Western Cape Government
BETTER TOGETHER.

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

DISTRICT HEALTH PLAN 2017/18

WESTERN CAPE

CAPE METRO HEALTH DISTRICT

1. STATEMENT BY THE HOD

The Western Cape Department of Health enters the next medium term period (2016 to 2019) with a budget allocation that is projected to shrink in real terms. This, together with an escalating burden of disease and consequent service pressures, makes for a seriously challenging environment. However, all of us will have to find a way to focus and implement the key leverage points that will set us on the path to Healthcare 2030. And, given the budget pressures, increasing efficiency and productivity in every corner of the Department is mandatory to get the best value for the health rand.

We need to strengthen the health system through, amongst others, improving local management and supervision at facility level, and building cohesion between the various segments of the health service, from the direct patient-facing entities, to the enabling support services. Our focus should be on prevention and promotion, quality and efficiency.

Preventative measures should range from interventions to address the broader societal issues within the Western Cape Government's strategic goal of *Improving Wellness, Safety and Reducing Social Ills*, to more specific measures to optimise the opportunity of engaging patients and their relatives within the health service.

The Western Cape Minister of Health, Dr. Mbombo identified the following priorities for the next four years:

a) Develop strategies to improve the quality of care and make the service more patient-centric. In particular, the patient experience, including waiting times at health facilities, must be improved.
b) The Department will become more supportive and caring for the staff, especially those working at the coalface of health service delivery.
c) Encourage active citizenry through increased individual and community involvement - both to take responsibility for their own healthy lifestyles and wellness as well as being involved in the governance of health services. With regards to the latter, the Minister will review the variety of existing forums and structures to give this greater effect. The desire for a healthy population will require the whole of society to work closely together. This will include our partners such as non-profit organisations, the private sector, higher education institutions and organised labour.
d) Continue to strengthen primary health care and district health service as the base of the health service.
e) The health of mothers and children.

Finally, I would like to take the opportunity to personally endorse this District Health Plan, and I undertake to provide the necessary leadership to ensure the successful implementation and monitoring and evaluation of the plan.

Dr. Beth Engelbrecht
Head of Department

2. ACKNOWLEDGEMENTS

Members of the Chief Director's Office, Sub-structure Directors and Teams, City of Cape Town Municipality Executive Director Social Services, Director City Health and Team, and Provincial Support Services worked under the direction of the Chief Director: Metro District Health Services to complete this report.

3. OFFICIAL SIGN OFF

It is hereby certified that this District Health Plan:

- Was developed by the district management team of City of Cape Town with the technical support from the provincial district development directorate and the strategic planning unit.
- Was prepared in line with the current Strategic Plan and Annual Performance Plan of the Department of Health of Western Cape Province.

Date: 28/4/2017

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Chief Director: Metro District Health Services
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Date: 03/05/2017

Mr E Sass
Executive Director: Social Services
City of Cape Town

Date: 05/05/2017

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Date:

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5. LIST OF ACRONYMS

Table 1: Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average length of stay
ANC	Ante Natal Care
APP	Annual Performance Plan
BOR	Bed Occupancy Rate
CCT	City of Cape Town Municipality
CHC	Community Health Centre
CHWs	Community Health Workers
CPN	Chief Professional Nurse
DHAC	District Health Advisory Council
DHC	District Health Council
DHER	District Health Expenditure Review
DHIS	District Health Information System
DHP	District Health Plan
DHS	District Health System
DIO	District Information Officer
DoH	Department of Health
DOTS	Directly Observed Treatment Short-course
EHS	Environmental Health Services
ENAs	Enrolled Nursing Auxiliaries
ENs	Enrolled Nurses
FTE	Full-time Equivalent
GIS	Geographic Information System
HAST	HIV and AIDS and STI and TB
HPP	Health Promotion Practitioners
HPS	Health Promoting School
IMCI	Integrated Management of Childhood Illness
HBC	Home based care
HIV	Human Immuno-deficiency Virus

HR	Human Resources
IDP	Integrated Development plan
IEC	Information, Education & Communication
INP	Integrated Nutrition Programme
LG	Local Government
MCWH&N	Maternal Child and Women's Health and Nutrition
MC	Mobile clinic
MDG's	Millennium Development Goals
MDR	Multi-Drug Resistant
MHS	Municipal Health Services
MTEF	Medium-Term Expenditure Framework
NDOH	National Department of Health
NHLS	National Health Laboratory System
NHA	National Health Act of 2003
NPO	Non-profit Organisation
OPD	Outpatient Department
PDE	Patient Day Equivalent
PDOH	Provincial Department of Health
PFMA	Public Finance Management Act
PHC	Primary Health Care
PMDS	Performance Management and Development System
PMTCT	Prevention of Mother-to-Child Transmission
PN	Professional Nurse
PPP	Public/Private Partnership
QOC	Quality of care
SLA	Service Level Agreement
STI	Sexually Transmitted Infection
STP	Service Transformation Plan
TB	Tuberculosis

NB:

While every attempt is made to check data, errors do occur on occasion. If you have any queries about the data, please check with the technical support officials who assisted in compiling this document.

6. EXECUTIVE SUMMARY BY DISTRICT MANAGER

The Cape Metro Health District in the Western Cape Province will have an estimated population of just over 4 million in 2017. The District has a quadruple burden of disease of HIV/ AIDS, non-communicable diseases, communicable diseases and injuries as reflected in the mortality patterns. Accurate population figures remain a challenge with different sources providing significantly different estimates at sub-district level and for certain age groups. The National Department of Health is in the process of addressing this issue. However, the District has used the different sources to improve planning rather than seeing this as a disadvantage. The Western Cape Government (WCG): Health and City of Cape Town both have a service delivery platform providing health care jointly to the population of the District under the cover of a service level agreement. Good progress has been made with respect to MDGs with the District doing slightly better than the Provincial average for most indicators. HIV prevalence amongst pregnant women has remained stable while TB incidence as reflected in case detection rates continues to come down. Challenges include achieving good immunisation coverage, a drop in retaining HIV patients in care, vitamin A coverage and cure rates for multidrug resistant TB patients. Quality of care continues to be a major focus for the District.

This district health plan for 2017/18 is aimed at addressing the major disease burdens in the district inclusive of preventive and curative strategies. Achieving better immunisation coverage and better ART retention in care are two areas which will be highlighted in the coming year. Both of these will be addressed through two important focus areas for the Western Cape Government: Health, the first 1000 days programme and the 90 90 90 strategy. Improving quality of care will be supported by increasing capacity and strengthening quality of care systems. There is ongoing infrastructure development to address the needs of the population as well as equity in access to health care. Budget constraints will be a key focus in the next few years so increased efficiency will an important part of management plans in the next financial year.

Restructuring and reform initiatives for the primary health care system at both National and Provincial level are an important part of District discussions and these are ongoing. Exploring good models of community orientated primary care (COPC) will be an important focus in the coming year.

The City of Cape Town Municipality has undergone a major restructuring process and its ongoing implementation will occur over the next year. Similarly, the Western Cape Government: Health is also exploring restructuring of its services. Both initiatives are intended to improve the efficiency and effectiveness of health care delivery.

STRATEGIC CONTEXT

7. SITUATION ANALYSIS

7.1 Major demographic characteristics

Total population for 2017 is projected at 4136 346 (circular H28 of 2014). There are 2 087 186 females and 2 049 160 males. There is very little difference between male (49%) and female (51%) population overall.

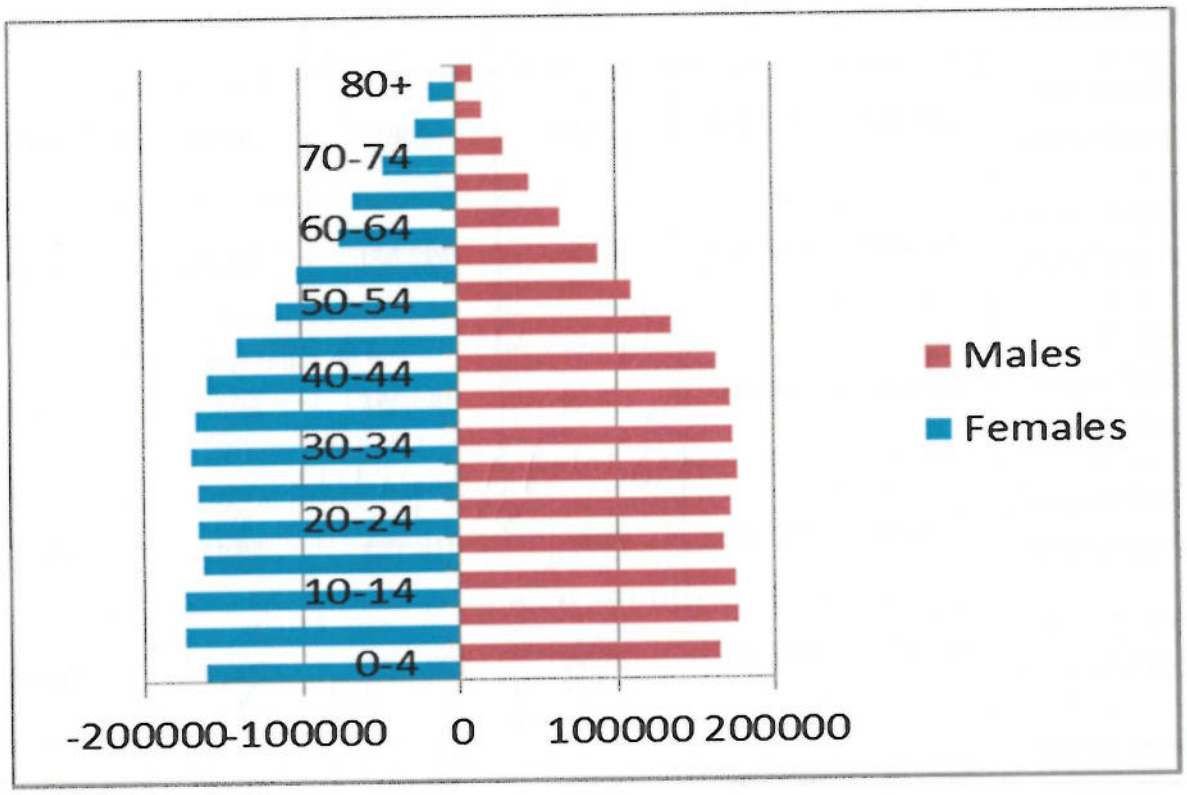

Figure 1: Population pyramid Cape Metro 2017 population (circular H28 of 2014)

As previously noted, the population pyramid shows a significant bulge in adult population of working age possibly due to migration to the Cape Metro Health District for job opportunities and a female predominance in the older age groups most likely due to better survival by women in these age groups.

The uninsured population projection for the Cape Metro Health District is at 76.65% and the dependent population is estimated at 87.2%.

Table 2: Uninsured population

Organisation unit	SD Tot Pop (2017)	SD Pop uninsured	% pop uninsured	SD Pop dependent (2017)	% population dependent	CCT population estimate (2017)
Cape Town Western Health sub-District	518 022	397 048	76.65	423185	81.8%	542291
Mitchells Plain Health sub-District	460 863	353 252	76.65	518811	92.6%	564316
Cape Town Eastern Health sub-District	531 252	432 200	76.65	493 831	88.3%	565944
Cape Town Southern Health sub-District	631 988	484 419	76.65	455 357	80.1%	574729
Cape Town Northern Health sub-District	417 819	320 258	76.65	312 163	78.1%	404182
Tygerberg Health sub-District	664 307	509 191	76.65	589 463*	89.7%	665003
Klipfontein Health sub-District	423 156	324 349	76.65	384 821	91.5%	427444
Khayelitsha Health sub-District	458 959	351 792	76.65	409 426	95.0%	435836
DISTRICT TOTAL	**4 136 346**	**3 170 509**	**76.65**	**3 586 956**	**87.2%**	**4179745**

Sources:

Circular H28 2014 (total and uninsured population)

Dependent population – N Zinyakatira (Health Impact Assessment, Western Cape Government: Health)

CCT population estimates – K Small CCT projected by H Mahomed (MDHS, Western Cape Government: Health)

Refer to Table 3 for the population estimates adjustments

Table 3: Population Estimates Adjustments

DHIS 2016 - 2017 Population Estimates Adjustments					
	2016	**2017**		**2016**	**2017**
Female under 1 year	30,709	30318	Male under 1 year	31,362	30772
Female 1 year	31,835	31422	Male 1 year	32,551	32038
Female 02-04 years	100,470	99377	Male 02-04 years	102,666	101607
Female 05-09 years	174862	174578	Male 05-09 years	177651	177451
Female 10-14 years	171599	173790	Male 10-14 years	173850	175366
Female 15-19 years	159791	163065	Male 15-19 years	165706	168371
Female 20-24 years	163805	165608	Male 20-24 years	170395	172030
Female 25-29 years	163293	165414	Male 25-29 years	174259	176179
Female 30-34 years	170153	169579	Male 30-34 years	172195	174092
Female 35-39 years	164690	167419	Male 35-39 years	170331	172286
Female 40-44 years	158754	159769	Male 40-44 years	160366	163297
Female 45-49 years	133394	140267	Male 45-49 years	128739	135871
Female 50-54 years	113333	115396	Male 50-54 years	107369	110097
Female 55-59 years	97499	101243	Male 55-59 years	86257	89947
Female 60-64 years	70479	74588	Male 60-64 years	62200	65344
Female 65-69 years	63709	65650	Male 65-69 years	44805	46761
Female 70-74 years	43742	46481	Male 70-74 years	28228	29874
Female 75-79 years	24644	26405	Male 75-79 years	16393	17034
Female 80 years and older	14306	16817	Male 80 years and older	8781	10752
Total	2051066	**2087186**		2014101	**2049160**

Source: Circular H28 of 2014

7.2 Social determinants of health

These Social Determinants are likely to have an impact on the health status outcomes of the District Population.

Table 4: Social Determinants of Health

Name of Sub-district	Data source	Development Indicators							
		Unemployment rate	Percentage of population living below R4800 per annum	Households with access to portable water on their plot	Number of households in Informal dwelling (estimate)	Number of households in traditional structures	Percentage of Households with access to sanitation (flush toilets)	Percentage of Households with access to electricity for cooking	
District Total	Census 2011	29.8%	16.4%	87.3%	20.5%	0	90.2%	87.6%	

While access to basic services such as water, flush toilets and electricity is high (>85%), unemployment levels are still high (30%), a substantial proportion of households earn <R4800 per annum (16%) and live in informal dwellings (20.5%). These latter factors mean that diseases of poverty are important in the District and appropriate steps need to be taken to address these inter-sectoral issues on an ongoing basis.

7.3 Epidemiological (disease) profile of the District

7.3.1 Top 10 causes of death

The top 10 causes of premature death in the district reflects the quadruple burden of disease as it includes chronic diseases, HIV/AIDS, violence/ injuries and communicable diseases. The pattern of 10 ten causes is similar amongst the sub-districts with some variations in ranking. The profile is similar to other districts in the province, but with interpersonal violence being ranked higher in the Metro (data not shown). Refer to Table 5.

Table 5: Top 10 major causes of premature deaths

Rank	CT Eastern	CT Khayelitsha	CT Klipfontein	CT Mitchells Plain	CT Northern	CT Southern	CT Tygerberg	CT Western	Cape Town
1	HIV/AIDS (13.4%)	HIV/AIDS (20.0%)	Interpersonal violence (15.2%)	Interpersonal violence (16.1%)	HIV/AIDS (12.8%)	Ischaemic heart disease (10.1%)	Interpersonal violence (12.8%)	HIV/AIDS (10.0%)	Interpersonal violence (12.4%)
2	Interpersonal violence (9.8%)	Interpersonal violence (18.3%)	HIV/AIDS (10.1%)	HIV/AIDS (9.0%)	Interpersonal violence (9.4%)	Interpersonal violence (7.6%)	Ischaemic heart disease (8.1%)	Interpersonal violence (9.9%)	HIV/AIDS (10.9%)
3	Tuberculosis (6.5%)	Tuberculosis (6.8%)	Tuberculosis (6.6%)	Ischaemic heart disease (6.1%)	Ischaemic heart disease (7.6%)	HIV/AIDS (7.0%)	HIV/AIDS (7.4%)	Ischaemic heart disease (7.7%)	Ischaemic heart disease (6.8%)
4	Ischaemic heart disease (6.1%)	Road injuries (5.7%)	Ischaemic heart disease (6.3%)	Lower respiratory infections (5.8%)	Tuberculosis (5.8%)	Cerebrovascular disease (5.6%)	Tuberculosis (5.9%)	Cerebrovascular disease (5.1%)	Tuberculosis (5.8%)
5	Cerebrovascular disease (5.2%)	Lower respiratory infections (5.5%)	Diabetes mellitus (4.9%)	Tuberculosis (5.6%)	Road injuries (5.3%)	Diabetes mellitus (5.1%)	Cerebrovascular disease (5.5%)	Tuberculosis (5.0%)	Cerebrovascular disease (4.7%)
6	Lower respiratory infections (4.6%)	Cerebrovascular disease (2.8%)	Lower respiratory infections (4.5%)	Diabetes mellitus (5.1%)	Trachea/bronchi/lung CA (5.3%)	Trachea/bronchi/lung CA (5.1%)	Diabetes mellitus (5.1%)	Road injuries (4.6%)	Lower respiratory infections (4.4%)
7	Diabetes mellitus (4.2%)	Diabetes mellitus (2.5%)	Cerebrovascular disease (4.2%)	Cerebrovascular disease (3.9%)	Cerebrovascular disease (4.4%)	Tuberculosis (4.2%)	Trachea/bronchi/lung CA (5.0%)	Trachea/bronchi/lung CA (4.3%)	Diabetes mellitus (4.3%)
8	Trachea/bronchi/lung CA (3.8%)	Self-inflicted injuries (2.5%)	Trachea/bronchi/lung CA (4.1%)	Trachea/bronchi/lung CA (3.7%)	Lower respiratory infections (3.9%)	COPD (3.9%)	Road injuries (3.9%)	Diabetes mellitus (4.0%)	Trachea/bronchi/lung CA (4.1%)
9	Road injuries (3.6%)	Nephritis/nephrosis (2.5%)	COPD (3.1%)	Road injuries (3.6%)	COPD (3.7%)	Lower respiratory infections (3.6%)	COPD (3.8%)	Lower respiratory infections (3.9%)	Road injuries (4.0%)
10	COPD (3.2%)	Ischaemic heart disease (2.0%)	Road injuries (2.9%)	COPD (2.5%)	Diabetes mellitus (2.8%)	Road injuries (3.0%)	Lower respiratory infections (3.3%)	COPD (3.2%)	COPD (3.0%)

Source unless otherwise stated: Morden E, Groenewald P, Zinyakatira N, Neethling I, Msemburi W, Daniels J, Vismer M, Coetzee D, Bradshaw D, Evans J. Western Cape Mortality Profile 2013. Cape Town: South African Medical Research Council, 2016. ISBN: 978-0-621-44356-1

Figure 2 shows the trends in proportion of deaths for all persons by broad cause in the Cape Metro for 2009-2013.

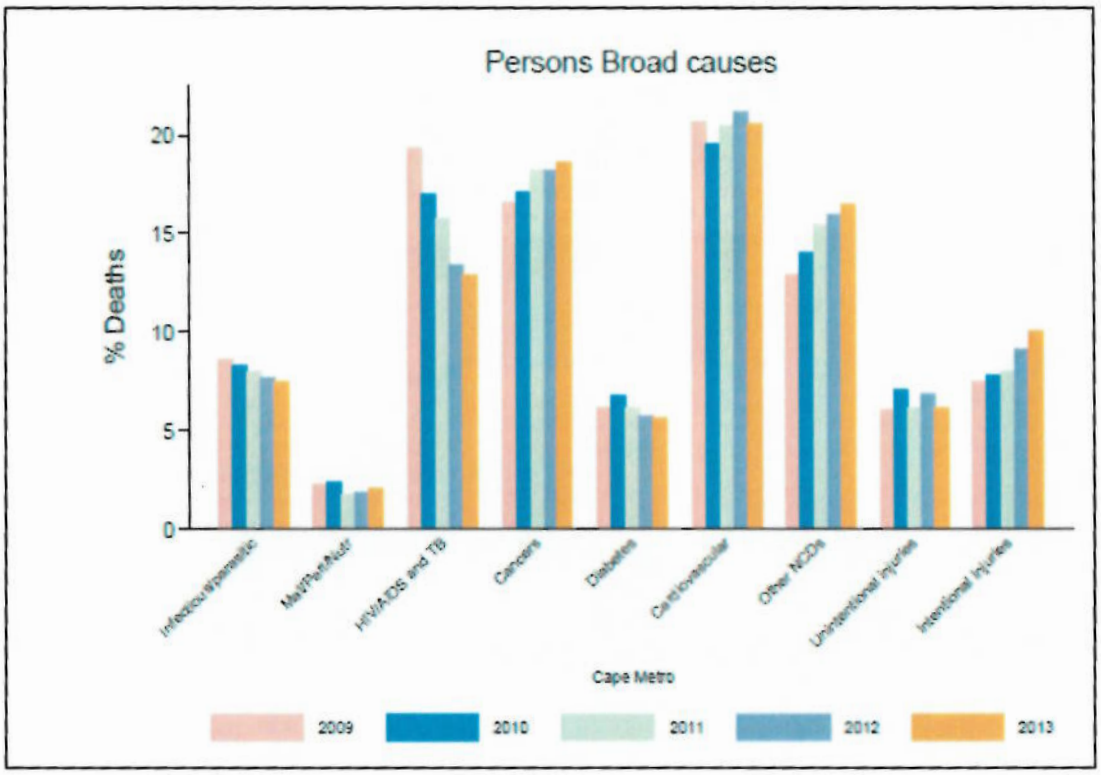

Figure 2: Trends in proportion of deaths for all persons by broad cause, Cape Metro 2009 – 2013

The relative contribution of the 4 elements making up the quadruple burden of disease is shown in the figure above. Non-communicable diseases predominate in the Cape Metro district as it does throughout the province. HIV/AIDs and TB and infectious/ parasitic shows a heartening decrease in deaths. However non-communicable diseases (except diabetes) and intentional injuries have shown an increase. The increase in non-communicable diseases may be due to better survival in HIV and TB affected groups. The age standardised mortality rate (see Table 6) has come down from the 2009 level (961 per 100 000 population) to 850 per 100 000 population in 2013. This indicates a decreasing rate of death in the District. Males consistently have a higher rate of death than females.

Table 6: Age standardised mortality rate

	Year	Cape Winelands	Central Karoo	Cape Metro	Eden	Over-berg	West Coast	Western Cape
Males	2009	1,248	1,551	1,160	1,118	868	1,116	1,150
	2010	1,102	1,195	1,044	974	918	926	1,029
	2011	1,102	1,218	1,049	1,035	1,020	1,016	1,049
	2012	1,084	1,268	1,079	1,039	869	1,081	1,064
	2013	1,027	1,091	1,060	1,061	894	1,056	1,044
Females	2009	872	1,098	798	797	542	722	792
	2010	742	839	723	674	594	644	709
	2011	782	1,057	707	765	640	715	723
	2012	723	905	695	702	558	723	695
	2013	665	815	676	705	547	673	671
Persons	2009	1,049	1,310	961	948	698	909	957
	2010	910	1,007	870	817	749	781	857
	2011	929	1,136	862	894	824	856	873
	2012	887	1,074	869	859	708	892	864
	2013	829	945	850	872	715	852	842

7.3.2 Maternal Mortality

The Maternal Mortality rate was 75.7/ 100 000 in 2015-16 (Source: District Health Barometer 2015/16). This is low compared to the national target and national average but higher than the provincial average. It is higher than the previous year (56.4). This indicator needs to be carefully monitored and preventable causes of maternal mortality addressed.

7.3.3. Infant and child mortality

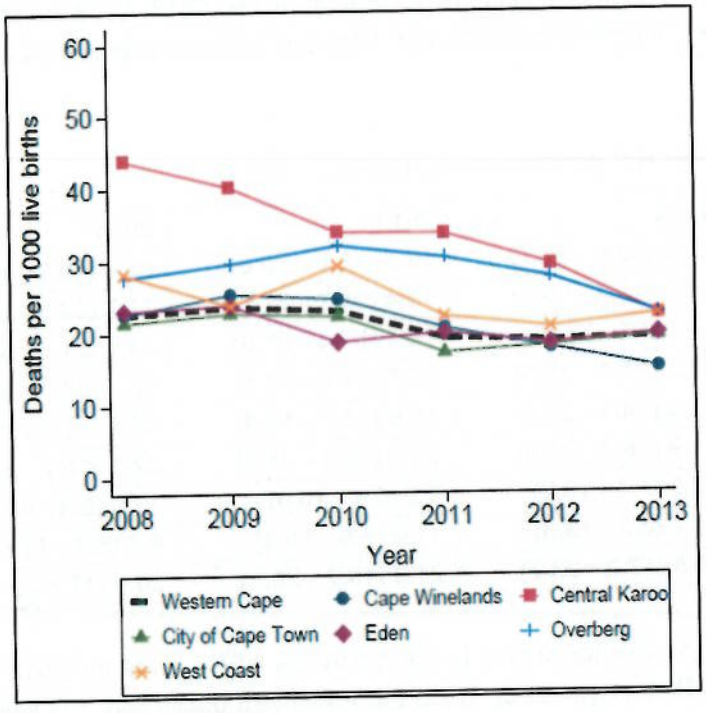

Figure 3: Infant mortality

Infant mortality has shown a downward trend in the Cape Metro District over the 6 years 2008 -2013 and is amongst the lowest when compared to the Province's other health districts.

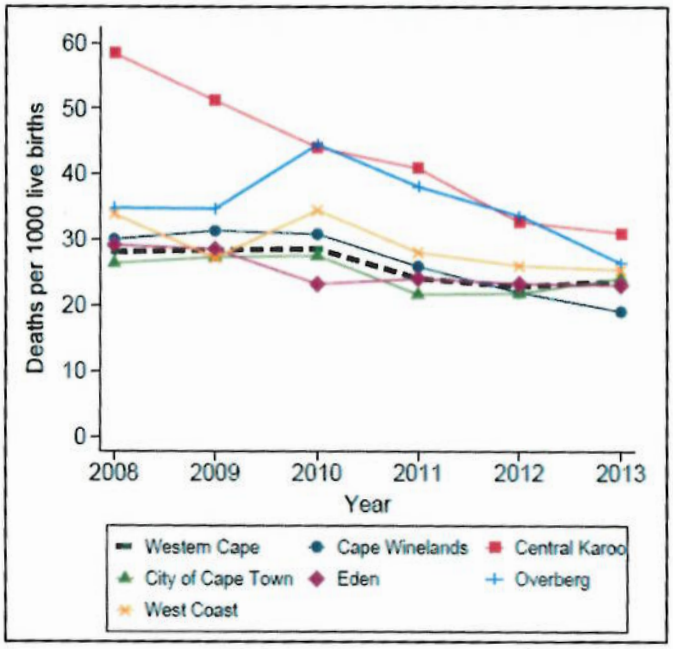

Figure 4: Under 5 mortality

A similarly low and downward trend is seen in under 5 mortality.

7.3.4 District HIV & Aids Profile

The Western Cape antenatal survey report (see table below) gives the Cape Metro an HIV prevalence of 20.4% for 2014, much lower than the national average of 29.7% (2013) but it is still the highest amongst all the Province's districts. The HIV prevalence was 18.2% in 2006 but seems to have stabilized at around 20% since 2011.

Table 7: Metro Sub District HIV prevalence trends (2012 – 2014)

	2012	2013	2014
Metro	**20.0 (18.4 - 20.7)**	**19.7 (18.5 - 20.8)**	**20.4 (19.2 - 21.6)**
Eastern	**16.3 (13.4 - 19.1)**	**18.4 (15.2 - 21.6)**	**17.7 (14.3 - 21.1)**
Khayelitsha	**34.3 (31 - 37.6)**	**34.4 (31.4 - 37.5)**	**34.7 (31.5 - 37.9)**
Klipfontein	**22.3 (19.1 - 25.5)**	**20.7 (17.6 - 23.8)**	**27.1 (23.6 - 30.6)**
Mitchells Plain	**18.4 (14.7 - 22.0)**	**16.8 (13.7 - 19.9)**	**18.4 (15.1 - 21.6)**
Northern	**21.9 (18.1 - 25.6)**	**22.2 (18.9 - 25.6)**	**22.7 (19.2 - 26.1)**
Southern	**10.3 (7.4 - 13.2)**	**8.2 (5.4 - 10.9)**	**13.0 (9.4 - 16.5)**
Tygerberg	**11.1 (8.3 - 13.8)**	**11.9 (8.5 - 15.2)**	**8.8 (5.8 - 11.8)**
Western	**20.5 (17.3 - 23.7)**	**21.9 (18.7 - 25.1)**	**20.9 (17.5 - 24.4)**

The population based HIV prevalence survey published by the HSRC gives the 2012 prevalence of 5.1% for the Province. Since the District makes up 2/3 of the Province's population, this figure is likely to give a good indication of the population HIV status in the District. While this figure for the Province is the lowest amongst all the provinces, it is up on the 2008 survey where it was 3.8% and this is of concern.

7.3.5 District TB Profile

The TB case detection rate per 100 000 as set out below shows a heartening downward trend in recent years (source: J Caldwell, City of Cape Town). The district case load was 23 477 and the case detection rate 577/100 000 in 2016. The district case load was 23815 with a TB case detection rate of 606/100 000 in 2015.

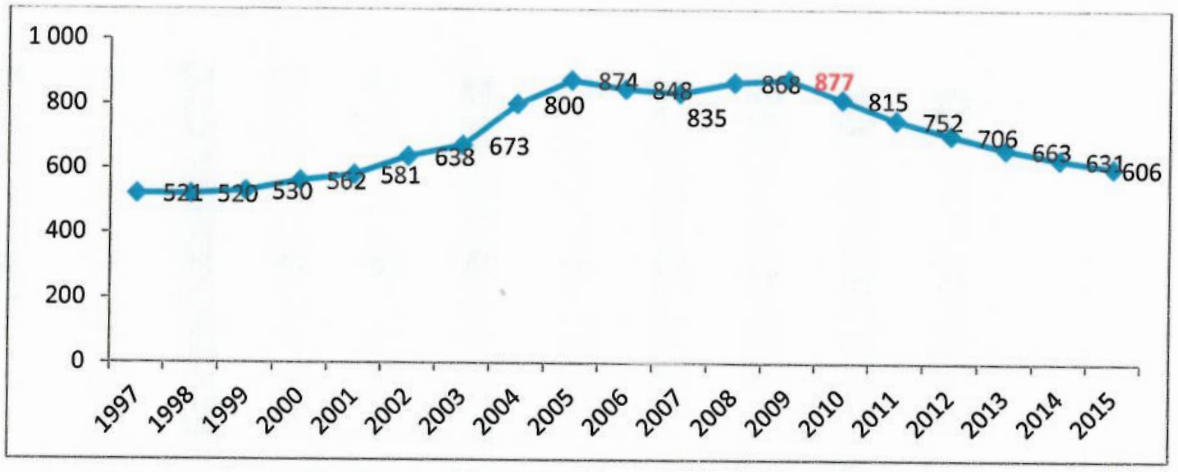

Figure 5: Cape Town District TB case detection rate 1997 to 2015.

Khayelitsha sub-district had the biggest proportional TB case load in 2016 as shown below (J Caldwell, City of Cape Town).

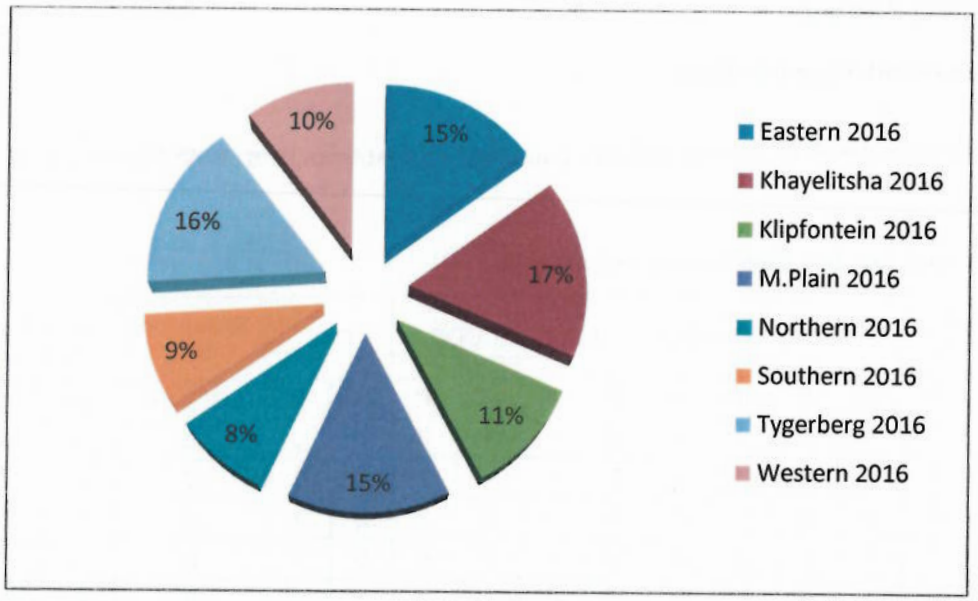

Figure 6: TB case load 2016

New smear positive cure rates have been above 80% since 2010 but there has been a slight drop off in recent years since the 2011 peak of 84%. Success rate has remained steady in the last 5 years (source: J Caldwell, City of Cape Town) (Figure 7). New smear positive cure rate was 80% and success rate 85% for 2015.

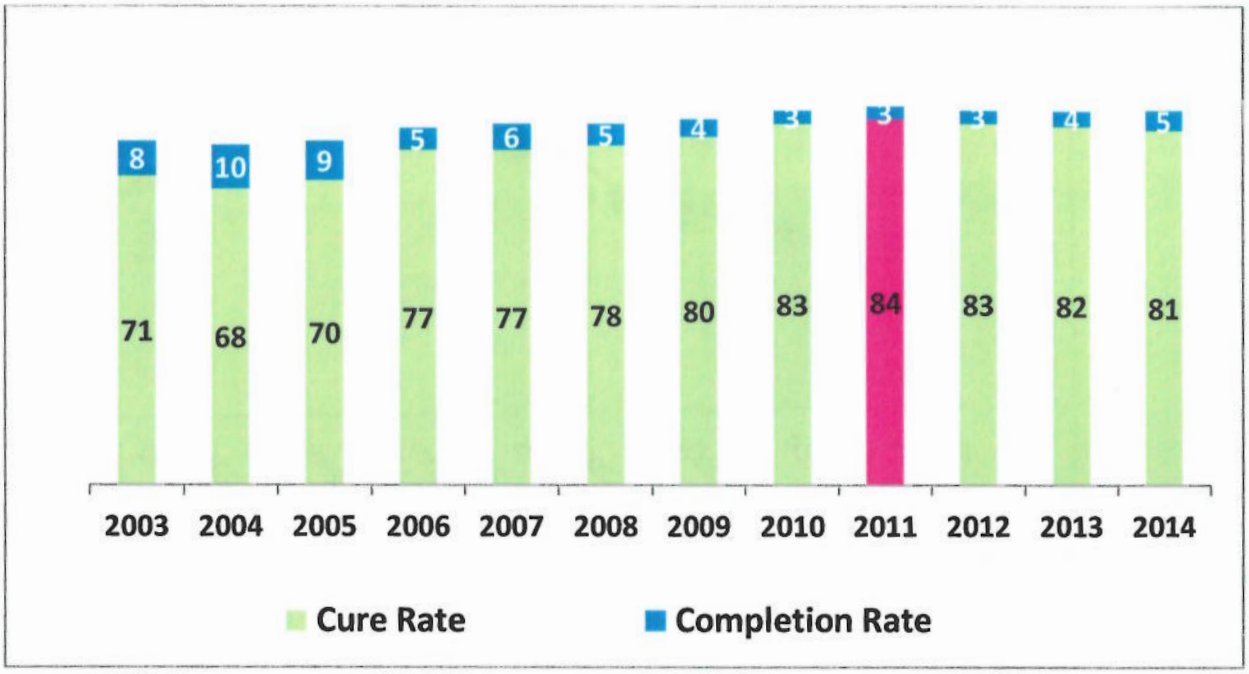

Figure 7: New Smear Positive TB cure and completion rates

8. DISTRICT SERVICE DELIVERY ENVIRONMENT

8.1 Service Delivery Platform

8.1.1. Primary Health Care Facilities

The table below reflects the PHC service delivery platform in the sub-districts. Both Provincial and LG facilities are reflected.

Table 8: PHC Facilities per Sub-District as at February 2017

Sub-Districts	Health Posts		Mobiles		Satellites		Clinics		CDC		CHC		Standalone MOU		Specialised services		District Hospitals
	LG	P	LG	P	LG	P	P	P	LG	P	LG	P	LG	P	LG	P	P
Eastern	0	0	1	0	1	0	10	0	1	6	0	0	0		0	0	2
Khayelitsha	0	0	0	0	0	0	3	0	4	2	0	1	0		4	1	1
Northern	0	0	0	0	0	0	9	0	0	3	0	1	0		0	0	0
Tygerberg	0	0	0	0	3	0	10	0	1	8	0	2	0		0	1	1
Southern	0	0	1	0	2	0	15	0	1	4	0	1	0		0	0	2
Western	0	0	3	0	3	0	10	0	0	6	0	2	0		0	3	1
Klipfontein	0	0	0	0	4	0	9	0	0	4	0	1	0		0	1	0
Mitchells Plain	0	0	0	0	1	0	8	0	1	2	0	1	0		0	0	1
District total	0		5		14		74		8	35	9		0		10		8

Source: DHIS Pivot tables

8.1.2 District Hospital

The table below reflects the district hospital service delivery platform in the sub-districts.

Table 9: District Hospitals

District Hospital	Estimated Catchment Population 2017 (Total)	Estimated Catchment Population 2017 (Dependent)
Eerste River Hospital	215 084	199 933
False Bay Hospital	229 511	165 367
Helderberg Hospital	316 168	293 897
Karl Bremer Hospital	1 082 106	901 626
Khayelitsha Hospital	458 959	409426
Mitchells Plain Hospital	884 019	903 632
Victoria Hospital	402 477	289 990
Wesfleur Hospital	73 356	66 020

Source: Catchment population: Circular H28 2014

8.2 Trends in Key District Health Service Volumes

8.2.1 Primary Health Care Service Volumes and Utilization

Utilisation rate using the total population does not give a true indication of utilisation. Using dependent population, a clearer picture is obtained. Most sub-districts lie in the range 3.1 to 3.4. There are lower rates in Eastern, Southern and Northern, all three of which have lower proportions of dependent population. Either access to the public sector is a problem or there is better access to the private sector or dependent population has been overestimated – this requires further investigation. Tygerberg is a high outlier at 4.0 but this may be due to the population correction for Vanguard CHC being overestimated.

Table 10: PHC Utilisation rate

Organisation unit	PHC utilisation rate (total population)	PHC utilisation rate (dependent population)
WC Cape Town Western Health sub-District	2.5	2.9
WC Mitchells Plain Health sub-District	2.7	3.1
WC Cape Town Eastern Health sub-District	1.8	2.3
WC Cape Town Southern Health sub-District	1.6	2.4
WC Cape Town Northern Health sub-District	1.7	2.6
WC Tygerberg Health sub-District	2.7	4.0
WC Klipfontein Health sub-District	2.9	3.3
WC Khayelitsha Health sub-District	3.2	3.4

Source: Utilization Rate: DHER 2015/16

District hospital activities for 2015/2016 are reflected in Table 11.

Table 11: District Hospital Activities

	2015/16							
District Hospitals	Karl Bremer	Mitchells Plain*	Khayelitsha	Eerste River	Helderberg	False Bay	Wesfleur	Victoria
1. In Patient Days	105092	103820	92613	54496	72698	17226	8909	60276
2. Day patient	6601	2467	2723	5972	5016	2253	973	3787
3. OPD – new cases not referred	314	676	440	127	413	15292	12914	1295
4. Inpatient Separations	30678	23167	21806	17912	20803	6304	4253	17560
5. Inpatient deaths	889	1069	584	631	397	112	83	521
6. OPD Headcount (Total)	55986	42135	34960	37571	79054	76533	121536	47155
7. Emergency headcounts	34876	43539	33328	24876	40615	21406	46218	34634
8. PDE	138680	148271	116737	78298	115096	50999	65313	89433
9. Expenditure per PDE	R 2 367	R 2 610	R 2 585	R1 673	R 1 400	R 1 497	R 1 210	R 2 564
10. Caesarean section rate	33.4%	44.7%	47.0%	NA	29.3%	0.7%	2.4%	NA
11. Average Length of Stay	3.5	4.3	4.3	3.2	3.6	2.9	2.2	3.5
12. Inpatient Bed utilization rate	97.0	80.5	85.8	127.0	127.2	66.2	83.0	92.6

Data source: DHIS pivot table and DHER 2015/16

**GF Jooste is calculated under Mitchell's Plain Hospital*

9. DISTRICT PROGRESS TOWARDS THE ACHIEVEMENT OF THE MDG'S

Table 12: Review of Progress towards the Health-Related Millennium Development Goals (MDGs) and Required Progress by 2017/18

MDG GOAL	TARGET	INDICATOR	Provincial Progress 2015/16	SOURCE OF DATA	District Progress 2015/16	District Targeted Progress 2017/18
Goal 1: Eradicate Extreme Poverty And Hunger	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Prevalence of underweight in children (under 5 years of age)	1.0%	DHIS	0.7%	0.6%
		Incidence of severe malnutrition in children (under 5 years of age)	0.3%	DHIS	0.2%	0.15%
Goal 4: Reduce Child Mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate	23.8 (2013)	MCWH MDG Report	24.2 (2013)	22.0
		Infant mortality rate	19.3 (2013)	MCWH MDG Report	19.4 (2013)	19.0
Goal 4: Reduce Child Mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Measles 2nd dose coverage (annualised)	85.9%	DHIS	102.8%	80%
Goal 5: Improve Maternal Health	Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Maternal mortality ratio	70/100 000	District Health Barometer	75.7	75.7
		Delivery in facility rate (annualised)(	96%	DHIS	96%	96%
Goal 6: Combat HIV and AIDS, malaria and other diseases	Have halted by 2015, and begin to reverse the spread of HIV and AIDS	HIV prevalence among 15- to 24-year-old pregnant women	17.1 (2013)	Antenatal survey	20.4 (2014)	19.0
		Couple year protection rate	75%	District health barometer	75%	74%
		TB programme success rate	82.3	ETR.net	85%	85%

10. PROVINCIAL AND DISTRICT CONTRIBUTION TOWARDS THE MEDIUM TERM STRATEGIC FRAMEWORK 2014-2019

The National Development Plan 2030 was adopted by government as its vision for the health sector. It will be implemented over three electoral cycles of government. The MTSF 2014-2019 therefore finds its mandate from National Development Plan 2030.

Table 13: Alignment between NDP Goals 2030, Priority interventions proposed by NDP 2030 and Sub-outcomes of MTSF 2014-2019

NDP Goals 2030	NDP Priorities 2030	Sub-Outcomes 2014-2019 (MTSF)
Average male and female life expectancy at birth increased to 70 years	a. Address the social determinants that affect health and diseases d. Prevent and reduce the disease burden and promote health	HIV & AIDS and Tuberculosis prevented and successfully Managed
Tuberculosis (TB) prevention and cure progressively improved;		
Maternal, infant and child mortality reduced		Maternal, infant and child mortality reduced
Prevalence of Non-Communicable Diseases reduced by 28%		
Injury, accidents and violence reduced by 50% from 2010 levels		
Health systems reforms completed	b. Strengthen the health system	Improved health facility planning and infrastructure delivery
		Health care costs reduced
	c. Improve health information systems	Efficient Health Management Information System for improved decision making
	h. Improve quality by using evidence	Improved quality of health care
Primary health care teams deployed to provide care to families and communities		Re-engineering of Primary Health Care
Universal health coverage achieved	e. Financing universal healthcare coverage	Universal Health coverage achieved through implementation of National Health Insurance
Posts filled with skilled, committed and competent individuals	f. Improve human resources in the health sector	Improved human resources for health
	g. Review management positions and appointments and strengthen accountability mechanisms	Improved health management and leadership

The NDP 2030, together with the MTSF 2014-2019, forms the umbrella goals for the health sector. These goals are specific but also generic enough to allow District management to develop their own plans in order to achieve the health sector goals but also incorporate priorities, which respond to localised challenges.

11. SUMMARY OF MAJOR HEALTH SERVICE CHALLENGES AND PROGRESS MADE OVER THE PREVIOUS THREE FINANCIAL YEARS

11.1 Intra-District Equity in the Provision of Services

As mentioned in previous reports and above, uninsured population per sub-district is estimated based on the district proportion – this makes expenditure per sub-district inaccurate at this level. Using dependent population provides a better picture. However, it should be noted that City of Cape Town expenditure includes central costs while provincial expenditure does not. Also, expenditure here reflects only 2.2 and 2.3 (Community Health Clinics & Community Health Centres) – the full picture of expenditure is not conveyed. However, when 2.2 to 2.7 (Community Health Clinics, Community Health Centres, Community Based Services, Other Community Services, HIV/AIDS and Nutrition) expenditure is utilised, a clearer picture emerges. Northern and Eastern appear to be relatively under-resourced relative to the other sub-districts in terms of dependent population.

Table 14: PHC expenditure

	Programme 2.2 and 2.3 only		Programme 2.2 to 2.7
Organisation unit	**Per Uninsured Population**	**Per dependent population***	**Per dependent population***
WC Cape Town Western Health sub-District	703	633	869
WC Mitchells Plain Health sub-District	668	596	903
WC Cape Town Eastern Health sub-District	488	480	671
WC Cape Town Southern Health sub-District	516	572	1133
WC Cape Town Northern Health sub-District	484	584	461
WC Tygerberg Health sub-District	776	865	1058
WC Klipfontein Health sub-District	872	767	949
WC Khayelitsha Health sub-District	762	630	877
DISTRICT AVERAGE	**659**	**647**	850
WEIGHTED AVERAGE	**655**		

Source: DHER 2015/16
*Please note that all dependent population calculations will reflect the Tygerberg – Western population correction of 15%.

11.2 Number of patients to Staff type in Facilities (Sub-District)

11.2.1 Clinics

There are no provincial clinics.

The City of Cape Town has all staff recorded on the electronic SAP system. To ensure equitable distribution of staff, a workload tool is employed. This utilises headcount data on services rendered; waiting time survey data on the amount of time per specific service; and staff allocation based on the SAP reporting system. Analyses are conducted which measure the relative workload for each category of staff between facilities and sub-districts. Staff are relocated between facilities based on this strategy to ensure the most equitable use of resource in the City of Cape Town Health Directorate. Additional support is also being provided through NPO's.

Table 15: Number of patients to staff in clinics

Organisation unit	Admin	Clin. Other	Couns.	DC	GW/C	MO	NA	PA Basic	PA Post Basic	Pharm	PN	SN	Spec.
WC Cape Town Western Health sub-District	44172	110431		110431		46013	27608	30675	138039	69019	7265	25098	
WC Mitchells Plain Health sub-District	77233	13090		13090		64361	25744	128722	77233	128722	7286	27583	
WC Cape Town Eastern Health sub-District	50807	63508	254033	63508		31754	19541	29886	338711	203226	7057	23094	
WC Cape Town Southern Health sub-District	43069	55990		55990		93317	25450	39993	373267	55990	6363	16468	
WC Cape Town Northern Health sub-District	55815	88373		88373		66280	33140	42419		176747	8285	53024	
WC Tygerberg Health sub-District	39132	14907	1252224	14907	14230	156528	15653	313056	104352	313056	5692	62611	
WC Klipfontein Health sub-District	47827	15103		15103	15103	95653	17935	286960	286960		6238	19131	
WC Khayelitsha Health sub-District	12356	31301		31301		9781	8384	29344	14672	16768	2024	7336	

Source: DHER 2015/16

Admin staff: This ranges from 12 356 in Khayelitsha to 77 233 headcount per staff member in Mitchells Plain. These two extremes require further investigation as the other sub-districts lie within a narrower range of 39 000 to 55 000.

Clinical staff: other: This varies widely but is difficult to interpret unless one has a clearer idea as to what has been grouped into this category.

Counsellors: only two sub-districts have these staff members and they have a high headcount to staff member ratio. Again, this is difficult to interpret because not patients see counsellors.

Headcount per data capturer also varies widely from 13 000 to 110 000 but this may not be significant as headcount itself is a good indicator of data capturer workload.

General worker/ cleaner – what is of interest here is that only two sub-districts have reported such staff members – this requires comment from the managers concerned.

MOs to headcount – there is wide variation here which may be influenced by the type of services provided and the type of morbidity being seen in each sub-district. Again, not all headcount will be seen by MOs so this is a somewhat crude measure.

Pharmacy staff – the numbers vary widely as with MOs, there may be various reasons for this as stated above for MOs.

PNs are a key staff component of local government clinics – most sub-districts headcount per PN vary within a narrow range of 6000 to 8000 with Khayelitsha as a clear outlier.

The variation is much wider for staff nurses and nursing assistants and depends on the mix of nursing staff that facilities have decided on. However, Khayelitsha comes out as a low outlier for both these staff categories as well.

11.2.2 Provincial + Local Government CDCs

Refer to the table below.

Table 16: Number of patients to staff in CDC's

Organisation unit	Specialist	Medical Officer	Professional Nurse	Staff Nurse	Nurse Assistant	Counsellor	Pharmacist	Pharmacist Assistant Post-Basic	Pharmacist Assistant Basic	Clinical Staff Other	Administrator	Data Capturer	General Worker/ Cleaner
Eastern Health sub-District		78,342	8,469	32,986	78,342		89,533	78,342	208,911	31,337	18,433		34,818
Khayelitsha Health sub-District	520,022	37,144	8,525	43,335	18,572		86,670	57,780	130,006	40,002	15,295	520,022	28,890
Klipfontein Health sub-District		53,014	12,370	24,740	37,110		61,849	41,233	371,096	23,194	15,462		17,671
Mitchells Plain Health sub-District		86,426	14,404	129,639	43,213		86,426	86,426	259,278	43,213	25,928		51,856
Northern Health sub-District		48,534	8,824	48,534	32,356		32,356	48,534		32,356	16,178		32,356
Tygerberg Health sub-District		59,570	8,312	51,060	35,742		47,656	64,986	102,121	23,059	17,020		32,493
Southern Health sub-District		39,105	12,290	86,032	47,796		71,693	43,016	215,080	30,726	23,898		33,089
Western Health sub-District	564,349	56,435	16,599	47,029	56,435		70,544	80,621	188,116	80,621	24,537		37,623

Source: DHER 2015/16

Specialists: There is a specialist at Du Noon CHC which still operated as a CDC during 2015/16.
Medical officers: Mitchells Plain and Eastern appear to be relatively disadvantaged with respect to MOs at CDCs.

Nurses: Mitchells Plain and Western seem to be under resourced with respect to professional nurses, Mitchells Plain and Southern with respect to staff nurses and Eastern, Western and Southern with respect to nursing assistants. Southern, Western and Mitchells Plain are under resourced in 2 categories of nurses.

Pharmacy staff: Eastern, Khayelitsha and Mitchells Plain have fewer pharmacists per headcount than the other sub-districts and Eastern, Mitchells Plain and Western, fewer Pharmacy Assistants post basic. The range of Pharmacists assistant basic varies very widely and is a bit more difficult to interpret.

Clinical staff: other is difficult to interpret without a better understanding of what has been included under this heading.

Admin staff seems to very within a fairly narrow range.

Only Khayelitsha reports a staff member under the data capturer category.

General/ cleaning staff are around 30 000 headcount per staff member with Mitchells Plain (higher) and Klipfontein (lower) as outliers.

11.2.3 Provincial Government CHCs

There are no local government CHC's.

Table 17: Number of patients to staff in CHC's

Organisation unit	Specialist	Medical Officer	Professional Nurse	Staff Nurse	Nurse Assistant	Counsellor	Pharmacist	Pharmacist Assistant Post-Basic	Pharmacist Assistant Basic	Clinical Staff Other	Administrator	Data Capturer	General Worker/ Cleaner
Eastern Health sub-District						NO DATA AVAILABLE							
Khayelitsha Health sub-District	457,895	30,526	8,177	32,707	15,789		76,316	76,316	228,948	41,627	13,468	457,895	20,813
Klipfontein Health sub-District	243,781	54,174	6,332	19,502	11,339		81,260	60,945	121,891	23,217	11,339		16,252
Mitchells Plain Health sub-District	461,054	92,211	9,605	30,737	20,046		92,211	76,842	461,054	27,121	14,873		28,816

Organisation unit	Specialist	Medical Officer	Professional Nurse	Staff Nurse	Nurse Assistant	Counsellor	Pharmacist	Pharmacist Assistant Post-Basic	Pharmacist Assistant Basic	Clinical Staff Other	Administrator	Data Capturer	General Worker/ Cleaner
Northern Health sub-District	308,170	38,521	8,329	34,241	18,128		102,723	61,634		34,241	13,399		30,817
Tygerberg Health sub-District	308,878	44,125	7,443	29,417	14,366		77,220	77,220	88,251	23,760	13,429		20,592
Southern Health sub-District	239,041	59,760	7,711	23,904	9,960		59,760	29,880	239,041	34,149	13,280		15,936
Western Health sub-District	324,806	29,528	5,239	14,122	8,120		40,601	46,401		17,095	7,554		13,534

There are no CHCs in Eastern which is why no data are reflected there.

The specialists referred to are family physicians. While the numbers for specialists vary widely, there are either one or two such specialists per sub-district for CHCs.

Medical Officers: Mitchells Plain again comes across as seriously disadvantaged for this group of staff.

Professional nurses per headcount vary within a fairly narrow range. Similarly, with staff nurses and nursing assistants, Western is a low outlier for all three categories of nurses.

Pharmacy staff: Mitchells Plain and Northern has the highest numbers of headcount per pharmacist. Southern and Western has the lowest headcount per pharmacist and pharmacist assistant post basic. Pharmacist assistant basic varies widely but the significance of this is not clear. It should be noted that none of the offsite PMP / CBS groups who are provided with medication are captured into the headcounts and this should be taken into account when interpreting these figures.

Clinical staff other: comment the same as above.

Administrator: numbers are within a narrow range with Western as a low outlier.

General worker/ cleaner: Mitchells Plain and Northern are high outliers.

11.3 Population to Staff

11.3.1 Population to Medical Officer (Sub-District)

Since health services do not serve the total population and the uninsured population is not accurately recorded, MO per dependent population gives the better estimate of MO to population ratio. This shows Mitchells Plain, Eastern and Southern to be relatively under resourced but Khayelitsha relatively better off.

Table 18: Population to Medical Officer

Organisation unit	Total Population	Uninsured Population	Dependent population
WC Cape Town Western Health sub-District	18519	14155	15710
WC Mitchells Plain Health sub-District	26324	20121	22533
WC Cape Town Eastern Health sub-District	33940	25943	26372
WC Cape Town Southern Health sub-District	33789	25828	23281
WC Cape Town Northern Health sub-District	28740	21968	18221
WC Tygerberg Health sub-District	22411	17130	15373
WC Klipfontein Health sub-District	21516	16446	18697
WC Khayelitsha Health sub-District	10900	8332	10082
Cape Town District	24141	18453	18789

Source: DHER 2015/16

11.3.2 Population to Professional Nurse (Sub-District)

For professional nurses, Eastern and Southern appear to be disadvantaged in relation to dependent population.

Table 19: Population to Professional Nurse

Organisation unit	Total Population	Uninsured Population	Dependent population
WC Cape Town Western Health sub-District	3425	2618	2905
WC Mitchells Plain Health sub-District	3580	2736	3065
WC Cape Town Eastern Health sub-District	4937	3774	3836
WC Cape Town Southern Health sub-District	5529	4226	3810
WC Cape Town Northern Health sub-District	5029	3844	3189
WC Tygerberg Health sub-District	2864	2189	1965
WC Klipfontein Health sub-District	2637	2016	2292
WC Khayelitsha Health sub-District	2554	1952	2362
Cape Town District	3916	2993	3048

Source: DHER 2015/16

12. ORGANISATIONAL ENVIRONMENT

12.1 Organisational Structure

12.1.1. Provincial District Management Team

Two authorities are responsible for district health services, both organograms are displayed. The relationship between the provincial health services and local government health services is governed by a service level agreement.

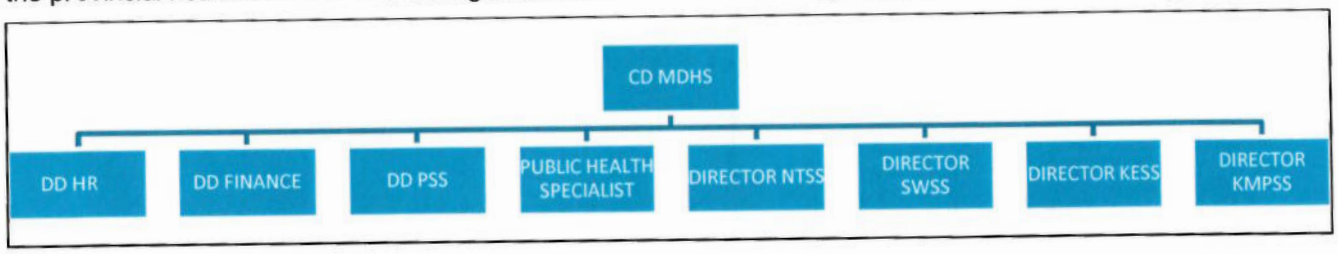

Figure 8: Provincial District Management

12.1.2. City Health, City of Cape Town

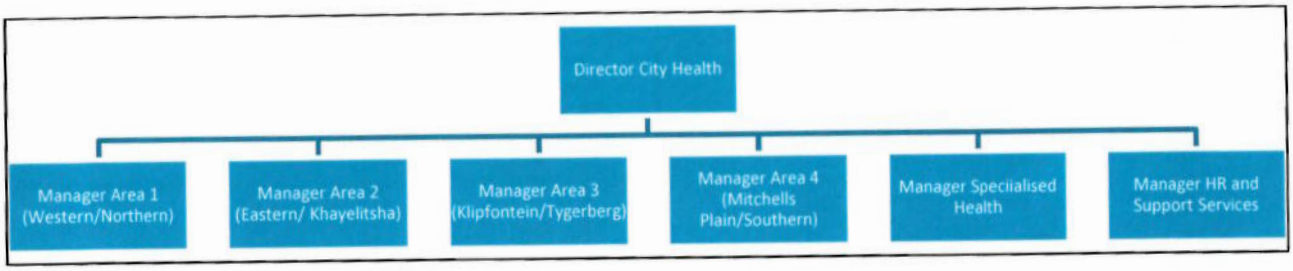

Figure 9: City Health Management

12.2 Human Resources

The guiding strategic document for the WCGH is Vision 2030.

With respect to human resources, specific environmental challenges have been identified such as budget constraints, high unemployment rates, migration to the private sector and a lack of skills, amongst others, in the context of a high and growing burden of disease.

Amongst provincial staff 25% vacancy rate currently exists between posts that are filled and those allocated through the CSP. However, when considering the actual current demand linked to the budget (APL) then the vacancy rate on 1 April 2012 was 3 %. The assessment of the vacancy rate as indicated against CSP posts should ideally be utilised to determine demand versus supply. Those however pose various problems as there is never enough funding available to fill all the required positions.

The biggest challenge encountered therefore does not lie with the organisational structure itself, but rather with procuring sufficient resources to fund said structure and procuring sufficient suitable qualified staff to fill the positions available and funded.

An analysis of the current supply of the competencies within the Department was conducted and indicates a limited and insufficient availability in quite a number of occupational groups. A number of interventions have

been identified to address scarce skills in consultation with Higher Education Institutions (HEI's), Nursing Colleges, Schools and key stakeholders with regard to training.

The workforce composition represents a normal age distribution when comparing it to previous year's profiles and therefore does not necessarily imply that it should be of concern in this year's planning. However, the highest concentration of employees falls within the age groups of 45 to 49 years of age and this should be factored into strategies addressing the transfer of skills within the workforce. 12.1% of employees fall within the age category of 55 to 65 years and could exit the service on early or normal retirement. In some areas the department may in future experience a shortage of skilled staff due to a relatively high percentage of staff nearing retirement or early retirement age.

With respect to employment equity, African and disability numerical targets are far from being met. Numerical targets for women in senior managerial positions have also not been met, but women are over represented at unskilled, semi-skilled and middle managerial levels. This is due to the fact that the Health department has historically been dominated by women, hence the overrepresentation of women as a whole. Action is required to address these deficiencies.

A slow growth in numbers of persons employed in the past 3 years has occurred but this is understandable as a continuous process of strategic planning takes place in order to ensure that the right number of employees per occupational group are available and addressing the growing burden of disease within a growing personnel budget.
The turnover rate of employees has slowly declined over the past 3 years (14.1% to 13.2%) and the information indicates that the current turnover is relatively normal and mostly relates to intern and community service workers leaving.

A number of gaps have been identified which includes the timeous filling of vacant funded posts, scarcity of skilled staff within specific occupational groups, insufficient data on competencies and skills of staff due to the absence of a comprehensive skills audit, the inability of the department to close the representation gap with regard to the designated African group, people with disabilities and women at Senior Management level. Employment equity strategies need to be developed that includes the establishment of a supportive working environment and an increase in training interventions. Retention strategies have to be developed in order to reduce the high vacancy rate in certain specialist occupations and to recruit scarce skills staff.

The priority areas identified, includes recruitment and retention initiatives for specific scarce skills groups, strategies to achieve representation of designated groups, additional and revitalised institutions, improved security at institutions, development of all human resources, the development of succession strategies and the implementation of a skills audit.

The City of Cape Town has all staff recorded on the electronic SAP system. To ensure equitable distribution of staff a workload tool is employed. This utilises head count data on services rendered; waiting time survey data on the amount of time per specific service; and staff allocation based on the SAP reporting system. Analyses

are conducted which measure the relative workload for each category of staff between facilities and sub districts. Staff members are relocated between facilities and sub districts based on this strategy to ensure the most equitable use of resources in the City of Cape Town Health Directorate.

12.2.1 Current deployment of human resources in relation to service delivery requirements:

The organisational development investigation (ODI) for the redesign of the PHC structures, have not been completed. The investigation is aimed at designing the correct nurse versus patient ratio in respect of the CHC, CDC, clinics.

Until such time as the investigation is completed, mainly two statistics are used to determine the approximate number of nurses per patient, i.e. the primary health care head count at clinic, OPD and EC level; and the patient day equivalent (PDE) at district hospital level.

12.2.2 Accuracy of staff establishment at all levels of the system compared to service requirements (link with PERSAL report for Province and SAP report for the City of Cape Town):

The staff establishment is a true reflection of the actual staff employed. There are no ghost workers and each employee is employed against the correct post on the post establishment. Should out of adjustment appointments be made it is motivated for temporary and/or contractual purposes only. The latter is mainly done when scarce skills occupations cannot be recruited, e.g. a professional nurse is employed on contract against a clinical nurse practitioner post until the scarce skill can be recruited for permanent employment

12.2.3 Staffing levels and staff mix: could current staff absorb additional visits:

The staffing level is predetermined by the departmental approved post list (APL) which is allocated at head office level. Efficiency gains and shifts may be made within the APL between components, but no additional funding has been made available in respect of the financial year in question. Essentially this means that the total approved establishment, designed in terms of the CSP, is not funded. The unfunded posts on the establishment poses the critical challenge in addressing the service delivery needs and places a huge burden on serving staff.
With regard to staff mix the ODI intervention mentioned above has relevance. In addition to the PHC staff mix the latter has bearing on the functioning of the EC and OPD of district hospitals as too many green patients are seen at the OPD instead of at clinic level, had the latter been staffed appropriately.

As with the Provincial government, the City's staffing levels are predetermined. However, attempts are made at equitable distribution using an internally developed workload assessment tool on a periodic basis. Unfortunately, this redistribution of resources only seeks to bring some equity greater efficiency. It does not address the global need &, therefore, the human resources across the city are more or less working to capacity all the time. Any move to absorb additional visits and/or provide additional services cannot be met by the existing complement. To do this, more staff numbers are required.

13. DISTRICT HEALTH EXPENDITURE

Table 20: Summary of District Expenditure

BUDGET AND EXPENDITURE	Budget: Adjusted Appropriation			Expenditure			TOTAL	
	Province	Transfer to LG	LG Own	Province	Transfer to LG	LG Own	Budget	Expenditure
DF - 2.1: District Management	166 717 000	0	153 128 378	169 458 989	0	119 584 304	319 845 378	289 043 293
DF - 2.2: Clinics	36 541 000	264 688 000	350 341 278	33 873 615	261 820 865	332 853 574	651 570 279	628 548 054
DF - 2.3: Community Health Centres	1 463 657 000	0	80 874 500	1 439 877 799	0	80 638 389	1 544 531 500	1 520 516 188
DF - 2.4: Community Services	144 100 000	0	0	145 403 194	0	0	144 100 000	145 403 194
DF - 2.5: Other Community Services	1 000	0	0	0	0	0	1 000	0
DF - 2.6: HIV/AIDS	672 476 000	133 515 000	4 217 160	676 937 938	133 515 000	3 584 667	810 208 160	814 037 605
DF - 2.7: Nutrition	14 452 000	4 904 000	0	15 968 174	4 527 759	0	19 356 000	20 495 933
DF - 2.9: District Hospitals	1 700 900 000	0.00	0	1 697 395 496	0	0	1 700 900 000	1 697 395 496
TOTAL DISTRICT	**4 198 844 000**	**403 107 000**	**588 561 317**	**4 178 915 205**	**399 863 624**	**536 660 934**	**5 190 512 317**	**5 115 439 762**

Source: DHER 2015/16

Just over R5 billion was budgeted and just over R5 billion was spent in the Cape Town District in 2015/16. About R4.6 billion was contributed by the province (89%) and R0.59 billion (11%) by local government in terms of budget. District Hospitals (R1.7 billion, 33%), community health centres (R1.5 billion, 29%) and clinics (R0.6 billion, 12%) made up the bulk of expenditure. 16% of the budget went towards HIV/AIDS expenditure. 61% of expenditure was on PHC services. 5.6% for district management is slightly higher than the national norm of 5.5% and this may be due to duplication at management level because of the dual authority. It should be noted that City of Cape Town budget and expenditure includes central costs whereas provincial does not.

The underspending noted in the local government expenditure is due to the savings realised against staff costs and support services.
The expenditure on staff costs are due to:

- Unusually large year-end adjustments posted by Corporate Finance at the end of the City Financial year (30 June 2016)
- The turnaround time for the filling of vacancies and the time taken for the creation and filling of new posts.
- Savings realised as a result of staff appointed as a lower total cost than the previous incumbent.

The underspending on Support Services is due to the fact that Support services costs are secondary costs charged by other departments within the City of Cape Town for support services rendered. In this period, the actual costs charged to City Health were less than provided for and these represent internal costs items.

Table 21: Per Capita PHC Expenditure per Sub-District

	2.2 and 2.3 only		2.2 to 2.7
Organisation unit	**Per Uninsured Population**	**Per dependent population***	**Per dependent population***
WC Cape Town Western Health sub-District	703	633	869
WC Mitchells Plain Health sub-District	668	596	903
WC Cape Town Eastern Health sub-District	488	480	671
WC Cape Town Southern Health sub-District	516	572	1133
WC Cape Town Northern Health sub-District	484	584	461
WC Tygerberg Health sub-District	776	865	1058
WC Klipfontein Health sub-District	872	767	949
WC Khayelitsha Health sub-District	762	630	877
DISTRICT AVERAGE	**659**	**647**	850
WEIGHTED AVERAGE	**655**		

*Please note that all dependent population calculations will reflect the Tygerberg – Western population correction of 15%.

As mentioned in previous reports and above, uninsured population per sub-district is estimated based on the district proportion – this makes expenditure per sub-district inaccurate at this level. Using dependent population provides a better picture. However, it should be noted that City of Cape Town expenditure includes central costs while provincial expenditure does not. Also, expenditure here reflects only 2.2 and 2.3 – the full picture of expenditure is not conveyed. However, when 2.2 to 2.7 expenditure is utilised, a clearer picture emerges. Northern and Eastern appear to be relatively under-resourced relative to the other sub-districts in terms of dependent population.

Table 22: PHC Cost per Headcount

	Programme 2.2 and 2.3		Programme 2.2 to 2.7		
Organisation unit	**LG PHC facilities**	**Prov PHC facilities**	**LG PHC facilities**	**Prov PHC facilities**	**Combined**
WC Cape Town Western Health sub-District	255	207	349	284	299
WC Mitchells Plain Health sub-District	210	178	247	315	288
WC Cape Town Eastern Health sub-District	247	182	332	262	287
WC Cape Town Southern Health sub-District	284	219	336	267	290
WC Cape Town Northern Health sub-District	260	197	343	253	288
WC Tygerberg Health sub-District	238	213	263	269	267
WC Klipfontein Health sub-District	240	230	259	297	287
WC Khayelitsha Health sub-District	201	174	219	271	254

Source: DHER 2013/14

The cost per headcount for local government facilities is higher than provincial facilities when looking only at 2.2 and 2.3 expenditure. However, as noted, local government costs include central costs whereas provincial costs do not. When using all costs (2.2 to 2.7), amongst local government facilities, Khayelitsha and Mitchells Plain come out as the most efficient with Northern and Eastern as the most efficient amongst provincial facilities. When combined, most sub-districts lie within a narrow range of R287 to R299 per headcount with Khayelitsha and Tygerberg having the lowest costs per headcount and are below this range.

Table 23: District Finance Proportional Expenditure [%]

Organisation unit	District Hospitals	Management	PHC 2.2-2.7
WC City of Cape Town Metropolitan Municipality	33.2	5.7	61.2

Source: DHER 2015/16

A higher proportion is being spent on PHC which is positive (up from 54%). The district hospital proportion has decreased since the previous year by 6% which is also a positive finding. Proportion spend on management has dropped from 7% to 5.7% which is good news as well.

PART B: COMPONENT PLANS

14. SERVICE DELIVERY PLANS

14.1 SUB-PROGRAMME: DISTRICT HEALTH SERVICES

14.1.1 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

14.1.2 Structure

SUB-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

14.2 Programme Priorities

- Improving service delivery
- Improving quality of care and clinical governance, including by supporting relevant research on the district health platform.
- Manage budget constraints

14.3 Situational Analysis: Indicators for District Health Services

Table 24: Situational Analysis: Indicators for District Health Services: 2015/16 Financial Year

	Performance indicator	Data source / Element ID	Type	District wide value	CT Eastern	CT Northern	CT Southern	CT Western	Khayelitsha	Klipfontein	Mitchells Plain	Tygerberg
				2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16
SECTOR SPECIFIC INDICATORS												
1	Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)		%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Numerator	23		-	-	-	-	-	-	-	-	-
	Denominator	7		133.00	16.00	13.00	22.00	18.00	14.00	14.00	13.00	23.00
2	Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard		%	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	Not required to report	Not required to report
	Numerator	4		-	-	-	-	-	-	-	-	-
	Denominator	5		-	-	-	-	-	-	-	-	-
3	Client satisfaction survey rate (PHC facilities)		%	106.0%	331.3%	107.7%	90.9%	55.6%	21.4%	100.0%	46.2%	91.3%
	Numerator	6		141	53*	14	20	10	3	14	6	21
	Denominator	7		133	16	13	22	18	14	14	13	23
4	Client satisfaction rate (PHC facilities)		%	83.0%	80.1%	83.2%	86.1%	92.3%	87.5%	77.0%	80.0%	79.6%
	Numerator	8		15849	2277	784	1658	1249	3926	1646	960	3349
	Denominator	9		19097	2843	942	1926	1353	4487	2137	1200	4209

5	OHH registration visit coverage (annualised)		%	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	Not required to report	Not required to report
	Numerator	10		-	-	-	-	-	-	-	-	-
	Denominator	11		-	-	-	-	-	-	-	-	-
6	PHC utilisation rate - Total		No	2.4	1.8	1.7	1.6	2.5	3.2	2.9	2.7	2.7
	Numerator	13		9 424 416	984 927	670 358	997 389	1 233 505	1 424 564	1 172 830	1 199 674	1 741 169
	Denominator	14		3 998 422	543 044	402 355	608 208	500 004	446 892	408 800	447 503	641 616
7	Complaint resolution rate (PHC)		%	95.8%	96.0%	97.0%	93.1%	80.9%	97.6%	98.4%	99.3%	99.3%
	Numerator	15		2 487	337	64	108	310	410	244	297	707
	Denominator	16		2 595	351	66	116	383	420	248	299	712
8	Complaint resolution within 25 working days rate (PHC)		%	95.3%	90.8%	100.0%	98.1%	98.1%	90.5%	98.8%	93.3%	99.0%
	Numerator	17		2 369	306	64	106	304	371	241	277	700
	Denominator	15		2 487	337	64	108	310	410	244	297	707
ADDITIONAL PROVINCIAL INDICATORS												
9	PHC utilisation rate under 5 years (annualised)		No	3.9	3.3	3.5	3.2	4.4	3.8	4.3	4.3	4.2
	Numerator	18		1 289 477	161 441	98 424	139 303	162 889	175 524	147 887	185 005	219 004
	Denominator	19		333 601	48 265	28 383	43 160	37 429	45 644	34 516	43 517	52 687

*There was an error in data collection in this sub-district and surveys were counted multiple times instead of once and this has affected the overall total for the district

Table 25: District Performance Indicators - District Health Services

Performance indicator		Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
SECTOR SPECIFIC INDICATORS										
1	Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)		%	0,0%	0,0%	0,0%	93,1%	100,0%	100,0%	100,0%
	Numerator	23		-	-	-	122	130	130	130
	Denominator	7		133	138	133	131	130	130	130
2	Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard		%	Not required to report	Not required to report	Not required to report	0,8%	18,5%	30,8%	100,0%
	Numerator	4		-	-	-	1	24	40	130
	Denominator	5		-	-	-	122	130	130	130
3	Client satisfaction survey rate (PHC facilities)		%	15,8%	75,4%	106,0%*	74,0%	90,2%	90,2%	90,2%
	Numerator	6		21	104	141	97	117	117	117
	Denominator	7		133	138	133	131	130	130	130
4	Client satisfaction rate (PHC facilities)		%	74,3%	79,5%	83,0%	83,0%	80,0%	80,0%	80,0%
	Numerator	8		21 356	32 739	15 849	15 849	15 278	15 278	15 278
	Denominator	9		28 728	41 177	19 097	19 097	19 097	19 097	19 097

5	OHH registration visit coverage (annualised)		%	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	10		-	-	-	-	-	-	-
	Denominator	11		-	-	-	-	-	-	-
6	PHC utilisation rate - Total		No	2,5	2,4	2,4	2,3	2,3	2,3	2,3
	Numerator	13		9 496 087	9 489 429	9 424 416	9 477 682	9 664 762	9 812 829	9 960 895
	Denominator	14		3 860 589	3 929 343	3 998 422	4 067 774	4 136 346	4 200 878	4 265 410
7	Complaint resolution rate (PHC)		%	91,2%	92,3%	95,8%	96,1%	95,0%	95,0%	95,0%
	Numerator	15		850	1 857	2 487	2 182	2 158	2 158	2 158
	Denominator	16		932	2 012	2 595	2 271	2 271	2 271	2 271
8	Complaint resolution within 25 working days rate (PHC)		%	94,4%	97,6%	95,3%	96,4%	95,0%	95,0%	95,0%
	Numerator	17		802	1 812	2 369	2 104	2 049	2 050	2 050
	Denominator	15		850	1 857	2 487	2 182	2 158	2 158	2 158
ADDITIONAL PROVINCIAL INDICATORS										
9	PHC utilisation rate under 5 years (annualised)		No	3,8	3,9	3,9	4,0	4,0	4,0	4,0
	Numerator	18		1 304 723	1 304 555	1 289 477	1 309 661	1 300 124	1 297 015	1 293 906
	Denominator	19		342 125	337 874	333 601	329 593	325 534	323 614	321 694

*>100% due to an error in the Eastern sub-district's data

14.4 District Health Services: Strategies/Activities to be implemented 2017/18

Service priorities of the district are aligned with the WCGH priorities in terms of:

- Addressing the burden of **chronic diseases of lifestyle**, through the **"ecological model"** (system level, service organisational level, practice level)
- Addressing child and women mortality and morbidity (the **"1st 1000 days strategy"**), through the **"survive", "thrive" and "transform"** approach
- Addressing the burden of HIV and TB disease, through the **"90-90-90 strategy"**
- Addressing **patient-centred care**, through the Departmental PCC strategy. Embracing diversity and removing cultural barriers to access should be an important component of the "organisational culture" strategy as the district is focusing on strengthening the PHC platform.
- Increasing access at fixed PHC facilities with a full basic package of PHC services, including increasing the number of sites providing integrated HIV and TB treatment

14.5 Sub-Program District Hospitals

14.5.1 Programme Overview

Table 26: Situational Analysis Indicators for District Hospitals

Performance indicator	Data source / Element ID	Type	District wide value	CT Eastern	CT Northern	CT Southern	CT Western	Khayelitsha	Klipfontein	Mitchells Plain	Tygerberg
			2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16
SECTOR SPECIFIC INDICATORS											
1 National core standards self-assessment rate (district hospitals)		%	67%	100%	Not required to report	100%	0%	0%	0%	100%	100%
Numerator	3		6	2	-	2	-	-	-	1	1
Denominator	2		9	2	-	2	1	1	1	1	1
2 Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals)		%	0%	0%	Not required to report	0%	Not required to report	Not required to report	Not required to report	0%	0%
Numerator	22		-	-	-	-	-	-	-	-	-
Denominator	3		6	2	-	2	-	-	-	1	1

3	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals)		%	0%	0%	Not required to report	0%	Not required to report	Not required to report	Not required to report	0%	0%
	Numerator	5		-	-	-	-	-	-	-	-	-
	Denominator	3		6	2	-	2	-	-	-	1	1
4	Patient satisfaction survey rate (district hospitals)		%	89%	100%	Not required to report	100%	100%	100%	0%	100%	100%
	Numerator	6		8	2	-	2	1	1	-	1	1
	Denominator	2		9	2	-	2	1	1	1	1	1
5	Patient satisfaction rate (district hospitals)		%	86%	86%	Not required to report	89%	74%	85%	96%	83%	85%
	Numerator	7		3 808	946	-	1 115	105	547	136	441	518
	Denominator	8		4 412	1 097	-	1 253	142	640	141	529	610
6	Average length of stay (district hospitals)		Days	3.7	3.4	Not required to report	3.4	2.2	4.3	2.7	4.5	3.5
	Numerator	9		539 837	132 688	-	80 522	9 396	93 975	9 809	105 054	108 393
	Denominator	10		146 157	38 715	-	23 864	4 253	21 806	3 674	23 167	30 678

7	Inpatient bed utilisation rate (district hospitals)		%	94%	127%	Not required to report	85%	83%	86%	90%	80%	95%
	Numerator	9		539 837	132 688	-	80 522	9 396	93 975	9 809	105 054	108 393
	Denominator	11		576 398	104 401	-	94 910	11 316	109 512	10 951	131 779	113 527
8	Expenditure per PDE (district hospitals)		R	R 3 136.67	R 2 199.82	Not required to report	R 3 795.30	R 8 408.90	R 3 207.45	R 0.00	R 3 684.38	R 3 028.83
	Numerator	12		1 693 288 255.00	291 889 243.00	-	305 605 528.00	79 010 035.00	301 419 983.00	-	387 059 057.00	328 304 409.00
	Denominator	15		539 837	132 688	-	80 522	9 396	93 975	9 809	105 054	108 393
9	Complaint resolution rate (district hospitals)		%	91%	100%	Not required to report	96%	81%	99%	80%	64%	100%
	Numerator	16		781	286	-	164	13	80	4	123	111
	Denominator	17		862	286	-	170	16	81	5	193	111
10	Complaint resolution within 25 working days rate (district hospitals)		%	92%	97%	Not required to report	100%	85%	84%	100%	67%	99%
	Numerator	18		717	278	-	164	11	67	4	83	110
	Denominator	16		781	286	-	164	13	80	4	123	111

ADDITIONAL PROVINCIAL INDICATORS												
1 2	Mortality and morbidity review rate (district hospitals)		%	88%	100%	Not required to report	92%	100%	50%	75%	83%	100%
	Numerator	2020		95	24	-	22	12	6	9	10	12
	Denominator	2021		108	24	-	24	12	12	12	12	12

Table 27: Performance Indicators for District Hospitals

Performance indicator		Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
SECTOR SPECIFIC INDICATORS										
1	National core standards self-assessment rate (district hospitals)		%	33,3%	66,7%	66,7%	100,0%	100,0%	100,0%	100,0%
	Numerator	3		3	6	6	8	8	8	8
	Denominator	2		9	9	9	8#	8	8	8
2	Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals)		%	0,0%	0,0%	0,0%	87,5%	87,5%	100,0%	100,0%
	Numerator	22		-	-	-	7	7	8	8
	Denominator	3		3	6	6	8	8	8	8
3	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals)		%	Not required to report	0,0%	0,0%	0,0%	12,5%	37,5%	50,0%
	Numerator	5		-	-	-	-	1	3	4
	Denominator	3								

				3	6	6	8	8	8	8
4	Patient satisfaction survey rate (district hospitals)		%	66,7%	100,0%	88,9%	112,5%	100,0%	100,0%	100,0%
	Numerator	6		6	9	8	9	8	8	8
	Denominator	2		9	9	9	8	8	8	8
5	Patient satisfaction rate (district hospitals)		%	87,7%	85,7%	86,3%	86,3%	84,2%	84,2%	84,2%
	Numerator	7		3 358	4 670	3 808	3 809	3 717	3 717	3 717
	Denominator	8		3 831	5 451	4 412	4 412	4 412	4 412	4 412
6	Average length of stay (district hospitals)		Days	3,5	3,5	3,7	3,6	3,6	3,6	3,6
	Numerator	9		478 457	525 032	539 837	523 440	527 321	527 321	527 321
	Denominator	10		136 286	149 923	146 157	144 744	144 970	144 970	144 970
6A	Average length of stay (district hospitals) (without psychiatric admissions)			Not required to report	Not required to report	Not required to report	3.3	3.3	3.3	3.3
7	Inpatient bed utilisation rate (district hospitals)		%	97,1%	92,8%	93,7%	88,5%	89,1%	89,1%	89,1%
	Numerator	9		478 457	525 032	539 837	523 440	527 321	527 321	527 321
	Denominator	11		492 804	565 812	576 398	591 730	591 730	591 730	591 730
8	Expenditure per PDE (district hospitals)		R	R 0,00	R 0,00	R 2160,44*	R 2 398,62	R 2 548,83	R 2 948,56	R 3 095,99
	Numerator	12		R 0	R 0	R 1 693 288 255	R 1 877 631 000	R 2 005 103 000	R 2 105 358 150	R 2 210 626 058
	Denominator	15		713 767	784 737	783 767*	782 796	786 677	714 028	714 028

9	Complaint resolution rate (district hospitals)		%	92,5%	91,6%	90,6%	92,6%	90,0%	90,0%	90,0%
	Numerator	16		545	680	781	849	826	825	825
	Denominator	17		589	742	862	917	917	917	917
10	Complaint resolution within 25 working days rate (district hospitals)		%	91,6%	92,6%	91,8%	93,2%	90,0%	90,0%	90,0%
	Numerator	18		499	630	717	791	743	742	742
	Denominator	16		545	680	781	849	826	825	825
ADDITIONAL PROVINCIAL INDICATORS										
12	Mortality and morbidity review rate (district hospitals)		%	Not required to report	83,3%	88,0%	93,5%	89,5%	90,0%	90,0%
	Numerator	20		-	90	95	101	77	72	72
	Denominator	21		-	108	108	108	86	80	80

#GF Jooste/ Heideveld EC will in future be reported under Mitchells Plain Hospital
*Estimate put in as error in original data

14.5.2 District Hospitals: Strategies/Activities to be implemented 2017/8

The focus for district hospitals is on addressing **service pressures**, through a "**systems resilience (absorb, adapt, transformation) approach**", focusing on the capacity of the system to successfully mitigate pressures.

15. HIV & AIDS, STI & TB CONTROL (HAST)

15.1 Programme Overview

The purpose of the HAST programme is to effectively control HIV & AIDS, TB and Sexually Transmitted Infections.

Challenges:

- A high burden of HIV/AIDS and Tuberculosis.
- The difficulty in management of multidrug resistant TB.

Table 28: Situational analysis: Indicators for HIV & AIDS, STIs and TB Control: 2015/16

Performance indicator		Data source / Element ID	Type	District wide value	CT Eastern	CT Northern	CT Southern	CT Western	Khayelitsha	Klipfontein	Mitchells Plain	Tygerberg
				2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS												
2.1.1	ART retention in care after 12 months		%	67,2%	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	Not required to report
	Numerator	3		16 882	-	-	-	-	-	-	-	-
	Denominator	4		25 131	-	-	-	-	-	-	-	-
2.1.2	ART retention in care after 48 months		%	56,8%	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	Not required to report
	Numerator	5		9 902	-	-	-	-	-	-	-	-
	Denominator	6		17 420	-	-	-	-	-	-	-	-
SECTOR SPECIFIC INDICATORS												
1	ART client remain on ART end of month -total		No	145 232	17 217	12 144	11 232	22 245	35 703	14 958	18 714	13 019
	Element	7										
2	TB/HIV co-infected client on ART rate		%	88,5%	83,8%	92,4%	87,0%	88,6%	91,1%	84,5%	92,7%	84,4%
	Numerator	8		9 934	1 349	1 052	638	1 126	2 467	1 049	1 404	849
	Denominator	9		11 223	1 609	1 139	733	1 271	2 709	1 241	1 515	1 006
3	HIV test done - Total		No	795635	119800	63 348	98950	103571	144735	97176	104469	126934
	Element	10										
3A	Males tested for HIV		%	36.1	37.4	37.2	36.3	34.4	37.3	26.9	28.0	30.2
			No	287 493	44 794	23 579	35 944	35 609	53 918	26 169	29 204	38 276

4	Male condom distributed		Rate	42	39	40	27	57	44	68	56	54
	Element	13	No	61 999 657	7 665 013	6 103 400	6 228 391	11 181 660	6 867 666	9 784 463	8 722 540	12 314 190
			Pop	1461888	197027	154225	231 795	194 717	154 454	144 154	156 722	228 794
5	Medical male circumcision - total		No	5192	532	0	582	1485	24	217	381	1457
	Element	17										
6	TB symptom 5 years and older screened rate		%	7,8%	13,3%	7,6%	7,1%	5,4%	10,8%	6,8%	8,4%	4,8%
	Numerator	11		635 780	109 816	43 475	61 079	57 517	135 026	69 840	85 722	73 305
	Denominator	12		8 134 939	823 486	571 934	858 086	1 070 616	1 249 040	1 024 943	1 014 669	1 522 165
7	TB symptoms 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	Not required to report	Not required to report
	Numerator	26		-	-	-	-	-	-	-	-	-
	Denominator	27		-	-	-	-	-	-	-	-	-

8	TB client treatment success rate		%	81,6%	81,8%	85,6%	76,5%	80,2%	81,0%	84,0%	84,0%	79,7%
	Numerator	18		19 724	2 954	1 859	1 555	2 084	3 300	2 194	2 877	2 901
	Denominator	19		24 164	3 610	2 171	2 033	2 597	4 074	2 613	3 427	3 639
9	TB client lost to follow up rate		%	9,6%	9,5%	8,3%	11,6%	8,9%	8,3%	9,5%	10,3%	10,8%
	Numerator	20		2 321	343	181	235	232	337	247	352	394
	Denominator	19		24 164	3 610	2 171	2 033	2 597	4 074	2613	3427	3 639
10	TB client death rate		%	3,7%	4,1%	3.1%	3,1%	3,6%	3,6%	3,9%	3,9%	3,5%
	Numerator	21		885	148	68	63	94	146	102	135	129
	Denominator	19										

				24 164	3 610	2 171	2 033	2 597	4 074	2613	3427	3 639
11	TB MDR confirmed treatment initiation 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	Not required to report	Not required to report
	Numerator	22		-	-	-	-	-	-	-	-	-
	Denominator	23		-	-	-	-	-	-	-	-	-
12	TB MDR treatment success rate (at 36 months)		%	41,0%	41,0%	41,1%	47,1%	41,5%	46,6%	34,3%	41,3%	34,4%
	Numerator	24		545	91	44	48	61	118	60	69	54
	Denominator	25		1 330	222	107	102	147	253	175	167	157

Table 29: Performance Indicators for HIV&AIDS and TB Control

Performance indicator		Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS										
2.1.1	ART retention in care after 12 months		%	Not required to report	Not required to report	67,2%	68,1%	70,1%	72,1%	74,1%
	Numerator	3		-	-	16 882	22 002	24 913	28 186	31 864
	Denominator	4		-	-	25 131	32 287	35 516	39 067	42 974
2.1.2	ART retention in care after 48 months		%	Not required to report	Not required to report	56,8%	56,9%	58,7%	60,6%	62,7%
	Numerator	5		-	-	9 902	14 482	16 447	18 676	21 260
	Denominator	6		-	-	17 420	25 463	28 009	30 810	33 891
SECTOR SPECIFIC INDICATORS										
1	ART client remain on ART end of month -total		No	0	0	145 232	152 118	170 000	187 000	205 700
	Element	7								
2	TB/HIV co-infected client on ART rate		%	74.9%	84.5%	88,5%	90,6%	90,0%	90,0%	90,0%
	Numerator	8		9 179	9 603	9 934	9 796	9 733	9 733	9 733
	Denominator	9		12 251	11 365	11 223	10 814	10 814	10 814	10 814
3	HIV test done - Total		No	658 274	732 637	795 635	873 288	814 676	855 410	898 180
	Element	10								
3A	Males tested for HIV		%	Not reported	Not reported	36%	33%	40%	42%	44%
	Numerator		No			287493	288 185	325 870	359 272	395 199
	Denominator					795 635	873 288	814 676	855 410	898 180

4	Male condom distributed		Rate No per male >15 per year	65*	57*	42	45	45	46	47
	Numerator	13	No	90 486 717	81 607 575	61 999 657	68 057 964	69 015 172	72 465 931	76 089 227
	Denominator		Pop	1393847	1427598	1461888	1497203	1531925	1565254	1598582
5	Medical male circumcision - total		No	5 302	5 828	5 192	5 221	14 939	14 939	14 939
	Element	17								
6	TB symptom 5 years and older screened rate		%	1,1%	0,7%	7,8%	13,9%	23,2%	50,0%	90,0%
	Numerator	11		94 033	58 419	635 780	1 097 437	1 867 697	4 094 716	7 481 663
	Denominator	12		8 191 364	8 184 874	8 134 939	7 909 547	8 065 903	8 189 431	8 312 959
7	TB symptoms 5 years and older start on treatment rate		%	Not required to report	Not required to report	Not required to report	89,1%	95,0%	96,0%	97,0%
	Numerator	26		-	-	-	11 872	12 657	12 790	12 923
	Denominator	27		-	-	-	13 323	13 323	13 323	13 323
8	TB client treatment success rate		%	84,7%	84,6%	81,6%	81,7%	81,7%	82,6%	83,4%
	Numerator	18		22 357	14 711	19 724	19 721	19 729	19 926	20 126
	Denominator	19		26 399	17 396	24 164	24 134	24 134	24 134	24 134

9	TB client lost to follow up rate		%	8,2%	9,0%	9,6%	9,6%	9,6%	9,5%	9,4%
	Numerator	20		2 157	1 563	2 321	2 321	2 321	2 298	2 275
	Denominator	19		26 399	17 396	24 164	24 134	24 134	24 134	24 134
10	TB client death rate		%	3,6%	2,9%	3,7%	3,6%	3,6%	3,6%	3,6%
	Numerator	21		948	501	885	877	877	868	860
	Denominator	19		26 399	17 396	24 164	24 134	24 134	24 134	24 134
11	TB MDR confirmed treatment initiation 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	22		-	-	-	-	-	-	-
	Denominator	23		-	-	-	-	-	-	-
12	TB MDR treatment success rate		%	Not required to report	Not required to report	41,0%	38,8%	38,8%	39,2%	39,5%
	Numerator	24		-	-	545	446	446	450	454
	Denominator	25		-	-	1 330	1 149	1 149	1 149	1 149

*There was double counting of condoms in these earlier years

15.2 HIV & AIDS, STI & TB CONTROL (HAST): Strategies/ Activities to be implemented 2013/14

- Strengthening 90-90-90 activities
- Increase focus on medical male circumcision

16. MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION

16.1 Programme Overview

The purpose of the maternal, child and women's health and nutrition programme is to ensure effective management of child health including nutrition, women's health and maternal care through preventive, promotive and curative health services.

Challenges:

- Ensuring and maintaining adequate immunisation coverage.
- Improving vitamin A coverage

Table 30: Situational Analysis Indicators for MCWH & Nutrition

Performance indicator		Data source / Element ID	Type	District wide value	CT Eastern	CT Northern	CT Southern	CT Western	Khayelitsha	Klipfontein	Mitchells Plain	Tygerberg
				2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16
SECTOR SPECIFIC INDICATORS												
1	Antenatal 1st visit before 20 weeks rate		%	63,8%	66,4%	67,0%	61,7%	57,6%	65,3%	60,7%	59,9%	70,5%
	Numerator	3		37 044	4 596	2 806	3 910	3 946	5 563	4 407	4 923	6 893
	Denominator	4		58 086	6 920	4 188	6 341	6 853	8 517	7 266	8 225	9 776
2	Mother postnatal visit within 6 days rate		%	132,4%	42,8%	199,4%	258,7%	180,1%	87,6%	509,8%	73,5%	81,0%
	Numerator	5		47 390	2 114	3 072	5 538	4 050	5 937	14 748	4 200	7 731
	Denominator	6		35 803	4 936	1 541	2 141	2 249	6 780	2 893	5 715	9 548
3	Antenatal client start on ART rate		%	79,3%	73,2%	69,3%	125,0%	83,3%	97,3%	42,0%	82,6%	75,5%
	Numerator	7		4 282	383	327	400	632	1 271	375	531	363
	Denominator	8		5 397	523	472	320	759	1 306	893	643	481
4	Infant 1st PCR test positive around 10 weeks rate		%	0,9%	1,3%	1,2%	1,2%	1,0%	0,8%	0,2%	0,4%	0,8%
	Numerator	9										

				88	19	12	10	13	19	2	6	7
	Denominator	10		10 299	1 506	999	807	1 283	2 272	931	1 621	880
	Infant 1st PCR test positive at birth and around 10 weeks rate			Different definition	Different definition	Different definition	Different definition	Different definition	Different definition	Different definition	Different definition	Different definition
5	Immunisation under 1 year coverage		%	93,3%	85,3%	58,3%	156,6%	82,5%	109,8%	70,0%	92,0%	127,3%
	Numerator	11		58 846	7 861	5 060	8 252	8 224	7 245	5 730	7 388	9 086
	Denominator	12		63 085	9 216	8 676	5 269	9 973	6 599	8 187	8 030	7 135
6	Measles 2nd dose coverage		%	98,5%	83,6%	52,2%	155,6%	71,5%	#VALUE!	65,9%	97,5%	118,8%
	Numerator	13		57 701	7 926	4 700	8 570	7 346	6 605	5 615	8 159	8 780
	Denominator	14		58 564	9 482	9 007	5 509	10 281	6 768	8 526	8 371	7 388
7	DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate		%	-23,6%	-7,3%	-5,4%	-42,7%	-29,9%	-23,9%	-48,1%	-47,7%	-23,4%
	Numerator	17		-7 814	-684	-172	-1 425	-1 038	-784	-1 072	-1 442	-1 197
	Denominator	15		33 063	9 389	3 214	3 340	3 472	3 282	2 230	3 021	5 115
8	Diarrhoea case fatality rate		%	0,0%	0,1%	Not required to report	0,0%	0,0%	0,0%	Not required to report	0,0%	0,0%
	Numerator	18		1	1	-	-	-	-	-	-	-
	Denominator	19		2 027	708	-	418	55	192	-	234	420
9	Pneumonia case fatality rate		%	0,1%	0,2%	Not required to report	0,0%	0,0%	0,0%	Not required to report	0,0%	0,2%
	Numerator	20		3	1	-	-	-	-	-	-	2
	Denominator	21		2 492	490	-	589	47	365	-	151	850
10	Severe acute malnutrition case fatality rate		%	0,0%	0,0%	Not required	0,0%	0,0%	0,0%	Not required	0,0%	0,0%

						to report				to report		
	Numerator	22		-	-	-	-	-	-	-	-	-
	Denominator	23		175	50	-	60	8	20	-	24	13
11	School Grade 1 learners screened		%	31 630	4 645	3 089	2 429	4 474	4 802	895	2 998	8 298
	Element	26										
12	School Grade 8 learners screened		%	2 737	1 535	-	142	279	227	3	103	448
	Element	28										
13	Delivery in 10 to 19 years in facility rate		%	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%
	Numerator	47		-	-	-	-	-	-	-	-	-
	Denominator	6		35 803	4 936	1 541	2 141	2 249	6 780	2 893	5 715	9 548
14	Couple year protection rate (Int)		%	75,2%	62,7%	62,2%	54,7%	91,8%	66,0%	93,0%	82,2%	90,0%
	Numerator	30		824 850	92 435	68 103	86 784	129 937	88 508	101 666	101 282	156 135
	Denominator	31		1 097 145	147 449	109 407	158 728	1 41 501	134 044	109 275	123 236	173 505
15	Cervical cancer screening coverage (annualised)		%	57,9%	47,5%	35,0%	69,8%	56,8%	97,7%	67,5%	62,0%	46,4%
	Numerator	32		53 805	6 439	4 047	4 957	7 630	9 370	7 219	6 376	7 767
	Denominator	33		92 947	13 559	11 552	7 100	13 439	9 593	10 689	10 288	16 727

16	Cervical cancer screening coverage 20 years and older		%	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	Not required to report	Not required to report
	Numerator	45		-	-	-	-	-	-	-	-	-
	Denominator	46		-	-	-	-	-	-	-	-	-
17	HPV 1st dose		%	20 448	2 877	1 895	2 479	2 493	1 794	2 354	3 294	3 262

	Element	34										
18	HPV 2nd dose		%	18 891	2725	1726	2047	1923	1778	2282	3162	3188
	Element	36										
19	Vitamin A 12 – 59 months coverage		%	59,1%	3708,4%	43,9%	34,8%	45,0%	35,7%	45,7%	52,1%	42,3%
	Numerator	37		274 922	78 098	20 280	24 440	27 242	26 361	25 515	36 814	36 172
	Denominator	38		465 037	2 106	46 228	70 258	60 587	73 937	55 833	70 660	85 428
20	Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate		%	32,6%	0,0%	39,2%	38,7%	51,2%	105,9%	36,6%	71,3%	#VALUE!
	Numerator	39		10 772	-	1 259	1 291	1 776	3 476	816	2 154	3 937
	Denominator	15		33 063	9 389	3 214	3 340	3 472	3 282	2 230	3 021	5 115
21	Maternal mortality in facility ratio		No per 100 000	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%
	Numerator	40		4	-	-	-	1	1	-	1	1
	Denominator / 100 000	49		35 654	4 925	1 540	2 130	2 265	6 723	2 871	5 678	9 522
22	Neonatal death in facility rate		No per 1 000	0,1%	0,1%	0,1%	0,3%	0,3%	0,1%	0,1%	0,0%	0,2%
	Numerator	42		53	5	2	6	6	10	2	2	20
	Denominator / 1 000	41		35 654	4 925	1 540	2 130	2 265	6 723	2 871	5 678	9 522
ADDITIONAL PROVINCIAL INDICATORS												
23	Measles 1st dose under 1 year coverage (annualised)		%	107,6%	106,5%	124.6%	205,2%	100,7%	125,8%	86,5%	124,0%	166,1%
	Numerator	16		67 863	9 818	6 304	10 811	10 042	8 301	7 080	9 957	11 854
	Denominator	12		63 085	9 216	5060	5 269	9 973	6 599	8 187	8 030	7 135
24	Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)		%	98,1%	93,8%	61,0%	174,0%	85,0%	109,1%	71,4%	96,0%	133,7%

	Numerator	43		61 876	8 645	5 294	9 168	8 482	7 201	5 843	7 706	9 537
	Denominator	12		63 085	9 216	8 676	5 269	9 973	6 599	8 187	8 030	7 135
25	Rotavirus (RV) 2nd dose coverage (annualised)		%	102,8%	98,0%	66,0%	178,6%	87,9%	112,1%	73,7%	105,9%	139,8%
	Numerator	44		64 846	9 032	5 723	9 410	8 768	7 395	6 036	8 506	9 976
	Denominator	12		63 085	9 216	8 676	5 269	9 973	6 599	8 187	8 030	7 135

Table 23: Performance Indicators for MCWH& Nutrition

Performance indicator		Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
SECTOR SPECIFIC INDICATORS										
1	Antenatal 1st visit before 20 weeks rate		%	54,5%	61,5%	63,8%	65,2%	65,2%	66,5%	67,8%
	Numerator	3		35 369	39 335	37 044	38 063	38 063	38 824	39 601
	Denominator	4		64 885	63 963	58 086	58 382	58 382	58 382	58 382
2	Mother postnatal visit within 6 days rate		%	108,3%	130,1%	132,4%	65,7%	65,7%	69,6%	73,1%
	Numerator	5		68 297	83 036	47 390	39 862	39 862	41 855	43 948
	Denominator	6		63 042	63 820	35 803	60 707	60 707	60 155	60 155
3	Antenatal client start on ART rate		%	Not required to report	84,1%	79,3%	88,1%	90,0%	90,0%	90,0%
	Numerator	7		-	5 460	4 282	4 592	4 782	4 782	4 782
	Denominator	8		-	6 491	5 397	5 215	5 314	5 314	5 314
4	Infant 1st PCR test positive around 10 weeks rate		%	1,5%	1,3%	0,9%	0,8%	0,8%	0,8%	0,8%

	Numerator	9		137	133	88	69	69	69	69
	Denominator	10		9 211	10 093	10 299	9 109	9 109	9 109	9 109
4A	Infant 1st PCR test positive at birth and around 10 weeks rate			Different definition	Different definition	Different definition	1.8%	1.8%	1.8%	1.8%
	Numerator						164	164	164	164
	Denominator						9 109	9 109	9 109	9 109
5	Immunisation under 1 year coverage		%	88,5%	96,6%	93,3%	90,3%	94,2%	95,6%	97,1%
	Numerator	11		57 549	61 837	58 846	56 041	57 559	58 559	59 564
	Denominator	12		65 005	64 022	63 085	62 072	61 090	61 225	61 360
6	Measles 2nd dose coverage		%	70,4%	76,6%	98,5%	102,8%	78,9%	78,9%	78,9%
	Numerator	13		47 397	50 771	57 701	66 191	50 051	49 883	49 763
	Denominator	14		67 309	66 313	58 564	64 385	63 462	63 249	63 036
7	DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate		%	-1,3%	3,4%	-23,6%	-28,4%	5,0%	4,0%	3,0%
	Numerator	17		-795	2 302	-7 814	16 814	2 964	2 372	1 779
	Denominator	15		59 842	67 090	33 063	59 289	59 289	59 289	59 289
8	Diarrhoea case fatality rate		%	0,1%	0,1%	0,0%	0,3%	0,2%	0,2%	0,2%
	Numerator	18		4	5	1	13	12	12	12
	Denominator	19		4 022	4 356	2 027	4 764	4 763	4 763	4 763
9	Pneumonia case fatality rate		%	0,8%	0,4%	0,1%	0,5%	0,5%	0,5%	0,5%
	Numerator	20		23	18	3	27	27	27	27

	Denominator	21		3 059	4 125	2 492	5 609	5 885	5 885	5 885
10	Severe acute malnutrition case fatality rate		%	2,5%	1,5%	0,0%	0,4%	0,4%	0,4%	0,4%
	Numerator	22		5	7	-	2	2	2	2
	Denominator	23		198	458	175	455	455	455	455
11	School Grade 1 learners screened		%	0	19 233	31 630	31 407	0*	0*	0*
	Element	26								
12	School Grade 8 learners screened		%	0	29	2 737	2 291	0*	0*	0*
	Element	28								
13	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	8,4%	7,5%	6,6%
	Numerator	47		-	-	-	-	5 129	4 531	3 963
	Denominator	6		63 042	63 820	35 803	60 707	60 707	60 155	60 155
14	Couple year protection rate (Int)		%	96,7%	95,1%	75,2%	74,7%	74,1%	74,7%	75,3%
	Numerator	30		1 031 555	1 028 329	824 850	831 884	838 048	857 109	877 123
	Denominator	31		1 066 393	1 081 463	1 097 145	1 113 879	1 131 121	1 148 071	1 165 021
15	Cervical cancer screening coverage (annualised)		%	55,0%	55,2%	57,9%	49,7%	52,4%	53,7%	55,1%
	Numerator	32		53 592	55 330	53 805	52 503	56 809	59 650	62 632
	Denominator	33		97 485	100 199	92 947	105 613	108 364	110 977	113 590
17	HPV 1st dose		%	Not required to report	20 105	20 448	21 571	21 003	22 519	23 844

	Element	34								
18	HPV 2nd dose		%	Not required to report	18 616	18 891	20 718	19 722	21 194	22 519
	Element	36								
19	Vitamin A 12 – 59 months coverage		%	34,4%	42,9%	59,1%	45,0%	46,0%	48,7%	51,5%
	Numerator	37		190 851	234 979	274 922	240 513	243 307	255 472	268 246
	Denominator	38		554 240	547 704	465 037	535 043	528 889	524 782	520 675
20	Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate		%	12,2%	21,8%	32,6%	26,0%	34,7%	36,4%	38,2%
	Numerator	39		7 330	14 636	10 772	15 386	20 562	21 591	22 670
	Denominator	15		59 842	67 090	33 063	59 289	59 289	59 289	59 289
21	Maternal mortality in facility ratio		No per 100 000	74,2	58,0	11,2	57,6	57,6	54,3	51,3
	Numerator	40		47	37	4	35	35	33	31
	Denominator / 100 000	49		0,634	0,638	0,357	0,607	0,607	0,607	0,607
22	Neonatal death in facility rate		No per 1 000	4,9	5,2	1,5	4,2	4,2	4,2	4,2
	Numerator	42		312	332	53	254	254	254	254
	Denominator / 1 000	41		63,4	63,8	35,7	60,7	60,7	60,7	60,7

*NB A new method of conducting screening at schools will be piloted in this financial year. Screening will still be done but not in a way that meets the official data collection definition – this is why zeroes are reflected here.

ADDITIONAL PROVINCIAL INDICATORS										
23	Measles 1st dose under 1 year coverage (annualised)		%	93,3%	101,2%	107,6%	121,9%	92,1%	93,0%	93,7%
	Numerator	16		60 637	64 788	67 863	75 652	56 253	56 917	57 510
	Denominator	12		65 005	64 022	63 085	62 072	61 090	61 225	61 360
24	Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)		%	92,2%	100,5%	98,1%	97,2%	98,0%	99,5%	100,8%
	Numerator	43		59 924	64 345	61 876	60 340	59 799	60 934	61 837
	Denominator	12		65 005	64 022	63 085	62 072	61 090	61 225	61 360
25	Rotavirus (RV) 2nd dose coverage (annualised)		%	94,3%	103,2%	102,8%	101,2%	100,3%	101,5%	102,8%
	Numerator	44		61 273	66 058	64 846	62 797	61 291	62 171	63 056
	Denominator	12		65 005	64 022	63 085	62 072	61 090	61 225	61 360

16.2 Strategies/ Activities to be implemented 2017/2018

- Focus on 1st 1000 days strategy to improve maternal and child health
- Strengthening immunisation coverage activities particularly in sub-districts where coverage is estimated to be low. Please note that the district is using births as an additional denominator to determine coverage rather than estimated population as it is believed that the currently available population estimates for <1 underestimate the true population.
- Improving Vitamin A coverage remains an important activity for the District.

17. DISEASE PREVENTION AND CONTROL

17.1 Programme Overview

The purpose of this programme is to improve detection of chronic diseases and to increase the number of cataract operations done.

Challenges:

- Policies and data systems for screening activities need attention.

17.2 Situational Analysis for Disease Prevention and Control

Table 32: Situational Analysis for Disease Prevention and Control

Performance indicator		Data source / Element ID	Type	District wide value	CT Eastern	CT Northern	CT Southern	CT Western	Khayelitsha	Klipfontein	Mitchells Plain	Tygerberg
				2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16
SECTOR SPECIFIC INDICATORS												
4	Cataract surgery rate		No per million	-	Not required to report	-	-	-	-	-	-	-
	Numerator	6		-	-	-	-	-	-	-	-	-
	Denominator / 1 000 000	7		2,64	-	0,31	0,46	0,38	0,34	0,31	0,34	0,49
5	Malaria case fatality 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	Not required to report	Not required to report
	Numerator	8		-	-	-	-	-	-	-	-	-
	Denominator	9										

				-	-	-	-	-	-	-	-	-

18. PERFORMANCE INDICATORS FOR DISEASE PREVENTION AND CONTROL (ENVIRONMENTAL HEALTH SERVICES)

Table 33: Performance Indicators

Performance indicator		Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
SECTOR SPECIFIC INDICATORS										
4	Cataract surgery rate		No per million	1810	1891	0	1850	1872	1973	2075
	Numerator	6		5 328	5 674	-	5 759	5 935	6 361	6 800
	Denominator / 1 000 000	7		2,94	3,00	2,64	3,11	3,17	3,22	3,28
5	Malaria case fatality rate		%	2,1%	2,0%	Not required to report	0,8%	0,8%	0,8%	0,8%
	Numerator	8		2	3	-	1	1	1	1
	Denominator	9		94	151	-	118	118	118	118

18.1 District objectives and annual targets for environmental health services

Table 33: District Objectives and Annual Targets for Environmental Health Services

STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	Audited/ Actual performance			Estimate	MTEF Projection		
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Provide Effective Environmental Health Services	% food samples complying with relevant standards	95%	79%	82%	80%	79%	78%	
Provide Effective Environmental Health Services	% routine domestic water samples complying with SANS 241 quality standards	100%	99%	99%	99%	99%	99%	
Provide Effective Environmental Health Services	Number of weekly monitoring visits to informal Settlements to identify potential health hazards	15293	16098	19934	21806	21599	23400	
Provide Effective Air Quality Management And Pollution (Including Noise) Control Programmes	Number of Air Pollution Episode Days	125	4	0	0	8	20	
Provide Effective Air Quality Management And Pollution (Including Noise) Control Programmes	Number of noise complaints resolved within 3	100%	95%	87%	87%	99%	100%	

18.2 Strategies/ Activities to be implemented 2017/18

Disease prevention

- Addressing policy and standard guidelines for screening activities and data flow.

Environmental Health

- % food samples complying with relevant standards

    - Take food samples according to relevant programs.
    - Identify problem areas where standards are not met and take relevant legal action.
    - Present the 5 Keys to Safe Food program to food handlers at identified food handling premises.
    - Specific sampling projects focusing on specific challenges, e.g. colorants, preservatives, aflatoxin, listeria, to address identified high risks food.

- % routine domestic water samples complying with SANS 241 quality standards

    - Identify water sampling points in cooperation with Water and Sanitation.
    - Take samples on a weekly basis at identified sampling points.
    - Take relevant action in cases of non-compliance

- Number of weekly monitoring visits to informal Settlements to identify potential health hazards

    - To evaluate all informal settlements on a weekly basis (Sanitation, water, refuse removal).
    - All informal settlements that do not comply with the City's Norm must be reported to Informal Settlements Water and Sanitation Services.

- Attend monthly meetings with all representatives of the relevant directorates (Urbanisation Meeting).
- Continue with Health and Hygiene Awareness programs in informal settlements.

Air Pollution Episode Days:

- Improve air quality

The City has adopted an Air Quality Management Plan to provide strategic direction and objectives for managing Cape Town's ambient air quality. The plan is in the process of being reviewed. The plan is transversal in nature and requires a number of Directorates to contribute towards improving Cape Town's ambient air quality. The Plan is resource dependant and currently is severely under resourced in certain areas.

- Objective 1: To maintain and enhance the Air Quality Management System for the City of Cape Town.
- Objective 2: To develop and implement mechanisms and systems to attain compliance with national ambient air quality standards.
- Objective 3: To monitor and identify air pollutants which, through ambient concentrations, deposition or in any other way, present a threat to health, well-being or the environment.
- Objective 4: To improve air quality in informal settlements:
- Objective 5: To enforce current and future legislation for Air Quality Management
- Objective 6: To reduce and control vehicle emission in the City – Continued implementation of the diesel vehicle emission testing programme.
- Objective 7: To support sustainable transport planning initiatives such as MyCiTi and other initiatives.
- Objective 8: Determine extent of detrimental health effects of poor air quality on population of Cape Town
- Objective 9: To expand upon existing education and awareness activities and to provide a comprehensive and sustainable awareness and communication programme for Air Quality Management
- Objective 10: Manage landfill emissions

- Objective 11: Manage emissions from waste water infrastructure
- Objective 12: To periodically review the air quality situation

- Noise Control Programmes:

Strategies to regulate Noise pollution:

- Land-use and building development:
- Ensure that Noise Impact Assessments are undertaken for all new noisy development applications and set conditions of approval that will limit the noise impacts on surrounding communities.
- Planners must ensure that residential developments are not permitted adjacent to Industrial areas without appropriate buffers being put in place.

➢ Events:

- Ensure that events take place with effective noise exemption permits conditions stipulated
- Ensure enforcement of particularly problematic events within existing capacity constraints.

➢ Noise Complaints:

- Support the Sub-Districts through responding to requests for Noise measurement timeously and taking the appropriate legal action where disturbing noise measurements have been observed.
- Noise nuisance complaints must be addressed by Sub-districts within the regulated timeframes.

- Business Licensing:

- Regulating entertainment noise through the Business Licensing process by calling for NIA's for all places of entertainment.

- Conduct ad hoc blitzes of places of entertainment together with Law Enforcement and the Liquor Authority to enforce compliance with Business Licence conditions related to noise control.

19. INFRASTRUCTURE, EQUIPMENT AND OTHER SUPPORT SERVICES

Table 35: Performance Indicators for Health Facilities Management: Provincial Government

PROJECT NAME	DESCRIPTION/SCOPE OF PROJECT	SP	TARGET IDMS STAGE AS AT END OF (DATE)	START DATE (START BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST (AT COMPLETION)	2016/17 ADJUSTMENT BUDGETR000's	2017/18 ALLOCATION R000's	2017/18 PERFORMANCE BASEDR000's	2018/19 ALLOCATIONR000's	2019/20 ALLOCATION R000's
Atlantis-Wesfleur Hospital-HT-Addition of EC	HT: EC	8.3	N/A	01-Apr-15	31-Mar-17	8 000	3 000	-	-	-	-
Atlantis-Wesfleur Hospital-HT-PACS-RIS	HT: PACS-RIS	8.3	N/A	01-Apr-16	31-Mar-17	3 500	500	-	-	-	-
Bellville-Karl Bremer Hospital-HT- New Bulk	HT: Store	8.3	N/A	01-Apr-16	30-Sep-17	3 800	1 500	-	-	-	-

Store											
Bellville-Karl Bremer-HT-PACS-RIS	HT: PACS-RIS	8.3	N/A	04-Jan-16	04-Jan-17	2 300	2 300	-	-	-	-
Cape Town-District Six CDC-HT- New	HT: CDC	8.1	N/A	01-Apr-16	31-Mar-18	12 000	2 000	7 089	-	-	-
Delft-Symphony Way CDC-HT- New	HT: CDC	8.1	N/A	01-Apr-13	31-Mar-15	7 000	77	-	-	-	-
Du Noon-Du Noon CHC-HT- New	HT: CHC	8.1	N/A	01-Apr-13	31-Mar-16	19 000	56	-	-	-	-
Eerste River-Eerste River Hospital-HT-Acute	HT: Acute Psychiatric Unit	8.3	N/A	01-Apr-19	30-Mar-21	6 000	-	-	-	-	2 000
Fish Hoek - False Bay Hospital - HT- EC and Wards upgrade	HT: EC & Wards	8.3	N/A	01-Apr-15	30-Mar-17	3 500	1 500	1 151	-	-	-
Khayelitsha-Khayelitsha (Site B) CHC-HT-	HT- Temporary	8.1	N/A	01-Apr-16	31-Mar-18	100	50	50	-	-	-

Temporary IDU											
Khayelitsha-Khayelitsha Hospital-HT- CT Scan	HT: Hospital (CT Scan)	8.3	N/A	01-Apr-16	31-Mar-17	6 000	6 000	-	-	-	-
Khayelitsha-Khayelitsha Hospital-HT-PACS-RIS	HT: PACS-RIS	8.3	N/A	01-Apr-15	31-Mar-17	7 000	2 800	-	-	-	-
Khayelitsha-Khayelitsha Hospital-HT-Ward	HT: Hospital	8.3	N/A	01-Apr-15	31-Mar-17	2 500	1 000	-	-	-	-
Khayelitsha-Khayelitsha Hospital-HT-Waste	HT: Waste Management	8.3	N/A	01-Apr-15	30-Mar-17	1 994	1 994	2 006	-	-	-
Khayelitsha-Michael Mapongwana CDC-Upgrade	HT: Upgrade	8.1	N/A	01-Apr-15	31-Mar-17	1 100	156	-	-	-	-
Mitchells Plain-Mitchells Plain Hospital-HT- New Ward	HT Hospital: New Ward	8.3	N/A	01-Oct-16	31-Mar-18	8 000	200	-	-	-	-

Mitchells Plain-Mitchells Plain-HT-PACS-RIS	HT: PACS-RIS	8.3	N/A	01-Apr-14	31-Mar-15	1 200	2 518	-	-	-	-
Parow-Ravensmead CDC-HT-Replacement	HT: CDC	8.1	N/A	01-Apr-18	31-Dec-20	10 000	-	-	-	-	-
Philippi-Weltevreden CDC-HT- New	HT: CDC	8.1	N/A	31-Mar-19	31-Mar-23	12 000	-	-	-	-	2 000
Somerset West-Helderberg Hospital-HT- EC	HT: EC	8.3	N/A	01-Apr-15	31-Mar-19	8 000	67	600	-	3 915	-
Strand-Nomzamo Asanda Clinic-HT- New	HT: Clinic	8.1	N/A	01-Apr-15	31-Mar-16	4 000	495	-	-	-	-
Wynberg - Victoria Hospital-HT- New EC	HT: EC	8.3	N/A	01-Apr-16	31-Mar-19	16 000	-	-	-	8 000	8 000
Wynberg - Victoria Hospital-HT-PACS-RIS	HT: PACS-RIS	8.3	N/A	01-Apr-16	31-Mar-19	1 000	-	500	-	500	-
Bellville- Northern CDC-Parow CDC Replacement	CDC Replacement	8.1	Stage 1: Infrastructure Planning	01-Jun-18	30-Mar-24	70 000	50				

Blackheath-Kleinvlei CDC-Replacement	CDC New and Replacement	8.1	Stage 1: Infrastructure Planning	01-May-18	31-Dec-24	45 000	-	-	-	-	250
Bothasig - Bothasig CDC-Upgrade and Additions	CDC Upgrade and Additions	8.1	Stage 1: Infrastructure Planning	01-Mar-17	31-Mar-21	10 000	-	150	-	2 000	6 500
Delft-Delft South CDC-New	New CDC	8.1	Stage 1: Infrastructure Planning	31-Aug-19	31-Mar-25	70 000	-	-	-	-	50
Guguletu-Guguletu CHC-Replacement	CHC Replacement	8.1	Stage 1: Infrastructure Planning	01-Oct-19	31-Dec-25	130 000	-	-	-	-	-
Hout Bay-Hout Bay CDC-Replacement	CDC Replacement	8.1	Stage 1: Infrastructure Planning	01-Dec-18	30-Jun-23	50 000	-	-	-	-	50
Khayelitsha-Site B 2 CDC-New	New CDC	8.1	Stage 1: Infrastructure Planning	01-Jun-18	30-Mar-22	45 000	-	50	4 000		
Kraaifontein-Bloekombos CHC-New	New CHC	8.1	Stage 1: Infrastructure Planning	01-Mar-17	01-Apr-22	100 000	-	-	250	2 000	10 000
Kraaifontein-Northern Hospital-	New District Hospital	8.3	Stage 1: Infrastructure Planning	01-Apr-19	31-Mar-25	500 000	-	-	-	-	-

New											
Lotus River-Lotus River CDC-Replacement	CDC Replacement	8.1	Stage 1: Infrastructure Planning	01-Apr-19	30-Sep-24	70 000	-	-	-	-	-
Maitland - Maitland CDC-Replacement	CDC Replacement	8.1	Stage 1: Infrastructure Planning	01-Jul-17	30-Sep-23	70 000	-	-	-	50	500
Mamre-Mamre CDC-Extensions	CDC Extensions	8.1	Stage 1: Infrastructure Planning	01-Aug-19	01-Mar-22	5 000	-	-	-	-	500
Philippi-Weltevreden CDC-New	New CDC	8.1	Stage 1: Infrastructure Planning	30-Jun-17	30-Nov-22	70 000	-	-	250	1 000	1 000
Strand-Rusthof CDC-Replacement	CDC Replacement	8.1	Stage 1: Infrastructure Planning	01-Jun-18	31-Mar-20	80 000	-	-	-	250	2 000
Elsies River-Elsies River CHC-Replacement	CHC Replacement	8.1	Stage 3: Preparation and Briefing	25-May-16	31-Oct-22	126 000	-	500	-	5 000	15 000
Khayelitsha-Khayelitsha Hospital-Acute Psychiatric Unit	30 bed Acute Psychiatric Unit	8.3	Stage 3: Preparation and Briefing	23-Feb-15	31-Mar-20	40 000	-	750	-	4 000	8 000
Parow-	CDC Replacement	8.1	Stage 3:	01-Aug-	30-Nov-20	70 000	100	500	-	15 000	15 000

Ravensmead CDC-Replacement			Preparation and Briefing	15							

Nyanga-Nyanga CDC-Pharmacy Compliance	R&R	8.1	Stage 3: Preparation and Briefing	01-Jun-16	30-Mar-19	1 850	500	1 350			
Eerste River-Eerste River Hospital-Acute Psychiatric Unit	Acute Psychiatric Unit	8.3	Stage 4: Concept and Viability	23-Feb-15	30-Dec-21	40 000	-	500	-	4 000	8 000
Hanover Park-Hanover Park CHC-Replacement	CHC Replacement	8.1	Stage 4: Concept and Viability	30-Jun-16	31-Mar-22	126 000	-	500	-	15 000	27 000
Somerset West-Helderberg Hospital-EC Upgrade and	Emergency Centre Upgrade and Additions	8.3	Stage 6B: Manufacture, fabrication and construction	01-Apr-13	30-Apr-18	35 000	950	11 000	-	24 500	500
Wynberg - Victoria Hospital-EC Enabling Work	New Emergency Centre	8.3	Stage 6B: Manufacture, fabrication and construction	01-Apr-12	31-Mar-17	1 500	1 200	-	-	-	-
Wynberg - Victoria Hospital-New EC	New Emergency Centre	8.3	Stage 6B: Manufacture, fabrication and constructi	01-Apr-12	13-Mar-17	70 700	3 701	15 000	-	34 000	9 050

			on								
Bellville-Karl Bremer Hospital-New Bulk Store	New Bulk Store	8.3	Stage 7: Works	10-Sep-13	09-May-17	18 665	11 493	4 200	-	500	-
Cape Town-District Six CDC-New	CDC Replacement	8.1	Stage 7: Works	11-Jan-12	23-Jul-17	104 141	32 889	22 995	-	1 095	-
Khayelitsha-Khayelitsha Hospital-CT Scan and Ward	Ward completion and CT Scan	8.3	Stage 8: Handover	01-Aug-14	15-Dec-16	19 390	17 193	2 314	-	-	-
Atlantis-Wesfleur Hospital-Addition of EC	Emergency Centre and Paediatric Ward Additions	8.3	Stage 9: Close-Out	20-Aug-12	03-Dec-15	25 037	1 300	-	-	-	-
Bellville-Karl Bremer Hospital-New EC	Emergency Centre Upgrade and Additions	8.3	Stage 9: Close-Out	01-Apr-09	03-Mar-14	61 800	450	-	-	-	-
Delft-Delft CHC-ARV Consulting Rooms and new Pharmacy	ARV Consulting rooms and New Pharmacy	8.1	Stage 9: Close-Out	01-Apr-10	30-Oct-14	30 287	-	-	-	-	-
Delft-Symphony Way	New Community Day Centre	8.1	Stage 9: Close-Out	26-Jan-11	06-Jul-15	49 948	1 048	-	-	-	-

CDC-New											
Du Noon-Du Noon CHC-New	New Community Health Centre	8.1	Stage 9: Close-Out	01-Apr-10	31-Oct-15	80 600	1 000	-	-	-	-
Heidevel d-Heidevel d CDC-Tempora ry EC at Klipfonte in	Enabling work for the GF Jooste Hospital Project: New	8.1	Stage 9: Close-Out	01-Oct-12	19-Jun-14	42 000	-	-	-	-	-
Mfuleni-Mfuleni CDC-Tempora ry	Temporary CDC Replacement	8.1	Stage 9: Close-Out	01-Apr-14	14-Aug-15	32 000	1 500	-	-	-	-
Mitchells Plain-Mitchells Plain Hospital-Acute Psychiat ric Unit	Psychiatric Evaluation Unit	8.3	Stage 9: Close-Out	01-Mar-13	30-Sep-14	39 475	800	500	-	-	-
Mitchells Plain-Mitchells Plain Hospital-New	New Hospital	8.3	Stage 9: Close-Out	01-Apr-05	18-Feb-13	565 231	1 497	2 900	-	-	-
Phillipi-Inzame Zabantu CDC-New Infectiou s Disease s Unit	ARV Consulting rooms and New Pharmacy	8.1	Stage 9: Close-Out	01-Apr-10	18-Feb-14	11 583	400	-	-	-	-
Strand-Nomzam o	New clinic	8.1	Stage 9: Close-Out	30-May-11	13-Jul-15	26 000	650	-	-	-	-

Asanda Clinic- New											

The following is the infrastructure plan of local government:

Table 36: Local Government Infrastructure Plan

Department	Description	Revised Budget 2016/17	Revised Budget 2017/18	Revised Budget 2018/19	Fund Source Desc
City Health	HS Contingency Prov - Insurance FY17	60 000	0	0	2 Revenue: Insurance
City Health	HS Contingency Prov - Insurance FY18	0	200 000	0	2 Revenue: Insurance
City Health	HS Contingency Prov - Insurance FY19	0	0	200 000	2 Revenue: Insurance
City Health	Mobile Clinic - Fittings and Fixtures	670 000	0	0	1 EFF
City Health	Registry Project	820 000	0	0	1 EFF
City Health	Air Pollution Control Equipment FY17	1 500 000	0	0	1 EFF
City Health	Air Pollution Control Equipment FY18	0	1 200 000	0	1 EFF
City Health	Air Pollution Control Equipment FY19	0	0	1 000 000	1 EFF
City Health	Albow Gardens Clinic - Ext of Pharmacy	100 000	0	0	1 EFF
City Health	Upgrade and Extensions Northpine Clinic	0	150 000	1 000 000	1 EFF
City Health	Wallacedene Clinic – Upgrade	0	0	0	1 EFF
City Health	Hout Bay Clinic – upgrade	500 000	0	0	1 EFF
City Health	New Pelican Park Clinic	0	0	2 935 334	1 EFF
City Health	New Pelican Park Clinic	2 193 978	18 268 188	17 000 000	4 NT USDG
City Health	Ocean View Clinic - Ext of Records	500 000	0	0	1 EFF
City Health	Elsies River Clinic - Ext for TB/ARV	400 000	4 300 000	3 400 000	1 EFF
City Health	Bellville EHO - New Pesticide Store	0	0	0	1 EFF
City Health	Ravensmead clinic - upgrade of TB area	1 700 000	0	0	1 EFF
City Health	St Vincent Clinic - Extensions	8 000	0	300 000	1 EFF
City Health	Uitsig Clinic - Ext for ARV/TB	300 000	4 925 000	6 275 000	4 NT USDG
City Health	Zakhele Clinic - Replacement	0	2 000 000	10 000 000	4 NT USDG
City Health	Ikhwezi Clinic - Ext and Civil Works	202 200	2 734 132	169 027	1 EFF
City Health	Klipheuwel Clinic Upgrade: Ward 105	50 000	0	0	3 CRR: Ward Allocation

City Health	New Fisantekraal Clinic	1 350 000	4 650 000	14 000 000	4 NT USDG
City Health	Hanover Park Clinic - Upgrade	310 000	0	0	1 EFF
City Health	Gugulethu Clinic - Ext and Upgrade	0	0	500 000	1 EFF
City Health	Masincedane Clinic - Ext for ARV/TB	200 000	1 760 000	1 500 000	1 EFF

City Health	Sarepta clinic - upgrade of TB area	0	400 000	1 000 000	1 EFF
City Health	Acquisition of small generators	0	1 930 032	0	3 CRR: Emergency Prep
City Health	Acquisition of small generators	0	0	0	1 EFF
City Health	Eerste River Clinic - Repl Equipment	200 000	413 084	0	2 Revenue: Insurance
City Health	EHO pesticide stores FY17	1 000 000	0	0	1 EFF
City Health	Furniture, Tools, Equipment FY17	2 526 466	0	0	1 EFF
City Health	Furniture, Tools, Equipment FY18	0	1 000 000	0	1 EFF
City Health	Furniture, Tools, Equipment FY19	0	0	1 090 000	1 EFF
City Health	IT Connectivity FY17	3 200 000	0	0	1 EFF
City Health	IT Equipment FY17	1 000 000	0	0	1 EFF
City Health	National Core Standards Compliance FY17	4 450 000	0	0	1 EFF
City Health	Replacement of furniture and equipment	61 014	0	0	2 Revenue: Insurance
City Health	Replacement of IT equipment	53 477	0	0	2 Revenue: Insurance
City Health	Upgrade of Security at Clinics FY17	3 847 800	0	0	1 EFF
City Health	Upgrade of Security at Clinics FY18	0	352 334	0	1 EFF
City Health	Upgrade of Security at Clinics FY19	0	0	502 105	1 EFF
City Health	New X-ray Truck	0	2 000 000	0	1 EFF
City Health	Upgrade of substance abuse clinics FY17	960 000	0	0	1 EFF

19. SUPPORT SERVICES

19.1 Pharmaceutical Services

Table 37: Performance Indicators: Actual, Estimates and Projections

Indicators	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2017/18
1. % of institutions (district hospitals And per District) with functional Pharmaceutical and Therapeutics Committees (PTCs)	%	New DHP Indicator	New DHP Indicator	New DHP Indicator	44%	75%	100%	100%	75%*
2. Submission of Tracer Medicines Out Of Stock Rate per facility	%	New DHP Indicator	New DHP Indicator	New DHP Indicator	60%	80%	100%	100%	100%
3. % of Hospitals with Pharmacists	%	New DHP Indicator	New DHP Indicator	New DHP Indicator	100%	100%	100%	100%	100%
4. % of CHC's/CDC's with Pharmacists	%	New DHP Indicator	New DHP Indicator	New DHP Indicator	100%	100%	100%	100%	100%
5. % of PHC Clinics (with a patient count of more than 2000 patients per month) with Post Basic Pharmacist Assistants	%	New DHP Indicator	New DHP Indicator	New DHP Indicator	72.5%	76%	80%	83%	90%
6. % of Patient Medicine Parcel delivered by CDU to be collected by patients at alternate sites	%	No info	6%	8%	10%	12%	15%	20%	15%
7. % availability of the EPI vaccines as per tracer medicine list	%	No info	No info	No info	No info				100%
8. % availability of HIV Rapid Test	%	No info	No info	No info	No info				100%
9. % availability of the TB vaccines as per tracer medicine list	%	No info	No info	No info	No info				100%

Indicators	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2017/18
10. % availability of the ARV Medicine as per tracer medicine list	%	No info	No info	No info	No info				100%

The following are further additional objectives to be achieved:
Table 38: Additional pharmacy indicators for 2017/2018

STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	Audited/ Actual performance			Estimate	MTEF Projection		
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
To improve Clinical Governance by ensuring Rational Medicine Use in Hospital	% of institutions (district hospitals and Per District) with functional Pharmaceutical and Therapeutics Committees (PTCs)	New DHP Indicator	New DHP Indicator	New DHP Indicator	44%	75%	100%	100%*
To Monitor effective Essential Medicines Management	Submission of Tracer Medicines Out Of Stock Rate per facility	New DHP Indicator	New DHP Indicator	New DHP Indicator	60%	80%	100%	100%
Improved Access to Medicines	% of Hospitals with Pharmacists	New DHP Indicator	New DHP Indicator	New DHP Indicator	100%	100%	100%	100%
	% of CHC's/CDC's with Pharmacists	New DHP Indicator	New DHP Indicator	New DHP Indicator	100%	100%	100%	100%
	% of PHC Clinics (with a patient count of more than 2000 patients per month) with Post Basic Pharmacist Assistants	New DHP Indicator	New DHP Indicator	New DHP Indicator	72.5%	76%	80%	83%
	% of Patient Medicine Parcel delivered by CDU to be collected by patients at alternate sites	No Info	6%	8%	10%	12%	15%	15%*

	% availability of the EPI vaccines as per tracer medicine list	No Info	No Info	No Info	No Info			100%
	% availability of HIV Rapid Test	No Info	No Info	No Info	No Info			100%
	% availability of the TB Medicine as per tracer medicine list	No Info	No Info	No Info	No Info			100%
	% availability of the ARV Medicine as per tracer medicine list	No Info	No Info	No Info	No Info			100%

20. EQUIPMENT AND MAINTENANCE

Refer to Table 39 for the maintenance plan for provincial government.

Table 39: Maintenance Plan Provincial Government

Activity Name	Prog	Facility Name	Town/Suburb	Asset Description	District	GSA	Project Description	Status as at 01/01/2016	Project Total Cost	Budget (2016/2017)	Budget (2017/2018)
Atlantis- Wesfleur Hospital: Pharmacy compliance and general maintenance	8.3	Atlantis-Wesfleur Hospital	Atlantis	District Hospital	Metro: Western / Southern	Metro West	Pharmacy compliance and general maintenance	Retention	4 222 000	3 654 000	256 953
Bellville- Karl Bremer Hospital: Pharmacy compliance and general maintenance	8.3	Bellville- Karl Bremer Hospital	Bellville	District Hospital	Metro: Tygerberg / Northern	Metro East	Pharmacy compliance and general maintenance	Retention	2 984 000	2 247 000	400 000

Bellville- Karl Bremer Hospital - Fire compliance - Diesel storage tanks	8.3	Bellville- Karl Bremer Hospital	Bellville	District Hospital	Metro: Tygerberg / Northern	Metro East	Fire compliance - Diesel storage tanks	Technical docs	1 688 513	50 000	1 000 000
Bellville- Karl Bremer Hospital : Mechanical work of Air handling units in theatres	8.3	Bellville- Karl Bremer Hospital	Bellville	District Hospital	Metro: Tygerberg / Northern	Metro East	Mechanical work of Air handling units in theatres	Retention	2 165 256	2 000 000	164 256
Bellville- Karl Bremer Hospital : Calorifiers (and heat pumps)	8.3	Bellville- Karl Bremer Hospital	Bellville	District Hospital	Metro: Tygerberg / Northern	Metro East	Calorifiers (and heat pumps)	Retention	1 555 261	1 555 261	1 000
Bellville- Karl Bremer Hospital : Kitchen ventilation	8.3	Bellville- Karl Bremer Hospital	Bellville	District Hospital	Metro: Tygerberg / Northern	Metro East	Kitchen ventilation	Retention	1 128 600	989 600	100 000
Bellville- Reed Street CDC- Pharmacy compliance and general maintenance	8.1	Bellville- Reed Street CDC	Bellville	Clinic	Metro: Tygerberg / Northern	Metro East	Pharmacy compliance and general maintenance	Technical docs	5 200 000	200 000	3 000 000
Bellville- Karl Bremer Hospital- Window replacement and urgent maintenance	8.3	Bellville- Karl Bremer Hospital		District Hospital	Metro: Tygerberg / Northern		Window replacement and urgent work	Inception	2 000 000		900 000

Bellville- Karl Bremer Hospital - R, R & R	8.3	Bellville- Karl Bremer Hospital	Bellville	District Hospital	Metro: Tygerberg / Northern	Metro East	R, R & R	Inception	50 000 000	-	1 000
Bishop Lavis- Bishop Lavis CHC: General maintenance	8.1	Bishop Lavis- Bishop Lavis CHC	Cape Town	CHC	Metro: Tygerberg / Northern	Metro East	General maintenance	Retention	4 438 000	3 839 885	200 000
Blackheath- Kleinvlei CDC- Pharmacy compliance and general maintenance	8.1	Blackheath- Kleinvlei CDC	Blackheath	CDC	Metro: Eastern / Khayelitsha	Metro East	Pharmacy compliance and general maintenance	Final account	2 097 093	123 537	
Cape Metropole- Various Hospitals- Lift Upgrades- Lift upgrades. Year 2. 13 upgrades. [S046 / 11] OTIS including Victoria hospital and excluding installation at Mowbray Hospital (Year 1 & 2)	8.3	Cape Metropole- Various Hospitals- Lift Upgrades	Various	District Hospital	Metro: Western / Southern		Lift upgrades. Year 2. 13 upgrades. [S046 / 11] OTIS including Victoria hospital and excluding installation at Mowbray Hospital (Year 1 & 2)	Completed	20 638 475		

Blackheath-Kleinvlei CDC-Temporary extension and general maintenance	8.1	Blackheath-Kleinvlei CDC	Blackheath	CDC	Metro: Eastern / Khayelitsha	Metro East	Temporary extension and general maintenance	Inception	10 000 000		10 000 000
Crossroads-Crossroads CDC-Records and Reception upgrading	8.1	Crossroads-Crossroads CDC	Cape Town	CDC	Metro: Klipfontein / Mitchells Plain	Metro West	Records and Reception upgrading	Technical docs	2 600 000	200 000	2 352 986
Delft- Delft CHC: Minor Capital extension including R, R & R	8.1	Delft- Delft CHC	Cape Town	CHC	Metro: Tygerberg / Northern	Metro East	Minor Capital extension including R, R & R	Construction	11 627 114	5 000 000	8 000 000
Durbanville-Durbanville CDC: Pharmacy compliance and general maintenance	8.1	Durbanville-Durbanville CDC	Durbanville	CDC	Metro: Tygerberg / Northern	Metro East	Pharmacy compliance and general maintenance	Retention	2 364 000	468 774	
Eerste River-Eerste River Hospital- Fire compliance - Diesel storage tanks	8.3	Eerste River-Eerste River Hospital	Eerste River	District Hospital	Metro: Eastern / Khayelitsha	Metro East	Fire compliance - Diesel storage tanks	Technical docs	828 121	200 000	628 121
Eerste River-Eerste River Hospital-Mechanical upgrade	8.3	Eerste River-Eerste River Hospital	Eerste River	District Hospital	Metro: Eastern / Khayelitsha	Metro East	Mechanical upgrade	Retention	1 060 000	1 006 000	

Cape Town- Dorp Street RHC- General maintenance	8.1	Cape Town- Dorp Street RHC	Cape Town	Clinic	Metro: Western / Southern	metro west	General maintenance	Inception	150 000	-	150 000
Fish Hoek- False Bay Hospital- Fire compliance - Diesel storage tanks	8.3	Fish Hoek- False Bay Hospital	Cape Town	District Hospital	Metro: Western / Southern	Metro West	Fire compliance - Diesel storage tanks	Report	706 252	200 000	506 252
Goodwood- Dirkie Uys CDC- Pharmacy compliance and general maintenance	8.1	Goodwood- Dirkie Uys CDC	Cape Town	CDC	Metro: Tygerberg / Northern	Metro East	Pharmacy compliance and general maintenance	Technical docs	4 000 000	300 000	2 499 580
Hanover Park- Hanover Park CHC: General maintenance	8.1	Hanover Park- Hanover Park CHC	Hanoverpark	CHC	Metro: Klipfontein / Mitchells Plain	Metro West	General maintenance	Retention	5 000 000	4 500 000	200 000
Heideveld- Heideveld CDC- M & E including security lighting	8.1	Heideveld- Heideveld CDC	Heideveld	CDC	Metro: Klipfontein / Mitchells Plain	Metro West	M & E including security lighting	Construction	4 000 000	400 000	3 000 000
Eerste River- Eerste River Hospital- R, R & R	8.3	Eerste River- Eerste River Hospital			Metro: Eastern / Khayelitsha		R, R & R	Inception	10 000 000		

Khayelitsha-Michael Mapongwana CDC- General maintenance	8.1	Khayelitsha-Michael Mapongwana CDC	Cape Town	Clinic	Metro: Eastern / Khayelitsha	Metro East	General maintenance	Report	4 500 000	10 000	800 000
Fish Hoek- False Bay Hospital- Fire compliance completion and changes to internal spaces	8.3	Fish Hoek-False Bay Hospital	Cape Town	District Hospital	Metro: Western / Southern	Metro West	Fire compliance completion and changes to internal spaces	Inception	6 500 000		
Kraaifontein-Kraaifontein CHC- Pharmacy compliance and roof over outside waiting area	8.1	Kraaifontein-Kraaifontein CHC	Cape Town	CHC	Metro: Tygerberg / Northern	Metro East	Pharmacy compliance and roof over outside waiting area	Technical docs	1 094 700	555 629	860 000
Macassar-Macassar CDC- Mechanical upgrade	8.1	Macassar-Macassar CDC	Cape Town	CDC	Metro: Eastern / Khayelitsha	Metro East	Mechanical upgrade	Report	4 000 000	5 000	500 000
Mfuleni- Mfuleni CDC- Electrical connection	8.1	Mfuleni- Mfuleni CDC	Mfuleni	Clinic	Metro: Eastern / Khayelitsha	Metro East	Electrical connection	Technical docs	1 000 000	100 000	900 000
Mitchells Plain-Mitchells Plain CHC- Records upgrade	8.1	Mitchells Plain-Mitchells Plain CHC	Cape Town	CHC	Metro: Klipfontein / Mitchells Plain	Metro West	Records upgrade	Report	500 000	1 000	499 000
Retreat-Retreat CHC- General upgrade and maintenance	8.1	Retreat-Retreat CHC	HFRG	CHC	Metro: Western / Southern	Metro West	General upgrade and maintenance	Inception	8 000 000		

Somerset West- Helderberg Hospital- Fire detection	8.3	Somerset West- Helderberg Hospital	Cape Town	District Hospital	Metro: Eastern / Khayelitsha	Metro East	Fire detection	Technical docs	2 000 000	50 000	1 950 000
Wynberg- Lady Michaelis CDC- General maintenance including fire compliance	8.1	Wynberg- Lady Michaelis CDC	Cape Town	CDC	Metro: Western / Southern	Metro West	General maintenance including fire compliance	Report	14 030 000	500 000	8 620 000
Wynberg- Victoria Hospital- Fire compliance - Diesel storage tanks	8.3	Wynberg- Victoria Hospital	Cape Town	District Hospital	Metro: Western / Southern	Metro West	Fire compliance - Diesel storage tanks	Report	1 275 177	200 000	1 075 177
zzAthlone- Dr Abduraghman CDC- General maintenance	8.1	Athlone- Dr Abduraghman CDC	Cape Town	CDC	Metro: Klipfontein / Mitchells Plain	Metro West	General maintenance	Retention	614 000	115 000	
zzAthlone- Dr Abduraghman CDC- General maintenance	8.1	zzAthlone- Dr Abduraghman CDC	Athlone	CDC	Metro: Klipfontein / Mitchells Plain	Metro West	General maintenance	Final account	322 114	322 114	
zzAthlone- Dr Abduraghman CDC- Pharmacy compliance and general maintenance	8.1	zzAthlone- Dr Abduraghman CDC	Cape Town	CDC	Metro: Klipfontein / Mitchells Plain	Metro West	Pharmacy compliance and general maintenance	Completed	1 338 000	22 400	-

zzBellville- Karl Bremer Hospital : Roof repairs to Nurses home	8.3	zzBellville- Karl Bremer Hospital	Bellville	District Hospital	Metro: Tygerberg / Northern	Metro East	Roof repairs to Nurses home	Final account	1 981 650	366 000	
zzBishop Lavis- Bishop Lavis CHC: Pharmacy compliance and general maintenance	8.1	zzBishop Lavis- Bishop Lavis CHC	Cape Town	CHC	Metro: Tygerberg / Northern	Metro East	Pharmacy compliance and general maintenance	Final account	7 188 000	132 000	
zzBonteheuwel- Vanguard Drive CHC- R & R to main entrance	8.1	zzBonteheuwel- Vanguard Drive CHC	Bonteheuwel	CHC	Metro: Western / Southern	Metro West	R & R to main entrance	Final account	3 700 000	869 405	
zzCape Town- Hope Street Dental- Maintenance , including electrical and mechanical work.	8.1	zzCape Town- Hope Street Dental	Cape Town	Clinic	Metro: Western / Southern	metro west	Maintenance, including electrical and mechanical work.	Completed	2 351 849		
zzCape Town- Robbie Nurock CDC- General maintenance	8.1	zzCape Town- Robbie Nurock CDC	Cape Town	CDC	Metro: Western / Southern	Metro West	General maintenance	Completed	683 429		
zzCrossroads- Crossroads CDC- Pharmacy upgrade & general maintenance	8.1	zzCrossroads- Crossroads CDC	Cape Town	CDC	Metro: Klipfontein / Mitchells Plain	Metro West	Pharmacy upgrade & general maintenance	Retention	1 260 942		
zzEerste River- Eerste River Hospital- Maintenance including fire compliance	8.3	zzEerste River- Eerste River Hospital	Eerste River	District Hospital	Metro: Eastern / Khayelitsha	Metro East	Maintenance including fire compliance	Completed	3 232 589		

zzElsies River-Elsies River CHC-General maintenance	8.1	zzElsies River-Elsies River CHC	Cape Town	CHC	Metro: Tygerberg / Northern	Metro East	General maintenance	Retention	812 000	6 295	
zzFish Hoek-False Bay Hospital: Roads upgrade and replacement of water towers	8.3	zzFish Hoek-False Bay Hospital	Cape Town	District Hospital	Metro: Western / Southern	Metro West	Roads upgrade and replacement of water towers	Completed	4 580 000	1 594 000	-
zzFish Hoek-False Bay Hospital: General maintenance and fire compliance	8.3	zzFish Hoek-False Bay Hospital	Cape Town	District Hospital	Metro: Western / Southern	Metro West	General maintenance and fire compliance	Completed	10 001 000	3 282 191	
Somerset West-Helderberg Hospital- General maintenance	8.3	Somerset West-Helderberg Hospital		District Hospital	Metro: Eastern / Khayelitsha	Metro East	General maintenance	Inception	750 000		750 000
Somerset West-Helderberg Hospital- General maintenance	8.3	Somerset West-Helderberg Hospital	Cape Town	District Hospital	Metro: Eastern / Khayelitsha	Metro East	General maintenance	Inception	20 000 000	-	1 000
zzGugulethu-Gugulethu CHC-General maintenance	8.1	zzGugulethu-Gugulethu CHC	Gugulethu	CHC	Metro: Klipfontein / Mitchells Plain	Metro West	General maintenance	Retention	1 268 875	-	

zzGugulethu-Gugulethu CHC-Maintenance of CHC & Pharmacy - new serving window privacy screens, review shelving layout, including electrical	8.1	zzGugulethu-Gugulethu CHC	Gugulethu	CHC	Metro: Klipfontein / Mitchells Plain	Metro West	Maintenance of CHC & Pharmacy - new serving window privacy screens, review shelving layout, including electrical	Retention	2 104 366	-	
zzGugulethu-Gugulethu CHC - MOU Electrical and Mechanical	8.1	zzGugulethu-Gugulethu CHC	Gugulethu	CHC	Metro: Klipfontein / Mitchells Plain	Metro West	MOU Electrical and Mechanical	Retention	1 831 940	1 734 940	
zzGugulethu-Gugulethu Dental Clinic- General maintenance	8.1	zzGugulethu-Gugulethu Dental Clinic	Gugulethu	Clinic	Metro: Klipfontein / Mitchells Plain	Metro West	General maintenance	Final account	776 962	431 962	
zzHanover Park-Hanover Park CHC- Pharmacy compliance and general maintenance	8.1	zzHanover Park- Hanover Park CHC	Hanoverpark	CHC	Metro: Klipfontein / Mitchells Plain	Metro West	Pharmacy compliance and general maintenance	Completed	1 925 000	1 285 000	

zzHout Bay- Hout Bay CDC- Pharmacy upgrade & general maintenance	8.1	zzHout Bay- Hout Bay CDC	Hout Bay	CDC	Metro: Western / Southern	Metro West	Pharmacy upgrade & general maintenance	Completed	842 299	-	
zzKensington- Kensington CDC- Pharmacy upgrade & general maintenance	8.1	zzKensington- Kensington CDC	Cape Town	CDC	Metro: Western / Southern	Metro West	Pharmacy upgrade & general maintenance	Retention	2 954 110	-	
zzKhayelitsha- Khayelitsha Site B CHC - Ubuntu Pharmacy compliance upgrade and general maintenance	8.1	zzKhayelitsha- Khayelitsha Site B CHC	Cape Town	Clinic	Metro: Eastern / Khayelitsha	Metro East	Ubuntu Pharmacy compliance upgrade and general maintenance	Final account	1 828 000	169 000	
zzKhayelitsha- Khayelitsha Site B CHC - MOU Pharmacy compliance and R,R & R	8.1	zzKhayelitsha- Khayelitsha Site B CHC	Cape Town	CHC	Metro: Eastern / Khayelitsha	Metro East	MOU Pharmacy compliance and R,R & R	Final account	3 413 000	351 000	

zzKhayelitsha-Michael Mapongwana CDC- Michael Mapongwana, - pharmacy upgrades - revised layouts, new serving windows & privacy screens, new modular shelving, general painting, covered deliveries	8.1	zzKhayelitsha-Michael Mapongwana CDC	Cape Town	CDC	Metro: Eastern / Khayelitsha	Metro East	Michael Mapongwana, - pharmacy upgrades - revised layouts, new serving windows & privacy screens, new modular shelving, general painting, covered deliveries	Completed	207 338	-	
zzKhayelitsha-Nolugile Clinic-Pharmacy compliance and general maintenance	8.1	zzKhayelitsha-Nolugile Clinic	Cape Town	Clinic	Metro: Eastern / Khayelitsha	Metro East	Pharmacy compliance and general maintenance	Completed	2 174 605	-	
zzLotus River-Lotus River CDC-General maintenance	8.1	zzLotus River-Lotus River CDC	Lotus River	CDC	Metro: Western / Southern	Metro West	General maintenance	Retention	2 462 000	1 246 303	

zzMacassar-Macassar CDC-Macassar - pharmacy upgrades - revised layouts, new serving windows & privacy screens, new modular shelving, general painting, covered deliveries	8.1	zzMacassar-Macassar CDC	Cape Town	CDC	Metro: Eastern / Khayelitsha	Metro East	Macassar - pharmacy upgrades - revised layouts, new serving windows & privacy screens, new modular shelving, general painting, covered deliveries	Completed	1 372 298	-	
zzMaitland-Maitland CDC-Maintenance - Pharmacy - Alter internal layout to create additional space in dispensary, Add 1 x serving window, new privacy partitions to serving windows, Covered secure delivery / receiving	8.1	zzMaitland-Maitland CDC	Cape Town	CDC	Metro: Western / Southern	Metro: Western / Southern	Maintenance - Pharmacy - Alter internal layout to create additional space in dispensary, Add 1 x serving window, new privacy partitions to serving windows, Covered secure delivery / receiving	Completed	1 369 834	-	
zzMitchells Plain-Mitchells Plain Hospital- Street lighting replacement	8.3	zzMitchells Plain- Mitchells Plain Hospital	Cape Town	District Hospital	Metro: Klipfontein / Mitchells Plain	Metro West	Street lighting replacement	Completed	700 225	-	

zzRetreat- Retreat CHC- Maintenance including elec. & mech 3. Upgrade of toilets and review layout of patient flow & add shower to wound care room	8.1	zzRetreat- Retreat CHC	Retreat	CHC	Metro: Western / Southern	Metro West	Maintenance including elec. & mech 3. Upgrade of toilets and review layout of patient flow & add shower to wound care room	Retention	2 169 045	-	
zzSomerset West- Helderberg Hospital- Pharmacy compliance and general maintenance	8.3	zzSomerset West- Helderberg Hospital	Cape Town	District Hospital	Metro: Eastern / Khayelitsha	Metro East	Pharmacy compliance and general maintenance	Final account	3 758 310	708 310	
zzStrand- Gustrouw CDC- Pharmacy compliance and general maintenance	8.1	zzStrand- Gustrouw CDC	Strand	CDC	Metro: Eastern / Khayelitsha	Metro East	Pharmacy compliance and general maintenance	Completed	1 115 105	-	
zzStrand- Strand Clinic- Pharmacy compliance and general maintenance	8.1	zzStrand- Strand Clinic	Strand	Clinic	Metro: Eastern / Khayelitsha	Metro East	Pharmacy compliance and general maintenance	Completed	1 286 118	-	
zzWynberg- Victoria Hospital- General maintenance including fire compliance	8.3	zzWynberg- Victoria Hospital	Cape Town	District Hospital	Metro: Western / Southern	Metro West	General maintenance including fire compliance	Final account	10 918 000	5 326 894	

21. HUMAN RESOURCES

Table 40: Performance for human resources[1]

HEALTH DISTRICT	SERVICE PLATFORM	TOTAL POST FILLED PER PERSONNELL CATEGORY	AUDITED/ ACTUAL PERFORMANCE						ESTIMATE		MTEF PROJECTION					
			2013/14		2014/15		2015/16		2016/2017		2017/2018		2018/2019		2019/2020	
			PROV	LOC GOV	PROV	LOC GOV	PROV	LOC GOV	PROV	LOC GOVE	PROV	LOC GOV	PROV	LOC GOV	PROV	LOC GOV
KHAYELITSHA/ EASTERN	PHC	Medical officers	58	16	56	17	59	23	57	24	58	27	58		58	
		Professional nurses	210	116	218	134	224	141	232	145	221	212	221		221	
		Pharmacists	25	2	26	8	28	6	27	8	27	13	27		27	
		Pharmacist Assistant Post Basic	*	9	*	15	*	14	*	19	*	18	*		*	
		Pharm Assistants[2]	34		36		36		37		36	0	36		36	
		Allied Health	36	0	42	0	44	0	45	0	42	0	42		42	
		Radiographers	6	0	6	0	6	0	6	0	6	0	6		6	
		Therapist Substance abuse	0	0	0	0	0	0	0	0	0	2	0		0	
		Regional Environmental Health Officer	0	4	0	4	0	4	0	4	0	4	0		0	
		Senior Environmental Health Officer	0	9	0	9	0	9	0	9	0	10	0		0	
		Environmental Health Officer	0	13	0	17	0	15	0	14	0	16	0		0	
	DISTRICT HOSPITAL	Medical officers	127	NA	126	NA	123	NA	122	NA	125	NA	125	NA	125	NA

[1] This table should include local government personnel. Where this is not possible, it must be clearly indicated.
[2] This includes basic and post basic pharmacist assistants for provincial government

		Professional nurses	191	NA	209	NA	227	NA	229	NA	214	NA	214	NA	214	NA
		Pharmacists	12	NA	15	NA	15	NA	16	NA	15	NA	15	NA	15	NA
		Pharm Assistants	11	NA	12	NA	12	NA	12	NA	12	NA	12	NA	12	NA
		Allied Health	20	NA	21	NA	24	NA	26	NA	23	NA	23	NA	23	NA
		Radiographers	18	NA	18	NA	17	NA	17	NA	18	NA	18	NA	18	NA
NORTHERN/ TYGERBERG	PHC	Medical officers	50	5	51	6	51	7	50	7	51	9	51		51	
		Professional nurses	247	109	247	119	246	119	244	119	246	161	246		246	
		Pharmacists	27	1	30	0	37	1	38	3	33	3	33		33	
		Pharmacist Assistant Post Basic	*	1	*	7	*	7	*	10	*	9	*		*	
		Pharm Assistants	36	0	38	0	41	0	44	0	40	1	40		40	
		Allied Health	42	0	50	0	53	0	52	0	50	0	50		50	
		Radiographers	12	5	13	5	13	5	16	5	14	9	14		14	
		Senior Therapist Substance Abuse	0	1	0	1	0	1	0	1	0	0	0		0	
		Therapist Substance abuse	0	1	0	1	0	1	0	1	0	2	0		0	
		Regional Environmental Health Officer	0	4	0	4	0	4	0	4	0	4	0		0	
		Senior Environmental Health Officer	0	10	0	10	0	11	0	11	0	11	0		0	
		Environmental Health Officer	0	12	0	12	0	12	0	14	0	19	0		0	
	DISTRICT HOSPITAL	Medical officers	66	0	72	0	74	0	72	0	71	NA	71	NA	71	NA
		Professional nurses	133	0	144	0	144	0	150	0	143	NA	143	NA	143	NA
		Pharmacists	8	0	10	0	10	0	10	0	10	NA	10	NA	10	NA
		Pharm Assistants	6	0	6	0	6	0	6	0	6	NA	6	NA	6	NA
		Allied Health	9	0	10	0	10	0	10	0	10	NA	10	NA	10	NA
		Radiographers	8	0	14	0	11	0	12	0	11	NA	11	NA	11	NA

SOUTHERN/ WESTERN	PHC	Medical officers	67	14	67	10	60	13	61	9	63	11	63		63	
		Professional nurses	188	94	187	108	202	110	216	113	198	160	198		198	
		Pharmacists	25	2	32	9	34	6	32	7	30	8	30		30	
		Pharmacist Assistant Post Basic	*	2	*	6	*	10	*	12	*	7	*		*	
		Pharm Assistants	44		42		43		47	0	44	5	44		44	
		Allied Health	45	0	48	0	49	0	56	0	50	0	50		50	
		Radiographers	9	0	9	0	11	0	7	0	9	0	9		9	
		Senior Therapist Substance Abuse	0	1	0	1	0	1	0	1	0	0	0		0	
		Therapist Substance abuse	0	1	0	1	0	2	0	2	0	2	0		0	
		Regional Environmental Health Officer	0	4	0	4	0	4	0	4	0	4	0		0	
		Senior Environmental Health Officer	0	21	0	18	0	18	0	17	0	14	0		0	
		Environmental Health Officer	0	19	0	20	0	20	0	23	0	23	0		0	
	DISTRICT HOSPITAL	Medical officers	90	0	92	0	94	0	93	0	92	NA	92	NA	92	NA
		Professional nurses	188	0	189	0	192	0	202	0	192	NA	192	NA	192	NA
		Pharmacists	16	0	16	0	16	0	16	0	16	NA	16	NA	16	NA
		Pharm Assistants	13	0	15	0	16	0	15	0	15	NA	15	NA	15	NA
		Allied Health	39	0	39	0	41	0	41	0	40	NA	40	NA	40	NA
		Radiographers	13	0	13	0	15	0	15	0	14	NA	14	NA	14	NA

KLIPFONTEIN/ MITCHELLS PLAIN	PHC	Medical officers	55	6	54	9	51	9	53	10	53	11	53		53	
		Professional nurses	233	102	223	110	235	111	249	124	235	178	235		235	
		Pharmacists	26	0	26	3	26	3	27	4	26	4	26		26	
		Pharmacist Assistant Post Basic		2		8		8		10	*	5	*		*	
		Pharm Assistants	35	0	36	0	39	0	40	0	37	3	37		37	
		Allied Health	44	0	45	0	47	0	47	0	45	0	45		45	
		Radiographers	12	2	11	2	12	2	12	2	12	3	12		12	
		Senior Therapist Substance Abuse	0	0	0	0	0	1	0	1	0	0	0		0	
		Therapist Substance abuse	0	2	0	2	0	2	0	2	0	3	0		0	
		Regional Environmental Health Officer	0	4	0	4	0	4	0	4	0	4	0		0	
		Senior Environmental Health Officer	0	10	0	11	0	12	0	11	0	7	0		0	
		Environmental Health Officer	0	12	0	14	0	17	0	17	0	19	0		0	
	DISTRICT	Medical officers	105	0	103	0	104	0	104	0	104	NA	104	NA	104	NA
		Professional nurses	126	0	153	0	172	0	160	0	153	NA	153	NA	153	NA
		Pharmacists	7	0	6	0	7	0	7	0	26	NA	26	NA	26	NA
		Pharm Assistants	5	0	5	0	5	0	5	0	5	NA	5	NA	5	NA
		Allied Health	11	0	11	0	15	0	14	0	13	NA	13	NA	13	NA
		Radiographers	17	0	18	0	18	0	17	0	18	NA	18	NA	18	NA

Work Skill Plan for CCT

The City Health Department completes the Workplace Skills Plan annually and this document captures all prioritised training needs of our staff – particularly related to job requirement and development of the individual.

The plan is in line with City Health's Vision of "A Healthy City for All" and supports the implementation of its following Key Focal Areas:

- The provision of effective primary health care services in close collaboration with Provincial Health Services, with a special emphasis on maternal and child health care, as well as HIV/AIDS/STI and TB care.
- The implementation of the City's Substance Abuse Plan; and
- The provision of effective environmental health services, including Air Quality Management and Pollution Control Programmes (including noise pollution), as well as Food and Water Control Programmes.

In addition it is in line with the City's 5 Strategic Pillars (A Well Run City, An Opportunity City, A Safe City, A Caring City & an Inclusive City) as well as the following Local Governments Sector Education and Training Authority (LGSETA) Strategic Focus Areas:

- Infrastructure and Service Delivery: Basic Service Delivery and Infrastructure Development
- Professional and technical skills training interventions contribute directly to enhanced service delivery
- Community Based Participation and Planning: Good Governance and Institutional Development
- Administrative and specialist training increases good governance
- Management and Leadership: Municipal Transformation and Institutional Development

Supervisory, management and leadership training is prioritised, particularly in view of the current restructuring of the City of Cape Town.

The City has identified training as a key component of its Staffing strategy. I particular it is pivotal in the departments drive to recruit, retain, capacitate & empower the identified scarce skills category. This is by a combination of offering external & internal bursaries for professional development and career pathing as well as a range of internal skills training such as the integrated management of the Critically Ill Child (IMCI), Reproductive and sexual Health training and the management of TB, STIs and HIV/AIDS among others. In addition there are various other externally sourced training interventions for some of the more specialised functions for Pharmacy, Environmental Health & Management/Supervision capacity building.

The identified Scarce Skills are:

- Pharmacists
- Pharmacy Assistants
- Doctors
- Radiographers
- Professional Nurses
- Enrolled Nurses
- Enrolled Nursing Assistants

The following is a summary of the planned training per category for 2017/18 for City Health:

Table 41: CCT planned training for 2017/2018

#	CATEGORIES OF TRAINING	Summary of Planned Training per Occupational Category (WSP18)								
		Legislators, Senior Officials & Managers	Professionals	Technicians & Associate Professionals	Clerks	Service & Sales workers	Craft & Related Trade Workers	Plant & Machine Operators & Assemblers	Elementary occupations	TOTAL
1	AET	0	0	0	0	0	0	0	4	4
2	LIFESKILLS	0	13	169	91	24	0	3	46	346
3	GENERAL ADMINISTRATION & CLIENT SERVICES	0	5	32	75	5	0	0	11	128
4	SPECIALIST/PROFESSIONAL	1	145	1159	69	85	0	3	97	1559
5	OPERATOR/TECHNICAL/ TRADE RELATED	0	0	14	24	9	0	5	20	72
6	COMPUTER END USER SKILLS	0	14	178	129	34	0	3	56	414
7	OCCUPATIONAL HEALTH & SAFETY	0	6	141	100	34	0	6	92	379
8	HR & LABOUR RELATIONS	0	5	35	11	0	0	0	0	51
9	SUPERVISORY/ MANAGEMENT/LEADERSHIP	2	18	28	8	0	0	0	0	56
10	BURSARIES	2	13	3	28	0	1	0	17	64
	TOTALS	5	219	1759	535	191	1	20	343	3073

See attached work skills plan for provincial government.

22. DISTRICT FINANCE PLAN

Table 42: District health MTEF projections for provincial government

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	*Medium term expenditure estimates		
R' thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20
District Management	144 341	155 318	159 155	170 499	170 499	170 499	181 752	193 748	206 535
Clinics	260 254	279 467	301 229	312 049	315 332	315 332	336 144	358 330	381 980
Community Health Centres	1 141 377	1 286 452	1 454 870	1 584 015	1 579 567	1 579 567	1 683 818	1 794 950	1 913 417
Community Services	117 811	126 053	144 100	142 569	142 569	142 569	151 979	162 010	172 703
Other Community	0	0	1	1	1	1	1	1	1
Coroner Services	0	0	0	1	1	1	1	1	1
HIV and AIDS	574 945	667 050	766 821	895 462	924 876	924 876	985 918	1 050 989	1 120 354
Nutrition	16 629	18 138	19 356	21 036	21 036	21 036	22 424	23 904	25 482
District Hospitals	1 357 046	1 554 531	1 700 900	1 786 156	1 791 792	1 791 792	1 910 050	2 036 113	2 170 496
Global Fund	126 656	93 696	66 613	0	32 340	32 340	34 474	36 749	39 174
TOTAL	3 739 059	4 180 705	4 613 045	4 911 788	4 977 906	4 977 906	5 306 448	5 656 795	6 030 143

**The financial figures are based on the allocations in the previous District Health Plan, plus an inflator of 6.6%. This inflator accommodates changes in the financial environment, inflation and preliminary estimates of the final outcome of budget- and other related processes.*

Table 43: District MTEF Projection per Economic Classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20
Current payments	3 161 350	3 538 508	3 919 771	4 208 771	4 299 683	4 299 683	4 583 462	4 885 970	5 208 444
Compensation of employees	1 840 887	2 064 340	2 338 310	2 529 834	2 533 931	2 533 931	2 701 170	2 879 447	3 069 491
Goods and services	1 320 463	1 474 168	1 581 461	1 678 937	1 765 752	1 765 752	1 882 292	2 006 523	2 138 954
Transfers and subsidies to	543 980	599 035	661 211	670 729	644 395	644 395	708 245	754 989	804 818
Payments for capital assets	32 953	42 074	32 063	32 288	33 828	33 828	36 061	38 441	40 978
Payments for Financial assets	776	1 088	0	0	0	0	0	0	0
Total economic classification	3 739 059	4 180 705	4 613 045	4 911 788	4 977 906	4 977 906	5 306 448	5 656 795	6 030 143