Indicator Title	**Inpatient bed utilisation rate**
Short Definition	Inpatient bed days expressed as a proportion of the maximum inpatient bed days available (i.e. inpatient beds X days in the period) *Note this indicator applies to sub-programmes 2.9 / 4.1 / 5.1 & 5.2*
Data Limitations	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds
Purpose / Importance	Monitors effectiveness and efficiency of inpatient management, specifically monitors the over- or under-utilisation of hospital beds
Desired Performance	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.
Responsibility	Hospital Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Numerator: Patient days (Sum of inpatient days and ½ day patients) Denominator: Inpatient bed days available (Usable beds total x 30.42)	%	100	Output	Quarterly	No

Indicator Title	**Expenditure per patient day equivalent (PDE)**
Short Definition	Average cost per PDE in district hospitals. PDE is the sum of inpatient days, ½ day patients, ⅓ OPD headcount and ⅓ emergency headcount. *Note this indicator applies to sub-programmes 2.9 / 4.1 / 5.1 & 5.2*
Data Limitations	• Accuracy of expenditure dependent on the correct expenditure allocation. • Accuracy of PDEs dependent on quality of data from reporting facilities.
Purpose / Importance	Monitors effective and efficient management of inpatient facilities.
Desired Performance	Lower rate indicates efficient use of financial resources.
Responsibility	Hospital Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS	Finance data	Numerator: Expenditure in the hospital	Rate	1	Outcome	Quarterly	No
SINJANI	Inpatient Throughput Form	Denominator: Patient day equivalent (PDE) (Sum of inpatient days, ½ day patients, ⅓ OPD headcount and ⅓ emergency headcount)					

Indicator Title	**ART client remain on ART end of month - total**
Short Definition	Total clients initiated on ART and retained in care.
Data Limitations	None
Purpose / Importance	Tracks the number of clients on ART
Desired Performance	Higher total indicates a larger population on ART treatment
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Tier.net	Facility register	Total clients on treatment minus lost to follow up minus died minus transferred out	Cumulative	1	Output	Quarterly	No

Indicator Title	TB/HIV co-infected on ART rate
Short Definition	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients
Data Limitations	Availability of data in ETR.net, TB register, patient records
Purpose / Importance	All eligible co-infected clients must be on ART to reduce mortality, monitors ART coverage for TB clients
Desired Performance	Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Facility register	Numerator: Total number of registered HIV and TB co-infected patients on ART Denominator: Total number of registered HIV and TB co-infected patients	%	100	Outcome	Quarterly	No

Indicator Title	HIV test done - total
Short Definition	All clients tested for HIV, including clients under 15 years and antenatal clients.
Data Limitations	Dependent on the accuracy of facility register
Purpose / Importance	Monitors annual testing of persons who are not known HIV positive against a set target. This assists in resource planning e.g. test kits and staffing and individuals' level of knowledge of their HIV status.
Desired Performance	Higher number indicates an increased population knowing their HIV status.
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	HIV Counselling and Testing Register	Sum of antenatal client HIV first test, antenatal client HIV retest, HIV test 19 – 59 months, HIV test 5-14 years and HIV test 15 years & older (excluding ANC)	Cumulative	1	Process	Quarterly	No

Indicator Title	TB client 5 years and older start on treatment rate
Short Definition	TB client 5 years and older start on treatment as a proportion of TB symptomatic client 5 years and older test positive
Data Limitations	Accuracy dependent on quality of data from reporting facility
Purpose / Importance	Monitors trends in early identification of children with TB symptoms in health care facilities
Desired Performance	Screening will enable early identification of TB suspect in health facilities
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Numerator: Sum of TB client 5 years and older start on treatment Denominator: Sum of TB symptomatic client 5 years and older tested positive	%	100	Process	Quarterly	No

Indicator Title	**Male condom distributed**
Short Definition	Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.)
Data Limitations	None
Purpose / Importance	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Note that research indicates only around 60% of distributed condoms are used for the intended purpose.
Desired Performance	Higher number indicated better distribution (and indirectly better uptake) of condoms in the province
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Sum of male condoms distributed	Cumulative	1	Process	Quarterly	No

Indicator Title	**Medical male circumcision - Total**
Short Definition	Medical male circumcisions performed on males 10 years and older
Data Limitations	Assumed that all MMCs reported on DHIS are conducted under supervision
Purpose / Importance	Monitors medical male circumcisions performed under supervision
Desired Performance	Higher number indicates greater availability of the service or greater uptake of the service
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Sum of males 10 to 14 years and males 15 years and older who are circumcised under medical supervision	Cumulative	1	Output	Quarterly	No

Indicator Title	**TB client treatment success rate**
Short Definition	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of all TB clients started on treatment. This applies to all TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)
Data Limitations	Accuracy dependent on quality of data from reporting facilities.
Purpose / Importance	Monitors success of TB treatment for all types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior
Desired Performance	Higher percentage suggests better treatment success rate.
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
ETR.net	TB register	Numerator: TB client successfully completed treatment Denominator: All TB clients started on treatment	%	100	Outcome	Quarterly	No

Indicator Title	TB client lost to follow up rate
Short Definition	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to all TB clients (i.e. new, retreatment, Other, pulmonary and extra-pulmonary).
Data Limitations	Accuracy dependent on quality of data from reporting facility
Purpose / Importance	Monitors the effectiveness of the retention in care strategies. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months' prior
Desired Performance	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
ETR.net	TB register	Numerator: All TB client lost to follow up Denominator: All TB clients started on treatment	%	100	Outcome	Quarterly	No

Indicator Title	TB client death rate
Short Definition	TB clients who died during treatment as a proportion of TB clients started on treatment. This applies to all TB clients (i.e. new, retreatment, other, pulmonary and extra pulmonary)
Data Limitations	Accuracy dependent on quality of data submitted health facilities
Purpose / Importance	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior
Desired Performance	Higher percentage indicates a better treatment rate
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
ETR.net	TB register	Numerator: Sum of TB client lost to follow up Denominator: All TB clients started on treatment	%	100	Outcome	Annually	No

Indicator Title	TB MDR treatment success rate
Short Definition	TB MDR client successfully completing treatment as a proportion of TB MDR confirmed clients started on treatment
Data Limitations	Accuracy dependent on quality of data submitted health facilities
Purpose / Importance	Monitors success of MDR TB treatment
Desired Performance	Monitors success of MDR TB treatment
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
ETR.net	MDR register	Numerator: TB MDR client successfully complete treatment Denominator: TB MDR confirmed client started on treatment	%	100	Outcome	Annually	No

Indicator Title	**ART retention in care after 12 months**
Short Definition	The proportion of people who started ART treatment care 12 months previously and remained in care. Include 2nd and 3rd line treatment, transfers in (TFI). Retained in care excludes transfers out (TFO), lost to follow up (LTF) and deaths (RIP).
Data Limitations	Accuracy dependent on quality of data from reporting facilities and ability to monitor the outcomes specific cohorts accurately.
Purpose / Importance	Treatment of HIV infection can be effective only if patients are retained in care over time.
Desired Performance	Higher percentage indicates more patients are still on ART after 12 months.
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Tier.net / iKapa	ART register	Numerator: ART clients retained in care after 12 months Denominator: ART clients initiated on treatment (12-month cohort)	%	100	Outcome	Quarterly	No

Indicator Title	**ART retention in care after 48 months**
Short Definition	The proportion of people who started ART treatment care 48 months previously and remained in care. Includes 2nd and 3rd line treatment, transfers in (TFI. Retained in care excludes transfers out (TFO), lost to follow up (LTF) and deaths (RIP).
Data Limitations	Accuracy dependent on quality of data from reporting facilities and ability to monitor the outcomes specific cohorts accurately.
Purpose / Importance	Treatment of HIV infection can be effective only if patients are retained in care over time.
Desired Performance	Higher percentage indicates more patients are still on ART after 48 months.
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Tier.net / iKapa	ART register	Numerator: ART clients retained in care after 48 months Denominator: ART clients initiated on treatment (48-month cohort)	%	100	Outcome	Quarterly	No

Indicator Title	**Antenatal 1st visit before 20 weeks rate**
Short Definition	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as a proportion of all antenatal 1st visits.
Data Limitations	Accuracy dependent on quality of data submitted health facilities
Purpose / Importance	Monitors early utilisation of antenatal services
Desired Performance	Higher percentage indicates better uptake of ANC services
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report	Numerator: Antenatal 1st visit before 20 weeks Denominator: Antenatal 1st visit (Sum of Antenatal 1st visit before 20 weeks and antenatal 1st visit 20 weeks or later)	%	100	Process	Quarterly	No

Indicator Title	**Mother postnatal visit within 6 days rate**
Short Definition	Mothers who received postnatal care within 6 days after delivery as a proportion of deliveries in health facilities. ***Note:*** *May be more than 100% in areas with a low delivery in facility rate if many mothers who delivered outside health facilities had a postnatal visit within 6 days after delivery.*
Data Limitations	Accuracy dependent on quality of data submitted to health facilities
Purpose / Importance	Monitors access to and utilisation of postnatal services
Desired Performance	Higher percentage indicates better uptake of postnatal services
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Routine Monthly Report Out- & In-patient Related Services	Numerator: Mother postnatal visit within 6 days after delivery Denominator: Delivery in facility total	%	100	Process	Quarterly	No

Indicator Title	**Antenatal client started on ART rate**
Short Definition	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART
Data Limitations	Accuracy dependent on quality of data Reported by health facilities
Purpose / Importance	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients
Desired Performance	Higher percentage indicates greater coverage of HIV positive clients on HIV Treatment
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Anti-retroviral Treatment Monthly Report (version 2) HIV Counselling and Testing (version 3)	Numerator: Antenatal client started on ART Denominator: Antenatal client known HIV positive not on ART at 1st visit + Antenatal client first test positive + Antenatal client HIV retest positive	%	100	Output	Annually	No

Indicator Title	**Infant 1st PCR test positive around 10 weeks rate**
Short Definition	Infants tested PCR positive for follow up test as a proportion of Infants PCR tested around 10 weeks
Data Limitations	Accuracy dependent on quality of data submitted health facilities
Purpose / Importance	Monitors PCR positivity rate in HIV exposed infants around 10 weeks
Desired Performance	Lower percentage indicate fewer HIV transmissions from mother to child
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	PMTCT Baby Follow-up Register	Numerator: Infant PCR test positive around 10 weeks Denominator: Infant PCR test around 10 weeks	%	100	Output	Quarterly	No

Indicator Title	**Immunisation under 1-year coverage**
Short Definition	Children under 1 year who completed their primary course of immunisation as a proportion of the population under 1 year. The child should be counted only once as fully immunised when receiving the last vaccine in the course (usually the 1st measles and PCV3 vaccines) and if there is documented proof of all required vaccines (BCG, OPV1, DTaP-IPV/Hib 1, 2, 3, HepB 1, 2, 3, PCV 1, 2, 3, RV 1, 2 and measles 1) on the Road to Health Card/Booklet and the child is under 1 years old.
Data Limitations	• Dependent on accurate recording of children under 1 year who are fully immunised (counted once when last vaccine is administered) • Dependent on the accuracy of the estimated under 1 population from Stats SA
Purpose / Importance	Monitors the implementation of the Extended Programme on Immunisation (EPI)
Desired Performance	Higher percentage indicate better immunisation coverage
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI Stats SA	Routine Monthly Report Stats SA	Numerator: Immunised fully under 1 year new Denominator: Population under 1 year, sum of female and male under 1 year	%	100	Output	Quarterly	No

Indicator Title	**Measles 2nd dose coverage**
Short Definition	Children 1 year of age who received measles 2nd dose, as a proportion of the population aged 1 year Note, vaccines given as part of mass vaccination campaigns should not be included here
Data Limitations	Accuracy dependent on quality of data submitted health facilities
Purpose / Importance	Monitors protection of children against measles as the 1st measles dose is only around 85% effective, the 2nd dose is important as a booster
Desired Performance	Higher coverage rate indicates greater protection against measles
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI Stats SA	Routine Monthly Report Stats SA	Numerator: Measles 2nd dose Denominator: Population aged 1 year, sum of female and male, 1 year olds	%	100	Output	Quarterly	No

Indicator Title	**Diarrhoea case fatality rate**
Short Definition	Diarrhoea deaths in children under 5 years, as a proportion of diarrhoea separations under 5 years in health facilities. Note under 1 year diarrhoea deaths are included.
Data Limitations	Dependent on accurate recording of inpatient deaths under 5 years and quality of data from reporting facilities.
Purpose / Importance	Monitors treatment outcome for children under 5-years who were admitted with diarrhoea to an inpatient facility
Desired Performance	Lower rate means fewer children under 5-years died due to diarrhoea
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient throughput form	Numerator: Child under 5 years diarrhoea death Denominator: Diarrhoea separation under 5 years	%	100	Outcome	Quarterly	No

Indicator Title	**Pneumonia case fatality rate**
Short Definition	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities
Data Limitations	• Reliant on accuracy of diagnosis / cause of death; • Accuracy dependent on quality of data submitted health facilities
Purpose / Importance	Monitors treatment outcome for children under 5 years who were separated with pneumonia
Desired Performance	Lower children mortality rate is desired
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient throughput form	Numerator: Pneumonia death under 5 years Denominator: Pneumonia separation under 5 years	%	100	Outcome	Quarterly	No

Indicator Title	**Severe acute malnutrition case fatality rate**
Short Definition	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities
Data Limitations	Accuracy dependent on quality of data submitted health facilities
Purpose / Importance	Monitors treatment outcome for children under 5 years with severe acute malnutrition (SAM)
Desired Performance	Lower children mortality rate is desired
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient throughput form	Numerator: Severe acute malnutrition (SAM) death in facility under 5 years Denominator: Severe acute malnutrition in facility under 5 years	%	100	Outcome	Quarterly	No

Indicator Title	**School Grade 1 - learners screened**
Short Definition	Grade 1 learners screened by a nurse in line with the Integrated School Health Programme (ISHP) service package
Data Limitations	None
Purpose / Importance	Monitors implementation of the Integrated School Health Program (ISHP)
Desired Performance	Higher number indicates greater proportion of school children received health services at their school.
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI		Element: School Grade 1 - learners screened	Cumulative	1	Output	Quarterly	No

Indicator Title	School Grade 8 – learners screened
Short Definition	Grade 8 learners screened by a nurse in line with the Integrated School Health Programme (ISHP) service package
Data Limitations	None
Purpose / Importance	Monitors implementation of the Integrated School Health Program (ISHP)
Desired Performance	Higher number indicates greater proportion of school children received health services at their school.
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI		Element: School Grade 8 - learners screened	Cumulative	1	Output	Quarterly	No

Indicator Title	Delivery in 10 to 19 years in facility rate
Short Definition	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities
Data Limitations	None
Purpose / Importance	Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).
Desired Performance	Lower percentage indicates better family planning
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Outpatient and Inpatient related services form	Numerator: Delivery 10–19 years in facility Denominator: Delivery in facility total	%	100	Process	Quarterly	No

Indicator Title	Couple year protection rate (Int)
Short Definition	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year
Data Limitations	Accuracy dependent on quality of data submitted health facilities
Purpose / Importance	Monitors access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as proxy for the indicator contraceptive prevalence rate by monitoring trends between official surveys
Desired Performance	Higher percentage indicates higher usage of contraceptive methods.
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	• Outpatient & Inpatient Related Services • Routine Monthly Report	Numerator: Sum of male sterilisations X 10, Female sterilisations X10, Medroxyprogesterone injection ÷ 4, Norethisterone enanthate injection ÷ 6, Oral pill cycles ÷ 15, IUCD inserted X 4.5, Subdermal implant x 2.5, Male condoms ÷ 120 and Female condoms ÷ 120	%	100	Outcome	Quarterly	No
Stats SA	Stats SA	Denominator: Female population 15 – 49 years					

Indicator Title	**Cervical cancer screening coverage 30 years and older**
Short Definition	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.
Data Limitations	• Dependent on accurate recording of women screened according to the policy (i.e. correct age group and counted only once every 10 years) • Dependent on the accuracy of the estimated female population aged 30 years and older from Stats SA
Purpose / Importance	Monitors implementation of the policy on cervical screening
Desired Performance	Higher percentage indicates more women in the specified age group are screened for cervical cancer
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI StatSA	Routine Monthly Report StatSA	Numerator: Cervical cancer screening in woman 30 years and older Denominator: Female population 30 years and older ÷10	%	100	Output	Quarterly	No

Indicator Title	**HPV 1st dose**
Short Definition	Girls 9 years and older that received HPV 1st dose
Data Limitations	None
Purpose / Importance	Monitors annual coverage of HPV vaccine.
Desired Performance	Higher number indicate better coverage
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	HPV campaign	Element: Girls 9 years and older that received HPV 1st dose	Cumulative	1	Output	Annually	No

Indicator Title	**HPV 2nd dose**
Short Definition	Girls 9 years and older that received HPV 2nd dose
Data Limitations	None
Purpose / Importance	Monitors annual coverage of HPV vaccine.
Desired Performance	Higher number indicate better coverage
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	HPV campaign	Element: Girls 9 years and older that received HPV 2nd dose	Cumulative	1	Output	Annually	No

Indicator Title	**Vitamin A dose 12 - 59 months coverage**
Short Definition	Children aged 12 - 59 months who received vitamin A 200 000 units, every six months, as a proportion of the population aged 12 - 59 months Note: The denominator is multiplied by 2 because each child should receive supplementation twice a year.
Data Limitations	PHC register is not designed to collect longitudinal record of patients. The assumption is the that the calculation proportion of children would have received two doses based on this calculation
Purpose / Importance	Monitors Vitamin A supplementation to children aged 12-59 months
Desired Performance	Higher proportion of children 12-29 months who received vitamin A will increase health
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI StatSA	Routine Monthly Report StatSA	Numerator: Vitamin A dose 12-59 months Denominator: Population 12 - 59 months X 2	%	100	Output	Quarterly	No

Indicator Title	**Maternal mortality in facility ratio**
Short Definition	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility
Data Limitations	Completeness of reporting
Purpose / Importance	This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services
Desired Performance	Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
NCCEMD register or SINJANI SINJANI	Maternal death notification form Outpatient & Inpatient Related Services	Numerator: Maternal death in facility Denominator: Sum of live births in facility and babies born alive before arrival at the facility	Rate	100 000	Impact	Annually	No

Indicator Title	**Neonatal death in facility rate**
Short Definition	Neonatal 0-28 days who died during their stay in the facility as a proportion of live births in facility
Data Limitations	Quality of reporting
Purpose / Importance	Monitors treatment outcome for admitted children under 28 days
Desired Performance	Lower death rate in facilities indicate better obstetric management practices and antenatal and care
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Outpatient and Inpatient Related Services	Numerator: Sum of inpatient death 0-7 days and inpatient death 8-28 days Denominator: Live birth in facility	Rate	1000	Impact	Annually	No

Indicator Title	Cataract surgery rate
Short Definition	Clients who had cataract surgery per 1 million uninsured, population
Data Limitations	Accuracy dependant on quality of data from health facilities
Purpose / Importance	Accessibility of theatres. Availability of human resources and consumables
Desired Performance	Higher number of cataract surgery rate indicated greater proportion of the population received cataract surgery
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI StatSA	Outpatient and Inpatient Related Services StatSA	Numerator: Cataract surgeries total Denominator: Uninsured population	Rate / Million uninsured population	Million	Output	Quarterly	No

Indicator Title	Malaria case fatality rate
Short Definition	Deaths from malaria as a percentage of the number of cases reported
Data Limitations	Accuracy dependant on quality of data from health facilities
Purpose / Importance	Monitor the number deaths caused by Malaria
Desired Performance	Lower percentage indicates a decreasing burden of malaria
Responsibility	Health Programmes

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CDC.xlsm or SINJANI	Notifiable Medical Conditions notification form	Numerator: Deaths from malaria Denominator: Total number of malaria cases reported	Rate	100	Outcome	Quarterly	No

Indicator Title	EMS P1 urban response under 15 minutes rate
Short 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.
Data Limitations	Accuracy dependant on quality of data from reporting EMS station including the accuracy of the time stamp for each call out.
Purpose / Importance	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas.
Desired Performance	Higher rate indicates better response times in urban areas.
Responsibility	EMS Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CAD system		Numerator: EMS P1 urban response under 15 minutes Denominator: EMS P1 urban calls	%	100	Output	Quarterly	No

Indicator Title	**EMS P1 rural response under 40 minutes rate**
Short Definition	Emergency P1 calls in rural locations with a response time under 40 minutes as a proportion of EMS P1 rural calls. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrives on scene.
Data Limitations	Accuracy dependant on quality of data from reporting EMS station including the accuracy of the time stamp for each call out.
Purpose / Importance	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas.
Desired Performance	Higher rate indicates better response times in rural areas.
Responsibility	EMS Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CAD system		Numerator: EMS P1 rural response under 40 minutes Denominator: EMS P1 rural calls (responses)	%	100	Output	Quarterly	No

Indicator Title	**EMS inter-facility transfer rate**
Short Definition	Inter-facility transfers (i.e. from one facility to another facility) as a proportion of all EMS patients transported
Data Limitations	Accuracy dependant on quality of data from reporting EMS stations.
Purpose / Importance	Monitors use of ambulances for inter-facility transfers as opposed to emergency responses.
Desired Performance	Lower rate indicates more ambulances are available for emergency responses.
Responsibility	EMS Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CAD system		Numerator: EMS inter-facility transfer Denominator: EMS clients total	%	100	Output	Quarterly	No

Indicator Title	**Total number of EMS emergency cases**
Short Definition	Number of patients transported by ambulance
Data Limitations	Accuracy dependant on quality of data from reporting EMS station.
Purpose / Importance	Monitor service volumes and demand
Desired Performance	Higher numbers can indicate a greater reliance on emergency services or greater efficiency of resources
Responsibility	EMS Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
CAD system		Element: Patients transported by ambulance	Cumulative	1	Output	Quarterly	No

Indicator Title	Number of WCG: Health operational ambulances registered and licensed
Short Definition	Ensure registration and licensing of ambulances as per the statutory requirements.
Data Limitations	Delays in licensing documentation from the licensing authority may delay reporting. New ambulances added to fleet may not be licensed immediately. The same would apply to vehicles that have been written off during the year
Purpose / Importance	Ambulances are required to be licensed in order to be operational. Failure to license ambulances negatively affects the ability to service EMS incidents.
Desired Performance	Higher proportion is better as this indicated the compliance with the statutory requirements.
Responsibility	EMS Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
The DOH licensing and inspectorate directorate register	Departmental Registry	Element: WCG: Health operational ambulances registered and licensed as per statutory requirements.	Cumulative	1	Input	Annually	No

Indicator Title	Mortality and morbidity review rate
Short Definition	Frequency of conducting mortality and morbidity reviews in hospitals that should include, but is not limited to: • maternal deaths • neonatal deaths • wrong site surgery, • anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year, a maximum of 12 meetings can be held per discipline per year (one for each month). Note this indicator applies to sub-programmes 4.1 / 4.2 / 4.3 / 4.4 / 5.1 & 5.2
Data Limitations	Accuracy dependent on quality of data from reporting facilities
Purpose / Importance	Monitors the hospital's aim of ensuring quality health care service provision.
Desired Performance	Higher percentage indicates more reviews were conducted and suggests better clinical governance.
Responsibility	Hospital Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Hospital Semi-Permanent Data version 2	Numerator: Mortality and morbidity reviews conducted per discipline Denominator: Planned mortality and morbidity reviews (number of disciplines within the hospital x 12)	%	100	Output	Quarterly	No

Indicator Title	**Actual (usable) beds in hospitals**
Short Definition	Actual (usable) beds in hospitals are beds actually available for use within the hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.) Note this indicator applies to sub-programmes 4.1 / 4.2 / 4.3 / 4.4 / 5.1 & 5.2
Data Limitations	Dependent on accuracy of data from reporting facilities.
Purpose / Importance	Monitors availability of hospital beds to ensure accessibility of hospital services.
Desired Performance	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.
Responsibility	Budget Programme Managers

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Inpatient Throughput Form	Element: Actual (usable) beds	Cumulative	1	Input	Annual	No

Indicator Title	**Oral health patient visits at dental training hospitals**
Short Definition	Total number of patient visits for treatment recorded at the various clinics of the oral health centres.
Data Limitations	Dependant on accuracy of data from reporting facilities.
Purpose / Importance	Monitoring the service volumes at the oral health centres.
Desired Performance	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.
Responsibility	Dean: Dental Faculty

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Dental Training Hospital Form	Element: Sum of patient visits at Tygerberg, UWC Oral Health Centres and Other oral health clinics (outreach clinics)	Cumulative	1	Output	Quarterly	No

Indicator Title	**Number of removable oral health prosthetic devices manufactured (dentures)**
Short Definition	Number of prosthetic units (dentures) manufactured that were issued to and received by the patient at the oral health centres.
Data Limitations	Dependant on accuracy of data from reporting facilities.
Purpose / Importance	Monitoring the service volumes for prosthetic units (dentures).
Desired Performance	Higher levels of uptake may indicate an increased burden of disease and also a greater reliance on the public health system.
Responsibility	Dean: Dental Faculty

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
SINJANI	Dental Training Hospital Form	Element: Prosthetic units (dentures) issued	Cumulative	1	Output	Quarterly	No

Programme 6

Indicator Title	Number of bursaries awarded for scarce and critical skills categories
Short 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. • This includes bursaries for each year of study, not only the first year. • Scarce skills refer to staff shortages within an occupational category, e.g. radiographers, due to the department's inability to recruit and retain staff. • Critical skill refers to skills shortages amongst existing staff, who, despite their formal qualifications, may require top up training or continuous clinical skills development, e.g. a doctor who may require basic life support training as an identified gap that exists within his/ her current competency level.
Data Limitations	Accuracy dependant on good record keeping by the Provincial DoH, nursing colleges, HEIs and external accredited training providers
Purpose / Importance	Tracks the number of bursaries allocated to students based on scarce and critical skills.
Desired Performance	Higher number will lead to an increase in the number of scarce skills (prospective employees) and critical skills of current employees to improve service delivery
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Bursary Information Management System	Bursary contracts signed	Element: Bursaries awarded for scarce and critical skills categories	Cumulative	1	Input	Annually	No

Indicator Title	Number of bursaries awarded to first year medicine students
Short Definition	Number of bursaries allocated to first year medicine students for study at the HEIs
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the number of bursaries allocated to first year students in medicine
Desired Performance	Higher number will lead to an increase in medical officers in future
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Bursary Information Management System	Bursary contracts signed	Element: Bursaries awarded to first year medicine students	Cumulative	1	Input	Annually	No

Indicator Title	Number of bursaries awarded to first year nursing students
Short Definition	Number of bursaries allocated to first year nursing students for study at the HEIs (and Nursing College)
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the number of bursaries allocated to first year students in nursing
Desired Performance	Higher number will lead to an increase in the number of nurses in future
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Bursary Information Management System	Bursary contracts signed	Element: Bursaries awarded to first year nursing students	Cumulative	1	Input	Annually	No

Indicator Title	**EMC intake on accredited HPCSA courses**
Short Definition	Intake of EMC staff on Health Professions Council of South Africa (HPCSA) accredited programmes (one of these courses is a 2 year course).
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the number of EMC staff who are registered on HPCSA accredited courses
Desired Performance	Higher intake means an increase in the number of qualified EMC staff in future.
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EMC Information Management System	EMC staff registration lists	Element: Intake of EMC staff on accredited HPCSA courses	Cumulative	1	Input	Annually	No

Indicator Title	**Intake of home community based carers (HCBCs)**
Short Definition	Intake of home community based carers (HCBCs) on training
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the training of home community based carers (HCBCs) on the various NQF levels
Desired Performance	Higher intake means an increase in HCBCs with a National Diploma in future
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Home community based carers registration lists	Element: Registration of home community based carers	Cumulative	1	Input	Annually	No

Indicator Title	**Intake of data-capturer interns**
Short Definition	Intake of data-capturer interns on a 12-month internship
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the number of data-capturer interns
Desired Performance	Higher intake means an increase in data-capturer interns available for assimilation into posts at health care facilities leading to improved data management
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed internship agreements	Element: Intake of data-capturer interns	Cumulative	1	Input	Annually	No

Indicator Title	**Intake of learner basic/ post basic pharmacist assistants**
Short Definition	Intake of learner pharmacist's assistants in training at basic and post basic level. (Learner pharmacist assistants basic for 12 months and post basic for 12 months.)
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the training of pharmacist's assistants at a basic and post basic level.
Desired Performance	Higher intake means an increase in pharmacist's assistants available to address scarce skills
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed learnership agreements	Element: Intake of pharmacist assistants	Cumulative	1	Input	Annually	No

Indicator Title	**Intake of assistant to artisan (ATA) interns**
Short Definition	Intake of Assistant to Artisan (ATAs) interns on a 12-month internship
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the number of ATA interns
Desired Performance	Higher intake means an increase ATAs available to address maintenance needs of health care facilities
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database: MIS	Signed learnership agreements	Element: Intake of assistant to artisan (ATA) interns	Cumulative	1	Input	Annually	No

Indicator Title	**Intake of HR and finance interns**
Short Definition	Intake of human resource (HR) and finance interns on a 12-month internship
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the number of HR and finance interns
Desired Performance	Higher intake means an increase in HR and finance interns to address scarce skills
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed internship agreements	Element: Intake of HR and finance interns	Cumulative	1	Input	Annually	No

Indicator Title	Intake of emergency medical care (EMC) assistant interns
Short Definition	Intake of Emergency Medical Care (EMC) Assistant interns on a 12-month internship
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the number of Emergency Medical Care (EMC) Assistant interns
Desired Performance	Higher intake means an increase in emergency medical care (EMC) assistant interns to address scarce skills
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed internship agreements	Element: Intake of emergency medical care assistants	Cumulative	1	Input	Annually	No

Indicator Title	Intake of forensic pathology services (FPS) assistant interns
Short Definition	Intake of Forensic Pathology Services (FPS) Assistant interns on a 12-month internship
Data Limitations	Accuracy dependant on good record keeping by all relevant stakeholders
Purpose / Importance	Tracks the number of Forensic Pathology Services (FPS) Assistant interns
Desired Performance	Higher intake means an increase in forensic pathology services (FPS) assistant interns to address scarce skills
Responsibility	HRD programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
EPWP web based database	Signed internship agreements	Element: Intake of forensic pathology service assistants	Cumulative	1	Input	Annually	No

Programme 7

Indicator Title	Average cost per item laundered in-house
Short Definition	• The average cost per linen item processed or laundered in-house at Tygerberg and Lentegeur Regional Laundries • The in-house laundry costs include the cost for electricity, water, coal, fuel, and salaries and wages • The expenditure on capital for buildings and equipment is excluded
Data Limitations	Accuracy dependent on the reliability of financial data and other records kept by in-house laundries.
Purpose / Importance	Monitor the cost per item laundered to ensure that in-house laundry services are cost effective
Desired Performance	Lower cost indicates efficient use of financial resources.
Responsibility	Laundry Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS Laundry returns.xls	Financial records Laundry linen count	Numerator: Expenditure on in-house laundries excluding capital Denominator: Items laundered in-house	Rate expressed in Rand	1	Efficiency	Quarterly	No

Indicator Title	**Average cost per item laundered outsourced**
Short Definition	The average cost per linen item processed or laundered by outsourced laundries. The outsourced laundry costs include the cost of capital, profit and VAT (all of which are not included in the in-house cost)
Data Limitations	Accuracy dependent on the reliability of financial data, submission of information and the reliability of records kept at private laundries
Purpose / Importance	Monitor the cost per item laundered to ensure that outsourced laundry services are cost effective
Desired Performance	Lower cost indicates efficient use of financial resources
Responsibility	Laundry Manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS Private laundry returns.xls	Financial records Private contractor accounts	Numerator: Expenditure on outsourced laundry services Denominator: Items laundered outsourced	Rate expressed in Rand	1	Efficiency	Quarterly	No

Indicator Title	**Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)**
Short Definition	• With respect to the 2020 Climate Change Challenge, WCGH has committed to reduce its carbon footprint from energy consumption at current provincial hospitals by 10% by 2018/19. • This reduction will be calculated utilising the 2014/15 benchmark as point of departure.
Data Limitations	Initially dependent on accuracy of electricity accounts and availability of data. As soon as smart metering in place, accuracy will be dependent on reliability of system and the timeous collection and capturing of smart meter readings.
Purpose / Importance	To monitor energy consumption and the systematic annual reduction of energy consumption in order to reach the targets set in the 2020 Climate Change Challenge for carbon footprint reduction by 10%.
Desired Performance	Higher percentage indicates a bigger reduction in energy usage, resulting in reduced carbon footprint
Responsibility	Director: Engineering and Technical Support

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Hospital Infrastructure Efficiency.xls	Utility bills or smart meter readings 2014/15 (kwh/year) utility consumption baseline	Numerator: Baseline (2014/15 kwh/year) energy utilisation for all provincial hospitals minus utilisation for all provincial hospitals for current financial year Denominator: Baseline (2014/15 kwh/year) energy utilisation for all provincial hospitals	%	100	Output	Annually	No

Indicator Title	**Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed**
Short Definition	Threshold, determined by baseline data of previous financial years (trends) for clinical engineering maintenance jobs completed (job cards closed expressed as percentage of job cards opened), achieved (or exceeded).
Data Limitations	Dependent on the accurate, complete and timeous notification / submission of requisition form(s) by facilities and the reliability of record keeping at engineering workshops and accurate capturing and processing of job cards issued / completed.
Purpose / Importance	To ensure achievement of provincial benchmark to promote safety in terms of medical equipment at health facilities and to monitor progress on clinical engineering maintenance done by the Department.
Desired Performance	Threshold achieved or exceeded
Responsibility	Director: Health Technology

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Clinical engineering maintenance job card database		Element: Assess performance against provincial benchmark	Compliance	Yes/No	Input	Quarterly	No

Indicator Title	**Threshold (provincial benchmark) achieved for engineering maintenance jobs completed**
Short Definition	Threshold, determined by baseline data of previous financial years (trends) for engineering maintenance jobs completed (job cards closed expressed as percentage of job cards opened), achieved (or exceeded).
Data Limitations	Dependent on the accurate, complete and timeous notification / submission of requisition form(s) by facilities and the reliability of record keeping at engineering workshops and accurate capturing and processing of job cards issued / completed.
Purpose / Importance	To ensure achievement of provincial benchmark to promote safety in terms of building and engineering equipment at health facilities and to monitor progress on maintenance done by the Department.
Desired Performance	Threshold achieved or exceeded.
Responsibility	Director: Engineering and Technical Support

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Engineering maintenance job card database		Element: Assess performance against provincial benchmark	Compliance	Yes/No	Input	Quarterly	No

Indicator Title	**Percentage of hospitals achieving the provincial benchmark for water utilisation**
Short Definition	Increase the percentage of hospitals consuming less water per hospital bed per day than the provincial benchmark. Water consumption is measured in litres of water/bed/day and the provincial benchmark for each hospital has been set as follows: • 200 for Alexandra, Valkenberg, Brooklyn Chest, DP Marais, Harry Comay, Malmesbury ID, and Sonstraal Hospitals • 350 for Ceres, Citrusdal, Clanwilliam, False Bay, George, Helderberg, Hermanus, Khayelitsha, Knysna, Ladismith, Laingsburg, Mitchell's Plain, Mossel Bay, Mowbray Maternity, New Somerset, Otto du Plessis, Paarl, Radie Kotze, Stellenbosch, Swartland, Swellendam, Victoria, and Vredendal Hospitals as well as Western Cape Rehabilitation Centre • 400 for Eerste River, Montagu, Murraysburg, Oudtshoorn, Prince Albert, Stikland, Uniondale, and Vredenburg Hospitals • 450 for Riversdale, Robertson, and Wesfleur Hospitals • 500 for Beaufort West, Brewelskloof, Caledon, and Worcester Hospitals • 600 for Karl Bremer, Lentegeur and Red Cross War Memorial Children's Hospitals • 800 for LAPA Munnik Hospital • 900 for Groote Schuur Hospital • 1 000 for Tygerberg Hospital
Data Limitations	• Accuracy dependant 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).
Purpose / Importance	To monitor the water consumption per hospital bed per day against the provincial benchmark
Desired Performance	Higher percentage indicates that more hospitals are utilising less water (i.e. litres of water/bed/day) than the provincial benchmark.
Responsibility	Director: Engineering and Technical Support

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Utilities consumption spread sheet	Utilities bills List of hospitals	Numerator: Hospitals achieving the provincial benchmark for average water consumption per hospital bed per day Denominator: All provincial hospitals	%	100	Input	Annually	No

Indicator Title	**Percentage of Child Death Cases reviewed by the Child Death Review Boards**
Short Definition	Percentage of Child Death Cases reviewed by the Child Death Review Boards
Data Limitations	The information with regards to the number of Child Death Cases Reviewed to be collated within a register. The register will be archived on the Enterprise Content Management (ECM) System. Any issues affecting access to the ECM system or loss of data contained therein will affect the ability to report on the indicator.
Purpose / Importance	To embed good governance and values driven leadership practice through Clinical Governance and Leadership
Desired Performance	100%
Responsibility	FPS programme manager

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
Child Death Review Board Minutes Autopsy database		Numerator: Number of Child Death Cases Reviewed Denominator: Total number of Child Death Cases	%	100	Output	Quarterly	yes

Indicator Title	**Percentage of pharmaceutical stock available**
Short Definition	Percentage of pharmaceutical stock that is available at the Cape Medical Depot (CMD) from the list of stock that should be available at all times
Data Limitations	Accuracy dependant on the reliability of data on the MEDSAS system
Purpose / Importance	To ensure optimum pharmaceutical stock levels to meet demand
Desired Performance	Higher percentage indicate fewer items out of stock at the CMD
Responsibility	Director: Pharmacy Services

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
MEDSAS	Stock master	Numerator: Pharmaceutical items that are in stock at the CMD Denominator: Pharmaceutical items on the stock register	%	100	Input	Quarterly	No

Programme 8

Indicator Title	**Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)**
Short Definition	Capital expenditure expressed as a percentage of capital budget. (Excludes Programme 8 expenditure on maintenance, organisational development, quality assurance, health technology, EPWP and transfers.)
Data Limitations	Accuracy dependent on financial data recorded on BAS
Purpose / Importance	Tracks capital expenditure versus allocated capital budget
Desired Performance	• Total budget allocated is spent in accordance with the cash flow. • Higher percentage indicates efficient use of financial resources and improved health infrastructure and engineering equipment. Over-expenditure, if necessary funding is not available, however, is not desirable.
Responsibility	Director: Infrastructure Programme Delivery

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS		Numerator: Programme 8 capital infrastructure expenditure (excluding maintenance) Denominator: Programme 8 capital infrastructure budget (excluding maintenance)	%	100	Input	Quarterly	No

Indicator Title	**Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Eden District)**
Short Definition	Number of existing health facilities in NHI Pilot District (Eden District) where Capital, Scheduled Maintenance, or Management Contract projects have been completed (excluding new and replacement facilities).
Data Limitations	Accuracy dependent on reliability of information captured on project lists
Purpose / Importance	Tracks overall improvement and maintenance of existing facilities
Desired Performance	A higher number will indicate that more facilities were refurbished
Responsibility	Chief Director: Infrastructure and Technical Management

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
• Capital infrastructure project list • Scheduled Maintenance project list • Management Contract project list	Practical Completion Certificate or equivalent	Element: Number of health facilities in NHI Pilot District (Eden District) that have undergone major and minor refurbishment	Cumulative	1	input	Annually	No

Indicator Title	**Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)**
Short Definition	Number of existing health facilities outside NHI Pilot District (Eden District) where Capital, Scheduled Maintenance, or Management Contract projects have been completed (excluding new and replacement facilities).
Data Limitations	Accuracy dependent on reliability of information captured on project lists
Purpose / Importance	Tracks overall improvement and maintenance of existing facilities
Desired Performance	A higher number will indicate that more facilities were refurbished
Responsibility	Chief Director: Infrastructure and Technical Management

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
• Capital infrastructure project list • Scheduled Maintenance project list • Management Contract projects list	Practical Completion Certificate or equivalent	Element: Number of health facilities (excluding facilities in NHI Pilot District (Eden District)) that have undergone major and minor refurbishment	Cumulative	1	Input	Annually	No

Indicator Title	**Percentage of Programme 8 maintenance budget spent**
Short Definition	Programme 8 expenditure on maintenance projects expressed as a percentage of the Programme 8 budget allocation for maintenance
Data Limitations	Accuracy dependent on financial data recorded on BAS
Purpose / Importance	Tracks expenditure on maintenance
Desired Performance	Higher percentage indicates efficient use of financial resources and well maintained health facilities. Over-expenditure, if necessary funding is not available, is not desirable
Responsibility	Director: Infrastructure Programme Delivery

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS		Numerator: Programme 8 expenditure on maintenance Denominator: Programme 8 maintenance budget	%	100	Input	Quarterly	No

Indicator Title	**Percentage of Programme 8 health technology budget spent**
Short Definition	Programme 8 health technology expenditure expressed as a percentage of the Programme 8 health technology budget allocation
Data Limitations	Accuracy dependent on financial data recorded on BAS
Purpose / Importance	Tracks expenditure on health technology
Desired Performance	• Total budget allocated is spent in accordance with the cash flow. • Higher percentage indicates efficient use of financial resources and improved health technology. Over-expenditure, if necessary funding is not available, is not desirable.
Responsibility	Director: Health Technology

SOURCE		CALCULATION			CHARACTERISTICS		
System	Collection Tool	Method	Type	Factor	Type	Reporting Cycle	New
BAS		Numerator: Programme 8 health technology expenditure Denominator: Programme 8 health technology budget allocation	%	100	Input	Quarterly	No

Annexure C: List of Facilities

Primary Health Care Facilities

CAPE TOWN DISTRICT

SOUTHERN

Community Health Centres (CHCs)	1	Community Day Centres (CDCs)	5
• Retreat CHC		• Grassy Park CDC • Hout Bay Harbour CDC • Lady Michaelis CDC • Lotus River CDC • Ocean View CDC	
Clinics	**15**	**Specialised Clinics**	**0**
• Claremont Clinic • Diep River Clinic • Fish Hoek Clinic • Hout Bay Main Road Clinic • Klip Road Clinic • Lavender Hill Clinic • Masiphumelele Clinic • Muizenberg Clinic • Parkwood Clinic • Philippi Clinic • Alphen Clinic • Seawind Clinic • Strandfontein Clinic • Westlake Clinic • Wynberg Clinic			
Satellite Clinics	**3**	**Mobiles**	**0**
• Pelican Park Satellite Clinic • Simon's Town Satellite Clinic • Red Hill Satellite Clinic			

WESTERN

Community Health Centres (CHCs)	1	Community Day Centres (CDCs)	9
• Vanguard CHC		• Albow Gardens CDC • District 6 CDC • Du Noon CDC • Green Point CDC • Kensington CDC • Maitland CDC • Mamre CDC • Robbie Nurock CDC • Woodstock CDC	
Clinics	**9**	**Specialised Clinics**	**5**
• Chapel Street Clinic • Factreton Clinic • Table View Clinic • Langa Clinic • Maitland Clinic • Melkbosstrand Clinic • Protea Park Clinic • Saxon Sea Clinic • Spencer Road Clinic		• Atlantis Oral Health Centre • Hope Street Oral Health Centre • Maitland Oral Health Centre • Cape Town Reproductive Health Centre • Dorp Street Reproductive Health Centre	
Satellite Clinics	**3**	**Mobiles**	**4**
• Pella Satellite Clinic • Pinelands Satellite Clinic • Schotscheskloof Satellite Clinic		• Melkbosstrand Mobile 1 • Witsand Mobile 1 • Wolwerivier Mobile 1 • Albow Gardens Mobile 1	

KLIPFONTEIN

Community Health Centres (CHCs)	2	Community Day Centres (CDCs)	3
• Guguletu CHC • Hanover Park CHC		• Dr Abdurahman CDC • Heideveld CDC • Nyanga CDC	
Clinics	**9**	**Specialised Clinics**	**3**
• Guguletu Clinic • Hanover Park Clinic • Heideveld Clinic • Lansdowne Clinic • Manenberg Clinic • Masincedane Clinic • Nyanga Clinic • Silvertown Clinic • Vuyani Clinic		• Nyanga Junction Reproductive Health Centre • Eros Oral Health Centre • Silvertown Oral Health Centre	
Satellite Clinics	**4**	**Mobiles**	**0**
• Hazendal Satellite Clinic • Honeyside Satellite Clinic • Newfields Satellite Clinic • Ruimte Road Satellite Clinic			

MITCHELL'S PLAIN

Community Health Centres (CHCs)	1	Community Day Centres (CDCs)	3
• Mitchells Plain CHC		• Crossroads CDC • Inzame Zabantu CDC • Tafelsig CDC	
Clinics	**8**	**Specialised Clinics**	**3**
• Crossroads 1 Clinic • Eastridge Clinic • Lentegeur Clinic • Mzamomhle Clinic • Phumlani Clinic • Rocklands Clinic • Weltevreden Valley Clinic • Westridge Clinic		• Lentegeur Oral Health Centre • Westridge Oral Health Centre • Lentegeur Hospital Oral Health Centre	
Satellite Clinics	**1**	**Mobiles**	**0**
• Mandalay Satellite Clinic			

KHAYELITSHA

Community Health Centres (CHCs)	1	Community Day Centres (CDCs)	6
• Khayelitsha (Site B) CHC		• Kuyasa CDC • Matthew Goniwe CDC • Michael Mapongwana CDC • Nolungile CDC • Luvuyo CDC • Town 2 CDC	
Clinics	**3**	**Specialised Clinics**	**4**
• Mayenzeke Clinic • Nolungile Clinic • Zakhele Clinic		• Site B Youth Clinic • Site C Youth Clinic • Site B Male Clinic • Kuyasa Male Clinic	
Satellite Clinics	**0**	**Mobiles**	**1**
		• Khayelitsha (sub-district) Mobile	

EASTERN

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	8
		• Gustrouw CDC • Ikhwezi CDC • Nomzamo CDC • Kleinvlei CDC • Macassar CDC • Mfuleni CDC • Sir Lowry's Pass CDC • Strand CDC	
Clinics	**9**	**Specialised Clinics**	**0**
• Blue Downs Clinic • Dr Ivan Toms Clinic • Eerste River Clinic • Fagan Street Clinic • Gordon's Bay Clinic • Kuilsriver Clinic • Sarepta Clinic • Somerset West Clinic • Wesbank Clinic			
Satellite Clinics	**1**	**Mobiles**	**2**
• Driftsands Satellite Clinic		• Eastern (Sub-district) Mobile 1 • Macassar Mobile 1	

NORTHERN

Community Health Centres (CHCs)	1	Community Day Centres (CDCs)	3
• Kraaifontein CHC		• Durbanville CDC • Scottsdene CDC • Bothasig CDC	
Clinics	**9**	**Specialised Clinics**	**0**
• Bloekombos Clinic • Brackenfell Clinic • Brighton Clinic • Durbanville Clinic • Fisantekraal Clinic • Harmonie Clinic • Northpine Clinic • Scottsdene Clinic • Wallacedene Clinic			
Satellite Clinics	**0**	**Mobiles**	**0**

TYGERBERG

Community Health Centres (CHCs)	2	Community Day Centres (CDCs)	9
• Delft CHC • Elsies River CHC		• Bellville South CDC • Bishop Lavis CDC • Goodwood CDC • Parow CDC • Ravensmead CDC • Reed Street CDC • Ruyterwacht CDC • St Vincent Clinic (CCT) CDC • Symphony Way CDC	
Clinics	**10**	**Specialised Clinics**	**2**
• Adriaanse Clinic • Delft South Clinic • Dirkie Uys Clinic • Elsies River Clinic • Kasselsvlei Clinic • Netreg Clinic • Parow Clinic • Ravensmead Clinic • Uitsig Clinic • Valhalla Park Clinic		• Bellville Reproductive Health Centre • Tygerberg Community Dental Clinic	
Satellite Clinics	**3**	**Mobiles**	**0**
• Chestnut Satellite Clinic • Leonsdale Satellite Clinic • Men's Health Satellite Clinic			

CAPE TOWN DISTRICT TOTALS

Community Health Centres (CHCs)	9	Community Day Centres (CDCs)	46
Clinics	72	Specialised Clinics	17
Satellite Clinics	15	Mobiles	7

CAPE WINELANDS DISTRICT

BREEDE VALLEY LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Worcester CDC	
Clinics	**6**	**Specialised Clinics**	**0**
• De Doorns Clinic • Empilisweni (Worcester) Clinic • Orchard Clinic • Rawsonville Clinic • Sandhills Clinic • Touws River Clinic			
Satellite Clinics	**4**	**Mobiles**	**5**
• De Wet Satellite Clinic • Maria Pieterse Satellite Clinic • Overhex Satellite Clinic • Somerset Street Satellite Clinic		• Bossieveld Mobile 1 • Botha/Brandwacht Mobile 1 • De Wet Mobile 1 • Overhex Mobile 1 • Slanghoek Mobile 1	

DRAKENSTEIN LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	3
		• Mbekweni CDC • TC Newman CDC • Wellington CDC	
Clinics	**11**	**Specialised Clinics**	**1**
• Dalevale Clinic • Gouda Clinic • Huis McCrone Clinic • Klein Drakenstein Clinic • Nieuwedrift Clinic • Patriot Plein Clinic • Phola Park Clinic • Saron Clinic • Simondium Clinic • Soetendal/Hermon Clinic • Windmeul Clinic		• Wellington Reproductive Health Centre	
Satellite Clinics	**0**	**Mobiles**	**6**
		• Dal / E de Waal Mobile 1 • Gouda Mobile 1 • Hermon Mobile 1 • Hexberg Mobile 1 • Simondium Mobile 1 • Windmeul Mobile 1	

LANGEBERG LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	**7**	**Specialised Clinics**	**1**
• Bergsig Clinic • Cogmanskloof Clinic • Happy Valley Clinic • McGregor Clinic • Montagu Clinic • Nkqubela Clinic • Zolani Clinic		• Langeberg Sub-District Oral Health Centre	
Satellite Clinics	**0**	**Mobiles**	**6**
		• Bonnievale Mobile 1 • McGregor Mobile 1 • Montagu Mobile 1 • Montagu Mobile 2 • Robertson Mobile 1 • Robertson Mobile 2	

STELLENBOSCH LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Cloetesville CDC	
Clinics	**7**	**Specialised Clinics**	**0**
• Aan-het-Pad Clinic • Don and Pat Bilton Clinic • Groendal Clinic • Idas Valley Clinic • Kayamandi Clinic • Klapmuts Clinic • Kylemore Clinic			
Satellite Clinics	**2**	**Mobiles**	**5**
• Dirkie Uys Street Satellite Clinic • Rhodes Fruit Farm Satellite Clinic		• Devon Valley Mobile 1 • Franschhoek Mobile 1 • Groot Drakenstein Mobile 1 • Koelenhof Mobile 1 • Strand Road Mobile 1	

WITZENBERG LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Ceres CDC	
Clinics	**8**	**Specialised Clinics**	**0**
• Annie Brown Clinic • Bella Vista Clinic • Breerivier Clinic • Nduli Clinic • Op die Berg Clinic • Tulbagh Clinic • Prince Alfred Hamlet Clinic • Wolseley Clinic			
Satellite Clinics	**0**	**Mobiles**	**6**
		• Koue Bokkeveld Mobile 1 • Skurweberg Mobile 1 • Prince Alfred Hamlet Mobile 1 • Tulbagh Mobile 1 • Warm Bokkeveld Mobile 1 • Wolseley Mobile 1	

CAPE WINELANDS DISTRICT TOTALS

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

CENTRAL KAROO DISTRICT

BEAUFORT WEST LOCAL MUNICIPALITY

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

LAINGSBURG LOCAL MUNICIPALITY

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

PRINCE ALBERT LOCAL MUNICIPALITY

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

CENTRAL KAROO DISTRICT TOTALS

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
Clinics	8	Specialised Clinics	0
Satellite Clinics	3	Mobiles	6

EDEN DISTRICT

BITOU LOCAL MUNICIPALITY

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

GEORGE LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	2
		• Conville CDC • Thembalethu CDC	
Clinics	**10**	**Specialised Clinics**	**1**
• Blanco Clinic • Haarlem Clinic • Kuyasa (George)Clinic • George Central Clinic • Lawaaikamp Clinic • Pacaltsdorp Clinic • Parkdene Clinic • Rosemoor Clinic • Touwsranten Clinic • Uniondale (Lyonsville)Clinic		• George Oral Health Centre	
Satellite Clinics	**1**	**Mobiles**	**3**
• Herold Satellite Clinic		• George Mobile 1 • Herold Mobile 1 • Uniondale Mobile 1	

HESSEQUA LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	**4**	**Specialised Clinics**	**0**
• Albertinia Clinic • Heidelberg Clinic • Melkhoutfontein Clinic • Riversdale Clinic			
Satellite Clinics	**2**	**Mobiles**	**3**
• Slangrivier Satellite Clinic • Still Bay Satellite Clinic		• Albertinia Mobile 1 • Heidelberg Mobile 1 • Riversdale Mobile 1	

KANNALAND LOCAL MUNICIPALITY

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

KNYSNA LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Knysna CDC	
Clinics	**5**	**Specialised Clinics**	**0**
• Hornlee Clinic • Keurhoek Clinic • Khayelethu Clinic • Knysna Town Clinic • Sedgefield Clinic			
Satellite Clinics	**1**	**Mobiles**	**3**
• Karatara Satellite Clinic		• Knysna Mobile 1 • Sedgefield Mobile 1 • The Plett Aid Foundation (Knysna) Mobile 1	

MOSSELBAY LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Alma CDC	
Clinics	**3**	**Specialised Clinics**	**0**
• D'Almeida Clinic • Eyethu Clinic • Great Brak River Clinic			
Satellite Clinics	**7**	**Mobiles**	**3**
• Brandwacht Satellite Clinic • Dana Bay Satellite Clinic • Friemersheim Satellite Clinic • George Road Satellite Clinic • Hartenbos Satellite Clinic • Herbertsdale Satellite Clinic • Sonskynvallei satellite Clinc		• Alma Mobile 1 • Brandwacht Mobile 1 • Groot Brak Mobile 1	

OUDTSHOORN LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Bridgeton CDC	
Clinics	**5**	**Specialised Clinics**	**2**
• Bongolethu Clinic • Dysselsdorp Clinic • De Rust (Blommenek) Clinic • Oudtshoorn Clinic • Toekomsrus Clinic		• Oudtshoorn Oral Health Centre • Oudtshoorn Army Base Reproductive Health Centre	
Satellite Clinics	**0**	**Mobiles**	**3**
		• De Rust Mobile 1 • Oudtshoorn Mobile 1 • Oudtshoorn Mobile 3	

EDEN DISTRICT TOTALS

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	6
Clinics	35	Specialised Clinics	3
Satellite Clinics	13	Mobiles	21

OVERBERG DISTRICT

CAPE AGULHAS LOCAL MUNICIPALITY

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

OVERSTRAND LOCAL MUNICIPALITY

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

SWELLENDAM LOCAL MUNICIPALITY

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

THEEWATERSKLOOF LOCAL MUNICIPALITY

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

OVERBERG DISTRICT TOTALS

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

WEST COAST DISTRICT

BERGRIVIER LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	**3**	**Specialised Clinics**	**0**
• Piketberg Clinic • Porterville Clinic • Velddrif Clinic			
Satellite Clinics	**5**	**Mobiles**	**2**
• Aurora Satellite Clinic • Eendekuil Satellite Clinic • Goedverwacht Satellite Clinic • Redelinghuys Satellite Clinic • Wittewater Satellite Clinic		• Piketberg Mobile 6 • Porterville Mobile 1	

CEDERBERG LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	**6**	**Specialised Clinics**	**0**
• Citrusdal Clinic • Clanwilliam Clinic • Elandsbay Clinic • Graafwater Clinic • Lamberts Bay Clinic • Wupperthal Clinic			
Satellite Clinics	**1**	**Mobiles**	**4**
• Leipoldtville Satellite Clinic		• Citrusdal Mobile 1 • Clanwilliam Mobile 1 • Graafwater Mobile 1 • Elands Bay Mobile 1	

MATZIKAMA LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	**5**	**Specialised Clinics**	**0**
• Klawer Clinic • Lutzville Clinic • Van Rhynsdorp Clinic • Vredendal North Clinic • Vredendal Central Clinic			
Satellite Clinics	**9**	**Mobiles**	**4**
• Bitterfontein Satellite Clinic • Doringbaai Satellite Clinic • Ebenhaezer Satellite Clinic • Kliprand Satellite Clinic • Koekenaap Satellite Clinic • Molsvlei Satellite Clinic • Nuwerus Satellite Clinic • Rietpoort Satellite Clinic • Stofkraal Satellite Clinic		• Klawer Mobile 1 • Lutzville Mobile 1 • Van Rhynsdorp Mobile 1 • Vredendal Mobile 1	

SALDANHA BAY LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	0
Clinics	**8**	**Specialised Clinics**	**0**
• Diazville Clinic • Hanna Coetzee Clinic • Laingville Clinic • Lalie Cleophas Clinic • Langebaan Clinic • Louwville Clinic • Saldanha Clinic • Vredenburg Clinic			
Satellite Clinics	**2**	**Mobiles**	**1**
• Paternoster Satellite Clinic • Sandy Point Satellite Clinic		• Hopefield Mobile 1	

SWARTLAND LOCAL MUNICIPALITY

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
		• Malmesbury CDC	
Clinics	**4**	**Specialised Clinics**	**0**
• Darling Clinic • Moorreesburg Clinic • Riebeek Kasteel Clinic • Riebeek West Clinic			
Satellite Clinics	**6**	**Mobiles**	**3**
• Abbotsdale Satellite Clinic • Chatsworth Satellite Clinic • Kalbaskraal Satellite Clinic • Koringberg Satellite Clinic • Riverlands Satellite Clinic • Yzerfontein Satellite Clinic		• Darling Mobile 1 • Malmesbury Mobile 4 • Moorreesburg Mobile 1	

WEST COAST DISTRICT TOTALS

Community Health Centres (CHCs)	0	Community Day Centres (CDCs)	1
Clinics	26	Specialised Clinics	0
Satellite Clinics	23	Mobiles	14

Hospitals

DISTRICT HOSPITALS

Cape Town (8)		Cape Winelands (4)	
• Eerste River Hospital • False Bay Hospital • Helderberg Hospital • Karl Bremer Hospital	• Khayelitsha Hospital Mitchells Plain Hospital • Victoria Hospital • Wesfleur Hospital	• Ceres Hospital • Montagu Hospital • Robertson Hospital • Stellenbosch Hospital	
Central Karoo (4)		**Eden (6)**	
• Beaufort West Hospital • Laingsburg Hospital	• Murraysburg Hospital • Prince Albert Hospital	• Knysna Hospital • Ladismith (Alan Blyth) Hospital • Mossel Bay Hospital	• Oudtshoorn Hospital • Riversdale Hospital • Uniondale Hospital
Overberg (4)		**West Coast (7)**	
• Caledon Hospital • Hermanus Hospital	• Otto Du Plessis Hospital • Swellendam Hospital	• Citrusdal Hospital • Clanwilliam Hospital • LAPA Munnik Hospital • Radie Kotze Hospital	• Swartland Hospital • Vredenburg Hospital • Vredendal Hospital

REGIONAL HOSPITALS

Cape Town (2)	Cape Winelands (2)
• Mowbray Maternity Hospital • New Somerset Hospital	• Paarl Hospital • Worcester Hospital
Eden (1)	
• George Hospital	

TUBERCULOSIS HOSPITALS

Cape Town (2)	Cape Winelands (1)
• Brooklyn Chest Hospital • DP Marais Hospital	• Brewelskloof Hospital
Eden (1)	**West Coast (2)**
• Harry Comay Hospital	• Malmesbury ID Hospital • Sonstraal Hospital[19]

PSYCHIATRIC HOSPITALS

Cape Town (4)	
• Alexandra Hospital • Lentegeur Hospital	• Stikland Hospital • Valkenberg Hospital

REHABILITATION HOSPITALS

Cape Town (1)
• Western Cape Rehabilitation Centre

CENTRAL HOSPITALS

Cape Town (2)
• Groote Schuur Hospital • Tygerberg Hospital

TERTIARY HOSPITALS

Cape Town (1)
Red Cross War Memorial Children Hospital

[19] Sonstraal Hospital is physically located in the Cape Winelands District but is managed by the West Coast District with Malmesbury ID Hospital.

Other

INTERMEDIATE CARE FACILITIES

Cape Town (12)

- Baphumelele Respite Care Centre
- Booth Memorial
- Conradie Care Centre
- Lizo Nobanda
- Maitland Cottage
- Helderberg Step Down Facility
- Living Hope Trust
- Sarah Fox
- St Joseph's
- Stepping Stones
- Tygerberg Trust
- Lentegeur Intermediate Care

Cape Winelands (6)

- Boland Step Down Facility
- Bram Care Step Down Facility
- Ceres Step Down Facility
- Drakenstein Intermediate Care Step Down Facility
- Franschhoek Hospice HBC
- Stellenbosch Hospice

Central Karoo (3)

- Cornerstone Step Down Facility
- Nelspoort Hospital
- Nelspoort Palliative Step Down Facility

Eden (5)

- @ Peace Palliative Step Down Facility
- Bethesda CMSR Step Down Facility
- Knysna Sedgefield Hospice
- Knysna Sub-Acute Facility
- Oudtshoorn FAMSA Hospice

Overberg (2)

- Overstrand Care Centre
- Themba Care (Theewaterskloof) Intermediate Care

West Coast (5)

- Sederhof / ACVV Clanwilliam Intermediate Care Service
- LAPA Munnik Step Down Facility
- Siyabonga Step Down Facility
- Vredendal Old Age Home Convalescent Unit
- Goue Aar Intermediate Care

EMERGENCY MEDICAL SERVICES AMBULANCE STATIONS

Cape Town (4)

- Khayelitsha Eastern
- Lentegeur Southern
- Pinelands Western
- Tygerberg Northern

Cape Winelands (10)

- Bonnievale
- Ceres
- De Doorns
- Stellenbosch
- Montagu
- Paarl
- Robertson
- Touws River
- Tulbagh
- Worcester

Central Karoo (5)

- Beaufort West
- Laingsburg
- Leeu-Gamka
- Murraysburg
- Prince Albert

Eden (11)

- Calitzdorp
- Dysselsdorp
- George
- Heidelberg
- Knysna
- Ladismith
- Mossel Bay
- Oudtshoorn
- Plettenberg Bay
- Riversdale
- Uniondale

Overberg (8)

- Barrydale
- Bredasdorp
- Caledon
- Grabouw
- Hermanus
- Riviersonderend
- Swellendam
- Villiersdorp

West Coast (11)

- Bitterfontein
- Citrusdal
- Clanwilliam
- Darling
- Lamberts Bay
- Malmesbury
- Moorreesburg
- Piketberg
- Porterville
- Vredenburg
- Vredendal

FORENSIC PATHOLOGY LABORATORIES (MORTUARIES)

Cape Town (2)

- Salt River
- Tygerberg

Cape Winelands (3)

- Paarl
- Wolseley
- Worcester

Central Karoo (2)

- Beaufort West
- Laingsburg

Eden (5)

- George
- Knysna
- Mossel Bay
- Oudtshoorn
- Riversdale

Overberg (1)

- Hermanus

West Coast (3)

- Malmesbury
- Vredenburg
- Vredendal

Miscellaneous

Cape Town (1)

- Heideveld EC (GFJ)
- Orthotic and Prosthetic Centre

Abbreviations

5Ls	Long life, loose fit, low impact, luminous healing space and lean design and construction
AGSA	Auditor-General of South Africa
AIDS	Acquired immune deficiency syndrome
ANC	Antenatal Care
APL	Approved post list
ARV	Anti-retroviral
ATA	Assistant-to-Artisan
BMI	Budget Management Instrument
CA	Compliance Assessment
CBS	Community-based services
CDC	Community Day Centre
CDU	Chronic Dispensing Unit
CDR	Child Death Review
CEI	Centre of E Innovation
CFO	Chief Financial Officer
CHC	Community Health Centre
CIDB	Construction Industry Development Board
CMD	Cape Medical Depot
COIDA	Compensation for Occupational Injuries and Diseases Act
COPC	Community Orientated Primary Care
CPUT	Cape Peninsula University of Technology
DHS	District Health Services
DOCS	Department of Community Safety
DoRA	Division of Revenue Act
DotP	Department of the Premier
DPSA	Department of Public Service and Administration
DTaP-IPV-HepB-Hib	Diphtheria, Tetanus, Pertussis (acellular, component), Hepatitis B (DNA), poliomyelitis (inactivated) and *Haemophilus Influenzae* Type B conjugate vaccine (adsorbed) (Hexaxim)
ECM	Enterprise Content Management
EDR.web	Electronic Drug Resistant software
EHWP	Employee Health and Wellness Programme
EMC	Emergency Medical Care
EMS	Emergency Medical Services
EPWP	Extended Public Works Programme
ESL	Essential Supplies List
ETR.net	Electronic Tuberculosis Register
FAMSA	Family and Marriage Society of South Africa
FMC	Financial Management Committee
FPS	Forensic Pathology Services
FTE	Full Time Equivalent

GGHH	Global Green & Healthy Hospitals
GHS	General Household Survey
HAST	HIV/AIDS, STI's and Tuberculosis
HCBC	Home and Community Based Care
HCSS	Health Care Support Services
HEI	Higher Education Institution
HFM	Health Facilities Management
HFRG	Health Facility Revitalisation Grant
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPTDG	Health Professions Training and Development Grant
HPV	Human Papilloma Virus
HRD	Human Resource Development
HSRC	Human Sciences Research Council
HST	Health Sciences and Training
HST	Health Systems Trust
HT	Health Technology
HTA	High transmissions areas
IA	Internal assessment
ICAS	Independent Counselling and Advisory Services
ICS	Improvement of Conditions of Service
ICT	Information Communication Technology
ICU	Intensive Care Unit
IDMS	Infrastructure Delivery Management System
IHCC	Independent Health Complaints Committee
IM	Information Management
IMF	International Monetary Fund
iMMR	Institutional Maternal Mortality Rate
IMR	Infant Mortality Rate
IPC	Infection, Prevention and Control
IPT	Isoniazide Prevention Therapy
IUCD	Intrauterine Contraceptive Device
ISHP	Integrated School Health Programme
IT	Information Technology
JAC	Pharmaceutical Management System
Mbps	Megabits per second
MCWH	Maternal, Child and Women's Health
MDR	Multi-drug resistant
MDHS	Metro District Health Services
MEAP	Management Efficiency Alignment Project
MEC	Member of Executive Council

MEDSAS	Medical Stores Administration System
MIS	Municipal Information System for Infrastructure
MLA	Multilevel agreement
MMC	Medical Male Circumcisions
MOU	Midwife Obstetrics Unit
MTCT	Mother to Child Transmission
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NCD	Non-communicable diseases
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCS	National Core Standards
NDoH	National Department of Health
NHI	National Health Insurance
NIDS	National Indicator Data Set
NOP	National Operational Plan
NPO	Nonprofit Organisations
NT	National Treasury
NTSG	National Tertiary Services Grant
OHS	Occupational Health and Safety
OHSA	Occupational Health and Safety Act
OSD	Occupation Specific Dispensation
PAIA	Promotion of Access to Information Act
PAY	Premier's Advancement of Youth
PBI	Performance Based Incentive
PCR	Polymerase chain reaction
PDE	Patient Day Equivalents
PERSAL	Personnel and Salary Information System
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHCIS	Primary Healthcare Information System
PILIR	Procedure on incapacity leave and ill-health retirement
PHS	Provincial Hospital Services
POPI	Protection of Personal Information Act
PPP	Public Private Partnerships
PSG	Provincial Strategic Goal
PT	Provincial Treasury
PTI	Provincial Treasury Instruction
QA	Quality Assurance
RCWMCH	Red Cross War Memorial Children's Hospital
RDHS	Rural District Health Services
RMS	Rapid Mortality Surveillance
SA-NHANES	South African National Health and Nutrition Examination Survey

SAPS	South African Police Service
SHERQ	Safety, Health, Environment, Risk, and Quality
SINJANI	Standard Information Jointly Assembled by Networked Infrastructure
SIPDM	Standard for Infrastructure Procurement and Delivery Management
SITA	State Information Technology Agency
SLA	Service level agreements
SOP	Standard operating procedures
STI	Sexually Transmitted Infections
Stats-SA	Statistics South Africa
TB	Tuberculosis
TEXCO	Top Executive Committee
TPW	Transport and Public Works
U5MR	Under-five Mortality Rate
UTT	Universal Test and Treat
U-AMP	User Asset Management Plan
UNAIDS	Joint United Nations Programme on HIV/AIDS
UWC	University of the Western Cape
WCCN	Western Cape College of Nursing
WCG	Western Cape Government
WCRC	Western Cape Rehabilitation Centre
WHO	World Health Organisation
WoW	Western Cape On Wellness
YLL	Years of life lost

List of Sources

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