



Western Cape
Government



Department of Health and Wellness

USER ASSET MANAGEMENT PLAN

2023/24



**Western Cape
Government**
FOR YOU

Department of Health and Wellness

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Head of Department

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Dear Dr Buthelezi

2023/24 USER ASSET MANAGEMENT PLAN

In accordance with the Government Immovable Asset Management Act No 19 of 2007 as well as the requirements stipulated in the Division of Revenue Act No 5 of 2022 and the Health Facility Revitalisation Grant Framework, I hereby submit the Western Cape Government Health and Wellness' 2023/24 User Asset Management Plan (U-AMP). The U-AMP outlines the plan for the delivery of health infrastructure in the Western Cape in 2023/24 and beyond.

Kind regards

Digitally signed by
Dr Keith Cloete
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HEAD: HEALTH AND WELLNESS

DATE: 07 MARCH 2023

Copy: Ms A Pick, Acting Chief Director, Western Cape Government Provincial Treasury

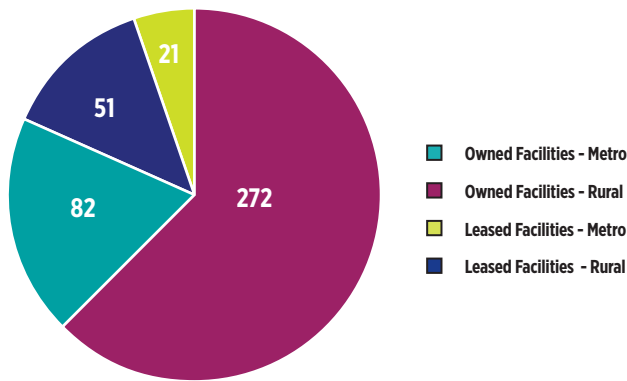
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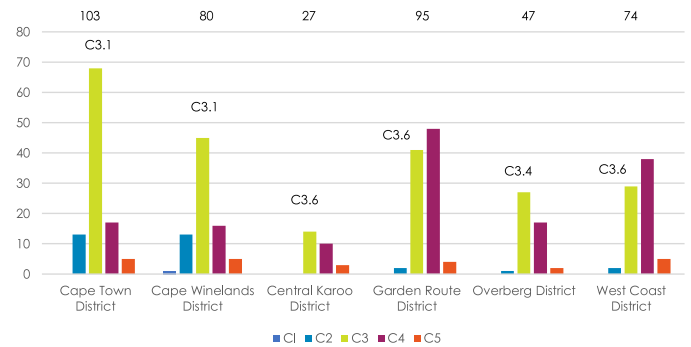
2023/24 User Asset Management Plan: An Overview



CURRENT FACILITIES - OWNED AND LEASED



HEALTH FACILITIES CONDITION ASSESSMENT RATING (AVERAGE = C3.4)



NUMBER OF HEALTH FACILITIES



Current / Future (2040) M = Metro | R = Rural



*Includes FPLs, Nursing Colleges etc.

5Ls AGENDA



INFRASTRUCTURE PRIORITIES

- PHC facilities.
- Acute Psychiatric Units at hospitals.
- Extensions and upgrades to various hospitals.
- Maintenance.
- Reduce the health infrastructure carbon footprint.

IN ADDITION, THE FOLLOWING NEW / REPLACEMENT MEGA PROJECTS HAVE BEEN PRIORITISED:

- Tygerberg Central Hospital – replacement hospital in Parow, which will unlock the service delivery for the Helderberg, Khayelitsha and Karl Bremer ecosystems;
- Belhar Regional Hospital – new regional hospital in Belhar, which will strengthen the more extensive Metro East ecosystem; and
- Klipfontein Regional Hospital – new regional hospital in Manenberg, which will strengthen the more extensive Metro West ecosystem.

VALUE OF INFRASTRUCTURE PORTFOLIO AND BACKLOG AS AT FEBRUARY 2023

Estimated Value of Buildings		R64 100 987 250	
Category	Total budget required Capital: Once-off Maintenance: Annual R'000	2022/23 Budget R'000	Current estimated backlog R'000
Capital Infrastructure	34 950 000	253 474	34 696 526
Maintenance	2 243 534	698 042	1 545 492

WCGHW VISION

Access to person-centred quality care

WCGHW MISSION

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

WCGHW VALUES



Innovation



Caring



Competence



Accountability



Integrity



Responsiveness



Respect

DR NOMAFRENCH MBOMBO WC MINISTER OF HEALTH



"My overarching goal is to have a health system that is people-centric, trusted and equitable; a system that is built on a caring, competent and empowered workforce, clean governance, innovation, and accessible service delivery. The goal is to have a health system for everyone."

External Health Indaba, 29 April 2022

HEALTH IS EVERYBODY'S BUSINESS

"I also want to provide a basis for dialogue with various stakeholders, specifically those that are already making an impact in their communities. Health is everyone's business and therefore people should have a say in the kind of development they want."

*#NothingWithoutUs Campaign,
Lentegeur Hospital, 6 June 2022*

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Qualifications

The following qualifying notes apply to this User Asset Management Plan:

- The prioritisation of office accommodation projects (both Capital and Maintenance) for which WCGTPW is responsible is expected to be included in the Custodian Asset Management Plan.
- The budget allocation for site acquisition will be reflected in the Custodian Asset Management Plan.
- U-AMP Templates have been adapted to suit Western Cape Government Health requirements as National templates provided via Western Cape Government Transport and Public Works are office accommodation specific.
- Although National Treasury's updated Infrastructure Asset Management Plan template, which is part of their Infrastructure Delivery Management System Body of Knowledge, has not been specifically applied for purposes of this U-AMP, the content of the U-AMP mostly aligns with the aforementioned template.
- The future infrastructure needs, as described in the Utilisation Improvement Plan for Health Facilities (and associated Templates) and quantified in the Gap Analysis, may fluctuate / change as additional information becomes available and / or circumstances change e.g., with respect to the availability of sites.
- The preparation of maintenance plans by Western Cape Government Transport and Public Works and its appointed consultants, as part of the handover process for new and replacement health facility projects, is generally not taking place as required and, therefore, allocating appropriate maintenance budgets to these facilities has proved difficult.
- State-owned facilities are regarded as those which are owned by Western Cape Government (i.e., properties registered in the name of the Provincial Government of the Western Cape) or are deemed to be owned by Western Cape Government (i.e., properties in the process of being transferred to Western Cape Government as a result of an acquisition agreement or legislative requirements).
- Leased facilities are regarded as those with a lease agreement in place, or those for which Western Cape Government Transport and Public Works must formalise lease / user agreements.
- The completeness of property descriptions of State-owned facilities / undeveloped land allocated to Western Cape Government Health could not be verified as an updated Immovable Asset Register is not available from the Western Cape Government Transport and Public Works.
- Property descriptions of leased-in facilities allocated to Western Cape Government Health will be reconciled with the 2023/24 lease register of Western Cape Government Transport and Public Works during April 2023 and any discrepancies will be submitted to Western Cape Government Transport and Public Works for further clarification.
- Property descriptions of leased out facilities allocated to Western Cape Government Health could not be reconciled as the latest lease-out register is not readily available from Western Cape Government Transport and Public Works.

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Acronyms

APP	Annual Performance Plan
BAS	Basic Accounting Study
BEPP	Built Environment Performance Plan
BFI	Budget Facility for Infrastructure
C-AMP	Custodian Asset Management Plan
CDC	Community Day Centre
CD: FIM	Chief Directorate: Facilities and Infrastructure Management
CHC	Community Health Centre
CIDB	Construction Industry Development Board
CoCT	City of Cape Town
COPC	Community Oriented Primary Care
CSIR	Council for Scientific Industrial Research
DoRA	Division of Revenue Act
DSDf	District Spatial Development Framework
EC	Emergency Centre
ECM	Enterprise Content Management
EMS	Emergency Medical Services
FCA	Facility Condition Assessment
FIDPM	Framework for Infrastructure Delivery and Procurement Management
FPL	Forensic Pathology Laboratory
GIAMA	Government Immovable Asset Management Act
GIS	Geographic Information System
GPS	Growth Potential Study
HECTIS	Hospital & Emergency Centre Tracking Information System
HFRG	Health Facility Revitalisation Grant
HT	Health Technology
IA	Implementing Agent
IAM	Chief Directorate: Immoveable Asset Management at Western Cape Government: Transport and Public Works
ICT	Information and Communication Technologies
IDMS	Infrastructure Delivery Management System
IPC	Infection Prevention and Control
IPIP	Infrastructure Programme Implementation Plan
IPMP	Infrastructure Programme Management Plan
IRM	Infrastructure Reporting Model
ISA	Infrastructure South Africa
IUSS	Infrastructure Unit Systems Support
LOGIS	Logistical Information System
MEAP	Management Efficiency and Alignment Project
MSDF	Municipal Spatial Development Framework
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NDoH	National Department of Health
NDP	National Development Plan
NDPWI	National Department of Public Works and Infrastructure
NHI	National Health Insurance
NIAMM	National Immoveable Asset Maintenance Management

NIP	National Infrastructure Plan
NPO	Non-profit Organisation
OD	Organisational Development
OHS	Occupational Health and Safety
PBI	Performance-based Incentive
PDoH	Provincial Department of Health
PES	Provincial Equitable Share
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHSHDA	Priority Human Settlements and Housing Development Area
PMIS	Project Management Information System
PPO	Project Portfolio Office
PPP	Public Private Partnership
PSDF	Provincial Spatial Development Framework
PwC	PricewaterhouseCoopers
QA	Quality Assurance
R, R & R	Rehabilitation, renovations & refurbishments
SALGA	South African Local Government Association
SCM	Supply Chain Management
SDF	Spatial Development Framework
SDG	Sustainable Development Goal
SEOR	State of Environment Outlook Report
SEZ	Special Economic Zone
SIP	Strategic Integrated Project
SIPDM	Standard for Infrastructure Procurement and Delivery Management
SLA	Service Level Agreement
STA	Spatial Transformation Area
Stats SA	Statistics South Africa
TB	Tuberculosis
TEXCO	Top Executive Committee
U-AMP	User Asset Management Plan
UHC	Universal Health Coverage
VIP	Vision inspired priority
WCG	Western Cape Government
WCGEADP	Western Cape Government Environmental Affairs and Development Planning
WCGHW	Western Cape Government Health and Wellness
WCGHS	Western Cape Government Human Settlements
WCGPT	Western Cape Government Provincial Treasury
WCGTPW	Western Cape Government Transport and Public Works
WHO	World Health Organisation
WoSA	Whole of Society Approach

EXECUTIVE SUMMARY

The User Asset Management Plan, or U-AMP, is the primary strategic infrastructure planning document utilised by the Western Cape Government Health and Wellness (WCGHW) in its endeavours to provide healthcare facilities that are accessible, and conducive to the delivery of a comprehensive package of health services to the people of the Province. The U-AMP is prepared in compliance with both the Government Immovable Asset Management Act (GIAMA) (No. 19 of 2007) as well as the Division of Revenue Act (DoRA), which is re-enacted annually.

This version of the U-AMP is outlined below:

Section 1: This Section outlines the background of the U-AMP (with a focus on the influence of GIAMA) and also describes the purpose of the U-AMP, which in summary, is to ensure optimal delivery of provincial health infrastructure facilities in the Western Cape.

An overview of WCGHW's portfolio of immovable assets is furthermore provided.

Section 2: The legislative framework that governs and guides the planning and delivery of infrastructure is summarised in this Section of the U-AMP. It is regularly reviewed to ensure it remains up to date as changes in the legislative framework could have a direct impact on infrastructure programmes, projects and the planning and delivery thereof and WCGHW must therefore stay abreast of these.

Section 3: This Section provides the strategic framework, and the implications thereof, that guides infrastructure planning and delivery. Changes to policy directives and guidelines are continuously updated in the U-AMP as changes in the strategic framework can lead to changes in direction for infrastructure programmes and projects as well as to project budgets and timelines. Taking cognisance of this is thus essential in infrastructure planning.

Section 3 furthermore elaborates on WCGHW's immovable asset management strategy. It also highlights the primary objective of the infrastructure programme and its alignment to Healthcare 2030 and the WCGH's Strategic Plan 2020-25.

The Infrastructure Programme of WCGHW, which is managed under two separate programmes, i.e., Programme 8: Health Facilities Management and Sub-programme 7.2: Engineering Services, is also described.

The purpose of Programme 8 is the provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities, including Health Technology (HT) whilst Sub-programme 7.2 is responsible to render Routine, Day-to-day and Emergency Maintenance service to buildings, engineering installations and health technology, although some work is funded out of Programme 8.

Section 4: This Section outlines the organisational structure of the Chief Directorate: Facilities and Infrastructure Management and the respective roles of the six Directorates within the unit that are collectively responsible for the delivery of infrastructure.

An overview of the infrastructure management systems utilised is also provided.

Section 5: The infrastructure planning and project prioritisation processes, systems and various initiatives used and / or considered by the Department in planning for the provision of new / replacement health facilities, and the refurbishment, upgrading and maintenance of existing facilities, are described in detail in this Section.

The ever-increasing demand for health care due to continued population growth, together with the need for meticulous prioritisation of infrastructure projects and constantly declining budgets, is also addressed.

Prioritisation is undertaken on a strategic as well as operational level. Norms and standards as well as life cycle planning and costing of existing and future facilities are considered as part of the prioritisation process.

Section 6: This Section explains and assesses the impact of population and demographics on the demand for health facilities and services. It specifically describes the impact of population characteristics, the socio-economic index (which is an indicator of the burden of disease and identifies areas of greatest need), population projections, growth potential and socio-economic status of rural municipalities in the planning process. The various sources used to determine this information are also outlined.

Specific reference to Metro planning information (such as the City of Cape Town's population projections until 2040) and human settlement future projects, transport routes and rural growth potential are considered.

Finding the correct site for health facilities is a major factor in ensuring that adequate settlement densities and appropriate urban forms are promoted to optimise the use, accessibility and desirability of facilities.

Section 6 also provides details on the implementation of National Health Insurance (NHI) funded projects, water and energy conservation initiatives and generally dealing with climate change and responding to loadshedding. It furthermore addresses the need to ensure fire safety at health facilities.

Section 7: A brief description of the desired levels of service in relation to the provision of Infrastructure is provided in this Section.

Section 8: Health services are rendered from State-owned as well as leased accommodation and encompass different types of facilities, such as Clinics, Community Day Centres (CDCs), Community Health Centres (CHCs), District, Regional, Specialised and Central Hospitals, Forensic Pathology Laboratories (FPLs), Dental Units, Nursing Colleges, and Ambulance Stations. This Section provides details of the existing health facilities and demonstrates the magnitude of the infrastructure portfolio being managed by WCGHW. Details include hospital bed numbers, the facility replacement values, as well as maps indicating the geographical location of all health facilities at both a provincial and district level. It furthermore includes details of office accommodation and shared facilities where Western Cape Government Transport and Public Works (WCGTPW) is responsible for maintenance of the building as well as those which WCGTPW indicated as being WCGHW's responsibility. Limited information on Non-profit Organisation facilities is also included.

Section 9: It is vital that the facilities from which health services are rendered meet the minimum required norms and standards. The current status of and future requirements at facilities are assessed in this Section. This assessment focuses on the performance standard, condition rating, accessibility, suitability index, operating performance and ultimately the functional performance of facilities. The resulting information assists in making informed decisions towards improving the effective and efficient utilisation, performance and functionality of health facilities, for example:

- State-owned health facilities which have been rated C in terms of suitability and C2 or C3 in terms of functional performance are being replaced, namely Helderberg Hospital, Elsie River CHC, Hornlee Clinic and Salt River FPL. The Elsie River CHC and Hornlee Clinic replacements are currently in design and a completion project for the new Observatory FPL, which replaces the Salt River FPL, is currently underway. Gugulethu CHC is also rated C but the need for replacement will be reassessed once work planned to be undertaken at the current facility has been completed.
- The two leased health facilities rated C in terms of suitability and C2 or C3 in terms of functionality performance, namely Hanover Park CHC and Knysna FPL are being replaced. The Hanover Park CHC replacement is currently in design documentation stage and the Knysna FPL replacement under construction.
- All facilities with a condition rating of C1 and C2 have been prioritised in terms of maintenance and R, R & R project classification where these will not be replaced.

Section 10: This Section explains the criteria considered when performing the gap analysis, i.e.:

- Functional analysis of accommodation.
- Need for new accommodation.
- Facility condition rating and feedback from end users.
- Need to relinquish leased accommodation.
- Need for replacement facility in appropriate position.
- Utilisation levels of accommodation.

Section 10 further summarises the gap analysis per level of care (see table below), whilst considering Healthcare 2030, Council for Scientific Industrial Research (CSIR) studies, the burden of disease, global Hospital bed norms and the acute hospital bed plans as part of the planning process.

Health Facility Type	SP	Number of facilities						
		Total existing	To be relinquished	To be replaced	New required	R, R & R	Upgrade and additions	Total anticipated for 2040
PHC (Reproductive Health Clinics, Dental Clinics, Satellite Clinics, Clinics, CDC and CHCs)	8.1	249	19	30	20	8	34	250
EMS (Ambulance stations, Control Centres, Disaster management, Workshop and College)	8.2	57	0	3	8	1	2	65
District Hospitals	8.3	33	1	3	4	6	9	36
TB Hospitals	8.4	6	1	0	0	2	0	5

Health Facility Type	SP	Number of facilities						
		Total existing	To be relinquished	To be replaced	New required	R, R & R	Upgrade and additions	Total anticipated for 2040
Psychiatric Hospitals	8.4	4	0	0	0	0	1	4
Regional Hospitals	8.4	5	0	0	3	2	2	8
Tertiary and Central Hospitals	8.5	3	0	1	0	1	1	3
FPLs	8.6	18	1	2	0	1	5	17
Intermediate Care Facilities	8.4	2	0	0	0	0	0	2
Central Laundries*	8.6	2	0	0	0	0	2	2
Other, excluding office accommodation managed by WCGTPW	8.4 and 8.6	47	1	3	2	2	1	48
Total (excl. Nursing Colleges and student nurse accommodation)		426	23	42	37	24	57	440

* This analysis excludes 13 on-premises laundries (OPLs) based at hospitals in the Rural districts

Gap Analysis per Level of Care

This Section furthermore provides examples of alternative solutions to the provision of physical infrastructure, some of which have already been implemented. Progress is also provided on the implementation of the Tygerberg Hospital Redevelopment Project and the Maintenance and Remedial Works Programme to address the poor state of the current facility.

Section 11: This Section describes the Infrastructure Plan and Budget, including details of office accommodation, capital Infrastructure, land and lease requirements, as well as facilities identified for relinquishments and disposal. It furthermore addresses maintenance requirements, budget allocations and infrastructure improvement processes.

In summary, it includes the analysis of the health sector demand and needs against departmental strategic and service level requirements, whilst taking cognisance of the backlog, available resources and the resulting gap between available health infrastructure and what is required. Linked to this, financial resources are allocated where it will make the biggest impact to the greatest number of people.

The total infrastructure requirements have been assessed and the Capital infrastructure and Maintenance backlogs determined.

Financial Year	Estimated Value of New Buildings, Replacements and Upgrading/Additions Required ^a R	Actual Infrastructure Capital Budget (Excluding R, R & R (maintenance)) ^b R	Cumulative budget R	Estimated Total Backlog (Backlog minus budget allocated per year) ^c R
2023/2024	39 000 000 000	309 909 000	309 909 000	38 690 091 000
2024/2025	38 690 091 000	336 899 000	646 808 000	38 353 192 000
2025/2026	38 353 192 000	278 282 000	925 090 000	38 074 910 000

Notes:

^a Includes R10.5 billion for replacing of Tygerberg Hospital

^b Excludes annual budget allocations for NHI Indirect Grant funded projects

^c Estimated total backlog excludes approximately R1 billion for Health Technology (HT)

Estimated Capital Infrastructure Backlog for all WCGHW Facilities

Financial Year	Estimated Value of Buildings R	Estimated Value of Buildings escalated @ 10% p.a. R	Cost of Maintenance Required @ 3.5% p.a. R	Actual Maintenance Budget including R, R & R, Scheduled, Routine, Emergency and Day-to-day Maintenance of health facilities R	Estimated Total Backlog as at March 2023 and increased year-upon-year as result of backlogs not addressed R
2023/2024	64 705 176 300	64 705 176 300	2 264 681 171	835 224 000	1 429 457 171
2024/2025	64 705 176 300	71 175 693 930	2 491 149 288	876 048 000	3 044 558 458
2025/2026	71 175 693 930	78 293 263 323	2 740 264 216	808 098 000	4 976 724 674

Notes:

- Replacement value based on existing building areas. Areas not used are to be relinquished to reduce maintenance required per year.
- Bidding amounts are not included.
- Ideally the maintenance allocation should be at least R1 billion per year.

Estimated Maintenance Backlog for all WCGHW Facilities

All new site requirements are listed as well as facilities that must be disposed of.

The Infrastructure Programme budget emanates from two sources:

- Provincial Equitable Share (PES)
- DoRA: Health Facility Revitalisation Grant (HFRG)

As in previous years, National Treasury (NT) included in the 2023 DoRA the Performance-based Incentive (PBI) Process for the HFRG. Allocations are determined in terms of planning principles and expenditure patterns. WCGHW received a PBI allocation in 2020/21 totalling R58.8 million, R63.3 million in 2021/22, R65.4 million in 2022/23, and R78.2 million in 2023/24. It is anticipated that WCGHW will again receive an allocation in 2024/25 and beyond.

This Section further reflects that Sub-programme 7.2 is responsible for engineering support (including clinical engineering) to health services. Programme 8 is responsible for expenditure on Capital and Maintenance (Scheduled, Day-to-day, Routine and Emergency Maintenance). The principles which underpin the work, as well as the specific purpose, challenges and priorities of each programme, are described in this U-AMP and indicate clear support to, and alignment with the provincial and departmental strategic vision and the priorities of the National Department of Health.

The proposed Medium Term Expenditure Framework (MTEF) allocations for Sub-programme 7.2 and Programme 8 are summarised in the tables below.

Sub-programme 7.2: Engineering Services	2022/23 R'000		MTEF Allocation R'000		
	Main Appropriation	Adjusted Allocation (Nov)*	2023/24	2024/25	2025/26
			Total Allocation*	Total Preliminary Allocation	Total Preliminary Allocation
Engineering					
Compensation of Employees	61,402	61,402	61,895	60,393	61,080
Operational Cost*	34,881	33,033	37,535	39,240	41,031
Total Engineering	96,283	94,435	99,430	99,633	102,111
Health Technology (Clinical Engineering)					
Compensation of Employees	14,181	14,181	13,953	14,121	14,298
Operational Cost*	19,307	16,707	20,114	21,032	21,996
Total Health Technology (Clinical Engineering)	33,488	30,888	33,488	34,067	35,153
GRAND TOTAL	129,771	125,323	133,497	134,786	138,405

*Includes Goods and Services, Transfers and Capital

WCGHW Sub-programme 7.2: Engineering Services – 2023 MTEF Allocation

Funding Source	2022/23* R'000		MTEF Allocation R'000		
	Main Appropriation	Adjusted Allocation (Nov)	2023/24	2024/25	2025/26
			Total Allocation	Total Preliminary Allocation	Total Preliminary Allocation
Health Facility Revitalisation Grant**					
Capital	313,443	274,485	497,167	592,380	438,968
<i>New Infrastructure Capital</i>	135,284	155,911	96,096	131,431	120,476
<i>Refurb & Rehab Capital</i>	102,530	56,689	232,087	279,117	175,329
<i>Upgrade & Additions Capital</i>	75,629	61,885	168,984	181,832	143,163
Maintenance – WCGTPW	105,698	70,158	77,988	81,690	59,837
Maintenance – WCGHW	21,800	21,800	0	0	0
Health Technology, Organisational Development (OD) and Quality Assurance (QA)	304,859	438,016	254,702	101,786	313,166
Capacitation, Commissioning and Project Support	50,790	48,631	53,441	54,367	55,446
Total Health Facility Revitalisation Grant	796,590	853,090	883,298	830,223	867,417
PES: Infrastructure					
Capital - <i>New Infrastructure Capital</i>	31,225	458	1,002	253	2001
Maintenance – WCGHW	128,523	150,754	144,077	145,988	180,067
Maintenance – WCGTPW	14,855	18,254	9,915	4,271	1,850
Capacitation, Commissioning and Project Support	22,458	15,130	32,766	32,974	33,936
Total PES: Infrastructure	197,061	184,596	187,760	183,486	217,854

Funding Source	2022/23* R'000		MTEF Allocation R'000		
	Main Appropriation	Adjusted Allocation (Nov)	2023/24	2024/25	2025/26
			Total Allocation	Total Preliminary Allocation	Total Preliminary Allocation
PES: Tygerberg					
Capital	50,528	52,135	74,268	67,735	44,185
<i>Refurb & Rehab Capital</i>	39,192	27,657	30,441	44,352	31,543
<i>Upgrade & Additions Capital</i>	11,336	24,478	43,827	23,383	12,642
Maintenance – WCGHW	49,522	32,434	99,166	120,215	172,442
Maintenance – WCGTPW	82,892	70,917	61,377	39,315	20,820
Total PES: Tygerberg	182,942	155,486	234,811	227,265	237,447
TOTAL	1,176,593	1,193,172	1,305,869	1,240,974	1,322,718
TOTAL EXCLUDING HT, OD & QA, Capacitation, Commissioning and Project Support	798,486	691,395	964,960	1,051,847	920,170

* Includes Performance-based Incentive Grant allocation

** Includes Budget Facility for Infrastructure allocation

WCGHW Programme 8: Health Facilities Management – 2023 MTEF Allocation

As demonstrated in the backlog tables above, the infrastructure need with respect to both capital and maintenance is much greater than the resources allocated.

The Department will request additional funding in the amount of R255 million in 2024/25 and R280 million in 2025/26 – identified as shortfalls in Template 10. The Department continues its strategy to create an additional pipeline of projects, i.e., a large number of projects ready to proceed to tender as additional funds become available.

Section 12: Current and future improvements to the infrastructure planning process and preparation of the U-AMP are briefly addressed in this Section. Some of these improvements are dependent on the provision of up to date and accurate information from WCGTPW.

Section 13: In the Conclusion, the impacts of the budget shortfall in 2023/24 and beyond on addressing the demand for infrastructure are addressed. The effects of climate change and the continued increased demand for health care services against the background of rapid urbanisation and population growth are also discussed.

In spite of limited resources, the Chief Directorate: Facilities and Infrastructure Management remains committed to promote and advance the health and well-being of health facility users in the Province in a sustainable, responsible manner. As such, infrastructure continues to be planned, delivered, operated and maintained with an increased focus on ensuring sustainability of both the infrastructure itself as well as that of the environment, whilst retaining focus on a patient-centred approach.

Despite this structured approach, infrastructure planning and delivery must be adaptable to respond to sudden changes such as those required during the COVID-19 outbreak.

In terms of planning principles, the Department strongly believes that replication of facilities design will improve turnaround times and that it will assist in standardised and accelerated procurement of maintenance elements.

The Directorate: Infrastructure Planning believes that, with its continued focus on improving and refining infrastructure planning processes and information, it has prepared a U-AMP which is sufficiently accurate in terms of project priorities, locations, budgets and timeframes, and moreover, which meets the strategic goals of the Department and informs the ultimate delivery of its infrastructure projects on the ground.

The U-AMP furthermore serves as a comprehensive reference document in terms of infrastructure and infrastructure-related projects.

This coming year is the year of implementation. In the words often ascribed to Archbishop Desmond Tutu, things will only improve if every one of us steps up to "do our little bit of good where we are; it is those little bits of good put together that overwhelm the world".

Dr Giovanni Perez, Chief Director: Metro Health Services, WCGH

1. INTRODUCTION

1.1 BACKGROUND

The User Asset Management Plan (U-AMP) of the Western Cape Government Health (WCGHW), is the principal strategic planning document which guides decisions on the management of its immovable asset portfolio and the ultimate delivery of its infrastructure projects on the ground. It is prepared in compliance with both the Government Immovable Asset Management Act (GIAMA) (No. 19 of 2007) and the Division of Revenue Act (DoRA) (re-enacted at the beginning of each financial year), as well as in compliance with and alignment to the NT Instruction No. 3 of 2019/2020, including the *Framework for Infrastructure Delivery and Procurement Management* (FIDPM) – applicable from 01 October 2019.

In terms of Section 14(1) of GIAMA, “The accounting officer of a user or custodian in its capacity as a user must, for all the immovable assets that it uses or intends to use –

- a) Compile, in accordance with Section 8, a user immovable asset management plan that will form part of the strategic plan of that user;
- b) Jointly conduct the immovable asset strategic planning process with the relevant custodian;
- c) Submit its user immovable asset management plan to the relevant Treasury in accordance with Section 9;
- d) Submit a copy of the user immovable asset management plan to the relevant custodian in accordance with Section 9; and
- e) Establish and execute a performance measurement system as prescribed”.

Section 14.(2) of this legislation stipulates that “The accounting officer of a user must surrender a surplus immovable asset under its control to the relevant custodian.”

The basis of the user requirements, as stated in GIAMA, have been established in previous versions of the U-AMP and this version continues to improve on the integrity of the data, supported by improved planning processes and integration.

The Chief Directorate: Facilities and Infrastructure Management (CD: FIM) endeavours to align the requirements of all legislative and policy imperatives, while considering integrated planning information and initiatives from all relevant role players.

Finally, this U-AMP intends to exceed the requirements stipulated in GIAMA to produce an infrastructure planning document which begins to ensure optimal planning for the delivery of provincial health infrastructure facilities in the Western Cape in 2023/24, following from, and improving on previous versions.

1.2 PURPOSE OF THE U-AMP

The purpose of the WCGHW U-AMP is to:

- Identify, present and prioritise the WCGHW's infrastructure needs in support of the implementation of its Strategic Plan 2020-2025, Healthcare 2030 and the Healthcare 2030 Acute Hospital Bed Plan. The Strategic Plan and Healthcare 2030 set out the vision, values and principles guiding the Department to 2030.
- Ensure that the greatest health service needs in the Province are addressed as the highest priorities, whilst ensuring that optimum cost efficiency and affordability is achieved.
- Provide an indication of anticipated expenditure per budget programme, sub-programme and per project over the life cycle of the facility¹.
- Communicate the intentions of the WCGHW as far as its infrastructure (capital and maintenance) needs, delivery and management programmes are concerned, to both external and internal stakeholders.
- Outline the budgetary requirements to meet the WCGHW's mandate with respect to infrastructure management.
- Demonstrate responsible immovable asset management through a combination of multi-disciplinary management techniques (including technical and financial risk).

This U-AMP provides summary lists of all the identified infrastructure needs of the Department for the period up to 2040 – including capital, maintenance and repair requirements – to enable effective and efficient service delivery. In addition, it outlines the office accommodation required to ensure the necessary administration of the service.

1.3 THE U-AMP IN CONTEXT (STRATEGIC LINKAGES)

The diagram below illustrates the position of the U-AMP in relation to relevant National, Provincial and Departmental strategic and operational documents. This diagram, obtained from a draft version of Module 6 of the One IDMS (Infrastructure Delivery Management System), refers to the U-AMP as the Infrastructure Asset Management Plan.

¹ Capital and maintenance requirements are at present calculated separately but should ultimately be improved to indicate life cycle requirements per facility, subject to funding allocations and the elimination of the maintenance backlog.

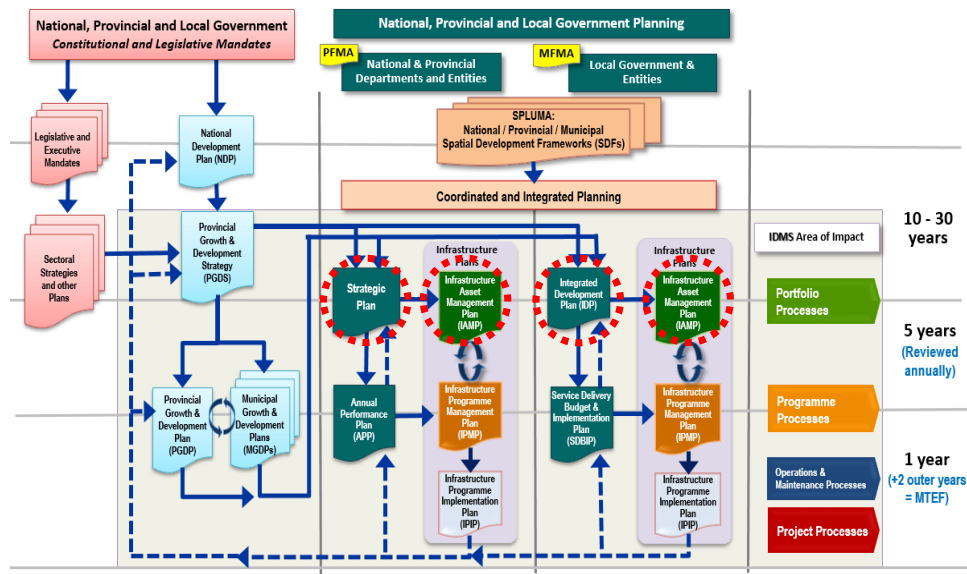


Figure 1: The U-AMP in relation to other Strategic and Operational Documents²

1.4 PORTFOLIO OF IMMOVABLE ASSETS

1.4.1 IMMOVABLE ASSETS CURRENTLY UTILISED AND MANAGED BY WCGHW – CATEGORIES

The following are the main categories of immovable assets with facility types currently utilised and managed by WCGHW, and which are applicable to this U-AMP:

- Primary Health Care (PHC) Facilities
 - Satellite Clinic
 - Clinic
 - Specialised Clinic (e.g., Oral Health, Reproductive Health)
 - Community Day Centre (CDC)
 - Community Health Centre (CHC)
- Emergency Medical Rescue Services Facilities
 - Ambulance Station
 - Disaster Management Centre
 - Other e.g., Control Centre, Workshop, College, etc.

² Source: National Treasury, IDMS Module 6: Draft Infrastructure (User) Asset Management Plan (IAMP) Template, dated November 2020

- Hospitals³
 - District Hospital
 - Regional Hospital
 - Tertiary Hospital
 - Central Hospital
 - Specialised Hospital
- Other Facilities
 - Forensic Pathology Laboratories (FPLs)
 - Intermediate Care Facilities
 - Regional Laundries
 - Nursing Colleges and student nurse accommodation
 - Other, e.g., Cape Medical Depot, Engineering Workshops, etc. (excluding office accommodation managed by Western Cape Government Transport and Public Works (WCGTPW))

1.4.2 DEFINITIONS OF FACILITY TYPES

Definitions of typical facility types, applicable to this U-AMP, are provided in the table below. This list is not exhaustive.

Facility Type	Definition
Mobile Clinic	A mobile clinic is a temporary service from which a range of PHC services are provided and where a mobile unit/bus/car provides the resources for the service. This service is provided on fixed routes and at a number of points which are visited on a regular basis. Some visiting points may involve the use of a room in a building, but the resources (equipment, stocks) are provided from the mobile when the services are available and are not maintained at the visiting point. <u>Source:</u> National Department of Health (NDoH) Health Facility Definitions, November 2006
Satellite Clinic	A facility that is a fixed building where one or more rooms are permanently equipped and from which a range of PHC services are provided. It is open for up to 8 hours per day and less than 4 days per week. <u>Source:</u> NdoH Health Facility Definitions, November 2006
Clinic	An appropriately permanently equipped facility at which a range of primary Health Care Services are provided. It is open at least 8 hours a day at least 4 days a week. <u>Source:</u> NdoH Health Facility Definitions, November 2006
Specialised Clinic	A specialised permanent fixed facility, appropriately equipped at which specialised health services (e.g., oral health, reproductive health) are provided. It is open at least 8 hours a day and at least 4 days a week. <u>Source:</u> CD: FIM input to Type of Infrastructure for Infrastructure Reporting Model (IRM), February 2021
CDC	A facility which is not open 24 hours a day, 7 days a week, at which a broad range of PHC services are provided. It also offers accident and emergency, but not midwifery services and surgery under general anaesthesia. <u>Source:</u> NDoH Health Facility Definitions, November 2006

³ Categories of public hospitals as reflected in Regulations relating to categories of hospitals, No. R. 185 dated 2 March 2012 (Regulation to National Health Act, No 61 of 2003)

Facility Type	Definition
CHC	A facility which is open 24 hours a day, 7 days a week, at which a broad range of PHC services are provided. It also offers accident and emergency and midwifery services, but not surgery under general anaesthesia. <u>Source:</u> NDoH Health Facility Definitions, November 2006
District Hospital (Level 1)	A facility at which a range of outpatient and inpatient services are offered, mostly within the scope of general medical practitioners. It has a functional operating theatre in which operations are performed regularly under general anaesthesia. <u>Source:</u> NDoH Health Facility Definitions, November 2006
Regional Hospital (Level 2)	A facility that provides care requiring the intervention of specialists as well as general medical practitioner services. A hospital providing a single specialist service would be classified as a specialised level 2 hospital. A general level 2 hospital should provide and be staffed permanently in the following 6 basic specialities of surgery, medicine, orthopaedics, paediatrics, obstetrics and gynaecology, and psychiatry, plus diagnostic radiology and anaesthetics. <u>Source:</u> NDoH Health Facility Definitions, November 2006
Central Hospital (Level 3)	A facility that provides specialist and sub-specialist care as defined for level 3 services. A specialised level 3 hospital will only have one or two specialities from groups 1, 2 or 3 represented (e.g., cardiology and respiratory medicine plus associated anaesthetics and diagnostics facilities). A general level 3 hospital will have sub speciality representation in at least 50% of the range of the Group 1 specialities. In the public sector, level 3 hospitals are defined as Tertiary 1 (Provincial Tertiary) or Tertiary 2 (National referral) or Tertiary 3 (Central Referral) hospitals depending on the range of specialities provided. <u>Source:</u> NDoH Health Facility Definitions, November 2006
Specialised Hospitals	There are a wide range of possible specialities that could be focused in a hospital, the two most common being Tuberculosis (TB) and Psychiatry, but they also include spinal injuries, maternity, heart, infectious diseases and so on. These units may also provide either acute, sub-acute or chronic care or all of those levels of care. <u>Source:</u> NDoH Health Facility Definitions, November 2006
Ambulance Station	A self-contained facility for the housing of emergency vehicles, personnel and associated rescue equipment. Such a facility may be closely associated with a hospital but will function independently of it. The Emergency Medical Services (EMS) Station functions on a 24 hr basis. <u>Source:</u> CD: FIM input to Type of Infrastructure for IRM, February 2021
Disaster Management Centre	Command Centre for the management of disasters in the Province. <u>Source:</u> CD: FIM input to Type of Infrastructure for IRM, February 2021
FPL	The forensic pathology service (FPS) is a specialised service rendered by forensic pathologists, supported by forensic pathology officers. <u>Source:</u> WCGH Healthcare 2030 The Road to Wellness, March 2014.
Intermediate Care Facility (Step down)	These provide in-patient care for patients who no longer require acute intervention and can be cared for mostly by professional nurses or allied professions. <u>Source:</u> NDoH Health Facility Definitions, November 2006
Laundry	The primary function of a laundry is to receive contaminated items for cleaning and to provide an adequate, efficient, economic, continuous and quality supply of clean, disinfected linen to all patient care service units in a hospital when needed. <u>Source:</u> IUSS PROJECT Laundry and Linen Department, Gazetted 30 June 2014

Table 1: Definitions of various Facility Types

2. LEGISLATIVE FRAMEWORK AND POLICY MANDATES

The planning and delivery of health infrastructure in the Western Cape is governed and guided by various legislative and policy imperatives – at both a national and provincial level. The most pertinent of these are outlined in this Section.

2.1 NATIONAL ACTS, REGULATIONS AND GUIDELINES

2.1.1 BROAD-BASED BLACK ECONOMIC EMPOWERMENT ACT (NO 53 OF 2003)

To establish a legislative framework for the promotion of black economic empowerment; to empower the Minister to issue codes of good practice and to publish transformation charters; to establish the Black Economic Empowerment Advisory Council; and to provide for matters connected therewith.

2.1.2 CARBON TAX ACT (NO 15 OF 2019)

Provides for the imposition of a tax on the carbon dioxide (CO₂) equivalent of greenhouse gas emissions and for matters connected therewith. The tax will be levied on emissions from fuel combustion, industrial processes and fugitive emissions, where the set thresholds for greenhouse gas emissions are exceeded.

2.1.3 CLIMATE CHANGE BILL (NO 9 OF 2022)

To enable the development of an effective climate change response and a long-term, just transition to a low-carbon and climate-resilient economy and society for South Africa in the context of sustainable development; and to provide for matters connected therewith.

2.1.4 CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA ACT (NO 108 OF 1996)

The Constitution of South Africa is the supreme law of the country of South Africa. It provides the legal foundation for the existence of the Republic, sets out the rights and duties of its citizens, and defines the structure of the government.

2.1.5 CONSTRUCTION INDUSTRY DEVELOPMENT BOARD ACT (NO 38 OF 2000)

To provide for the establishment of the Construction Industry Development Board (CIDB) to implement an integrated strategy for the reconstruction, growth and development of the construction industry and to provide for matters connected therewith.

2.1.6 COUNCIL FOR THE BUILT ENVIRONMENT ACT (NO 43 OF 2000)

To provide for the establishment of a juristic person to be known as the Council for the Built Environment; to provide for the composition, functions, powers, assets, rights, duties and financing of such a council; and to provide for matters connected therewith.

2.1.7 DECLARATION OF THE PRIORITY HUMAN SETTLEMENTS AND HOUSING DEVELOPMENT AREAS – GOVERNMENT GAZETTE NO 43316, 15 MAY 2020

On 15 May 2020, the National Minister of Human Settlements, Water and Sanitation declared 136 Priority Human Settlements and Housing Development Areas (PHSHDAs) across South Africa of which 19 is situated in the Western Cape. The PHSHDAs are underpinned by the principles of the National Development Plan (NDP) and intends to advance Human Settlements Spatial Transformation and Consolidation by ensuring that the delivery of housing is used to restructure and revitalise towns and cities, strengthen the livelihood prospects of households and overcome apartheid spatial patterns by fostering integrated urban forms.

2.1.8 DISASTER MANAGEMENT ACT (NO 57 OF 2002)

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

2.1.8.1 DECLARATION OF A NATIONAL STATE OF DISASTER: IMPACT OF SEVERE ELECTRICITY SUPPLY CONSTRAINTS (R. 3095 OF 27 FEBRUARY 2023)

To call upon organs of state to further strengthen and support existing structures established to coordinate and manage the implementation of contingency arrangements in line with the National Energy Action Plan, to ensure that measures are put in place to enable the National Executive to effectively deal with the effects of this disaster and prevent the escalation of the severe electricity supply constraint to a total blackout.

2.1.9 DIVISION OF REVENUE ACT (RE-ENACTED ANNUALLY)

Commonly known as DoRA, the purpose of this Act (re-enacted annually) is to provide for the equitable division of revenue, raised nationally, among the national, provincial and local spheres of government for the relevant financial year and to outline the responsibilities of all three spheres pursuant to such division. An important annexure to DoRA is the Frameworks for Conditional Grants to Provinces, which outlines, *inter alia*, the specific conditions and processes attached to the awarding of the various grants to provincial departments.

2.1.10 GOVERNMENT IMMOVABLE ASSET MANAGEMENT ACT (NO 19 OF 2007)

Commonly known as GIAMA, the purpose of this Act is to provide a uniform framework for the management of an immovable asset that is held or used by a national or provincial department; to ensure the coordination of the use of an immovable asset with the service delivery objectives of a national or provincial department; to provide for issuing of guidelines and minimum standards in respect of immovable asset management by a national or provincial department; and to provide for matters incidental thereto.

2.1.11 INFRASTRUCTURE DEVELOPMENT ACT (NO 23 OF 2014)

To provide for the facilitation and co-ordination of public infrastructure development which is of significant economic or social importance to the Republic of South Africa; to ensure that infrastructure development in the Republic of South Africa is given priority in planning, approval and implementation; to ensure that the development goals of the state are promoted through infrastructure development; to improve the management of such infrastructure during all life-cycle phases, including planning, approval, implementation, and operations; and to provide for matters incidental thereto.

2.1.12 INTERGOVERNMENTAL RELATIONS FRAMEWORK ACT (NO 13 OF 2005)

To establish a framework for the national government, provincial governments, and local governments to promote and facilitate intergovernmental relations; to provide for mechanisms and procedures to facilitate the settlement of intergovernmental disputes; and to provide for matters connected therewith.

2.1.13 MENTAL HEALTH CARE ACT (NO 17 OF 2002)

This Act provides for care, treatment and rehabilitation of persons who are mentally ill, establish the Review Boards in respect of health establishment and sets out different procedures to be followed.

2.1.14 NATIONAL BUILDING REGULATIONS AND BUILDING STANDARDS ACT (NO 103 OF 1977)

To provide for the promotion of uniformity in law relating to the erection of buildings in areas of jurisdiction of local authorities; for the prescribing of building standards; and for matters connected therewith.

2.1.15 NATIONAL ENVIRONMENTAL HEALTH POLICY (GN 951 IN GOVERNMENT GAZETTE 37112 OF 4 DECEMBER 2013)

Strengthening capacity and development of environmental health personnel; training and improved learning; formulating an institutional framework; resource allocation for environmental health services; planning for proper implementation; planning for human settlements; protecting children; HIV and AIDS, TB, malaria and environmental health; environmental health information systems; environmental health services delivery within the framework of sustainable development; and climate change and health.

2.1.16 NATIONAL ENVIRONMENTAL MANAGEMENT ACT (NO 107 OF 1998)

To provide for cooperative, environmental governance by establishing principles for decision-making on matters affecting environment, institutions that will promote cooperative governance and procedures for environmental functions exercised by organs of state.

2.1.17 NATIONAL ENVIRONMENTAL MANAGEMENT: WASTE ACT (NO 59 OF 2008)

To reform the law regulating waste management in order to protect health and the environment by providing reasonable measures for the prevention of pollution and ecological degradation and for securing ecologically sustainable development.

2.1.18 NATIONAL ENVIRONMENTAL MANAGEMENT: WASTE AMENDMENT ACT (NO 26 OF 2014)

To amend the National Environmental Management: Waste Act, 2008, to substitute and delete certain definitions.

2.1.19 NATIONAL HEALTH ACT (NO 61 OF 2003)

This Act provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws of the national, provincial and local governments with regard to health services and also provides for matters incidental thereto.

2.1.20 NATIONAL HEALTH AMENDMENT ACT (NO 12 OF 2013)

To amend the National Health Act, 2003, to provide for the establishment of the Office of Health Standards Compliance and, for that purpose, to insert, substitute or delete certain definitions; to delete, revise and insert certain provisions; and to provide for matters connected therewith.

2.1.21 NATIONAL HEALTH ACT (NO 61 OF 2003): NATIONAL ENVIRONMENTAL HEALTH NORMS AND STANDARDS (NOTICE 1229 OF 2015)

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

2.1.22 NATIONAL HEALTH ACT (NO 61 OF 2003): HEALTH INFRASTRUCTURE NORMS AND STANDARDS GUIDELINES (NO R. 116 AND R. 512 OF 2014 AND R. 414 OF 2015)

These guidelines are for application by Provincial Departments of Health (PDOHs) in the planning and implementation of public sector health facilities and are applicable to the planning, design and implementation of all new buildings.

2.1.22.1 NATIONAL HEALTH ACT: NORMS AND STANDARDS REGULATIONS APPLICABLE TO DIFFERENT CATEGORIES OF HEALTH ESTABLISHMENTS (02 FEBRUARY 2018)

These regulations seek to promote and protect the health and safety of users and health care personnel. It addresses user rights, clinical governance and clinical care, clinical support services, facilities and infrastructure, governance and human resources.

2.1.22.2 NATIONAL HEALTH ACT: POLICY ON MANAGEMENT OF PUBLIC HOSPITALS (12 AUGUST 2011)

To ensure the management of hospitals is underpinned by the principles of effectiveness, efficiency and transparency. Specific objectives are to ensure implementation of applicable legislation and policies to improve functionality of hospitals; appointment of competent and skilled hospital managers; development of accountability frameworks; and training of managers in leadership, management and governance.

2.1.22.3 NATIONAL HEALTH ACT: PUBLICATION OF HEALTH INFRASTRUCTURE NORMS AND STANDARDS GUIDELINES (NO. R414 OF 08 MAY 2015)

The guidelines are for public reference information and for application by PDoHs in the planning and implementation of public sector health facilities. The approved guidelines will be applicable to the planning, design and implementation of all new building projects. Any deviations from the voluntary standards should be motivated during the Infrastructure Delivery Management System (IDMS) gateway approval process. The guidelines should not be seen as requirements necessitating the alteration and upgrading of all existing health care facilities.

2.1.23 NHI

The NDoH released the White Paper on NHI for South Africa towards Universal Health Coverage (UHC) on 01 December 2015. The NHI is a health financing system that is designed to pool funds to provide access to quality, affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status. NHI is intended to ensure that the use of health services does not result in financial hardships for individuals and their families. The National Health Act: NHI Policy: Towards UHC was published on 30 June 2017 and the NHI Bill issued for further public comment on 6 September 2019.

2.1.24 NT INSTRUCTION NO. 3 OF 2019/2020

This Treasury Instruction prescribes minimum requirements for the implementation of the IDMS through the FIDPM.

The FIDPM, which came into effect on 1 October 2019, replaces the Standard for Infrastructure Procurement and Delivery Management (SIPDM) and prescribes minimum requirements for effective governance of infrastructure delivery and procurement management. Fundamental areas addressed through the introduction of the FIDPM includes:

- Recognition of the Standard for Uniformity in Engineering and Construction Works Contracts as issued by the CIDB supported by the NT Regulations
- Recognition of one institutional Supply Chain Management (SCM) system with differentiated procurement processes as opposed to two SCM systems.
- Role of independent reviewers in relation to the ultimate accountability of Bid Committees as prescribed by the NT Regulations.
- Alignment of the Preferential Procurement Point System (Method 4) to the Preferential Procurement Policy Framework Act and its related regulations.

2.1.25 OCCUPATIONAL HEALTH AND SAFETY ACT (NO 85 OF 1993) AND REGULATIONS

To provide for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery; the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work; to establish an advisory council for occupational health and safety and to provide for matters connected therewith.

Various regulations stipulate requirements for health and safety in the construction sector and applies to all people involved in construction work.

2.1.26 PHARMACY ACT (NO 53 OF 1974, AS AMENDED)

The Act provides for the establishment of the South African Pharmacy Council, general powers to extend the control of council to the public sector, provides for pharmacy education and training, requirements for registration, provide for investigative and disciplinary powers of the council.

2.1.27 PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT (PPPFA) (NO 5 OF 2000)

To give effect to Section 217(3) of the Constitution by providing a framework for the implementation of the procurement policy contemplated in Section 217(2) of the Constitution and to provide for matters connected therewith.

2.1.27.1 PREFERENTIAL PROCUREMENT REGULATIONS (4 NOVEMBER 2022)

The purpose of these Regulations is to: Comply with Section 217 of the Constitution on procurement of goods and services by organs of state; and comply with the PPPFA of 2000. The Public Procurement Bill is currently being finalised. In the interim, these Regulations act as a placeholder whilst the Bill is finalised.

2.1.28 PREVENTION AND COMBATING OF CORRUPT ACTIVITIES (NO 12 OF 2004)

The Act provides for the strengthening of measures to prevent and combat corruption and corrupt activities.

2.1.29 PROMOTION OF ACCESS TO INFORMATION ACT, 2000 (NO 2 OF 2000)

This Act amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

2.1.30 PUBLIC FINANCE MANAGEMENT ACT (NO 1 OF 1999)

The Public Finance Management Act (PFMA) regulates financial management in the national government and provincial governments; to ensure that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively; to provide for the responsibilities of persons entrusted with financial management in those governments; and to provide for matters connected therewith.

2.1.31 STANDARD FOR UNIFORMITY IN ENGINEERING AND CONSTRUCTION WORKS CONTRACTS: BOARD NOTICE (NO 423 OF 2019)

To establish requirements for engineering and construction works contracts aimed at bringing about standardisation and uniformity in construction contracts documentation, practices and procedures.

2.1.31.1 SPATIAL PLANNING AND LAND USE MANAGEMENT ACT (NO 16 OF 2013)

The purpose of the Spatial Planning and Land Use Management Act is to provide a framework for spatial planning and land use management in the Republic; to specify the relationship between the spatial planning and the land use management system and other kinds of planning; to provide for the inclusive, developmental, equitable and efficient spatial planning at the different spheres of government; to provide a framework for the monitoring, coordination and review of the spatial planning and land use management system; to provide a framework for policies, principles, norms and standards for spatial development planning and land use management; to address past spatial and regulatory imbalances; to promote greater consistency and uniformity in the application procedures and decision-making by authorities responsible for land use decisions and development applications; to provide for the establishment, functions and operations of Municipal Planning Tribunals; to provide for the facilitation and enforcement of land use and development measures; and to provide for matters connected therewith.

2.1.31.2 OFFICE OF HEALTH STANDARDS COMPLIANCE FOR HEALTH ESTABLISHMENTS

In terms of the National Health Amendment Act 12 of 2013, the Office of Health Standards Compliance was established to ensure health establishments in South Africa comply with the required health standards.

The Norms and Standards Regulation has been legislated and is effective as of February 2019. All health establishments must comply with these prescriptions in relation to the national health system. The Ideal Hospital and Clinic Realisation and Maintenance Framework must be implemented at each health establishment in order to achieve compliance with the regulations. Non-compliance may attract sanctions.

2.2 PROVINCIAL ACTS AND REGULATIONS

2.2.1 CONSTITUTION OF THE WESTERN CAPE, 1 OF 1998

This Constitution applies to the Western Cape. It is subject to the national Constitution, which is the highest law in the Western Cape.

Section 78(2)(a) deals with protecting and promoting the interest of children in the Western Cape, insofar as health services.

Section 81 (h)(ii) places a duty on the Western Cape Government (WCG) to adopt and implement policies to actively promote and maintain the welfare of its communities by ensuring proper realisation of the right of access to:

- a) *Health care services; and*
- b) *Basic health care services, which provides a healthy environment for all children, frail and elderly persons.*

2.2.2 WESTERN CAPE HEALTH CARE WASTE MANAGEMENT ACT (NO 7 OF 2007)

The Act provides for the effective handling, storage, collection, transportation, treatment and disposal of health care waste. Furthermore, it provides for the prohibition of illegal dumping of health care waste and the co-disposal of health care waste with general household waste.

2.2.3 WESTERN CAPE LAND ADMINISTRATION ACT (NO 6 OF 1998)

To provide for the acquisition of immovable property and the disposal of land which vests in it by the Western Cape Provincial Government and for matters incidental thereto.

2.2.4 WESTERN CAPE LAND USE PLANNING ACT (NO 3 OF 2014)

To consolidate legislation in the province pertaining to provincial planning, regional planning and development, urban and rural development, regulation, support and monitoring of municipal planning and regulation of public places and municipal roads arising from subdivisions; to make provision for Provincial Spatial Development Framework (PSDFs); to provide for minimum standards for, and the efficient coordination of, Spatial Development Frameworks (SDFs); to provide for minimum norms and standards for effective municipal development management; to regulate provincial development management; to regulate the effect of land development on agriculture; to provide for land use planning principles; to repeal certain old-order laws; and to provide for matters incidental thereto.

2.2.5 WESTERN CAPE HEALTH FACILITY BOARDS AND COMMITTEES ACT (NO 4 OF 2016)

To provide for the establishment, functions, powers and procedures of boards established for hospitals and committees established for PHC facilities; and to provide for matters incidental thereto. Health Facility Boards; to amend and repeal certain laws relating to Hospital Boards; and to provide for matters incidental thereto. This Act also provides for the vesting of immovable property.

2.2.6 REGULATIONS RELATING TO THE CRITERIA AND PROCESS FOR THE CLUSTERING OF PRIMARY HEALTH CARE FACILITIES, 2017 IN TERMS OF THE WESTERN CAPE HEALTH FACILITY BOARDS AND COMMITTEES ACT, 2016 (NO 4 OF 2016)

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

2.3 IMPACT OF ACTS AND REGULATIONS

Although challenging, compliance with legislation and policy framework is obviously non-negotiable. However, in some instances, changes in policy and legislation can lead to changes in direction for infrastructure programmes and projects as well as changes to project budgets and timelines. For example, the National Building Regulations and Building Standards Act – specifically relating to fire compliance – is resulting in additional work and associated cost across a broad spectrum of facilities. A programme has been implemented to incrementally address this.

2.4 POLICIES AND MANDATES

2.4.1 INTERNATIONAL POLICIES

2.4.1.1 SUSTAINABLE DEVELOPMENT GOALS

On 1 January 2016, the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development – adopted by world leaders in September 2015 at the historic United Nations Summit – officially came into force⁴. The SDGs are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.

Building on the success of the Millennium Development Goals, the 17 SDGs work in the spirit of partnership and pragmatism to make the right choices now to improve life, in a sustainable way, for future generations. The SDGs provide clear guidelines and targets for all countries to adopt in accordance with their own priorities and the environmental challenges of the world at large⁵. The new agenda addresses three additional interconnected elements of sustainable development:

- Economic growth;
- Social inclusion; and
- Environmental sustainability.

The 17 SDGs⁶ together with the 169 targets of the 2030 Agenda universally apply to all countries, and is intended to address poverty globally, ensuring no one is left behind.

Relevant to the health sector specifically is SDG 3 which aims to ensure healthy lives and promote well-being for all at all ages.

The Department is committed to achieving Goal 3, Good Health and Well-Being, with a particular focus in the next 5 years on:

- Building further on the gains we have made in reducing maternal mortality and preventable deaths under 5 years in the Province;
- Further reducing the epidemics of AIDS and TB; and premature deaths as a consequence of non-communicable diseases and the impact of trauma from interpersonal violence and Road traffic accidents;
- Continue to promote mental health; and ensuring universal access to sexual and reproductive health care; and
- Strengthening the provincial health system towards achieving UHC.

⁴ United Nations. Sustainable Development Goals: The Sustainable Development Agenda. Available: <https://www.un.org/sustainabledevelopment/development-agenda/>

⁵ Source: United Nations Development Programme – Republic of South Africa Sustainable Development Goals (SA). Available from <http://www.za.undp.org>

⁶ Refer <http://www.gov.za/issues/national-development-plan-2030>

There is alignment between these goals and those of South Africa's NDP⁷. Figure 2 below illustrates this alignment.



Figure 2: Alignment between Sustainable Development Goals and NDP

2.4.1.2 POLITICAL DECLARATION OF THE UNITED NATIONS HIGH-LEVEL MEETING ON UHC

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

2.4.1.3 THE AFRICAN UNION AGENDA 2063 GOALS

The African Union (AU) Agenda 2063 Goals, which are aligned to the SDGs, mention seven aspirations for the continent: an integrated Africa, a prosperous Africa, a democratic Africa, a peaceful Africa, which has a strong cultural identity and is people-driven and an international dynamic force.

⁷ Refer <http://www.gov.za/issues/national-development-plan-2030>

2.4.2 NATIONAL GOVERNMENT

2.4.2.1 INTEGRATED URBAN DEVELOPMENT FRAMEWORK

On 26 April 2016 the national Cabinet approved the Integrated Urban Development Framework and the 2016-2019 Implementation Plan, published by the Department of Cooperative Governance and Traditional Affairs. The Integrated Urban Development Framework sets a policy framework to guide urbanisation in South Africa and introduces the following four strategic goals:

- Spatial integration: To forge new spatial forms in settlement, transport, social and economic areas.
- Inclusion and access: To ensure people have access to social and economic services, opportunities and choices.
- Growth: To harness urban dynamism for inclusive, sustainable economic growth and development.
- Governance: To enhance the capacity of the State and its citizens to work together to achieve spatial and social integration.

The 2016-2019 Implementation Plan gives strategic direction, i.e., what needs to be done, when and by whom in order to achieve the goals of the Integrated Urban Development Framework. It includes programmes and projects to be undertaken in the short to medium term. The plan will be reviewed every three years, not only to monitor progress being made but also to readjust or reprioritise the programmes and projects.

2.4.2.2 NEGOTIATED SERVICE DELIVERY AGREEMENT

The National Government continues to follow an outcomes-based approach and has identified 12 targeted outcomes against which the respective national ministers have signed performance agreements with the President. The health outcome is: "Improve healthcare and life expectancy among all South Africans". The key outputs of the Negotiated Service Delivery Agreement between the Minister of Health and the President are:

- Increasing life expectancy;
- Decreasing maternal and child mortality;
- Combating HIV and AIDS and decreasing the burden of disease from TB;
- Strengthening health systems effectiveness with a particular focus on:
 - Re-engineering the PHC System;
 - Improving Patient Care and Satisfaction;
 - Accreditation of Health Facilities for Compliance;
 - Improved Health Infrastructure Availability;
 - Improved Human Resources for Health;
 - Strengthening Financial Management (Monitoring and Evaluation);
 - Improve Healthcare Financing through Implementation of NHI; and
 - Strengthening Health Information Systems.

2.4.2.3 IDEAL HEALTH FACILITY

2.4.2.3.1 IDEAL CLINIC REALISATION AND MAINTENANCE PROGRAMME

Operation Phakisa, coordinated by NDoH in 2014, resulted in the finalisation of plans to ensure that all clinics in the country meet the elements listed on the Ideal Clinic Dashboard by the end of 2018/19.

WCGHW commenced with the programme in 2016/17 and the Ideal Clinic Status has become an important performance indicator for PHC facilities in both Metro and Rural as a measure under the banner of Quality of Care.

The overall status of WCGHW clinics, as assessed by NDoH, is reflected in the table below. The results do, however, not indicate specific elements. CD: FIM will liaise with the Districts to understand the infrastructure requirements that still require attention.


 health Department: Health REPUBLIC OF SOUTH AFRICA	# of Facilities	Total # Facilities with IC status	% of Facilities with IC status	TOTAL # of Facilities with Silver Status	% of Facilities with Silver Status	TOTAL # of Facilities with Gold Status	% of Facilities with Gold Status	TOTAL # of Facilities with Platinum Status	% of Facilities with Platinum Status
wc Western Cape Province	263	200	76%	11	4%	23	9%	166	63%
wc Cape Winelands District Municipality	44	31	70%	3	7%	5	11%	23	52%
wc Central Karoo District Municipality	9	3	33%	2	22%	1	11%	0	0%
wc City of Cape Town Metropolitan Muni	124	105	85%	2	2%	12	10%	91	73%
wc Garden Route District Municipality	40	38	95%	1	3%	1	3%	36	90%
wc Overberg District Municipality	19	14	74%	0	0%	0	0%	14	74%
wc West Coast District Municipality	27	9	33%	3	11%	4	15%	2	7%

Table 2: Ideal Clinic status – April 2022

2.4.2.3.2 IDEAL COMMUNITY HEALTH CENTRE REALISATION AND MAINTENANCE PROGRAMME

The NDoH has developed an Ideal Community Health Centre Framework for implementation in 2019. The framework is an expansion of the Ideal Clinic Programme to include Emergency Centres and Midwife Obstetric Units. This framework has been signed-off by the Technical Advisory Committee of the National Health Council.

2.4.2.3.3 IDEAL HOSPITAL REALISATION AND MAINTENANCE FRAMEWORK

The NDoH developed an Ideal Hospital Realisation and Maintenance Framework for implementation in 2019. The successful implementation of the Ideal Clinic Realisation and Maintenance programme created the impetus to extend the goals of universal health access, cost effective and efficient services of a high quality and standard by creating a similar framework for Ideal Hospitals as the Ideal Clinic Framework. The Ideal Hospital Realisation and Maintenance Framework has not been finalised / signed-off by the Technical Advisory Committee of the National Health Council. However, with the latest version of the Assessment Tool dated May 2022 now available, the Ideal Hospital assessments commenced. As with the Ideal Clinic assessment tool, this tool is also being revised on an annual basis and facilities are expected to report the results of the self-assessments and implement improvement measures.

2.4.2.4 INFECTION PREVENTION AND CONTROL

The National Infection Prevention and Control (IPC) Strategic Framework was signed into effect on 26 March 2020. The purpose of this framework is to align the National IPC strategy to the World Health Organisation (WHO) core components for IPC (2016). In addition, the National Health Act of 2003 and its 2013 amendment gave effect to the Norms and Standards Regulations applicable to different categories of health facilities. Sections 7, 8 and 9 of the Norms and Standards is dedicated to the IPC standards applicable to health facilities. This framework and the related *Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework* gives guidance on how to comply with standards relating to IPC practices.

The South African Strategic Framework is structured around the eight WHO IPC core components, one of which is:

- Built environment and equipment for IPC at the health facility level.

This translates into the objective of the IPC strategic framework as:

- Optimise the built environment and ensure the continuous availability of essential materials and equipment needed to support implementation of effective IPC measures towards improving patient safety and health outcomes;

with one of its key principles being that:

- Access to health care services which are designed and managed to minimise the risks of avoidable Health Care Acquired Infections for patients and health workers is a basic human right.

WCGHW has placed a strong focus on IPC to strengthen the health system:

- WCGHW formally adopted the National Infection Prevention and Control Strategic Framework 2020 and the Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework as guiding documents for its facilities and healthcare workers.
- A review of governance and operational structures was initiated, and consulted upon, to ensure that there are appropriate forums for discussing IPC technical and strategic matters in a coordinated manner. This process is also aligned to the first of the eight core components to establish a functional IPC programme. Following wide consultation with various structures and individuals, the establishment of a Provincial IPC / QA technical committee was proposed for approval by WCGHW's Top Executive Committee (TEXCO).
- Using the National IPC policy and Strategic Framework and implementation manual as guiding foundation and principles, an IPC gap analysis was initiated to determine the current position of the Department and propose a way forward. This exercise is nearing completion.
- WCGHW continues to participate in the National IPC Committee and gives input as appropriate. WCGHW contributed to the development of the National IPC indicators and the National healthcare-associated infections surveillance Standard Operating Procedure.

The WCGHW will continue to establish, implement and strengthen its IPC programme for continued improved health outcomes.

2.4.2.5 NATIONAL INTEGRATED ICT POLICY WHITE PAPER (28 SEPTEMBER 2016)

This White Paper outlines the overarching policy framework for the transformation of South Africa into an inclusive and innovative digital and knowledge society. It reinforces and extends existing strategies such as South Africa Connect, the National Broadband Policy, the National Cybersecurity Policy Framework, 2012 and the National Information Society and Development Plan. It creates an ecosystem that helps to identify areas where there are Information and Communication Technologies (ICT) infrastructure and service gaps, the reasons for the gaps, direct government and private sector investment into these areas and measures the progress being made in closing the digital divide.

2.4.2.6 NATIONAL DIGITAL HEALTH STRATEGY FOR SOUTH AFRICA 2019-2024

The National Digital Health Strategy for South Africa, 2019-2024, prepared by NDoH, is linked to the massive reorganisation of the healthcare system required for the NHI implementation. These developments, alongside a rapidly changing technology landscape within the context of the fourth industrial revolution present great opportunities for innovation.

The strategic thrust for the new strategy is to support the health sector priorities as articulated in the NDP and in line with the current NHI transformation imperatives towards UHC. The new strategy sets out a vision of 'better health for all South Africans enabled by digital health' because digital health is expected to be a significant driver of health system transformation, and also advance the NDoH's vision of 'A long and healthy life for all South Africans'. It is embodied in the five strategic principles of a person-centred focus, expanded access, innovation for sustainable impact, digital health workforce for economic development and a whole of government approach.

This strategy puts people at the centre to address the needs of those who need healthcare, those who can be assisted to maintain healthy living, the health workers who provide a wide spectrum of health services, and managers who need to make critical decisions to enhance the health system for effective service delivery. Meeting these diverse needs requires a transformed health paradigm and information systems.

2.4.3 LOCAL GOVERNMENT

2.4.3.1 LOCAL GOVERNMENT SERVICE STANDARDS AND ASSOCIATED IMPLEMENTATION GUIDELINES FRAMEWORK

The South African Local Government Association (SALGA) is a public entity mandated by the Constitution of the Republic of South Africa to transform the Local Government sector. As part of this mandate, a draft framework was developed which maps out Local Government service delivery standards in line with relevant legislation. The framework includes service standard guidelines, a service delivery satisfaction measurement tool, and dispute resolution / redress mechanisms to address citizens' complaints.

Some of the service standards in the framework have overlapping mandates, such as health services which is also provided by PDoHs. Although the draft framework is therefore only applicable to those health services which fall directly within the remit of the municipalities, it is important that cognisance is taken of these standards at provincial planning level.

Material Standards		Scale 1-5 (Minimum - Maximum score)				
		Sub-standard Consequences/Interventions required)		Minimum score	Maximum score (Incentivization)	
		1	2	3	4	5
		0-29% (E)	30-49% (D)	50-59% (C)	60-79% (B)	80%+ (A)
7) Health Services	Day clinic in municipality; nearest hospital 25 kms away; at least one nurse and PHC worker; basic medicines for most time of the year; ambulance services with respond time of 1 hour. No maintenance of infrastructure and M&E of such infrastructure.	Day clinic in municipality with at least two qualified nurses; limited stock of basic medicine; no advanced diagnostic instruments (radiology); emergency services with respond time of 30 minutes. No proper maintenance of infrastructure and M&E of such infrastructure.	Day clinic in all wards/suburbs, with qualified doctor and nurse; District hospital with emergency services and outpatient section; qualified and specialist doctors; standard diagnostic instruments including pathology; private health services (general and specialist) in municipal area. Infrastructure is monitored and evaluated at acceptable intervals.	General hospital in municipality with outpatient services and emergency services (respond time 15 minutes) and qualified doctors and nurses; advanced diagnostic services in hospital; general stock of medicine throughout the year; day clinics in all wards/suburbs with qualified doctor and nurses; private health services including specialists. Infrastructure is monitored and evaluated on regular basis consistently.	General and/or academic hospital in municipality with outpatient and emergency services (response time 15 minutes); advanced service for all medical procedures; advanced medicinal stock; day clinics with qualified doctor and nurses in all wards/suburbs; private health services including private hospitals and specialists; step down services and hospices. State of the art hospital with high tech artificial intelligence business intelligent solutions. There is an inbuilt strong ICT M&E tool with early warning system in place.	
<small>Note: According to the Municipal Structures Act (No. 117 of 1998), municipal health services are a function of metro and district municipalities⁵. The National Health Act, 2003, makes it mandatory for Local Government to render Municipal Health Services (MHS) at district level. This system allows for effective and efficient co-ordination and facilitation of MHS at district level.</small>						

Figure 3: Section 7 of the draft Local Government Service Standards and associated Implementation Guidelines Framework of 24 December 2020

2.4.3.2 METRO – CITY OF CAPE TOWN

Spatial planning and land use management is primarily a municipal function in terms of the Spatial Planning and Land Use Management Act of 2013 and the precedent-setting ruling of the Constitutional Court (2010). There is consensus that a fundamental spatial transformation is required to enable South African cities to contribute effectively to national economic and social development objectives. Metropolitan municipalities have a critical role to play in this regard and have the responsibility to guide spatial development through urban planning instruments, infrastructure investments and service delivery programmes that shape the built environment of South African cities.

The City of Cape Town (CoCT)'s 2018 Municipal Spatial Development Framework (MSDF) and the 2012 Cape Town Spatial Development Framework (SDF) have been replaced by the amended MSDF, District Spatial Development Framework (DSDFs) and Environmental Management Frameworks (EMFs), which were approved by Council on 26 January 2023 after an extensive compilation and participation process. The MSDF is aligned to, and will be adopted as part of the Integrated Development Plan five-year term of office (July 2022 to June 2027) in May 2023 under the Municipal Systems Act.

The DSDFs and EMFs set the planning and spatial vision for the City's eight planning Districts (i.e. Table Bay, Blaauwberg, Southern, Northern, Cape Flats, Helderberg, Tygerberg and Mitchell's Plain / Khayelitsha / Greater Blue Downs) and entail the CoCT's response to managing urban growth on a district level and in a manner that is sustainable, resilient, and equitable. They seek to determine how the CoCT should intervene on a local planning level to mitigate against constraints, and to enhance opportunities that will improve the quality of living for all residents in Cape Town.

The WCGHW, through participation in forums – such as the CoCT – Western Cape Government Spatial Development and Infrastructure Support (SDIS) Committee – and processes established and facilitated by WCG Environmental Affairs and Development Planning (WCGEADP) will continue, together with other provincial government departments, to provide input into future DSDFs, EMFs and MSDF from an infrastructure planning perspective. The ultimate aim of the Department is to ensure coordination and alignment between its spatial development planning and that of the CoCT as well as other provincial government departments.

2.4.3.3 RURAL – MUNICIPALITIES

There are various WCG initiatives to collaborate with and assist municipalities. The development of the MSDF Support Programme: 2020-2024 Plan by WCGEADP is one such an example.

Sections 154(1), 155(6) and 155(7) of the Constitution of South Africa, Act No 108 of 1996, directs provinces to monitor and support Local Government. The plan is thus designed to assist and capacitate municipalities in executing their municipal spatial planning functions, as well as to monitor the implementation of these functions.

WCGEADP provided WCGHW with a roll-out plan for the abovementioned programme, and WCGHW participates and provides input where required.

Another example is the Department of Local Government's focus on co-ordinating the implementation of the Joint District and Metro Approach (JDMA) over the next five years, as indicated in their Strategic Plan 2020-2025, as a mechanism to strengthen provincial interface with Local Government in order to promote consultation, co-ordination, and joint planning.

Central to this is the roll-out of a single support plan to municipalities as well as interventions such as:

- Supporting municipalities to carry out medium to long-term infrastructure planning to ensure a portfolio of implementation-ready projects; and
- Supporting municipalities with the identification and project preparation of catalytic economic infrastructure that is linked to the respective municipalities' growth and development strategies.

WCGHW will continue to provide input and align its planning of Health infrastructure where necessary.

Further cognisance is taken of specific urban development studies as and when these are drafted / published. In addition to this, the socio-economic index, population densities and growth areas are being analysed to ensure opportune investment into new / replacement as well as upgraded facilities.

The Eden (now Garden Route) DSDF, published in October 2017, is a best practice example of integrated planning. This DSDF superseded the District's 2009 version and was reviewed and updated to align with the Spatial Planning and Land Use Management Act of 2013, the WCG Provincial Spatial Development Framework and Land Use Planning Act, as well as the Eden District Integrated Development Plan and strategic goals.

Furthermore, this SDF was prepared in line with the Department of Rural Development and Land Reform's SDF Guidelines. The primary objective of the District Rural Development Plan for the Garden Route is to develop a departmental sector plan at a district level that will inform its rural development efforts in the Garden Route District. The overall intention is to improve the material conditions and opportunities of people living in rural areas defined as "poverty pockets" (areas where people's lives are presently defined by a state of impoverishment). Principles developed from this document will be applied to future planning and utilisation of health facilities where applicable and Section 5 highlights some of these initiatives.

WCGHW is committed to contribute towards the Regional Spatial Implementation Frameworks (also referred to as RSIFs) for each of the three spatially targeted regions identified by WCGEADP, namely: The Greater Cape Metro, the Greater Saldanha area, and the Garden Route District. Collectively, the PSDF and the three Regional Spatial Implementation Frameworks can be understood as WCG's Spatial Development Strategy.

WCGHW provides input into the SDF of rural municipalities, as referred to in paragraph 5.8.4 of this document.

3. STRATEGIC FRAMEWORK

3.1 NATIONAL GOVERNMENT

3.1.1 DRAFT NATIONAL SDF (APRIL 2019)

The proposed National SDF, the first of its kind, is intended to make a bold and decisive contribution to bringing about a peaceful, prosperous and truly transformed South Africa.

One of the National SDF 's purposes is to guide planning and development across all sectors of the national sphere of government; and to contribute to a coherent, planned approach to spatial development in the three spheres of government.

The draft document was published by the Minister of Agriculture, Land Reform and Rural Development on 14 January 2020 for public comment. Whilst still in draft format, the Department of Agriculture, Land Reform and Rural Development commenced drafting of the National Spatial Action Areas implementation plan during 2021 and, more recently, the Draft Greater Cape Town National Urban Spatial Transformation and Economic Transition Region during 2022. Key concerns, such as the relationship between different spheres of government and how existing planning processes will be respected and used, will have to be unpacked.

3.1.2 THE MEDIUM TERM STRATEGIC FRAMEWORK (MTSF) AND NDP IMPLEMENTATION PLAN 2019-2024

The NDoH has proposed four goals (with 10 strategic objectives) for the 5-year MTSF period. The provision of Health Infrastructure is addressed under Goal 4, which states the following:

MTSF 2019-2024 Goals: Goal 4: Build Health Infrastructure for effective service delivery.

Strategic Objectives: Execute the infrastructure to ensure adequate, appropriately distributed and well-maintained health facilities.

3.1.2.1 REVISED MTSF: 2019-2024

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

3.1.2.2 NDP 2030

In 2012, the National Cabinet adopted the NDP 2030: Our Future – Make it Work, to serve as a blueprint for the work that is still required in order to achieve the desired results in terms of socio-economic development and the growth of this country by 2030. The NDP is a broad strategic framework, which sets out a coherent and inclusive approach to the elimination of poverty and reduction of inequality by 2030, based on the following 6 priorities:

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

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

WCG fully endorses the NDP and has committed itself to implement its strategic outcomes. With the adoption of the long-term vision and plan for the country (i.e., the NDP), a path was charted according to which the country would be able to address the triple challenge of poverty, inequality and unemployment.

3.1.2.3 NATIONAL HEALTH SYSTEMS PRIORITIES: THE TEN POINT PLAN

Provision of strategic leadership and creation of a social compact for better health outcomes; implementation of NHI; improving the quality of health services; overhauling the health care system and improve its management; improving human resources management, planning and development; revitalisation of infrastructure; accelerated implementation of HIV and AIDS, and sexually transmitted infections' National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases; mass mobilisation for better health for the population; review of the drug policy; and strengthening research and development.

3.1.2.4 NATIONAL INFRASTRUCTURE PLAN (NIP)

The goal of the National Infrastructure Plan 2050 (NIP 2050) is to create a foundation for achieving the National Development Plan's (NDP) vision of inclusive growth. Prepared by Infrastructure South Africa (ISA), the NIP 2050 offers a strategic vision and plan that link top NDP objectives to actionable steps and intermediate outcomes. Its purpose is to promote dynamism in infrastructure delivery, address institutional blockages and weaknesses that hinder success over the longer term, as well as guide the way towards building stronger institutions that can deliver on NDP aspirations. The NIP 2050 identifies the most critical actions needed for sustained improvement in public infrastructure delivery. The NIP 2050 will have impact in the short term, but with longer-term imperatives also in view.

The NIP 2050 has been prepared in two phases, distinguishing between large bulk investments that offer the foundation and 'distributed infrastructure' that link more closely to businesses and communities.

The NIP 2050 Phase 1 was approved by Cabinet in March 2022 and focused on bulk infrastructure related to energy, water, freight transport, water and telecommunications. The NIP 2050 Phase 1 also attended to strengthening institutional capabilities for delivery and for infrastructure finance, building an Africa regional infrastructure agenda, revitalising the civil construction sector, and monitoring an evaluation.

The NIP 2050 Phase 2 focuses on 'distributed infrastructure'. It is organised into two main sections. The first section offers insight into six infrastructure areas, namely human settlements; municipal electricity, water and sanitation, and solid waste; passenger transport; road infrastructure; education infrastructure; and health infrastructure. There are then three cross-cutting sections focused on digital infrastructure, crime and corruption, and governance of distributed infrastructure delivery. With an eye to long-term success, there is significant emphasis on near-term course correction. To this end, the NIP 2050 outlines the changes and augmentation to government's Strategic Integrated Projects (SIPs) that are relevant to the four sectors, as well as three-year action plans.

The NIP 2050 gives guidance on themes common to the four sectors, with significant emphases in building capacity in the following: Knowledge and innovation services; Public-private cooperation and stimulation of competition; Spatial transformation; Blended project finance; Executive management and technical capability within the state and its entities; Economic regulation; Industrial development and localisation; Efficient modes of delivery; A safe, secure and ethical environment for public infrastructure delivery; Delivery of an Africa regional infrastructure programme; and South African civil construction and supplier industries.

With regard to Health Infrastructure the NIP 2050 states the following:

Features of health infrastructure by 2050

Health infrastructure will support the delivery of high-quality accessible healthcare, leading to life expectancy of at least 70 years for men and women, as envisaged in the NDP. Health infrastructure will be flexible, adaptable, resilient and responsive to changing requirements over time. Facilities will be safe, secure and clean, with water, sanitation, electricity and required equipment.

How it will be done

- Everyone will have access to quality health facilities supportive of globally competitive health outcomes.
- All health facilities will operate at acceptable standards suited to equitable quality service delivery.
- Health infrastructure will be financially sustainable.
- There will be robust partnerships and alliances between the state and private actors.
- Existing health infrastructure will be rehabilitated and maintained.
- Health planning capacity will be proactive, robust and responsive.
- Decision-making will be accountable and institutions effective.

3.2 PROVINCIAL GOVERNMENT

3.2.1 PROVINCIAL STRATEGIC PLAN 2019-2024

The Provincial Strategic Plan 2019-2024 sets out the provincial medium-term budget policy priorities of the WCG, which are aligned with the NDP and its' implementation plan. The Provincial Government is thus committed to building a values-based competent State that enables opportunity and promotes responsibility in a safer Western Cape and has identified the following five vision inspired priorities (VIPs) as depicted in the figure below.



Figure 4: WCG Vision Inspired Priorities

VIP 3 speaks specifically to the mandate of the Department as it seeks to ensure a meaningful and dignified life for residents of the Province. Achieving this impact is heavily reliant on the collective efforts of the “whole of society” (WoSA), being able to collaborate effectively with a broad range of stakeholders is key to success for this VIP. Of particular relevance to the Department are the ‘Children and families’ and the ‘Health and wellness’ focus areas of the priority. The Department is thus committed to the outcomes identified in these two focus areas and has aligned its strategic plan accordingly. In addition to VIP 3 where WCGHW takes a lead, social infrastructure provision and safe access plays a critical role in society. Described as the glue that holds a community together, social infrastructure is the interdependent mix of facilities, open spaces, services, and programmes that collectively enhance the quality of life and human well-being within communities. It is a combination of health and education facilities, recreational facilities such as sporting, art, and cultural facilities, and safe green open spaces that, when well-managed and optimally used, support the attainment of sustainable human settlements. Paragraph 3.3.10 below specifically deals with the infrastructure aspect and relation to all the VIPs.

3.2.2 ONECAPE2040 (2012)

OneCape2040 is an economic vision and strategy process for the Western Cape. It is a plan for society instead of only one organisation, and it is rooted in collaboration based on a common vision and a shared agenda. It aims to ensure an integrated approach to economic development and job creation that seeks to set a common direction to guide planning and action, and to promote a common commitment and accountability to sustained long-term progress for all three spheres of government and the private sector.

3.2.3 WESTERN CAPE PSDF (2014)

The 2014 PSDF directs strategy for spatial transformation and identifies three distinct priority regions in the Western Cape which are responsible for driving considerable economic growth and development, linked to urbanisation trends.

By progressively improving the functionality and liveability of existing settlements, changing how new settlements are located and designed, improving the availability, quality, and sustainability of transport options, and rehabilitating and protecting environmental resources, this priority seeks to ensure that, regardless of where people live or work, they can live lives that they value.

An amended version of Chapter 4 of the 2014 PSDF was published in November 2020, the aim of which is to provide a clear indication of how the provincial spatial development agenda set out in the PSDF will be implemented going forward, building on progress that has been made, and shifting emphasis where needed.

A full review of the PSDF is due by 2026 in terms of the Western Cape Land Use Planning Act (No. 3 of 2014). This corresponds to ten years after the commencement of this Act in all municipalities in the Western Cape. By this time a holistic gap analysis of the PSDF would have been performed and addressed, and the 2022 census data will be used for a more robust assessment of the evolving provincial context.

3.2.4 WoSA

The WCG is committed to improving people's lives and has opted to move from a "whole of government" approach to a WoSA. The WoSA approach is built on partnerships with citizens, civil society, business, and other spheres of government in the Province and beyond. For example, during 2022 WCGH opened an Adolescent Centre of Excellence under Groote Schuur Hospital which provides a full range of social, psychological, psychiatric, and endocrine / physical needs for, amongst others, adolescents suffering from mental health pressures due to substance abuse. Dealing with substance abuse requires an intensive effort from the whole of society to effectively manage and treat the impacts thereof on mental and physical health.

WCGHW will continue to play a key co-ordinating role in the transversal support for WoSA. There is important progress that has been achieved by collaborative efforts between Departments and Local Government in the four learning sites (i.e., Saldanha, Drakenstein, Manenberg / Hanover Park and Khayelitsha) in rapidly appraising the challenges in these areas.

The WCGHW further recognises that planning integration between different spheres of government is critical and therefore planning of future health facilities and services are undertaken through regular engagement and consultation with, inter alia, the various municipalities, relevant provincial departments, including in particular WCGEADP, WCG Education, WCG Human Settlements (WCGHS) and WCGTPW, as well as private developers and communities where relevant. This also underpins the WCGHW approach in terms of infrastructure planning.

3.2.5 WESTERN CAPE INFRASTRUCTURE FRAMEWORK (WCIF)

The initial WCIF of May 2014 is in the process of being updated, with draft Version 2 dated January 2023 and titled 2050 Western Cape Infrastructure Framework having recently been circulated for comment. Version 3 is planned to be released at the end of April 2023. The WCIF is prepared in consultation with the office of the Premier, Cabinet, provincial departments and other stakeholders.

The 2050 WCIF will serve as the WCG's strategic and operating framework for infrastructure in the Western Cape. It is made up of the following components:

- PART 1: Infrastructure Vision and Strategy
- PART 2: Infrastructure Operating Model
- PART 3: Infrastructure Guidelines
- PART 4: Infrastructure Project Framework

The 2050 WCIF provides the policy and strategic direction for the province as part of a whole of government approach. At the same time, it will inform the work of the soon to be established Department of Infrastructure, which will assist in enabling all infrastructure programmes to be considered and aligned to ensure the greatest impact. The department will be created through the merger of the WCGHS and specific components of the WCGTPW and be responsible for infrastructure investment strategies and frameworks, as well as aspects of infrastructure delivery.

3.2.6 JOINT DISTRICT APPROACH

The main delivery mechanism of integrated service delivery as per VIP 4 is the Joint District Approach. In the Western Cape, this approach implements national government's District Development Model. The Joint District Approach is a geographical and team-based, citizen-focused approach to provide integrated government services through a strengthened WCG and Local Government interface. It is characterised by a geographical footprint with a single implementation/support plan per municipality / district and appropriate levels of coordination by provincial district interface teams. The approach makes provision for a series of integrated engagements to improve co-planning, co-budgeting and co-implementation.

Each district will have an established district interface team, represented by each local municipality in that district, the district municipality itself, all provincial departments, and relevant national departments. Accountability in terms of improved delivery will be reflected in the integrated work plan as well as the implementation plan of that District.

3.2.7 LIVING CAPE: A HUMAN SETTLEMENTS FRAMEWORK

The Framework seeks to improve human settlement integration, delivery and address governance barriers over time. It presents different ways to address human settlement development. Given the complexity and involvedness of integrated sustainable human settlement development, it is evident that the provision of human settlements does not only reside with a single department but collective commitment and support of a range of stakeholders that must embrace a multi-sectoral approach.

The quality of human settlements depends not only on the quality of housing and basic services, but also on both the range and quality of social and economic facilities available. It also depends on the extent to which households and communities are close to the broader social and economic opportunities of the particular urban node where the settlement is located, and households and communities have access to these opportunities. A well-functioning human settlements development sector therefore relies on a complex interplay of market forces, private sector firms, private and public investment, governmental roles and regulations, financing and facilitative interventions, as well as the inputs and responsibilities of households themselves. WCGHW is in full support of finding the correct site for new/replacement facilities to endorse these principles.

3.2.8 WESTERN CAPE RECOVERY PLAN

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

3.3 WESTERN CAPE GOVERNMENT HEALTH

The Departmental policies and strategies of WCGHW are as reflected below.

3.3.1 WCGH STRATEGIC PLAN 2020-2025

The WCGH Strategic Plan reflects the overall impact statement for the next five years as follows:

In 2025 Western Cape residents will live a longer and healthier life than they did in 2019.

WCGH aligns to MTSF Priority 3, namely: Education, skills and health.

The Department has identified the following four outcomes for the five-year strategic period:

- Outcome 1: A provincial health system that by design supports wellness;
- Outcome 2: Children have the health resilience to flourish;
- Outcome 3: People with long-term conditions are well managed; and
- Outcome 4: A high-performance provincial health system for people.

3.3.2 UHC STRATEGY 2020-2025

In line with the Political Declaration of the UN High-Level Meeting on UHC, NDP and MTSF (refer paragraph 2.4.1.2), the Department's UHC Strategy 2020/25 invests in the development of four core capabilities of the provincial health system. The enhancement of the system's service delivery capability, its governance capability, its workforce capability and its learning capability, is essential if the Department is to progressively realise the right to health care for all residents of the Province, as the Constitution mandates. The Department cannot achieve this on its own, it requires the efforts of the 'whole of government' and beyond, thus the Department has embraced WoSA. This approach calls for collaborative action across all spheres of government and all sectors, guided by a shared purpose to impact meaningfully on the lives of the people living in the Province. The Langeberg Municipality Fire Department's recent provision and installation of an alarm and fire detection equipment at Montagu Hospital is a good example of such collaboration.

The renewed commitment to the ideals of Healthcare 2030, for the next five years, reaffirms the need to place people at the heart of the health system. The Department further grounds its actions, particularly for the service capability area, in the COPC approach. Both this approach and WoSA necessitate the redefining of key health actor relationships, consequently UHC 2020/25 has become a living strategy, evolving as we adapt and learn, building trusting collaborative relationships as we 'do' together. Current emerging priorities of the Strategy includes the redesign of the care continuum focusing on the PHC and general specialist services; the institutionalisation of collaborative governance; becoming a learning organisation, leveraging maximally off technology; and building a capable workforce with the competence necessary for a high quality, high performance health system that is resilient, can learn and is ultimately for people.

3.3.3 WCGH HEALTHCARE 2030 – THE ROAD TO WELLNESS

Healthcare 2030 was endorsed by the Provincial Cabinet of the WCG in 2014, signalling the third wave of health care reform in the Province since 1994. The document outlines the Department's vision for the health system and provides a strategic framework to direct developments in the public health sector up to the year 2030. Healthcare 2030 is intended to enhance the health systems responsiveness to people's needs and expectations; with careful consideration given to person-centredness, integrated care provisioning, continuity of care and the life course approach, and ultimately achieve Universal Health Coverage (UHC). Healthcare 2030 is aligned to the NDP – see Figure 5.

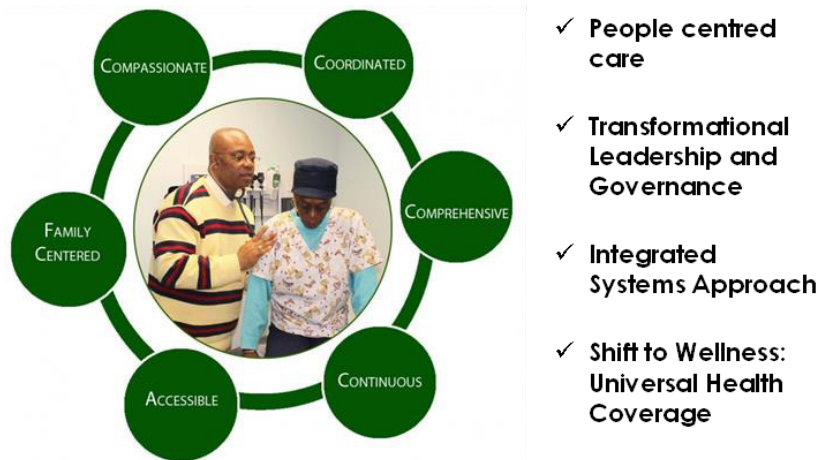


Figure 5: Healthcare 2030 alignment to NDP

3.3.4 BUILDING FORWARD FROM COVID-19 – RESURGENCE, RECOVERY AND RESET STRATEGY⁸

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

3.3.5 HEALTH IS EVERYBODY'S BUSINESS: A FRAMEWORK FOR ACTION OVER THE 2022 MTEF⁹

This framework aims to present WCGHW's longer-term aspirations for the provincial health system and maps a course of action over the 2022 MTEF to ensure sustainable recovery from the pandemic. As the Department takes steps to manage ensuing waves of COVID-19; and recover from the human, social and economic effects of the pandemic it is important to remain mindful of the fact that today's shape the future. This framework serves as a means to share our aspirations for the health system and the role the Department can play in creating a healthier Province.

3.3.6 EXPLANATION OF PLANNED PERFORMANCE LEADING TO 2030

In seeking to ensure that Western Cape residents live longer and are healthier by 2025, the Department has identified four core outcomes as detailed below; in line with the service and system priorities until 2030. The service priorities focus on drives of the disease burden for children and residents with a long-term health condition. While the system priorities focus on the redesign of the PHC services to support wellness and then in preparing for UHC, the focus is on enhancing technical efficiencies, ensuring a capable workforce and improved access to care. Figure 6

⁸ WCGH Annual Performance Plan 2022/23

⁹ WCGH Annual Performance Plan 2022/23

illustrates how the Department's plans align with NDoH identified MTSF impacts and outcomes, captured in green note and the Province in blue.

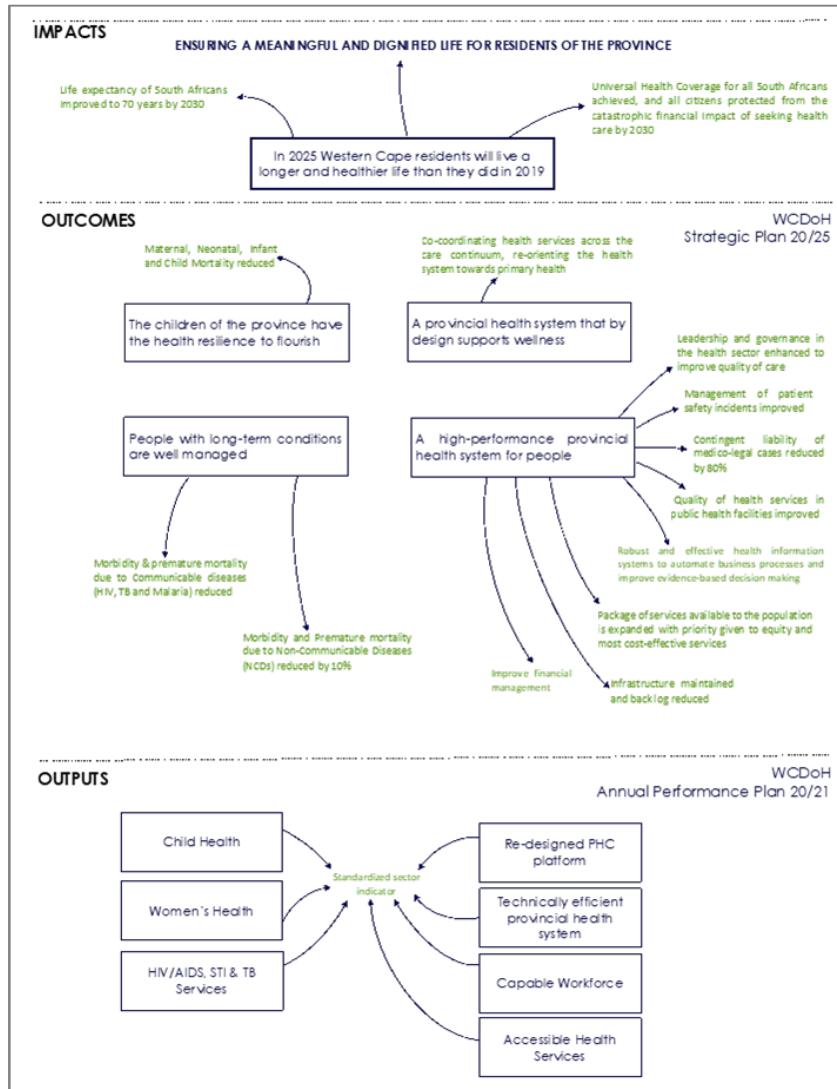


Figure 6: Mapping the journey to a healthier Western Cape and ultimately a healthier South Africa in 2025

3.3.7 SERVICE TRANSFORMATION

Service Design

WCGHW recognises that the needs of the health system require the Department to redesign the health service delivery model, as well as the way it conducts business. This ranges from what happens within a facility, between facilities across the platform as well as between the Department and other role players such as communities, Non-profit Organisations (NPOs) and other departments and spheres of government.

The Department also implemented cutting edge technology which allows patients' details to be available at any WCGHW facility-allowing medical professionals to track their adherence to treatment. They have done this while maintaining the country's highest life expectancy and providing services to 19 million people.

The COVID-19 pandemic is of specific significance. Although a disastrous pandemic, which has had an immense and negative impact on the country and directly impacted on the infrastructure planning and delivery environment. The pandemic has taught the WCGHW many lessons, alluded to in paragraph 3.3.1. The Department has commenced with a review, called the 'PHC of the 21st Century'. This process assesses how the innovative systems, implemented by the service in response to the pandemic, impacts design layout of PHC projects. Lessons learnt will impact the future delivery of infrastructure in a positive way.

COPC

COPC is a service delivery model where healthcare workers physically go into communities and households, extending the network of healthcare into patient's homes and often link citizens to other parts of government services. The aim is to strengthen the interconnectedness between home and community-based care, primary care facilities and intermediate care services within a defined geographic area, with the singular purpose of improving health outcomes. This requires planned integration of primary care practice and public health. COPC furthermore focuses on promotion and prevention of disease; and supports prioritisation of needs and equitable distribution of resources.

The Department has rolled out COPC at 20 learning sites and is actively working at rolling it out across the entire Province. In Rural Districts, wellness professional nurses were appointed at 15 sites with the view of testing and developing different strategies and models which will culminate in a COPC package of care.

COPC has huge potential to reconfigure the role of the community health worker and is envisaged to deliver a more comprehensive service to the communities of the Western Cape.

The following are early learnings from COPC implementation:

- There is the need for a clear change management process;
- The need for clarity of the strategic intent and its alignment to strategic policy imperatives (WoSA, UHC);
- The need to allow for flexibility of local content within clearly defined parameters;

- The need to align existing service delivery models and processes towards collaborative service delivery models;
- The need to redefine the roles of Community Health Workers within the context of interdisciplinary PHC teams; and
- The need to reflect on meaningful community engagement and ownership.

This requires the galvanising of all role players within the health sector and between the health sector and other sectors towards a common purpose. This is giving effect to the true spirit of the Alma Ata definition of PHC in 1978. Managing the multiple interfaces and integrated data systems across the platform are key enablers. Good practice lessons from similar approaches by Accountable Care Organisations in other countries such as the USA and UK, as outlined by the WHO, will be studied and adapted to the local circumstances.

3.3.8 GOOD GOVERNANCE

This output aims to improve the maturity levels or standards attained by WCGHW for Corporate Governance, Service Excellence, ICT Governance, Infrastructure delivery and Financial Governance and Systems. The success of this work is measured in the outcomes of the annual audit undertaken by the Auditor-General South Africa. This output aims to improve the maturity levels or standards attained for each aspect of stakeholder governance. The success of this work is measured to some extent in the outcomes of the annual audit of the Auditor-General South Africa. In addition, the intermediate impact is to ensure that the Department is functional and underpinned by good governance with the ultimate impact of integrated, sustainable and equitable service delivery.

The Department has achieved an unqualified audit for 15 years, with 4 consecutive years of a clean people management and financial management audit, which is a great achievement, especially in the light of the fact that audit intensity has increased, as well as the regulatory environment having intensified.

3.3.9 OBJECTIVE OF THE WCGHW INFRASTRUCTURE PROGRAMME AND THE 5LS AGENDA

Aligning itself closely with Healthcare 2030 and WCGH's Strategic Plan 2020-2025, the primary objective of the infrastructure programme, i.e., Programme 8 (Health Facilities Management), is to promote and advance the health and well-being of health facility users in the Province in a sustainable responsible manner, whereby infrastructure is planned, delivered, operated and maintained with an increased focus on resilient infrastructure whilst ensuring sustainability of both the infrastructure itself as well as that of the environment. This objective, the Strategic Plan emphasises, is being met through what is termed the 5Ls Agenda¹⁰:

- Long life – sustainability and resilience in the built environment;
- Loose fit – facility design allowing flexibility, expandability and adaptability;

¹⁰ Sir Alex Gordon RIBA President coined the 3Ls Agenda – Low Energy, Loose Fit, and Long Life – in 1971

- Low impact – reduction of the carbon footprint by introducing Green Building principles, particularly in terms of energy and water, materials, land use and ecology, indoor environmental quality, transport and emissions;
- Luminous healing space, patient and staff friendly environment; and
- Lean design and construction – integration of design and construction to reduce wastage and improve efficiency and effectiveness.

3.3.10 RESPONSIVENESS OF WCGHW INFRASTRUCTURE PROGRAMME TO VIPs

The responsiveness of the infrastructure programme (Health Facilities Management) to the VIPs described in 3.2.1 above, are summarised as follows:

- **VIP 1: Safe and cohesive communities**

The overarching aim of VIP 1 is to ensure the Western Cape is a place where residents and visitors feel safe. The contribution of the infrastructure programme towards the focus area of social cohesion and safer public spaces are the following:

- Ensuring adherence to the Occupational Health and Safety Act at all health facilities to ensure a healthy and safe workforce;
- Improved infrastructure safety measures to existing and new facilities;
- Policy direction in terms of safety measure to be implemented at facilities; and
- EMS response time in the Cape Metropolitan area where we can make these red zones safer.

- **VIP 2: Growth and jobs**

The focus areas of infrastructure development, skills development and resource resilience are being addressed by:

- Opportunities for growth and jobs are continually created through the delivery of provincial health infrastructure projects;
- The Expanded Public Works Programme, also referred to as EPWP, is utilised to create jobs based on Departmental service delivery needs, internship, skills development and work opportunities linked to formal accredited training programmes and the issuing of bursaries for scarce skills;
- Achieving provincial procurement targets; and
- Participating in “reaping the urban dividend” as defined in the Living Cape: A Human Settlements Framework, WCGHS, 2019, in maximising value by ensuring concentration of WCGHW facilities with that of other Public and Private facilities.

- **VIP 3: Empowering people**

Refer to paragraph 3.2.1 for detailed involvement as lead Department, however, specific examples are:

- Western Cape on Wellness (also referred to as WoW!) is a healthy lifestyles partnership initiative of the WCG that aims to enable people to make healthy lifestyle choices throughout their lives.

- **VIP 4: Mobility and spatial transformation**

The focus areas of better linkages between places, inclusive places of opportunities and improving places where people live are being addressed by:

- An integrated approach to planning (Metro and Rural), including enhanced joint planning, coordination and delivery between provincial departments, municipalities, national government, and other key stakeholders;
- Provision of different community services in a shared services environment; and
- Provision of accessible and optimally functioning health facilities.

- **VIP 5: Innovation and culture**

The focus areas of citizen-centric culture, innovation for impact, integrated service delivery, governance transformation and talent and staff development are being addressed by:

- User friendly health facilities located in the most accessible places and geared towards benefitting the most vulnerable in our communities;
- Responsiveness to the COVID-19 pandemic demonstrated the innovation and leading role of WCGHW within South Africa;
- Responsiveness to climate change through the provision of greener facilities;
- Sustainable and integrated urban and rural settlements and finding ways to deal with cross municipal boundary settlement growth, such as De Novo;
- Reducing the carbon footprint and overall environmental impact; focusing on health care risk waste, energy efficiency, water efficiency, and medical gases respectively;
- Integration of service delivery is specifically evident in the following two projects namely:
 - Weltevreden CDC where the Department shares its site with the South African Police Services; and
 - Vredenburg CDC where the Department forms part of a precinct development.
- The implementation of the Department's Macro Structure in March 2021 concluded the Management Efficiency and Alignment Project (MEAP) process. Flowing from this, the Micro Design Process was embarked on to align the Department at the next levels.

3.3.11 STRATEGIC ICT PLAN 2020-2025

Issued in August 2021, the WCGH's 5-year Strategic ICT Plan presents the direction to guide future activities and investments in technology across WCGHW and sets principles to guide the design and development of digital health capabilities to support the delivery of safe and high-quality person-centred care.

3.3.12 WESTERN CAPE POLICY ON TRANSITIONAL CARE

This policy, which was implemented departmentally on 6 September 2022, outlines the concepts, principles and consideration for the implementation of transitional care across the life course of the people living in the Western Cape province. This serves as a guide for service delivery implementation and summarises the situation in terms of infrastructure maintenance responsibilities.

3.4 IMMOVABLE ASSET MANAGEMENT STRATEGY

Health care infrastructure should be conducive to the healing process, while at the same time, remaining sustainable, flexible, energy efficient and affordable within financial and environmental constraints. In synergy with the model of care, WCGHW must ensure the delivery of the appropriate type of facilities which provide the correct health services and offer the correct design quality, in the correct location. To achieve this, WCGHW works within a Strategic Framework which incorporates the principles as described in the WCGH 2020-2025 Strategic Plan, 2022/23 Annual Performance Plan (APP), and the Service Delivery Agreement (SDA) annually entered into between WCGHW and WCGTPW or, upon agreement, automatically extended.

To date, WCGTPW has managed the delivery of the Capital programme, and what is currently referred to as the Scheduled Maintenance Programme. However, going forward, most of the projects previously included in the Scheduled Maintenance Programme will be undertaken as part of the Capital programme as these are more capital than maintenance in nature. In addition, this will alleviate difficulties experienced by WCGTPW with procurement and implementation of projects undertaken as part of the Scheduled Maintenance Programme and the reporting anomalies for WCGHW – specifically with respect to being able to accurately differentiate between capital and maintenance expenditure on health facilities in the Province. Accordingly, and in alignment with the then SIPDM and the National Immovable Asset Maintenance Management (NIAMM) Standard for Immovable Assets under the Custodianship of National and Provincial Departments of Works, the WCGHW CD: FIM initiated a process of reviewing its current infrastructure programme classification. It is noteworthy that some of the work classified under Capital work is reducing the maintenance backlog and these projects will have to be reflected under maintenance work to ascertain the backlog and also indicate the total commitment towards maintenance. This process is currently underway, and the following will apply:

- Capital expenditure will be defined as per that in the NIAMM Standard, namely: “Expenditure used to create new assets, increase the capacity of existing assets beyond their original design capacity or service potential, or to return the service potential of the asset or expected useful life of the asset to that which it had originally. Capital Expenditure increases the value of capital asset stock”.

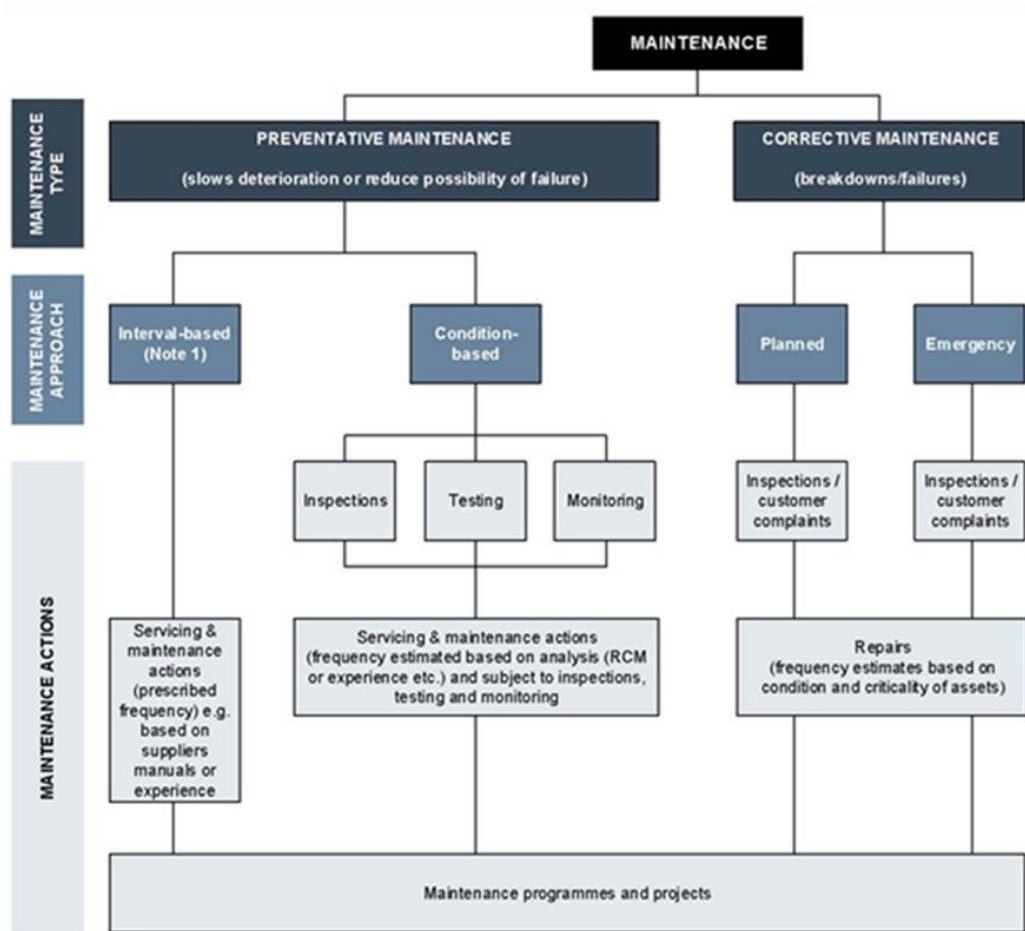
Accordingly, in line with NT prescripts, Capital infrastructure projects are limited to the following three categories:

- New or Replaced infrastructure assets, i.e., "Expenditure used to create new assets", as above;
 - Upgrade and Additions, i.e., "Expenditure used to increase the capacity of existing assets beyond their original design capacity or service potential", as above; and
 - Renovations, Rehabilitation or Refurbishments (R, R & R) – also known as renewals, i.e., "Expenditure used to return the service potential of the asset or expected useful life of the asset to that which it had originally, as above.
- The Scheduled Maintenance project list for WCGTPW will be phased out incrementally and the government structures in terms of reporting will be rationalised and streamlined going forward. The funding source for all WCGTPW projects in 2023/24 will be Provincial Equitable Share (PES): Infrastructure, PES: Tygerberg and Health Facility Revitalisation Grant (HFRG).
 - The maintenance programme will fall under the single NT category of "Maintenance and Repairs" and will be classified as current expenditure – this will include the maintenance currently classified as Routine, Day-to-day and Emergency.
 - Maintenance definitions will similarly align to the NIAMM and will be as follows:
 - **Maintenance:** All actions intended to ensure that an asset performs a required function to a specific performance standard(s) over its expected useful life by keeping it in as near as practicable to its original condition, including regular recurring activities to keep the asset operating, but specifically excluding renewal.
 - **Maintenance expenditure:** Recurrent expenditure as required to ensure that the asset achieves its intended useful life. Maintenance is funded through the entity's operating budget, and such expenditure is expensed in the entity's Statement of Financial Performance.
 - **Corrective Maintenance:** Maintenance carried out after a failure has occurred and intended to restore an item to a state in which it can perform its required function. Corrective maintenance can be planned or unplanned.
 - **Deferred Maintenance:** The portion of planned maintenance work necessary to maintain the service potential of an asset that has not been undertaken in the period in which such work was scheduled to be undertaken.
 - **Preventative Maintenance:** Maintenance carried out at pre-determined intervals, or corresponding to prescribed criteria, and intended to reduce the probability of failure or the performance degradation of an item. Preventative Maintenance is planned or carried out on opportunity.
 - All maintenance classifications will be revised to align with the NIAMM as reflected in Figure 7 below.

- The WCGHW implemented maintenance will be in alignment with the Hub and Spoke Maintenance Delivery Model – phased implementation will continue in 2023/24 – and, accordingly, will be classified as follows:
 - **Category 1:** Maintenance services that require basic technical skills to be provided on a full-time basis at Health Facilities. None of the services listed as Category 1, will be outsourced. The tasks can be performed by a Handyman or Artisan.
 - **Category 2:** Maintenance that require higher level technical skills. It requires officially trained skills, experience with and frequently making use of specialised equipment.
 - **Category 3:** Maintenance that require professional engineering and artisan expertise, experience with and frequently making use of specialised equipment.
- Specific maintenance responsibility within WCGHW will be as follows:
 - By the WCGHW facilities themselves (Category 1 maintenance only) – except for Central Hospitals, which are excluded from the Maintenance Hub and which are entitled to implement some maintenance.
 - By the WCGHW workshops, managed by the Directorate: Engineering and Technical Services (Categories 2 and 3).
 - Outsourced, under the management of the Directorate: Engineering and Technical Services (Categories 2 and 3) and by WCGTPW under the category R, R & R. This work will be confirmed with Scopes of Work based on Facility Condition Assessments (FCAs) and other source documents.

Whilst WCGHW has already begun the above process, the implementation will be gradual. The following documents have been issued or are in the process of being drafted to assist in guiding the implementation process:

- Circular H207/2020: Emergency Maintenance Protocol issued 30 November 2020;
- Circular 164/2022: Submission Guideline 2023/24 for Day-to-day Maintenance issued in November 2022; and
- Draft Implementation Guidelines for Health Infrastructure Asset Care (Renewal and Maintenance Projects) – to be issued during 2023/24.



Note 1 (Interval-based preventative maintenance):

Normally referred to as "time-based" preventative maintenance, but could also be based on number of machine hours, number of outages, machine start-and-stop events etc. indicating that maintenance is required to prevent corrective maintenance and keep the asset in working condition.

Figure 7: National Immovable Asset Maintenance Management Standard

3.4.1 INFRASTRUCTURE PROGRAMME DESCRIPTION

The Infrastructure Programme of WCGHW is managed under two separate programmes as described below¹¹.

3.4.1.1 PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

The purpose of Programme 8 – as described in the Department's APP – is the “provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities, including health technology”, see table below. Infrastructure projects are implemented by WCGTPW as WCGHW's IA (in line with Provincial Treasury Instruction 16B). It should, however, be noted that Day-to-day Maintenance and Routine Maintenance are implemented by WCGHW and funded out of Programme 8.

Budget Programme	SP No	Sub-programme	Purpose
Programme 8: Health Facilities Management	8.1	Community Health Facilities	Planning, design, construction, upgrading, refurbishment, additions and maintenance of community health centres, community day centres, and clinics
	8.2	Emergency Medical Rescue Services	Planning, design, construction, upgrading, refurbishment, additions, and maintenance of emergency medical services facilities
	8.3	District Hospital Services	Planning, design, construction, upgrading, refurbishment, additions, and maintenance of district hospitals
	8.4	Provincial Hospital Services	Planning, design, construction, upgrading, refurbishment, additions, and maintenance of provincial hospitals
	8.5	Central Hospital Services	Planning, design, construction, upgrading, refurbishment, additions, and maintenance of central hospitals
	8.6	Other Facilities	Planning, design, construction, upgrading, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities

Table 3: WCGHW Programme 8: Health Facilities Management

As stated earlier, CD: FIM is continuing with the implementation of the IDMS. Linked to this is the capacitation of the Chief Directorate. However, the recruitment, selection and retention of suitably qualified and experienced technical staff remains a challenge. Within this context, the following infrastructure priorities have been identified for the 2023 MTEF:

- PHC facilities.
- Acute Psychiatric Units at hospitals.
- Extensions and upgrades to various hospitals.
- Maintenance.
- Reduce the health infrastructure carbon footprint.

¹¹ In addition, CD: FIM also ensures the provision of office accommodation for head office, districts, and sub-districts, as well as the acquisition of sites and the accommodation leases-in and leases-out (through WCGTPW's Provincial Property Management).

In addition, the following new / replacement mega projects have been prioritised:

- Tygerberg Central Hospital – replacement hospital in Parow, which will unlock the service delivery for the Helderberg, Khayelitsha and Karl Bremer ecosystems;
- Belhar Regional Hospital – new regional hospital in Belhar, which will strengthen the more extensive Metro East ecosystem; and
- Klipfontein Regional Hospital – new regional hospital in Manenberg, which will strengthen the more extensive Metro West ecosystem.

3.4.1.2 SUB-PROGRAMME 7.2: ENGINEERING SERVICES

The purpose of Sub-programme 7.2 – as described in the APP – is “Rendering Routine, Day-to-day and Emergency Maintenance service to buildings, engineering installations and health technology”.

The Directorate: Engineering and Technical Services is responsible for managing Sub-programme 7.2 although some work is funded out of Programme 8. The Metro East and Metro West District Hubs (located at Lenteguur Hospital and in Zwaanswyk respectively) and the Bellville Engineering Workshop located at Karl Bremer Hospital, (officially to become the Provincial Hub in terms of the Hub and Spoke Maintenance model), assist the hospital workshops and all health facilities. These central workshops provide expertise and engineering support for maintenance work that is beyond the capability of the technical staff based at institutions other than the central and tertiary hospitals, which have dedicated workshops on site.

As is noted above, the purpose of Sub-programme 7.2 is also to render maintenance to medical equipment. With the implementation of the *Infrastructure Delivery Management System Capacitation Framework*, effective from 01 October 2012, the budget responsibility for this work resides with the Directorate: Health Technology, through the Goodwood Clinical Engineering Workshop. This is a dedicated clinical engineering workshop that specialises in the maintenance of medical equipment. This workshop is responsible for Routine Maintenance, repair and calibration of all types of medical equipment used in district, regional, and specialised hospitals.

To improve service efficiency and better utilisation of scarce skills in the delivery of maintenance services, Maintenance Hub and Spoke Blueprints¹² for both infrastructure and clinical engineering have been prepared. Phased implementation of the Engineering Maintenance Hub and Spoke has commenced with further roll-out to Garden Route / Central Karoo, followed by Cape Winelands / Overberg and thereafter to West Coast. Implementation of the HT Hub and Spoke is underway.

Increasing utility costs, the production of greenhouse gasses and the general need to reduce the carbon footprint of WCGHW health facilities are major challenges currently being faced by the Department further discussed in paragraph 6.7.

¹² Blueprint: Organisation and Establishment for the Provisioning of Day-to-day, Routine and Emergency Building Maintenance Services and the Blueprint on the Organisation and Establishment for the Provision of Health Technology Maintenance Services by the Department of Health.

The Directorate: Facilities Management, recently formed and currently being developed, is responsible for the overall management of Occupational Health and Safety (OHS) and Health Waste Risk Management on behalf of the Department. This function is currently also funded through Sub-programme 7.2. As such, it is responsible for, *inter alia*:

- OHS Compliance;
- Effective waste management;
- Approved OHS policies and procedures; and
- Approved waste management policies and procedures.

Accordingly, the current main priorities for Sub-programme 7.2 are outlined as follows:

- Continue, within budget constraints, with the implementation of the Blueprint: Organisation and Establishment for the Provisioning of Day-to-day, Routine and Emergency Building Maintenance Services and the Blueprint on the Organisation and Establishment for the Provision of HT Maintenance Services by the Department of Health.
- Ensure compliance with the Health Risk Waste regulations and the relevant policy, which includes roll-out of environmentally friendly disposal of waste.
- Ensure fire safety compliance within delegated mandate.
- Ongoing implementation of processes to ensure a reduction in utility (water and electricity) consumption at all facilities (see paragraph 6.7).

4. ORGANISATIONAL AND SUPPORT PLAN – STRUCTURES AND SYSTEMS

4.1 LEADERSHIP AND CULTURE TRANSFORMATION

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

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

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

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

4.2 ORGANISATIONAL STRUCTURE – CHIEF DIRECTORATE: FIM

The implementation of the IDMS requires appropriate competence in each PDoH. Lack of funding has been cited by most PDoHs as the reason for delays in capacitating their infrastructure units. In order to assist PDoHs, NT has introduced financial assistance to them to enable capacitation of their infrastructure units. This has been incorporated in the DoRA and specifically, the HFRG Framework. The terms related to this provision are encapsulated in NT's *Division of Revenue Act Circular: Utilisation of funds in the Division of Revenue Act (DoRA) for the appointment of personnel in the Infrastructure Delivery and Technical Services Units of the Provincial Departments of Health*, dated 18 April 2020. The positions to be funded by means of this provision are included in the said circular. Figure 8 to Figure 14 below reflect the relevant organograms for CD: FIM as at 31 May 2022. Positions funded through the grant, and aligned with the NT Circular, are indicated in blue boxes with white text in the organograms; white boxes with blue text represent positions that are not funded through the grant in terms of the aforementioned Circular. These organograms will be aligned to the said Circular and do not reflect the executive authority approved posts for the Chief Directorate. Vacant posts are filled as and when required.

The purpose of the Chief Directorate is to provide an infrastructure, HT and facilities management service in support of departmental strategies and policies.

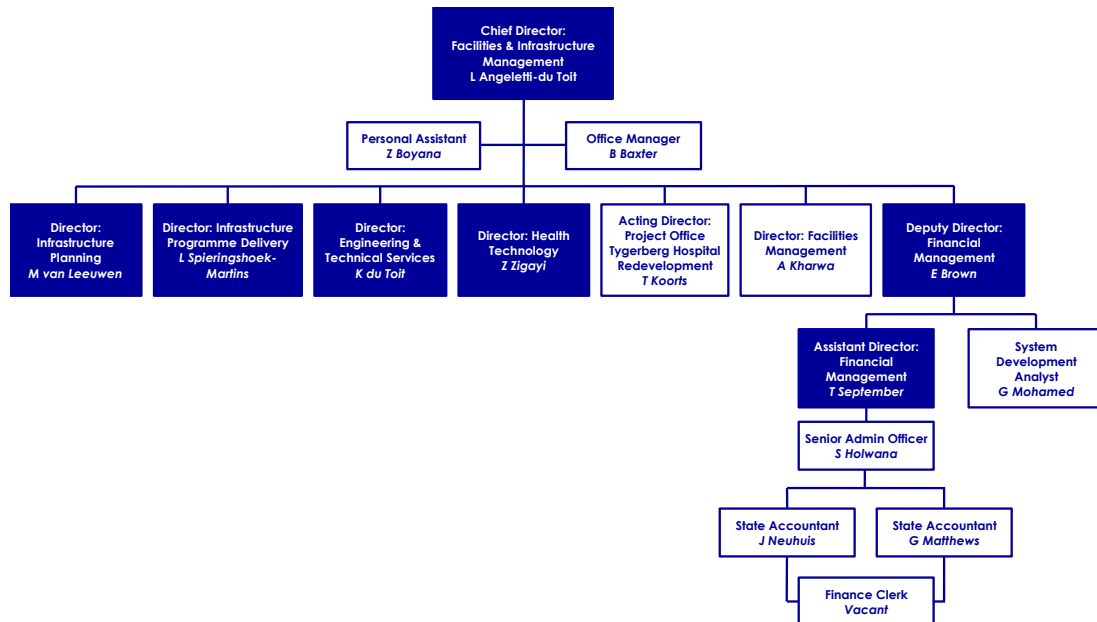


Figure 8: Organogram – Chief Directorate: FIM

Functions of CD: FIM include:

- Optimise and expand the health infrastructure portfolio via long and short term capital infrastructure and maintenance plans;
- Oversee the delivery of Capex building projects as well as building maintenance work outsourced to WCGTPW and other implementing agents;
- Provide a Departmental building maintenance plan and service; and
- Facilitate and support the optimised life cycle management of medical equipment and related devices and systems.

As reflected in the above organogram, CD: FIM is comprised of six directorates. Details of each of the directorates are provided below.

4.2.1 DIRECTORATE: INFRASTRUCTURE PLANNING

The purpose of the Directorate: Infrastructure Planning is: To develop and manage strategies, policies, systems, norms, standards, plans and Monitoring and Evaluation related to the Health Infrastructure Programme.

The organogram for this Directorate is reflected below, followed by its functions.

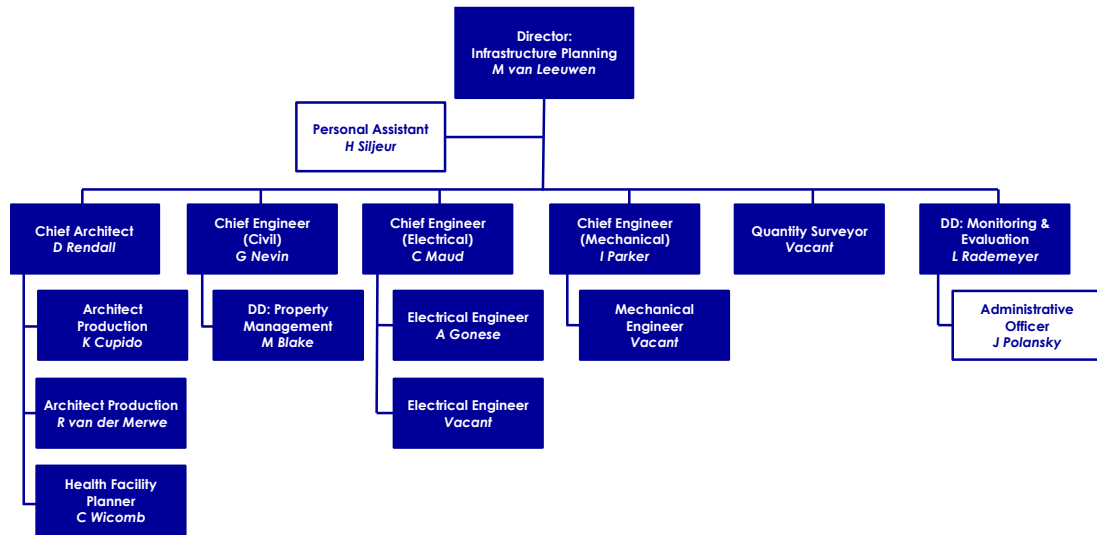


Figure 9: Organogram – Directorate: Infrastructure Planning

The functions of the Directorate: Infrastructure Planning include:

- Undertake infrastructure analysis and formulate strategies in consultation with Health Facilities;
- Review facilities utilisation, setting of service level standards for infrastructure and comprehensive planning for Health Facilities (including Nurses Colleges) to meet service norms and standards;
- Determine policies and procedures for Capital and Scheduled Maintenance Programme / projects;
- Interpret / customise, develop, approve, and regulate technical norms and standards for infrastructure;
- Interpret / customise, develop, approve and regulate technical norms and standards in consultation with WCGTPW;
- Plan for acquisition and disposal of immovable assets and provide inputs to WCGTPW;
- Develop, review and apply prioritisation model(s) for Capital and Scheduled Maintenance projects;
- Review Strategic Business Cases for infrastructure, project briefs and prioritise projects in line with prioritisation model(s) and the Comprehensive Health Service Plan;

- Infrastructure delivery planning documents, including the U-AMP, Final Capital and Scheduled Maintenance Projects Lists, Project Business Cases and Strategic Briefs;
- Undertake Post Occupancy Evaluation exercises – report and implement outcomes;
- Compile and update the U-AMP with inputs provided by the Directorate: Engineering and Technical Services;
- Provide inputs to the determination of the Medium Term, Annual, and Adjustment budgets;
- Draft infrastructure inputs for Provincial Infrastructure, Departmental Strategic Plan, APP, Comprehensive Health Service Plan and Annual Report; and
- Monitor adherence of infrastructure plans in terms of approved functional and technical norms and standards.

4.2.2 DIRECTORATE: INFRASTRUCTURE PROGRAMME DELIVERY

The purpose of the Directorate: Infrastructure Programme Delivery is: To manage the delivery of the Infrastructure Programme related to Capital and Scheduled Maintenance projects to ensure compliance with the IDMS through interaction with health facilities and monitoring and oversight of the IA (WCGTPW).

The organogram for this Directorate is reflected below, followed by its functions.

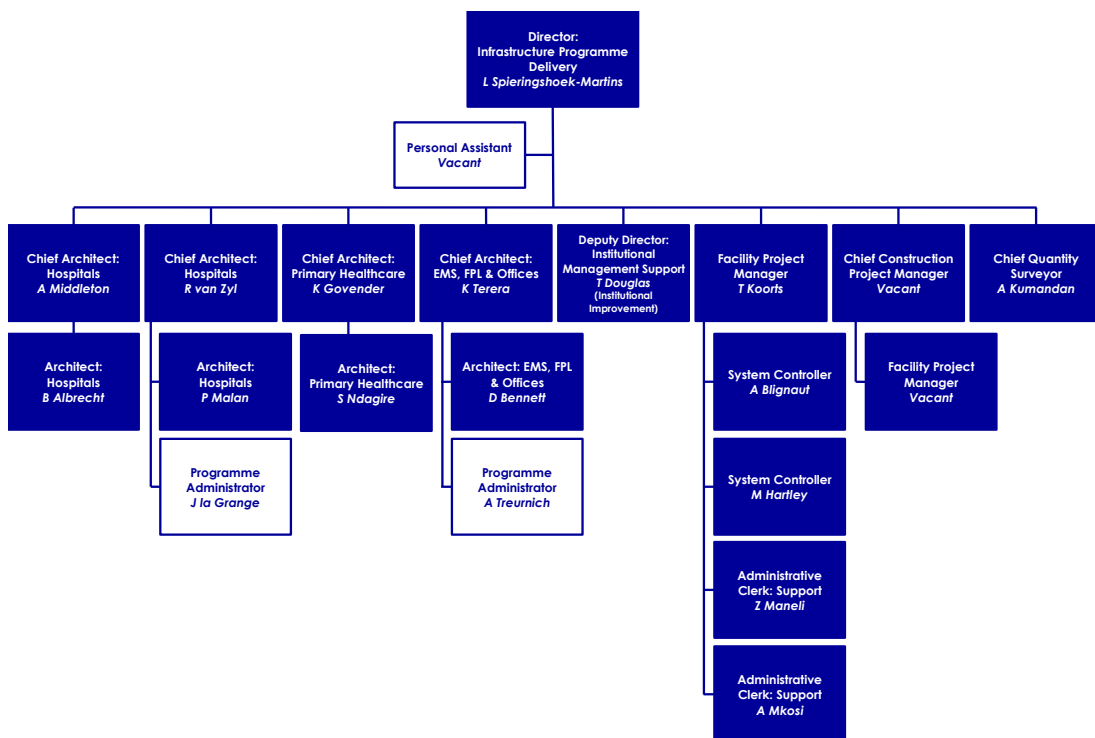


Figure 10: Organogram – Directorate: Infrastructure Programme Delivery

The functions of the Directorate: Infrastructure Programme Delivery include:

- Determine Annual, Medium and Adjustment Budgets;
- Prepare the Infrastructure Programme Management Plan (IPMP) (including Construction Procurement Strategy) based on the U-AMP and the Medium Term Expenditure Framework (MTEF), with inputs, data and information being provided by WCGTPW and the Directorate: Infrastructure Planning;
- In conjunction with the Directorate: Infrastructure Planning, prepare the Strategic Brief for each project / package of projects, which is based on structured interactions with the service component of WCGHW in order to understand the organisational requirements;
- Provide programme / project information and inputs to WCGTPW in the preparation of their Infrastructure Programme Implementation Plan (IPIP);
- Prepare the SDA in collaboration with WCGTPW;
- Review and sign-off of the IPIP, and IGS deliverables, authorise approved invoices, monitor SDA and participate in regular site visits, progress and evaluation meetings;
- Update project information on the Project Management Information System (PMIS) (also referred to as PPO) of NDoH and report in terms of the prescribed requirements of the National Health System;
- Prepare financial and performance reports as required;
- Consult and interact with User-Clients during project initiation and implementation phase;
- Implement and manage Post Occupancy Evaluation and report outcomes to Directorate: Infrastructure Planning;
- Commission new / upgraded infrastructure;
- Facilitate the improvement, institutional operational and sustainability of public health facilities;
- Facilitate leases, acquisitions, disposals, and facilities estate management with WCGTPW;
- Provide professional inputs as members of the Procurement Committees (under the auspices of WCGTPW) for all Capital and Maintenance Infrastructure projects; and
- Facilitate and coordinate the various activities associated with the Operational and Technical Commissioning of new and upgraded health facilities through its commissioning staff component.

4.2.3 DIRECTORATE: ENGINEERING AND TECHNICAL SERVICES

The purpose of the Directorate: Engineering and Technical Services is: To provide for the effective and efficient management of the maintenance of health care facilities, laundries, utilities, other infrastructure and the related technical support services that sustain an enabling environment for health care delivery in a cost-effective manner.

The organogram for this Directorate is reflected below, followed by its functions.

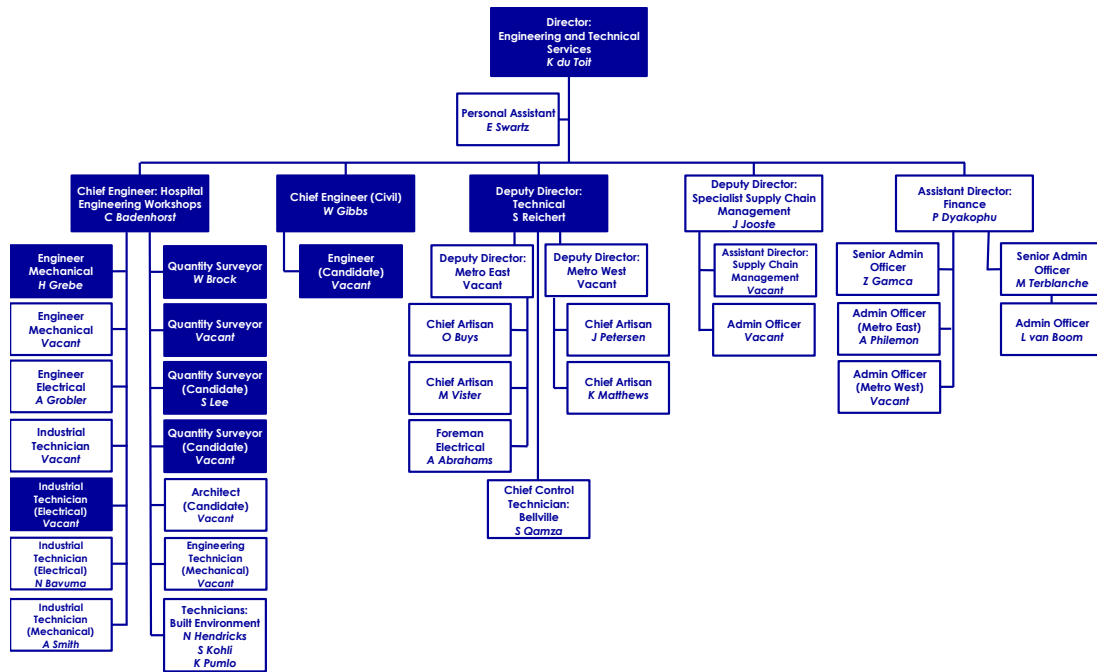


Figure 11: Organogram – Directorate: Engineering and Technical Services

The functions of Directorate: Engineering and Technical Services include:

- Determine policies, norms and procedures for Day-to-day, Routine, and Emergency Maintenance;
- Provide inputs for the preparation of the U-AMP in terms of maintenance;
- Coordinate and monitor the implementation of Day-to-day, Routine and Emergency Maintenance as implemented by workshops in line with approved policies, norms and standards, criteria and procedures based on the life cycle maintenance plans developed by WCGTPW;
- Implement the Routine Maintenance Programme;
- Monitor the utilisation of utilities, manage contracts and manage performance;
- Coordinate and monitor the management of utilities in line with the approved policies, norms and standards, criteria and procedures;

- Oversee the implementation of the provision of the Occupational Health and Safety Act and related equipment safety services; and
- Coordinate and monitor the implementation of policies, norms, standards, and criteria related to engineering equipment, infrastructure, and other support services.

4.2.4 DIRECTORATE: HT

The purpose of the Directorate: HT is: To provide for the effective and efficient procurement, use, management and maintenance of health care technology that creates an enabling environment for health care delivery in a cost-effective manner.

The organogram for this Directorate is reflected below, followed by its functions.

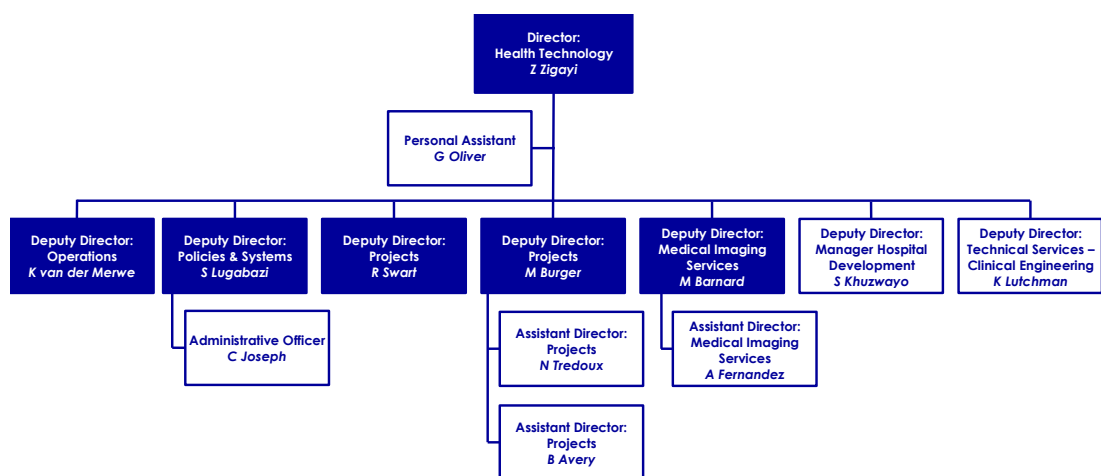


Figure 12: Organogram – Directorate: HT

The functions of the Directorate: Health Technology include:

- Develop and maintain the policy, standards and norms for HT (specifically medical equipment and medical imaging systems) and monitor implementation;
- Maintain and update the essential lists for medical equipment and medical imaging systems per service category;
- Determine the appropriate type of medical equipment and medical imaging systems (fit-for-purpose) and related specifications and oversee implementation;
- Determine the criteria applicable for the maintenance of medical equipment and medical imaging systems and oversee implementation;
- Assist with implementation of the equipment plan (PES) including acquisition and disposals, where relevant;

- Provide professional / technical inputs as members of SCM Committees for medical equipment and medical imaging systems; and
- Support capacity building in areas corresponding to the needs assessment, planning, evaluation, acquisition and life cycle management (including asset management and maintenance) of HT, especially medical equipment and medical imaging systems. Part of the HFRG is utilised for HT, with HT projects linked to capital infrastructure projects in ensuring the readiness of the health facility to implement the required service.

4.2.5 DIRECTORATE: PROJECT OFFICE TYGERBERG REDEVELOPMENT

The purpose of the Directorate: Project Office Tygerberg Redevelopment¹³ is: To provide effective and efficient management support for the Redevelopment of Tygerberg Hospital and collaborate with WCGTPW in the preparation of the SDF for the Tygerberg Hospital estate.

The organogram for this Directorate is reflected below, followed by its functions.

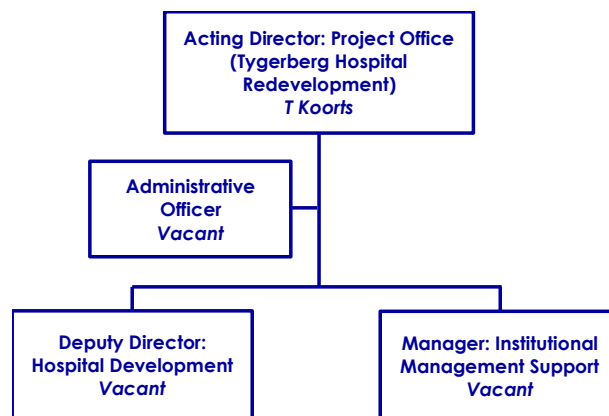


Figure 13: Organogram – Directorate: Project Office Tygerberg Redevelopment

The functions of the Directorate: Tygerberg Hospital Redevelopment are:

- Manage the planning and implementation of the project on behalf of the CD: FIM in consultation with other WCGHW management, Tygerberg Hospital management, and other relevant stakeholders;
- Carry out all functions of the inception, feasibility and procurement phases of the project as delegated, and ensure alignment of project to the WCGHW service platform;
- Establish and maintain close links with the NDoH, and both the Western Cape Government Provincial Treasury (WCGPT) and NT;
- Procure and manage the Transaction Advisory services, exercising delegated authority;
- Provide input as members of the Tygerberg Estate Development Framework Steering Committee, under the auspices of the WCGTPW, for the development of the estate development framework;

¹³ Funded through Tygerberg Hospital Redevelopment project

- Provide input for the Strategic Plan, U-AMP, APP, IPMP of the CD: FIM;
- Determine Annual, Medium and Adjustment budgets for the Tygerberg Hospital Redevelopment project, and report on performance; and
- In conjunction with other Directorates within the CD: FIM, plan and implement other special projects aligned to the objectives of the said Chief Directorate and the WCGHW.

4.2.6 DIRECTORATE: FACILITIES MANAGEMENT

The purpose of the Directorate: Facilities Management is: To lead, align and oversee the implementation of strategic objectives about Departmental Soft Facility Management and Other Functions as well as manage the Directorate's operations within the context of a seamless and integrated approach, to improve Departmental service delivery.

The formation of the Directorate: Facilities Management was approved by the Minister for Health in December 2020 and the organogram for this Directorate is currently being developed. The interim organogram is reflected below.

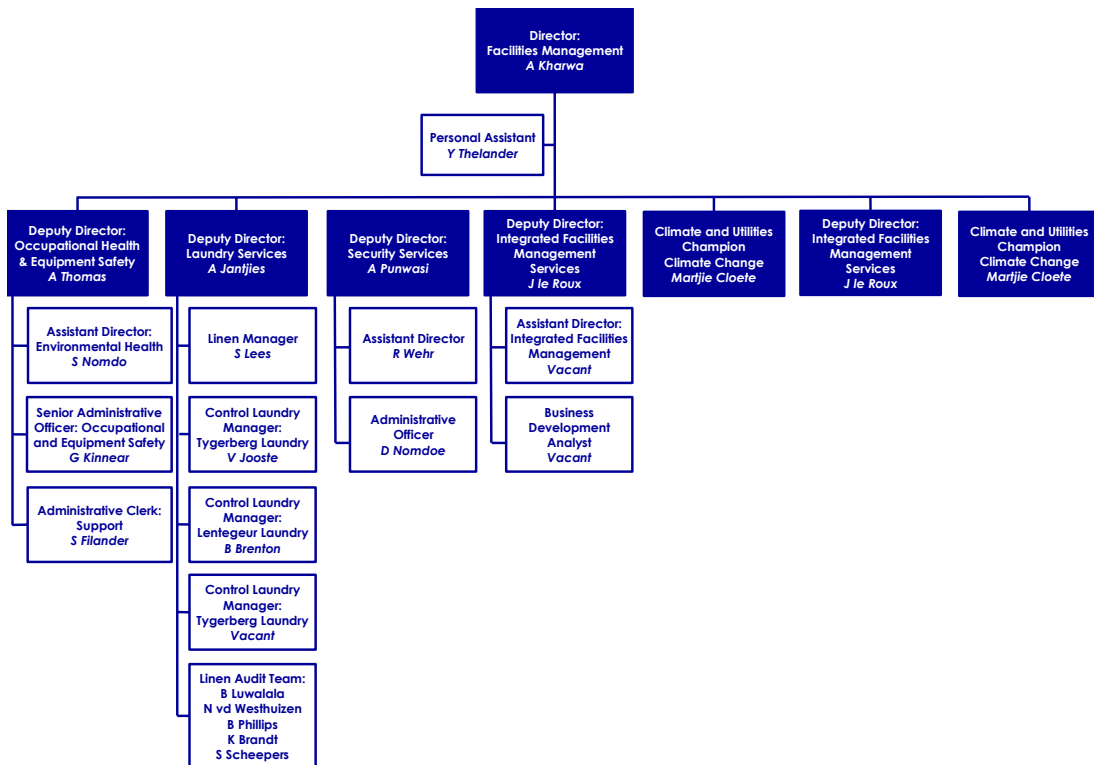


Figure 14: Interim Organogram - Directorate: Facilities Management

A titrated and phased approach to implementation of the Directorate's core activities has been adopted and agreed to within the Chief Directorate and the Corporate Space. The current functions of the Directorate: Facilities Management include:

- Soft facility management – development of policy, norms, standards and guidelines as well as monitoring of the implementation thereof, with regard to:
 - Linen and Laundry functions as well as a Departmental Laundry and Linen service.
 - Security Service Management functions.
 - Occupational and Equipment Safety, Medical and Other Waste, Alternate Waste Disposal Systems, Pest Control and Environmental Health Coordination.
 - Integrated Facilities Management Unit (IFMS Unit), IFMS Sites, Gardening and Grounds, Cleaning, Hygiene, Estate Management and other Support Service Domains (Creches, Portering, Telephony, Death Administration and other Soft Facility Management functions to be added).
 - Catering (Food Services / Nutrition).

In addition, the Directorate assists with the planning and commissioning of hospital projects.

4.3 ESTABLISHMENT BUDGET

The 2023/24 cashflow projection for the posts to be funded under the HFRG is reflected in the table below.

Category	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Proj Exp
Salaries and Wages	3,817	3,817	3,817	3,817	3,817	3,817	3,818	3,818	3,818	3,818	3,818	3,818	45,810
Social Contributions	525	525	525	525	525	526	526	526	526	526	526	526	6,307
Total	4,342	4,342	4,342	4,342	4,342	4,343	4,344	4,344	4,344	4,344	4,344	4,344	52,117

Including Capacitation, SCM Support, Commissioning Support and Project Support

Table 4: 2023/24 Establishment – HFRG Cashflow projection

4.4 INFRASTRUCTURE MANAGEMENT SYSTEMS

The infrastructure management systems refer to the software being utilised by WCGHW for purposes of infrastructure planning, delivery, management, and reporting. All software utilised by WCGHW complies with the requirements of NDoH, NT and WCGPT.

4.4.1 PMIS

As part of NDoH's drive to strengthen and improve the effectiveness and efficiency of project management and control, and the need to provide a centralised project repository of infrastructure project data nationally and provincially, the PMIS was implemented in 2011. This web-based system is based on the PPO™ technology and is therefore sometimes also referred to as PPO (or Project Portfolio Office). In terms of DoRA, provinces have to maintain and update all infrastructure and infrastructure-related projects on the PMIS, which is used by NDoH to monitor and track progress and expenditure with respect to infrastructure projects. In addition, provinces must maintain facility information on the system and also upload relevant project documentation to it. WCGHW adheres to this requirement.

It needs to be stressed that, with the exception of Scheduled Maintenance projects, maintenance activities are not reported on individually in the PMIS but per sub-programme. Scheduled Maintenance projects are, with effect from 1 April 2019, reported on the PMIS by utilising the grouped solution introduced on the system by NDoH, namely packaged programmes with package elements. This solution has enabled the upload of and reporting on Scheduled Maintenance projects.

4.4.2 IRM

The IRM is a web-based project level monitoring and reporting tool. This model is used by provincial departments to report expenditure and performance progress on infrastructure projects. Reporting on the IRM is prescribed in DoRA. Each provincial department has the responsibility to report progress on infrastructure projects to its relevant Provincial Treasury and the relevant transferring National Officers. Both the Provincial Treasury and the transferring National Officer will monitor progress on reported projects and verify data quality. Challenges are being experienced with the integration between the PMIS and the IRM for Non-Infrastructure Projects. The project status is being erroneously reported due to a mapping setting. This matter has been reported to NT via both Provincial Treasury and NDoH for resolution.

Since the 2021 MTEF, NT requires that the B5 be generated from the IRM, which requires that information correctly pulls through from the PMIS to the IRM. Unfortunately, this has resulted in many ongoing challenges that requires the CD: FIM team to work long hours to find solutions to integration issues and to troubleshoot, do comparisons between the two systems and manually correct information. The challenges are raised with WCGPT, NT and NDoH year-on-year with the aim to resolve these.

4.4.3 BASIC ACCOUNTING SYSTEM (BAS)

BAS, maintained by NT, is a basic accounting system that was developed in 1992 to cater for government's basic accounting needs. The system has been enhanced to accommodate the PFMA requirements. To improve the flow of financial data on infrastructure projects, BAS and more specifically the project segment, is used to provide systematic reporting of infrastructure budgeting and expenditure. This segment identifies and classifies information relating to a specific project and is important in infrastructure, as it assists departments to monitor the spending on capital and current projects that are unique to the Department. WCGHW adheres to the requirement of utilising BAS.

4.4.4 LOGISTICAL INFORMATION SYSTEM (LOGIS)

LOGIS was developed in an evolutionary way to cater for government's provisioning and administration requirement in respect of the control of movable assets and stock. Although LOGIS is not an asset management system, it complies with the provisioning administration processes and procedures and is an integral part of SCM. LOGIS is maintained by NT. CD: FIM adheres to the requirement of utilising LOGIS with respect to moveable assets and stock.

4.4.5 OTHER SYSTEMS

CD: FIM obtains statistics and other information from systems such as Sinjani (also known as the Standard Information Jointly Assembled by Networked Infrastructure).

CD: FIM also has access to systems utilised and updated by WCGTPW, as its IA. WCGTPW utilises BizProjects to report on all infrastructure projects. The IA furthermore utilises MyContent as a document repository because BizProjects does not have a document repository functionality. Limited integration has been developed between BizProjects and the PMIS, whereby information from BizProjects (Tasks, Risks, Issues and Comments), is pushed into the PMIS daily. A new system, Emerge, is being developed for WCGTPW with the aim to go live in 2023/24. Emerge will include a document repository and will replace BizProjects and MyContent. Integration between Emerge and the PMIS will be developed. The intention is that CD: FIM users will, as currently in place with respect to BizProjects and MyContent, have read only access to Emerge.

5. INFRASTRUCTURE PLANNING AND PROJECT PRIORITISATION

5.1 BROAD OVERVIEW OF CURRENT PROCESS

Whilst a broad overview of the prioritisation processes is outlined below, it is essential to note the impact of COVID-19 on these processes. Following a Cabinet Bosberaad, Premier Alan Winde confirmed the resolution to focus the provincial recovery efforts around three key pillars: Dignity and well-being, jobs, and safety. From a Departmental infrastructure perspective, future planning of health facilities will be undertaken with due consideration of the legacy COVID-19 has left on provincial health infrastructure and the repurposing of COVID-19 wards where required.

Capital projects listed in the U-AMP templates (refer to Templates included in this document) for planning and delivery in the 2023 MTEF were prioritised based on the following:

- Prioritised lists received from the various Health Programme Managers and District Managers, as well as indications from them regarding the accessibility rating and utilisation improvement actions – which include over or underutilisation of current facilities supported by actual utilisation figures.
- Identification of service delivery hotspots.
- The available FCAs received from the WCGTPW.

- The cash flow information available in relation to existing running projects implemented by WCGTPW.
- Availability of funding and capacity to deliver – in terms of both infrastructure and operations.
- Increased population figures in specific areas.
- The Healthcare 2030, Healthcare 2030 Acute Hospital Bed Plan and developed norms for the different levels of service required.
- Various analyses and studies conducted.
- The availability and access to a site for a particular new facility (property and site acquisition is the responsibility of Chief Directorate: Immovable Asset Management at WCGTPW (IAM)).
- The agreed infrastructure priorities, namely: Maintenance; PHC facilities; Acute Psychiatric Units at hospitals; and extensions and upgrades to various hospitals.
- NDoH's Ten Year Infrastructure Plan for Health Facilities in South Africa (for the period 2015 to 2025). WCGHW has taken cognisance of the current draft and will similarly take cognisance of the new ten-year plan once published.
- SDFs and infrastructure plans of various municipalities.

Other key areas of the Health system that are considered include:

- Health promotion and disease prevention;
- Improving access to chronic medication (and the services surrounding this);
- Transitional care (including palliative care) for those who need it;
- An effective appointment and referral system;
- An effective telehealth system; and
- Equitable allocation of resources.

5.2 THE INFRASTRUCTURE PLANNING MODEL AND PROJECT PRIORITISATION MECHANISM

Various factors guide the planning and prioritisation of health infrastructure. The objective prioritisation of infrastructure projects is not a simple process, but rather requires the development of a rigorous mechanism informed by documented policy directives, as well as sound service needs analyses and demographics. The use of spatial information is central to this process.

WCGHW follows an integrated approach to planning (Metro and Rural), including enhanced joint planning, coordination and delivery between provincial departments, municipalities, national government, and other key stakeholders via various fora. Through this collaborative approach, the Department provides input to MSDFs and assists in assessing the infrastructure projects of the various provincial departments to synchronise infrastructure planning, implementation and budgets. The aim is to strengthen the various plans and thereby contributing to achieving the best outcome for the communities in the Western Cape. Information gained through collaboration guides the Department in the planning and location of its facilities.

The Infrastructure Planning Model and Project Prioritisation Mechanism are tools that may be used to add rigour and transparency to the planning process when it is used as illustrated in Figure 15.

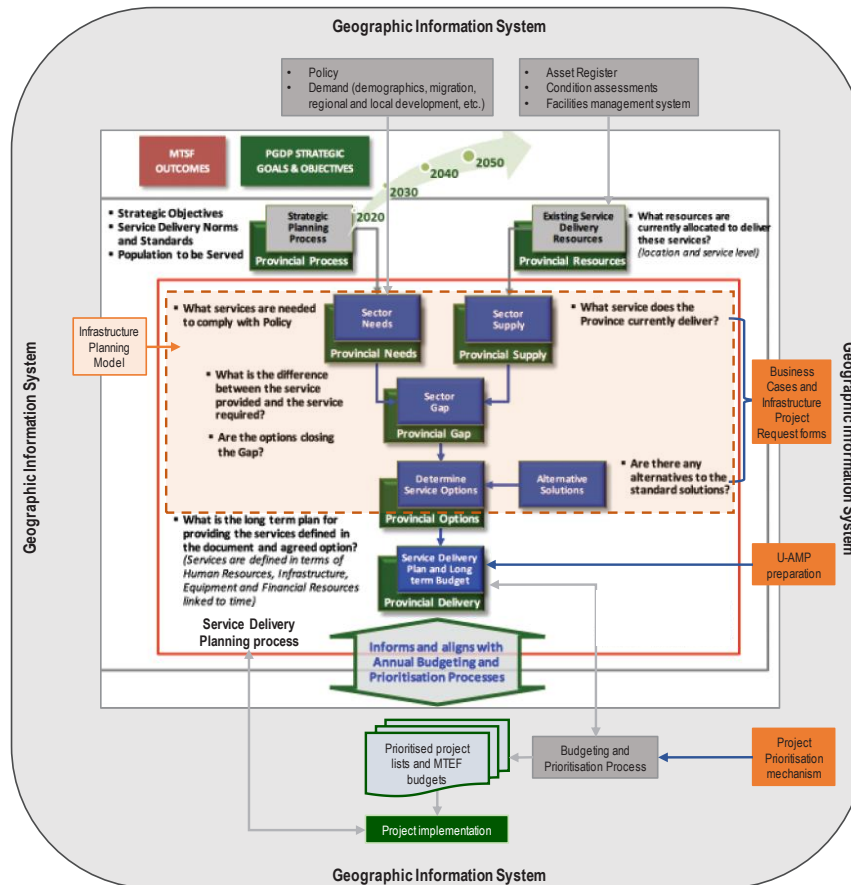


Figure 15: WCGHW Infrastructure Integrated Planning Process

5.3 USING THE PLANNING PRIORITISATION MODEL AND PROJECT PRIORITISATION MECHANISM

While these tools are not prescriptive to users in selecting or rejecting a programme or project, they provide transparency for the decision-making process. The tools are not suitable for *ad hoc* / once-off projects but rather to prioritise between similar projects. At the start of the process, the tools require that all individual criteria are ranked from 1-10 and weighted. As such, it requires in depth analyses and upfront intelligence gathering by both District and Facility Managers which will assist them in motivating a particular project.

The tools comprise:

- Planning Prioritisation Model: Appropriate Strategic Assessment Criteria (5-10) based on Healthcare 2030.
- Project Prioritisation Mechanism: Appropriate Operational Criteria (5-10) based on the requirements for the U-AMP.

Step 1: Depending on the nature of the prioritisation, rank the Strategic or Operational Criteria, using a pair-wise comparison. This is done by key members of the infrastructure team and the criteria are then “fixed” so that individual project assessors do not determine the weightings for their project or programme. They simply assess their project.

Step 2: Create a test sheet for the project (Excel).

Step 3: Assess the programme or project, assigning a value (1-10) as per the guidance sheets. The weighted value will appear at the top of the sheet.

Step 4: Review and discuss results.

Guidelines and standards relating to the size, location and number of facilities to be provided by the Department were identified in the Department's Comprehensive Service Plan for the Implementation of Healthcare 2010 and is used for future analysis with adaptation for 2030, where required. The quality of the infrastructure and capacity of facilities in offering the correct range of services for a specific community profile remains critical for effective service delivery.

The parameters and methodology used for the planning of the health service in 2030 is a major advance on that used for 2010 and ensures modelling of all the service platforms. The said parameters and methodology are based on four major tenets, namely:

- Using a population base and the notion of dependent population;
- Using the smallest geographic entity for which reliable health and socio-economic data is available;
- Using an equity measure with household income as a proxy that weights the distribution of health resources towards the poorest households; and
- Establishing norms and creating planning tools for different aspects of the health service that allow for its application to specific geographic areas. The tools used in one section of the health service take into account the impact of developments in other sections of the service, resulting in the health service being viewed as an integrated system.

The following South African demographic trends are taken into consideration with the modelling:

- Continued population growth is projected until 2030 but will start to decline in absolute size thereafter.
- Fertility rates are declining.
- Life expectancy at birth is slowly increasing.
- The population is ageing.
- Age structures are changing.
- Racial composition is changing.
- The HIV and AIDS epidemic is projected to continue to have a significant impact on the demography of South Africa.

Facility needs parameters:

- Home and Community-based Care access to be strengthened.
- Small, Medium and Large Clinics to be provided in Rural areas for dependant population up to 20 000.
- The preferred option within Rural is to provide the largest suitable facility for a settlement rather than a multiple of small facilities.
- In the Rural Districts the ideal primary care facility distribution is more a product of geographic accessibility in sparsely populated areas, with a CDC for 30 000 to 60 000 dependent population only to be provided for more densely populated towns.
- Satellite clinics to be provided for populations exceeding 800 to maximum of 5 000.
- In terms of size of facilities in the Metro, CDCs and CHCs to be 60 000 and 90 000 (exceptions to be justified).
- Equity principle to be applied.
- Change in hospital utilisation trends globally with decreasing average length of stay.
- Reduction in admissions at acute hospitals.
- Improved technology which impacts on the footprint of facilities.
- District hospitals to be easily accessible and available in each Sub-district.
- District and Regional Hospitals to provide full package of care.
- Regional Hospitals are referral hospitals appropriately located along major transport routes.
- EMS represented by ambulance stations.
- Operational prioritisation of future hospitals to be constructed.
- As an increasing important consideration, aim to maximise the impact of a facility by serving a larger, rather than limited, number of beneficiaries.

5.4 FACTORS TO BE CONSIDERED FOR PRIORITISATION

5.4.1 STRATEGIC PRIORITISATION

The factor that drives strategic prioritisation at a programmatic level is the alignment of the programme to Departmental and National Strategic Objectives. These objectives include:

1. Provision of the full package of PHC services;
2. Better integration of health services;
3. Improved access to mental health care;
4. Improved access to Emergency Care;
5. Support to the NHI programme;
6. An environmentally and socially sustainable solution (low impact and long life, energy savings, etc.);
7. Commitment to 100% capital spent; and
8. A greater focus on maintenance of existing assets, thereby increasing the functional lifespan of assets rather than new build.

It is possible that a single, large project will contribute significantly to these 8 objectives and can be deemed a “strategic priority” but it is more likely that two or more programmes of projects at district or provincial level will be compared as to how they rate when prioritised against all of the objectives. For the sake of transparency and robustness, it is important that all of the Strategic Objectives that pertain to infrastructure are considered. Ignoring some and focussing on others could skew a result and open the decision to question.

5.4.2 OPERATIONAL PRIORITISATION

At an operational level, individual projects would typically be compared to assess the extent of the impact of the project on the target community and how practical it will be to deliver the project within the MTEF, based on the following factors:

1. Prioritising heavily over utilised or non-existent facilities;
2. Prioritising facilities in poor condition;
3. Reducing the burden of disease in the area / District;
4. Prioritising areas of rapid population growth;
5. Prioritising projects where suitable sites are available;
6. Prioritising facilities where resourcing of operations has been fully addressed (including maintenance and staffing); and
7. Prioritising facilities where consolidation of a number of facilities will result in improved operational processes.

5.5 THE PRIORITISATION PROCESS FOR PROGRAMMES / PROJECTS

5.5.1 PROJECT PRIORITISATION – CAPITAL

Once it has been decided to formally prioritise programmes (strategic) or projects (operational), based on the considerations outlined in the preceding Sections, the Directorate: Infrastructure Planning, together with support from the Strategic and Service Clusters, will undertake the analysis. This analysis is then discussed with the relevant managers and at the Interdepartmental Project Management Team Meetings and other applicable interdepartmental meetings. It is important that a consistent process is followed – this includes:

1. Decisions and ratings must be supported by hard, factual evidence; useful information could include:
 - a. Updates on goals and targets;
 - b. Demographic trends (based on recent census data or valid studies);
 - c. Utilisation figures;
 - d. Condition assessments;
 - e. Burden of disease statistics; and
 - f. Maps or Geographic Information System (GIS) representation of the Districts / area.
2. Place value of all contributions to the process.
3. Interrogate the reason why the result is what it is and understand what is required to move it up the priority chain. In this way, the root cause of the problem can be eliminated rather than pushing through a project that is fundamentally flawed or risky and may cause problems later.
4. Document all decisions and the reasoning behind it.
5. Review the success of the process regularly as projects go through design and implementation.

Unfortunately, however, not all projects can be appropriately planned. Emergencies do happen and, to cater for these, short-term solutions are provided. These include the provision of prefabricated structures, rapid-build technologies, use of faster contracting and procurement strategies, etc.

5.5.2 PROJECT PRIORITISATION – MAINTENANCE

Maintenance projects are currently being prioritised by means of FCAs undertaken by WCGTPW, ad hoc end-user inputs and engineering input on extensive repair maintenance requirements. The assessment reports have cost estimates and condition ratings to assist in determining budget allocation for maintenance needs. The work to be done are prioritised as per the categories below to ensure that critical works and Deferred Maintenance are receiving urgent attention.

Considering the backlog and in order to achieve economies of scale, maintenance work required at a facility will, as far as practically possible, be undertaken as a single Capital project under the R, R & R category. Where the facility will be replaced within the next 5 years, the reinstatement condition will be retained at C3 (i.e., the condition status is fair – see paragraph 9.1.2). Previous maintenance work as well as the size and utilisation of the facility will also be considered for purposes of prioritisation. It is furthermore considered that the complexity of the facility and the subsequent maintenance required will determine at which level the maintenance will take place. Small facilities less than 500m² will be undertaken by the Directorate: Engineering and Technical Services as part of the Day-to-day Maintenance.

PRIORITY	CLASSIFICATION	EXAMPLES
CURRENTLY CRITICAL		
1 – Dangerous situation	Life threatening situations, condition which could lead to serious injury. Serious water damage to façades, roofs and finishes.	Sagging columns, beams, walls, unsafe and sagging roof structures, flooring. Loose and broken floor covering. Broken glazing. Bare or unearthed electrical installation. Dangerous building structure. Faulty or dangerous plant and machinery. Leaking gas or fuel pipes and connections etc. Blocked drainage and sewer, seepage. Tree roots causing uneven paving / walkways.
2 – Health hazards	Drains, water storage, airflow, toilets, sewers etc.	Asbestos removal. Cleaning of storage tanks and reservoirs. Cleaning of A/C ducts. Blocked, defective and seeping drainage and sewer systems. Inadequate or no airflow.
3 – OHS Act and regulations	Safety equipment and all regulations	Fire-fighting equipment. Compliance certificates for electrical installations and lifts. Regular testing.
POTENTIALLY CRITICAL		
4 – Maintain essential services	To allow occupants to carry out their normal work.	V.I.R. wiring, overhead lines, service transformers, switch gear, water storage, pumps, generator sets, hot water installations, lifts, fire alarms, fire escapes, gas banks, piping & outlets.
5 – Prevent costly deterioration	Any part of the building elements, structure, façade, roofs	Roofs, facias, plaster, brickwork, tree roots, maintain roads.
6 – Prevention of financial loss	Inefficient machinery / plant, installations.	Power factor correction, electricity and water metering, economy of plant, lagging of ducting.
NECESSARY BUT NOT CRITICAL		
7 – Maintain appearance of buildings to acceptable standard	Unsightliness, image of the WCG	Painting, cladding, carpets, outside lights, building façades, site works.
8 – Maintain pleasant working environment	Grievances, nice to haves, wish list.	Air-conditioning units, parking, site works.

Table 5: Priority Categories – Maintenance

5.6 LIFE CYCLE PLANNING AND COSTING

Life cycle costing is explicitly stated as a principle for immovable asset management in the IDMS. Accordingly, WCGHW has included this principle in its APP and has, moreover, established a Routine Maintenance budget allocation specifically aimed at ensuring that all recently constructed health facilities in the Western Cape receive the necessary funds to ensure appropriate ongoing maintenance. The principle of this committed expenditure is to ensure that deterioration of newly built facilities does not result in increased and accelerated Scheduled Maintenance requirements. The first year of implementation of this specific budget was 2012/13 with expenditure of R10.3 million. The allocations for 2023/24, 2024/25 and 2025/26 have been set at R55.321 million, R60.853 million and R66.940 million respectively. The details, which inform the allocation for each newly completed facility, is to be included in a maintenance plan prepared by WCGTPW and its appointed consultants for each such facility as required in terms of the handover process for projects¹⁴, and will apply to the entire life of that facility. Furthermore, the intention is to add additional columns in the relevant templates to reflect ten-year life cycle costs, i.e., maintenance budgets per facility.

Life cycle costing is, however, more than simply planning for maintenance – rather, it involves an analysis of the full costs of acquiring, (including subsequent upgrades and additions), operating, R, R & R and maintaining a facility, from the initial planning and design phase, all the way through to its eventual disposal. As such, Professional Service Providers are expected to include this in their decision-making and analysis processes particularly with respect to electrical and mechanical elements of a building. This includes the application of green building principles to ensure value for money as well as least damage to the environment. In this regard, NDPWI obtained Ministerial approval on 31 May 2018 for the Public Works Green Building Policy, which sets out the principles by which they will develop, maintain and operate their portfolio of buildings and reduce its impact on the environment. The policy was a collaborative effort between National and Provincial Departments and was submitted to the respective Provincial Departments of Public Works on 19 June 2018 for their own formal adaption.

Templates 3.1.1 / 4.1.1 and 3.2.1 / 4.2.1 provide high level analyses of the planned life cycle of each facility and specify the Utilisation Improvement planned for each facility, entailing one of the following:

- Relinquish;
- Replace;
- Upgrade and Additions;
- Maintain; or
- R, R & R. In some instances, a facility will first require R, R & R in the medium term before it will be replaced in the long term.

¹⁴ These maintenance plans are currently generally not being provided by WCGTPW and its appointed consultants as required. This needs to be addressed by WCGTPW as a matter of urgency.

Table 33 and Table 42 provide high level summarised analyses of the above, while Template 6.1 provides a comprehensive list of health facility capital infrastructure projects – including new, replacements, upgrades and additions, and R, R & R - planned and budgeted for over the next 20 years and beyond – with Templates 7.1, 7.2 and 7.3 providing the project details for the 2023 MTEF specifically. Template 7.4 similarly provides prioritised requirements with respect to office accommodation including additions, refurbishment and / or reconfiguration to existing buildings. Templates 8.1 and 8.2 provide details of facilities identified for disposal / relinquishment.

Finally, Template 9.1 provides details of the Scheduled Maintenance projects planned and budgeted for over the 2023 MTEF, while Template 9.2 provides details of the Routine Maintenance activities planned and budgeted for this period.

In addition to the above, Emergency and Day-to-day Maintenance is carried out at facilities using budget allocations provided under Sub-programme 7.2 and Programme 8: PES funding – see Table 47 and Table 48. The aforementioned Templates also include an estimated life cycle maintenance cost required per year for each facility, calculated as a percentage of the facility's estimated building replacement cost. The percentage varies according to the condition rating of the facility and whether it is State-owned or leased, as follows:

State-owned: C1 to C2 (6.0%); C3 (3.7%); C4 to C5 (1.0%)
 Leased (rented): C1 to C2 (5.0%); C3 (2.0%); C4 (0.5%); C5 (0.1%)

Based on the above, a high-level analysis has been carried out with respect to required life cycle maintenance costs versus available annual maintenance budgets; this is reflected in the table below. The trend is indicative of the deteriorating condition of the asset base as a result of insufficient funding for maintenance. Most of the facilities listed for maintenance have a condition rating of C2 to C3.

Financial Year	Total of life cycle maintenance cost per facility condition escalated at 6% per year R	Actual Maintenance Budget including R, R & R, Scheduled, Routine, Emergency and Day-to-Day Maintenance at health facilities R	Shortfall of life cycle maintenance cost per year R
2023/2024	2 325 486 237	835 224 000	1 490 262 237
2024/2025	2 465 015 412	876 048 000	1 588 967 412
2025/2026	2 612 916 336	808 098 000	1 804 818 336

Note:

The required annual life cycle maintenance cost of each facility has been determined based on a percentage of its building replacement cost. The percentage varies from 6% for State-owned facilities with condition rating C1 to 0.1% for rented facilities with condition rating C5.

Table 6: Life Cycle Costing

5.7 PLANNING STANDARDS AND GUIDELINES

5.7.1 NORMS AND STANDARDS

Standardisation continues to be a key principle informing WCGHW's health infrastructure planning and design. Standardisation of materials, fixtures, fittings, furniture, equipment, engineering services as well as the layout of individual rooms or groups of rooms, is a generally accepted practice where public sector buildings with the same accommodation requirements are to be constructed in multiple locations.

The primary intended benefits of this approach are the following:

1. Reduced design and documentation time frames resulting in shortened project delivery programmes.
2. Improved cost management due to availability of cost data from identical facilities.
3. Consistency and equity of infrastructure delivery and quality across the Province.
4. Standard maintenance stock to be used on all facilities, which will streamline SCM processes.

WCGHW furthermore notes that the standardised layouts and individual components in question must align with its 5Ls principles and be as simple, functional and efficient as possible in order to:

1. Facilitate appropriate service delivery within the constraints of limited budgetary and staff resources;
2. Ensure facilities can be operated with limited technical or management input;
3. Reduce day-to-day operational costs;
4. Reduce on-going maintenance costs; and
5. Reduce reliance on external service providers.

The current focus of CD: FIM's standardisation programme is on PHC facilities and includes the following:

- a. Alignment with Ideal Clinic and Office of Health Standards guidance.
- b. Review and update standard operational narratives for facilities of various sizes.
- c. Further standardisation of facility layouts to define in more detail a benchmark layout for each facility size for NDoH approval.
- d. Standard room layouts including operational narrative, equipment and engineering service installations.
- e. Standardisation of fixtures, finishes and materials including:
 - i. Doors and windows (including burglar proofing);
 - ii. Sanitary installations;
 - iii. Floor, wall & ceiling finishes;
 - iv. Joinery;
 - v. Colour;
 - vi. Signage; and
 - vii. Fencing and security installations.
- f. Area and Cost norms aligned with the above.

Where hospitals are concerned, PSP team for the design of the new Klipfontein Regional Hospital was recently appointed and the intention is to use the concept and design development process of this project to review and develop similar standards to those noted for PHC above. It is noted that standardisation of overall building layout becomes more difficult as the scale of the building increases, however, the intention remains to define benchmark layouts for key departments. The standards defined through this process will then be applied for other hospitals in the pipeline of which Belhar Regional Hospital is currently out to tender for PSP appointment and Swartland Hospital replacement is awaiting NDoH approval of the Clinical Brief. CD: FIM continues to engage with health service colleagues, particularly where specialised treatment and diagnostic departments are concerned to ensure that the design and layout guidance information remains current and accurate.

CD: FIM also recently completed the design and documentation for a number of Acute Mental Health units to be constructed at various metro hospitals. Here again the standards for fixtures, finishes and materials developed through the design process will now be used to inform similar units going forward.

The Engineering team continues to prepare and update 'Technical Memoranda'. These typically cover Electrical, Electronic and Mechanical installations for all facility types.

CD: FIM has also added Technical Memoranda on specific sustainability and energy efficiency considerations such as Net Zero buildings and utility utilisation benchmarking.

CD: FIM acknowledges that the Western Cape is characterised by a range of climatic conditions and therefore accept that the design of the external envelope of the different facilities may vary in order to make them contextually appropriate albeit that the plan layout is essentially the same, e.g., deeper eaves or the inclusion of 'lean to' type roofs for better shading in hotter areas, etc.

Furthermore, CD: FIM is currently actively engaging with colleagues in the Health Services to assess the need for facility layout or engineering service changes as a result of operational challenges they encountered in managing the COVID pandemic. We are similarly reviewing ways to reduce the size, particularly of our Metro PHC facilities, given the accelerated advances in digital technology and the implementation of significant off-site service models that characterised the COVID response.

The Department continues to build and strengthen relationships with local authorities in an effort to find sites for new or replacement facilities. Alignment with existing SDFs and the principle of locating facilities within civic 'nodes' as well as close to public transport interchanges or on established public transport routes remains the Department's preference.

The process of developing Norms and Standards for room types as well as specifications for materials, fixtures, fittings and engineering services in collaboration with WCGTPW is proceeding well in parallel with Project Brief preparation and implementation. CD: FIM has completed the first set of 10 core Metro PHC room types and will continue with the next priority sets going forward. Standards for sanitaryware, floor finishes and door specifications, which are key areas where regular maintenance challenges are experienced, are also currently being reviewed.

The development of cost norms, based on a review of completed facilities, continues and the Department is also attempting to refine its benchmarks for variables such as internal circulation, structure and plant / service space allocation to ensure consistency across projects is achieved.

5.7.2 WESTERN CAPE LAND USE PLANNING GUIDELINES FOR RURAL AREAS

New guidelines on land use planning in Rural Areas were issued by WCGEADP during March 2019. Chapter 14 of this document (see Figure 16 below) makes specific reference to health facilities and, where practical, future planning will be aligned to these guidelines.


CHAPTER 14: COMMUNITY FACILITIES AND INSTITUTIONS		14.2 GUIDANCE FOR IMPLEMENTATION			
 <p>Guideline Summary: The WCG approach to community facilities and institutions in rural areas is that community facilities serving rural communities should be located within existing settlements, except when travel distances are too far or rural population concentrations justifies the location of community facilities in rural areas.</p>	<ul style="list-style-type: none"> Facilities and institutions should be located in the following SPCs: 				
	<p>14.1 OBJECTIVES</p> <ul style="list-style-type: none"> Community facilities and institutions are defined as state provided facilities and/or non-profit services catering for the local farm/rural community. Rural community facilities include: educational, health, assembly, religious, sport, etc. To provide facilities necessary for the sustainable socio-economic development of rural communities. To provide for institutions requiring extensive land or an isolated location (e.g. correctional facilities). To provide for institutions serving agricultural production (e.g. agricultural schools and research facilities). 	<table border="1"> <tr> <td>Settlement</td> <td>Agriculture</td> <td>Buffer 2</td> </tr> </table>	Settlement	Agriculture	Buffer 2
Settlement	Agriculture	Buffer 2			

Figure 16: Chapter 14 of the Western Cape land use planning guideline: Rural areas, 2019

5.7.3 2030 PRIMARY HEALTH CARE INFRASTRUCTURE REQUIREMENTS FOR RURAL AREAS

The purpose of the 2030 Primary Health Care Infrastructure Requirements for the Rural Areas document is to determine the optimum number and sizing of rural clinics by taking into account Ideal Clinic standards, standardisation of facility accommodation, accessibility criteria and population data. It clarifies the approach to forecasting demand, the mapping out of catchment areas and quantifies the optimal number of facilities that would be required by 2030, assuming both an effective and efficient health system as well as affordability. This document informs the way forward for Rural PHC planning.

The Social Facility Provision Toolkit, developed by the Department of Rural Development and Land Reform (in association with the CSIR), has been used as the basis for determining future needs in the rural areas with respect to the number, but not size, of facilities. This toolkit:

- Supports planning and budgeting of social facility provision;
- Provides guidelines on standards and its application in rural areas;
- Provides demographic and morphological profiles of service catchment areas across South Africa; and
- Calculates typical social facility service provision for catchment areas

The following will assist with achieving the Departmental priorities and desired outcomes:

- The underlying principle of consolidation of facilities; and
- Underpinned key system levers such as a geographic population-based approach where more than one facility is servicing population pockets of 30 000 within a 5 km radius.

A larger facility will be able to render more services which in turn are supportive of integrated and collaborative care, thereby ultimately strengthening the PHC platform. Political considerations were not part of the analysis. It is thus expected that the need for further facilities, in addition to those identified, will be highlighted by communities where service pressures are being experienced. These needs will have to be analysed in terms of the norms for the provision of new facilities and be placed on the project list and financed in terms of priorities. It is possible that, in such instances, communities will facilitate provision of land or facilities.

The Catchment profiles from the aforementioned toolkit were used and, in this toolkit, central town points for South Africa were used as a starting point to demarcate service catchment areas. These points were generally referred to as catchment nodes and are the points of highest economic development. Catchment areas are defined by specific geographical service areas delineated according to accessibility principles where all dwellings are linked to the closest settlement of any type. A total number of 132 of these catchment areas were identified for the Western Cape rural areas (see Figure 17). Eleven of these areas are not covered by satellite clinics (population below 3 000) but they are all mainly coastal towns where persons with higher income reside. A number of additional facilities are in existence within remote areas in the Western Cape, making the Department's coverage within rural areas above average. However, where areas are earmarked for future development, the need for health services is assessed, e.g., the need for a future clinic in the Transhox development area.

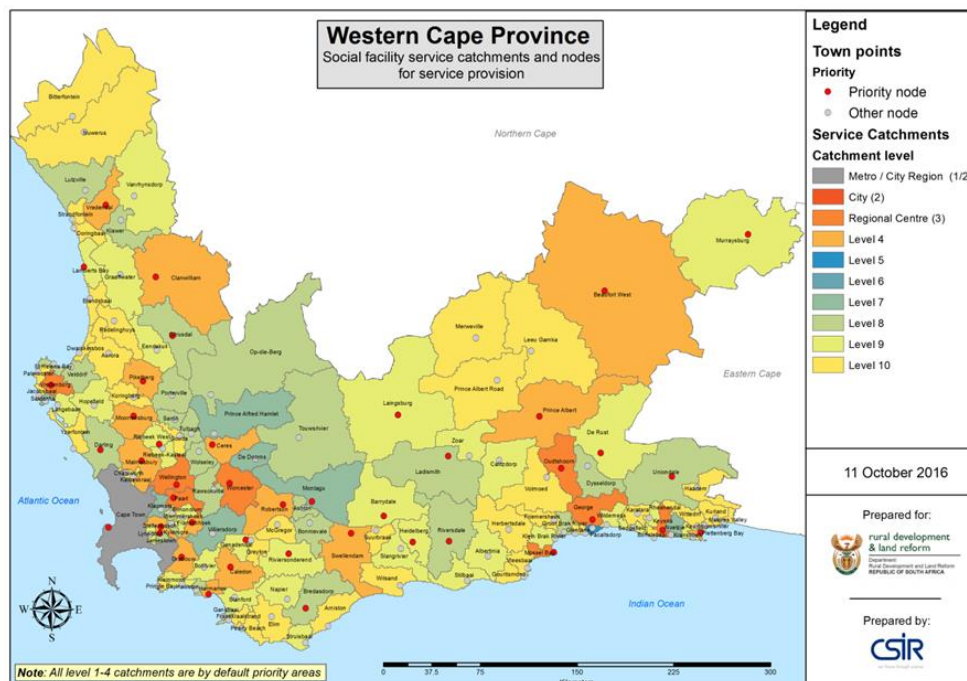


Figure 17: Western Cape – Service Catchment Areas and Levels

5.7.4 THE WESTERN CAPE PSDF

The reviewed Western Cape PSDF of March 2014 is informed by, and in turn informs, complementary national, provincial and municipal planning processes. The PSDF also conveys the Western Cape's spatial agenda to municipalities, so that their Integrated Development Plans, SDFs and land use management systems are consistent with and take forward WCG's spatial agenda.

Section 3.3.5 of the PSDF specifically deals with facilities and social services and states, *inter alia*, that the following must be considered during the planning process:

- Current and future developments must take place in an integrated and sustainable manner and equitable and accessible distribution of social services and facilities is required across the provincial landscape.
- In line with the need to promote compact settlements and to reduce the need for motorised travel, multi-functionality of public service spaces at facilities must be promoted and aligned with complementary land uses.
- The notion of clustering, as well as ease of access, form the primary informants as to where social services are to take place, not only in relation to settlement planning but also at a regional and provincial scale.
- Locational requirements, general standards applicable to the facility, the required threshold population densities, as well as the appropriate levels of accessibility concerns need to be taken into consideration when planning for the provision of a facility (see Figure 18).
- Public facilities, services and government offices must be coordinated and clustered to increase convenience, accessibility and efficiency regarding operations, maintenance and security as well as optimal use of land.
- Flexibility must be promoted through the prioritisation of mobile services in areas of need and limited access.

CLASSIFICATION	POPULATION (2011)
REGIONAL CENTRE (CAPE TOWN, GEORGE, PAARL, WORCESTER, WELLINGTON, STELLENBOSCH, MOSSEL BAY, OUDTSHOORN)	> 70 000
PRIMARY REGIONAL SERVICE CENTRE (KNYSNA, MALMESBURY, GRABOUW, VREDENBURG, ROBERTSON, CERES, SWELLENDAM, BEAUFORT WEST, SALDANHA BAY, ETC.)	20 000 – 70 000
SECONDARY REGIONAL SERVICE CENTRE (VILLIERSDORP, ASHTON, PORTERVILLE, TOUWS RIVER, LUTZVILLE, STILL BAY, LANGEBAAN, HOPEFIELD, ETC.)	5 000 – 20 000
RURAL SETTLEMENTS WITH THRESHOLD TO SUPPORT PERMANENT SOCIAL SERVICES (GOUDA, LEEU-GAMKA, SUURBRAAK, ARNISTON, MCGREGOR, YZERFONTEIN, GREYTON, ELIM, ETC.)	1 000 – 5 000
RURAL SETTLEMENTS WITHOUT THRESHOLD TO SUPPORT PERMANENT SOCIAL SERVICES (STRANDFONTEIN, NUWERUS, BUFFELSBAAI, WITSAND, MATJIESFONTEIN, JONGENSFONTEIN, GOURITSMOND, KLIPRAND, ETC.)	< 1 000

Figure 18: Settlement Classification (based on CSIR Guidelines and Associated Thresholds)

WCGHW supports the principles of spatial targeting and spatial transformation which features in the draft amendment of the PSDF currently underway by WCGEADP. The Department furthermore endorses Safety Priority and Spatial integration to build social cohesion and connected, safer spaces in towns. In terms of this, WCGHW recognises the critical support role that WCGEADP plays to the Department and municipalities in providing spatial and environmental intelligence, governance advice, tools and enabling legislative and policy frameworks. WCGHW's consultation with WCGEADP in terms of acquiring the correct site where the poorest communities will benefit the most, is evident to this. The positions for the clinic replacement in Caledon, the Worcester Transhex new clinic, as well as the Masiphumelele CDC site are examples of this.

The WCG is also continuing its efforts to strengthen land assembly capacity. Specific focus is on strengthening the Transit Oriented Development¹⁵ and Human Settlements partnership with the CoCT and on working with various role players (Department of Cooperative Governance and Traditional Affairs, the Department of Rural Development and Land Reform, SALGA, the Western Cape Municipalities and other partners) on the roll-out of the Integrated Urban Development Framework and the Small-town Regeneration Programme in the Province.

5.7.5 WCIF

The 2050 WCIF will serve as the WCG's strategic and operating framework for infrastructure in the Western Cape. Further detail is provided in paragraph 3.2.5 above.

5.8 PLANNING INFORMATION AND SUPPORTING INITIATIVES

5.8.1 EMS ANALYSIS

EMS has been analysed in terms of the goals stated in Healthcare 2030. The area that the ambulances are logically able to cover in eight minutes in urban areas (5 km) and forty minutes in Rural areas (40 km) has been plotted against the dependant population density background, which indicates where the highest need will occur. This, compared against the location of current ambulance stations, indicates the gap in the provision of services – refer to Figure 19. In interpreting the results of this analysis, it can be deduced that future ambulance stations will be required in the Strand area (Helderberg Hospital), Kraaifontein (Northern Hospital), along the R300 (Belhar Regional Hospital), and Heideveld (Heideveld CDC). Analysis of the Rural areas does not highlight any major gaps in terms of population density. Budget constraints are limiting improved access in the rural areas.

¹⁵ Transit Oriented Development has been identified as an approach to redress the imbalances caused by apartheid, which include the long distances that people earning low incomes must travel to get to work or other destinations and the lack of housing density and mixed land use.

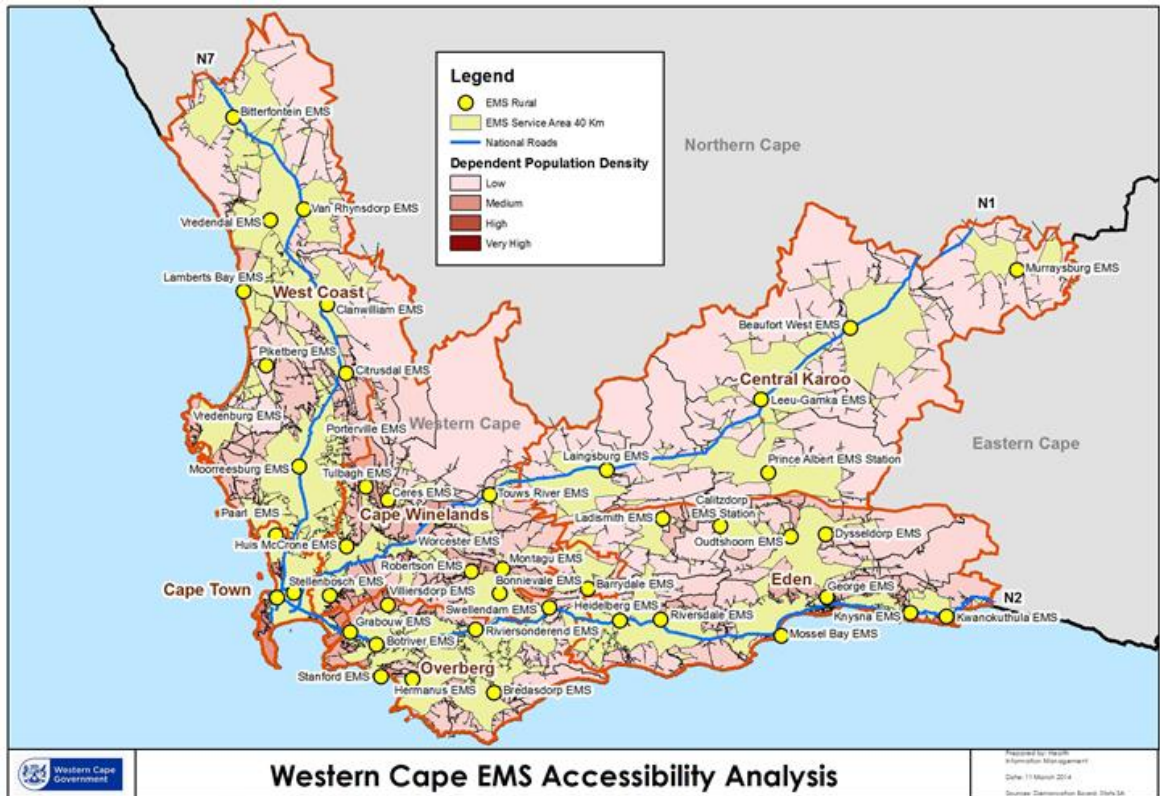


Figure 19: Western Cape EMS Accessibility Analysis

5.8.2 WESTERN CAPE STATE OF ENVIRONMENT OUTLOOK REPORT: 2014-2017

The WCGHW, as a member of the Project Steering Committee for the Western Cape State of Environment Outlook Report (SEOR), participated in the process of compiling the SEOR for the Western Cape for the period 2014-2017, which was published in February 2018 (the SEOR is produced five yearly).

The purpose of the SEOR is to inform policy makers, the public and other interested parties about the status of natural resources in the Western Cape; and trends regarding their utilisation.

The SEOR:

- Describes the condition of the environment and key issues and trends in the quality of the environment;
- Identifies human and natural causes of environmental change and recommends responses to change;
- Identifies current actions to improve environmental conditions and determines whether these actions are effective;
- Identifies additional actions for increased resilience and autonomous adaptation; and
- Identifies and describes linkages between social well-being, economic growth, development and ecosystems (opportunities and constraints).

The SEOR is aligned with the National Department of Environmental Affairs Outlook Report and deals with the following themes:

- Air Quality;
- Biodiversity and Ecosystem Health;
- Land;
- Climate Change;
- Human Settlements;
- Energy;
- Waste Management;
- Inland water and water management; and
- Oceans and Coasts (including fisheries).

For each theme, information is presented at a provincial, district and municipal level (where possible).

Emerging issues identified include the following:

- In terms of land:
 - Shale gas prospecting;
 - Energy infrastructure;
 - Climate change; and
 - Sustainable agriculture.
- In terms of human settlements:
 - Smart growth, densification, etc.;
 - Preservation of sense of place;
 - Resource efficiency;
 - Ecological infrastructure; and
 - Improved climate change adaptation.

5.8.3 WCGHW OFFICE ACCOMMODATION STEERING COMMITTEE

The Department has established a WCGHW Office Accommodation Steering Committee (as mandated by TEXCO on 5 February 2020) to review the current Metro and Rural office accommodation in line with its new proposed macro structure.

One of the Steering Committee's key responsibilities is to identify inefficiencies in the current utilisation of Metro and Rural office accommodation and future location. In this regard, the Committee proposed a set of office accommodation principles which was endorsed by WCGHW's Corporate Executive Management Committee in August 2021. These signed off principles together with a proposed draft Master accommodation plan was forwarded to IAM for their consideration and implementation. The Committee also considers MEAP, smart working, and how the new normal impacts on office accommodation requirements. It is understood that WCGTPW will continue with the implementation of their master accommodation plan post COVID.

Although WCGTPW advised that they will no longer continue with refurbishment and maintenance of two-thirds of WCGHW's office accommodation at health facilities, it has been agreed that WCGHW will formally approach WCGTPW for the classification of such offices as corporate office space versus health institutions' ancillary office space, where applicable. Thereafter WCGTPW will reconsider the refurbishment and maintenance of those classified as corporate office space. However, until the classification process is finalised, this additional burden will have to be attended to in a pragmatic manner as funding can only be reprioritised in terms of PES allocation due to the condition that HFRG funding may not to be used for office accommodation.

Further pressures in terms of office accommodation needs have been identified and are reflected in the templates.

5.8.4 INTEGRATED PLANNING INITIATIVES

WCGHW recognises that integrated planning is critical with respect to future health facilities and services. This is aligned to the province's WoSA, an approach built on partnerships with citizens, civil society, business, and other spheres of government in the Province and beyond (also refer to paragraph 3.2.4).

Examples of such integration include:

- Collaboration with electricity providers to exempt hospitals from loadshedding (as referred to in paragraph 6.9), which enables the rendering of uninterrupted quality health care during loadshedding, especially in theatres and emergency centres. This collaboration ensures a safer, uninterrupted power-supplied clinical setting in hospitals to save lives and provide the best possible care that is worthy of the residents of the Western Cape.
- CoCT appointed the CSIR to update their Social Facility standards (also referred to in 6.1.1.2). This included looking at ways to reduce future building footprints (e.g., going multi storey, providing more home-based care, etc.) due to a lack of suitable, available land, CSIR also assisted CoCT to establish city nodes to determine what services are currently available in those nodes, and to identify any gaps. To assist with the standardisation of health care services between the two spheres of Government, WCGHW provided its planning processes and benchmark norms followed when providing provincial health infrastructure to the CSIR. Further engagement with the CoCT's infrastructure team is ongoing. Ultimately the aim is for the CoCT and WCGHW to adapt a standardised and collaborated approach to the provision of PHC.
- In Weltevreden Valley, the South African Police Services will be co-located on Provincial land where the new CDC will be constructed. This integrated approach is in response to community needs and will also improve safety and security for the staff and patients at the

new facility. In reality there has been some challenges in terms of alignment of timelines etc. but it remains a model to be supported.

- Planning of the much needed new Klipfontein Regional Hospital, which is being planned as part of the greater long-term vision for the Manenberg Upgrade, is ongoing. It will require 7 hectares of land to accommodate this 550-bed facility – which is much larger than either of the existing hospitals in Mitchell's Plain and Khayelitsha. Due to the limited availability of land in Manenberg, WCG has been engaged in constructive and robust discussions with the community steering committee and local education structures on how best to effect the overall upgrade. The long-term vision for the Manenberg Upgrade is the construction of a Youth Lifestyle Campus in Manenberg – a network of education and after-school facilities, linked by safe promenades and upgraded lighting and infrastructure. The entire ethos of the upgrade is based on the Violence Prevention through Urban Upgrading methodology, which has been embedded in many ground-breaking projects.
- The Helderberg Regional Hospital is being planned as part of an Integrated Public Service Precinct, comprising a school campus and the hospital itself. The development is intended to improve the access to educational and health services for the beneficiaries, to contribute toward building an inclusive community, and improve economic and social security.
- The Integrated Management Work Group under the auspices of Provincial Strategic Goal 5, which aims to embed good governance and integrated service delivery through partnerships and spatial alignment, developed the first Integrated Work Plan in 2016, which was subsequently updated in 2017. The Integrated Work Plan seeks to improve “integrated planning, budgeting and implementation between WCG and the Western Cape Municipalities.” The Local Government Medium Term Expenditure Committee (MTEC) process in terms of the Integrated Work Plan cycle is particularly important, as this provides sector departments with the opportunity to provide inputs into the municipalities’ draft Integrated Development Plans, SDFs and budgets, as well as to engage with all the Western Cape municipalities. WCGHW considers it imperative to participate in this process.

Furthermore, the WCGHW serves on several Interdepartmental as well as Intergovernmental Steering Committees and provides input into draft Local Authority SDFs, specifically in relation to the establishment of Health facilities at new and expanding settlements. These frameworks (reflected in Table 7 below), in broad, focus on the biophysical, socio-economic and built environment and guides spatial development and land use planning in a desirable and sustainable manner to ensure integrated, sustainable and liveable environments while addressing spatial challenges / problems.

Spatial Development Frameworks	
District Municipalities	Local Municipalities
Cape Winelands	Breede Valley Drakenstein Langeberg Stellenbosch Witsenberg
City of Cape Town	Blue Downs IDSDF Cape Flats IDSDF Helderberg Khayelitsha, Mitchells Plain, Greater Southern IDSDF Table Bay IDSDF
Garden Route	Bitou George Hessequa Kannaland Knysna Oudtshoorn
Overberg	Cape Agulhas Overstrand Swellendam Theewaterskloof
West Coast	Bergrivier Cederberg Matzikama Saldanha Swartland

Table 7: List of District and Local Municipal Spatial Development Frameworks

Input provided to the above frameworks include information on WCGHW Strategic Plans, objectives and projects, the needs and opportunities in the specific municipal area, current health facilities and future requirements, and partnerships for the next five years.

Through these engagements, WCGHW can align its planning with the relevant Local Authorities. An example of this is the combined effort between WCGHW and the Langeberg Municipality to identify a central suitable Municipal site for the construction of the new Robertson CDC in line with the Cape Winelands SDF which addresses physical urban area and socio-economic integration.

The following are additional examples of integrated planning initiatives:

- Cape Winelands Urbanization Study into the impact of urbanisation on Health Infrastructure.
- Vredenburg Urban Revitalisation Steering Committee.
- Inter-governmental Steering Committee to compile Provincial Regional Spatial Implementation Framework for the Greater Cape Metro. This Steering Committee focuses on various practical matters such as cross municipal boundary settlement growth, the National Spatial Action Areas, and hot-spot management of areas where there is significant pressure for industrial and other development.

- SEOR Project Steering Committee.
- Minister of Health Engagements with Mayors and Municipal Managers.
- Collaboration with WCGEADP's Spatial Planning and Advisory Support Services to ensure that the planning of future Health facilities is aligned with spatial planning and green economy principles, policies, and guidelines. It is WCGHW's intention to adopt a "Theory-of-Change" approach where all its infrastructure projects include a theory of change, i.e., the causal mechanisms between activities, outputs, outcomes and impacts. Also, to adopt an explicit "Systems Thinking" approach to the Department's contribution towards spatial planning and whole of government investment in the built environment. WCGHW is on the forefront of investing Infrastructure to benefit most to the poorest of the poor.

6. DRIVERS OF INFRASTRUCTURE DEMAND

6.1 RESPONDING TO INCREASING POPULATION AND CHANGING DEMOGRAPHICS

Population and demographic information received from various sources informs the planning processes, with Census 2011 being the main source. The process of town planning consists of two primary components, namely land use management and spatial planning. Finding the correct site for health facilities is a major factor in ensuring that adequate settlement densities and appropriate urban forms are promoted to ensure that the use, accessibility and desirability of facilities are optimised.

The planning process must take cognisance of population growth, dispersion and movement in the province, for example, the shift towards urbanisation from rural areas in past years (according to the PSDF (WCG 2014, page 76), 90% of the Province was at that stage already urbanised).

The Department of Environmental Affairs and Development Planning is undertaking a Migration Study based on the 2016 municipal community survey data in order to provide insights and perspectives into the migration trends in the Western Cape and to provide insight into the socioeconomic and demographic characteristics related to migration. Initial findings shared at the Greater Cape Metro Regional Spatial Implementation Framework meeting of 1 June 2022, confirmed that the highest concentration of in-migrants is experienced in the City of Cape Town, Stellenbosch, Overstrand and Saldanha.

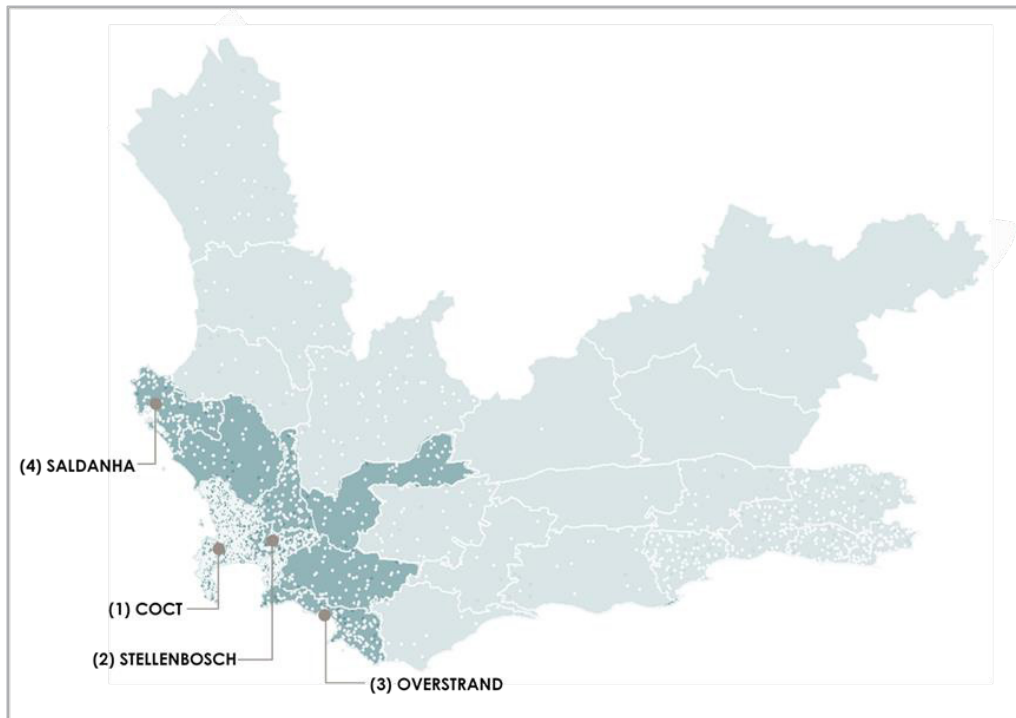


Figure 20: Density of In-migration to the Greater Cape Metro Region

The population estimates for the Western Cape have been updated using the latest data available from Statistics South Africa (Stats SA) based on the 2020 MYPE series. According to this data, the projected population in the Western Cape for 2023/24 is approximately 7 356 418, an increase of about 2 per cent per annum from the 2011 census population estimate of 5 849 185. The Province is expected to experience rapid growth of approximately 11.7 per cent for the period 2023-2030, reaching a projected figure of approximately 8 186 184 by 2030, owing largely to in-migration from other provinces, most notably the Eastern Cape. The graph below shows the population distribution in the Province. Approximately 51 per cent of the total population in the Western Cape are females. About 59 per cent of the population are below the age of 35, while about 7 per cent of the population is over the age of 65. About 69 per cent of the population are in the economically active age groups 15-64 and about 25 per cent are under the age of 15.

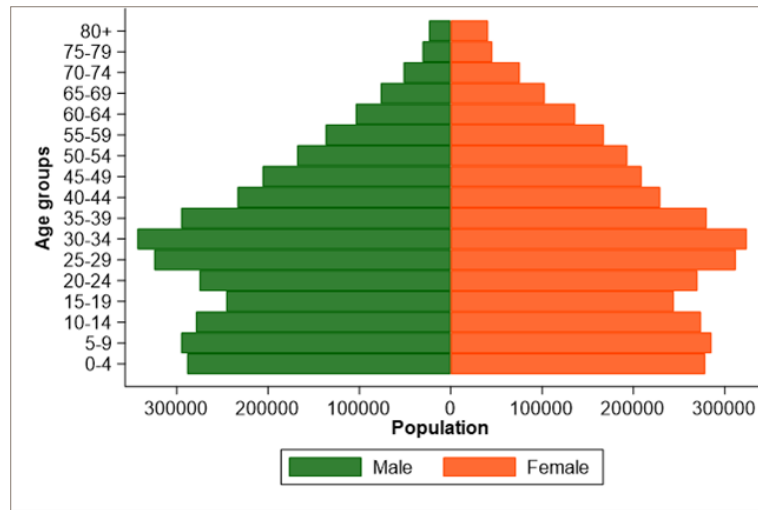


Figure 21: Western Cape Population by Age

The Demographics are as follows:

Demographic Data	Western Cape	Unit of Measure
Geographical area	129 462	km ²
Total population for 2023/24	7 356 418	Number
Population density	57	Per km ²
Percentage of population with medical insurance (General Household Survey 2018)	25.1	%

Table 8: Western Cape Demographics

According to *Planning for the Journey – Forecasting migration-led population change to 2030 with a case study on education spending (August 2018)*, a policy research paper published by WCG’s Department of the Premier:

- The Western Cape’s population is forecast to grow by 1.3 million people over the next 10 years, reaching an estimated 7.9 million in 2030 – an increase of approximately 20% from 2018.
- A net migration of an estimated 690 000 people (an average of 57 500 people per annum) will account for more than half of the 1.3 million additional residents. It is expected that a very small minority of these migrants will be in the high-income category, and it can therefore be assumed that most migrants will rely on public services, thus increasing the demand on services such as health.
- Increased longevity, a declining birth rate, and, to a lesser degree, the movement of retirees into the Province mean that the Western Cape’s population is aging.

Figure 22, Figure 23 and Figure 24 illustrate the influx into the Western Cape which has the resultant effect that densities increase in certain areas which, in turn, places pressure on the health facilities.

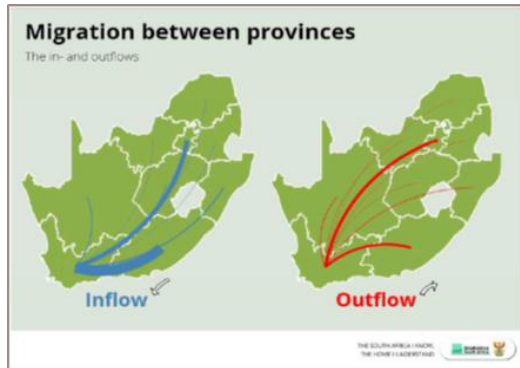


Figure 22: Western Cape Migration – In and Out Flow

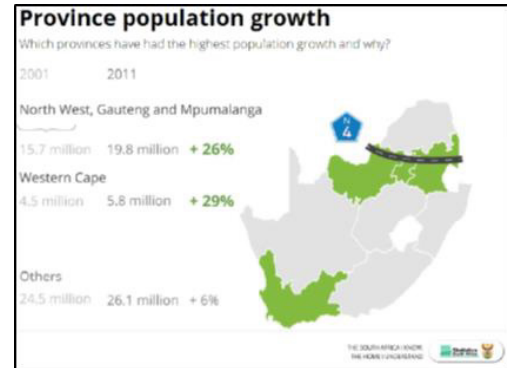


Figure 23: Province Population Growth

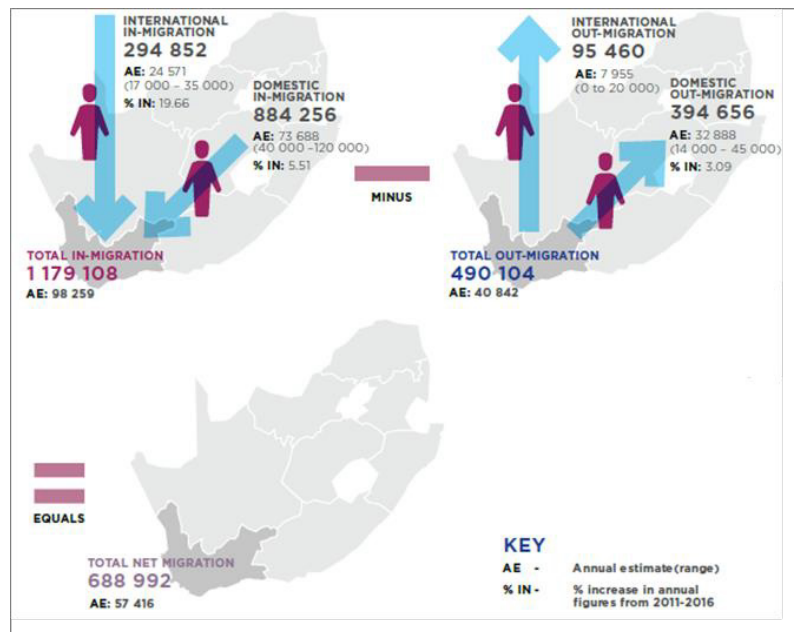


Figure 24: Estimated Migration Flows in the Western Cape for period 2018 to 2030¹⁶

¹⁶ Source: Planning for the Journey – Forecasting migration-led population change to 2030 with a case study on education spending (August 2018)

Figure 25 indicates population forecasts by age group in the Western Cape during the period 2018 to 2030. As can be seen, growth is expected to be slowest in the child population. The only age cohort that is expected to decrease in size is that of children under 5, which shrinks by 2.6 per cent, and the 5-14 age cohort is expected to grow by a relatively modest 2.8 per cent. This slow growth in the child population compared to the adult population reflects both slowing birth rates and the greater likelihood of migration among working-age people.



Figure 25: Population forecasts by age group in the Western Cape¹⁷

The current (Census 2011) and projected future (2040) population density in the Western Cape is reflected in Figure 26 and Figure 27 respectively.

¹⁷ Source: Planning for the Journey – Forecasting migration-led population change to 2030 with a case study on education spending (August 2018)

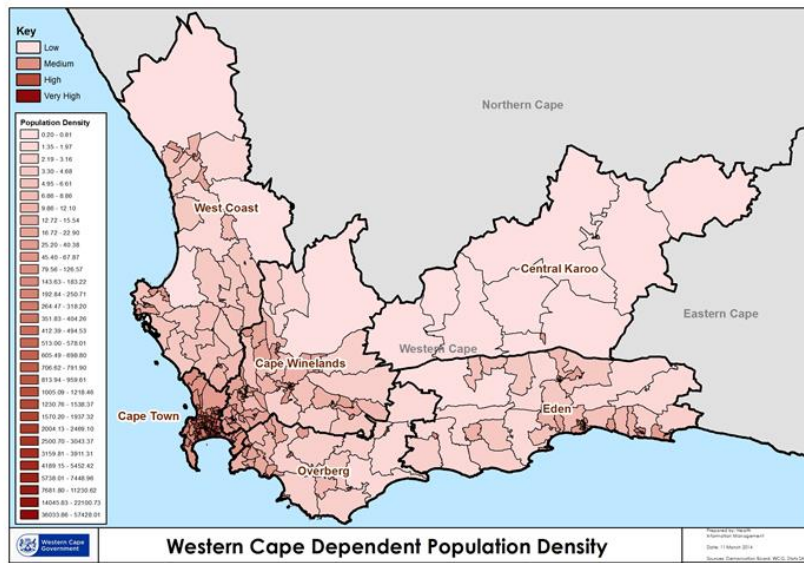


Figure 26: Western Cape Population Density

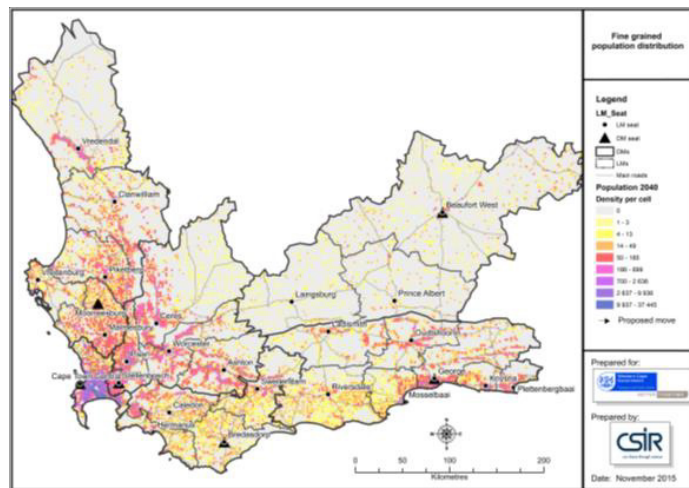


Figure 27: Western Cape 2040 Population Density based on Fine Grained Grid¹⁸

¹⁸ Source: CSIR, 2015

Figure 28 below indicates the highest populated areas within the Metro area. Current planning of health facilities is based on this demographic reality.

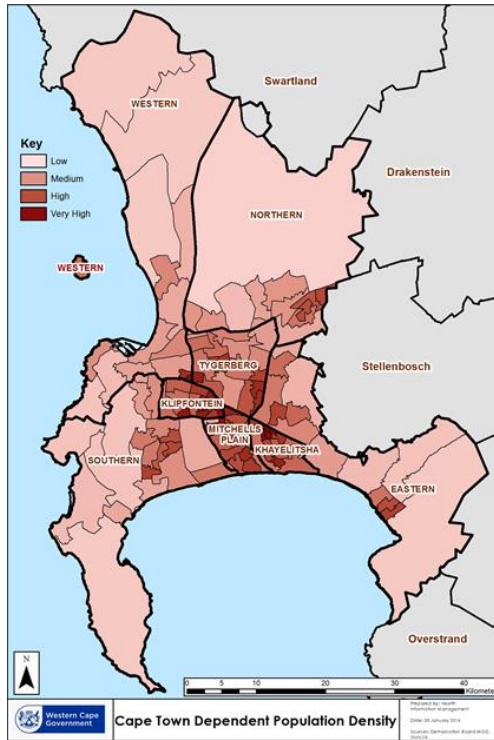


Figure 28: Cape Town Dependent Population Density

Figure 26 and Figure 28 above also illustrate the Census 2011 ward level statistics on the Western Cape population density. Facilities in these areas will receive priority attention as this will impact on the biggest portion of the population. The very high-density areas represented in dark brown are listed in Table 9 below.

Cape Winelands	City of Cape Town	Central Karoo	Garden Route	Overberg	West Coast
Ceres – Nduli	Athlone	Beaufort West	George	Hermanus	Malmesbury
Paarl	Belhar	Prince Albert	Plettenberg Bay		Saldanha
Stellenbosch	Delft		Mossel Bay		
Worcester	Elsies River		Oudtshoorn		
	Grassy Park				
	Gugulethu				
	Khayelitsha				
	Kraaifontein				
	Langa				
	Matroosfontein				
	Mitchell's Plain				
	Nyanga				
	Parow				
	Philippi				
	Strand				
	Southern suburbs				

Table 9: Western Cape High Density Population Areas

In addition to the above, Stats SA's Quarterly Labour Force Survey released on 24 August 2021, indicates that national employment declined by 54 000 from the previous quarter to 14.9 million, while the number of unemployed increased by 584 000 to 7.8 million. As a result, the official unemployment rate increased from 32.6 per cent in the first quarter of 2021 to 34.4 per cent in the second quarter, which is the highest unemployment rate recorded since the Quarterly Labour Force Survey was first introduced in 2008.

In the Western Cape, employment declined by 53 000 from the first quarter to 2.256 million in the second quarter of 2021, while the number of unemployed increased by 65 000 to 784 000. The official unemployment rate in the Province increased from 23.7 per cent in the first quarter of 2021 to 25.8 per cent in the second quarter of 2021. The provincial expanded unemployment rate increased by 1.2 per cent from the first quarter of 2021 to 29.1 per cent in the second quarter of 2021.

The impact of the COVID-19 lockdown period led to increased levels of unemployment, food insecurity and hunger. This resulted in spending pressures for the WCG. The pandemic also had a psychological impact on individuals and families. There has been an increased demand for psycho-social support services to families at risk and a significant rise in anxiety levels, consequentially impacting on mental health.

6.1.1 METRO – CITY OF CAPE TOWN

The Cape Town Metropolitan region is 2 445 km² in area, with a steadily growing population of 4.68 million persons (2022 mid-year population estimates, Stats SA) and a relatively low-density (1 913 people per km²)¹⁹.

According to WCGHW's latest population estimates (see Table 10 below):

- The population of the CoCT is currently estimated at 4.78 million people, which represents a growth of 26 per cent since Census 2011 (3.79 million people); and
- Is expected to reach a figure of approximately 5.45 million people by 2030, i.e., a growth of 44 per cent from 2011 and 14 per cent from 2023.

The CoCT documented in 2017 that the City's population stood at an estimated 4.00 million people in 2016 (based on the 2016 Stats SA Community Survey) and would reach figures of approximately 5.12 million people by 2030 and 5.84 million people by 2040. This suggests that over a period of 24 years the population is expected to increase by approximately 1.80 million, or 46 per cent, which is considered a significant growth, and one which will impact greatly on the demand for services and infrastructure needs in the Metro.

As per the latest available data from the NDoH and Stats SA, the official population estimates being used by WCGHW for the purposes of planning (refer Circular H 12 / 2023) are contained in Table 10. To determine the uninsured / dependant population, the figures in the table would need to be adjusted to 75.2 per cent as per Circular H 11 / 2018.

DISTRICT	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
Cape Town	4 697 606	4 775 364	4 856 481	4 939 137	5 024 057	5 108 636	5 192 528	5 277 031	5 362 191	5 448 187

Table 10: Population Estimates for the Metro

Table 11 provides population projections and growth rates for the Sub-districts in the Metro based on the data provided with Circular H 12 / 2023. It should be noted that the Western Cape's Provincial Population Forum meets on a regular basis to discuss the Province's population projections. The Forum furthermore uses different methods to test and analyse information, and also updates it as and when interim statistical survey data becomes available.

Districts and Local Municipalities	2011	2021	2030	Growth Rate	Growth Comparison
Eastern	520 960	730 437	928 380	3.09%	Faster
Khayelitsha	397 977	447 614	483 923	1.04%	Slower
Klipfontein	388 394	412 175	426 768	0.50%	Slower
Mitchells Plain	518 011	625 604	706 885	1.65%	Slower
Northern	371 639	480 659	581 022	2.38%	Faster
Southern	525 846	605 216	670 258	1.29%	Slower
Tygerberg	609 967	745 243	858 446	1.82%	Slower
Western	480 728	650 657	792 505	2.67%	Faster
Total: Metro	3 813 523	4 697 606	5 448 187	1.90%	

Table 11: Population Projections for Subdistricts in the Metro

¹⁹ Source: CoCT Urban Planning and Design Department's Presentation (20 June 2022)

6.1.1.1 SOCIO-ECONOMIC INDEX: CITY OF CAPE TOWN

Figure 29 shows the socio-economic index (Western Cape: Census 2011) for the CoCT. This index is an indicator of the burden of disease and identifies areas of greatest need. WCG Social Development originally compiled the index from Census 2011. Four domains were used, namely:

- Household Services (Sub-domains: Energy source for lighting, main water supply, refuse disposal, and toilet facilities);
- Education;
- Housing; and
- Economic.

The purpose of the Socio-Economic Index was to:

- Identify comparable areas of the Western Cape and Cape Town that have the greatest need for development purposes;
- Assist in objectively prioritise areas for projects; and
- Serve as a proxy for poverty / vulnerability / areas of high need.

In identifying the areas of greatest need, the higher the value of the index for any area, the poorer or needier the area is in terms of the index.

Based on the result values of the index, all the sub-places have been divided into five categories in the indexes as reflected in the table below.






	Very needy	from 0.641 to 1.000
	Needy	from 0.461 to 0.640
	Average	from 0.341 to 0.460
	Good	from 0.151 to 0.340
	Very good	from 0.000 to 0.150

Table 12: Sub-place categories

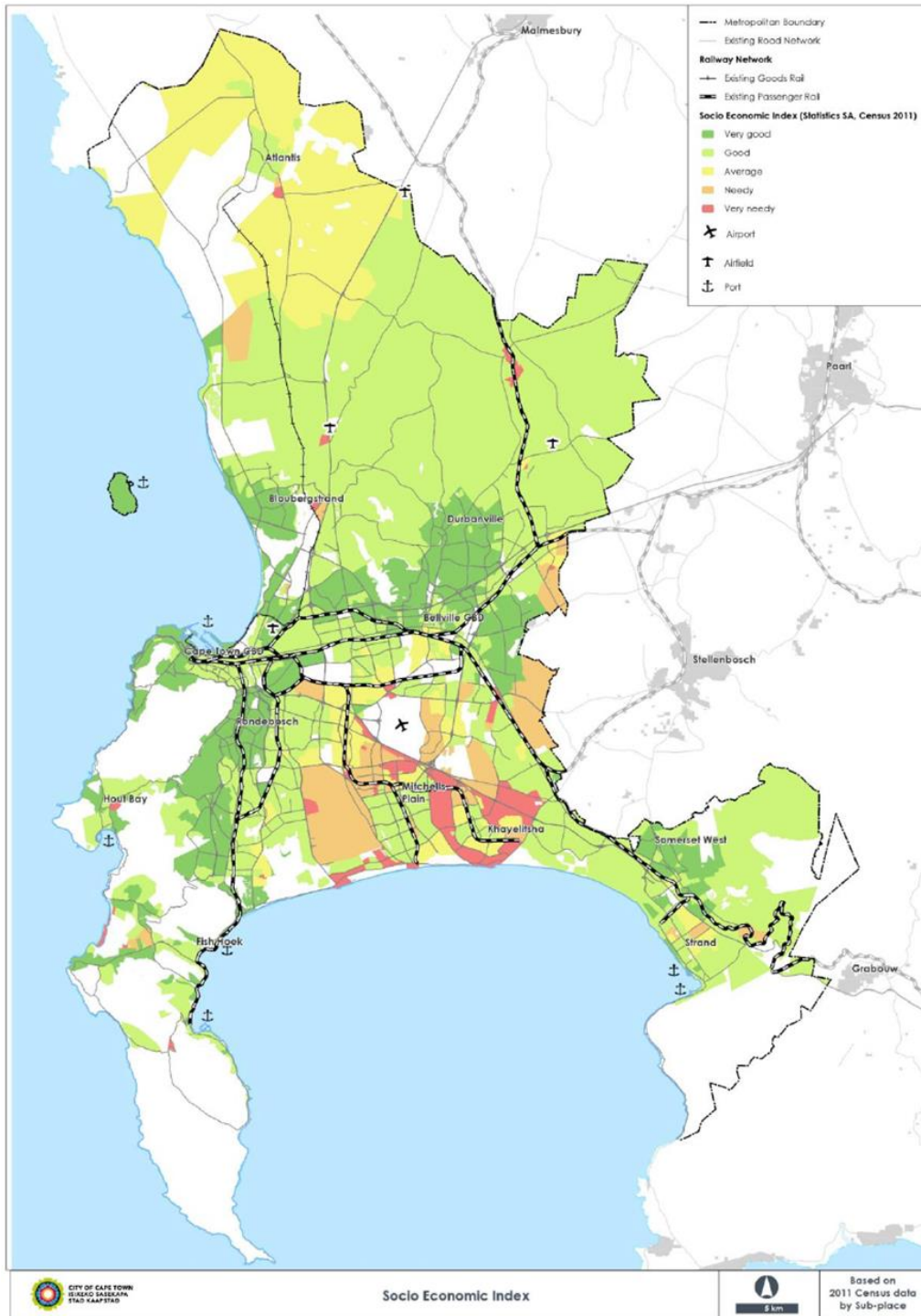


Figure 29: City of Cape Town – Socio-economic Index²⁰

²⁰ Source: 2022 MSDF (26 January 2023)

6.1.1.2 GROWTH AND SPATIAL TARGETING IN THE METRO: IMPACT ON THE PROVISION OF HEALTH FACILITIES

The CoCT's spatial vision as documented in its latest 2022 MSDF (see paragraph 2.4.3.2), is depicted in Figure 30 below.

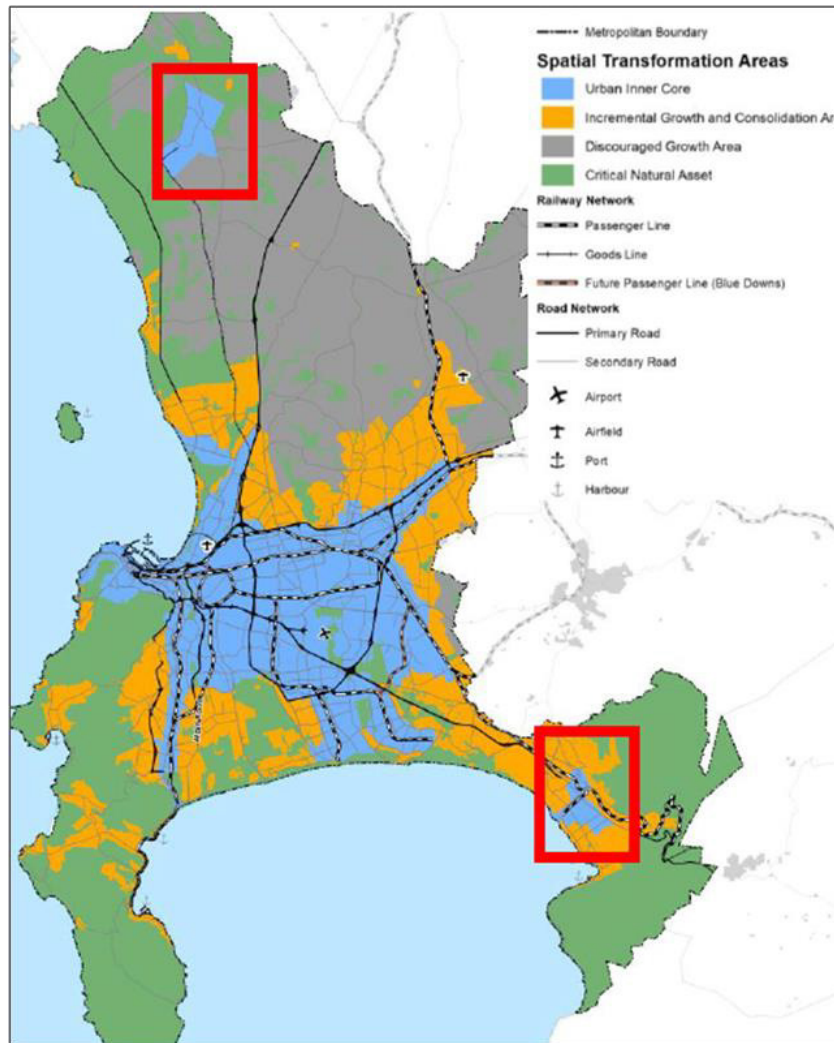


Figure 30: CoCT's 2022 MSDF – Spatial Vision²¹

In support of this spatial vision, four Spatial Transformation Areas (STAs), e.g., Urban Inner Core have been conceptualised in the 2022 MSDF to provide the basis for spatial targeting. The STAs are described in Figure 31 below.

²¹ Source: CoCT Urban Planning and Design Department's presentation (20 June 2022)





STA	Where it is	Guiding principle	Description and investment rationale
Urban Inner Core		Future-proof and upscale	This includes the majority of the city's existing industrial and commercial nodes, the airport, ports and primary freight infrastructure, and Integrated Public Transport Network (IPTN). The City will prioritise these areas for investment and co-investment with the aim of spatially transforming, integrating and intensifying the city form.
Incremental Growth & Consolidation Areas		Fix and maintain	These are areas where the City and public sector are committed to servicing existing communities and where new development will be subject to infrastructure capacity.
Critical Natural Assets		Enhance	These are areas that contribute significantly to the City's future resilience and/or have protection status in law. They include a number of protected environments and conservation areas outside the Urban Inner Core or Incremental Growth and Consolidation Areas. The City and public sector are committed to service, protect, enhance and extend Critical Natural Assets.
Discouraged Growth Areas		Avoid	The City will not invest in Discouraged Growth Areas, which include protected areas based on natural and agricultural assets, areas with a lack of social and physical infrastructure and areas that do not contribute to spatial transformation, inward growth or the premise of transit-oriented development.

Figure 31: Spatial Transformation Areas²²

The City remains committed to maintaining existing infrastructure and amenities and addressing infrastructure or amenity backlogs throughout the City. However, spatial targeting implies that the City, Province and State-owned entities will focus new infrastructure and investment and within the Urban Inner Core as defined in the 2022 MSDF. See the City's Consolidated Spatial Concept Plan in Figure 32 below.

²² Source: CoCT Urban Planning and Design Department's presentation (20 June 2022)

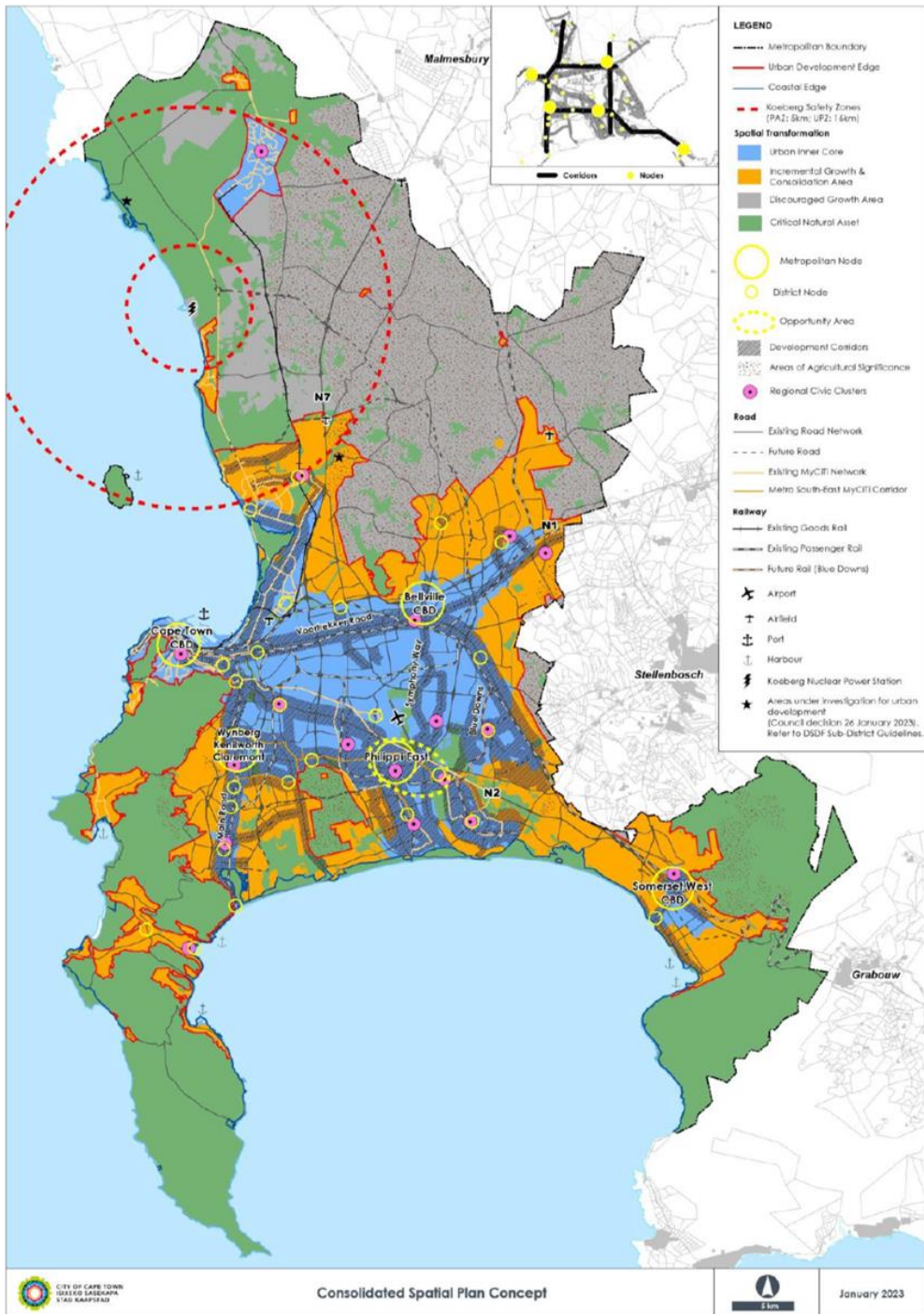


Figure 32: City's Consolidated Spatial Plan Concept (including STAs)²³

²³ Source: 2022 MSDF (26 January 2023)

Housing developments and certain spatial targeting and strategic implementations by the CoCT, as identified in their past Built Environment Performance Plans (BEPPs), will impact on the number of persons visiting current facilities and may result in over utilisation of current facilities, or may indicate future demand.

Figure 33 indicates the City's spatial targeting with respect to informal settlements and housing projects, while Figure 34 and Figure 35 show where human settlements and housing developments have been approved for implementation.

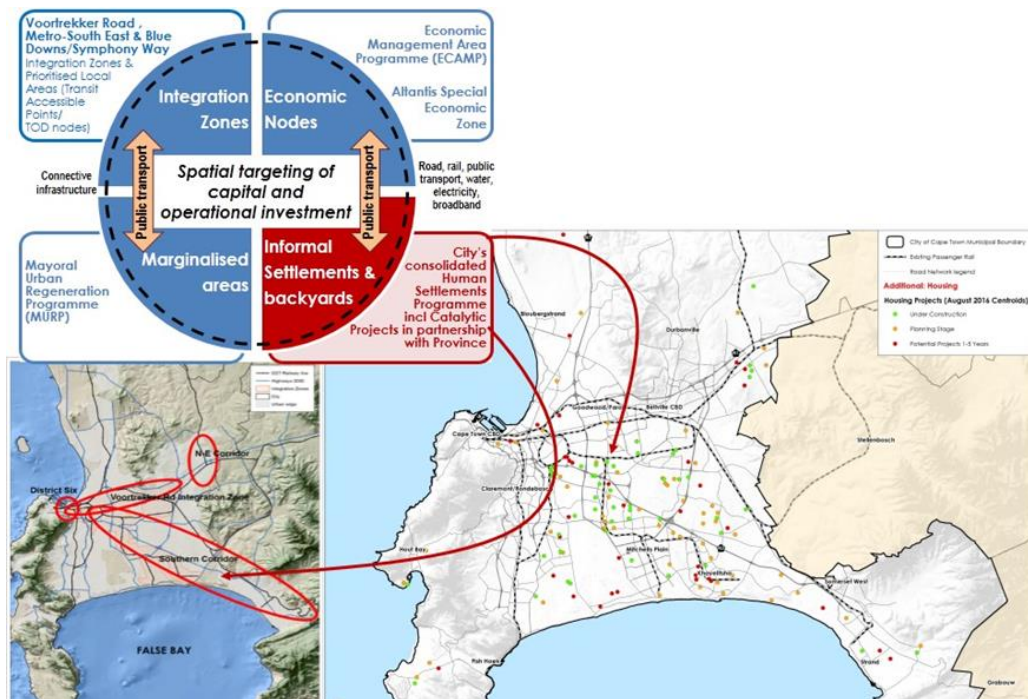


Figure 33: CoCT Spatial Targeting – Informal Settlements and Housing Projects

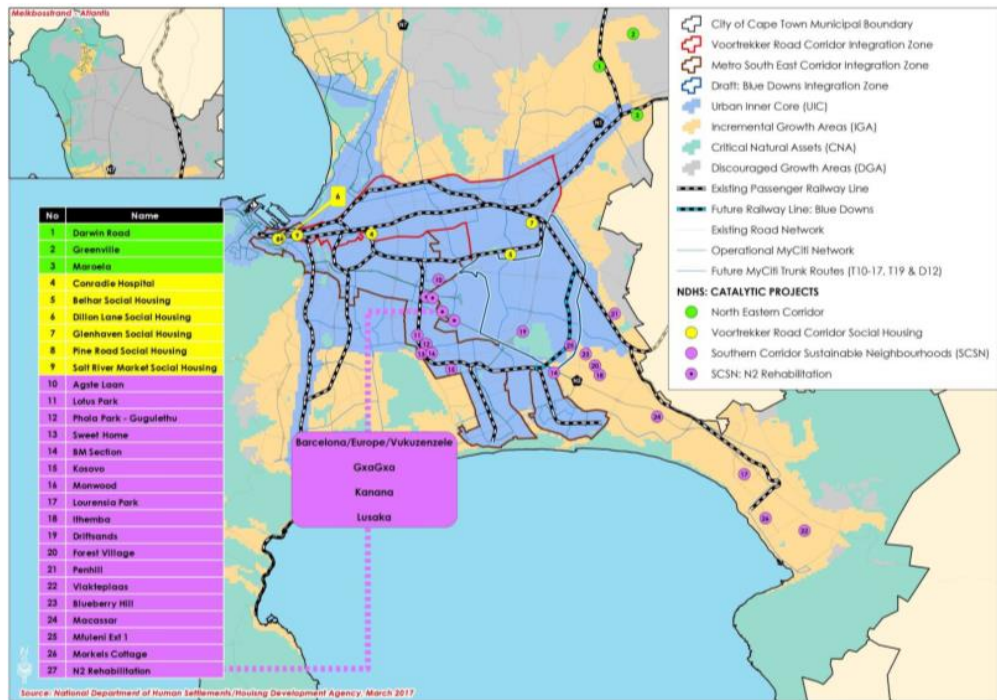


Figure 34: Spatial Location of Human Settlement Catalytic Projects²⁴

²⁴ Source: CoCT's 2018/19 BEPP

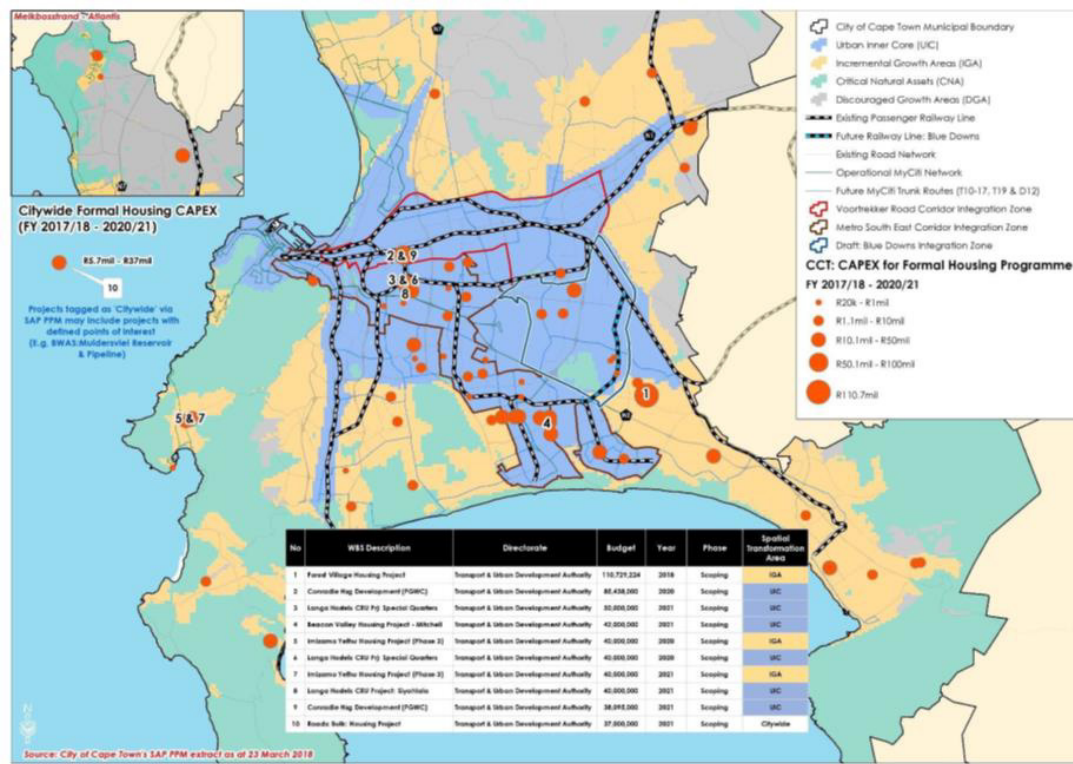


Figure 35: CoCT's Capex Budget – Formal Housing Programme (2017/18 to 2020/21)²⁵

In addition to the baseline information in terms of accessibility, it is critical to investigate the expected growth areas in the Province when priorities are being determined.

Growth in informal dwellings largely occurs in the Metro South-east, and the establishment of backyard dwellings is mainly prevalent in areas where subsidised housing has been delivered. Large numbers of backyard dwellings also occur in older low-income areas of the City. These are reflected in Figure 36. The location and extent of planned upgrades to informal settlements and backyards during the period 2017/18 – 2020/21 are indicated in Figure 37.

²⁵ Source: CoCT's 2018/19 BEPP

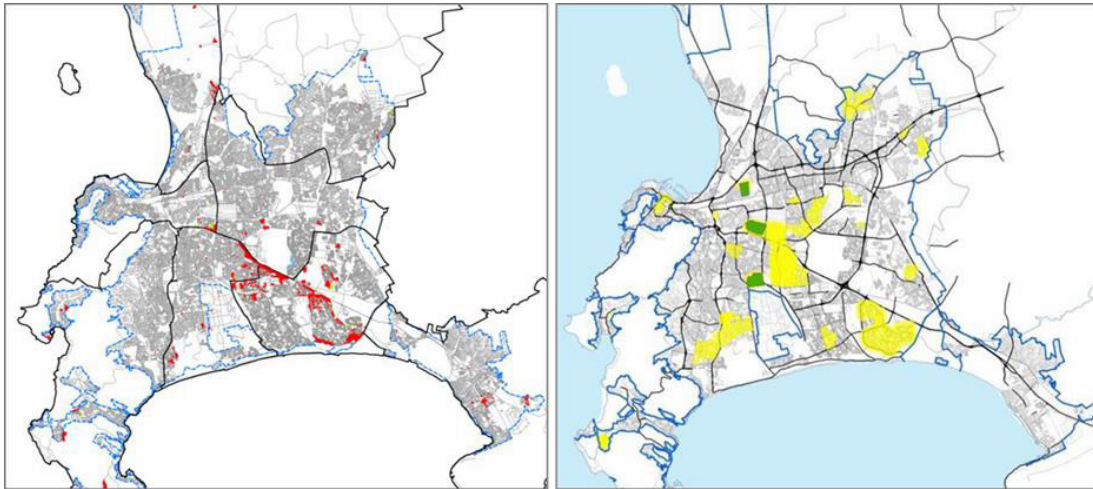


Figure 36: Location of Informal Settlements (Left: Comprising over 141 000 Households) and Backyard Priority Areas (Right: Comprising over 41 000 Households)

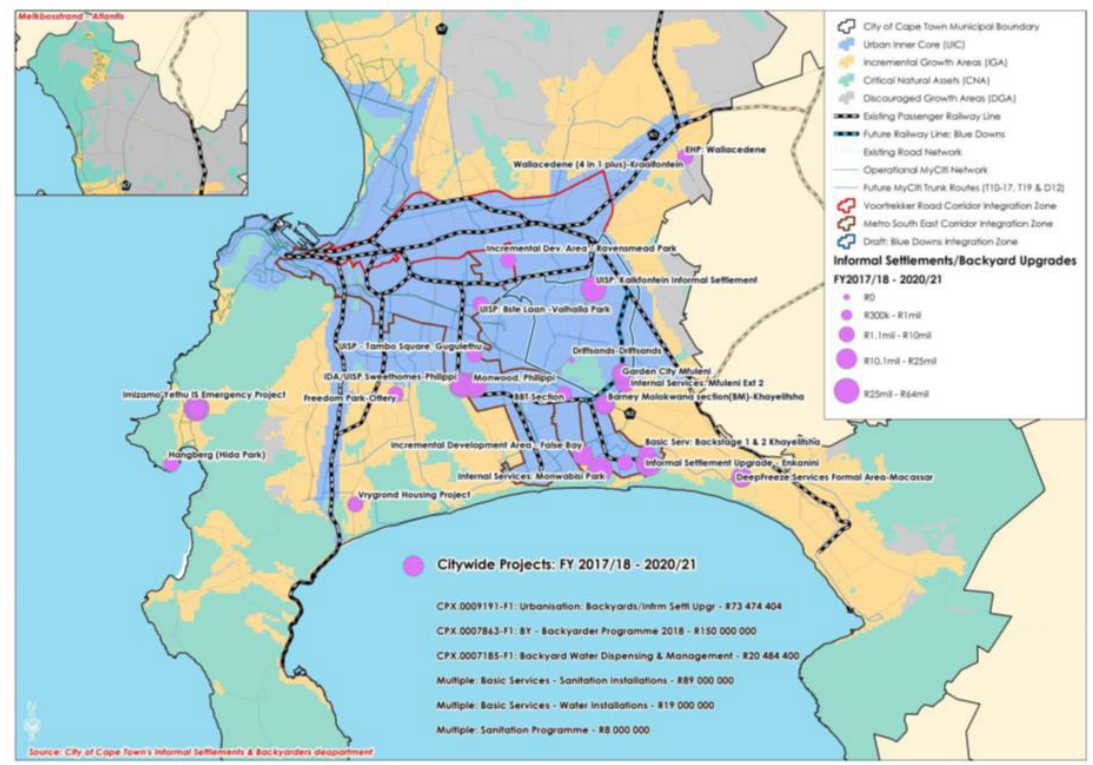


Figure 37: Spatial Location of Urban Settlements Development Grant Funded Informal Settlements and Backyard Upgrades (2017/18 to 2020/21)²⁶

²⁶ Source: CoCT's 2018/19 BEPP

The CoCT has also determined spatial targeting with respect to marginalised areas as indicated in Figure 38. The Mayoral Urban Regeneration Programme is an example of a key initiative – in which the WCGHW is involved – being implemented in response to a marginalised area in need of social facilities.

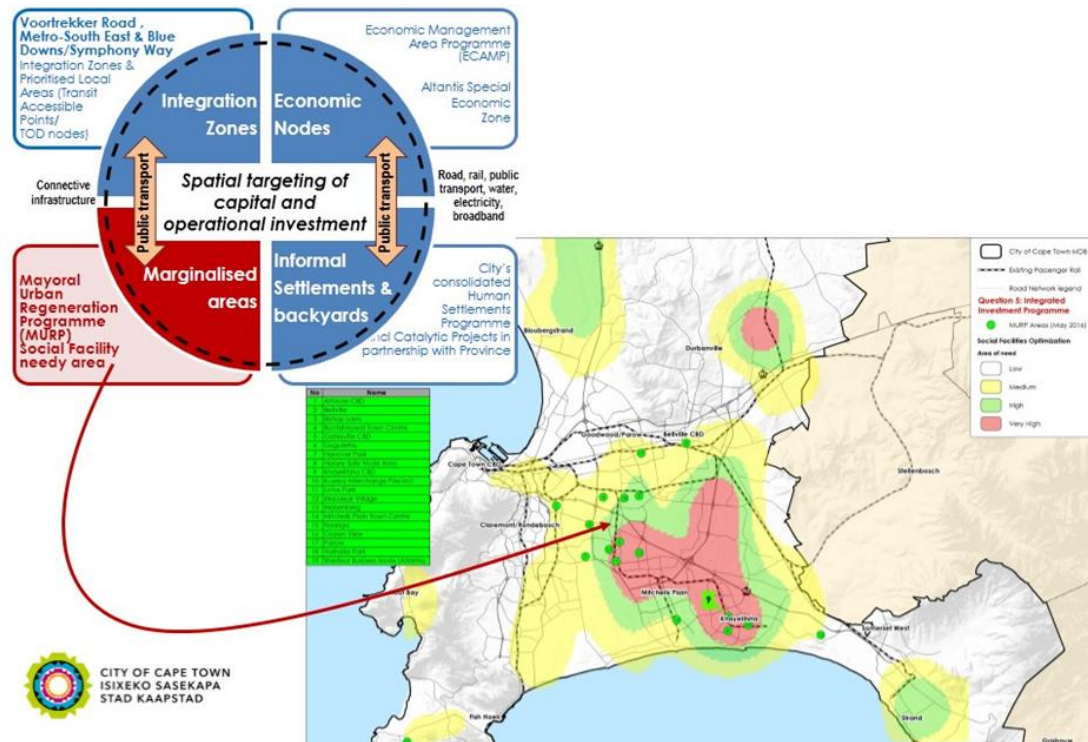


Figure 38: CoCT Spatial Targeting – Marginalised Areas

Figure 39 provides a consolidated diagrammatic representation of the City's implementation focus with respect to the identified Integration Zones / Corridors and public transport essentials; the Marginalised Areas; Catalytic Human Settlement locations, etc.

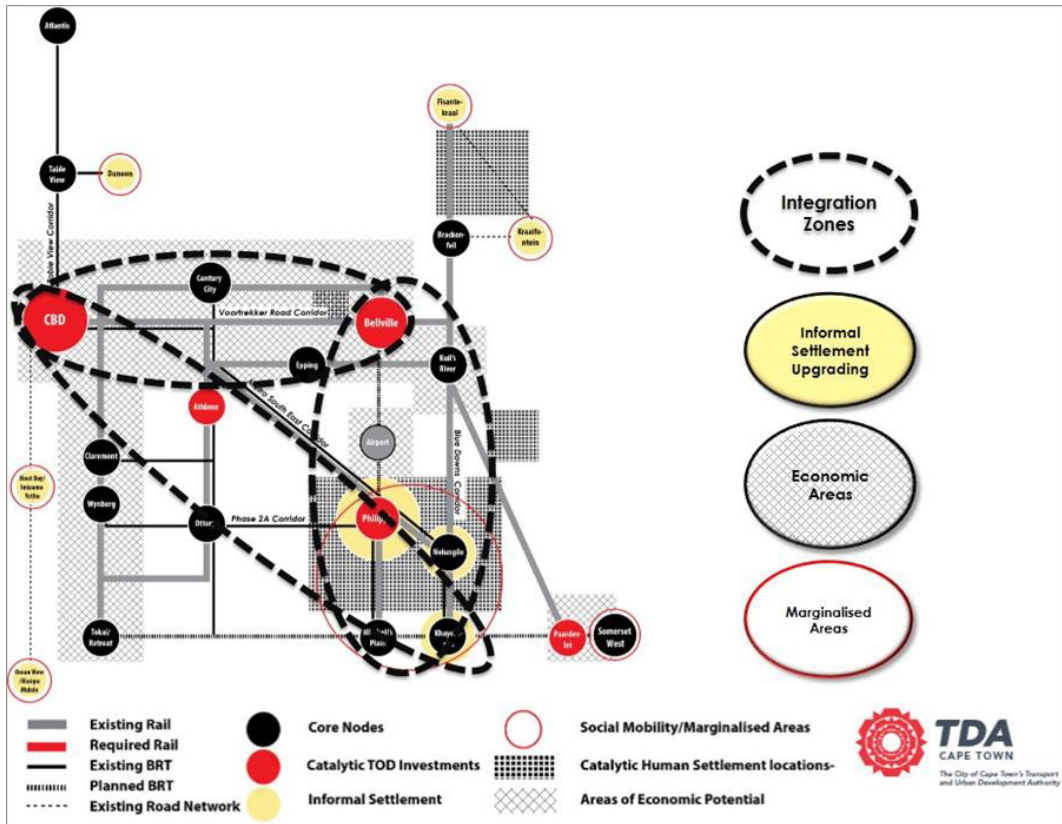


Figure 39: CoCT's Implementation Focus

The current MyCiti bus and commuter rail services are provided in Figure 40. This reiterates the importance of the correct placement of facilities to ensure good accessibility. It is noted that, according to the BEPP 2019/20, the City is committed to designing, constructing and commissioning Phase 2a of the MyCiti network, i.e., linking Mitchell's Plain and Khayelitsha in the Metro South East Integration Zone with Claremont and Wynberg in the southern corridor of the City, and this will reflect as one of the primary expenditure items on the City budget for the next ten years.

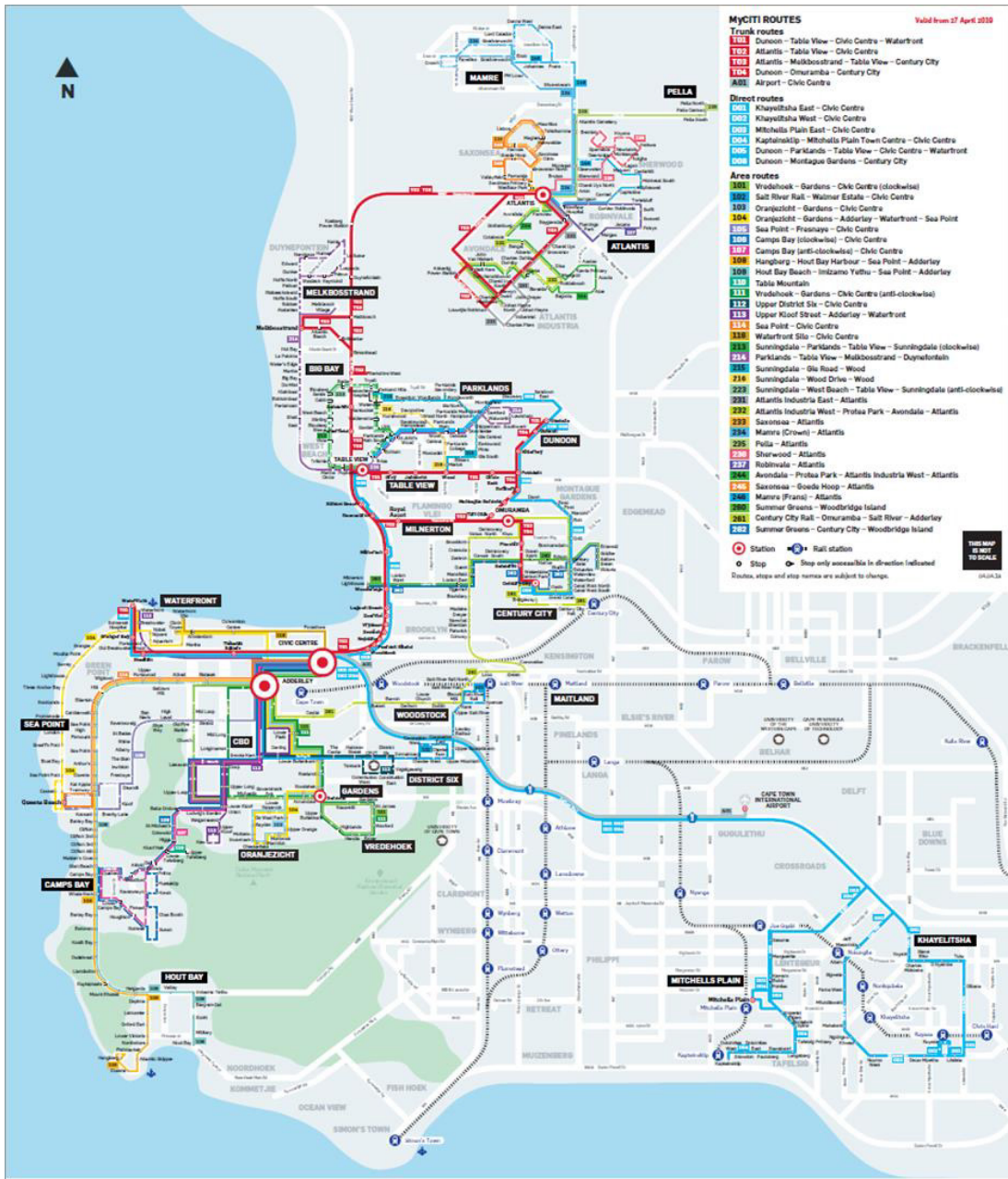


Figure 40: Current Public Transport²⁷

²⁷ Source: MyCiti website

The City is currently undertaking various long term planning, conceptualisation or implementation processes with respect to the following major projects through which it aims to facilitate Transit Oriented Development by means of public sector intervention and targeted service delivery:

- Athlone Power Station;
- Bellville Central Business District (incorporating the Bellville Public Transport Interchange and Paint City site);
- Conradie;
- Foreshore Freeway project;
- Paardevlei;
- Philippi East; and
- Two River Urban Park.

Opportunities in these precincts arise from their location at points where people currently or potentially access the integration of rail, bus, and minibus taxi services. In addition, all sites will ultimately benefit from the Integrated Public Transport Network bus rapid transit / rail services.

Following the CSIR's benchmarking study (see paragraph 5.8.4), *Forward Planning 2032: Social Facilities in Cape Town*, which was completed several years ago, the CSIR undertook a study during the latter half of 2020 titled *Forward Planning 2040: Community Facilities and Service Points in Cape Town*. The WCGHW served on the CoCT task team, with one of the key aims of the study being to assist with the identification of areas of sufficiency / insufficiency with respect to the provision of health facilities and help identify the gaps within the Metro.

Similar to the previously completed CSIR study, this more recent study calculates access and capacity of existing facilities as well as forecasted facility demand for the estimated population in 2020, as the baseline, and for the additional growth in population by 2040 (the previous study projected to 2032). The projections for 2040 signal an important message to both the WCG and the CoCT with respect to the current backlog and large growing demand for the provision of social facilities. It is important to note in this regard that:

- The Metro South, South-east and Parklands/Sandown areas appear to be the areas of highest need and are placed further under pressure due to population growth.
- Current investment is prioritising areas of high population growth with respect to both educational and PHC facilities.
- Future investment should focus on (a) expanding capacity through new facilities or upgrading existing facilities, (b) enhancing access to these facilities by improving public transport, (c) actively engage with space allocation (erf sizes and building design) of facilities developing new models of co-location and clustering as well as multi-level facilities, and (d) a clear notion that developing new facilities on the outskirts of the City will exacerbate the backlog demand in the built-up part of the City.

Although Johannesburg remains the city with the highest population, Cape Town's comparative growth rate was the highest in the country, at 20.91 per cent for the period 2001-2007. The State of Cities Report refers to the population growth rate for Cape Town as being consistently higher than the total population growth rate for the country. The expected population growth for the CoCT is reflected in Figure 41 below.

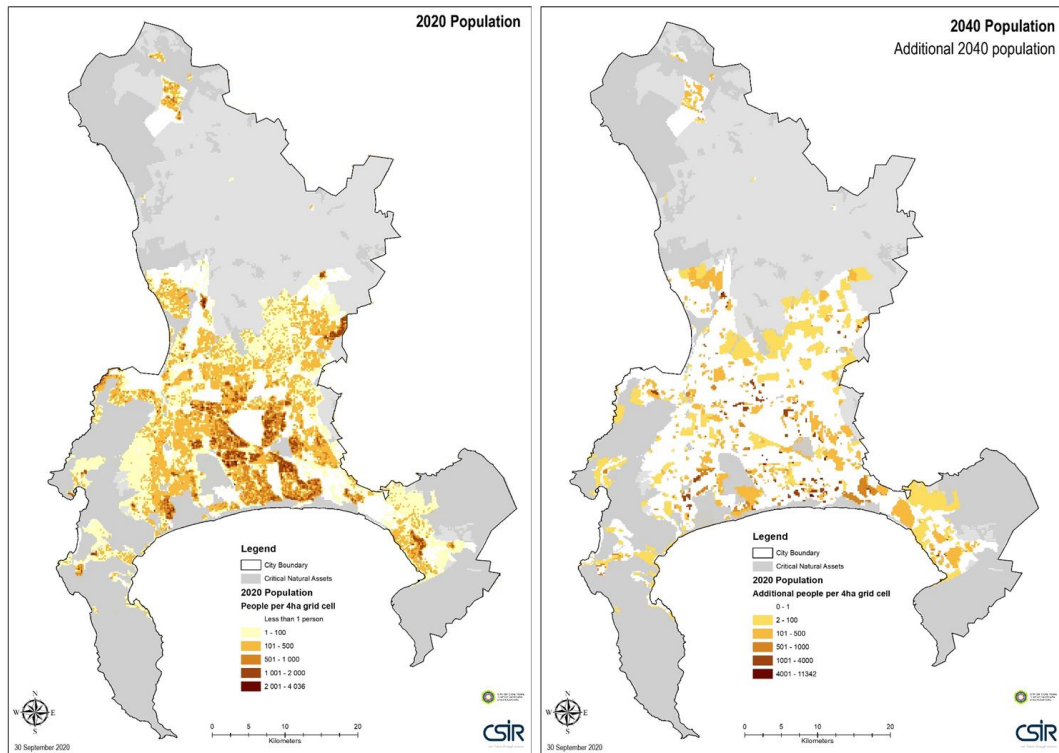


Figure 41: City of Cape Town – 2020 Population vs 2040 Population²⁸

The travel distance map with respect to PHC, provided in Figure 42, indicates the distance that people need to travel to reach their closest facility. The green colours represent locations that are closest to a facility, while yellow to red represent locations that are the furthest. It is clear that access to facilities in the CoCT Metropolitan area is very good and facilities are well distributed throughout the area. There is furthermore a good concentration of health facilities in the high-density areas of the City.

²⁸ Source: Forward Planning 2040: Community Facilities and Service Points in Cape Town (CSIR, 2020)

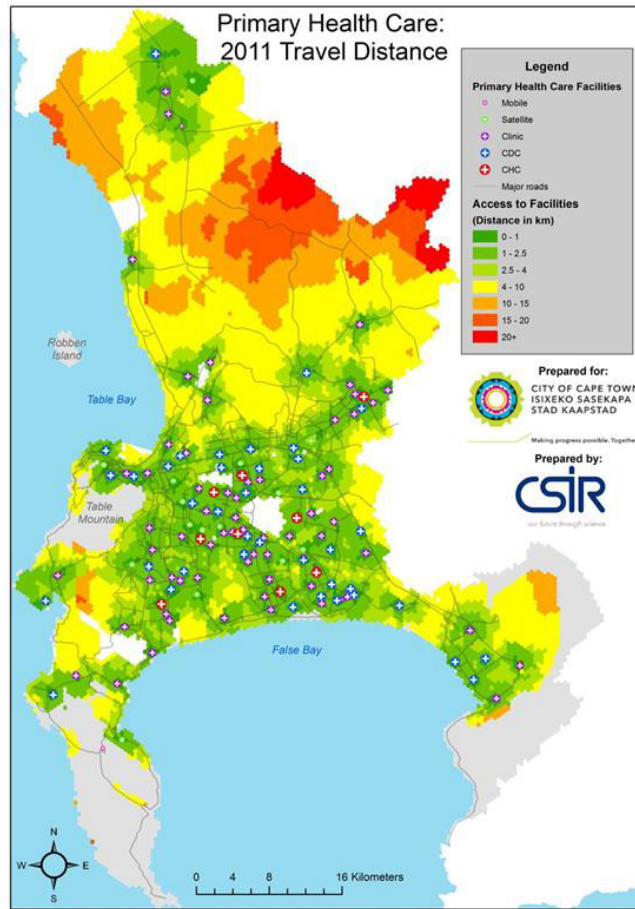


Figure 42: PHC – 2011 Travel Distance Map (CoCT)

Based on the CSIR study of 2020, the catchment areas within the Metro that, according to predictions, will be sufficiently supplied in 2040 in terms of PHC facilities, are indicated in Figure 43. Conversely, the areas that will likely be insufficiently supplied, are indicated in Figure 44.

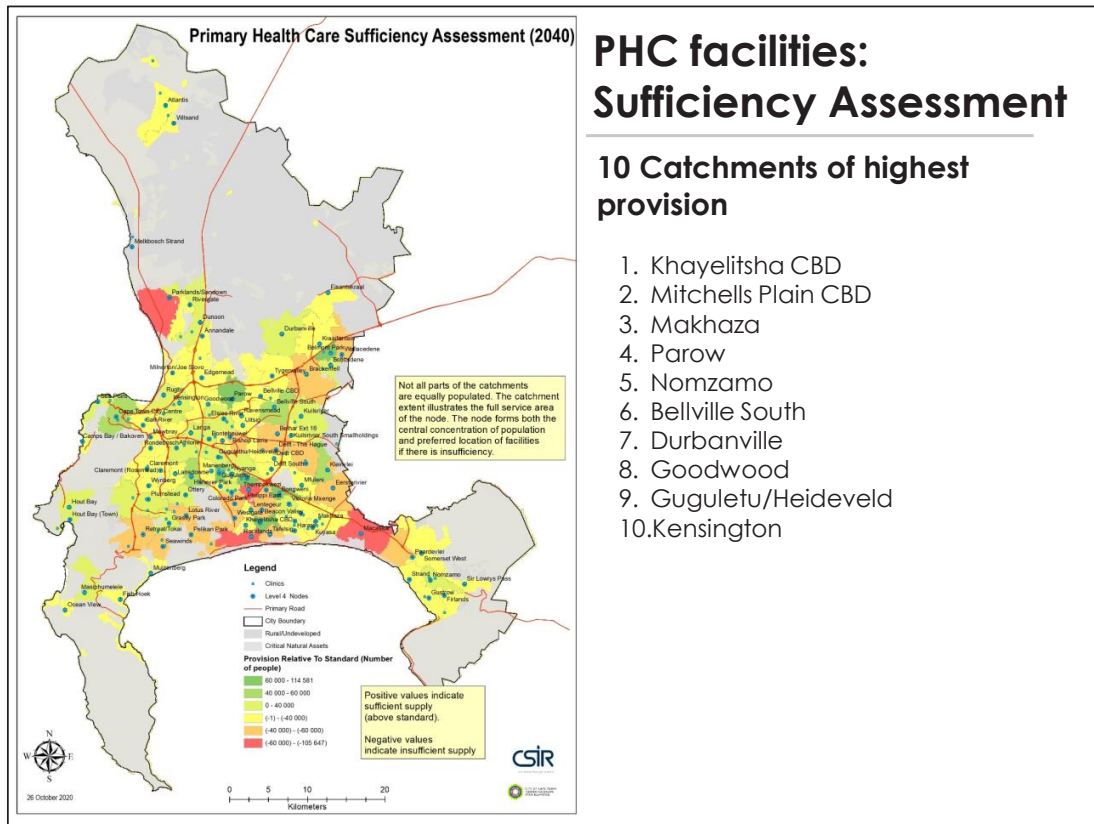


Figure 43: PHC facilities – Areas of sufficient supply (2040)²⁹

The catchment areas highlighted in the three shades of green on the map in Figure 43 above represent the catchment areas where it is predicted there will be a sufficient supply of PHC services. The anticipated ten catchments of highest provision are also listed.

²⁹ Source: Forward Planning 2040: Community Facilities and Service Points in Cape Town (CSIR, 2020)

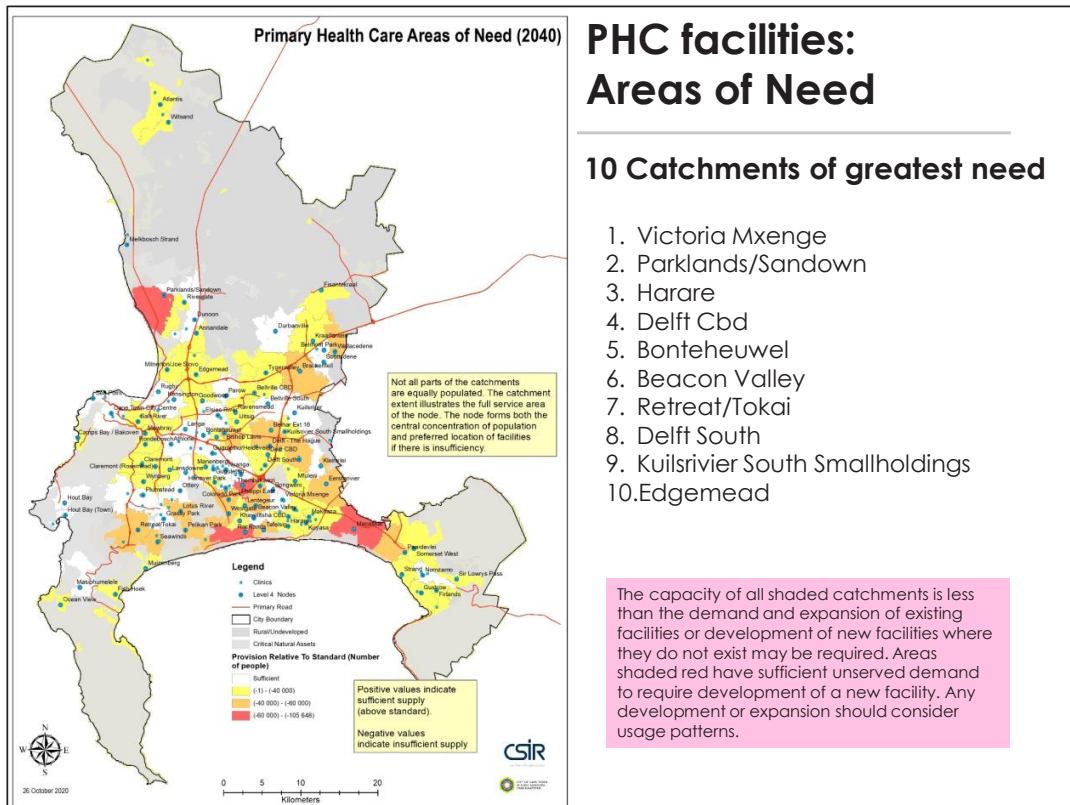


Figure 44: PHC facilities – Areas of need / insufficient supply (2040)³⁰

All the highlighted areas on the map in Figure 44 above represent the catchment areas where it is expected that demand for services will exceed the available capacity. The expansion of existing facilities and / or the construction of additional new facilities (especially within the areas highlighted in red) may therefore be required in these areas. The anticipated ten catchments of greatest need are also listed.

The following points are noted:

- There is a clear indication that facilities are very well distributed in the City and that problems are more related to issues of service capacity than to travel distance.
- Although City Health – which currently only provides certain services and not the full package of PHC – prefer smaller facilities to render services as they are closer to users, in areas of high densities bigger facilities need to be considered due to high demand. Facilities will still be close to residents. Unless larger facilities are used, clinics will be much less than 5 km apart. This is specifically applicable to brownfields development in the Integration zones and other high-density developments.
- The use of 60 000-90 000 capacity health facilities is more suitable for high density and brownfields developments.

³⁰ Source: Forward Planning 2040: Community Facilities and Service Points in Cape Town (CSIR, 2020)

- To achieve sufficient capacity, expansion can also be achieved through increasing operating hours and staff, and not only through infrastructure investment.
- Due to high numbers of dependent population, there is a clear need to expand capacity of public health provision (in areas shown in the map in Figure 44) in order to meet the identified need. The WCGHW has taken this into account in its planning and in the identification, budgeting and prioritisation of projects and sites to be acquired – refer relevant Templates in this U-AMP.

In determining the correct placing of a new facility, it is important to study the enhancers as well as inhibitors. As reflected in Figure 45, the CoCT has undertaken a land suitability analysis in the Metro to determine areas not suitable for development (areas in pink) as well as areas that provide good public access (areas in green).



Figure 45: Land Suitability – Combined Perspective

6.1.2 RURAL – MUNICIPALITIES

6.1.2.1 POPULATION PROJECTIONS FOR RURAL DISTRICTS AND SUB-DISTRICTS

As per the latest available data from the NDoH and Stats SA, the official population estimates being used by WCGHW for the purposes of planning (refer Circular H 12 / 2023) are contained in Table 13. To determine the uninsured / dependant population, the figures in the table would need to be adjusted to 75.2 per cent as per Circular H 11 / 2018.

DISTRICT	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
Cape Winelands	957 542	972 945	988 971	1 005 330	1 022 195	1 039 068	1 055 790	1 072 788	1 090 068	1 107 671
Central Karoo	75 301	75 689	76 162	76 684	77 261	77 843	78 412	78 979	79 547	80 121
Garden Route	626 418	631 468	637 063	642 934	649 161	655 380	661 573	667 888	674 302	680 814
Overberg	304 946	309 993	315 289	320 722	326 343	331 983	337 637	343 485	349 517	355 733
West Coast	467 164	474 558	482 452	490 677	499 288	508 040	516 861	525 859	535 035	544 401
Total: Rural Districts	2 431 372	2 464 653	2 499 936	2 536 348	2 574 247	2 612 313	2 650 273	2 688 999	2 728 469	2 768 741

Table 13: Population Estimates for Rural Districts

Table 14 provides population projections and growth rates for Rural Districts and their respective local municipalities, based on the data provided with Circular H 12 / 2023.

Districts and Local Municipalities	2011	2021	2030	Growth Rate	Growth Comparison
Cape Winelands	792 107	957 542	1 107 671	1.78%	Faster
Breede Valley	167 488	187 436	203 193	1.02%	Slower
Drakenstein	252 672	314 045	373 435	2.08%	Faster
Langeberg	98 095	114 605	129 400	1.47%	Slower
Stellenbosch	156 722	195 291	231 053	2.07%	Faster
Witzenberg	117 130	146 165	170 590	2.00%	Faster
Central Karoo	71 397	75 301	80 121	0.61%	Slower
Beaufort	49 857	51 139	53 174	0.34%	Slower
Laingsburg	8 306	9 262	10 253	1.11%	Slower
Prince Albert	13 234	14 899	16 694	1.23%	Slower
Garden Route	566 094	626 418	680 814	0.98%	Slower
Bitou	48 645	69 390	89 344	3.26%	Faster
George	191 084	212 521	230 013	0.98%	Slower
Hessequa	51 755	54 018	56 550	0.47%	Slower
Kannaland	24 378	22 262	21 052	-0.77%	Slower
Knysna	67 596	77 875	85 963	1.28%	Slower
Mossel Bay	87 936	96 360	103 826	0.88%	Slower
Oudtshoorn	94 700	93 992	94 066	-0.04%	Slower
Overberg	249 608	304 946	355 733	1.88%	Faster
Cape Agulhas	31 809	38 124	44 279	1.76%	Faster
Overstrand	77 147	105 152	130 826	2.82%	Faster
Swellendam	34 814	42 710	50 371	1.96%	Faster
Theewaterskloof	105 838	118 960	130 257	1.10%	Slower
West Coast	386 131	467 164	544 401	1.83%	Faster
Bergrivier	60 749	70 616	79 994	1.46%	Slower
Cederberg	48 862	54 276	58 924	0.99%	Slower
Matzikama	65 906	70 957	75 334	0.71%	Slower
Saldanha Bay	98 107	119 889	139 517	1.87%	Faster
Swartland	112 507	151 426	190 632	2.82%	Faster
Total: Rural Districts	2 065 337	2 431 372	2 768 741	1.56%	

Table 14: Population Projections for Rural Districts and Local Municipalities

Table 15 represents the highest growth municipalities in South Africa and a number of Western Cape cities / towns are influenced by this.

NO	MUNICIPALITY	MUNIC CATEGORY	POP GROWTH P.A. (01-11)	NO	MUNICIPALITY	MUNIC CATEGORY	POP GROWTH P.A. (01-11)
1	Gamagara	B3	5.84	21	Ga-Segonyana	B3	2.85
2	Musina	B3	5.53	22	Bergrivier	B3	2.85
3	Bitou	B3	5.33	23	Govan Mbeki	B1	2.84
4	Steve Tshwete	B1	4.76	24	Knysna	B2	2.77
5	Swartland	B3	4.56	25	Ventersdorp	B3	2.75
6	Midvaal	B2	3.94	26	Stellenbosch	B1	2.71
7	Overstrand	B2	3.94	27	Witzenberg	B3	2.64
8	Emalahleni	B1	3.58	28	Thabazimbi	B3	2.63
9	Rustenburg	B1	3.5	29	Tsantsabane	B1	2.59
10	Saldanha Bay	B2	3.34	30	George	B3	2.59
11	Kgetlengrivier	B3	3.36	31	Umjindi	B3	2.58
12	Lesedi	B3	3.26	32	City of Cape Town	A	2.57
13	Umtshezi	B3	3.25	33	Drakenstein	B1	2.56
14	Kouga	B3	3.22	34	Metimaholo	B2	2.51
15	KwaDukuza	B3	3.2	35	Ekurhuleni	A	2.47
16	City of Johannesburg	A	3.18	36	Bela-Bela	B3	2.44
17	Madibeng	B1	3.17	37	Swellendam	B3	2.39
18	City of Tshwane	A	3.1	38	Tlokwe City Council	B3	2.38
19	Lephalale	B3	3.06	39	Endumeni	B1	2.38
20	Victor Khanye	B3	2.92	40	Kgatelopele	B3	2.37

Legend

Western Cape Municipalities

Table 15: Annual Growth Rate (%) 2001 – 2011 (Census 2011)

6.1.2.2 GROWTH AND IMPACT ON THE PROVISION OF HEALTH FACILITIES IN RURAL AREAS

The high population growth areas, as highlighted in Table 14 and Table 15 above, are proving to be the areas of highest need with respect to the provision of health facilities, with increasing pressure being placed on the existing facilities. The Department is therefore prioritising and focusing its current infrastructure investment in these areas as is evident and detailed in its planning – refer paragraph 10.2.1.2. Indications are that in some instances, such as Swartland, Overstrand and Bitou, population growth in the next 10 years may approach 30 per cent. This will pose a huge challenge in providing the necessary health services and keeping up with the infrastructure requirements. A very large development in Worcester is of some concern to the Department and future planning makes preliminary provision for a new facility in Worcester. The utilisation of facilities in Malmesbury, Hermanus and Plettenberg Bay will have to be monitored to ensure that sufficient infrastructure capacity exists, while the implementation of projects for facilities in Paarl, Vredenburg and Saldanha (Diazville) has already commenced.

It is important to maintain a good balance between urban and rural development. As reflected in Section 5, the following is being considered and promoted in most of the integrated planning documents:

- Bioregional planning;
- Walking distance as the primary measure of access;
- Integration of urban activities;
- Socio-economic integration;

- Densification and spatial targeting which include backyarding;
- Smart growth principles; and
- Curtailing of the urban edge.

A very important aspect of successful integrated planning will be the clustering of public and business facilities.

The WCGEADP, in close consultation with WCGHW, is conducting a Cape Winelands Urbanisation Study which looks at the pressures put on WCGHW facilities as a result of urbanisation within the District. The study identifies areas of shortfall and oversupply and suggests additional new facilities to address current and future backlogs within the various municipalities in the District. WCGHW is currently evaluating the inputs and findings of the study as well as reviewing WCGHW's norms and standards, in particular that relating to the average number of annual visits to a health facility by a person, which is currently assumed to be three. The intention is to extend the study to other Districts, including the Metro, in the future.

6.2 GROWTH POTENTIAL AND SOCIO-ECONOMIC STATUS OF RURAL MUNICIPALITIES IN THE WESTERN CAPE

The Growth Potential Study (GPS) was first commissioned in 2004. The Centre for Geographic Analysis at the University of Stellenbosch was appointed for this task by the then Provincial Minister for Environment, Planning and Economic Development. Subsequent reviews and / or updates of the GPS took place in 2010 (unpublished) and 2013 under the oversight of WCGEADP. Apart from measuring and quantifying the growth potential of all rural towns (settlements) in the Province, the GPS13 also 'observed the growth dynamic of towns by ascertaining underlying economic base and place identity of the towns'. GPS13 included a 'qualitative component to supplement the quantitative analysis and to incorporate aspects that could not be measured in the indices' (Stellenbosch University, 2004). Round table discussions, stakeholder engagements and surveys formed part of the research method to grow the information set for the qualitative aspects of the 2013 study. The results of the quantitative analyses were combined with the qualitative information to identify potential interventions that might unlock latent potential within settlements and regions. The two indexes for quantitative and qualitative analysis are illustrated in Figure 46 below:

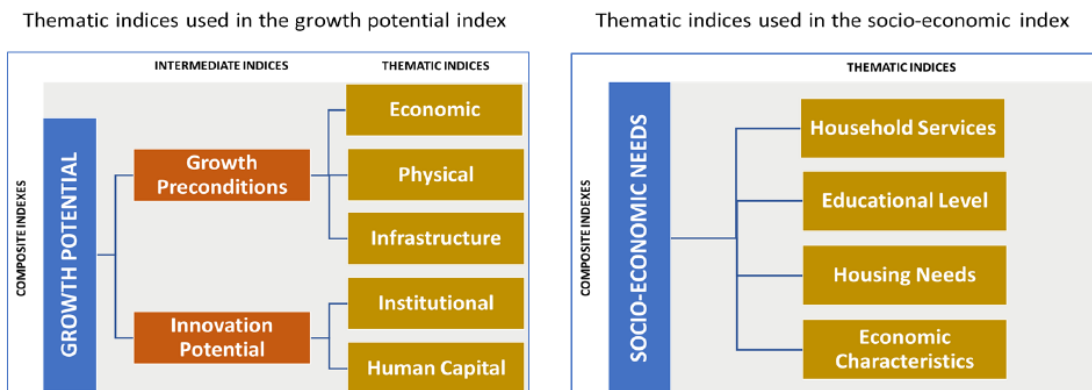


Figure 46: Indexes for quantitative and qualitative analysis (GPS13)

The WCGEADP's latest iteration of the Growth Potential Study 2018 (GPS18) focusses on updating the quantitative component of the analysis. As settlement level data could not be updated at this stage, Municipal level data was used. The relevant indicators that were identified and developed in GPS13, were updated with more recent credible information, to produce a current forecast of the economic potential and socio-economic status of Municipalities, excluding the CoCT, over the medium-term. The key preliminary findings, as contained in the WCGEADP's report titled Western Cape Growth Potential Study 2018: Preliminary Results (March 2020), are outlined below.

Figure 47 below depicts a translation of the GPS18 Development Potential Score100 results into a Jenks³¹ scale, from very low to very high Development Potential.

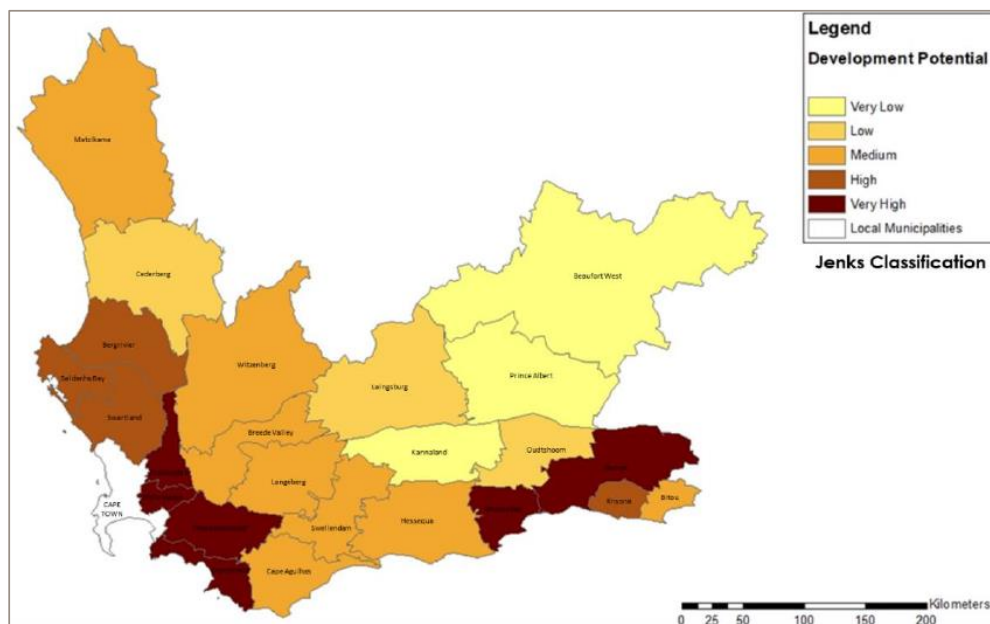


Figure 47: Development Potential Jenks ranking for Municipalities in the Western Cape

Based on this classification breakdown:

- 6 Municipalities are classified as “very high” Development Potential, Stellenbosch, Drakenstein, George, Theewaterskloof, Overstrand, and Mossel Bay;
- 4 Municipalities are classified as “high”, Bergvliet, Knysna, Swartland and Saldanha Bay;
- 8 Municipalities are classified as “medium”, Breede Valley, Hessequa, Cape Agulhas, Matzikama, Swellendam, Langeberg and Wittenberg;
- 3 Municipalities are classified as “low”, Cederberg, Oudtshoorn, and Laingsburg; and
- 2 Municipalities are classified as “very low”, Prince Albert and Beaufort West.

³¹ The Jenks (natural breaks) classification is a data-specific method, using a defined algorithm, that sets classes based on natural groupings of data, inherent to each dataset. Classes are groupings of similar data values, and class breaks are set where there are relatively big differences in the data values.

The biggest Development Potential Municipal performance gains, from GPS13 to GPS18, when assessed in terms of the Jenks scale, are observed in:

- Witzenberg changing from “very low” to “medium”;
- Bergrivier changing from “medium” to “high”;
- Laingsburg changing from “very low” to “low”;
- Matzikama changing from “low” to “medium”; and
- Overstrand and Theewaterskloof changing from “high” to “very high”.

Bitou and Knysna are the only two Municipalities where a drop in relative Development Potential Jenks performance is observed:

- Bitou from “high” to “medium”;
- Knysna from “very high” to high”.

Figure 48 below illustrates a breakdown of “Score100” and Jenks results across the Province.

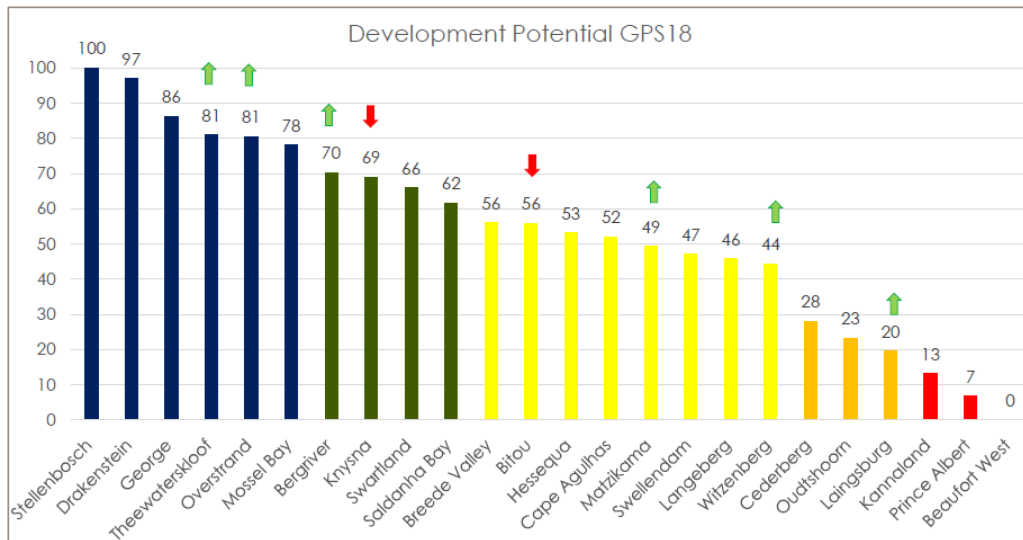


Figure 48: Development Potential Score ranking for Municipalities in the Western Cape

A core component of GPS13 research is the socio-economic index developed by the WCG Social Development, to identify socio-economic vulnerability and need. Research limitations prevents a direct update of this index, using the same methodology. To ensure research continuity, a socio-deficit index was developed in consultation with the WCG Social Development, closely following the methodology used to develop the socio-economic index in 2011.

Figure 49 below illustrates the trends observed in Socio-Deficit from GPS13 to GPS18, highlighting the municipalities where investment into basic human needs and livelihoods are most needed. Cederberg, Kannaland and Theewaterskloof are recorded as having greatest Socio-Deficit with a “Score100” of 100, 81 and 61, respectively; and Prince Albert, Overstrand and George are recorded as having the lowest Socio-Deficit with a “Score100” of 0, 1, and 8, respectively.

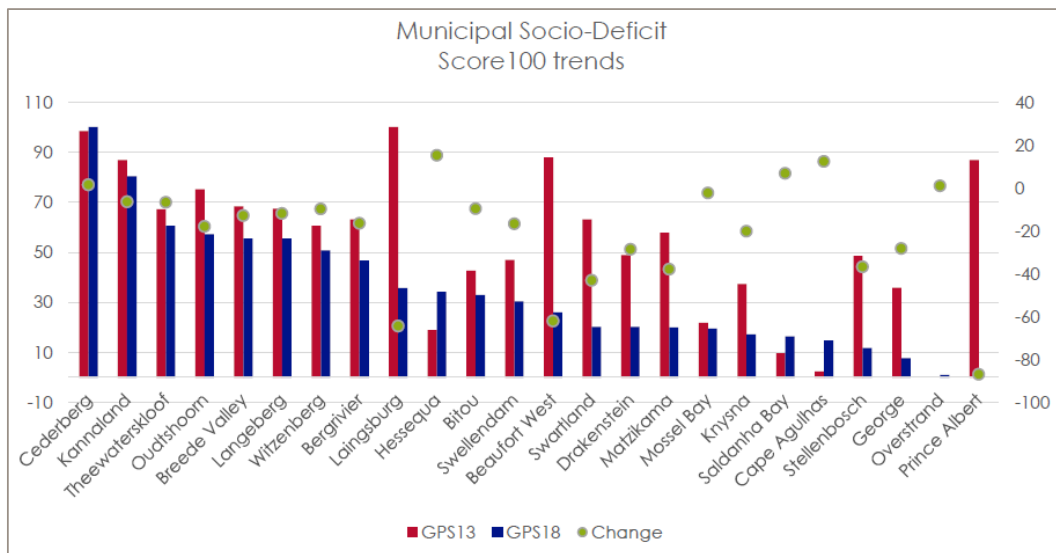


Figure 49: Socio-Deficit Score trends

In summary;

For targeted private and public-sector development intervention and investment that is likely to have greatest economic and socio-economic impact, the WCGEADP is committed to directing resources to the investigation of the development growth and socio-economic need potential of settlements and Municipalities in the Western Cape, that will inform spatial strategies in the Western Cape PSDF.

The Region that illustrates greatest Development Potential is now the Cape Winelands because of declining trends observed in Garden Route, particularly in Bitou and Knysna Municipalities. The Overberg is showing steady Development Potential increases and a keen eye will be kept on future observations in this Region. A corridor of increased Development Potential is observed in the West Coast, Overberg, and Cape Winelands Regions. The Cape Winelands particularly has recorded substantial increases, and Stellenbosch and Drakenstein are now the highest Development Potential Municipalities in the Province. Furthermore, the greatest Development Potential improvement in the Province is observed in the Witzenberg Municipality. Saldanha Bay Municipality is illustrating declining trends and will be closely observed in future as investment is focused in the Saldanha Bay Industrial Development Zone (SBIDZ). The Central Karoo continues to illustrate Development Potential constraints and challenges, although few improvements are observed, particularly in Laingsburg Municipality.

The current GPS18 will be further reviewed and updated when new data becomes available as a result of the 2022 census. Other research data analysis and models such as forecasting and prescription will also be investigated.

6.3 SETTLEMENT LEVEL MODELLING

In addition to the above, the WCGEADP issued Draft 1 of a settlement level modelling that they undertook during February 2017 to assist the WCGHW's decision-making on future infrastructure. The model compares Stats SA official data, Pricewaterhouse Coopers (PwC) Growth Predictions, and uses other contributing data such as STEP SA Mesozone data trends and patterns as scenario informant and suggest a significant underestimation of growth rates as set out in the PwC population report in certain areas.

High level information derived from this model suggests the following:

- The Provincial population growth rate has slowed down significantly.
- Cape Town represents the vast majority of the total population in the Province (population in CoCT was 3 972 237 as at 2016), and Cape Town information has a big impact on driving provincial averages.
- There is differentiation at regional, sub-regional and local level. Whilst growth rates have slowed down significantly, growth rates per annum in the West Coast, Overberg and Cape Winelands Districts are higher than that for the City and for the Province as a whole.
- Household formation is much faster than population growth, and average household sizes have come down quite significantly.
- The West Coast District's total population for 2016 = 3.49 per cent or 14 474 people more than the estimated total population for West Coast District Municipality as set out in the PwC Population Estimates report. Swartland accounts for 11 864 of this total West Coast District Municipality underestimation, and Saldanha Bay accounts for 1 818 of the total number underestimated. Swartland total population for 2016 = 9.73 per cent more people than the estimated population for 2016 in PwC Population Estimates report. In the West Coast District, the areas or settlements that appear to experience high growth (between 2-3 per cent per annum) or very high growth (3 per cent or more) include Berggrivier urban areas (with Piketberg excluded), Saldanha Bay Municipality and urban settlements in Saldanha Bay (including Vredenburg), and Swartland Municipality, Abbotsdale and Chatsworth. The non-urban population of Swartland also show high growth with an annual average growth rate of over 3 per cent.

- The Cape Winelands District's total population for 2016 = 2.8 per cent or 23 585 more people than the estimated total population for the Cape Winelands District Municipality as set out in the PwC Population Estimates report. Witzenberg (7 515), Drakenstein (10 302), Breede Valley (4 698) and Langeberg (3 785) accounts for the bulk of the underestimation, with Witzenberg and Langeberg that stands out in this regard. In the case of Cape Winelands District, the areas or settlements that appear to experience high and very high growth rates include Witzenberg Municipality, eNdluli, the remaining Witzenberg urban areas and a very high growth rate of 6.2 per cent per annum in the Witzenberg non-urban areas. It appears as if Drakenstein non-urban population is declining. Stellenbosch, Stellenbosch Town, Kayamandi and the remaining urban settlements in Stellenbosch all appear to continue to grow at a high or very high rate. De Doorns and other urban areas in Breede Valley leads urban growth trends in this Municipality, and except for a decrease in the non-urban population in Langeberg, all urban settlements, including Robertson appears to be growing at a high or very high rate. The PwC Population Estimates report underestimates are 4.58 per cent for Witzenberg, 3.82 per cent for Drakenstein, and 3.72 per cent for Langeberg.
- In Overberg the total population for 2016 = 3.50 per cent or 9 699 more than the estimated total population estimate in the PwC Population Estimates report. Theewaterskloof Municipality contributes only 878 of the "underestimation". Although growth has also slowed down, the growth rate of the Theewaterskloof Municipality, Villiersdorp, Grabouw and remaining other urban settlements are all either high or very high with a decrease in the Theewaterskloof actual non-urban population. The PwC Population Estimate Report was close to estimating the Theewaterskloof population for 2016 correctly, and only a 0.76 per cent underestimation is notable.
- The Garden Route District estimates between the PwC Population Estimates report and the 2016 Stats SA Community Survey differs with 0.72 per cent (or 4 385 people). Oudtshoorn Municipality was underestimated with about 1.65 per cent (1 583 people), George with 0.6 per cent (1 238 people) but Mossel Bay was overestimated with 2.5 per cent (2 480 people). Despite the overestimation of Mossel Bay, the town and municipality remain on the high growth scenario. Other high growth areas include George Municipality, George, and Thembalethu, but non-urban population decreases in George (significant decrease) as well as in Mossel Bay.
- Laingsburg in the Central Karoo is predicted to grow at a rate between 1.0 per cent and 1.4 per cent per annum for the foreseeable future, and the underestimation of the population size for the Municipality is 5.88 per cent (or 494 people). Laingsburg town leads growth indicators, and non-urban growth is much slower than urban growth in the Municipality.

The WCGEADP's Directorate: Development Planning Intelligence Management and Research has made significant progress in achieving convergence on a provincially accepted set of population figures for the Western Cape, at District and Municipal levels. They are furthermore focusing on settlement level population numbers. Table 16 below provides population growth projections for all the Municipalities in the Western Cape, including the CoCT. The dominant high growth areas, such as Saldanha Bay with an estimated 21.0 per cent growth in population during the period 2020 to 2030, are highlighted. Similar predictions are evident in Table 14 and Table 15 above. WCGHW will continue to closely monitor and take cognisance of projections such as these in its long-term planning of health infrastructure in the Western Cape.

Municipality	2011	2020	2025	2030	Estimated Total Population Growth (2020 to 2030)	Estimated Growth in Population (2020 to 2030)
West Coast District Municipality (DC1)	385 934	460 813	499 853	540 336	79 523	17.3%
WC011: Matzikama	66 459	72 514	75 165	79 155	6 640	9.2%
WC012: Cederberg	49 996	58 966	63 504	68 362	9 396	15.9%
WC013: Bergrivier	61 334	73 012	78 733	84 750	11 738	16.1%
WC014: Saldanha Bay	98 472	121 130	133 858	146 606	25 476	21.0%
WC015: Swartland	109 673	135 191	148 593	161 464	26 273	19.4%
Cape Winelands District Municipality (DC2)	790 791	941 262	1 012 391	1 090 663	149 401	15.9%
WC022: Witzenberg	117 260	147 639	162 196	177 316	29 676	20.1%
WC023: Drakenstein	248 593	290 373	310 350	332 799	42 426	14.6%
WC024: Stellenbosch	156 603	192 474	210 641	229 791	37 317	19.4%
WC025: Breede Valley	169 267	192 634	202 665	214 214	21 580	11.2%
WC026: Langeberg	99 067	118 141	126 539	136 544	18 403	15.6%
Overberg District Municipality (DC3)	249 238	299 908	324 479	350 137	50 229	16.7%
WC031: Theewaterskloof	106 609	121 378	127 672	134 811	13 432	11.1%
WC032: Overstrand	77 089	104 760	119 528	134 031	29 271	27.9%
WC033: Cape Agulhas	31 395	35 126	36 666	38 381	3 255	9.3%
WC034: Swellendam	34 146	38 644	40 614	42 915	4 270	11.1%
Garden Route (DC4)	567 761	623 658	657 857	690 813	67 155	10.8%
WC041: Kannaland	24 743	22 329	20 898	19 332	(2 997)	-13.4%
WC042: Hessequa	51 650	52 303	52 744	52 727	424	0.8%
WC043: Mossel Bay	88 097	95 666	100 512	105 082	9 416	9.8%
WC044: George	192 330	219 197	235 665	252 768	33 571	15.3%
WC045: Oudtshoorn	94 682	91 502	89 582	87 115	(4 388)	-4.8%
WC047: Bitou	48 891	67 376	78 515	89 153	21 777	32.3%
WC048: Knysna	67 368	75 285	79 940	84 636	9 351	12.4%
Central Karoo District Municipality (DC5)	71 710	75 113	78 168	80 839	5 726	7.6%
WC051: Laingsburg	8 342	9 217	9 845	10 427	1 210	13.1%
WC052: Prince Albert	13 253	14 575	15 565	16 535	1 960	13.4%
WC053: Beaufort West	50 115	51 321	52 759	53 877	2 556	5.0%
City of Cape Town Metropolitan Municipality	3 799 659	4 604 986	5 066 438	5 519 871	914 885	19.9%
Western Cape	5 865 094	7 005 741	7 639 186	8 272 627	1 266 886	18.1%

Table 16: Population Growth Projections in Municipalities

6.4 DECLARATION OF THE PRIORITY HUMAN SETTLEMENTS AND HOUSING DEVELOPMENT AREAS

On 15 May 2020, the National Minister of Human Settlements, Water and Sanitation declared 136 PSHDAs across South Africa. 19 of these fall within the Western Cape, i.e.:

No	PHSHDA	Main Places
1	Atlantis Special Economic Zone (SEZ)	Atlantis Industrial, Wesfleur, Sherwood, Saxonseas, Saxonwood, Avondale, Witsand, Protea Park, Robinvale, Beaconhill, City of Cape Town Rural
2	Blaauwberg Development Area	Blaauwbergstrand, Milnerton, Parklands, Rivergate, City of Cape Town Rural
3	Blue Downs Integration Zone	Bellville, Blackheath, Blue Downs, Cape Town, Delft, Eerste River, Gaylee, Hagley, Kleinlei, Kuils River, Matroosfontein, Mfuleni, Parow, Rustdal, City of Cape Town Rural
4	Cape Town Voortrekker Road Corridor	Bellville, Brackenfell, Cape Town, Epping Garden, Village, Goodwood, Kuils River, Loumar, Montague Gardens, Parow, Pinelands, Thornton
5	Hout Bay / Imizamoyethu	Constantia (Glen Alpine, Witteboomen), Hout Bay (Hout Bay Harbour, Hout Bay Heights, Hangberg, Northshore, Beach Estate, Imizamo Yethu, Tierboskloof, Oakwood Village Estate)
6	Khayelitsha Corridor	Cape Town, Crossroads, Epping Industrial, Guguletu, Khayelitsha, Langa, Mandalay, Matroosfontein, Mitchells Plain, Nyanga, Philippi, Pinelands, Roggebaai, Schaap Kraal, Sherwood Park, Vredehoek, Vukuzenzele, Weltevreden Valley
7	Greater Worcester	Worcester, Zwelethemba
8	Paarl-Wellington	Mbekweni, Paarl, Wellington
9	Stellenbosch Urban Core	Jamestown, Kayamandi, Stellenbosch
10	Plettenberg Bay	Plettenberg Bay, Kwanokuthula
11	George	George, Thembalethu, Pacaltsdorp, Tyolora
12	Knysna	Knysna, Umsobomvu
13	Mossel Bay Town	Kwanonqaba, Mossel Bay, Mossel Bay Rural
14	Hermanus	Fisherhaven, Hawston, Hermanus, Meerenbosch, Onrustrivier, Sandbaai, Vermont, Zwelihle, Overstrand Rural
15	Grabouw	Grabouw
16	Villiersdorp	Villiersdorp
17	Saldanha SEZ	Saldanha
18	Vredenburg	Vredenburg
19	Malmesbury	Abbotsdale, Malmesbury

Table 17: Priority Human Settlements and Housing Development Areas and Main Places³²

³² Source: Government Gazette No 43316 of 15 May 2020

WCGHS already has some projects progressing in the PSHDAs, and these projects will continue. Similarly, WCGHW has identified gaps in these areas (based on some of the planning considerations mentioned further on in this Section). For example, in the Saldanha SEZ, both Departments already have projects scheduled in the Middelpoort / Diazville areas and the construction of a new CDC is in progress. Furthermore, in the greater Worcester PSHDA, WCGHW recently completed the construction of a new clinic in Avian Park and is planning a new Transhex Clinic in the future.

6.5 NHI INITIATIVE

6.5.1 UHC STRATEGY

UHC means that all people have access to the quality health services they need, when and where they need them, without financial hardship (WHO, 2019).

In developing the 2020-2025 Strategic Plan, WCGHW committed to the principles of UHC, which is a globally accepted approach and part of the SDGs:

- **Access to health services** – all citizens should be able to access health services close to their homes, particularly emergency health service and maternal and childcare services.
- **Quality health services** – the population of the Western Cape must receive quality health services.
- **Affordable health service** – all patients shall receive care irrespective of their financial position. Healthcare service delivery shall not cause financial distress to our patients.

The approach of the Department to UHC is three-fold:

- Health Systems Strengthening Strategy;
- Policy Response to the NHI Bill and other aspects of UHC; and
- Bottom-up learning approach from innovation and practice.

6.5.2 NHI – INFRASTRUCTURE FOCUS

Ongoing interactions are taking place on a Provincial and National level on the roll-out of the NHI.

The NDoH developed an Infrastructure Support Plan Strategy for the implementation of NHI across the country. The focus is on PHC facilities (Clinics, CDCs, CHCs) and District Hospitals. This strategy is being implemented in the Western Cape within the constraints of time and available funding as well as in terms of a longer term sustainable service and infrastructure development framework.

Three primary work streams form part of the infrastructure strategy:

- Integrated service and infrastructure planning;
- Construction and maintenance; and
- Equipment.

Progress with regard to the accelerated infrastructure, emphasis has been made as follows:

- Increased emphasis on maintenance instead of newly built.
 - Optimum utilisation of existing buildings.
 - Maintenance work has progressively been undertaken at facilities in the Garden Route District since 2013/14 and is still ongoing.
 - Detailed analysis in terms of current infrastructure facilities versus future requirements and related budgeting for these.
 - Identification of hot-spots and subsequent placement of prefabricated units.
 - Reservation of applicable sites for new / replacement facilities.
 - NHI Joint Collaboration Committees representing the interests of Garden Route District and NDoH in the management and governance of the Garden Route Pilot District to ensure co-operation, adoption and implementation of the identified maintenance and upgrade work.
 - Accommodation for NHI service priorities (maternal and child health, outreach programmes, IPC).
 - Integrated service planning to ensure that all investment is focussed towards building a long-term service delivery platform.
 - Compliance with emerging norms and standards – such as Ideal Clinic standards, published norms and standards – and infrastructure planning and design guidelines to be entrenched (see paragraph 5.7).
- Implementation Protocol, with respect to NHI Pilot District: now Garden Route, entered into between NDoH, WCGTPW and WCGHW in September 2016 for the 2016 MTEF and the second protocol signed in 2018, which extends to the Metro and other areas. The intention was that the protocol would be rolled out until March 2022. This was, however, not effected due to COVID-19 priorities and a decrease of the NHI Indirect Grant funding because funds were reallocated to address other COVID-19 needs. NHI projects undertaken by NDoH are funded through the NHI Indirect Grant. In a letter, dated 12 April 2021, NDoH advised WCGHW that they will not proceed with the adjudication of outstanding projects to the approximate value of R100 million. NDoH subsequently advised that, with the exception of one package, they will still proceed with most of the projects. A new protocol was then workshopped and developed to regulate the way forward, which was signed by the HODs of WCGHW and WCGTPW in February 2022. NDoH signed the third protocol on 30 March 2022. The outstanding package of projects will be undertaken within WCG. All packages being undertaken by NDoH are currently in procurement and communication on starting dates is awaited.

6.5.3 NHI GARDEN ROUTE INFRASTRUCTURE PILOT

Previous versions of the U-AMP provided background and details on projects funded through the NHI Indirect Grant as part of the first protocol i.e., focusing on the Garden Route District.

6.6 ENSURING ACCESSIBILITY AND MAKING IMPACT ON BURDEN OF DISEASE

The Western Cape is faced with a quadruple burden of disease. According to the 2019 Rapid Review of the Western Cape Burden of Disease³³ there was a 23 per cent increase in the population from 2009 to 2019. The report further stated that early deaths increased by 17 per cent from 2009 to 2016 with intentional injuries being the leading cause of early deaths for men and HIV / AIDS and TB for women. It also highlighted the following conditions as major contributing factors to the burden of disease: Intentional injuries, road traffic injuries, non-communicable diseases, mental health, HIV / AIDS and TB. These conditions require a transitional care service that is adaptive and responsive to the burden of the Western Cape.

In terms of infrastructure, it is essential to have transitional care facilities that can provide a safe and quality service. An audit of current infrastructure is required to determine to which extent intermediate care infrastructure capacity will have to be increased.

To make a real impact on the burden of disease, facilities must be built in the optimum location, i.e., both accessible to the dependant population and in areas where the burden of disease impact is the greatest. It is essential that this is achieved in support of rendering a person-centred health service. This means the following:

- Services provided with dignity, compassion and respect;
- Coordinated care, support or treatment;
- Personalised care, support or treatment (i.e., design personalised health plans to help patients mitigate risks, prevent disease and to treat it based on patient context; and supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life); and
- Putting the comprehensive needs of people and communities, not only diseases, at the centre of health systems.

³³ Western Cape Government Health: 2020

6.7 RESPONDING TO CLIMATE CHANGE

Globally, climate change is being hailed as an emergency with immediate systems change required to achieve emissions reductions by 2030 and thereby maintaining a habitable planet. The World Economic Forum report on global risks identifies five out of the top ten risks as climate change-related and the number one risk being climate action failure (see Figure 50).

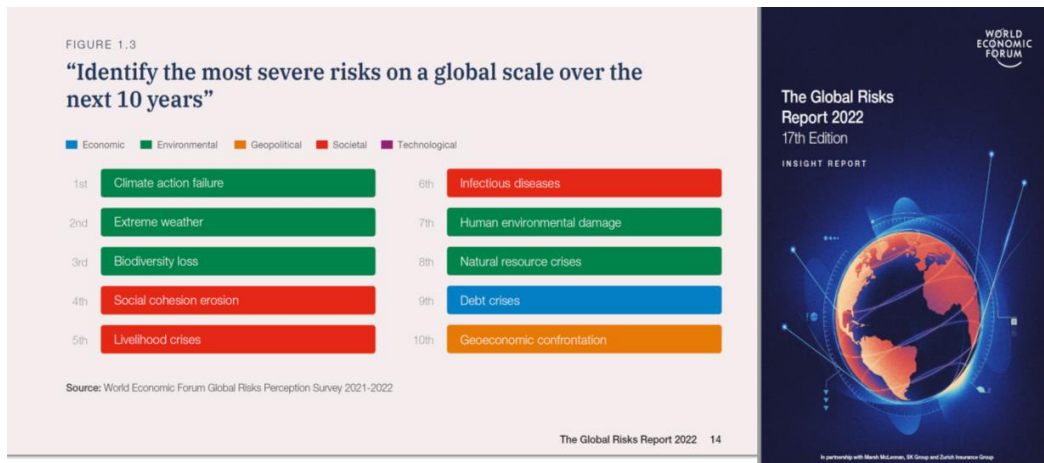


Figure 50: Top Ten Global Risks as identified by the World Economic Forum

According to Wikipedia³⁴, climate change in South Africa is leading to increased temperatures and rainfall variability. Evidence shows that extreme weather events are becoming more prominent due to climate change. This is a critical concern for South Africans as climate change will affect the overall status and wellbeing of the country, for example with regards to water resources. Just like many other parts of the world, climate research showed that the real challenge in South Africa was more related to environmental issues rather than developmental ones. The most severe effect will be targeting the water supply, which has huge effects on the agriculture sector. Speedy environmental changes are resulting in clear effects on the community and environmental level in different ways and aspects, starting with air quality, to temperature and weather patterns, reaching out to food security and disease burden.

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

³⁴ Climate change in South Africa. Available: https://en.wikipedia.org/wiki/Climate_change_in_South_Africa (Accessed; 18 November 2022).

In a press release in November 2022, The World Bank³⁵ states that South Africa can build a more inclusive, resilient, and sustainable economy while simultaneously responding to climate change, says the World Bank's Country Climate and Development Report launched today with South Africa's Presidential Climate Commission. The report highlights key policies and investments needed to achieve South Africa's climate goals through a "triple transition" that is low-carbon, climate-resilient and just.

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

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

WCG, through WCGEADP, has drafted the Western Cape Climate Change Response Strategy: Vision 2050 whereby it aspires to be a net zero carbon emissions Province by 2050. This strategy, currently in the approval process, guides the bold shifts required by 2030 to ensure the emissions reductions targets are met and that social and economic resilience is created in the face of climate destabilisation through the course of the next three decades up to 2050. WCGHW's Climate Change Race to Net Zero 50 Strategy is in the process of being finalised and is planned to be launched in 2023/24.

WCGHW has been participating in Health Care Without Harm's Global Green and Healthy Hospitals (GGHH) project since 2015. In March 2021, the Department officially confirmed its pledge to achieve net zero climate emissions and joined the United Nations Framework Convention on Climate Change's Race to Zero campaign and confirmed its commitment to achieve net zero emissions by 2050 or sooner and to achieve an interim target of 20 per cent reduction of measurable emissions over its 2015 baseline by 2030 or sooner. This aligns to VIP 5 and more specifically: Responsiveness to climate change through the provision of greener facilities; and reducing the carbon footprint and overall environmental impact; focusing on health care risk waste, energy efficiency, water efficiency, and reduction of CO₂ emissions respectively. The Engineering Service Technical Memoranda are being reviewed to ensure alignment with the principles of "Towards Net Zero" wherever feasible.

³⁵ Press Release dated 1 November 2022. South Africa: Integrating Development and Climate Goals Requires a Transition that is Low-Carbon, Climate-Resilient, and Just.

The Department has formally registered climate change as a strategic risk and endorsed the forming of a climate change forum with external and Departmental stakeholders as well as a climate change committee consisting of various internal stakeholders to oversee its mitigation strategies. The strategies include both mitigation to reduce the Department's carbon emissions³⁶ as well as adaptation strategies to address the adverse population impact of climate change including disaster preparedness and emergency services. The committee works in partnership with HEIs and other partners like WCGEADP. Furthermore, a Climate Change Operational Committee was established to report on the implementation of climate change projects and initiatives.

Various initiatives have been identified, some implemented with others underway, to conserve resources. The Department will continue with these in 2023/24, the most notable of which are:

- The rolling out of a remote metering programme to various facilities throughout the Western Cape. A total of 52 hospitals and 15 PHC facilities are being measured. An electrical meter is connected to a modem which transmits via the cell phone networks to a server from where it is accessed by the end user via the internet;

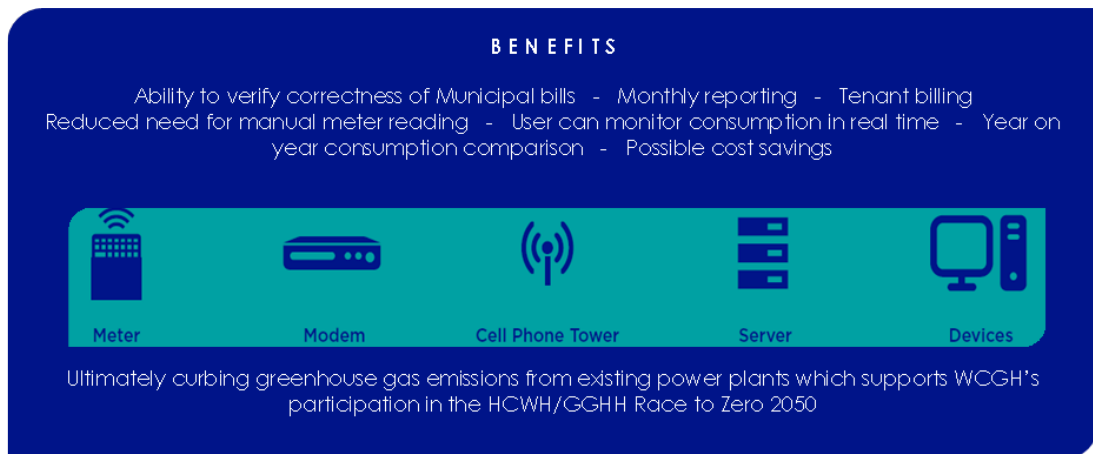


Figure 51: Benefits of remote metering

- Continuous monitoring of utilities consumption, identification of problem areas and implementation of utility-saving interventions;
- Sub-metering to enable closer monitoring of electricity consumption and to enable billing of other users, e.g., leased areas;
- Promoting behavioural change to reduce utilities consumption;

³⁶ It is estimated that Carbon Tax will have an indirect impact on WCGHW i.e. a minor administrative burden, a small increase in operating costs that is expected to increase in future, increased cost of coal-fired energy vs electricity, and a relative increase in the cost of fossil fuel energy (diesel, coal, steam, electricity) vs renewable energy. Ultimately, the Department will continue to consider solar photovoltaic installations and large-scale solar water heating in its designs.

- Utilise available smart metering data to continue carrying out electricity tariff analyses to identify the most financially beneficial tariff for each facility in the health portfolio, across all supply authorities;
- Finalise the implementation of cost-effective treated groundwater installations³⁷ as well as smart water meters at provincial hospitals;
- Participate in the ESCo contract to reduce electrical and water consumption at existing health facilities;
- A selective implementation of solar photovoltaic (renewable) installations to augment power supply in an attempt to gauge the effectiveness of such installations to lower energy consumption and provide electricity supply stability to especially clinics via hybrid installations with battery backup;
- Continue to implement green building principles into the design, construction, operation and maintenance of its facilities, which makes more efficient use of natural resources in all these areas and continue towards net zero strategies;
- Continue with the installation of alternate waste disposal systems at nine of its hospitals, whereby the amount of health care risk waste that requires treatment off-site is significantly reduced; and
- Remain committed to the primary objective of the Carbon Tax Act (Act No 15 of 2019), which aims to reduce greenhouse gas emissions in a sustainable, cost-effective and affordable manner.

WCGHW, as part of its application to ISA for registration as a mega project for implementation as part of the country's list of strategic projects, Belhar and Klipfontein Regional Hospitals and Tygerberg Hospital PPP, indicated that 15 per cent extra cost for obtaining Zero CO₂ emissions targets will be required.

6.8 ENSURING FIRE SAFETY

The WCGHW's intention is to ensure fire safety at all facilities via an overall strategy to assess, budget, prioritise and implement fire safety interventions. The various Fire Compliance projects have been delayed by the COVID-19 pandemic.

WCGHW and WCGTPW have formed a committee to address the complex nature of Fire Compliance and give guidance to the process of obtaining fire compliance for Health facilities. This committee meets on a monthly basis and workshops risks and issues related to Fire Compliance of Healthcare facilities.

Fire compliance is relevant to the following categories of facilities:

- Facilities which have recently undergone a major upgrade or replacement; and
- Facilities where no major upgrade or replacement has taken place for one calendar year.

³⁷ As a result of the ongoing challenges experienced with getting full regulatory approval from local authorities, and the costs associated with that and operating groundwater supply systems, such systems at a number of health facilities are to be decommissioned (mothballed). Where practicable, boreholes will be maintained to supply groundwater for irrigation purposes. Implementation of groundwater supply systems will continue where it is economically justifiable and compliance with regulatory requirements is achievable.

Facilities which are categorised to be in the first category, should be in the possession of fire compliance certification as outlined in the SDA due to the Capital project undertaken.

For facilities which are categorised to be in the second category, the required fire safety can be achieved by means of the following strategy:

- Phase 1: Audit of current facilities (undertaken by suitably qualified professionals) and list of outstanding items as well as costing thereof;
- Phase 2: Prioritisation of above items between WCGTPW and WCGHW; and
- Phase 3: Procurement plan for achieving fire compliance certificate, record drawings or floor layout plans.

Fire Safety is to be achieved in an incremental approach as prioritised funds become available.

6.9 RESPONDING TO LOADSHEDDING

The consequences of power cuts in healthcare facilities can be varied and wide-ranging. Patients undergoing critical medical procedures will have several intensive technological medical appliances monitoring their breathing, heart rate and more – all of which are crucial to observing the patient's condition during an operation. Even patients in hospital for medical attention, and not interventions, are monitored using different types of equipment, which are electrically powered. Besides patient care, hospitals rely on electricity for a range of other functions, such as lighting, cooking, refrigeration of medicines, computer systems and patient data, laboratories, communication, laundries, etc.

The loadshedding power interruptions render the IT systems, lighting and various electronic safety systems at clinics (i.e. facilities with no generators) inoperable due to batteries used for these systems not being appropriate for this kind of repeated power interruption. IT systems affect the connectivity of patient information systems and issue of medication and pharmaceuticals, as well as communication via VOIP (Voice over Internet protocol) which is now used for telephony at all the clinics. Also, fire safety and access control systems are being adversely affected, placing staff and the public at risk. Intruder alarms, where these are installed, are being rendered inoperative.

In 2023/24 WCGHW will expand on its interventions to mitigate the effects of loadshedding. This includes measures to improve efficiency of facilities and to install solar and hybrid inverter systems to ensure that health care facilities can continue to provide their life-saving services. The following is in place / underway:

- Through negotiations with the City of Cape Town and Eskom, all but three hospitals in the Cape Metro (i.e. False Bay, Helderberg and Khayelitsha Hospitals) are exempted from load shedding up to Stage 6, along with one rural regional hospital. An application for a dedicated feeder for Khayelitsha Hospital is in process with Eskom.
- During the first period of extended Stage 6 loadshedding in 2022/23, the Department spent a significant amount procuring fuel supplies for generators. With loadshedding to this degree having reoccurred multiple times since then, increased fuel reserves for back-up power supply measures are maintained. After each loadshedding event, all facilities with a diesel generator are required to report the remaining diesel level in the diesel tanks via the maintenance portal. Whilst this process assists to mitigate the risk of running low on diesel, it unfortunately places an additional burden on clinical staff who is already over-extended at some of these facilities.

- Solar photovoltaic panels will be installed at 12 hospitals in 2023/24.
- 51 clinics are currently being supplied with hybrid inverter backup systems and an equipping of an additional 70 clinics with hybrid inverters as part of the Turnkey Inverter Project is planned to commence in 2023/24 – see Figure 52.



Figure 52: Rural Hybrid Inverter Project

7. INFRASTRUCTURE DESIRED LEVELS OF SERVICE

7.1 REQUIREMENTS

One of the key objectives of infrastructure management, is to meet the desired level of service in the most effective, economical and efficient manner.

In order to provide the dependant population with a full spectrum of health services as described in the Healthcare 2030 plan (which focuses on the steps required to address the burden of disease, increase the wellness of communities and ensure patient-centred quality care) it is critical that there is alignment and consultation between the CD: FIM re the design, construction and maintenance of infrastructure, and the users that subsequently occupy, use and manage it.

Furthermore, the provision of infrastructure must be aligned with the desired level of patient services as stated in National Ideal Clinic Framework – Version 19_Updated May 2021 and the National Health Quality Improvement Plan of July 2020. This plan includes community engagements such as the “Nothing for me without me” campaign whereby patients are engaged in the planning and design of services.

The ultimate objective is to ensure that facilities are accessible to the dependant population and in areas where the burden of disease impact is the greatest. Based on the Social Facility Provision Toolkit, developed by the Department of Rural Development and Land Reform (in association with the CSIR), rural health facilities should be within a radius of 5 km from a dependent population of 3,000 or more. Using this as baseline, the Department's coverage within rural areas is above average based on the number of PHC facilities. With respect to Metro facilities, due to the higher population density, a travel distance of 2.5 km radius is applied as the standard. Based on the 2011 population figures and using the 2.5 km as baseline, it is evident that there is good (90 per cent) access and concentration of health facilities in high density areas.

It is furthermore essential that facilities support the following standards:

- Services provided with dignity, compassion and respect;
- Coordinated care, support or treatment; and
- Personalised care, support or treatment (i.e., design personalised health plans to help patients mitigate risks, prevent disease and to treat it based on patient context; and supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life).

In addition, cognisance is taken of the policy priorities that the Department will pursue over the 2023 MTEF. The policy priorities are informed by the PSPs as well as the Department's reset strategy "Health is everybody's business" which incorporates lessons learnt from the COVID-19 pandemic as the Department builds forward towards Universal Health Coverage (UHC) through the realization of Healthcare 2030 and beyond. The reset strategy, which outlines the priorities over the short term (2 years), medium term (5 years) and long term (10 years), sets out the rationale for the renaming of the Department to Department of Health and Wellness.

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

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

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

- Service platform reform (the re-design of service models to effectively respond to the quadruple plus burden of disease, including present and future threats, as well as surgical backlogs);
- Governance reform (strengthening the sub-district to undertake the critical stewardship role and be accountable for population health outcomes within a defined geographic area);
- Public policy reform (effectively influencing evidence-informed and data-led public policies to mitigate social determinants of health, for example alcohol regulations, fire-arm control, road safety, food regulations, etc.); and
- UHC reform effective, progressive implementation of reforms to achieve optimal universal health coverage through a wide range of measures, for example CUP prototyping, collaborative service models, accreditation, equitable resource allocation, etc.).

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

8. EXISTING FACILITIES – CURRENT SITUATION

A list of facilities where public health services are currently being rendered (including health facilities managed by the CoCT) is provided in Annexure B. The list excludes facilities that currently provide support services such as laundries, nursing colleges, workshops and stores.

8.1 CURRENT ACCOMMODATION: STATE-OWNED AND LEASED

Health services are rendered from State-owned and leased accommodation. Templates 2.1.1, 2.1.2, 2.2.1 and 2.2.2 reflect the list of all health facilities and office accommodation currently occupied. These have been compiled from information provided by WCGTPW (as the Custodian), the CoCT, and information gathered from end users. The verification of property information in respect of the allocation and utilisation of State-owned health facilities is ongoing to ensure credible information for planning. Templates 2.1.1, 2.1.2, 2.2.1 and 2.2.2 are reconciled with WCGTPW's latest Immovable Asset Register, as and when an updated IAR is received from the Custodian.

In line with Section 42 of the PFMA and NT's Sector Guide, WCGHW annually submits an immovable asset transfer certificate to WCGTPW to confirm changes to the government immovable asset portfolio. Although reporting is required once a year, ensuring that the correct information is recorded for submission remains an ongoing process.

In accordance with Section 24 of the Western Cape Health Facility Boards Act, 2001 (Act 7 of 2001), all hospitals previously known as Provincially Aided Hospitals are deemed to be under the ownership of WCG and the properties must be registered accordingly. In some cases, this process is very tedious due to historical documents, such as lost title deeds and information about the composition of former Hospital Boards, that must be sourced. IAM is still in the process of registering

Uniondale and Prince Albert Hospitals in the name of the WCG, while the registration of Murraysburg Hospital is imminent. The Harry Comay State Aided Hospital is situated on land that belongs to George Municipality and negotiations are underway for a possible land swap.

The transfer of all PHC functions in the Metro from CoCT to WCGHW is underway. The first batch of transfers include properties where services are rendered by both WCGHW and CoCT from shared premises. A Power of Attorney has been issued to WCGHW, for the occupation and all related functions (repairs, construction, etc.) of these facilities, effective 1 July 2022. The acquisition and registration of these properties are still in progress. The second batch of transfers is also in progress.

The table below provides a summary of State-owned and leased health facilities currently occupied by WCGHW (based on the old definition for District Hospital). The number of facilities may differ dependant on whether one incorporates different functions within a hospital scenario. For instance, at Red Cross War Memorial Children's Hospital, the first two floors of the residential accommodation building are utilised as administrative offices. This is due to a huge shortage of space within the hospital as well as a decision to gradually reduce the number of residents at the facility.

Health Facility Type	Total No.	No. of State-owned facilities	No. of leased facilities ³⁸
District Hospitals	33	33	0
Psychiatric Hospitals	4	4	0
Regional Hospitals	5	5	0
Rehabilitation Hospitals	1	1	0
Tertiary and Central Hospitals	3	3	0
TB Hospitals	6	6	0
PHC (Reproductive Health Clinics, Dental Clinics, Satellite Clinics, Clinics, CDC and CHCs)	249	191	58
Intermediate Care Facility	2	1	1
EMS (Ambulance stations, Control Centres, Disaster management, Workshop and College)	57	50	7
FPLs	18	14	4
Nursing Colleges (Residential accommodation)	5	2	3
Nursing Colleges (Training facilities)	4	3	1
Residential accommodation	17	17	0
Sub-district Offices	10	10	0
Regional Laundries	2	2	0
Workshops and other	18	16	2
Totals	434	358	76

Table 18: Accommodation Currently Occupied by WCGHW

³⁸ Including CoCT facilities where WCGH has a presence but excluding facilities exclusively owned and operated by CoCT

8.2 STATE-OWNED ACCOMMODATION (TEMPLATES 2.1.1 & 2.1.2)

State-owned accommodation includes those facilities that are owned by the WCG, the Provincially Aided Hospitals, CoCT owned facilities that are in process of transfer to WCG, and those which are in the process of being transferred from NDPWI, e.g., FPLs.

It also includes the rural municipal facilities that are in the process of being transferred to WCG as per the signed SALGA agreement. The finalisation of this process is hampered by the lengthy disposal process followed by municipalities as well as problematic land issues. Of the 108 facilities that formed part of this agreement, the transfer of 20 facilities remain outstanding and two (Vredendal Central Clinic, which forms part of a larger municipal service centre, and Saron Clinic of which the majority of the facility falls on privately owned land) will not be transferred. The Custodian is in ongoing negotiations with the Municipalities, NDPWI and the State Attorney to finalise the outstanding matters.

Co-ordination of health services is ongoing between WCGHW and CoCT. Structured arrangements are in place to work with the CoCT to co-ordinate and jointly manage the service in the Cape Town Metro. This process includes negotiations for a Memorandum of Agreement, the transfer (see paragraph 8.1) or leasing (reflected on the leased health facilities templates) of PHC facilities in the City where the service is rendered by WCGHW. WCGTPW is following up on lease agreements and transfers, where appropriate.

Annexure A reflects the complexity of the different operational and ownership scenarios with respect to PHC facilities. It lists:

- Health facilities owned and operated by the CoCT;
- Health facilities owned by the CoCT (or where erf has not been regularised) but operated by WCGHW exclusively;
- Health facilities owned by WCG but operated by the CoCT; and
- Health facilities owned by WCG (or rented) and operated by WCGHW.

It should be noted that the PHC facilities, solely operated by the CoCT, are only reflected in Annexure A and not included in the templates.

Some health services are rendered in partnership with Government entities, NPOs and community-based organisations. In certain instances, it is in the best interests of both patients and health staff to have these services near the relevant WCGHW facility. This results in some State-owned (portion of and / or entire) health facilities being occupied by NPOs.

The facilities listed in Template 2.1.1 exclude WCGHW allocated State-owned facilities operated by NPOs. WCGHW, in collaboration with IAM, is in the process of regularising the occupation of such (through a lease or Service Level Agreement (SLA)). Cabinet Resolution 319 of 2012 granted approval for WCGTPW to dispose (by means of rental / selling) of government immovable assets below the market value (each case depending on merit). However, all applications are required to be approved by Cabinet and WCGPT. All existing leases with NPOs should be resubmitted for approval based on the new resolution.

There are also some cases where no formal lease agreement was entered into, but rather an informal user agreement where NPOs render critical health support services from WCGHW facilities. In order to govern the rendering of these support services, such NPOs are required to enter into an SLA as prescribed in Finance Instruction FA21/2017.

To improve on estate management where such cases exist, the standard SLA referred to above, was (in collaboration with the Custodian) expanded to include clauses specifically relating to the use of WCG property. These clauses which specify the roles and responsibilities in terms of maintenance, operational costs, etc. were approved by the WCGHW's Chief Financial Officer on 19 July 2019 and are implemented as an interim measure for all new agreements. In the absence of a policy or practice note from WCGTPW, WCGHW is also in the process of drafting a new Departmental policy which will formalise the implementation of agreements containing these property clauses with all NPOs to regularise the use of provincial property.

In addition, the WCGHW 2030 vision intends to expand and strengthen such NPO services in future. This is in line with the National Special Housing Needs Policy which may in future provide for registered NPOs to apply for a national capital grant for developing new and / or doing extensions, upgrades and refurbishment of the buildings they occupy, and which are used to house persons with special needs. The impact of the expansion of the services as well as the implementation of the mentioned policy on WCGHW State-owned facilities, will have to be further unpacked.

The list of NPOs and other Health Support service providers (pending verification) located on State-owned facilities allocated to WCGHW is reflected in Annexure C.

Apart from those listed in Annexure C, there are also NPOs providing supplementary services to WCGHW from facilities not on Hospital grounds. There are currently 166 NPOs (80 in Metro and 86 in Rural) that receive funding in accordance with Finance Instruction FA21/2017 as referred to above. The status of their accommodation, possible subsidies and SLAs will be investigated to ensure it is regularised where applicable.

The tables below reflect the building replacement cost (at current Rand value) of the hospitals, based on the current bed numbers and on the cost model developed as part of the Infrastructure Unity Systems Support (also referred to as the IUSS) initiative, using the New Hospital estimator. Estimates were physically completed in February 2021 and have been escalated to February 2023. This replacement cost considers current bed numbers at existing facilities but excludes cost of HT, land and additional facilities in hospitals. Also excluded in determining the replacement cost is nursing accommodation ancillary to hospitals. Replacement cost reflected in Template 2.1.1 is based on existing areas of facilities and needs to be verified by WCGTPW.

Hospitals	No. of Actual Beds as at January 2023	Building replacement cost ^a Rand Value as at February 2022	No.
Regional Hospitals	1 450	6,757,719,732	5
George Hospital	287	1,333,315,057	
Mowbray Maternity Hospital	205	972,224,018	
Paarl Hospital	331	1,507,622,795	
New Somerset Hospital	352	1,639,013,859	
Worcester Hospital	275	1,305,544,002	
Central Hospitals	2 685	14,127,968,130	3
Tygerberg Hospital (Level 3 includes 702 Level 2 beds)	1 384	7,192,358,768	
Red Cross War Memorial Children Hospital (Level 3 includes 55 Level 2 beds)	292	1,584,365,377	
Groote Schuur Hospital (Level 3 includes 275 Level 2 beds)	1 009	5,351,243,985	
Psychiatric Hospitals	1 804	4,304,301,185	4
Alexandra Hospital	300	776,110,355	
Lentegeur Hospital	690	1,664,995,148	
Stikland Hospital	423	902,951,544	
Valkenberg Hospital	391	960,244,138	
Rehabilitation Hospital	156	413,089,796	1
Western Cape Rehabilitation Centre	156	413,089,796	
TB Hospitals	926	3,570,564,509	6
Brewelskloof Hospital	199	697,870,439	
Brooklyn Chest Hospital	309	1,137,111,551	
DP Marais Hospital	194	879,302,198	
Harry Comay Hospital	85	333,870,767	
Malmesbury Infectious Diseases Hospital	49	192,466,679	
Sonstraal Hospital	90	329,942,875	
Grand Total	7 021	29,173,643,352	19

Notes:

^a Replacement cost excludes day beds, HT and Organisational Development (OD) / Quality Assurance (QA). Costs are based on the OoM (Infrastructure Unit Support System Order of Magnitude estimate, an initiative of NDoH: Infrastructure Unit)

Table 19: Building Replacement Costs of All Hospitals (excluding District Hospitals and Associated Nursing Accommodation)

District Hospitals	No. of Actual beds as at January 2023	Building replacement cost ^a Rand Value as at February 2022
Alan Blyth Hospital	30	170,926,075.90
Beaufort West Hospital	57	288,060,709.16
Caledon Hospital	50	252,684,832.02
Ceres Hospital	86	434,617,912.94
Citrusdal Hospital	34	171,825,687.30
Clanwilliam Hospital	50	252,684,832.02
Eerste River Hospital	150	613,663,162.72
False Bay Hospital	76	365,791,376.24
Helderberg Hospital	181	713,480,910.94
Hermanus Hospital	71	348,560,678.74
Karl Bremer Hospital	311	1,446,049,996.60
Khayelitsha Hospital	340	1,236,275,783.54
Knysna Hospital	90	441,837,479.66
Laingsburg Hospital	20	101,073,931.96
LAPA Munnik Hospital	10	50,536,967.04
Mitchell's Plain Hospital	395	1,715,046,284.58
Montagu Hospital	26	164,245,140.76
Mossel Bay Hospital	90	454,832,699.12
Murraysburg Hospital	14	70,751,752.16
Otto Du Plessis Hospital	30	170,926,075.90
Oudtshoorn Hospital	123	528,363,983.28
Prince Albert Hospital	29	165,228,538.80
Radie Kotze Hospital	31	176,623,611.94
Riversdale Hospital	50	252,684,832.02
Robertson Hospital	50	247,730,227.72
Stellenbosch Hospital	85	409,108,776.56
Swartland Hospital	84	256,389,113.32
Swellendam Hospital	51	245,465,266.36
Uniondale Hospital	13	65,698,056.94
Victoria Hospital	203	724,796,979.10
Vredenburg Hospital	112	554,915,711.28
Vredendal Hospital	75	360,978,332.82
Wesfleur Hospital	50	247,730,227.72
Grand Total	2 983	13,699,585,948.22

Notes:

^a Replacement cost excludes day beds, HT and OD & QA. Costs are based on the OoM (Infrastructure Unit Support System Order of Magnitude estimate, an initiative of NDoH: Infrastructure Unit)

Table 20: Building Replacement Costs of District Hospitals (based on New Definition and excluding associated Nursing Accommodation)

See Annexure D for maps of existing health facilities (owned and leased) by type, District and Sub-district.

State-owned office accommodation (Template 2.1.2) consists of office accommodation and shared facilities where WCGTPW is responsible for maintenance of the building. It also includes District and Sub-district offices situated at Health facilities where the future responsibility for refurbishment and maintenance will be decided based on the classification of the office space (i.e. corporate space versus ancillary space) as referred to in paragraph 5.8.3.

Hospital administration which provides a support function to a Health facility, resorts under Template 2.1.1 as part of such facility. In terms of prioritisation, the WCGHW Office Accommodation Steering Committee (as reflected in paragraph 5.8.3) is mandated to establish office accommodation principles and determine priorities to inform the Custodian Asset Management Plan (C-AMP) in a more structured manner.

8.3 LEASED ACCOMMODATION (TEMPLATES 2.2.1 & 2.2.2)

Templates 2.2.1 and 2.2.2 provide a schedule of all accommodation (Health Facilities and Office Accommodation respectively) that are leased from private owners as well as NDPWI, including those leases which are currently on a month-to-month basis.

It furthermore includes Rural PHC facilities as well as CoCT facilities where the property will not be transferred by the respective Local Governments and for which IAM must conclude lease agreements, as well as a number of FPLs which are currently located on South African Police Services premises and for which WCGTPW must formulate a Memorandum of Agreement with the NDPWI.

The WCGTPW's mandate to finalise these agreements were re-enforced in the SDA entered into between WCGH and WCGTPW on 25 June 2018. Continued efforts are made to assist WCGTPW to expedite the finalisation of all outstanding agreements by providing historical information and attending meetings with Local Authorities.

The reduction of the number of leased accommodation is supported by WCGHW and any alternatives identified by the Custodian to utilise available buildings within the Custodian's bigger portfolio will be considered.

WCGHW Head Office staff were relocated from Norton Rose House in the CBD to owned accommodation (Bellville Health Park and 4 Dorp Street) and leased accommodation (The Box) during 2021 and 2022 due to Norton Rose House accommodation being non-compliant in terms of the OHSA.

9. FUNCTIONAL PERFORMANCE

9.1 STATE-OWNED AND LEASED (TEMPLATES 3.1.1, 3.1.2, 3.2.1 & 3.2.2 COMBINED)

It is vital that the properties from which health services are rendered meet the minimum norms and standards. Analyses of the State-owned and Leased templates are being used to update the current and future requirements and the status of facilities. For this U-AMP, the functional performance of all buildings was verified via interaction with the Districts. An FCA template, which is being used by WCGTPW to determine Scheduled Maintenance priorities, is also being used on a continuous basis by WCGHW to better determine the condition of facilities. WCGHW has built additional criteria into this template to improve on the information obtained. This FCA process has been followed since January 2011 and additional comments received have been used to determine whether extensions, additions and / or replacement of facilities are required. The assessment focuses on the performance standard, condition rating, accessibility, suitability index, operating performance and functional performance.

Assessments are continuously performed to ascertain the capital and maintenance requirements of end users. The Ideal Clinic Realisation and Maintenance Programme, the Ideal Community Health Centre Realisation Programme and the Ideal Hospital Realisation and Maintenance Programme assessments are ongoing at the respective facilities. According to the Cape Metro District Health Plan 2021/2022-2023/2024, the COVID-9 pandemic had an impact on the ability of health facilities to maintain their Ideal Status.

It remains important to regularly monitor the implementation of the norms, standards and criteria to ensure that they are consistently applied. In order to render credence to the process, quarterly meetings take place with senior management of the Districts and / or specific portfolio managers, to interrogate the outcome and to obtain feedback from the actual occupants of the facilities.

The Department is also in the process of customising standard generic briefing documents for PHC facilities, ECs and District Hospitals and the Acute Psychiatric Units at hospitals based on the published documents from the Service. Great strides are being made in the process of reviewing the Norms and Standards of PHC facilities in conjunction with WCGTPW.

The clarification of ratings and results thereof are provided below.

9.1.1 PERFORMANCE RATINGS

Performance Standard	Condition Standard	Index
Highly sensitive functions with critical results or high-profile public building	Assets to be in best possible condition, only minimal deterioration will be tolerated	P5
Business operations requiring good public presentation and high-quality working environments	Assets to be in good condition operationally and aesthetically, benchmarked against industry standards for that particular class of asset	P4
Functionally-focused assets at utility level	Assets to be in reasonable condition, fully meeting operational requirements	P3
Functions are providing essential support only, with no critical operational role (e.g., storage) or asset has limited life	Condition needs to meet minimum operational requirements only	P2
Functions have ceased and the asset is dormant; pending relinquishment, etc.	Condition can be allowed to deteriorate or marginally maintained at minimal cost	P1

Table 21: Performance and Condition Standard Index

The following should be noted:

- All hospitals are rated P5 due to their complex operational functions, with the following exceptions:
 - TB hospitals (rated P4); and
 - Nelspoort Hospital, which is an intermediate care facility (rated P4).
- All FPLs and CHCs are rated P4.
- Clinics, CDCs, EMS, Nurses Colleges, office and residential accommodation, step down facilities and all other facilities are rated P3.
- All Satellite Clinics and Workshops are rated P2.

9.1.2 CONDITION RATINGS

Condition Status	General Description	Rating
Excellent	The appearance of building / accommodation is brand new. No apparent defects. No risk to service delivery.	C5
Good	The building is in good condition. It exhibits superficial wear and tear, with minor defects and minor signs of deterioration to surface finishes. Slight risk to service delivery. Low cost implication.	C4
Fair	The condition of building is average, deteriorated surfaces require attention; services are functional, but require attention. Backlog of maintenance work exists. Medium cost implications.	C3
Poor	The general appearance is poor, building has deteriorated badly. Significant number of major defects exists. Major disruptions to services are possible, high probability of health risk. High cost to repair.	C2
Very Poor	The accommodation has failed; is not operational and is unfit for occupancy.	C1

Table 22: Condition Rating Index

The table below provides a summarised overview of the condition assessment of facilities as contained in Templates 3.1.1 and 3.2.1:

Condition Status	State-owned Facilities		Leased Facilities	
	No.	%	No.	%
C5	23	6%	0	0%
C4	122	34%	6	8%
C3	187	52%	40	53%
C2	25	7%	29	38%
C1	1	1%	1	1%

Table 23: Overall Overview of Condition Assessment of Health Facilities

The average condition of all health infrastructure is rated “fair” for both owned and leased. The condition of all buildings is being improved by means of Day-to-day and Routine Maintenance, minor refurbishment, major upgrade and replacement with newly built facilities. There is one State-owned health facilities with a C1 rating, viz., Orchard Clinic (general maintenance project being implemented).

Seven of the State-owned health facilities rated C2 are earmarked for replacement³⁹ or relinquishment, while the remaining eighteen will undergo refurbishment and / or upgrading and additions which may include renovations, rehabilitation or maintenance. The majority of leased health facilities rated C2 are earmarked for replacement.

The condition of State-owned office accommodation has not been rated by WCGHW as there has not been sufficient time for WCGHW to undertake the planning at the facilities where WCGTPW indicated that they will no longer undertake refurbishment and maintenance. In a letter to WCGHW they indicated that they will continue with the responsibility for 11 of the then 33 office facilities and it is expected that the C-AMP will analyse and prioritise the needs as identified in templates 6.3, 6.4.2 and 7.4. WCGHW has identified the following facilities as requiring urgent intervention: Overberg District Office, Metro Human Resources Development Office at Lady Michaelis, Overstrand Sub-district Office and West Coast District Office. Further planning and prioritisation will take place in 2023.

It is essential to note that WCGHW supports the utilisation of WCG properties rather than continuing to rent properties.

9.1.3 ACCESSIBILITY RATINGS

General Description	Rating
Location fully supports service delivery objectives, the building is fully accessible to general public / physically challenged, more than sufficient parking	A5
Location supports service delivery objectives; building is fairly accessible to general public but only to main areas for physically challenged, enough parking	A4
Location partially support service delivery objectives; the building is accessible to general public but there is limited access to physically challenged, limited parking available	A3
Location limits achievement of service delivery objectives; is not accessible to physically challenged, limited parking for staff available	A2
Location does not support service delivery objectives at all; is not accessible to general public, including the physically challenged, no parking available and the building should not be used for a department's current service delivery objectives	A1

Table 24: Accessibility Ratings Index

The direct interpretation of the above table in terms of accessibility description has been augmented with the analysis of functional accessibility at certain high-profile facilities. Some facilities may be in the correct location and correctly sized but the buildings are not conducive to efficient workflow. Examples include Gugulethu CHC (possibly to be replaced by 2032) and the Overberg District (to be accommodated in future Provincial shared services building).

³⁹ The Department elects to replace a facility if major refurbishment is required, i.e. the estimated cost of such refurbishment is in the order of 70% or more of replacement value.

Table 25 provides the findings of the accessibility assessment of health facilities. It is noted that both, State-owned and Leased Facilities, are typically rated as "accessible" to "fairly accessible":

Accessibility Rating	State-owned Facilities	Leased Facilities
A5	12% - Most of these 42 facilities are recently built facilities.	1.3% - Mfuleni CDC temporary facility has been constructed as interim facility on CoCT land until replacement facility is constructed.
A4	54% - 194 facilities fairly accessible.	44.7% - 34 facilities fairly accessible.
A3	31% - 111 facilities accessible.	31.6% - 24 facilities accessible.
A2	2.7% - Most of these 10 facilities may be replaced, e.g., Gugulethu CHC (if required), Elsie River CHC and Ladismith Clinic (under construction).	21.1% - There are 16 health facilities. Most of these will be replaced or consolidated with other future facilities.
A1	0.3% - This 1 facility viz. Hornlee Clinic is planned to be replaced as a priority and briefing document has been issued.	1.3% - This 1 facility viz. Knysna FPL is being replaced – new facility currently under construction with anticipated completion in 2023.

Table 25: Accessibility Assessment of Health Facilities – Findings

9.1.4 SUITABILITY RATINGS

The accessibility rating and the required performance standard are used to determine the suitability ratings as reflected in the table below.

Required Performance Standard	Accessibility Rating				
	A1 (Very Poor)	A2 (Poor)	A3 (Fair)	A4 (Good)	A5 Excellent)
P5	C	C	B	A	A
P4	C	C	B	A	A
P3	C	B	B	A	A
P2	C	B	A	A	A
P1	C	C	C	C	C

A= Suitable for its required function
 B= Meets the minimum suitability criteria for its function
 C= Does not meet the required suitability criteria

Table 26: Suitability Rating Index

The following should be noted:

- State-owned health facilities, which have been rated C in terms of suitability and C2 or C3 in terms of functional performance, are being replaced, namely Helderberg Hospital, Elsie River CHC, Hornlee Clinic and Salt River FPL. The Elsie River CHC and Hornlee Clinic replacements are currently in design and a completion project for the new Observatory FPL, which will replace the Salt River FPL, is currently underway. Gugulethu CHC is also rated C but the need for replacement will be reassessed once work planned to be undertaken at the current facility has been completed.
- The two leased health facilities rated C in terms of suitability and C2 or C3 in terms of functional performance, namely Hanover Park CHC and Knysna FPL, are being replaced. The Hanover Park CHC replacement is currently in the design documentation stage and the Knysna FPL replacement is under construction.

9.1.5 OPERATING PERFORMANCE INDEX

The condition rating and the required performance standard are used to determine the operating performance index as reflected in the table below.

Required Performance Standard	Condition Rating				
	C1 (Very Poor)	C2 (Poor)	C3 (Fair)	C4 (Good)	C5 (Excellent)
P5	3	3	3	2	1
P4	3	3	2	1	1
P3	3	3	2	1	1
P2	3	2	1	1	1
P1	2	2	1	1	1

1= Exceeds its functional and operational requirements
 2= Meets the expected functional and operational requirements
 3= Does not meet the expected functional and operational requirements

Table 27: Operating Performance Index

The following should be noted:

- 14 per cent of State-owned health facilities do not meet the expected functional and operational requirements, whilst 45 per cent meet the expected functional and operational requirements and 41 per cent exceed the requirements.
- 8 per cent of leased health facilities do not meet the expected functional and operational requirements (the majority of these have been earmarked for replacement), whilst 34 per cent meet the expected functional and operational requirements and 58 per cent exceed the requirements.
- Office accommodation has not been assessed due to very few FCAs being available.

9.1.6 FUNCTIONAL PERFORMANCE INDEX

The operating performance index and the suitability index are used to determine the functional performance index – see table below.

Suitability Index	Operating Performance Index		
	1 (Optimal)	2 (Minimum)	3 (Outside)
Optimal – A	A1	A2	A3
Minimum – B	B1	B2	B3
Outside – C	C1	C2	C3

Table 28: Functional Performance Index

Index	Description	State-owned Facilities		Leased Facilities	
		No.	%	No.	%
A1	Operating optimally and is fully suitable for its required function	120	33.5%	36	47.4%
A2	Meets minimum operating criteria and is fully suitable for its required function	103	28.8%	9	11.8%
A3	Does not meet the minimum operating requirements but is fully suitable for its required function	23	6.4%	0	0.0%
B1	Meets the optimal operating requirements but only meets the minimum suitability criteria for its required function	27	7.5%	8	10.5%
B2	Meets the minimum operating and suitability criteria for its required function	58	16.2%	16	21.1%
B3	Does not meet the minimum operating criteria but meets the minimum suitability criteria for its required function	22	6.1%	5	6.6%
C1	Operating optimally but does not meet the minimum suitability criteria	0	0.0%	0	0.0%
C2	Meets the minimum operating criteria but does not meet the minimum suitability criteria	1	0.3%	1	1.3%
C3	Does not meet the minimum operating criteria and does not meet the minimum suitability criteria	4	1.2%	1	1.3%

Table 29: Current Functional Performance Indices for Health Facilities

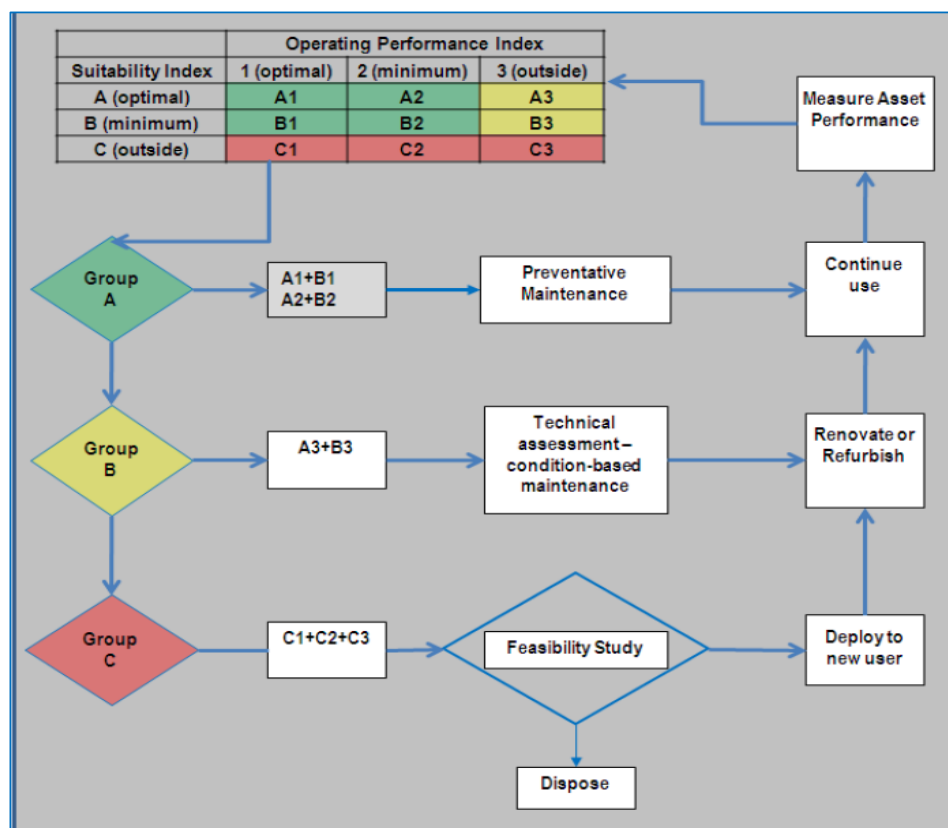


Figure 53: Decision Framework based on Condition Assessment of Immovable Assets

Figure 53 illustrates the decision framework (prioritisation) that must take place based on the outcome of the analysis of the different inputs as outlined earlier. In the event that a facility has been indicated as a Group C facility then a feasibility study must be undertaken to ascertain the future use of the facility. The feasibility study will include prioritisation criteria such as population demographics, costing implications, available budgets, etc.

There are shortcomings in the outcome of the functional performance index calculation in that it will not always display a true reflection of the functionality of the building. For example, the building can be in a relatively good condition and in the correct location but, due to advancement in technology and changed / increased operational requirements, the building may no longer be fit for purpose in its current form. The decommissioned GF Jooste Hospital is an example of such a facility in that it was a 184-bed hospital, which could – due to new requirements for it to function as a 624-bed Regional Hospital – no longer optimally function as a District Hospital and therefore needs to be replaced.

Furthermore, a facility may be functional, correctly placed and in a good condition but may be too small to serve the population in the area and may thus need to be replaced.

9.2 UTILISATION IMPROVEMENT PLAN

9.2.1 STATE-OWNED AND LEASED (TEMPLATES 4.1.1, 4.1.2, 4.2.1 & 4.2.2)

The information obtained from the FCA as well as information received from various sources (such as WCGTPW), structured meetings within the Department, site visits by various staff from CD: FIM, etc., were utilised to inform the data in these templates. The facility information provides the ability to link the burden of disease with the available facility and allows further analysis of the utilisation profile. The utilisation profile in turn allows informed decisions as to whether, for example, a facility needs to be replaced or maintained, and also to prioritise the proposed action.

WCGHW consults widely and investigates various options in terms of utilisation of Provincially-owned facilities. WCGHW proactively investigates possible utilisation of existing government-owned land in liaison with the Custodian.

The repurposing of the William Slater building as an Adolescent Centre of Excellence for Groote Schuur Hospital, is one example of such investigation. This is the first facility of its kind in the Province and will be providing a holistic package of care to patients who are referred from other facilities in the Province. The services have been structured to be adolescent friendly through the use of peer support. Apart from general adolescent clinics, the service primarily serves to assist these young adults to deal with chronic illnesses, ensure that they understand the need to be compliant on their medication and to offer them counselling services both as individuals and through group therapy.

Current utilisation levels per facility are broadly measured by the number of patient visits per annum per m² of building area in the case of PHC facilities; and by bed occupancy rates in the case of hospitals – and are ultimately expressed as extensive, high, medium or low (see Table 30).

Utilisation Level	PHC Facilities (Patient visits / annum / m ²)	Hospitals (Bed Occupancy Rate)
Extensive	> 100	>90%
High	60 to 100	80% to 90%
Medium	40 to 59	60% to 79%
Low	<40	<60%

Table 30: Utilisation Level Categories

It must be emphasised that the above serves to provide broad parameters only in determining the current utilisation level of a facility. Factors such as the population of the catchment area and the number of other health facilities in the area, etc., are also taken into account.

A summary of the current utilisation levels of both State-owned and leased facilities are reflected in the table below. It is important to note that it excludes office accommodation, both where the responsibility has been retained by WCGTPW and where the responsibility has been relinquished by WCGTPW.

Current Utilisation Level	State-owned Facilities		Leased Facilities	
	No.	%	No.	%
Extensive	22	6%	5	7%
High	74	21%	14	18%
Medium	189	53%	31	41%
Low	73	20%	26	34%

Table 31: Current Utilisation Levels at Health Facilities

The rationale is that extensive usage will immediately raise the alarm and that further investigations will follow. With medium utilisation, the status quo will remain, whereas low levels will generate further investigation. The majority of leased health facilities with extensive utilisation levels have been earmarked for replacement.

The table below reflects the classification of space availability levels and the related results.

Current Space Availability Level	State-owned Facilities		Leased Facilities	
	No.	%	No.	%
Excess accommodation	8	2%	0	0%
Neutral	287	80%	56	74%
Shortage accommodation	63	18%	20	26%

Table 32: Current Space Availability at Health Facilities

After thorough analysis of the above information and taking all other previously acquired information into consideration, the actions listed in Table 33 were determined.

Utilisation Improvement Action to be taken	State-owned Facilities		Leased Facilities	
	No.	%	No.	%
Relinquish	14	4%	9	12%
Replace	25	7%	20	26%
Upgrade and Additions	54	15%	3	4%
Maintain	242	68%	44	58%
R, R & R	23	6%	0	0%

Table 33: Utilisation Improvement Actions for Health Facilities – Assessment Findings

The table above reflects that a significant number of facilities are to be maintained. The R, R & R required for State-owned health facilities is indicated in Template 7.2. A number of leased facilities will be replaced with both State-owned facilities and new leases. Due to potential emergency work at some of the facilities or changes in requirements, these analyses are carried out on an annual basis. A multi-year approach is followed in terms of the analyses in order to obtain an overall picture.

As indicated in Template 7.4, a number of State-owned office accommodation facilities need to be refurbished.

9.3 IMPROVING THE EFFICIENT AND EFFECTIVE UTILISATION, PERFORMANCE AND FUNCTIONALITY OF HEALTH FACILITIES

Service alignment continues to be the primary focus for WCGHW in terms of infrastructure planning, i.e., whether it be determining where to locate facilities or how to layout the facilities themselves. The principle of “right space in the right place” continues to be the primary goal, with the ultimate aim of ensuring that the facilities support the Department’s services as effectively as possible.

Operational narratives have been developed for almost all facility types and the Department is now focussing on individual units / Departments and, in some instances, specific rooms within the facilities in an effort to convey as much information to infrastructure design teams as possible. This, in turn, should result in greater efficiency, not only in terms of the infrastructure and the service it supports, but also in the implementation process associated with delivering new or upgraded infrastructure.

Through its Post Occupancy Evaluation processes, CD: FIM continues to obtain feedback from the health services and question current practices, both service and infrastructure related, in an effort to improve the Department’s healthcare infrastructure as a whole.

With continual change in clinical practice, HT, or external factors such as climate change, being an accepted characteristic of the healthcare environment, it is necessary to constantly review standards whether they be spatial, engineering services or cost related. Budget pressures affect not only the nature and number of projects that can be funded at any given time, but also staffing allocations at facilities. The Department therefore, for instance, requests that particularly clinical spaces, be planned to assist limited numbers of staff to maintain appropriate levels of patient service and observation without unreasonably compromising the patient's privacy and dignity. Reduced travel distances, multi-purpose spaces, and the ability to relatively easily convert the designated function of a specialist space when necessary, are key factors of healthcare infrastructure design in the current environment.

With the need for heightened levels of security, increased energy and water efficiency and seemingly ever-increasing storage capacity, the challenge to provide functionally appropriate and efficient facilities remains a work in progress.

10. GAP ANALYSIS – INCLUDING OPTIONS ANALYSIS (TEMPLATE 5)

10.1 CRITERIA INFORMING GAP ANALYSIS (INCLUDING OPTIONS ANALYSIS)

The gap analysis (including options analysis) for WCGHW accommodation is informed by a number of criteria as indicated below and explained above in the functional analysis:

- Functional analysis of accommodation (suitability for achievement of strategic objectives).
- Need for new accommodation, e.g., due to improved functionality requirements / population growth.
- Facility condition rating and feedback from end users.
- Need to relinquish leased accommodation.
- Need for replacement facilities in appropriate positions (closest to where the service is required, within the areas of the largest dependent population density).
- Utilisation levels: Over or underutilisation of accommodation. A high-level analysis has been done in order to identify the exceptions to the performance in terms of utilisation per square metre of Clinic / CDC / CHC space. The result of the analysis has been taken further by means of engagement with Metro and Rural Districts to ensure that decision-making in terms of prioritisation is sound. Space areas are continuously being verified. In addition, there is continuous analysis of the GIS in terms of number of facilities required within an optimised normative area. This analysis informs any gaps in the service provision as well as underperforming facilities.

In addition, as per Figure 54 below, the principle as endorsed by the WCG Rural Development and Land Reform is the concept of accessibility, centrality and nodal hierarchy to develop service catchments; and ensuring that these are linked to well-defined service provision packages that are balanced with respect to both user access demands and facility thresholds, which will contribute in turn to achieving equity in distribution of basic minimum services to where the most people can be served from the least number of service points or towns.

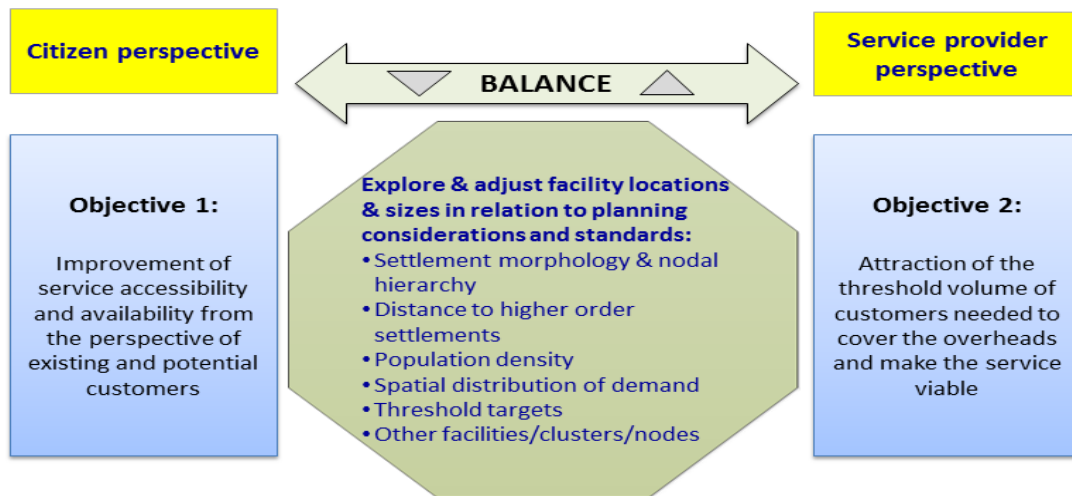


Figure 54: Basic Principles of Facility Planning⁴⁰

10.2 GAP ANALYSIS SUMMARISED PER LEVEL OF CARE IN TERMS OF PREFERRED SERVICE PROVISION

The gap analysis is measured against:

- Healthcare 2030;
- The CSIR study on Accessibility and Backlog Determined for Social Facilities in Cape Town, updated in 2020;
- Healthcare 2030 Acute Hospital Bed Plan;
- Urgent interventions in shifts where the burden of disease impact is the greatest; and
- Assumption of integrated service provision in the CoCT.

10.2.1 HEALTHCARE 2030 ACUTE HOSPITAL BED PLAN

A major and continued influence in the U-AMP is the Acute Hospital Bed Plan which is aligned to *Healthcare 2030 – The Road to Wellness*. Forecasting hospital bed needs requires taking into account a range of factors, including, *inter alia*, burden of disease and the health needs of the population, local specifics of the geographic area, broader organisational arrangements of the health service, global and local utilisation trends, advances in technology, changes in the national and provincial policy context, affordability and the availability of skilled human resources.

The very different conditions between the Cape Town Metro District and the Rural Districts necessitate different technical planning methodologies, as explained below.

⁴⁰ Source: Development and Prioritisation of Catchments – Technical Report Social Facilities Toolkit

10.2.1.1 CAPE METRO ACUTE BED PLAN

The policy directives that guided the Metro hospital planning included:

- Easy and equitable access to District Hospitals as first line hospital care;
- District and Regional Hospitals should provide a comprehensive package of care;
- Functional arrangements will be created to coordinate Regional Hospitals and District health services;
- Large District Hospitals will render a varying degree of specialist services;
- Regional Hospitals are referral hospitals to be located on major transport routes; and
- Central Hospitals will also provide general specialist services to the population in their immediate vicinity.

Catchment areas were geographically defined by the aggregation of specific electoral wards. During this process, access roads, natural boundaries, the availability of public transport and the Spatial Development Plans developed by the CoCT were taken into account. Eventually eleven natural catchment areas were identified where direct access to the full package of District Hospitals will be provided by 2030.

In order to differentiate between degrees of deprivation, an equity measure was developed based on household income bands published in Census 2011. The measure is applied at ward level and people likely to use public health services are referred to as dependent persons. The equity measure ensures that poor settlements will receive proportionately more resources to address their relatively higher burden of disease. The admissions per 1 000 population and the average length of stay for District and Regional Hospitals are differentiated according to household income to favour the poorest households. To calculate the future bed need of Central and Tertiary Hospitals, the current number of highly specialised beds per 1 000 dependent persons in the Province was applied to the projected Provincial population to estimate the number of beds required by 2030.

Figure 55 provides the dependency profiles of the eleven acute hospital catchment areas identified in the Metro.

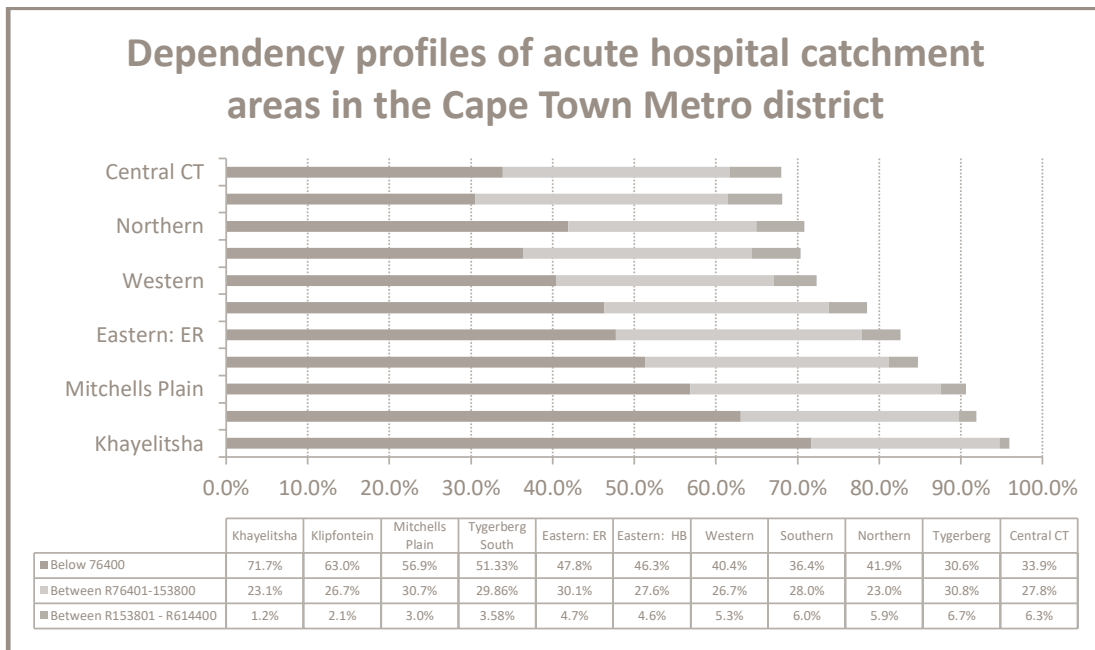


Figure 55: Dependency Profiles of the Acute Hospital Catchment Areas in the Metro

The approach applied by the technical team was to concentrate on the Cape Flats in the development of a District Hospital planning model. The Cape Flats comprises of five catchment areas: Khayelitsha, Mitchell's Plain, Klipfontein, Eerste River and Tygerberg. The population density is very high due to the relatively small geographic area inhabited by 49.9 per cent of the dependent population of the Cape Town Metro District. This is by all measures the most deprived area with the highest burden of disease in Cape Town.

10.2.1.1.1 PLANNING APPROACH FOR METRO HOSPITAL BEDS

The bed provision for highly specialised beds is determined by National Tertiary Services Grant funding envelopes allocated to each province. The Tertiary Services funding is thus nationally driven. Historically the WCG subsidised the highly specialised services rendered at Groote Schuur and Tygerberg Hospitals (classified as Central Hospitals in the National tertiary services plan) and Red Cross War Memorial Children Hospital (classified as a Tertiary Hospital). The current number of highly specialised beds per 1 000 dependent persons in the Province was applied to the projected Provincial population to estimate the number of beds required by 2030.

Table 34 below reflects the current and future District Hospitals in the Metro, indicating catchment areas, beds required by 2030 and the size of each. The medium and large District Hospitals will render the full package of District Hospital services to the population in the relevant catchment areas as well as a limited package of specific general specialist services. Patients who can be treated by general specialists in a District Hospital environment without any undue risk to the safety of the patient can therefore be treated to completion in a District Hospital without referral to a Regional Hospital. The bulk of the clinical work will be performed by medical officers. This approach is in accordance with the National Policy on the management of hospitals. There has been no official update on the table below, but WCGHW recognises that the plan requires updating in certain aspects and the population growth patterns may also further influence the dynamics of future hospitals.

District Hospitals	Catchment Areas	Beds required by 2030	Size	Comment
Sub-district: Metro East				
Karl Bremer Hospital	Tygerberg	300	Large	Already increased to 311 and possible further increase in future
Northern Hospital	Northern	150	Medium	New facility
Eerste River Hospital	Eastern	150	Medium	Midwife Obstetric Unit beds to be confirmed
Khayelitsha Hospital	Khayelitsha	360	Large	Possible further increase in short term
Subtotal		960		
Sub-district: Metro West				
False Bay Hospital	Southern	65	Small	Already increased to 76
Mitchell's Plain Hospital	Mitchell's Plain	330	Large	Already increased to 395
Cape Town Hospital	Cape Town Central	200	Medium	New facility
Victoria Hospital	Southern	260	Large	Replacement facility
Wesfleur Hospital	Western	150	Medium	Replacement facility
Subtotal		1 005		
Total beds in district hospitals		1 965		

Table 34: Bed Configuration in Metro District Hospitals

As indicated in Table 35, the planned hospital infrastructure will provide for 1 662 more district and regional beds than the current situation (i.e., will increase from 2 293 to 3 955 beds). Conversely, 267 fewer central and tertiary beds will need to be provided (i.e., will decrease from the current 2 657 beds to 2 390 by 2030) – see Table 36 below. As indicated in the last column of Table 35, the actual number of beds stated in the Briefing document varies from that reflected as the Beds required by 2030 (i.e., according to the Acute Hospital Bed Plan). This is due to population increases and updated analyses of the burden of disease. Additional beds at Mitchell's Plain Hospital can in theory be contributed towards 60 beds that serve as incubators for Klipfontein Hospital. Due to the rapid increase in population in the Western Cape, further actual beds may be required at Mitchell's Plain Hospital once Klipfontein Hospital has been completed.

Hospitals in Cape Town Metro District	Future Hospital Level	Beds required by 2030	Actual beds (January 2023)	Number of beds reflected in recent Briefing documents
Hospitals in Metro East				
Belhar Regional Hospital*	Regional	550	-	596
Helderberg Hospital**	Regional	360	181	
Karl Bremer Hospital	District	300	311	
Northern Hospital	District	150	-	
Eerste River Hospital	District	150	150	
Khayelitsha Hospital	District	360	340	
Total: Metro East		1 870	982	
Hospitals in Metro West				
Klipfontein Hospital	Regional	550	30 ⁴¹	594
New Somerset Hospital	Regional	330	352	
Mowbray Maternity Hospital	Regional	200	205	
Mitchell's Plain Hospital***	District	330	395	
Victoria Hospital	District	260	203	
False Bay Hospital	District	65	76	
Wesfleur Hospital	District	150	50	
Cape Town Hospital	District	200	-	
Total: Metro West		2 085	1 311	
Grand Total: Cape Town Metro District		3 955	2 293	

* Actual beds for this planned facility is currently included in Tygerberg Hospital

** Currently operating as a District Hospital

*** Current bed number excludes 30 additional COVID-19 / Medical / Mental health patient beds located at Lentegeur Hospital

Table 35: Summary – Acute Beds in District and Regional Hospitals in the Cape Town Metro District

⁴¹ At the closure of GF Jooste Hospital (to be replaced by Klipfontein Hospital), its EC temporarily moved to Heideveld CDC which has a ward and beds that service the EC, hence the bed numbers reflected against this facility.

Central and Tertiary Hospitals	Hospital Level	Beds required by 2030	Actual beds (January 2023)	Number of beds reflected in recent Briefing documents
Tygerberg Hospital	Central	1 100	1 384	893
Groote Schuur Hospital	Central	1 000	1 009	
Red Cross War Memorial Children Hospital	Tertiary	290	292	
Total		2 390	2 685	

Table 36: Summary – Acute Beds in Central and Tertiary Hospitals in the Western Cape Province

10.2.1.2 RURAL ACUTE HOSPITAL BED PLAN

The objective is to ensure easy and equitable access to District Hospital services for the dependent population in all the Rural Sub-districts. There has been significant fluctuation in population numbers from census to census since 1996 in certain rural areas, which has unfortunately, therefore, rendered the population figures in rural areas somewhat unreliable and possibly inaccurate.

Geographic factors that directly impact on access to District Hospitals are the population density and the degree to which the population is concentrated (in towns) or dispersed (on farms).

Although the modelling exercise that was conducted resulted in useful outcomes in most Sub-districts, it was only used as a guideline in the development of the 2030 Rural infrastructure bed plan. The most important reason for this is the possible inaccuracies in the population figures referred to above. The practicalities regarding hospital design and outlay also had to be taken into account. Further investigations / master planning to Paarl and George Regional Hospitals will be undertaken to establish if the required District Hospitals can be accommodated with the Regional Hospitals.

In conclusion, the indicative proposed total Rural infrastructure requirement (i.e., District and Regional Hospitals) by 2030 is for 2 874 acute beds compared to the current provision of 2 242 actual beds, which is an increase of 632 beds. See Table 37 and Table 38 below for details.

Geographic area	District Hospital	Actual beds as at January 2023	Proposed allocation of beds				Recommended Infrastructure 2030
			District beds: Full package	District beds: Low acuity	Beds added: Regional beds	Inter-mediate care beds	
West Coast	7	396	434	42	26	-	502
Matzikama	Vredendal	75	74	-	6	-	80
Cederberg	Clanwilliam	50	50	-	-	-	50
	Citrusdal	34	40	-	-	-	40
Bergrivier	LAPA Munnik	10	-	12	-	-	12
	Radie Kotze	31	-	30	-	-	30
Saldanha Bay	Vredenburg	112	160	-	-	-	160
Swartland	Swartland	84	110	-	20	-	130

Geographic area	District Hospital	Actual beds as at January 2023	Proposed allocation of beds				
			District beds: Full package	District beds: Low acuity	Beds added: Regional beds	Inter-mediate care beds	Recommended Infrastructure 2030
Cape Winelands	5	247	412	30	-	-	442
Witzenberg	Ceres	86	112	-	-	-	112
Stellenbosch	Stellenbosch	85	120	-	-	-	120
Langeberg	Robertson	50	60	-	-	-	60
	Montagu	26	-	30	-	-	30
Drakenstein	New Paarl	-	120	-	-	-	120
Overberg	4	202	216	20	19	10	265
Swellendam	Swellendam	51	50	-	-	-	50
Theewaterskloof	Caledon	50	65	-	-	-	65
Overstrand	Hermanus	71	101	-	19	-	120
Cape Agulhas	Otto du Plessis	30	-	20	-	10	30
Garden Route	8	396	529	45	131	-	705
Kannaland	Alan Blyth	30	-	30	-	-	30
Hessequa	Riversdale	50	50	-	-	-	50
Mossel Bay	Mossel Bay	90	120	-	30	-	150
Oudtshoorn	Oudtshoorn	123	83	-	47	-	130
George	New George	-	150	-	-	-	150
	Uniondale	13	-	15	-	-	15
Bitou	New Bitou	-	63	-	27	-	90
Knysna	Knysna	90	63	-	27	-	90
Central Karoo	4	120	54	50	6	5	115
Laingsburg	Laingsburg	20	-	20	-	-	20
Prince Albert	Prince Albert	29	-	20	-	-	20
Beaufort West	Beaufort West	57	54	-	6	5	65
	Murraysburg	14	-	10	-	-	10
Rural Total		1 361	1 645	187	182	15	2 029

Notes:

1. The full package of district hospital services cannot be rendered in small hospitals with less than 50 beds. For this reason, it was decided to classify Rural beds as "Full package" (50 and more beds) and "Low acuity" (less than 50 beds).
2. Due to geographic considerations intermediate care beds have been allocated to Beaufort West and Otto du Plessis Hospitals.
3. The above list includes 25 existing and 3 new hospitals.

Table 37: Summary – District Hospitals per Rural District

Regional hospital	Actual beds as at January 2023	Proposed allocation of beds		
		District beds	Regional beds	Infrastructure 2030
Paarl Hospital	331	90	210	300
Worcester Hospital	275	125	155	280
George Hospital	287	75	190	265
Regional Total	893	290	555	845

Table 38: Summary – Rural Regional Hospitals

10.2.1.3 ACUTE HOSPITAL BED PLAN – WAY FORWARD

The acute bed number requirements that emerged from the planning discussed above should be used as a guideline that would need to be adjusted in the light of new information, affordability or other contextual factors not considered in this exercise. Each new hospital where a Business Case will be submitted for approval will use the latest population figures and burden of disease profile to motivate the respective bed numbers. As previously reflected, a rapid analysis will be undertaken on the future requirement for Acute Hospital beds.

10.2.1.4 PRIORITISED NEW / REPLACEMENT HOSPITALS

Based on the Acute Hospital Bed Plan, the new / replacement hospitals required with respective bed numbers are reflected in the table below, as prioritised using the planning tool described in paragraph 5.3. The City revised growth nodes may require revision of the 2030 Acute Hospital Bed Plan, with specific reference to the Atlantis area as this may impact future prioritisation. The Atlantis Special Economic Zone A is a geographically designated area in the Atlantis Region which has a range of incentives to attract investment. In 2018, this area was designated as a Special Greentech Economic Zone to drive growth in the renewable energy and green technology sector.

New / replacement hospital required	Future bed no	Review points (Feb 2020)	Review points (Feb 2021)	Review points (Feb 2022)	Review points (Feb 2023)
Klipfontein Hospital (Regional)	640	86	82	82	82
Belhar Hospital (Regional)	594	79	78	78	82
Helderberg Hospital (Regional)	360	67	66	70	69
Victoria Hospital (District)	260	50	72	68	69
Swartland Hospital (District)	150	68	68	68	67
Northern Hospital (District)	150	70	65	58	61
Wesfleur Hospital (District)	150	42	60	53	56
New Somerset Hospital (Regional)	330	57	54	52	56
Cape Town Hospital (District)	200	50	45	45	56

Table 39: Prioritised New / Replacement Hospitals and Bed Numbers

In addition to the above, the redevelopment of Tygerberg Hospital (Central) – endorsed by the Western Cape Cabinet in 2009 – remains a priority. Over the 2023 MTEF, WCGHW will commence with three of the catalytic and important infrastructure projects:

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

To secure the capital contribution of R1.5 billion required for the Tygerberg PPP by 2030, WCGHW is directing savings from its infrastructure budget to the Asset Reserve Fund

The other two hospitals will be funded through the Budget Facility for Infrastructure (BFI)

Further detail on the redevelopment of Tygerberg Hospital (Central) project is provided in paragraph 10.2.1.6.1.

10.2.1.5 HOSPITAL BED NUMBERS – COMPARATIVE REVIEW

In view of the WHO's recommended standard of 5 beds per 1 000 population, the following provides an oversight of the forecast for the Western Cape and a comparison of the current situation against other African countries.

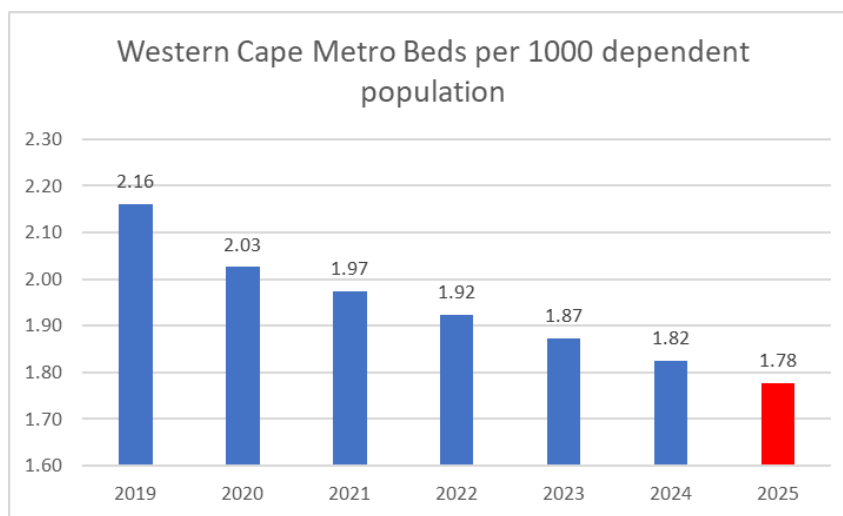


Table 40: Western Cape number of beds per 1 000 dependent population against population growth in future years

The above graphic includes Brooklyn Chest Hospital (349 beds), DP Marais Hospital (260 beds) and Western Cape Rehabilitation Centre (156 beds). These are non-acute beds.

Excluding the beds at the TB hospitals and the Western Cape Rehabilitation Centre, results in a significant reduction in the number of beds / 1 000 dependent population.

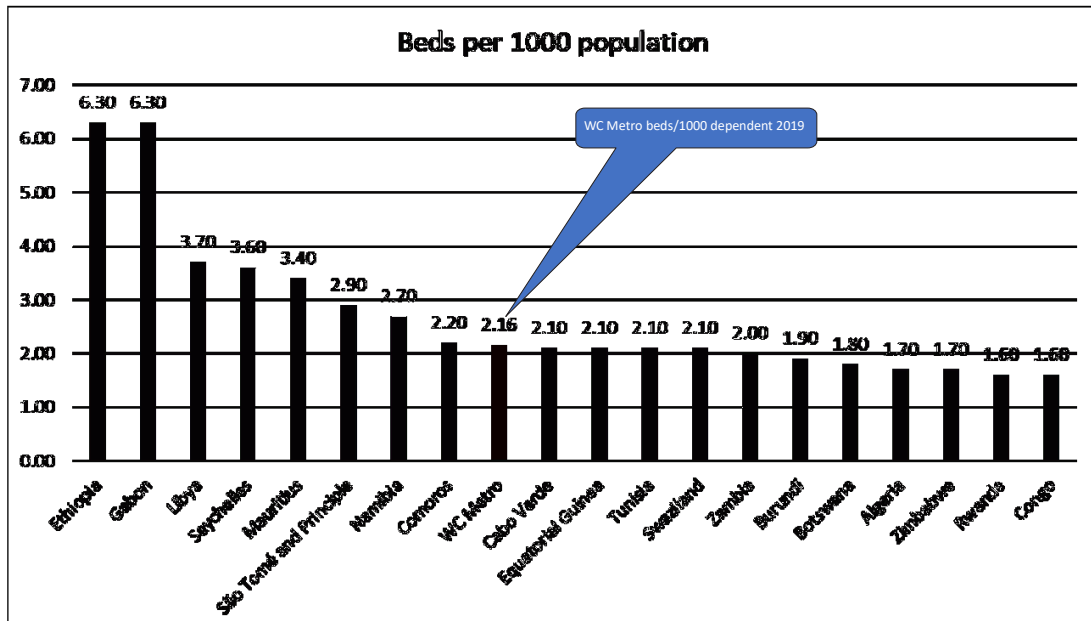


Table 41: Current rating of beds per 1 000 population in Western Cape against beds in Africa⁴²

The above graphic illustrates that the Western Cape Metro fares quite poorly in terms of beds per 1 000 dependent population compared to other countries. While the Metro may have over 7 000 beds, the density of the population and population growth has resulted in a low number of beds per 1 000 dependent population. The country with the highest bed per 1 000 population is Japan with 13 beds per 1 000 population.

10.2.1.6 TYGERBERG HOSPITAL INFRASTRUCTURE STRATEGY

10.2.1.6.1 REDEVELOPMENT PROJECT

Tygerberg Hospital was commissioned in 1972 as an academic hospital for Stellenbosch University. It provides outpatient and in-patient services mainly at secondary and tertiary level, contributing 1 384 beds to the service platform. The building's design reflects the apartheid policies of the time, with wards arranged on opposite sides of a core of theatres and specialist functions. The layout and rigid structural constraints of its high-rise blocks make it functionally and operationally inefficient in terms of current service demands and practice. Due to outdated technologies and inadequate maintenance over a prolonged period, the condition of the facility is poor. All these factors contribute to a severely compromised service environment.

⁴² Source: <https://www.indexmundi.com/facts/indicators/SH.MED.BEDS.ZS/rankings/africa>

A CSIR study conducted in 2005/06 recommended the replacement of the facility. The Redevelopment of Tygerberg Hospital was identified as a component of Health's strategy to improve infrastructure for the people of the Western Cape.

In view of the size of the project, the WCGHW initiated an investigation of innovative approaches to procurement, one of which is a Public Private Partnership (PPP).

Under this scenario, the WCGHW would procure a suitable private partner to finance, design, build and maintain the hospital on behalf of the Department and provide some of the non-clinical operational services for a concession period, typically 20 to 30 years in length. To satisfy the criteria for Treasury approval, the partnership must:

- a) Provide value for money;
- b) Be affordable for the institution; and
- c) Transfer appropriate technical, operational and financial risk to the private party.

In accordance with Treasury Regulation 16 to the PFMA of 1999:

- A PPP was registered in 2009.
- The Tygerberg Hospital Redevelopment Project Office was established within the WCGHW CD: FIM in January 2012, funded through the HFRG as part of the redevelopment project.
- A Feasibility Study was undertaken, which considered clinical, financial, technical, legal and socio-economic aspects of the redevelopment of Tygerberg Hospital. Proposals were reviewed by Provincial stakeholders and NDoH.
- The process of consultation and refinement of the Feasibility Study commenced in 2017. This was concluded in 2022 after which National Treasury issued Treasury Approval: I on 4 November 2022.
- Market Sounding and Request for Qualification invitations are planned for early 2023, whereafter the Request for Proposals process will commence. The aim of this process is to obtain Treasury Approval: IIA from National Treasury, after which the appointment of a preferred bidder will earn Treasury Approval: IIB, planned for by June 2024.
- Treasury Approval: III will be achieved after finalising output specifications, performance standards, payment mechanism and the PPP Agreement.

BFI funding submission may be made to NT for this. Options in terms of dual funding from the Universities are being explored.

Redevelopment of Tygerberg Hospital comprises two projects for the delivery of new facilities:

- A new Tygerberg Central Hospital on the current hospital estate, to provide Level 3 / quaternary services and 893 beds; and
- A new 596-bed Belhar Regional Hospital which will provide the complementary Level 1 and 2 services on a site procured for this purpose in Belhar.

The Tygerberg Hospital Redevelopment Project Office submitted an application to NT's BFI in August 2019 for an allocation to fund the development of the Belhar Regional Hospital. The fencing contract for this facility commenced in 2022/23 and the funding allocation has been revised in line with the Implementer's timeline and cashflow. WCGHW has prepared a Clinical and Technical Brief for the Belhar Regional Hospital, which was approved by NDoH on 21 April 2022 and issued to the Implementer on 15 June 2022.

A strategic briefing document for enabling work to ensure that the central hospital site is unencumbered, which will include demolitions, will be issued to the Implementer in 2023/24.

Further plans for implementation of the Central Hospital component are dependent on the outcome of the procurement process.

10.2.1.6.2 MAINTENANCE AND REMEDIAL WORKS PROGRAMME

Due to the current poor state of Tygerberg Hospital's infrastructure, an amount of R1.971 billion was allocated over a 10-year period (2019/20 to 2028/29) for the expansion and acceleration of the Tygerberg Hospital Maintenance and Remedial Works Programme.

The focus of the TBH Capital and Scheduled Maintenance portfolio of projects is to address high risk infrastructure challenges. One of the highest risks at the hospital was electrical infrastructure.

As at 28 February 2023 the following projects have been completed:

- 11kV generator panel upgrade
- 11kV main substation upgrade
- 11kV generator replacement
- Air handling units' phase 4, Block C plant room
- Protea Court and Doctors' residence: Fire compliance detection and alarm system
- Water reticulation including boreholes
- Lifts upgrade Protea Court, X block, Casualty West
- Repair and remedial works to theatres Block C
- Psychiatric Wards Block D on LG and G Floors Ventilation upgrade
- Resurfacing of roads phase 2
- X block UPS upgrade
- External lighting maintenance
- Security fence maintenance
- Maintenance to X block tunnel
- Public toilets upgrade including flushmaster replacement
- Roof waterproofing
- UPS farm rehabilitation

The following projects are currently in construction:

- EC south-west corner lifts 35 and 36 upgrade
- Replacement of the Public Address evacuation system
- Diesel tank replacement
- Maintenance to bulk sewer
- Perimeter security upgrade
- Balance of 11kV (MV) and 400 V (LV) network upgrade, including earthing and lightning protection

The following projects are currently in planning:

- Fire safety
- Rehabilitation of various wards (block A)
- Replacement of chillers
- Medical gas upgrade
- Hot water system upgrade
- Remedial work to theatre phase 3
- Re-purposing of the bank and post office building
- External and internal logistics signage
- Façade maintenance and cleaning
- Rehabilitation of various wards – Block C and ward J1 EC and Trauma

10.2.2 PHC INFRASTRUCTURE REQUIREMENTS

The future PHC infrastructure requirements – in terms of number of facilities and their locations – that have emerged from the planning processes and initiatives discussed in this U-AMP (e.g., paragraph 5.7.3) are detailed in the templates.

Figure 56 indicates the positions of all PHC facilities that will be required in the Metro in 2030. It also provides indications of population density (persons / km²) and facility coverage (within a 2 km radius).

It is noted that in certain Districts, e.g., Cape Winelands (see Figure 57), some of the higher projected population density zones fall outside a few of the 2 and 5 km⁴³ radius areas. These cases are being further investigated and appropriately addressed.

⁴³ 5 km is applied to the Rural Districts

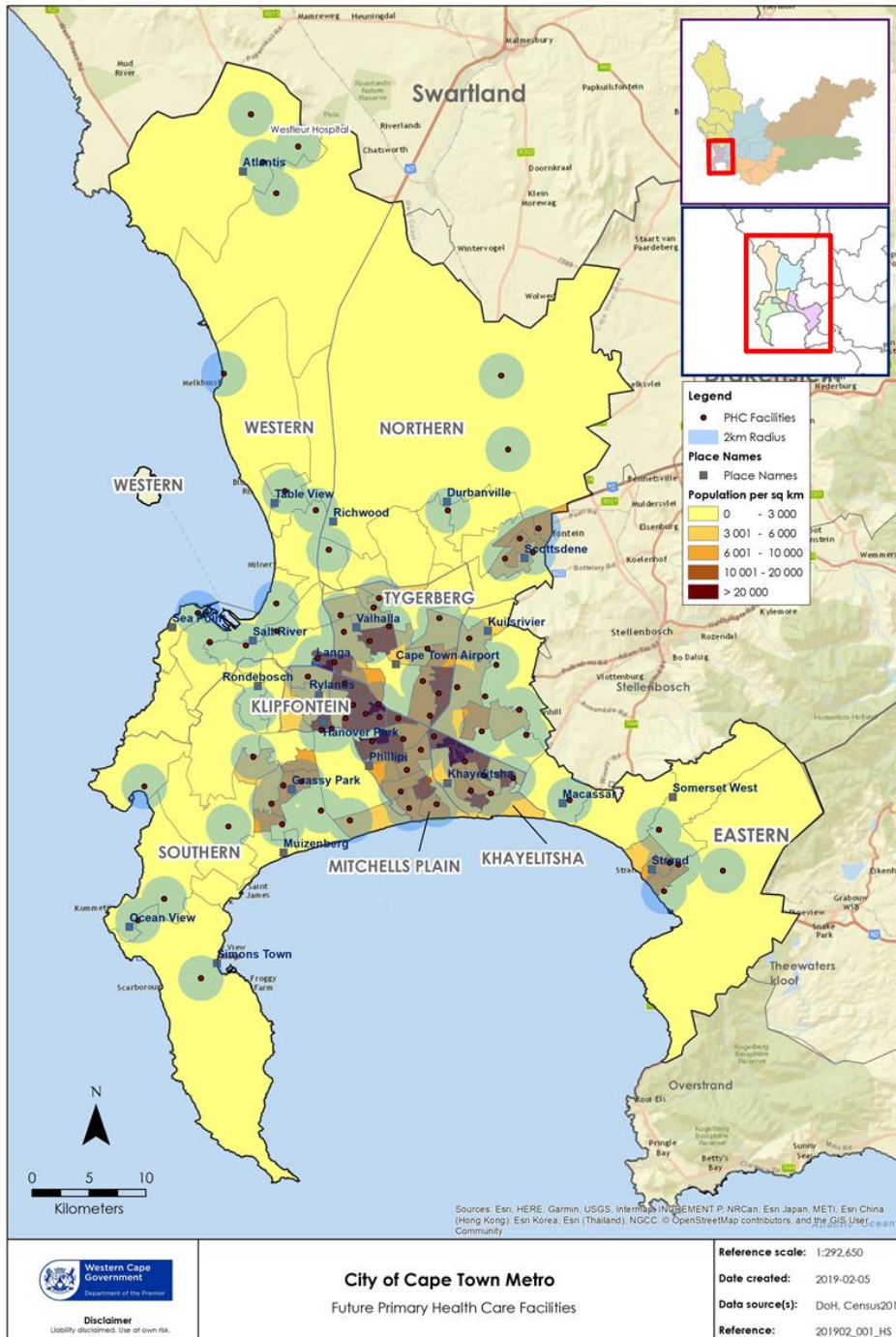


Figure 56: PHC – Future Facilities (Metro)

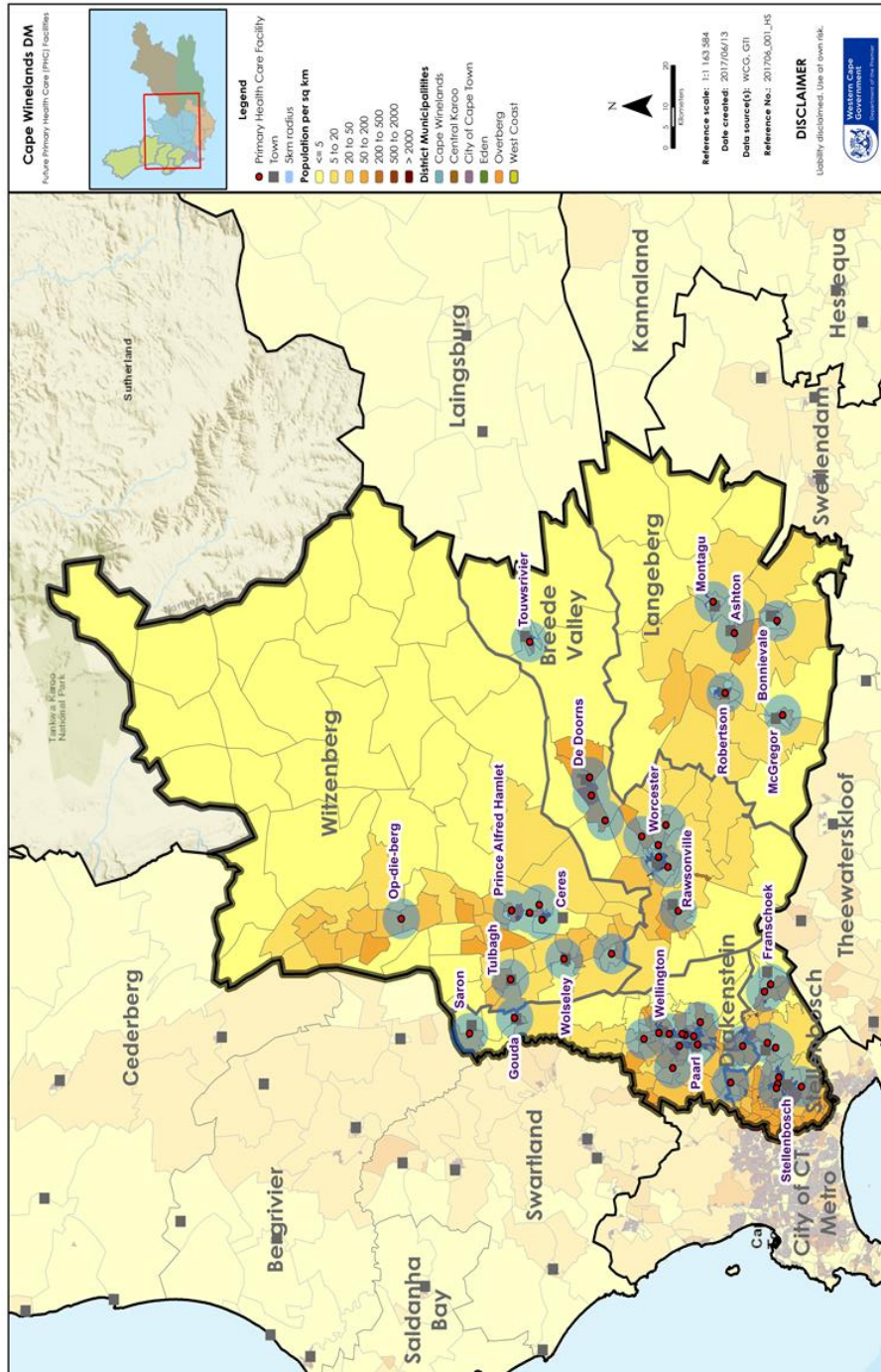


Figure 57: PHC – Future Facilities (Cape Winelands)

10.2.2.1 NDOH TEN-YEAR HEALTH INFRASTRUCTURE PLAN FOR HEALTH FACILITIES IN SOUTH AFRICA

Deliberations of the Presidential Health Summit held in October 2018 resulted in a Quality Health Systems Strengthening Plan. This Plan comprised of nine pillars, the third pillar focused on the execution of the infrastructure plan to ensure adequate, appropriately distributed and well-maintained facilities.

NDoH's Draft Ten Year Infrastructure Plan for Health Facilities, South Africa, 2015-2025 of October 2016 (Phase 1) has been used to inform infrastructure planning undertaken by WCGHW. NDoH has recently appointed a consultancy group to undertake Phase 2 of the plan, with the aim to update and enhance the functionality of this Plan.

The objectives of the Ten-Year Health Infrastructure Plan are:

- To enhance the planning and prioritisation of health infrastructure through aligning long-term burden of disease trends to Provincial health service transformation plans. This will assist to determine the nature, type / level and location of health facilities and supporting infrastructure to optimise health outcomes.
- To determine the quantum and location of new capital investments as well as applying an asset management approach to maintenance expenditure investments, considering different institutional capabilities, geographical areas and socio-economic conditions and any additional influencing factors that had become evident.
- To identify funding requirements and innovative funding models to optimise the affordability of required health infrastructure and the health infrastructure plan.
- To utilise the Ten-Year Health Infrastructure Plan to concretise the vision, mission and strategic objectives as well as short and medium-term goals of the NDOH Infrastructure Unit, i.e., to support the development of a 3 and 5 year operational plan to achieve Departmental goals.
- To have present and future NHI requirements as a prominent feature.
- To plan for infrastructure needs at a portfolio / programme level instead of at an individual project level.

National Health, SMEC and the Development Bank of Southern Africa approached WCGHW to assist with formulating the way forward for the enhancement of the NDOH Ten-Year Infrastructure Plan whereafter a workshop took place in 2022 to unpack WCGHW's U-AMP and to share thoughts and processes.

WCGHW responded to the Draft Ten-Year Health Infrastructure Plan 2015-2025, which is now being updated.

10.2.3 GAP ANALYSIS PER LEVEL OF CARE

In terms of future requirements, the table below summarises the analysis undertaken in the templates and represents the needs of the WCGHW for the next 17 years. The growth of the population and status of the buildings will impact on this analysis. As indicated in the table below, it is currently anticipated that a total of 14 additional facilities will be required by 2040, i.e., a net increase from the current 426 facilities to the required 440 in 2040. However, taking into account the relinquishment of current facilities, the number of facilities that must be replaced due to functional, technical and / or location factors, or new facilities required in unserved areas amounts to 79, whilst 57 facilities require upgrading and additions. This represents the ideal situation, the realisation of which would be subject to the provision of sufficient infrastructure, as well as operational funding. Should the facilities that are currently still owned and operated by the CoCT be included, there will be a net decrease in the total number of facilities as the new and replacement calculations are based on a combined service. The number of PHC facilities requiring upgrade and additions is also due to population growth towards 2040 and requirements of Ideal Clinic standards, which are being implemented in a phased and pragmatic manner.

Health Facility Type	SP	Number of facilities						
		Total existing	To be relinquished	To be replaced	New required	R, R & R	Upgrade and additions	Total anticipated for 2040
PHC (Reproductive Health Clinics, Dental Clinics, Satellite Clinics, Clinics, CDC and CHCs)	8.1	249	19	30	20	8	34	250
EMS (Ambulance stations, Control Centres, Disaster management, Workshop and College)	8.2	57	0	3	8	1	2	65
District Hospitals	8.3	33	1	3	4	6	9	36
TB Hospitals	8.4	6	1	0	0	2	0	5
Psychiatric Hospitals	8.4	4	0	0	0	0	1	4
Regional Hospitals	8.4	5	0	0	3	2	2	8
Tertiary and Central Hospitals	8.5	3	0	1	0	1	1	3
FPLs	8.6	18	1	2	0	1	5	17
Intermediate Care Facilities	8.4	2	0	0	0	0	0	2
Central Laundries*	8.6	2	0	0	0	0	2	2
Other, excluding office accommodation managed by WCGTPW	8.4 and 8.6	47	1	3	2	3	1	48
Total (excl. Nursing Colleges and student nurse accommodation)		426	23	42	37	24	57	440

** This analysis excludes 13 on-premises laundries (OPLs) based at hospitals in the Rural districts

Table 42: Gap Analysis per Level of Care

10.3 ALTERNATIVE SOLUTIONS TO THE PROVISION OF PHYSICAL INFRASTRUCTURE

The COVID-19 crisis has brought about years of change in the way companies in all sectors around the world render services. The pandemic forced employers to revisit their business processes in creative and bold ways. The forced move to working from home resulted in the rapid transformation of remote communication technology to ensure continued online interactions with colleagues and clients and the use of video meeting / conferencing technology for daily meetings.

Some of the initiatives taken by WCGHW to reduce personal interaction at institutions / offices / between patients during the pandemic, were the mobile dispensing of chronic medication to patients. This proved so successful that we will continue with this activity in the future. E-lockers have also been initiated at some of our Community Health Centres (CHC) which allows people to collect their chronic medication at any time of the day or night from a secured area within the CHC. This is a convenient and patient-centric service that also allows us to further decongest our facilities.

COVID-19 demonstrated that effective mobile service delivery and virtual meetings are possible. As a result, alternative solutions such as flexible office space, co-working space and remote working on a permanent basis were considered by WCGHW which led to the adoption of a Hybrid Model for work arrangements during May 2022.

A reduced demand in office space and big boardrooms could result in huge savings on office supplies, furniture, utility bills, rental, capital costs, facility operations, and maintenance.

Other alternative solutions to the provision of physical infrastructure that were considered, include:

- To increase its vaccine roll-out in the Province, WCGHW embarked on a targeted, secure and community-led approach whereby mobile vaccine pop-up sites were taken to communities through the Vaxi-Taxi pop-up vaccine – see Figure 58 below.



Figure 58: Vaxi-Taxi pop-up vaccine

- The Virtual Emergency Care Tactical Operation (VECTOR) project was a telemedicine initiative, which used data-driven insights, to provide care to high-risk patients during the COVID-19 pandemic. This initiative, expanded to now also include diabetic and TB patients, moved healthcare from a passive receiver of late-presenting patients to an active actor in reaching patients before they deteriorate. The intention is to provide appropriate clinical care to a select group of the population via telemedicine services. This will ensure that patients with a stable chronic condition (on medication, doing well) do not have to make an unnecessary trip to a health facility.
- The WCGHW has established public-private initiatives with private and non-governmental health care providers to increase access to family planning and baby immunisation services. There are over 320 private and non-governmental outlets throughout the Western Cape (Metro and Rural), currently participating in this public-private initiative. In 2015 the Department began expanding these partnerships to include the provision of HIV / AIDS, STI and TB services at selected outlets (named iKapa Cares). The opportunity exists to expand the service offering through the addition of, e.g., the collection of chronic medication, women's health, flu vaccines, National Health Laboratory Services, etc.
- The WCGHW together with WCG Education launched a Wellness Mobile Service during November 2013, whereby a fleet of five state-of-the-art mobile units visit schools across the province to screen Grade R and Grade 1 learners, particularly in poor and rural areas. Screening services include vision and hearing; ear, eye and skin examinations; testing for fine motor skills, mental health, speech, TB, and oral health care.
- Specialist service opportunities exist and are being expanded upon in terms of the provision of Oncology and Renal health care services rendered in partnership with the private sector at their facilities. Examples include chemotherapy and radiotherapy, as well as renal dialysis.
- The Garden Route District, as part of the NHI pilot project, has contracted with general practitioners in private practice.
- Other initiatives to assist in service delivery include partnerships for renal dialysis treatment at Vredenburg Hospital, oncology treatments such as chemotherapy, and paediatric intensive care at Red Cross War Memorial Children Hospital.
- COPC moves beyond the bricks and mortar of health facilities into households with a focus on family health and a shift from curative to prevention and promotion health. It will enable greater agency amongst patients and communities to take ownership of their health and wellness recognising their rights and responsibilities.
- Intermediate care is provided in partnership with the private sector to assist inpatients to regain skills and abilities in daily living, with the ultimate discharge destination being home or an alternate supported living environment. Intermediate care involves post-acute, rehabilitative and end-of-life care.
- A private dental clinic located in Nomzamo provides preventative dental care including dental hygiene services and oral hygiene education.
- Transnet's Phelophepa Healthcare train, operational since 1994, annually visits selected rural towns in remote areas for a week at a time, providing PHC, dental, eye, psychology and cancer screening services, etc. mostly free of charge or at a low cost to the communities.

- Enterprise Content Management (ECM) – a tool for managing patient information and personnel records, etc. is being implemented across the WCGHW. This and future roll-out to other institutions will contribute towards reducing required storage space at Departmental facilities.
- Thusong Service Centres – a one-stop service centre that provides communities with access to government information and services (based on the needs of the specific community). Satellite and mobile offices from Departments and institutions such as Home Affairs, Labour, Social Development, Local Authorities and the South African Social Services Agency (SASSA) are set-up at these centres to assist community members with various Government services such as grants, housing applications and internet access.

Thusong Centres are located per municipality in a location most accessible to the majority of the people who would utilise the services most often. The WCGHW delivers services such as TB testing, HIV voluntary counselling and testing, blood pressure and glucose tests, PAP smears and breast examinations at some of these centres. There are also instances where the Department makes dual purpose of Thusong Centres as an alternative to own infrastructure, for example Bitterfontein EMS and Laingsburg EMS are both situated at Thusong Centres.

In addition to the abovementioned, various private initiatives are undertaken whereby donations are made to enhance public health facilities. Refer to paragraph 11.8.1 for a list of projects that will be undertaken / continued during 2023/24 with the assistance of private sector funding.

Strengthening of the Home and Community-based Care programme will significantly expand access to care into the homes of clients and has major potential to influence the health status and well-being of families. From an infrastructure perspective, these services already demonstrated a reduction of the number of patients visiting health facilities for treatment. This could impact on the size of the facilities and the maintenance thereof going forward.

Where sufficient demand for a new facility cannot be achieved within poorly served areas, other options are considered and can be tested. Questions posed and resulted implementation include:

- Can certain facilities be increased in size or operational capacity? The clinics / CDCs in De Doorns, Gansbaai, Laingsburg and Grabouw are relevant examples.
- Should longer access distances / times be accepted and where population density is high, should shorter distances be accepted? Affordability of historically placed facilities in wrong areas and too many small facilities in the same area is difficult to correct / close down and can only be reduced with attrition due to the desire to frequent newer and more modern facilities. It should be noted that in the Metro high density areas an access distance of 2.5 km is sometimes implemented.

- Can facilities be relocated? Provision of temporary facilities to be relocated after the hotspot area has been addressed, for example:
 - The relocation of a prefabricated building to the Saldanha Clinic after the Diazville Clinic was destroyed by fire during protest action. A further temporary clinic was erected in Diazville in 2019 and used from 2020 until completion of the replacement facility; and
 - The relocation of the Hangberg Clinic in Hout Bay into leased accommodation due to safety risks. Services will be rendered from the temporary site until the new Hout Bay CDC is completed.
- Could services be provided on an agency basis by another party? The step-down facilities being rendered by NPOs are prime examples of this. The service will increase the use of step-down facilities but this need is still in the process of being quantified. To improve on estate management issues, a draft policy on Estate Management was developed in collaboration with WCGTPW and is still being refined by IAM. Once approved and implemented, this will regularise the use of provincial property for the rendering of support services to WCGHW. More examples are ambulance services and the use of private funeral services as mortuaries.
- Can mobile / periodic service points provide services where there is insufficient demand to warrant permanent service points? The provision of satellite and mobile clinics has been institutionalised as solution in this regard. In recent years the number of these facilities have increased, especially with respect to mobile clinics. Table 43 reflects the current number for mobile and satellite clinics per District. It is important to point out that the majority of mobile clinics in Cape Town District render dental services only.

District	No of mobile clinics	No of satellite clinics
Cape Town	16	15
Cape Winelands	28	5
Central Karoo	7	3
Garden Route	22	15
Overberg	16	9
West Coast	14	23
Total	103	70

Table 43: Mobile and Satellite Clinics per District

Supplementary to the gap analysis, an exercise is undertaken to determine the overlap of service provision. In other words, in a Rural scenario it may be found that more facilities are functioning within an area than required in terms of the specific population density norms. This may result in underutilisation of facilities in some areas. Further guidelines will have to be developed to make informed recommendations in this regard.

11. INFRASTRUCTURE PLAN AND BUDGET

In following the infrastructure planning and project prioritisation processes described in Section 5, WCGHW has identified and prioritised infrastructure requirements. The project lists derived through this process, and further elaborated on in this Section, take cognisance of available resources such as financial, human and assets.

This includes the analysis of the health sector demand and needs against Departmental strategic and service level requirements (see Section 3, paragraphs 5.4, 5.7.1 and 5.7.3 and Sections 6 and 7), whilst taking cognisance of the backlog (see paragraphs 11.1 and 11.7), available resources and the resulting gap between available health infrastructure and what is required (see Section 10 and Template 5). Linked to this, financial resources are allocated where it will make the biggest impact to the greatest number of people. However, WCGHW cannot move forward without the collaboration of the WoSA in protecting its Infrastructure heritage from being destroyed.

Furthermore, it is important that the Department finds a balance between new facilities required due to population expansion and the continued maintenance and the R, R & R, and replacement of existing facilities.

11.1 OVERVIEW OF ACCOMMODATION REQUIRED

Additional health care infrastructure is continually being required to render services effectively and efficiently. Additional accommodation may be acquired by means of constructing additional accommodation and / or refurbishment of existing facilities, construction of new buildings, and by means of acquiring leased or other identified accommodation.

The budget allocation does not meaningfully reduce the backlog in terms of the provincial health infrastructure. However, even if sufficient funds could be allocated to address the backlog, the ability of the Department to spend the funds efficiently and effectively would have to be improved. The estimated capital infrastructure backlog, based on the baseline budget allocation, is indicated in Table 44 below.

Financial Year	Estimated Value of New Buildings, Replacements and Upgrading/Additions Required ^a	Actual Infrastructure Capital Budget (Excluding R, R & R (maintenance)) ^b	Cumulative budget	Estimated Total Backlog (Backlog minus budget allocated per year) ^c
	R	R		R
2023/2024	39 000 000 000	309 909 000	309 909 000	38 690 091 000
2024/2025	38 690 091 000	336 899 000	646 808 000	38 353 192 000
2025/2026	38 353 192 000	278 282 000	925 090 000	38 074 910 000

Notes:

^a Includes R10.5 billion for replacing of Tygerberg Hospital

^b Excludes annual budget allocations for NHI Indirect Grant funded projects

^c Estimated total backlog excludes approximately R1 billion for HT

Table 44: Estimated Capital Infrastructure Backlog for all WCGHW Facilities

The need for additional accommodation is also being alleviated by means of placement of prefabricated buildings in certain areas whilst waiting for the planning and delivery of permanent infrastructure.

Cost benefit analyses have been undertaken in certain instances where there is a possibility of extending or replacing a facility, as well as with respect to the acquisition of an existing building versus the construction of a new facility on a greenfields site. The FPLs in Ceres and Vredenburg are examples of projects where alternative acquisition approaches have been followed.

Another solution for the provision of infrastructure is to procure projects utilising the vehicle of PPP – Tygerberg Hospital is an example of this. Donations and / or partnerships with other institutions are other forms used for the provision of infrastructure. Red Cross War Memorial Children Hospital Intensive Care Unit (Children Hospital Trust), extensions to Alma CDC and D’Almeida Clinic (Petro SA), Grootte Schuur Hospital Neonatal and Neuroscience Centre (UCT) and Asla Park Clinic (Petro SA) are examples of this. In most instances, the institutions donate a newly built structure or the upgrade of an existing structure.

In addition to the capital infrastructure backlog, the Department also has to deal with the HT backlog. An analysis conducted in 2018 found that over 40 per cent of HT assets were older than 7 years (now older than 10 years). The estimated replacement cost for these was over R1.5 billion and for all assets R3.3 billion. The following should be added to the forementioned: Assets acquired subsequently via HFRG projects, the National Tertiary Services Grant and PES allocations, as well as those acquired through the R105 million donation by The Solidarity Fund in support of WCGHW’s COVID-19 pandemic response.

Assuming that medical equipment requests for replacement of current assets and / or expansion of current services, submitted to the Departmental Equipment Committee are reflective of service needs, it is clear that there is a growing backlog. The requests for the 2022/23 financial year amounted to approximately R500 million, while only R114 million or 25 per cent was available for allocation and with the total requested for the 2022/23 to 2026/27 financial years, amounting to over R1 billion.

The yearly shortfall in Departmental Equipment Committee allocations for medical equipment and its impact on future service delivery will need to be addressed and related risks mitigated. Of particular concern is the high value items associated with medical imaging and radiation oncology, several which are reaching end-of-life.

11.2 CAPITAL INFRASTRUCTURE REQUIREMENTS: NEW AND REPLACEMENT, REHABILITATION, RENOVATIONS AND REFURBISHMENTS, UPGRADES AND ADDITIONS (TEMPLATES 6.1 AND 7.1, 7.2, 7.3 & 7.4)

Details of the capital infrastructure projects prioritised for implementation are provided in the following:

- Template 6.1: All projects per Sub-programme;
- Template 7.1: New and replacement projects;
- Template 7.2: R, R & R projects;
- Template 7.3: Upgrading and additions projects; and
- Template 7.4: Additions, refurbishments and / or reconfiguration to existing buildings (office accommodation) projects⁴⁴.

11.3 NEW SITE / LAND / PROPERTIES REQUIRED (TEMPLATE 6.2)

WCGTPW as Custodian has been requested to investigate and acquire suitable land for new and / or existing buildings. IAM processes include investigation of suitable State-owned properties as first preference, engagement with local and national government and thereafter investigation of privately-owned properties / sites. New sites / properties are acquired by means of donations, land exchange, purchase at minimal and / or market value.

The NDP requires municipalities to draw tight urban edges around towns, including current built areas and open land adjacent to routes between traditional racial elements of towns, allowing medium-density and mixed-use development to integrate the separate elements of towns while OneCape2040 sets the goal of an inclusive, reliant and competitive Western Cape. The availability of sites suitable for health facilities in high growth urban areas is an ongoing challenge impacting on the execution of projects. The magnitude of the challenge has been exacerbated by the following planning requirements stipulated in the NDP, namely: "Buildings which accommodate community activities, as well as education, health and entrepreneurial development and business and skills training, must be located at points of highest access in urban settlements". The early identification and securing of potential sites have become increasingly important as these requirements are implemented.

Template 6.2, inter alia, lists the sites and / or existing buildings to be acquired and the year in which access to the property is required for planning purposes but it is important to note that construction often only follows 2 years or more thereafter. It includes the following:

- Status A list: Site identified and in process of acquisition (not a WCG owned property);
- Status B list: Site identified and in process of transfer, etc. or regularisation (deemed to be a WCG owned property)⁴⁵;

⁴⁴ WCGTPW must budget for the projects listed in Template 7.4 and should indicate in the C-AMP how this will be funded.

⁴⁵ Rural facilities which are to be transferred are not included in this list

- Status C list: Identified as high priority but site still to be confirmed with owner; and
- Status D list: Identified as medium or low priority – site still to be confirmed with owner (inclusive of CoCT facilities / sites).

In addition, the status of the acquisition identifies the urgency thereof. "High priority" indicates sites where planning of the facility is a priority or where the identification of a site is critical. The site acquisition priority list is forwarded to the IAM to ensure proper planning and budgeting. Changes and progress to the acquisition list is reported at monthly meetings held with WCGTPW. Momentum in this regard is not only maintained but enhanced by means of ad hoc meetings and continuous discussions between WCGHW and WCGTPW. There is, however, a misalignment between construction taking place and WCGHW having access to a site for planning, and the site being unencumbered of any zoning or consolidation requirements. It is anticipated that all future sites for new facilities, will have to be fenced as soon as they become available to WCGHW, i.e. whilst planning is still underway. This will secure the site until handed over to a contractor for construction.

The planning of new buildings by Professional Service Providers is being done simultaneously with the acquisition of sites to expedite the process of providing the required accommodation. However, the delays in acquisition of sites may delay the delivery of building within proposed timeframes, e.g., the Hout Bay CDC – Replacement and Consolidation project, which was delayed for several years due to the difficulty in finalising the acquisition of the required site. It is thus vital for the acquisition of sites to be finalised to prevent unnecessary delays to the projects. It is the responsibility of the WCGTPW to budget for this in the MTEF period and the C-AMP must indicate how this will be funded.

Furthermore, the WCGEADP is providing assistance in coordinating and facilitating engagements with the relevant role-players, including the CoCT, to address bottlenecks and expedite processes relating to the identification of suitable sites / land and the finalisation of acquisitions. Continuous awareness and input is provided to municipalities regarding future Health facility plans / requirements to enable them to set aside sites and incorporate WCGHW's requirements into their planning.

11.4 NEW OFFICE ACCOMMODATION REQUIRED (TEMPLATE 6.3)

The responsibility to undertake and fund new office accommodation projects for WCGHW resides with WCGTPW as appointed Custodian and budget holder. The C-AMP must indicate how this will be accomplished. WCGHW has regular follow up meetings with WCGTPW regarding the priority projects as registered in the U-AMP to ensure that all relevant information is provided to WCGTPW. Cognisance should, however, be taken of WCGTPW's advice that they will only take responsibility for corporate office accommodation. WCGHW will review WCGTPW's current space classifications and formally motivate to have those spaces, currently utilised as corporate office space (i.e. space not ancillary to health institutions) but not classified as such by WCGTPW, to be included as corporate space which will result in WCGTPW taking responsibility for it.

Unfortunately, due to budget constraints, limited funding has been allocated for WCGHW's office accommodation needs, both existing or new, and therefore the priorities remain the same as in the previous financial year with some additions.

Whilst the provision of carports for all the parking spaces at the Bellville Shared Services Offices (including photovoltaics) is acknowledged, the OH&S issue at the Shared Services Offices in Khayeltisha remains a top priority due to ongoing regular sewerage spills. Urgent intervention to permanently address the problem or replace the building must be considered.

Although the Metro: Head Office of FIM was relocated from substandard leased accommodation in Norton Rose House to leased accommodation in the newly renovated The Box during 2022, final relocation to owned accommodation remains a priority. Office accommodation for Metro: Head Office SCM will be made available in Protea Court on the Tygerberg Hospital Estate and WCGHW will provide own funds to expedite this move. The relocation of the Metro: Head Office EMS has also become a top priority and WCGH issued a briefing document to Works General to undertake the work to relocate to the Alexandra Hospital site. Funds have been transferred.

In terms of Rural office accommodation, Overberg District Office and Overstrand Sub-district Office remain the highest priorities. Interim prefabricated structures have been used to relieve the burden on office requirements at Clanwilliam Hospital until funding can be allocated for permanent structures via the C-AMP process. Interim rental will thus be required.

The replacement of the rental portfolio within the CoCT and two rural facilities with owned accommodation (as per item 8.3 above and captured in the Provincial Strategic Plan 2019-2024) remains a preference, whilst ensuring the safety and well-being of WCG staff remains top priority.

The WCGHW Office Accommodation Steering Committee will continue to review policy issues which will guide the current Metro and Rural office accommodation priorities, whilst considering the impact of the new hybrid working module as well as the impact of the MDP.

11.5 LEASES REQUIRED (TEMPLATE 6.4.1 & 6.4.2)

It is preferred that new facilities are constructed, however, where this is not practical or sufficient funding is not available, new facilities will be rented. Where temporary accommodation is required during the construction of new facilities, or decanting purposes, new rentals will also be identified.

Leased accommodation requirements are listed in Templates 6.4.1 and 6.4.2. WCGTPW budgets for rental accommodation, however, all new leased accommodation must be funded by WCGHW. In terms of Provincial Public Works Circular 2/2014, WCGTPW is also responsible for the maintenance of all office accommodation. In some instances, such as EMS requiring alternative accommodation in Uniondale, it is difficult to find suitable leased accommodation due to the very limited property market and other possible solutions will have to be considered. In other instances, WCGHW (via WCGTPW) negotiates with Local Authorities for leased space on Municipal property. One such example is the conclusion of a 99-year lease with the George Municipality to construct a new clinic on the Municipality's former taxi rank in Homlee. Another example is the requirement to enter into an agreement with CoCT to utilise vacant municipal land as staff parking for the staff of Victoria Hospital in Wynberg.

WCGHW has requested WCGTPW to investigate long term accommodation solutions for nursing students in George. Interim leased accommodation had to be found for 2023 as the lease agreements for both the Lilly Building and the MC Stander Hostel terminated at the end of 2022. Finding alternative student accommodation for the nursing college in George is therefore critical as the 148 nursing students are currently situated in various interim leased buildings.

11.6 ACCOMMODATION IDENTIFIED FOR DISPOSAL / DEMOLITION

WCGHW continues to identify immovable assets for relinquishing to support WCGTPW in their commitment to release immovable assets to unlock further potential.

11.6.1 STATE-OWNED (TEMPLATE 8.1)

The facilities listed below have been earmarked for future disposal / relinquishment / demolition.

Facility / Asset description	Comment
Disposals / Relinquishments	
Short term: Up to 2024	
Alexandra Hospital	Consolidation of services and future services in specific precinct in order to relinquish land (NHLS agreement with IAM) Also, unused buildings (including the Mill) to be rationalised and alternate utilisation investigations have started. The relocation of various EMS Head Office administrative components to Wards 17 and 18 is in planning. Also some of the wards are being used for decanting of Valkenberg Hospital patients.
Citrusdal Hospital and EMS balance of site	A new fence was erected and formal notice of relinquishment of the balance of the site was issued to the Custodian in May 2019. There is, however, a landlock issue that must be resolved before IAM will accept the handover. A road servitude needs to be registered on the WCGHW site to provide access to the portion proposed to be relinquished. IAM is also investigating the possibility of alienation to the adjacent neighbours.
Groote Schuur Hospital – Residential accommodation	Rochester House will be relinquished in turn for the utilisation of Clarendon House. Final hand-over of Rochester House is dependent on completion of construction work to Clarendon House (undertaken and funded by UCT). Anticipated hand over date is August 2023.
Malmesbury ID Hospital	The Sonstraal Hospital was extended to make provision for COVID-19 patients. Post COVID-19, it will be more practical and efficient to consolidate the service at Sonstraal Hospital. Final confirmation in this regard by the end user has not yet been obtained.
Onrus Satellite Clinic	A portion of the site was previously used by CANSA and the other portion as a satellite clinic. The clinic has, however, become underutilised and will be closed permanently.
Rural clinics to be identified	Consolidation of various clinics will take place which will allow relinquishment of some facilities. Due consideration will be taken of the one-year notice period requirement.
Salt River FPL	The site was never officially transferred from NDPWI and, in anticipation of relocating the service once the replacement facility is completed, notice of relinquishment back to NDPWI was issued to the Custodian in April 2019 with a 6-month notice period. Formal hand over of the site is, however, expected early in 2023.

Facility / Asset description	Comment
Touwsriver Clinic and EMS portion of site	Awaiting formal acknowledgement of take-over by IAM. IAM was informed that WCGHW will not provide security due to the nature of the site.
Victoria House, New Somerset Hospital	Although the New Somerset Hospital precinct was identified for disposal in the long term as a City Regeneration project, the use of specifically Victoria House had taken place via regeneration discussion. WCGHW should, however, be consulted on the best use of this heritage building amongst all other Health related buildings on this site.
Elsies River CHC	New site acquired for replacement CHC. Strategic Brief issued to WCGTPW. Date of disposal subject to progress with new building.
Hanna Coetzee and Vredenburg Clinics in Vredenburg	Replacement CDC to consolidate the two facilities. Planning in progress.
Maitland CDC	Replacement facility in planning since December 2017.
Phola Park Clinic, Mbekweni CDC and Dalevale Clinic in Paarl	These three PHC facilities are planned to be consolidated into one large CDC, namely Paarl CDC. However, this will be reassessed in 2023/24 in line with population growth.
Medium term: 2025-2026	
Cape Medical Depot	The replacement building is being planned. The relinquishment is linked to the replacement building. Cape Medical Depot relocating due to rationalisation program.
Long term: 2027 and beyond	
Lotus River CDC	Replacement facility. Strategic Brief is planned to be issued in 2024.
New Somerset Hospital, Staff Accommodation and Green Point CDC	The New Somerset Hospital precinct has been identified as a City Regeneration Project. The Regional Hospital (and Staff Accommodation) as well as the CDC will be relocated to purpose-built, modern, and efficient facilities. The new location of the health facilities has not yet been finalised. Date of disposal is still to be determined but incremental releases will take place. IAM has been requested to confirm that the Regeneration project will proceed.
Swarthland Hospital (excluding EMS, FPL and District Office)	Due to the fire incident, replacement of the hospital is required. The current hospital site is to be relinquished once the replacement hospital has been constructed. Portions of site not being used may be relinquished incrementally as and when required by Custodian.
Tygerberg Hospital – Main Block	The main block of the Tygerberg Hospital estate, or portion thereof, will be disposed of once the replacement central hospital has been built. The project is currently at the feasibility stage. Enabling work to the value of approximately R260 million will be required. Cape Peninsula University of Technology has been given one year notice to vacate Sarleh Dollie as this building will be required for decanting space.
Victoria Hospital	The Victoria Hospital will be replaced; an appropriate alternative site has been identified. Funding needs to be obtained and construction is planned to be completed in 2036.
Wesfleur Hospital	Hospital needs replacement as the size will increase to 150 bed hospital. Replacement site is being investigated.
Demolitions	
Hanover Park CHC	Demolition of some buildings to be undertaken on the replacement site.
Karl Bremer Hospital prefabricated buildings	Demolition of GENSES; conference room and one other prefabricated building. Brief sent to WCGTPW in December 2017. Demolition work to be undertaken via IA. Additional demolition approvals required in 2022, e.g., "Chapel" prefabricated buildings.
Klipfontein Hospital	Demolition of Sonderend Primary School and Silverstream Secondary School (pending formal confirmation from WCGE) to enable development of Klipfontein Hospital.

Facility / Asset description	Comment
Maitland CDC Replacement	Demolitions required to build on new site. Occupants to be relocated. If not possible, IAM to advise whether design to be completed around current situation.
New Somerset Hospital, Crèche building and parking building	Demolitions required in order to accommodate Acute Psychiatric Unit. Approval to be confirmed by Member of the Executive Council for Health.
Tygerberg Hospital – Buildings identified within PPP investigation	Demolition of the following buildings located along the west side of the estate required during 2025 to enable construction of new Tygerberg Hospital replacement: Disa Court, EMS Radio Workshop, Disaster Management Centre including Office Accommodation, EMS Call Centre, EMS College, Disa Hall, Doctors Quarters (both buildings) and Conference Centre.

Table 45: Facilities Earmarked for Disposal

Reference should be made to previous U-AMPs for information on properties that have already been relinquished.

The main reasons for disposal / relinquishment are as follows:

- Very poor condition of the buildings and related engineering equipment, where the refurbishment cost is estimated to be far higher than the construction cost of a new purpose-built facility;
- Incorrect geographical location in relation to the current health service platform and consolidation of services;
- Historical buildings which do not fit the functional requirements of a modern and efficient health facility;
- Requirements emerging from the Cape Town City Regeneration Project (managed by WCGTPW); and
- Where the Service must scale down operations due to economic constraints.

11.6.2 LEASED (TEMPLATE 8.2)

During 2022/23, seven leased facilities were relinquished, i.e. Betty's Bay, Somerset Street, Sandy Point and Maria Pieterse Satellite Clinics, as well as the Lilly Building, the MC Stander Hostel and the Murraysburg Ambulance Station. A further 19 leased facilities have been identified for relinquishment in the short, medium and long term, as indicated in Template 8.2.

Reasons for termination of leases, as indicated in this template, are as follows:

- Facilities to be replaced;
- Transfer of function;
- Building no longer available for leasing;
- Facilities to be consolidated with other facilities; and
- Facilities no longer required.

11.7 MAINTENANCE: SCHEDULED AND ROUTINE MAINTENANCE REQUIREMENTS (TEMPLATES 9.1 AND 9.2)

Calculations for the total maintenance backlog for all WCGHW facilities, shown over the next three years and based on the estimated value of the buildings and allocated budgets, are reflected below.

Financial Year	Estimated Value of Buildings	Estimated Value of Buildings escalated @ 10% p.a.	Cost of Maintenance Required @ 3.5% p.a.	Actual Maintenance Budget including R, R & R, Scheduled, Routine, Emergency and Day-to-day Maintenance of health facilities	Estimated Total Backlog as at March 2023 and increased year-upon-year as result of backlogs not addressed
2023/2024	64 705 176 300	64 705 176 300	2 264 681 171	835 224 000	1 429 457 171
2024/2025	64 705 176 300	71 175 693 930	2 491 149 288	876 048 000	3 044 558 458
2025/2026	71 175 693 930	78 293 263 323	2 740 264 216	808 098 000	4 976 724 674

Notes:

- Replacement value based on existing building areas. Areas not used are to be relinquished to reduce maintenance required per year.
- Bidding amounts are not included.
- Ideally the maintenance allocation should be at least R1 billion per year.

Table 46: Estimated Maintenance Backlog for all WCGHW Facilities

While the above figures are only estimations, they do indicate a sharp increase in the maintenance budget required by WCGHW to address the maintenance backlog, thereby ensuring that all facilities are returned to optimal condition. Such budget is not currently available, and the CD: FIM therefore analyses the situation annually. Further refinement of the life cycle approach to render a more scientific process is continuing, including investigating the possible use of WCGTPW's asset management system and assessing its current data quality.

In terms of the maintenance schedule included in Templates 9.1 and 9.2 it is worth emphasising that:

- The projects listed in Template 9.1 are Scheduled Maintenance projects which were determined and prioritised by means of FCAs, inputs received from end-users and as per Table 5.
- Provisional estimates are being used, the scope of work and budgets still need to be finalised. Projects will be structured according to logical units and economies of scale. Health and Safety will take priority with a great emphasis on fire compliance. Final prioritisation is done in conjunction with WCGHW end users.
- The budget allocation is across a 3-year timespan in order to improve on expenditure. It is noted that, from a life cycle costing perspective, the maintenance budget allocations for individual facilities should ideally span at least a 10-year period. However, given the limited annual budget available, the focus is on short-term priorities over a 3-year period.
- Template 9.2 lists the Routine Maintenance projects funded for 2023/24 and beyond. The facilities selected are new facilities that have been completed since 2006. It is important for the condition of the newly built facilities to be maintained to prevent deteriorating of State assets. Increased funds have also been introduced for this purpose.

11.8 BUDGET (TEMPLATE 10)

The 2023 MTEF allocation for Sub-programme 7.2 and Programme 8 is summarised in the tables below.

Sub-programme 7.2: Engineering Services	2022/23 R'000		MTEF Allocation R'000		
	Main Appropriation	Adjusted Allocation (Nov)*	2023/24	2024/25	2025/26
			Total Allocation*	Total Preliminary Allocation	Total Preliminary Allocation
Engineering					
Compensation of Employees	61,402	61,402	61,895	60,393	61,080
Operational Cost*	34,881	33,033	37,535	39,240	41,031
Total Engineering	96,283	94,435	99,430	99,633	102,111
Health Technology (Clinical Engineering)					
Compensation of Employees	14,181	14,181	13,953	14,121	14,298
Operational Cost*	19,307	16,707	20,114	21,032	21,996
Total Health Technology (Clinical Engineering)	33,488	30,888	33,488	34,067	35,153
GRAND TOTAL	129,771	125,323	133,497	134,786	138,405

*Includes Goods and Services, Transfers and Capital

Table 47: WCGHW Programme 7.2: Engineering Services – 2023 MTEF Allocation

Refer to paragraph 3.4.1.2 for more information on work undertaken under Sub-programme 7.2.

The Infrastructure Programme budget emanates from two sources:

- PES; and
- DoRA: HFRG.

As in previous years, NT included in the 2022 Division of Revenue Act the PBI Process for the HFRG. In terms of this process, provincial departments across the country are firstly allocated a Baseline Budget; secondly, those departments who complied with the submission requirements of the 2022 DoRA will become eligible to bid for unallocated 2023/24 funding, referred to as the PBI allocation. The bidding process, as outlined in the NT Guidelines for the PBI system for selected provincial infrastructure grants (issued annually), commences at the end of May (with the submission of the Infrastructure End of Year Evaluation Report for the previous financial year) and ends at the end of October with the submission of the last of the requisite documentation (Human Resources and IRM Second Quarter Reports, respectively); review and combined moderation takes place in November and notification of the allocation is communicated to provinces early in December.

WCGHW received a PBI allocation in 2020/21 totalling R58.8 million, R63.3 million in 2021/22, R65.4 million in 2022/23, and R78.2 million in 2023/24. It is anticipated that WCGHW will again receive an allocation in 2024/25 and beyond.

Projects have been identified for which Strategic Briefs or Concept Reports will have to be prepared or for which further detailed development information will be required.

Funding Source	2022/23* R'000		MTEF Allocation R'000		
	Main Appropriation	Adjusted Allocation (Nov)	2023/24 Total Allocation	2024/25 Total Preliminary Allocation	2025/26 Total Preliminary Allocation
Health Facility Revitalisation Grant**					
Capital	313,443	274,485	497,167	592,380	438,968
<i>New Infrastructure Capital</i>	135,284	155,911	96,096	131,431	120,476
<i>Refurb & Rehab Capital</i>	102,530	56,689	232,087	279,117	175,329
<i>Upgrade & Additions Capital</i>	75,629	61,885	168,984	181,832	143,163
Maintenance – WCGTPW	105,698	70,158	77,988	81,690	59,837
Maintenance – WCGHW	21,800	21,800	0	0	0
Health Technology, Organisational Development (OD) and Quality Assurance (QA)	304,859	438,016	254,702	101,786	313,166
Capacitation, Commissioning and Project Support	50,790	48,631	53,441	54,367	55,446
Total Health Facility Revitalisation Grant	796,590	853,090	883,298	830,223	867,417
PES: Infrastructure					
Capital - <i>New Infrastructure Capital</i>	31,225	458	1,002	253	2001
Maintenance – WCGHW	128,523	150,754	144,077	145,988	180,067
Maintenance – WCGTPW	14,855	18,254	9,915	4,271	1,850
Capacitation, Commissioning and Project Support	22,458	15,130	32,766	32,974	33,936
Total PES: Infrastructure	197,061	184,596	187,760	183,486	217,854
PES: Tygerberg					
Capital	50,528	52,135	74,268	67,735	44,185
<i>Refurb & Rehab Capital</i>	39,192	27,657	30,441	44,352	31,543
<i>Upgrade & Additions Capital</i>	11,336	24,478	43,827	23,383	12,642
Maintenance – WCGHW	49,522	32,434	99,166	120,215	172,442
Maintenance – WCGTPW	82,892	70,917	61,377	39,315	20,820
Total PES: Tygerberg	182,942	155,486	234,811	227,265	237,447
TOTAL	1,176,593	1,193,172	1,305,869	1,240,974	1,322,718
TOTAL EXCLUDING HT, OD & QA, Capacitation, Commissioning and Project Support	798,486	691,395	964,960	1,051,847	920,170

* Includes Performance-based Incentive Grant allocation

** Includes Budget Facility for Infrastructure allocation

Table 48: WCGHW Programme 8: Health Facilities Management – 2023 MTEF Allocation

With respect to the 2023 MTEF, specific infrastructure Earmarked Funding received as reflected in Table 48 include:

- A total of R1,305 billion in 2023/24, R1,240 billion in 2024/25 and R1,322 billion in 2025/26. Of this total, R234,811 million in 2023/24, R227,265 million in 2024/25 and R237,447 million have been prioritised for capital and maintenance at Tygerberg Hospital.
- Also included in the total infrastructure prioritisation is R 883,298 million in 2023/24, R830,223 million in 2024/25 and R867,417 million in 2025/26 residing within the HFRG allocation.

It is important to stress that the infrastructure need, with respect to both capital and maintenance, is much greater than the resources allocated as demonstrated in the backlog tables (Table 44 and Table 46). The Department will request additional funding in the amount of R255 million in 2024/25 and R280 million in 2025/26 – identified as shortfalls in Template 10. The Department continues its strategy to create an additional pipeline of projects, i.e., a large number of projects ready to proceed to tender as additional funds become available.

Capital projects categorised as “R, R & R”, are further categorised as “renewals” and includes work on existing assets (infrastructure) which returns the service potential of the asset, or expected useful life of the asset, to its original condition. Thus, although work undertaken under this category is undertaken as capital projects, it is considered as asset care activities. Both maintenance and renewal are therefore recognised as asset care activities.

WCGHW continues to use WCGTPW as one of its Implementers to assist in the delivery of its capital and Scheduled Maintenance projects. The Department aims to appoint additional Implementers in 2023/24 to undertake mostly Capital infrastructure projects. Day-to-day, Emergency and Routine Maintenance is managed by the institutions and by Directorate: Engineering and Technical Services; Management Contractors, appointed by WCGHW, implement specific Capital and Maintenance projects; and WCGTPW's Management Contractor will continue to mainly assist with the implementation of Tygerberg Hospital projects.

The infrastructure budget is mainly spent on addressing the following overarching priorities:

- Maintenance.
- PHC.
- Acute Psychiatric Units at hospitals.
- Extensions and upgrades to various hospitals.
- Reduce the health infrastructure carbon footprint.

The following new / replacement mega projects have been prioritised:

- Tygerberg Central Hospital – replacement hospital.
- Belhar Regional Hospital – new Regional Hospital.
- Klipfontein Regional Hospital – new Regional Hospital.

To secure the capital contribution of R1.5 billion required for the Tygerberg Hospital PPP by 2030, WCGHW is directing savings from its infrastructure budget to the Asset Reserve Fund. The other two hospitals are funded through the BFI.

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

The aim is to spend 50 per cent of the total infrastructure allocation on maintenance, (including R, R & R) in 2023/24.

The budget allocation for the projects in planning was made on analysis of historical cost, escalated to the current date in instances where there is no certainty of funding availability, and through making use of the IUSS planning tool. This work was undertaken in-house and budgets are only indicative at this stage.

The burden of disease where Western Cape has the highest lifetime prevalence of mental illness in South Africa (39 per cent) has also affected the provision of acute psychiatric units, which created a shift in priorities. Furthermore the 2019 rapid review of the Western Cape burden of disease indicated intended injuries as the leading cause of early death in men which impacts on the functioning and provision of ECs.

The condition and accessibility of Wesfleur, Victoria and Helderberg Hospitals are such that they require replacement. Finally, as a result of approximately thirty years of poor maintenance of the Tygerberg Hospital it needs to be replaced (see paragraph 10.2.1.6). This project has been registered as a mega project with NT. In the absence of funding allocation for this mega project, it became a priority to invest large amounts of maintenance funding towards the current building to ensure the continuous rendering of health services from this facility. In order to ensure that maintenance on Groote Schuur Hospital does not also escalate, similar funding allocations will be required for this Hospital.

An analysis per facility in terms of life cycle costing has been carried out and indicates a shortage of funds – see paragraph 5.6.

The Department will continue to accelerate infrastructure service delivery with the implementation of the IDMS through the FIDPM and One IDMS and the ongoing capacitation in line with the *Infrastructure Delivery Management System Capacitation Framework* and will also make use of alternative procurement methods. The use of Framework Agreements will continue to assist expenditure in 2023/24.

Capital projects to be accelerated, other than those mentioned before, include Valkenberg Hospital rehabilitation / upgrade. Office accommodation has also become the responsibility of WCGHW and briefing documents will be required for these. Rehabilitation of existing wards at Alexandra Hospital for office accommodation was the first of the office accommodation projects. Critical for successful project delivery is the continued co-operation and collaboration with NDoH, especially in relation to the Peer Review process applicable to the HFRG, approval of pro forma briefing documents and with respect to the NHI Indirect Grant funded projects.

11.8.1 PRIVATE SECTOR FUNDING

Several private donors approached the WCGHW with offers of funding to enhance public health facilities and improve service delivery. Donor projects in planning / construction during 2023/24 are reflected in the table below.

Facility	Project	Donor
Bergsig Clinic	Construction of a car port and paving to provide covered protection for patients.	Robertson Quarry
Eerste River Hospital	Provision of a new Patient Records area in the form of a Kwikspace. Upgrading of patient ablution facilities. Refurbishment of old medical records to additional consulting rooms.	Gift of the Givers
Heideveld Clinic	Manenberg Thuthuzela centre	NACOSA
Mitchell's Plain Hospital	Thuthuzela centre / Clinical Forensics Unit	NACOSA
Mowbray Maternity Hospital	Reconfiguration of existing areas to create a dedicated Neonatal Outpatient department with bigger waiting areas resulting in improved air circulation and optimal air flow from windows. Relocation of entrances and reception areas to improve patient flow and ensure optimal use of existing spaces which will improve clinical flow and function.	Gift of the Givers
Red Cross War Memorial Children Hospital	Therapeutic playgrounds	The Children's Trust
Ruiterbosch Clinic	Construction of a new clinic	Transand (Pty) Ltd and Buyline Trading (Pty) Ltd
Victoria Hospital	Upgrade of Paediatric Out-patients Department.	Children's Hospital Trust
Victoria Hospital	Construction of a Training Centre	Victoria Hospital Facility Board to provide funding with Gift of Givers to oversee construction
Vredendal North, Vredendal Central, Van Rhyndorp Clinics and Rietpoort Satellite Clinic	Patient Shelters	MSR Mine

Table 49: Private Sector Funding to enhance public health facilities and improve service delivery

Donor funding for Health infrastructure contributes to improved healthcare accessibility and delivery and the support of all donors is greatly acknowledged.

11.8.2 NATIONAL DEPARTMENT OF HEALTH FUNDING

Paragraph 6.5.2 provides information with respect to the reduced allocation of funds from the first protocol entered into with NDoH and the resolution of this, which is captured in the third protocol. The projects identified for the second protocol, which were still to commence, will also no longer be undertaken by NDoH. In essence, no new facilities will be constructed with funds allocated by NDoH. Annexure E reflects the latest list of projects to be completed by NDoH and those that will now be completed by WCG.

As envisaged in Clause 35 of the Intergovernmental Relations Framework Act (Act no 13 of 2005), NDoH, WCGTPW and WCGHW entered into an Implementation Protocol to co-ordinate their actions related to the planning and implementation of infrastructure projects in the Metro and other priority areas on 19 November 2018. Further information is provided in paragraph 6.5.

11.8.3 ISA

ISA is an infrastructure centre of excellence and is established as a single point of entry for infrastructure planning, management, and delivery. ISA is a catalyst for closing the infrastructure investment gap and meeting the infrastructure target set out in the NDP and provides best practises in project preparation, leadership on infrastructure planning, technical and financial support for nationally prioritised infrastructure projects and programmes.

ISA's founding mandate is centred around three pillars:

Intelligent Investment | Infrastructure Solutions | Ease of Doing Business.

Through the founding mandate, ISA aims to:

- Expedite bankable project preparation in line with national objectives;
- Create visibility of the pipeline of strategic priority infrastructure projects by monitoring and reporting on the implementation thereof;
- Be a catalyst to improving project delivery across the infrastructure development value chain;
- Accelerate infrastructure investment by, inter alia, unblocking and unlocking government processes in terms of permitting, licensing, authorisations and permissions;
- Be a credible infrastructure management structure, designing new projects in the public sector that includes a life cycle view of all requirements (end-to-end); and
- Be a catalyst to improve the quality and rate of infrastructure investment through innovative funding and financing mechanisms.

The following WCGHW projects have been registered at ISA:

- Klipfontein Regional Hospital;
- Belhar Regional Hospital (WCGHW received Strategic Brief acceptance letter from NDoH and must submit early business case); and
- Tygerberg Central Hospital.

12. IMPROVEMENT OF INFRASTRUCTURE PLANNING PROCESS

Immovable Asset Management is a key element in enabling organisations to render efficient and effective services. For WCGHW in particular, it means providing healthcare facilities that are fit-for-purpose, accessible, and conducive to the delivery of a comprehensive package of health services. WCGHW therefore continuously endeavours to improve on its infrastructure planning processes and the preparation of the U-AMP (as contemplated in Section 8 of the 2008 Guideline for Users on U-AMPs). Recent, current and future planned improvements are detailed below.

12.1 RECENT IMPROVEMENTS

12.1.1 PREPARATION OF U-AMP

- Ongoing alignment with latest relevant legislation, regulations, policies and National / Provincial / Municipal strategic plans.
- Ongoing refinement and correction of existing content and populating incomplete information as obtained and / or verified through internal research as well as the Directorate: Infrastructure Planning's interaction with stakeholders.
- Incorporation of recommendations by NDoH and NT in a continued effort to enhance the U-AMP's content and functionality.
- Continued consultation with WCGTPW as Custodian and the incorporation of their recommendations to address further improvements to the U AMP.
- Ongoing verification of property data for new and future facilities.
- Improvement of templates in general, adding additional / incomplete information and correcting existing information as necessary – this remains work in progress.
- The U-AMP continues to serve as a comprehensive planning and reference document in terms of infrastructure and infrastructure-related projects.

12.1.2 INFRASTRUCTURE PLANNING PROCESS

- Ongoing improvement on greater collaboration with other provincial departments, citizens, local authorities and national departments in order to mobilise resources, share knowledge and creativity and to address shared concerns to ultimately impact meaningfully on the lives of all people.
- Continued participation and engagement with respect to provincial, district and local municipality spatial development planning, and aligning the planning of future Health facilities accordingly.
- Increased and more effective engagement with WCGTPW and the CoCT regarding new site / land requirements and acquisitions.
- Participation in the transfer of Metro health facilities from the CoCT.
- Continued implementation of the provisions contained in NT Instruction No. 03 of 2019/2020: FIDPM as required.
- Implementation of a process to regularise the approval and implementation of donor-funded extensions and construction of infrastructure at WCGHW facilities in compliance with the relevant Sections of the PFMA and NT Regulations (refer Circular H 183 of 2021).
- Introducing Net Zero priority objectives within the planning processes of all future individual projects as set out in Technical Memorandum 75: Planning and Governance towards Net Zero.

12.2 CURRENT AND FUTURE PLANNED IMPROVEMENTS

The following are the current and future planned improvements that will impact the preparation of future U-AMP documents and related planning processes. The finalisation thereof is, however, subject to the approval and availability of guidelines and documents from relevant stakeholders.

12.2.1 PREPARATION OF U-AMP

- Continuous improvement and streamlining of the U-AMP to ensure that the format and content stays current and relevant.
- Applying Module 6: Portfolio Management and the Infrastructure (User) Asset Management Plan Template contained in the Infrastructure Delivery Management System Body of Knowledge (IDMSBOK) where practical and applicable in view of the health specific unique requirements.
- Based on the premise that the U-AMP is a “living” document, ongoing refinement and correction of existing information and populating incomplete information as obtained and / or verified through the Directorate: Infrastructure Planning’s interaction with stakeholders. This also applies to new data, information and studies, as and when these become available.
- Incorporating improvements as recommended by NDoH, NT and WCGPT.
- Ongoing consultation with WCGTPW as Custodian to address any further improvements to the U-AMP and the incorporation of their recommendations.

12.2.2 INFRASTRUCTURE PLANNING PROCESS

- Continued partnering with and solicitation of support from WCGEADP in the ongoing engagement with WCGTPW and the CoCT regarding new site / land requirements and acquisitions.
- Further participation, engagement and studying of the documentation with respect to the CoCT’s spatial development planning process, and aligning the planning of future health facilities accordingly; as well as incorporating the relevant updated information and plans in the U-AMP (see paragraph 6.1.1.2).
- Continued integrated planning with local authorities, such as the collaboration between WCGHW and Langeberg Municipality to identify a suitable site that is aligned with the Cape Winelands SDF’s call for socio-economic integration.
- Aligning future planning (where practical) to the principles as contained in the Western Cape Land Use Planning Guidelines for Rural Areas, issued in March 2019.
- Continue process of aligning long-term planning in the Metro with the findings of the CSIR’s updated benchmarking study conducted in 2020, which includes forward planning to 2040. This will assist in informing planning in terms of optimum sizing and location of future health facilities to address the large growing demand for the provision of social services.

- Continue working with WCGEADP on the Cape Winelands Urbanisation Study and extend to other Districts, including the Metro, in the future (see paragraph 6.1.2.2).
- Reviewing and implementing improvements to the current processes, models and mechanisms used in the prioritisation of projects, with particular emphasis on maintenance projects (see paragraph 5.5).
- Continue ensuring that WCGTPW provides WCGHW with maintenance plans for newly completed facilities, as required in terms of the handover process for projects.
- Continuing the process of implementing the reviewed infrastructure programme classification and the implementation of maintenance in alignment with the Hub and Spoke Maintenance Delivery Model (see Section 3).
- Officially issuing the Implementation Guidelines for Health Infrastructure Asset Care (Renewal and Maintenance Projects) during 2023/24).
- The drafting of a new Departmental policy to manage the allocation of accommodation to NPOs and other entities at WCGHW facilities. This process includes the continued process of verifying and regularising the NPOs occupying State-owned facilities allocated to WCGHW (see paragraph 8.2).
- As a priority, conducting further infrastructure master planning exercises of targeted existing facilities, taking cognisance of lessons learnt in the development of the master plan for the Red Cross War Memorial Children Hospital.
- Continue implementing the provisions contained in NT Instruction No. 03 of 2019/2020: FIDPM as required and commence with the application of the latest IDMS modules and supporting documents contained in the IDMSBOK.
- Continue liaison with private health facilities in view of future co-operation towards achieving UHC.
- Continue participation in the transfer of Metro health facilities from the CoCT during 2023/24 and beyond.

12.3 INFRASTRUCTURE PLANNING CAPACITATION

The Directorate: Infrastructure Planning is fully capacitated in terms of its approved posts.

In addition to the current capacity within the Directorate: Infrastructure Planning, the Directorate: Strategy, Policy and Planning provides assistance and support in the infrastructure planning process and shall continue to do so going forward.

13. CONCLUSION

The Directorate: Infrastructure Planning within CD: FIM is specifically tasked to ensure that provincial health infrastructure is effectively planned and prioritised.

The most dominant factor that impacts on addressing the demand for infrastructure is the budget shortfall as reflected in Template 10. This is exacerbated by the effects of climate change and the continued increased demand for health care services against the background of rapid urbanisation and population growth. The demand for services and infrastructure remains considerably higher than available resources, with financial allocations consistently less than that required per annum. In addition to the scientific demand analysis, there is a growing state of unhappiness amongst citizens, which is manifesting in unrest, land invasion and destruction of valuable communal property. These unplanned and ad hoc incidences have a negative impact on the planned outcome of improved infrastructure. As requested by the Premier of the Western Cape, all Government employees should rigorously work towards strengthening Government's citizen-centric culture for the ultimate betterment of the population of the Western Cape.

CD: FIM remains committed to promote and advance the health and well-being of health facility users in the Province in a sustainable, responsible manner. As such, infrastructure continues to be planned, delivered, operated and maintained with an increased focus on ensuring sustainability of both the infrastructure itself as well as that of the environment, whilst retaining focus on a patient-centred approach.

The Constitution of the World Health Organisation, 1946, as amended

Preamble paragraph 2

*"The enjoyment of the **highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition**"*

It is important that the Department finds a balance between new facilities required due to population expansion and the continued maintenance and the rehabilitation, renovation, refurbishment, and replacement of existing facilities.

In terms of planning principles, the Department strongly believes that replication of facilities design, wherever possible, will improve turnaround times and that it will assist in standardised and accelerated procurement of maintenance elements.

The Directorate: Infrastructure Planning believes that, with its continued focus on improving and refining infrastructure planning processes and information, it has prepared a U-AMP which is sufficiently accurate in terms of demand analysis, project priorities, locations, budgets and timeframes, whilst being mindful of potential hot-spot areas being identified and requiring reprioritisation of projects. Moreover, the Directorate: Infrastructure Planning believes this U-AMP meets the strategic goals of the Department and informs the ultimate delivery of its infrastructure projects on the ground.

The U-AMP furthermore serves as a comprehensive reference document in terms of infrastructure and infrastructure-related projects.

Templates

Template 1:

Schedule of Accommodation Requirements per Budget Programme Objective

TEMPLATE 1: SCHEDULE OF ACCOMMODATION REQUIREMENTS PER BUDGET PROGRAMME OBJECTIVE

MISSION: WESTERN CAPE GOVERNMENT HEALTH AND WELLNESS		HOW CAN THE PROVISION OF ACCOMMODATION CONTRIBUTE TOWARDS THIS MISSION?
WE UNDERTAKE TO PROVIDE EQUITABLE ACCESS TO QUALITY HEALTH SERVICES IN PARTNERSHIP WITH THE RELEVANT STAKEHOLDERS WITHIN A BALANCED AND WELL-MANAGED HEALTH SYSTEM TO THE PEOPLE OF THE WESTERN CAPE AND BEYOND		HEAD OFFICE AS A CENTRE OF EXCELLENCE FROM WHERE THE VARIOUS INITIATIVES CAN BE IDENTIFIED, DESIGNED AND IMPLEMENTED IN PARTNERSHIP WITH STAKEHOLDERS AND OTHER PARTNERS
CORPORATE OBJECTIVES	OUTCOMES	OPTIMAL SUPPORTING ACCOMMODATION
<p>Programme 1: Administration To conduct the strategic management and overall administration of the Department of Health and Wellness.</p>	<p>1.1 Rendering of advisory, secretarial and office support services.</p> <p>1.2 Policy formulation, overall management and administration support of the Department and the respective districts and institutions within the Department. To make limited provision for maintenance and accommodation needs. Maintain and further enhance technical efficiencies in the corporate space, sound management of financial, people and infrastructure resources. Focus on enhancing workforce capabilities and transforming organizational culture towards becoming a more citizen-centric health system.</p>	<p>WCGHW utilises office accommodation for the office of the MEC, head office, including satellites, respective district and sub-district offices, as well as for overall management and administrative support staff for the Department and in some instances for Department of the Premier staff servicing WCGHW, including training venues and warehouses.</p> <p>As an outcome of the MEAP, the Macro Structure of the Department was finalised and implemented in March 2021. Following on the MEAP, the MDP was initiated to continue the Department's alignment at the next levels. WCGTPW's modernisation process of head office accommodation in 4 Dorp Street is not yet finalised due to the MDP process and also to understand the impact of working remotely. Components of Strategy, FIM, CSS and ECSS moved from 1st Floor, Norton Rose House to the Box 4 Dorp Street and Bellville Healthpark. Further requirements identified by ECSS and Strategy which need to be verified by Office Committee as well as offices for DD in Bellville Health Park.</p> <p>Rationalisation and consolidation of components are the preferred arrangement and a draft masterplan exercise has been presented as well as an Office Accommodation protocol for WCGHW has been signed and implementation is taking place. Accommodation Steering Committee within WCGHW was established in 2020. Refer to Templates for detailed requirements which will be met by WCGTPW, after receiving letter from WCGTPW advising they will no longer be attending to some of the office accommodation. WCGHW subsequently must accommodate the remainder of office accommodation as an unfunded mandate.</p> <p>Some of the sub-district offices are accommodated on hospital grounds together with admin components of the hospital and are therefore not reflected as separate office accommodation facilities. The highest priority for office accommodation, other than that referred to above, is replacement accommodation for the Overberg District Office in Caledon, which is not conducive to effective operations as the construction of a shared services facility by WCGTPW has not realised.</p> <p>WC Warehouse has been created on Tygerberg Hospital site and M floor to be upgraded to receive open plan offices.</p> <p>A brief has been issued to WCGTPW for the relocation of administrative component of the Pinelands EMS Head Office to Wards 17 and 18 on Alexandra Hospital site. Protea Court No 4 will also be upgraded to receive administrative staff.</p>

Template 1: Schedule of Accommodation Requirements per Budget Programme Objective

CORPORATE OBJECTIVES	OUTCOMES	OPTIMAL SUPPORTING ACCOMMODATION
<p>Programme 2: District Health Services 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.</p>	<p>2.1 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).</p> <p>2.2 Rendering a nurse driven primary health care service at clinic level including visiting points and mobile clinics.</p> <p>2.3 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.</p> <p>2.4 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.</p> <p>2.5 Rendering environmental health services.</p> <p>2.6 Rendering a primary healthcare service in respect of HIV/AIDS campaigns.</p> <p>2.7 Rendering a nutrition service aimed at specific target groups, combining direct and indirect nutrition interventions to address malnutrition.</p> <p>2.8 Rendering forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death.</p> <p>2.9 Rendering a district hospital service at sub-district level.</p> <p>2.10 Strengthen and expand the HIV and AIDS prevention, care and treatment programmes.</p>	<p>District hospitals range from small, medium to large. WCG refers to a district hospital even if it is smaller than 50 beds. Many of the district hospitals require upgrading to render the services as defined in Healthcare 2030. District Health Services also include Primary Healthcare (PHC) services rendered through mobiles, satellite clinics, clinics, CDCs and CHCs. PHC services in all the districts, except Cape Town District, were transferred in 2007. Not all rural facilities have been transferred and 20 of the Metro facilities were scheduled to be transferred in 2022/23, and will continue in 2023/24. Dual management of PHC as well as site ownership issues complicates Immovable Asset Management. Facilities which have been found to no longer be fit for purpose, will pragmatically be replaced with PHC facilities at points of highest burden of disease and uninsured population. The objective is to reach Ideal Clinic size and staffing. It is anticipated that provincial healthcare services are being rendered in City of Cape Town hospitals. The beds did undergo a rapid assessment via WCGTPW consultants in 2021 led by Chief Directorate: Strategy. The burden of managing psychiatric patients has led to the addition of acute psychiatric wards / units to district and regional hospitals as a priority intervention. The MDHS 2030 PHC infrastructure requirements study indicates the current shortfall in services as well as further requirements for 2030 population. To meet the demand, 250 PHC facilities are required in the Western Cape. This implies a net increase of 1 facility to the current number of 249 as a result of 20 new PHC facilities being planned and 19 to be relinquished. 36 district hospitals are required, which includes four new facilities and three replacement facilities. Although the Rural PHC 2030 detailed planning results have been incorporated in the 2023/24 U-AMP, increased population growth, sometimes in specific pockets, necessitates the annual updating of requirements. The level of utilisation is thus analysed yearly.</p>
<p>Programme 3: Emergency Medical Services The rendering of pre-hospital emergency medical services including inter-hospital transfers and planned patient transport. The clinical governance and co-ordination of emergency medicine within the Provincial Health Department.</p>	<p>3.1 Rendering emergency medical services including ambulance services, special operations, communications and air ambulance services.</p> <p>3.2 Rendering planned patient transport including local outpatient transport (within the boundaries of a given town or local area) and inter-city/town outpatient transport (into referral centres).</p>	<p>Replace existing accommodation with purpose-built ambulance stations in a cost-effective manner and based on priority. Upgrade existing facilities which are not to standard or may not have a wash bay (compliance issue). Provide HealthNet infrastructure as prioritised. Provide workshops and communication centres at strategic points. Note relocation request of radio workshop and workshop at Pinelands as well as communication centre at TBH to Pinelands. A total of 66 EMS facilities (including current facilities) are anticipated to be used in the future. At least 1 ambulance station will be required to support the new Belhar Hospital. In addition, a satellite ambulance station combined with the Pinelands EMS workshop replacement, in Western subdistrict, is in planning.</p>

Template 1: Schedule of Accommodation Requirements per Budget Programme Objective

CORPORATE OBJECTIVES	OUTCOMES	OPTIMAL SUPPORTING ACCOMMODATION
<p>Programme 4: Provincial Hospital Services Delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialised rehabilitation service, dental service, psychiatric service, as well as a platform for training health professionals and conducting research.</p>	<p>4.1 Rendering of hospital services at a general specialist level and a platform for the training of health workers and conducting research.</p> <p>4.2 To convert present tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive level of treatment, as well as the application of the standardized multi-drug and extreme drug-resistant protocols</p> <p>4.3 Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for the training of health workers and conducting research.</p> <p>4.4 Rendering specialised rehabilitation services for persons with physical disabilities including the provision of orthotic and prosthetic services.</p> <p>4.5 Rendering an affordable and comprehensive oral health service and providing a platform for training of health workers and conducting research.</p>	<p>The strengthening of regional hospitals has been identified as a priority together with the provision of appropriate accommodation for psychiatric patients. The Acute Hospital Bed Plan identifies the increased provincial hospital beds required going forward to 2040, whereas TB hospital beds required still needs to be determined. Requirements for intermediate / transitional care facilities have been identified as a priority and details must be provided (Brackenage and Sonstraal facilities to be used); further investigations will take place to increase the bed numbers for this function. A total of 8 regional hospitals (5 existing and 3 new) are required for 2040 and beyond. The psychiatric hospital service is being strengthened by means of acute psychiatric wards / units at district and regional hospitals. The new / replacement of Kipfontein, Behar and Heidelberg Regional Hospitals are the highest priorities for WCGHW and these are well-advanced in terms of planning and site approvals. BFI budget allocations for Kipfontein and Behar Regional Hospitals have been allocated by National Treasury for 3 years; projects have been registered on ISA after submissions in November 2021.</p>
<p>Programme 5: Central Hospital Services (Highly Specialised)To provide tertiary and quaternary health services and create a platform for the training of health workers and research.</p>	<p>5.1 Rendering of general and highly specialised medical health and quaternary services on a national basis and maintaining a platform for the training of health workers and research.</p> <p>5.2 Rendering of general specialist and tertiary health services on a national basis and maintaining a platform for the training of health workers and research.</p>	<p>Highly specialised hospitals are required for this function and maintenance at these hospitals is of the utmost importance. The replacement of Tygerberg Central Hospital has been identified as a mega project and BFI application as well as dual funding with Universities is being sourced and with assistance of the World Bank. However, when funding was not yet finalised in 2018, WCGPT approved an earmarked allocation of R1,971 billion over a 10-year period for the expansion and acceleration of the Tygerberg Hospital Maintenance and Remedial Works Programme. Funding has also been increased for Grootte Schuur Hospital maintenance (R, R & R). The aim is to ensure that these facilities remain fully operational, whilst the condition thereof is improved. The partnership with the Children Hospital Trust continues to attend to the highest priorities at Red Cross War Memorial Children Hospital, as defined in the Masterplan or changes thereof. New rental agreement to be signed for Grootte Schuur Hospital and relationship between Academic institutions and WCGHW to be updated and regularised.</p>
<p>Programme 6: Health Sciences and Training To create training and development opportunities for actual and potential employees of the Department of Health</p>	<p>6.1 Training of nurses at undergraduate, and post-basic level. Target group includes actual and potential employees.</p> <p>6.2 Training of rescue and ambulance personnel. Target group includes actual and potential employees.</p> <p>6.3 Provision of bursaries for health science training programmes at undergraduate and postgraduate levels. Target group includes actual and potential employees.</p> <p>6.4 Provision of PHC related training for personnel, provided by the regions.</p> <p>6.5 Provision of skills development interventions for all occupational categories in the Department. Target group includes actual and potential employees.</p>	<p>Training is taking place in Metro West, Garden Route and Winefields / Overberg at this stage. Training for EMS is taking place at Tygerberg Hospital and will be further rolled out to Garden Route. Internal training of staff is also taking place at the Metropole Training Office, located on premises of Lady Michaelis CDC, and this is considered as part of the Office Accommodation portfolio. Replacement college is required in Worcester whilst owned residential accommodation is required in George. Request for proposals for alternative rented or purchased residential accommodation was submitted to IAM. The EMS College at Tygerberg will be relocated to the Sarieh Dollie building in 2024.</p>

Template 1: Schedule of Accommodation Requirements per Budget Programme Objective

CORPORATE OBJECTIVES	OUTCOMES	OPTIMAL SUPPORTING ACCOMMODATION
<p>Programme 7: Health Care Support Services To render support services required by the Department to realise its aims.</p>	<p>7.1 Rendering a laundry and related technical support service to health facilities.</p> <p>7.2 Rendering routine, day-to-day and emergency maintenance service to buildings, engineering installations and health technology.</p> <p>7.3 Rendering specialised forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death. It includes the provision of the Inspector of Anatomy functions, in terms of Chapter 8 of the National Health Act and its Regulations</p> <p>7.4 Rendering specialised orthotic and prosthetic services. (Reported in Sub-programme 4.4)</p> <p>7.5 Managing and supply of pharmaceuticals and medical supplies to health facilities.</p>	<p>Workshops, laundries, specialised orthotic and prosthetic workshop and special forensic pathology laboratories are required for this function.</p> <p>Forensic Pathology Services became a provincial competency in approximately 2006 and some of the buildings, which moved across to WCGHW with this function, still need replacement. Salt River FPL was replaced with Observatory FPL in 2022, with a completion project planned to reach completion in 2023. Koyana FPL replacement project is in construction and completion estimated to be achieved in 2023. Major pressure is also being experienced at the Tygerberg FPL. Health Technology and engineering hubs to be accommodated in Paarl and Worcester.</p> <p>The Orthotic and Prosthetic Centre in Thornton will receive fire safety upgrade, whilst the Business Case for the replacement of the facility at Lentegeur has been finalised and the briefing document must be prioritised.</p> <p>Additional accommodation as well as upgrade and additions for future hub and spoke centres will be required.</p>
<p>Programme 8: Health Facilities Management Provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities, including health technology.</p>	<p>8.1 Planning, design, construction, upgrading, refurbishment, additions and maintenance of community health centres, community day centres and clinics.</p> <p>8.2 Planning, design, construction, upgrading, refurbishment, additions and maintenance of emergency medical services facilities.</p> <p>8.3 Planning, design, construction, upgrading, refurbishment, additions and maintenance of district hospitals.</p> <p>8.4 Planning, design, construction, upgrading, refurbishment, additions and maintenance of provincial hospitals.</p> <p>8.5 Planning, design, construction, upgrading, refurbishment, additions and maintenance of central hospitals.</p> <p>8.6 Planning, design, construction, upgrading, refurbishment, additions and maintenance of other health facilities, including forensic pathology facilities.</p>	<p>The current MTEF budgets reflect that WCGHW has prioritised the facilities as per Templates 6 and 7. Backlog of maintenance and capital infrastructure remains a reality.</p>

Template 2.1.1:

Schedule of Accommodation Currently Occupied:

State-owned Health Facilities

TEMPLATE 2.1.1: SCHEDULE OF ACCOMMODATION CURRENTLY OCCUPIED: STATE-OWNED HEALTH FACILITIES

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT / SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (MP)	LAND EXTENT (MP)	REPLACEMENT COST @ JANUARY 2023 x R1 000	LATITUDE	LONGITUDE	OWNERSHIP STATUS
1	Aan Het Pad Clinic	Stellenbosch	Long Street, Coetseville	Clinic	Cape Winelands	Stellenbosch	Winelands / Overberg	6851	1,027	7,309	30,810	-33.911430	18.855900	WCG
2	Abbotsdale Satellite Clinic	Abbotsdale	Darling Street, Abbotsdale, Melmnesbury	Satellite Clinic	West Coast	Swartland	West Coast	973	200	1,002	6,000	-33.48983	18.67738	WCG
3	Alan Blyth Hospital	Ladismith	Upper Church Street, Ladismith	District Hospital	Garden Route	Kannaland	Garden Route / Central Karoo	768	2,077	23,829	76,849	-33.487080	21.269070	WCG
4	Alan Blyth Hospital	Ladismith	7 Nissen Street, Ladismith	Residential accommodation	Garden Route	Kannaland	Garden Route / Central Karoo	4,56	400	1,500	10,000	-33.486807	21.265297	WCG
5	Albertinia Clinic	Albertinia	Station Street, Albertinia	Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	973 & 974	574	5,330	17,220	-34.204709	21.584543	WCG
6	Alexandra Hospital	Maitland	Alexandra Road, Maitland	Psychiatric Hospital	Western	City of Cape Town	Metro West	24290, 24324, 24323, 24288, 24322	35,224	54,954	1,444,184	-33.929580	18.484680	WCG
7	Alma CDC	Mossel Bay	Bill Jeffrey Avenue, Ext 23 Kwanonqaba, Mossel Bay	CDC	Garden Route	Mossel Bay	Garden Route / Central Karoo	18976	1,621	8,453	55,114	-34.180820	22.092200	WCG
8	Amalienstein Clinic	Zoar	Hoof Street, Zoar	Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	Farm 64	146	1,200	4,380	-33.486660	21.464980	WCG
9	Asia Clinic	Mossel Bay	C/o Adriaan Avenue & Croz Street, Asia Park, Mossel Bay	Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	6227	860	3,334	25,500	-34.180977	22.071619	WCG
10	Aurora Satellite Clinic	Aurora	School Street, Aurora	Satellite Clinic	West Coast	Bergvler	West Coast	167	170	1,487	5,100	-32.707400	18.484680	WCG
11	Avian Park Clinic	Worcester	C/o Pelikaan & Albatros Streets, Avian Park, Worcester	Clinic	Cape Winelands	Brede Valley	Winelands / Overberg	24637	957	11,223	28,710	-33.666712	19.434848	WCG
12	Barrydale Ambulance Station	Barrydale	On clinic site, 22 Timley Street, Barrydale	EMS	Overberg	Swellendam	Winelands / Overberg	1288	100	2,974	3,000	-33.906121	20.722125	WCG
13	Barrydale Clinic	Barrydale	22 Timley Street, Barrydale	Clinic	Overberg	Swellendam	Winelands / Overberg	1288	380	2,974	11,400	-33.908330	20.730190	WCG
14	Beaufort West Admin Offices	Beaufort West	99 Voortrekker Road, Beaufort West	Sub-district Office	Central Karoo	Beaufort West	Garden Route / Central Karoo	3	1,140	On Hospital site	28,500	-32.352740	22.607800	WCG
15	Beaufort West Ambulance Station and EMS Communication Centre	Beaufort West	Traffic Centre Building, New Street, Beaufort West	EMS	Central Karoo	Beaufort West	Garden Route / Central Karoo	8327	750		22,500	-32.330269	22.591045	Shared WCG
16	Beaufort West CDC	Beaufort West	1 Van Schaikwyk Street, Newlands, Beaufort West	CDC	Central Karoo	Beaufort West	Garden Route / Central Karoo	1946	862	40,359	29,308	-32.364360	22.577690	WCG
17	Beaufort West FPL	Beaufort West	On hospital ground, 99 Voortrekker Road, Beaufort West	Forensic Pathology Laboratory	Central Karoo	Beaufort West	Garden Route / Central Karoo	3	661	Part of hospital site	17,025	-32.352778	22.607500	WCG
18	Beaufort West Hospital	Beaufort West	99 Voortrekker Road, Beaufort West	District Hospital	Central Karoo	Beaufort West	Garden Route / Central Karoo	3	5,456	146,370	201,872	-32.352740	22.607800	WCG

Template 2.1.1: Schedule of Accommodation Currently Occupied: State-owned Health Facilities

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19	Bella Vista Clinic	Ceres	Krisante Street, Bella Vista, Ceres	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	3604	356	13,800	10,680	-33.333000	19.320000	To be transferred
20	Belville Engineering Workshop	Belville	C/o Mike Pienaar Boulevard & Frans Conradie Drive, Belville	Workshop	Tygerberg	City of Cape Town	Metro East	10777	2,400	19200 Part of a larger Stand	60,000	-33.891944	18.603167	WCG
21	Belville South CDC	Belville	Kassavlei Road, Belville South	CDC	Tygerberg	City of Cape Town	Metro East	14134-RE	750	4,508	25,500	-33.91484	18.644167	To be transferred from CoCT as part of 9 priority sites
22	Bergsig Clinic	Robertson	Wesley Street, Bergsig, Robertson	Clinic	Cape Winelands	Langeberg	Winelands / Overberg	4851	401	1,327	12,030	-33.790740	19.891220	WCG
23	Bishop Lavis CDC	Bishop Lavis	Lavis Drive, Bishop Lavis	CDC	Tygerberg	City of Cape Town	Metro East	867	4,209	10,496	143,106	-33.905160	18.582050	WCG
24	Blancoo Clinic	George	3 George Road, Blancoo, George	Clinic	Garden Route	George	Garden Route / Central Karoo	47	293	2,496	8,780	-33.943420	22.412850	To be transferred
25	Bongolethu Clinic	Oudtshoorn	18th Avenue, Bongolethu, Oudtshoorn	Clinic	Garden Route	Oudtshoorn	Garden Route / Central Karoo	11227	710	1,674	21,300	-33.606570	22.238380	To be transferred
26	Bonnievale Ambulance Station	Bonnievale	C/o Myrtle Rigg & Forrest Streets, Bonnievale	EMS	Cape Winelands	Langeberg	Winelands / Overberg	2637	165	997	4,950	-33.932660	20.095850	WCG
27	Bothasig CDC	Bothasig	C/o De Grendel Ave & Swellengrebel Ave, Bothasig	CDC	Northern	City of Cape Town	Metro East	32713	800		27,200	-33.858282	18.540580	City
28	Botriver Ambulance Station	Botriver	C/o Fountain & Heide Streets, Botriver	EMS	Overberg	Theewaterskloof	Winelands / Overberg	1806	528	1,850	15,840	-34.230632	19.194420	WCG
29	Botriver Clinic	Botriver	C/o Fountain & Heide Streets, Botriver	Clinic	Overberg	Theewaterskloof	Winelands / Overberg	1806	528	5,735	15,840	-34.231066	19.198210	WCG
30	Bredasdorp Ambulance Station	Bredasdorp	C/o Albert Myburg Hostiel & Golf Street, Bredasdorp	EMS	Overberg	Cape Agulhas	Winelands / Overberg	2136	223	±1700m² Part of stand	6,690	-34.529770	20.048520	WCG
31	Bredasdorp Clinic	Bredasdorp	C/o Long & Recreation Street, Bredasdorp	Clinic	Overberg	Cape Agulhas	Winelands / Overberg	1922	663	22,335	20,490	-34.535840	20.047730	To be transferred
32	Breede Valley Sub-district Office	Worcester	Brewelskloof Hospital, Haariem Street, Worcester	Sub-district Office	Cape Winelands	Breede Valley	Winelands / Overberg	4771	1,000	In Brewelskloof Hospital	25,000	-33.621111	19.456944	WCG
33	Brewelskloof Hospital	Worcester	19 Haariem Street, Van Riebeeck Park, Worcester	TB Hospital	Cape Winelands	Breede Valley	Winelands / Overberg	4771	9,858	174,347	404,178	-33.621111	19.456944	WCG
34	Bridgeton CDC	Oudtshoorn	Springbok Road, Bridgeton, Oudtshoorn	CDC	Garden Route	Oudtshoorn	Garden Route / Central Karoo	Remainder of Erf 1	796	3,813	27,064	-33.602430	22.220790	To be transferred
35	Brooklyn Chest Hospital	Brooklyn	Stanberry Road, Ysterplaat	TB Hospital	Western	City of Cape Town	Metro West	21082	14,857	15,836	609,137	-33.900580	18.486650	City
36	Buffeljagstvier Clinic	Buffeljagstvier	C/o Olivevale & Stout Lane, Buffeljagstvier	Clinic	Overberg	Swellendam	Winelands / Overberg	332	315	799	9,450	-34.045970	20.528120	WCG
37	Caledon Ambulance Station and EMS Communication Centre	Caledon	N2, Caledon Hospital, Caledon	EMS	Overberg	Theewaterskloof	Winelands / Overberg	1085	824	90,225	24,720	-34.225217	19.436270	WCG
38	Caledon Clinic	Caledon	Bredasdorp Road, Caledon	Clinic	Overberg	Theewaterskloof	Winelands / Overberg	2663	339	2,893	10,170	-34.237300	19.428412	WCG

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39	Caledon Hospital	Caledon	Next to N2 Highway, Caledon	District Hospital	Overberg	Theewaterskloof	Wineands / Overberg	1086	5,815	90,225	215,155	-34.224329	19.432824	WCG
40	Caledon Hospital Residential	Caledon	Next to N2 Highway, Caledon	Residential accommodation	Overberg	Theewaterskloof	Wineands / Overberg	1085	962	On Hospital site	24,050	-34.224604	19.433150	WCG
41	Callizdorp Ambulance Station	Callizdorp	29 Voortrekker Road, Callizdorp	EMS	Garden Route	Kannaland	Garden Route / Central Karoo	461, 474	200	±1000	6,000	-33.530390	21.692370	WCG
42	Callizdorp Clinic	Callizdorp	Voortrekker Street, Callizdorp	Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	1002	708	3,729	21,240	-33.530620	21.691620	WCG
43	Ceres Ambulance Station	Ceres	On hospital ground, Rivierkant Street, Ceres	EMS	Cape Wineands	Witzenberg	Wineands / Overberg	2588	1,200	35,381	36,000	-33.362880	19.299590	WCG
44	Ceres FPL	Ceres	11 Trichard Street, Ceres	Forensic Pathology Laboratory	Cape Wineands	Witzenberg	Wineands / Overberg	9588	330	845	8,250	-33.374529	19.300382	WCG
45	Ceres Hospital	Ceres	C/o Rivierkant & Theron Streets, Ceres	District Hospital	Cape Wineands	Witzenberg	Wineands / Overberg	2588	6,790	35,381	251,230	-33.362900	19.301050	WCG
46	Ceres Hospital Residential	Ceres	C/o Rivierkant & Theron Streets, Ceres	Residential accommodation	Cape Wineands	Witzenberg	Wineands / Overberg	2588	200	On Hospital site	5,000	-33.362900	19.301050	WCG
47	Chatsworth Satellite Clinic	Malmesbury	C/o Hutchison Street and 3rd Avenue, Chatsworth, Malmesbury	Satellite Clinic	West Coast	Swartland	West Coast	1071	200	3,555	6,000	-33.547899	18.584248	WCG
48	Citrusdal Ambulance Station	Citrusdal	On hospital ground, Vrede Street, Citrusdal	EMS	West Coast	Cederberg	West Coast	1435 & 1603	160	57,853	4,800	-32.599010	19.017412	WCG
49	Citrusdal Clinic	Citrusdal	Bohemia Street, Citrusdal	Clinic	West Coast	Cederberg	West Coast	1698 & 1699	400	3,508	12,000	-32.581760	19.008600	WCG
50	Citrusdal Hospital	Citrusdal	Vrede Street, Citrusdal	District Hospital	West Coast	Cederberg	West Coast	1435 & 1603	2,353	57,853	87,061	-32.598910	19.017360	WCG
51	Clanwilliam Ambulance Station	Clanwilliam	9 Ou Kaapse Weg, Clanwilliam	EMS	West Coast	Cederberg	West Coast	3745	216		6,480	-32.18327	18.892750	WCG
52	Clanwilliam Clinic	Clanwilliam	1 Cyprus Avenue, Clanwilliam	Clinic	West Coast	Cederberg	West Coast	3943	450	720	13,500	-32.186340	18.891450	WCG
53	Clanwilliam Hospital	Clanwilliam	Old Cape Road, Clanwilliam	District Hospital	West Coast	Cederberg	West Coast	473 & 474	2,731	365,356	101,047	-32.183640	18.890710	WCG
54	Cloetesville CDC	Stellenbosch	Tennantville Street, Cloetesville, Stellenbosch	CDC	Cape Wineands	Stellenbosch	Wineands / Overberg	7600	1,146	10,063	38,964	-33.922440	18.857010	WCG
55	Cogmanskloof Clinic	Ashton	C/o Jakeranda & Coronation Avenues, Ashton	Clinic	Cape Wineands	Langeberg	Wineands / Overberg	548	320	1,839	9,600	-33.833270	20.046900	WCG
56	Conville CDC	George	Pienaar Street, Conville, George	CDC	Garden Route	George	Garden Route / Central Karoo	5341	1,120	3,900	38,080	-33.981860	22.473970	To be transferred
57	Craggs Clinic	Plattenberg Bay	Geelhout Street, Craggs	Clinic	Garden Route	Blicou	Garden Route / Central Karoo	126	159	632	4,770	-33.951170	23.492090	WCG
58	Crossroads CDC	Crossroads	C/o Intsikzi Street & Gwayi Street, Crossroads	CDC	Mitchell's Plain	City of Cape Town	Central Karoo	2324	2,283	6,032	77,622	-33.997780	18.597510	WCG
59	D'Almeida CDC	Mossel Bay	Strand Street, D'Almeida, Mossel Bay	CDC	Garden Route	Mossel Bay	Garden Route / Central Karoo	15972	907	4,218	27,210	-34.176490	22.116970	WCG

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60	Davale Clinic	Paarl	Symphony Avenue, Mbekweni, Paarl	Clinic	Cape Winelands	Drakenstein	Wineands / Overberg	16813	414	1,935	12,420	-33.702280	18.991650	WCG
61	Dana Bay Satellite Clinic	Dana Bay	Distans Street, Dana Bay	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	21130	62	1,860	1,860	-34.193860	22.048010	WCG
62	Darling Clinic	Darling	Fabriek Street, Darling	Clinic	West Coast	Swartland	West Coast	1008	376	1,153	11,280	-33.370400	18.386830	WCG
63	De Doorns Ambulance Station	De Doorns	Voortrekker Street, De Doorns	EMS	Cape Winelands	Breede Valley	Wineands / Overberg	6163 (portion of Erf 254)	339	4,198	10,170	-33.477133	19.663134	WCG
64	De Doorns Clinic	De Doorns	Wilge Street, De Doorns	Clinic	Cape Winelands	Breede Valley	Wineands / Overberg	1903	819	4,122	24,570	-33.481430	19.671840	WCG
65	De Rust Clinic	De Rust	Blomnek Street, De Rust	Clinic	Garden Route	Oudshoorn	Garden Route / Central Karoo	315	346		10,380	-33.49801	22.518297	To be transferred
66	Delft CHC	Delft	C/o Main & Voorbrug Roads, Delft	CHC	Tygerberg	City of Cape Town	Metro East	8571	4,679	12,054	163,765	-33.974300	18.641950	WCG
67	District Six CDC	Cape Town	C/o Caledon & Primrose Streets, Cape Town	CDC	Western	City of Cape Town	Metro West	176310	4,110	6,634	139,740	-33.929390	18.425570	WCG
68	Doringbaai Satellite Clinic	Doringbaai	Seeweg, Doringbaai	Satellite Clinic	West Coast	Matzikama	West Coast	120	82	495	2,460	-31.816462	18.236725	To be transferred
69	DP Merais Hospital	Retreat	White Road, Retreat	TB Hospital	Southern	City of Cape Town	Metro West	83386	9,782	57,821	401,062	-34.062800	18.460250	WCG
70	Dr Abdurahman CDC	Athlone	C/o Erland & Dr Abdurahman Avenue, Kewtown, Athlone	CDC	Kliphoftein	City of Cape Town	Metro West	107892	1,328	2,213	45,152	-33.968730	18.518150	To be transferred from CoCT
71	Du Noon CHC	Du Noon	Potsdam Road, Du Noon	CHC	Western	City of Cape Town	Metro East	236	5,020	11,000	175,700	-33.826335	18.529940	WCG
72	Durbanville CDC	Durbanville	De Villiers Street, Durbanville	CDC	Northern	City of Cape Town	Metro East	4783 and possibly 8241	1,056		35,904	-33.82990	18.694581	To be transferred from CoCT as part of 9 priority sites
73	Dysseldorp Ambulance Station	Dysseldorp	Bokkraal Road, Dysseldorp	EMS	Garden Route	Oudshoorn	Garden Route / Central Karoo	2262	100	18,405	3,000	-33.575400	22.439590	To be transferred
74	Dysseldorp Clinic	Dysseldorp	Bokkraal Road, Dysseldorp	Clinic	Garden Route	Oudshoorn	Garden Route / Central Karoo	2262	864	18,405	25,920	-33.575450	22.439460	To be transferred
75	Eerste River Hospital	Eerste River	Humboldt Avenue, Eerste River	District Hospital	Eastern	City of Cape Town	Metro East	34	8,179	47,338	302,623	-33.997570	18.718920	WCG
76	Elands Bay Clinic	Elands Bay	Main Road, Elands Bay	Clinic	West Coast	Cederberg	West Coast	705	201	630	6,030	-32.312840	18.346900	WCG
77	Elsies River CHC	Elsies River	C/o 29th Avenue & Halt Road, Elsies River	CHC	Tygerberg	City of Cape Town	Metro East	11720-21, 11723-25 & 11731	3063	10,681	107,205	-33.931800	18.877490	WCG
78	Empilsweni Clinic	Worcester	Maynjana Avenue, Zwelentaba, Worcester	Clinic	Cape Winelands	Breede Valley	Wineands / Overberg	12453	950	3,660	28,500	-33.644270	19.491500	WCG
79	EMS Head Office	Cape Town	Alexandra Road, Pinelands	Office	Western	City of Cape Town	Metro West	RE/103659	3889		96,725	-33.935718	18.490198	To be transferred from CoCT
80	Eyetuho Clinic	Mossel Bay	TN Ntanda Street, Joe Slovo Village, Mossel Bay	Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	14470	223	1,178	6,688	-34.171310	22.113060	WCG
81	False Bay Hospital	Fish Hoek	17th Avenue, Fish Hoek	District Hospital	Southern	City of Cape Town	Metro West	9130	7,000	70,868	259,000	-34.130620	18.415130	WCG
82	False Bay Hospital Residential	False Bay	17th Avenue, Fish Hoek	Residential accommodation	Southern	City of Cape Town	Metro West	9130	863	70,868	21,575	-34.130620	18.415130	WCG

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83	Fisantekraal CDC	Fisantekraal	Corner of Silvertree and Lucullus Streets, Fisantekraal	CDC	Northern	City of Cape Town	Metro East	Portion of Erf 1666	1,150	4,666	39,100	-33,787102	18,7225637	To be transferred from CoCT
84	Friemersheim Satellite Clinic	Friemersheim	School Street, Friemersheim	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	6271	170	1,000	5,100	-33,953110	22,144130	WCG
85	Gansbaai Clinic	Gansbaai	Main Street, Gansbaai	Clinic	Overberg	Overstrand	Wineands / Overberg	3893	906	5,000	27,180	-34,590251	19,3504987	To be registered
86	Garden Route Conference Centre - Dept of Health	George	Herrie Street, George	Store and other	Garden Route	George	Garden Route / Central Karoo	19787	500	On same site as WCCN	12,500	-33,953840	22,4515770	WCG
87	Genadendal Clinic	Genadendal	Strydom Avenue, Genadendal	Clinic	Overberg	Theewaterskloof	Wineands / Overberg	527	211	944	6,330	-34,036609	19,561179	WCG
88	George Ambulance Station	George	On hospital site, Langenhoven Road, George	EMS	Garden Route	George	Garden Route / Central Karoo	657, 659,664,661, 3323	1,444	45,612	43,320	-33,953840	22,4515770	WCG
89	George Central Clinic	George	C/o Gale and Progress Street, George	Clinic	Garden Route	George	Garden Route / Central Karoo	1288	300		9,000	-33,960660	22,4535407	To be transferred
90	George FPL	George	On Hospital ground, Davidson Road, George	Forensic Pathology Laboratory	Garden Route	George	Garden Route / Central Karoo	657, 659,664,661, 3323	968	45,612	24,200	-33,951944	22,450278	WCG
91	George Hospital	George	Davidson Road, George	Regional Hospital	Garden Route	George	Garden Route / Central Karoo	657, 659,664,661, 3323	29,214	110,097	1,197,774	-33,951900	22,450080	WCG
92	George Hospital Residential	George	Davidson Road, George	Residential accommodation	Garden Route	George	Garden Route / Central Karoo	657, 659,664,661, 3323	2,515	5,287	62,875	-33,952167	22,449368	WCG
93	George HT Maintenance Hub	George	On Hospital ground, Davidson Road, George	Workshop	Garden Route	George	Garden Route / Central Karoo	657, 659,664,661, 3323	75	45,612	1,875	-33,951944	22,450278	WCG
94	George Stores	George	Wilfontein Street, George	Workshop	Garden Route	George	Garden Route / Central Karoo	6417	811	5,287	20,275	-33,978958	22,471089	WCG
95	George Sub-district Office	George	Nelson Mandela Boulevard Road, George	Sub-district Office	Garden Route	George	Garden Route / Central Karoo	464	100	In Harry Comey Hospital	2,500	-33,960210	22,4725707	To be transferred
96	Goodwood CDC	Goodwood	Dirkie Lys Plein, Goodwood	CDC	Tygerberg	City of Cape Town	Metro East	7025	1,043	1294ha	35,462	-33,91058	18,550387	To be transferred from CoCT as part of 9 priority sites
97	Goodwood Clinical Engineering Workshop	Goodwood	117 Milton Road, Goodwood	Workshop	Tygerberg	City of Cape Town	Metro East	4852-58 & 4861-67	2,079	6,940	51,975	-33,901625	18,563989	WCG
98	Gouda Clinic (New)	Gouda	Malva Road, Gouda	Clinic	Cape Wineands	Drakenstein	Wineands / Overberg	1624 (portion of erf 606)	659	1,944	19,770	-33,295645	19,042909	WCG
99	Graafwater Clinic	Graafwater	313 Cedar Street, Graafwater	Clinic	West Coast	Cederberg	West Coast	313	154	3,490	4,620	-32,159410	18,605660	WCG
100	Grabouw CHC	Grabouw	Old Cape Road, Grabouw	CHC	Overberg	Theewaterskloof	Wineands / Overberg	7202	2,592	4,000	90,720	-34,153007	19,010521	WCG
101	Grassy Park CDC	Grassy Park	9 Victoria Road, Grassy Park	CDC	Southern	City of Cape Town	Metro West	11416	1,914	6,100	65,076	-34,044130	18,492160	WCG

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102	Great Brak River Ambulance Station	Great Brak River	7 Station Road, Great Brak River	EMS	Garden Route	Mossel Bay	Garden Route / Central Karoo	Pm 231 of Farm 255	115	707	3,450	-34.042500	22.223878	WCG
103	Great Brak River Clinic	Great Brak River	Charles Street, Great Brak River	Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	5010	464	2,159	13,920	-34.040080	22.222640	WCG
104	Green Point CDC	Green Point	Block B, Old City Hospital Complex, Portwood Road, Green Point	CDC	Western	City of Cape Town	Metro West	1955	893	Part of larger site	30,362	-33.906220	18.415200	WCG
105	Greyton Satellite Clinic	Greyton	Park Street, Greyton	Satellite Clinic	Overberg	Theewaterskloof	Wineyards / Overberg	704	228	1,180	6,840	-34.050190	19.606270	To be transferred
106	Groendal Clinic	Franschhoek	Siebael Street, Groendal, Franschhoek	Clinic	Cape Wineyards	Stellenbosch	Wineyards / Overberg	738	551	5000 Part of a larger site	16,530	-33.894990	19.101110	WCG
107	Groote Schuur Hospital	Observatory	1 Main Road, Observatory, Cape Town	Central Hospital	Western	City of Cape Town	Metro West	27565-67, 27992-93, 116370-71, 27995-96	365,210	370,485	14,973,610	-33.941111	18.461667	WCG
108	Groote Schuur Hospital Creche	Observatory	C/o George & William Streets, Observatory, Cape Town	Creche	Western	City of Cape Town	Metro West	28044	2,833	370,485	70,825	-33.941111	18.461667	WCG
109	Gugulethu CHC	Gugulethu	C/o NY3, NY77, Gugulethu	CHC	Klipfontein	City of Cape Town	Metro West	5500	3,912	8,327	136,920	-33.989360	18.572070	To be confirmed
110	Haarlem Clinic	Haarlem	1 Berg Street, Haarlem	Clinic	Garden Route	George	Garden Route / Central Karoo	98	256	+900	7,680	-33.734630	23.333800	To be transferred
111	Hanna Coetzee Clinic	Vredenburg	Kooljieskloof Street, Louwville, Vredenburg	Clinic	West Coast	Saldanha	West Coast	16253	250	2,268	7,500	-32.915950	18.009870	WCG
112	Happy Valley Clinic	Bonnievale	Sultana Avenue, Happy Valley, Bonnievale	Clinic	Cape Wineyards	Langeberg	Wineyards / Overberg	2642	323	1,133	9,690	-33.936200	20.077290	WCG
113	Harry Conroy Hospital	George	Nelson Mandela Boulevard, George	TB Hospital	Garden Route	George	Garden Route / Central Karoo	464	5,529	24,000	225,688	-33.980210	22.472570	To be transferred
114	Hartenbos Satellite Clinic	Mossel Bay	Witwatersrand Road, Hartenbos	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	6271 (portion of 4940)	97	945	2,910	-34.122450	22.110130	To be transferred
115	Hawston Clinic	Hawston	79 George Viljoen Street, Hawston	Clinic	Overberg	Overstrand	Wineyards / Overberg	2203	282	1,354	8,460	-34.385915	19.132503	WCG
116	Heidelberg Ambulance Station	Heidelberg	Haig Street (next to clinic), Heidelberg	EMS	Garden Route	Hessequa	Garden Route / Central Karoo	3256	503	2,311	15,090	-34.101980	20.963190	WCG
117	Heidelberg Clinic	Heidelberg	Hospital Street, Heidelberg	Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	1955	811	3,964	24,330	-34.102120	20.962650	WCG
118	Heideveld CDC	Athlone	Heideveld Road, Heideveld, Athlone	CDC	Klipfontein	City of Cape Town	Metro West	101671	5,927	20,000	201,518	-33.966950	18.548330	WCG
119	Heidelberg Hospital	Somerset West	Hospital Road, Somerset West	District Hospital	Eastern	City of Cape Town	Metro East	2421-22, 2363 & 1664	7,246	32,747	268,102	-34.076040	18.856230	WCG
120	Herbertsdale Satellite Clinic	Mossel Bay	Herbert Street, Herbertsdale	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	333	257	1,100	7,710	-34.017850	21.762150	WCG
121	Hermanus Ambulance Station	Hermanus	On hospital ground, Hospital Street, Hermanus	EMS	Overberg	Overstrand	Wineyards / Overberg	5398	651	On Hospital site	19,530	-34.422932	19.228236	WCG

Template 2.1.1: Schedule of Accommodation Currently Occupied: State-owned Health Facilities

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122	Hermanus CDC	Hermanus	Svartham Road, Hermanus	CDC	Overberg	Overstrand	Wineands / Overberg	11446	2,667	1,500	91,358	-34.425606	19.213188	WCG
123	Hermanus FPL	Hermanus	On hospital ground; Hospital Street, Hermanus	Forensic Pathology Laboratory	Overberg	Overstrand	Wineands / Overberg	5393	810	On Hospital site	20,250	-34.422667	19.228058	WCG
124	Hermanus Hospital	Hermanus	Hospital Street, Hermanus	District Hospital	Overberg	Overstrand	Wineands / Overberg	5393	7,265	47,264	268,805	-34.422417	19.227705	WCG
125	Hermanus Hospital Residential	Hermanus	Hospital Street, Hermanus	Residential accommodation	Overberg	Overstrand	Wineands / Overberg	5393	400	47,264	10,000	-34.422417	19.227705	WCG
126	Hesseque Sub-district Office	Riversdale	1 Hospital Street, Riversdale	Sub-district Office	Garden Route	Hesseque	Garden Route / Central Karoo	3832	100	In Riversdale Hospital	2,500	-34.083490	21.254840	WCG
127	Hillside Clinic	Beaufort West	C/o Eric Low Street & 4th Avenue, Hillside, Beaufort West	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	6068	1,045	11,772	31,350	-32.352219	22.572541	WCG
128	Hornlee Clinic	Knysna	Chapel Street, Hornlee, Knysna	Clinic	Garden Route	Knysna	Garden Route / Central Karoo	18841	485	572	14,550	-34.048580	23.097630	WCG
129	Huis McCrone Ambulance Station	Wellington	First floor of clinic building, C/o Lombard & Swartz Street, Wellington	EMS	Cape Wineands	Drakenstein	Wineands / Overberg	558	768	On Clinic site	23,040	-33.639062	18.999039	WCG
130	Huis McCrone Clinic	Wellington	Swartz Street, Wellington	Clinic	Cape Wineands	Drakenstein	Wineands / Overberg	558	919	16,136	27,570	-33.639210	18.998650	WCG
131	Idas Valley Clinic	Stellenbosch	Heistogte Road, Idas Valley, Stellenbosch	Clinic	Cape Wineands	Stellenbosch	Wineands / Overberg	16432	839	3000 Part of larger Site	25,170	-33.925370	18.874970	WCG
132	Inzame Zabantu CDC	Philippi	Misrigazane Street, Philippi	CDC	Mitchell's Plain	City of Cape Town	Metro West	2498 & 2499	1,358	5,503	46,172	-34.011130	18.577720	WCG
133	Kalbaskraal Satellite Clinic	Kalbaskraal	C/o Essensout & Bloekom Streets, Kalbaskraal, Malmesbury	Satellite Clinic	West Coast	Swartland	West Coast	388	120	617	3,600	-33.575120	18.646700	WCG
134	Kannaland Sub-district Office	Ladismith	Upper Church Street, Ladismith	Sub-district Office	Garden Route	Kannaland	Garden Route / Central Karoo	768	100	In Ladismith Hospital	2,500	-33.487080	21.269070	WCG
135	Karl Bremer Hospital	Belville	C/o Mike Pienaar Boulevard & Frans Conradie Drive, Belville	District Hospital	Tygerberg	City of Cape Town	Metro East	10777	26,315	195,530	973,655	-33.890439	18.609190	WCG
136	Karl Bremer Hospital Residential	Belville	C/o Mike Pienaar Boulevard & Frans Conradie Drive, Belville	Residential accommodation	Tygerberg	City of Cape Town	Metro East	10777	9,033	19,200	225,825	-33.891944	18.609167	WCG
137	Kayamandi Clinic	Stellenbosch	C/o Bassi & Sebona Street, 10C Kayamandi, Stellenbosch	Clinic	Cape Wineands	Stellenbosch	Wineands / Overberg	3099	503	1,714	15,090	-33.919230	18.846490	WCG
138	Khayelethu Clinic	Knysna	Chungwa Street, Khayelethu, Knysna	Clinic	Garden Route	Knysna	Garden Route / Central Karoo	18840	457	2,361	13,710	-34.038221	23.063055	WCG
139	Khayelisha (Site B) CHC	Khayelisha	Sulami Drive, Site B, Khayelisha	CHC	Khayelisha	City of Cape Town	Metro East	13423	5,826	16,758	203,910	-34.028750	18.665391	Unregistered - Municipal
140	Khayelisha Ambulance Station	Khayelisha	On hospital ground, C/o Walter Sisulu & Steve Biko Drive, Khayelisha	EMS	Khayelisha	City of Cape Town	Metro East	19176	1,060	4,363 Part of larger Site	31,800	-34.051927	18.667877	WCG
141	Khayelisha Hospital	Khayelisha	C/o Walter Sisulu & Steve Biko Drive, Khayelisha	District Hospital	Khayelisha	City of Cape Town	Metro East	19176	23,465	121,721	868,945	-34.050240	18.673950	WCG

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142	Klaarstroom Satellite Clinic	Klaarstroom	Blockom Street, Klaarstroom	Satellite Clinic	Central Karoo	Prince Albert	Garden Route / Central Karoo	167	74	700	2,220	-33.326090	22.531180	PGWC
143	Klapmuts Clinic	Klapmuts	342 Meridian Street, Klapmuts	Clinic	Cape Winelands	Stellenbosch	Winelands / Overberg	3630	290	1,310	8,700	-33.809600	18.863890	WCG
144	Klawer Clinic	Klawer	Nieuwoudt Street, Klawer	Clinic	West Coast	Matzikama	West Coast	1968	300	1,508	9,000	-31.772570	18.624210	WCG
145	Klein Drakenstein Clinic	Paarl	Keerweeder Road, Klein Drakenstein, Paarl	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	1267	346	543	10,380	-33.739200	19.024310	WCG
146	Kleinmond Clinic	Kleinmond	C/o Borwier Way & 15th Avenue, Kleinmond	Clinic	Overberg	Overstrand	Winelands / Overberg	8662	455	2,218	13,650	-34.340750	19.016149	WCG
147	Knysna Ambulance Station	Knysna	On hospital ground, Main Road, Knysna	EMS	Garden Route	Knysna	Garden Route / Central Karoo	1364, 1360, 1368	1,530	142,420	45,900	-34.037640	23.059810	WCG
148	Knysna CDC	Knysna	Gujuma Street, Witloksie, Knysna	CDC	Garden Route	Knysna	Garden Route / Central Karoo	13567	2,661	6,924	90,474	-34.028160	23.073940	WCG
149	Knysna Hospital	Knysna	Main Street, Knysna	District Hospital	Garden Route	Knysna	Garden Route / Central Karoo	1364, 1360, 1368	9,500	142,420	351,500	-34.036960	23.056380	WCG
150	Knysna Hospital Residential	Knysna	Green Street, Knysna	Residential accommodation	Garden Route	Knysna	Garden Route / Central Karoo	1172	108	428	2,700	-34.038423	23.052806	WCG
151	Knysna Hospital Residential	Knysna	Green Street, Knysna	Residential accommodation	Garden Route	Knysna	Garden Route / Central Karoo	1173	150	428	3,750	-34.038398	23.052562	WCG
152	Knysna Hospital Residential	Knysna	Kamassi Street, Knysna	Residential accommodation	Garden Route	Knysna	Garden Route / Central Karoo	2382	180	969	4,500	-34.037015	23.071270	WCG
153	Knysna Sub-district Office	Knysna	Main Street, Knysna	Sub-district Office	Garden Route	Knysna	Garden Route / Central Karoo	1364, 1360, 1368	100	On Knysna Hospital site	2,500	-34.036960	23.056380	WCG
154	Knysna Town Clinic	Knysna	10 Mortimer Street, Knysna	Clinic	Garden Route	Knysna	Garden Route / Central Karoo	4918	241	603	7,230	-34.037980	23.047728	WCG
155	Koekenaap Satellite Clinic	Lutzville	Main Road, Koekenaap	Satellite Clinic	West Coast	Matzikama	West Coast	685	120	2,145	3,600	-31.525830	18.289720	WCG
156	Koringberg Satellite Clinic	Koringberg	Main Street, Koringberg	Satellite Clinic	West Coast	Swartland	West Coast	451	135	2,000	4,050	-33.017600	18.677770	WCG
157	Kraaifontein CHC	Kraaifontein	303 6th Avenue, Kraaifontein	CHC	Northern	City of Cape Town	Metro East	9831	2,360	11,000	82,600	-33.853500	18.722020	To be transferred from CoCT
158	Kranshoek Clinic	Plettenberg Bay	378 van Rooyen Street, Kranshoek	Clinic	Garden Route	Bliou	Garden Route / Central Karoo	1118, 1119	274	1,846	8,220	-34.087720	23.297100	To be transferred from CoCT
159	Kuyasa (George) Clinic	George	Thembalethu, George	Clinic	Garden Route	George	Garden Route / Central Karoo	11112	600	3,200	18,000	-33.999450	22.474341	WCG
160	Kwamandlenkosi Clinic	Beaufort West	Plaza Road, Kwamandlenkosi, Beaufort West	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	3075	337	1,661	10,110	-32.368590	22.581230	WCG
161	Kwanokuthula Ambulance Station	Plettenberg Bay	On CDC site, Sisuba Street, Kwanokuthula	EMS	Garden Route	Bliou	Garden Route / Central Karoo	4918	1,134	20,911	34,020	-34.053571	23.319765	To be acquired
162	Kwanokuthula CDC	Plettenberg Bay	Sisuba Street, Kwanokuthula	CDC	Garden Route	Bliou	Garden Route / Central Karoo	4918	2,610	20,911	88,740	-34.052780	23.319180	To be acquired

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163	Kylemore Clinic	Stellenbosch	School Street, Kylemore, Stellenbosch	Clinic	Cape Winelands	Stellenbosch	Winelands / Overberg	633	349	1,577	10,470	-33.919400	18.953110	WCG
164	Ladismith Ambulance Station	Ladismith	7 Nissen Street, Ladismith	EMS	Garden Route	Kannaland	Garden Route / Central Karoo	4,56	180	1,500	5,400	-33.466807	21.262927	WCG
165	Ladismith Clinic	Ladismith	Upper Hospital Street, Ladismith	Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	768	305	1000 Part of larger Hospital Site	9,150	-33.487080	21.269070	WCG
166	Lady Michaeils CDC	Plumstead	Burnham Road, Plumstead	CDC	Southern	City of Cape Town	Metro West	70422	3,956	15,034	134,504	-34.021000	18.464530	WCG
167	Langsburg Clinic	Langsburg	Voortrekker Road, Langsburg	Clinic	Central Karoo	Langsburg	Garden Route / Central Karoo	104	1,059	8000 Part of larger Hospital Site	31,770	-33.194360	20.851120	to be transferred
168	Langsburg Hospital	Langsburg	Voortrekker Road, Langsburg	District Hospital	Central Karoo	Langsburg	Garden Route / Central Karoo	104	1,595	59,030	59,015	-33.194430	20.850430	WCG
169	Langsburg Hospital Residential	Langsburg	Voortrekker Road, Langsburg	Residential Accommodation	Central Karoo	Langsburg	Garden Route / Central Karoo	1482	100	1,223	2,500	-33.194430	20.850430	WCG
170	Langville Clinic	St Helena Bay	Strand Street, Langville, St Helena Bay	Clinic	West Coast	Saldanha	West Coast	664	398	2,800	11,940	-32.787090	18.059800	WCG
171	Lalle Cleophas Clinic	Hopetfield	Oaks Way, Hopetfield	Clinic	West Coast	Saldanha	West Coast	1338	313	1,495	9,390	-33.065630	18.340190	WCG
172	Lamberts Bay Ambulance Station	Lamberts Bay	672 Burrels Street, Lamberts Bay	EMS	West Coast	Cederberg	West Coast	673,666	350	6,180	10,500	-32.092756	18.300289	WCG
173	Lamberts Bay Clinic	Lamberts Bay	4 Burrels Street, Lamberts Bay	Clinic	West Coast	Cederberg	West Coast	667,668 669,670 671,672	780	5,760	23,400	-32.094580	18.300580	WCG
174	Langebaan Clinic	Langebaan	Antonio Siemi Street, Langebaan	Clinic	West Coast	Saldanha	West Coast	9107	282	573	8,460	-33.082660	18.035600	WCG
175	Langeberg Sub-district Office	Robertson	Van Oudisroorn Street, Robertson	Sub-district Office	Cape Winelands	Langeberg	Winelands / Overberg	225	100	On Robertson Hospital site	2,500	-33.801740	19.891130	WCG
176	LAPA Munnik Hospital	Porterville	Voortrekker Street, Porterville	District Hospital	West Coast	Bergriver	West Coast	1687	1,888	72,721	69,856	-33.018255	18.994240	WCG
177	Leeu-Gamka Ambulance Station	Leeu-Gamka	Aalwyn Street, (R353/NT), Leeu-Gamka	EMS	Central Karoo	Prince Albert	Garden Route / Central Karoo	Pt 33 of 55	1,515	3,865	45,450	-32.768577	21.965763	WCG
178	Leeu-Gamka Clinic	Leeu-Gamka	C/o Duiker & Gousblom Street, Leeu-Gamka	Clinic	Central Karoo	Prince Albert	Garden Route / Central Karoo	200	190	5,241	5,700	-32.767240	21.967930	WCG
179	Leipoldtville Satellite Clinic	Leipoldtville	Main Road, Leipoldtville	Satellite Clinic	West Coast	Cederberg	West Coast	28	100	742	3,000	-32.222209	18.481602	WCG
180	Lenegaur Ambulance Station	Mitchell's Plain	On hospital ground, Highlands Drive, Mitchell's Plain	EMS	Mitchell's Plain	City of Cape Town	Metro West	21763	1,808	On Lentegaur Hospital site	54,240	-34.022591	18.616398	WCG
181	Lenegaur Hospital	Mitchell's Plain	Highlands Drive, Mitchell's Plain	Psychiatric Hospital	Mitchell's Plain	City of Cape Town	Metro West	21763	88,696	845,851	2,816,536	-34.026350	18.615230	WCG
182	Lenegaur Hospital Residential	Mitchell's Plain	Highlands Drive, Mitchell's Plain	Residential accommodation	Mitchell's Plain	City of Cape Town	Metro West	21763	4,173	On Lentegaur Hospital site	104,325	-34.026111	18.615833	WCG
183	Lenegaur Regional Laundry	Mitchell's Plain	Highlands Drive, Mitchell's Plain	Provincial Laundry	Mitchell's Plain	City of Cape Town	Metro West	21763	5,597	On Lentegaur Hospital site	139,925	-34.026111	18.615833	WCG

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184	Long Street RHC	Cape Town	3 Dorp Street, Cape Town	Reproductive Health Centre	Western	City of Cape Town	Metro West	3506	99		2,475	-33.924208	18.4174955	WCG
185	Lotus River CDC	Lotus River	C/o Delia & Anita Road, Lotus River	CDC	Southern	City of Cape Town	Metro West	5421	1,766	25,159	60,044	-34.026350	18.5090300	WCG
186	Louville Clinic	Vredenburg	61 Vredenburg Road, Louville, St Helena Bay	Clinic	West Coast	Saldanha	West Coast	16610	562		17,460	-32.91680	17.999666	To be transferred
187	Lutzville Clinic	Lutzville	3 Station Road, Lutzville	Clinic	West Coast	Maitzika	West Coast	813	320	1,757	9,600	-31.554805	18.345816	WCG
188	Macassar CDC	Macassar	C/o Hospital & Musica Street, Macassar	CDC	Eastern	City of Cape Town	Metro East	2378	1,824	3,800	62,016	-34.061030	18.764010	Unregistered - Municipal
189	Maitland CDC	Maitland	3 Norfolk Street, Maitland	CDC	Western	City of Cape Town	Metro West	23686	322	937	10,948	-33.922060	18.4892600	WCG
190	Malmesbury Ambulance Station	Malmesbury	PG Neilson Street, Malmesbury	EMS	West Coast	Swartland	West Coast	5058	246	On Swartland Hospital site	7,380	-33.454844	18.722546	WCG
191	Malmesbury CDC	Malmesbury	Jakaranda Street, Malmesbury	CDC	West Coast	Swartland	West Coast	7514	2,677	5,712	91,018	-33.465560	18.7035300	WCG
192	Malmesbury FPL	Malmesbury	PG Neilson Street, Malmesbury (on hospital site)	Forensic Pathology Laboratory	West Coast	Swartland	West Coast	5058	1,016	On Swartland Hospital site	25,400	-33.467222	18.7175000	WCG
193	Malmesbury ID Hospital	Malmesbury	Schoonspruit Way, Malmesbury	TB Hospital	West Coast	Swartland	West Coast	10891	1,096	7,105	44,936	-33.471127	18.714687	WCG
194	Mamre CDC	Mamre	C/o Adam & Liedeman Street, Mamre	CDC	Western	City of Cape Town	Metro West	1291	336	2,500	11,424	-33.512840	18.4770200	Unregistered - Municipal
195	Mbekweni CDC	Paarl	Maffia Street, Mbekweni	CDC	Cape Winelands	Drakenstein	Winelands / Overberg	644	488	2,669	16,592	-33.675310	18.9929000	WCG
196	McGregor Clinic	McGregor	Tindall Street, McGregor	Clinic	Cape Winelands	Langeberg	Winelands / Overberg	1330	279	639	8,370	-33.947630	19.8290600	WCG
197	Melkhoutfontein Satellite Clinic	Stilbaai	Erica Crescent, Melkhoutfontein	Satellite Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	1450	444	1,884	13,320	-34.325860	21.4190800	WCG
198	Merweville Satellite Clinic	Merweville	Huguenot Street, Merweville	Satellite Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	519	150	9,706	4,500	-32.663740	21.5149300	WCG
199	Metro FIM Store	Mitchell's Plain	Highlands Drive, Mitchell's Plain	Store and other	Mitchell's Plain	City of Cape Town	Metro West	21763	68,696	On Lentegeur Hospital site	1,717,400	-34.026350	18.6152300	WCG
200	Metropole Archive space	Stikland	De La Heye Road, Stikland	Store and other	Tygerberg	City of Cape Town	Metro East	6300	400	On Stikland Hospital site	10,000	-33.901111	18.6600000	WCG
201	Metropole Satellite Office (ICT)	Tygerberg	Floor 11, Tygerberg Hospital, Parow	Office	Tygerberg	City of Cape Town	Metro East	14298 & 15350	4,869	On Tygerberg Hospital site	121,475			WCG
202	Michael Mapongwana CDC	Khayelitsha	Steve Biko Road, Harare	CDC	Khayelitsha	City of Cape Town	Metro East	40673	4,697	5,000	158,338	-34.051688	18.670486	Unregistered - Municipal
203	Mitchell's Plain CHC	Mitchell's Plain	First Avenue, Eastridge, Mitchell's Plain	CHC	Mitchell's Plain	City of Cape Town	Metro West	60715	6,813	12,469	238,456	-34.046667	18.622222	WCG
204	Mitchell's Plain Hospital	Mitchell's Plain	8 AZ Berman Drive, Lentegeur, Mitchell's Plain	District Hospital	Mitchell's Plain	City of Cape Town	Metro West	21763	25,771	228,832	953,527	-34.021270	18.6131200	WCG
205	Molvislei Satellite Clinic	Molvislei	Main Road, Molvislei	Satellite Clinic	West Coast	Maitzika	West Coast	334	130		3,900	-30.872060	18.0383400	To be transferred
206	Montagu Ambulance Station	Montagu	On hospital ground, Church Street, Montagu	EMS	Cape Winelands	Langeberg	Winelands / Overberg	4 & 909	100	41,594	3,000	-33.798100	20.1225200	WCG

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207	Montagu Clinic	Montagu	Park Street, Montagu	Clinic	Cape Winelands	Langeberg	Winelands / Overberg	5214	944	3,011	28,320	-33.782810	20.123030WCG	
208	Montagu Hospital	Montagu	C/o Hospital & Kerk Street, Montagu	District Hospital	Cape Winelands	Langeberg	Winelands / Overberg	4 & 908	2,565	41,594	94,906	-33.797530	20.123180WCG	
209	Montagu Hospital Residential	Montagu	C/o Hospital & Kerk Street, Montagu	Residential accommodation	Cape Winelands	Langeberg	Winelands / Overberg	4 & 908	1,036	41,594	25,900	-33.798060	20.122003WCG	
210	Moorreesburg Clinic	Moorreesburg	C/o Loop & Main Street, Moorreesburg	Clinic	West Coast	Swartland	West Coast	3713	675	2,035	20,250	-33.149820	18.664330WCG	
211	Mossel Bay Ambulance Station	Mossel Bay	On hospital ground, 12th Avenue, Mossel Bay	EMS	Garden Route	Mossel Bay	Garden Route / Central Karoo	3215	180	53,237	5,400	-34.185600	22.128130WCG	
212	Mossel Bay Hospital	Mossel Bay	12th Avenue, Mossel Bay	District Hospital	Garden Route	Mossel Bay	Garden Route / Central Karoo	3215	5,884	53,237	217,708	-34.185860	22.127550WCG	
213	Mossel Bay Sub-district Office	Mossel Bay	12th Avenue, Mossel Bay	Sub-district Office	Garden Route	Mossel Bay	Garden Route / Central Karoo	3215	100	In Mossel Bay Hospital	2,500	-34.185860	22.127550WCG	
214	Mowbray Maternity Hospital	Mowbray	12 Hornsey Road, Mowbray	Regional Hospital	Southern	City of Cape Town	Metro West	31442-31450	17,494	18,146	717,254	-33.949760	18.474730WCG	
215	Murraysburg Ambulance Station	Murraysburg	C/o Penaar & Graaff Reinett Streets, Murraysburg	EMS	Central Karoo	Beaufort West	Garden Route / Central Karoo	Portion of 288, 297	109	166	3,270	-31.961949	23.769321Transfer underway	
216	Murraysburg Clinic	Murraysburg	C/o Penaar & Graaff Streets, Murraysburg	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	288, 297	250	1,860	7,500	-31.962090	23.769020Transfer underway	
217	Murraysburg Hospital	Murraysburg	C/o Penaar & Graaff Reinett Streets, Murraysburg	District Hospital	Central Karoo	Beaufort West	Garden Route / Central Karoo	288, 297	1,041	12,000	38,517	-31.962320	23.768280Transfer underway	
218	Napier Clinic	Napier	West Street, Napier	Clinic	Overberg	Cape Agulhas	Winelands / Overberg	1718	660		19,500	-34.470400	19.893120WCG	
219	Nduli Clinic	Ceres	Chris Han Drive, Nduli, Ceres	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	5138	384	1,944	11,520	-33.356360	19.340040WCG	
220	Nelspoort Clinic	Nelspoort	Nelspoort Hospital, Nelspoort	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	5	100	On Hospital site	3,000	-32.088770	23.005240WCG	
221	Nelspoort Intermediate Care Hospital	Nelspoort	Hospital Road, Nelspoort	Intermediate Care Facility	Central Karoo	Beaufort West	Garden Route / Central Karoo	5	9,855	77,531	246,375	-32.352740	22.807800WCG	
222	New Horizon Clinic	Plettenberg Bay	2249 Mimosa Street, New Horizon	Clinic	Garden Route	Blou	Garden Route / Central Karoo	2249 & 5607	381	661	11,430	-34.052610	23.342280WCG	
223	New Somerset Hospital	Green Point	Beach Road, Green Point	Regional Hospital	Western	City of Cape Town	Metro West	1558	28,547	72,495	1,170,427	-33.906030	18.415930WCG	
224	Nieuwelpark Clinic	Beaufort West	Zero Street, Nieuwelpark, Beaufort West	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	3613	406	15,317	12,180	-32.375780	22.567150To be transferred	
225	Nieuwedrif Clinic	Paarl	R45 Boland Wynelder Turnoff Wellington / Malmesbury Road, Nieuwedrif	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	Portion 22 of farm 486	555	2,595	16,650	-33.687790	18.963450WCG	
226	Niqubela Clinic	Robertson	Burwana Street, Niqubela	Clinic	Cape Winelands	Langeberg	Winelands / Overberg	55	291	354	8,730	-33.818590	19.893480WCG	

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227	Nolungile CDC	Khayelitsha	Lawrence Road, Site C, Khayelitsha	CDC	Khayelitsha	City of Cape Town	Metro East	Portion of Erf 53340-RE	1,579	6,300	53,686	-34.01359	18.65015	To be transferred from CoCT as part of 9 priority sites
228	Nomzamo CDC	Strand	C/o Nomzamo & Solomon Streets, Nomzamo Asanda Village, Strand	CDC	Eastern	City of Cape Town	Metro East	30446	1,466	2,020	49,844	-34.112354	18.857763	WCG
229	Nyanga CDC	Nyanga	Sthandathu Avenue, Nyanga	CDC	Kliftonein	City of Cape Town	Metro West	673	1,100	8,434	37,400	-33.99188	18.58525	To be transferred from CoCT as part of 9 priority sites
230	Observatory FPL	Observatory	C/o Groote Schuur and Main Roads, Observatory	Forensic Pathology Laboratory	Western	City of Cape Town	Metro West	Portion of Erf 27863	8,428	6,500	210,700	-33.99069	18.464452	WCG
231	Onrus Satellite Clinic	Onrus	Roo's Street, Onrus	Satellite Clinic	Overberg	Overstrand	Wineands / Overberg	2549	169	4,957	5,070	-34.412580	19.168970	WCG
232	Op die Berg Clinic	Op die Berg	C/o Sonkruijn Avenue & Church Street, Op die Berg	Clinic	Cape Wineands	Witzenberg	Wineands / Overberg	417	350	1,098	10,500	-33.023880	19.310050	WCG
233	Orchard Clinic	De Doorns	Wodderdrift Road, Orchard	Clinic	Cape Wineands	Breede Valley	Wineands / Overberg	Phn 37 of farm Orchard no 119	116	1,007	3,480	-33.485400	19.624650	WCG
234	Orthotic and Prosthetic Centre	Pinelands	Forest Drive Extension, Pinelands	Workshop	Western	City of Cape Town	Metro West	112656	3,270	14,803	81,750	-33.923362	18.520658	WCG
235	Orto du Plessis Hospital	Bredastorp	C/o Van Riebeeck & Dorpsig Street, Bredastorp	District Hospital	Overberg	Cape Agulhas	Wineands / Overberg	1393	2,290	43,795	84,730	-34.536290	20.034100	WCG
236	Oudtshoorn Ambulance Station	Oudtshoorn	On hospital ground, Park Road, Oudtshoorn	EMS	Garden Route	Oudtshoorn	Garden Route / Central Karoo	217	467	143,886	14,010	-33.594010	22.206180	WCG
237	Oudtshoorn Clinic	Oudtshoorn	31 Adderley Street, Oudtshoorn	Clinic	Garden Route	Oudtshoorn	Garden Route / Central Karoo	1355	436	2,071	13,080	-33.594010	22.206180	WCG
238	Oudtshoorn Hospital	Oudtshoorn	Park Road, Oudtshoorn	District Hospital	Garden Route	Oudtshoorn	Garden Route / Central Karoo	216-17, 2964 & 3229	11,688	143,886	432,456	-33.588352	22.189850	WCG
239	Oudtshoorn Hospital Residential	Oudtshoorn	Park Road, Oudtshoorn	Residential accommodation	Garden Route	Oudtshoorn	Garden Route / Central Karoo	216-17, 2964 & 3229	2,542	149,886	63,550	-33.588760	22.188840	WCG
240	Overhex Satellite Clinic Worcester	Worcester	Main Street, Overhex	Satellite Clinic	Cape Wineands	Breede Valley	Wineands / Overberg	36163	99		2,475	-33.66380	19.54357	To be transferred
241	Paarl Ambulance Station	Paarl	Sanddrift Street, Paarl	EMS	Cape Wineands	Drakenstein	Wineands / Overberg	16334	725	5,105	21,750	-33.720090	18.970020	WCG
242	Paarl FPL	Paarl	Broadway Street, Paarl East	Forensic Pathology Laboratory	Cape Wineands	Drakenstein	Wineands / Overberg	216-17, 2964 & 3229	1,198	43,041	29,950	-33.723370	18.980060	WCG
243	Paarl Hospital	Paarl	C/o Bergriver Boulevard & Hospital Street, Paarl	Regional Hospital	Cape Wineands	Drakenstein	Wineands / Overberg	1018	31,853	43,041	1,305,973	-33.725980	18.974500	WCG

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NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT / SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (M²)	LAND EXTENT (M²)	REPLACEMENT COST @ JANUARY 2023 x R1 000	LATITUDE	LONGITUDE	OWNERSHIP STATUS
244	Paarl Hospital Residential	Paarl	Hospital Street, Paarl	Residential accommodation	Cape Winelands	Drakenstein	Winelands / Overberg	1018, 1101, 1102, 8303, 8304, 8309	3,230	43,041	80,750	-33.726389	18.970278	WCG
245	Paarl HT Maintenance Hub	Paarl	On hospital grounds C/o Bergriver Boulevard & Hospital Street, Paarl	Workshop	Cape Winelands	Drakenstein	Winelands / Overberg	1018	50	43,041	1,250	-33.725980	18.974450	WCG
246	Pacaltsdorp Clinic	George	Mission Street, Pacaltsdorp, George	Clinic	Garden Route	George	Garden Route / Central Karoo	756	619	6,539	18,558	-34.016160	22.459370	WCG
247	Parkdene Clinic	George	Tourus Street, Parkdene, George	Clinic	Garden Route	George	Garden Route / Central Karoo	11424	394	2,312	11,820	-33.991740	22.486500	To be transferred
248	Patriot Plein Clinic	Paarl	Patriot Square, Dertsen Street, Patriot Plein, Paarl	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	33044	453	±860	13,590	-33.732120	18.965960	WCG
249	Phola Park Clinic	Paarl	Bukanani Street, Mbekweni, Paarl	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	33352	477	2,609	14,310	-33.683920	18.990740	WCG
250	Piketberg Ambulance Station	Piketberg	Main Road, Piketberg	EMS	West Coast	Bergriver	West Coast	4410	358	4,200	10,740	-32.906881	18.762756	WCG
251	Piketberg Clinic	Piketberg	Clinic Street, Piketberg	Clinic	West Coast	Bergriver	West Coast	4415	439	1,400	13,170	-32.899640	18.761300	WCG
252	Pinelands Ambulance Station	Pinelands	11 Alexandra Road, Pinelands	EMS	Western	City of Cape Town	Metro West	103659	4,320	24,613	123,600	-33.935942	18.490047	To be transferred
253	Plettenberg Bay Clinic	Plettenberg Bay	Marine Drive, Plettenberg Bay	Clinic	Garden Route	Bitou	Garden Route / Central Karoo	12707	947	10,188	28,410	-34.055390	23.367130	To be transferred
254	Porterville Ambulance Station	Porterville	School Street, Porterville	EMS	West Coast	Bergriver	West Coast	1687	46	19563 Part of larger Hospital site	1,380	-33.017910	18.994500	WCG
255	Porterville Clinic	Porterville	Voortrekker Road, Porterville	Clinic	West Coast	Bergriver	West Coast	1687	576	19563 Part of larger Hospital site	17,280	-33.017910	18.994500	WCG
256	Prince Albert Ambulance Station	Prince Albert	1 Loop Street, Prince Albert	EMS	Central Karoo	Prince Albert	Garden Route / Central Karoo	757	111	745	3,330	-33.212003	22.023557	WCG
257	Prince Albert Clinic	Prince Albert	Lower Market Street, Prince Albert	Clinic	Central Karoo	Prince Albert	Garden Route / Central Karoo	843	858	On Hospital site	25,740	-33.216780	22.025780	To be transferred
258	Prince Albert Hospital	Prince Albert	Lower Market Street, Prince Albert	District Hospital	Central Karoo	Prince Albert	Garden Route / Central Karoo	843	2,012	70,000	74,444	-33.216667	22.025833	To be transferred
259	Prince Albert Hospital Residential	Prince Albert	Lower Market Street, Prince Albert	Residential accommodation	Central Karoo	Prince Albert	Garden Route / Central Karoo	843	300	On Hospital site	7,500	-33.216780	22.025780	To be transferred
260	Prince Alfred Hamlet Clinic	Prince Alfred Hamlet	Voortrekker Street, Prince Alfred Hamlet	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	870	946		28,380	-33.28934	19.32678	To be transferred
261	Raie Koze Hospital	Piketberg	Church Street, Piketberg	District Hospital	West Coast	Bergriver	West Coast	1769	2,328	17,090	86,136	-32.906881	18.762756	WCG
262	Railton Clinic	Swellendam	Resesbaan Street, Swellendam	Clinic	Overberg	Swellendam	Winelands / Overberg	7296	770	888	23,100	-34.034400	20.444680	WCG
263	Rawsonville Clinic	Rawsonville	2 Out Street, Rawsonville	Clinic	Cape Winelands	Breede Valley	Winelands / Overberg	837	750		22,500	-33.690410	19.318140	WCG
264	Red Cross War Memorial Children Hospital	Rondebosch	Klipfontein Road, Rondebosch	Tertiary Hospital	Southern	City of Cape Town	Metro West	44412, 45918, 103641	49,249	94,087	2,019,209	-33.954444	18.487778	WCG

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265	Reed Street CDC	Bellville	Reed Street, Bellville	CDC	Tygerberg	City of Cape Town	Metro East	Portion of Erf 11233-RE	827	1,400	28,118	-33.90444	18.63806	To be transferred from CoCT
266	Retreat CHC	Retreat	138 11th Avenue, Retreat	CHC	Southern	City of Cape Town	Metro West	110130	2,919	8,379	102,165	-34.058400	18.48610	WCG
267	Riebeeck West Clinic	Riebeeck West	Kachelofter Street, Riebeeck West	Clinic	West Coast	Swartland	West Coast	1843 & 2368 (pin of 49)	207	768	6,210	-33.352330	18.874750	WCG
268	Riepooort Satellite Clinic	Riepooort	Main Street, Riepooort	Satellite Clinic	West Coast	Matzikama	West Coast	296	143	4,290	4,290	-30.956730	18.041580	To be transferred
269	Riverlands Satellite Clinic	Riverlands	Waterblommietje Street, Riverlands	Satellite Clinic	West Coast	Swartland	West Coast	7911	113	1,293	3,390	-33.527760	18.598110	WCG
270	Riversdale Ambulance Station	Riversdale	On hospital ground, Hofmeyer Street, Riversdale	EMS	Garden Route	Hessequa	Garden Route / Central Karoo	3832	415	31,874	12,450	-34.094230	21.254800	WCG
271	Riversdale Clinic	Riversdale	Van Zyl Street, Riversdale	Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	3832	512	31,874	15,360	-34.093168	21.254780	To be transferred
272	Riversdale FPL	Riversdale	1 Hospital Street, Riversdale	Forensic Pathology Laboratory	Garden Route	Hessequa	Garden Route / Central Karoo	3832	100	On Hospital site	2,500	-34.093490	21.254840	WCG
273	Riversdale Hospital	Riversdale	1 Hospital Street, Riversdale	District Hospital	Garden Route	Hessequa	Garden Route / Central Karoo	3832	4,964	31,874	183,668	-34.093490	21.254840	WCG
274	Riversdarend Ambulance Station	Riversdarend	De Kock Street, Riversdarend	EMS	Overberg	Theewaterskloof	Wineyards / Overberg	1704	66	2,011	1,980	-34.147303	19.909531	WCG
275	Riversdarend Clinic	Riversdarend	De Kock Street, Riversdarend	Clinic	Overberg	Theewaterskloof	Wineyards / Overberg	1704	269	2,011	8,070	-34.148550	19.919450	WCG
276	Robertson Ambulance Station	Robertson	On hospital ground, Oudtshoorn Street, Robertson	EMS	Cape Wineyards	Langeberg	Wineyards / Overberg	2255	293	5837 Part of larger Hospital Site	8,790	-33.801820	19.891940	WCG
277	Robertson Hospital	Robertson	Van Oudtshoorn Street, Robertson	District Hospital	Cape Wineyards	Langeberg	Wineyards / Overberg	2255	3,027	58,637	111,999	-33.801740	19.891130	WCG
278	Rosemoore Clinic	George	Canary Street, Rosemore, George	Clinic	Garden Route	George	Garden Route / Central Karoo	5540	497	2,529	14,910	-33.972190	22.478120	WCG
279	Rural Health Services Patient Medical Records	Bredasdorp	C/o Van Riebeeck & Dorpsig Street, Bredasdorp	Store and other	Overberg	Cape Agulhas	Wineyards / Overberg	1389	98		2,450	-34.536290	20.034100	WCG
280	Ruyterwacht CDC	Goodwood	Texel Street, Ruyterwacht	CDC	Tygerberg	City of Cape Town	Metro East	3060	750		25,500	-33.923850	18.553200	WCG
281	Saldanha Clinic	Saldanha	Saldanha Road, Saldanha	Clinic	West Coast	Saldanha	West Coast	14710	484	1,048	14,520	-33.008070	17.944100	WCG
282	Saldanha Sub-district Office	Vredenburg	Voortrekker Street, Vredenburg	Sub-district Office	West Coast	Saldanha	West Coast	16632	100	In Vredenburg Hospital	2,500	-32.907130	17.992450	WCG
283	Salt River FPL	Cape Town	36 Durham Avenue, Salt River	Forensic Pathology Laboratory	Western	City of Cape Town	Metro West	16303-16305	567	1,983	14,175	-33.932768	18.459821	To be handed back to NDPW
284	Scottsdale CDC	Kraaifontein	Joan Ave, Scottsdale, Kraaifontein	CDC	Northern	City of Cape Town	Metro East	2845 (portion)	560	3,500	19,040	-33.866020	18.721920	To be transferred from CoCT as part of 9 priority sites
285	Sedgefield Clinic	Sedgefield	Pelican Lane, Sedgefield	Clinic	Garden Route	Knysna	Garden Route / Central Karoo	2022	441	10,000	13,230	-34.020508	22.802724	WCG
286	Simondium Clinic	Paarl	Watergat Road, Simondium	Clinic	Cape Wineyards	Drakenstein	Wineyards / Overberg	Pr13 of farm 940	746	27,798	22,380	-33.840300	18.959210	WCG
287	Slangrivier Satellite Clinic	Slangrivier	School Street, Slangrivier	Satellite Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	76	155	1,200	4,650	-34.137260	20.858470	WCG

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288	Soetendal Clinic	Wellington	R44, Hermon Road, Hermon, Wellington	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	144 Pnt 4	120	2,143	3,600	-33.602929	18.983790	WCG
289	Sonskyn Vallei Satellite Clinic	Hartenbos	C/o Mandela & Gampiro Streets, Sonskyn Valley, Hartenbos	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	6267	158	1,000	4,740	-34.114700	22.083600	WCG
290	Sonstraat Hospital	Paarl	Meaker Street, Paarl	TB Hospital	West Coast	Swartland	West Coast	21289, 21292, 21291	4,687	547,031	192,167	-33.711579	18.986991	WCG
291	Stanford Clinic	Stanford	Mathika May Street, Stanford	Clinic	Overberg	Overstrand	Winelands / Overberg	1779	508	2,593	15,240	-34.445685	19.453093	WCG
292	Steenberg's Cove Satellite Clinic	St. Helena Bay	Mississippi Street, Steenberg's Cove	Satellite Clinic	West Coast	Saldanha	West Coast	3167	205	1,314	6,150	-32.762852	18.032105	WCG
293	Stellenbosch Ambulance Station	Stellenbosch	On hospital ground, Meryman Street, Stellenbosch	EMS	Cape Winelands	Stellenbosch	Winelands / Overberg	6095	406	On Hospital site	12,180	-33.930640	18.870380	WCG
294	Stellenbosch Hospital	Stellenbosch	Merriman Avenue, Stellenbosch	District Hospital	Cape Winelands	Stellenbosch	Winelands / Overberg	6095	8,691	25,056	321,567	-33.930280	18.870390	WCG
295	Sikland Hospital	Sikland	De La Heye Road, Sikland	Psychiatric Hospital	Tygerberg	City of Cape Town	Metro East	6300	38,307	1,411,143	1,570,587	-33.902380	18.657654	WCG
296	Still Bay Satellite Clinic	Still Bay	Main Road, Still Bay	Satellite Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	522	184	1,884	5,520	-34.369170	21.406360	WCG
297	Sruisbaai Clinic	Sruisbaai	Deining Avenue, Sruisbaai	Clinic	Overberg	Cape Agulhas	Winelands / Overberg	4088	265	265	7,950	-34.782820	20.033430	WCG
298	Suurbraak Clinic	Suurbraak	Helm Circle, Suurbraak	Clinic	Overberg	Swellendam	Winelands / Overberg	420	152	600 Part of larger Site	4,560	-34.004670	20.854600	PGWC
299	Swartland Hospital	Malmesbury	PG Nelson Street, Malmesbury	District Hospital	West Coast	Swartland	West Coast	5058	5,571	76,137	206,127	-33.454280	18.723460	WCG
300	Swellendam Ambulance Station	Swellendam	6 Drosdy Street, Swellendam	EMS	Overberg	Swellendam	Winelands / Overberg	4637	235	3,725	7,050	-34.025010	20.448229	WCG
301	Swellendam Clinic	Swellendam	18 Drosdy Street, Swellendam	Clinic	Overberg	Swellendam	Winelands / Overberg	50	714	63,395	21,420	-34.024120	20.450730	WCG
302	Swellendam FPL	Swellendam	1 Von Menger Street, Swellendam	Forensic Pathology Laboratory	Overberg	Swellendam	Winelands / Overberg	992	353	519	8,825	-34.014801	20.443068	WCG
303	Swellendam Hospital	Swellendam	8 Drosdy Street, Swellendam	District Hospital	Overberg	Swellendam	Winelands / Overberg	50	3,236	63,395	119,732	-34.024250	20.449910	WCG
304	Swellendam Sub-district Office	Swellendam	8 Drosdy Street, Swellendam	Sub-district Office	Overberg	Cape Agulhas	Winelands / Overberg	50	100	In Swellendam Hospital	2,500	-34.024250	20.449910	WCG
305	Symphony Way CDC	Delft	C/o Shiversands & Outenkwa Roads, Delft	CDC	Tygerberg	City of Cape Town	Metro East	26437, 26438	2,588	5,300	87,992	-33.964430	18.627030	WCG
306	TC Newman CDC	Paarl	Rosary Street & Broadway Street, Charlston Hill, Paarl	CDC	Cape Winelands	Drakenstein	Winelands / Overberg	10875	9,298	77,396	316,132	-33.723100	18.987600	WCG
307	Thembalethu CDC	George	Sandkraal Road Thembalethu	CDC	Garden Route	George	Garden Route / Central Karoo	11118 (portion of Erf 2186)	2,674	7,979	90,916	-34.004600	22.487620	WCG
308	Toekomsrus Clinic	Oudtshoorn	52 Lupin Street, Toekomsrus, Oudtshoorn	Clinic	Garden Route	Oudtshoorn	Garden Route / Central Karoo	11494	239	457	7,184	-33.595480	22.241150	To be transferred
309	Touws River Ambulance Station	Touws River	West Street, Touws River	EMS	Cape Winelands	Breede Valley	Winelands / Overberg	927	200	10320 Part of Larger Site	6,000	-33.340686	20.028875	WCG

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310	Touws River Clinic	Touws River	West Street, Touws River	Clinic	Cape Winelands	Breede Valley	Winelands / Overberg	927	394	10320 Part of Larger Site	11,820	-33.340624	20.028933	WCG
311	Tulbagh Ambulance Station	Tulbagh	3 Plein Street, Tulbagh	EMS	Cape Winelands	Witzenberg	Winelands / Overberg	2440	508	7,013	15,240	-33.284920	19.148870	WCG
312	Tulbagh Clinic	Tulbagh	Steinthal Road, Tulbagh	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	2440	721	7,013	21,630	-33.284590	19.146570	WCG
313	Tygerberg Ambulance Station	Parow	On hospital site, U2 building, Fransie van Zyl Avenue, Parow	EMS	Tygerberg	City of Cape Town	Metro East	14298 & 15350	4,180	On Hospital site	125,400	-33.911972	18.612685	WCG
314	Tygerberg Disaster Management Centre	Parow	On hospital site, Fransie van Zyl Avenue, Parow	EMS Disaster Management Centre	Tygerberg	City of Cape Town	Metro East	14298	300	On Hospital site	7,500	-33.911111	18.612222	WCG
315	Tygerberg EMS College	Parow	On hospital site, College Building, Fransie van Zyl Avenue	EMS College	Tygerberg	City of Cape Town	Metro East	14298 & 15350	3,313	On Hospital site	82,825	-33.910245	18.612946	WCG
316	Tygerberg FPL	Parow	On hospital site, Fransie van Zyl Avenue, Parow	Forensic Pathology Laboratory	Tygerberg	City of Cape Town	Metro East	15350	3,231	590,242	80,775	-33.911111	18.612222	WCG
317	Tygerberg Hospital	Parow	Fransie van Zyl Avenue, Parow	Central Hospital	Tygerberg	City of Cape Town	Metro East	14298 & 15350	268,643	590,242	11,014,363	-33.911111	18.612222	WCG
318	Tygerberg Hospital Residential	Parow	On hospital site, Fransie van Zyl Avenue, Parow	Residential Accommodation	Tygerberg	City of Cape Town	Metro East	14298 & 15350	1,000	On Hospital site	25,000	-33.911111	18.612222	WCG
319	Tygerberg Regional Laundry	Parow	On hospital site, Fransie van Zyl Avenue, Parow	Provincial Laundry	Tygerberg	City of Cape Town	Metro East	14298 & 15350	8,477	On Hospital site	211,925	-33.911111	18.612222	WCG
320	Uniondale (Lyonsville) Clinic	Uniondale	Long Street, Uniondale	Clinic	Garden Route	George	Garden Route / Central Karoo	796	465		13,950	-33.662770	23.112780	To be transferred
321	Uniondale Hospital	Uniondale	Hospital Street, Uniondale	District Hospital	Garden Route	George	Garden Route / Central Karoo	1047	1,338	5,950	49,506	-33.659580	23.125440	To be vested
322	Valkenberg Hospital	Observatory	Alexandra Way, Pinelands	Psychiatric Hospital	Western	City of Cape Town	Metro West	26439 & 115697	40,389	448,444	1,655,949	-33.938889	18.482500	WCG
323	Van Rhynsdorp Clinic	Van Rhynsdorp	Buitenkant Street, Van Rhynsdorp	Clinic	West Coast	Matzkaama	West Coast	1314	235	3,181	7,050	-31.598900	18.747700	WCG
324	Van Wyksdorp Satellite Clinic	Van Wyksdorp	Voortrekker Street, Van Wyksdorp	Satellite Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	114	217	1,441	6,495	-33.748860	21.460090	WCG
325	Vanguard CHC	Bonteheuwel	Candlewood Road, Bonteheuwel	CHC	Western	City of Cape Town	Metro West	100010	4,480	22,302	156,800	-33.947890	18.543460	To be transferred from CoCT
326	Veldrif Clinic	Veldrif	1 Noordhoek Street, Veldrif	Clinic	West Coast	Bergriewer	West Coast	452	299	1,494	8,970	-32.773760	18.165520	WCG
327	Victoria Hospital	Wynberg	Alphen Hill Road, Wynberg	District Hospital	Southern	City of Cape Town	Metro West	362, 66052, 55, 67406 & 67388	13,841	43,000	512,117	-34.011890	18.459590	WCG
328	Villiersdorp Clinic	Villiersdorp	Main Road, Villiersdorp	Clinic	Overberg	Theewaterskloof	Winelands / Overberg	2817	1,316	8,060	39,480	-33.993407	19.287053	WCG

Template 2.1.1: Schedule of Accommodation Currently Occupied: State-owned Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT / SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (M²)	LAND EXTENT (M²)	REPLACEMENT COST @ JANUARY 2023 x R1 000	LATITUDE	LONGITUDE	OWNERSHIP STATUS
329	Voorsiekraal Satellite Clinic	Voorsiekraal, Genadendal	Main Street, Voorsiekraal	Satellite Clinic	Overberg	Theewaterskloof	Wineands / Overberg	1319	48	647	1,440	-34.049900	19.538900	WCG
330	Vredenburg Ambulance Station	Vredenburg	Vredenburg Hospital, 123 Voortrekker Street, Vredenburg	EMS	West Coast	Saldanha	West Coast	16632	357	49,899	10,710	-32.913627	17.990788	WCG
331	Vredenburg Clinic	Vredenburg	Waterkant Street, Vredenburg	Clinic	West Coast	Saldanha	West Coast	16256	206	487	6,180	-32.913005	17.990265	WCG
332	Vredenburg FPL	Vredenburg	3 Koster Street, Vredenburg	Forensic Pathology Laboratory	West Coast	Saldanha	West Coast	1213	88	1,179	2,200	-32.90590	17.99802	FGWC
333	Vredenburg Hospital	Vredenburg	Voortrekker Street, Vredenburg	District Hospital	West Coast	Saldanha	West Coast	16632	8,034	49,899	297,258	-32.907130	17.992450	WCG
334	Vredenburg Ambulance Station	Vredendal	On hospital ground, Kooperasie Street, Vredendal	EMS	West Coast	Matzikama	West Coast	507	1,176	On Hospital site	35,280	-31.669850	18.504060	WCG
335	Vredendal FPL	Vredendal	1 River Street, Vredendal	Forensic Pathology Laboratory	West Coast	Matzikama	West Coast	1266	250	800 Part of larger SAPS Site	6,250	-31.661440	18.510550	to be transferred from SAPS
336	Vredendal Hospital	Vredendal	Van Der Stel Street, Vredendal	District Hospital	West Coast	Matzikama	West Coast	507	3,789	70,987	140,193	-31.669420	18.504810	WCG
337	WCCN Boland Overberg Hostel Erika	Worcester	Riebeck Street, Worcester	Nurses residential accommodation	Cape Winelands	Breedse Valley	Wineands / Overberg	1722	2773		69,325	-33.644984	19.453672	WCG
338	WCCN Central Administration	Athlone	Klipfontein Road, Athlone	Nursing College	Klipfontein	City of Cape Town	Metros West		660		16,500	-33.969794	18.554435	WCG
339	WCCN Metro West Campus	Athlone	Klipfontein Road, Athlone	Nursing College	Klipfontein	City of Cape Town	Metro West	101670-71	2,878	219,489	71,950	-33.969794	18.554435	WCG
340	WCCN Southern Cape Karoo Campus	George	Herrie Street, George	Nursing College	Garden Route	George	Garden Route / Central Karoo	19787	2,900	5,332	72,500	-33.953840	22.451570	WCG
341	Wellington CDC	Wellington	Dr Aburaghman Road, Wellington	CDC	Cape Winelands	Drakenstein	Wineands / Overberg	14362	1,450	45,608	49,300	-33.664550	18.995500	WCG
342	Wesflour Ambulance Station	Atlantis	On hospital site, Westflour Circle, Westflour, Atlantis	EMS	Western	City of Cape Town	Metros West	11562	404	11,774	12,120	-33.564443	18.495336	WCG
343	Wesflour Hospital	Atlantis	Westflour Circle, Westflour, Atlantis	District Hospital	Western	City of Cape Town	Metro West	2740	5,643	16,000	208,791	-33.564690	18.494780	WCG
344	Western Cape Rehabilitation Centre	Michell's Plain	On Lentegeur Hospital site, 103 Highlands, AZ Berman Drive, Mitchell's Plain	Rehabilitation Unit	Michell's Plain	City of Cape Town	Metro West	21763	20,659	1,078,481	516,475	-34.024587	18.619600	WCG
345	William Slater Psychiatric OPD	Rondebosch	Milner Road, Rondebosch	Psychiatry Step down	Southern	City of Cape Town	Metro West	44892	1,500	5,433	37,500	-33.960398	18.486068	WCG
346	Windmeul Clinic	Paarl	Plot nr 174, Windmeul, Agter Paarl	Clinic	Cape Winelands	Drakenstein	Wineands / Overberg	Ptn 20 of Farm 174	120	2000 Part of Farm	3,600	-33.670740	18.905550	WCG
347	Wolseley Clinic	Wolseley	Eeufees street, Wolseley	Clinic	Cape Winelands	Witzenberg	Wineands / Overberg	3184	946	5623,1	28,380	-33.413534	19.197116	WCG
348	Worcester Ambulance Station	Worcester	10 Murray Street, Worcester	EMS	Cape Winelands	Breedse Valley	Wineands / Overberg	2645	1,303	3,590	39,090	-33.644235	19.446621	WCG

Template 2.1.1: Schedule of Accommodation Currently Occupied: State-owned Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT / SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (M²)	LAND EXTENT (M²)	REPLACEMENT COST @ JANUARY 2023 x R1 000	LATITUDE	LONGITUDE	OWNERSHIP STATUS
349	Worcester Ambulance Station Workshop	Worcester	94 Durban Street, Worcester	EMS Workshop	Cape Winelands	Breede Valley	Winelands / Overberg	1386	500	1,795	12,500	-33.647797	19.448666	WCG
350	Worcester CDC	Worcester	Sugget Street, Worcester	CDC	Cape Winelands	Breede Valley	Winelands / Overberg	4029	1,500	Part of hospital site	51,000	-33.644790	19.460800	WCG
351	Worcester Disaster Management Centre	Worcester	10 Murray Street, Worcester	EMS Disaster Management Centre	Cape Winelands	Breede Valley	Winelands / Overberg	2645	500	3,590	12,500	-33.644235	19.446621	WCG
352	Worcester FPL	Worcester	On hospital site, C/o Fisher & Sugget Street, Worcester	Forensic Pathology Laboratory	Cape Winelands	Breede Valley	Winelands / Overberg	4029	1,405	57,585	35,125	-33.646555	19.456583	WCG
353	Worcester Hospital	Worcester	Murray Street, Worcester	Regional Hospital	Cape Winelands	Breede Valley	Winelands / Overberg	4, 192, (1688 transferred FET college), 3074, 3076, 3389, 4029	29,464	122,635	1,208,024	-33.644850	19.458310	WCG
354	Worcester Hospital Residential	Worcester	C/O Meiring Street & Sugget Street, Worcester	Residential Accommodation	Cape Winelands	Breede Valley	Winelands / Overberg	4029	3,742	57,585	93,560	-33.645556	19.458058	WCG
355	Worcester HT Maintenance Hub	Worcester	Murray Street, Worcester	Workshop	Cape Winelands	Breede Valley	Winelands / Overberg	4, 192, (1688 transferred FET college), 3074, 3076, 3389, 4029	160	On Hospital site	4,000	-33.644850	19.458310	WCG
356	Zoar Clinic	Oudtshoorn	The Street, Zoar	Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	410	263	587	7,880	-33.494930	21.446130	WCG
357	Zolani Clinic	Ashton	282 Building Road, Ashton	Clinic	Cape Winelands	Langeberg	Winelands / Overberg	1884	383	1080 Part of larger site	11,490	-33.837530	20.086040	WCG
358	Zwaanswyk Engineering Workshop	Retreat	C/o Main & Station Road, Retreat	Workshop	Southern	City of Cape Town	Metro West	83382	2,512	7,139	62,800	-34.060357	18.460861	WCG

Template 2.1.1: Schedule of Accommodation Currently Occupied: State-owned Health Facilities

Template 2.1.2:

Schedule of Accommodation Currently Occupied:

State-owned Office Accommodation

TEMPLATE 2.1.2: SCHEDULE OF ACCOMMODATION CURRENTLY OCCUPIED: STATE-OWNED OFFICE ACCOMMODATION

NO	FACILITY NAME/COMPONENT NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	ERF NO	BUILDING EXTENT (M²)	LAND EXTENT (M²)	OWNERSHIP STATUS
WCGTPW BUDGET RESPONSIBILITY											
1	Cape Medical Depot	Cape Town	Chiappini Street, Cape Town	Office	ECSS	Medicines Management and Laboratory and Blood Services Support	City of Cape Town	564	10,000	Forms part of Alfred Street facility	WCG
2	FPL & EMS Head Office (Tygerberg U2) EMS Northern division ambulance base and EMS Finance, SCM and revenue components	Parow	On hospital site, Fransie van Zyl Avenue, Parow	Office	ECSS	FPL & EMS	City of Cape Town	14298 & 15350	3,256	590,242	WCG
3	Garden Route District Office	George	Sunset Boulevard (York Park Building), St John Street, George	Office	Rural	Garden Route	George	14448, 14450 & 3475	2126	Forms part of York Park office block	WCG
4	Khayelitsha / Eastern Sub-district Office	Khayelitsha	3rd floor, C/o Corner Walter Sisulu & Steve Biko Drive, Khayelitsha	Office	Metro	Khayelitsha, Eastern	City of Cape Town	19176	2,262	On Khayelitsha Hospital ground	WCG
5a	Metro Head Office	Cape Town	4 Dorp Street, Cape Town (Floor 21)	Office	Head Office	Minister	City of Cape Town	3518	12,000	Forms part of 4 Dorp Street Office complex	WCG
5b			4 Dorp Street, Cape Town (Floor 20)	Office	Head Office	HOD office & ECSS office					
5c			4 Dorp Street, Cape Town (Floors 13, 15, 16, 17)		Corporate Support Service	People Management					
5d			4 Dorp Street, Cape Town (Floors 17, 23)		Corporate Support Service	Finance Management					
5e			4 Dorp Street, Cape Town (Floors 21 - CD, 22 - Sourcing)		Corporate Support Service	Supply Change Management					
5f			4 Dorp Street, Cape Town (Floors 10, 14, 18, 24)		Strategy	Strategy					
6a	Metropole Regional Office & Metro Head Office	Belville	Belville Health Park, Karl Bremer Hospital, Mike Piensaar Boulevard, Belville (5th Floor)	Office	EMS	EMS	City of Cape Town	10777		Forms part of Belville Health Park Office Complex	WCG
6b			Belville Health Park, Karl Bremer Hospital, Mike Piensaar Boulevard, Belville (4th Floor, South Block)		ECSS	ECSS HO					
6c			Belville Health Park, Karl Bremer Hospital, Mike Piensaar Boulevard, Belville (3rd Floor)		ECSS & MHS	ECSS, Laboratory and blood services, service priority co-ordination and People Management					
6d			Belville Health Park, Karl Bremer Hospital, Mike Piensaar Boulevard, Belville (2nd Floor, North Block & floor 3)		Metro	People Management & Laboratory services					

Template 2.1.2: Schedule of Accommodation Currently Occupied: State-owned Office Accommodation

NO	FACILITY NAME/COMPONENT NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	ERF NO	BUILDING EXTENT (M ²)	LAND EXTENT (M ²)	OWNERSHIP STATUS
6e			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (1st Floor, South Block)		Metro	MHS & Northern & Tygerberg					
6f			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (2nd Floor, North Block)		Metro	MHS					
6g			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (1st Floor, North Block)		Corporate Support Service	FIM Health Technology, Finance Management & People Management					
7	Old City Hospital Complex	Green Point	Portion of Ground Floor - Block J	Storage space		Services Priorities Coordination					
WCGHW BUDGET RESPONSIBILITY											
1	Cape Agulhas Sub-district Office	Bredasdorp	C/o Van Riebeck & Dorpsig Street, Bredasdorp	Sub-district Office	Rural	Overberg	Cape Agulhas	1393	100	On Otto du Plessis Hospital ground	WCG
2	Cape Winelands District Office	Worcester	Brewelskloof Hospital, Haarlam Street, Worcester	Office	Rural	Cape Winelands	Breede Valley	4771	2,198	174,347	WCG
3	Cederberg Sub-district Office	Clanwilliam	Clanwilliam Hospital, Old Cape Road, Clanwilliam	Office	Rural	West Coast	West Coast	473	114	365,356	WCG
4	Central Karoo District Office	Beaufort West	On hospital ground, 99 Voortrekker Road, Beaufort West	Office	Rural	Central Karoo	Beaufort West	3	500	On Beaufort Hospital ground	WCG
5	Drakenstein Sub-district Office	Paarl	Rosary Street & Broadway (on premises of TC Newman), Paarl	Office	Rural	Cape Winelands	Drakenstein	10,875	467	On TC Newman CDC ground	WCG
6	EMS People Management Satellite Office	Belville	Karl Bremer Hospital, Mike Pienaar Boulevard, Belville	Offices	ECCS	EMS	City of Cape Town	10777	1033	19200	WCG
7	FIM - Facilities Management	Belville	IM4 Building, C/o Mike Pienaar Boulevard & Frans Conrade Drive, Belville	Offices	FIM	FIM Facilities Management	City of Cape Town	10777		On Karl Bremer Hospital site	WCG
8	FPL offices of IMCT & Inspector	Parow	Protea Nurses Home, On hospital ground, Fransie van Zyl Avenue, Parow	Offices	ECCS	FPL	City of Cape Town	14298 & 15350	100	In Protea Court, North East Block, Tygerberg Hospital	WCG
9	Klipfontein / Mitchells Plain Sub-district Office	Mitchells Plain	Lentegeur Hospital (old staff rest area), Highlands Drive, Mitchells Plain	Office	Metro	Klipfontein, Mitchells Plain	City of Cape Town	21763	1,217	1,076,481	WCG
10	Metro Sub-district Office - Communications	Belville	Karl Bremer Hospital, Mike Pienaar Boulevard, Belville	Office	Head Office	Communication	City of Cape Town	10777		Karl Bremer prefab	WCG
11a	Metro Head Office Satellite	Silkland	De La Haye Road, Silkland	Office	Metro HO	Finance Management and People Management	City of Cape Town	6300	2,417	1,411,143	WCG
11b	Metro Head Office Satellite	Cape Town	Groote Schuur Hospital	Office	Metro HO	IM	City of Cape Town				
12	Metropole Training Office	Plumstead	Lady Michaelis CDC, C/o Burnham & Gabriel Road, Plumstead	Office	Corporate Support Service	People Management	City of Cape Town	70422	583	On Lady Michaelis CDC ground	WCG
13	Oudtshoorn Sub-district Office	Oudtshoorn	Park Road, Oudtshoorn	Sub-district Office	Rural	Garden Route	Oudtshoorn	216-17, 2964 & 3225	100	On Oudtshoorn Hospital site	WCG

Template 2.1.2: Schedule of Accommodation Currently Occupied: State-owned Office Accommodation

NO	FACILITY NAME/COMPONENT NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	ERF NO	BUILDING EXTENT (M ²)	LAND EXTENT (M ²)	OWNERSHIP STATUS
14	Overberg District Office	Caledon	Caledon Hospital site, N2, Caledon	Office	Rural	Overberg	Theewaterskloof	1085	742	90,225	WCG
15	Overstrand Sub-district Office	Hermanus	Hospital Street, Hermanus	Office	Rural	Overberg	Overstrand	5393	500	On Hermanus Hospital ground	WCG
16	Southern Sub-district Office	Plumstead	Lady Michaelis CDC, C/o Burnham & Gabriel Road, Plumstead	Office	Metro	Southern	City of Cape Town	70422 & 70634	100	32,172	WCG
17	Southern / Western Sub-district Office	Retreat	DP Marais Hospital, Nurses Home Building, Main Road, Retreat	Office	Metro	Southern, Western	City of Cape Town	84010 & 83357	1,099	57,821	WCG
18	Stellenbosch Sub-district Office	Stellenbosch	Stellenbosch Hospital Nurses Home, Merriman Avenue, Stellenbosch	Office	Rural	Cape Winelands	Stellenbosch	6095 & 909	925	25,056	WCG
19	Swartland Sub-district Offices	Malmesbury	Boskliek Building, Rog Street, Wesbank, Malmesbury	Office	Rural	West Coast	Swartland	11223	243	2,783	WCG
20	Theewaterskloof Sub-district Office	Caledon	Caledon Hospital site, N2, Caledon	Office	Rural	Overberg	Theewaterskloof	1085	300	90,225	WCG
21	WCCN Offices	Sikiland	Building A, Sikiland Nurses Home, Old Paarl Road, Sikiland	Office	Corporate Support Service	WCCN	City of Cape Town	6300	1,295	Part of Nurses Home complex	WCG
22	West Coast District Office	Malmesbury	Swartland Hospital, PG Nelson Street, Malmesbury	Office	Rural	West Coast	Swartland	5058	1,101	76,137	WCG
23	Witzenberg Sub-district Office	Ceres	Ceres Hospital Nurses Home, Theron Street, Ceres	Office	Rural	Cape Winelands	Witzenberg	2589	203	131,200	WCG

Template 2.1.2: Schedule of Accommodation Currently Occupied: State-owned Office Accommodation

Template 2.2.1:

Schedule of Accommodation Currently Occupied: Leased Health Facilities

TEMPLATE 2.2.1: SCHEDULE OF ACCOMMODATION CURRENTLY OCCUPIED: LEASED HEALTH FACILITIES

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER	LEASE STATUS
1	Bellville RHC	Bellville	Tygerberg Centre, Voorrekker Road, Bellville	Reproductive Health Centre	Tygerberg	City of Cape Town	Metro East	10894	235	7,050	-33.901365	18.625232	M. Friedman - Private Owner	Lease in place
2	Bereaville Satellite Clinic	Bereaville	Long Street, Bereaville	Satellite Clinic	Overberg	Theewaterskloof	Winelands / Overberg	1366	167	5,010	-34.04653	19.51855	Theewaterskloof	Lease to be finalised
3	Betty's Bay Satellite Clinic	Betty's Bay	Community Hall, Clarence Drive, Betty's Bay	Satellite Clinic	Overberg	Overstrand	Winelands / Overberg	2649	74	2,220	-34.35479	18.88055	Overstrand Municipality	Lease to be finalised
4	Bitterfontein Ambulance Station	Bitterfontein	Kok Street, 327, Bitterfontein	EMS	West Coast	Matzikama	West Coast	327	165	4,950	-31.03749	18.26555	West Coast Municipality	Lease to be finalised
5	Bitterfontein Satellite Clinic	Bitterfontein	69 Main Road, Bitterfontein	Satellite Clinic	West Coast	Matzikama	West Coast	334	87	2,610	-31.03734	18.26751	West Coast Municipality	Lease in place
6	Brackenage Intermediate Care	Brackenfel	5 Rubicon Blvd, Brackenage II, Brackenfel South	COVID-19 Temporary Intermediate Care Hospital	Tygerberg	City of Cape Town	Metro East	25702	5,412	162,360	-33.90301	18.67762	BIDVEST Properties (Pty) Ltd, Edeline Properties Ltd, & VDMV Brackenage2 (Pty) Ltd joint ownership	Lease in place
7	Brandwacht Satellite Clinic	Brandwacht	Adam Street, Brandwacht	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	156	191	5,730	-34.05156	22.05444	Perfect Apostolic CP	Lease to be finalised
8	Breerivier Clinic	Ceres	Waboomsvier Road, Breerivier	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	208	234	7,020	-33.52862	19.20842	Waboom Koop Winery	Lease to be finalised
9	Cape Town RHC	Cape Town	Golden Acre Building, Cape Town	Reproductive Health Centre	Western	City of Cape Town	Metro West	10746	191	5,730	-33.92247	18.42334	JHI - Private Owner	Lease in place
10	Ceres Clinic	Ceres	Lyell Street, Ceres	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	5049	293	8,790	-33.37681	19.31238	Ceres Municipality	Lease to be finalised
11	Darling Ambulance Station	Darling	Kerk Street, Darling	EMS	West Coast	Swartland	West Coast		234	7,020	-33.37119	18.38467	Municipality	Lease in place
12	De Wet Satellite Clinic	Nuy	PO Box 91, Worcester	Satellite Clinic	Cape Winelands	Breede Valley	Winelands / Overberg	319	100	3,000	-33.60516	19.51498	JT De Wet - Private Owner	Lease to be finalised
13	Diazville Temporary Clinic	Saldanha	Good Hope Street, Diazville	Clinic	West Coast	Saldanha	West Coast	Portion of Farm 285, Portion 10	395	11,850	-33.00765	17.92214	Saldanha Bay Municipality	Not on IAM leased list - IAM to add.
14	Dirkie Uys Street Satellite Clinic	Franschhoek	Dirkie Uys Street, Franschhoek	Satellite Clinic	Cape Winelands	Stellenbosch	Winelands / Overberg		100	3,000	-33.91001	19.11996	Stellenbosch Municipality	Lease to be finalised
15	Don and Pat Bliton Clinic	Jamestown	Pajero Street, Jamestown, Stellenbosch	Clinic	Cape Winelands	Stellenbosch	Winelands / Overberg	439	150	4,500	-33.97953	18.84908	Stellenbosch Municipality	Lease to be finalised

Template 2.2.1: Schedule of Accommodation Currently Occupied: Leased Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2023 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER	LEASE STATUS
16	Ebenhaezer Satellite Clinic	Ebenhaezer	118 New Station, Ebenhaezer	Satellite Clinic	West Coast	Matzkiama	West Coast	118	142	4,260	-31.58483	18.24183	Human Settlements	Lease to be finalised
17	Eendekuil Satellite Clinic	Eendekuil	Main Road, Eendekuil	Satellite Clinic	West Coast	Bergriver	West Coast	65	147	4,410	-32.68981	18.88172	Bergriver Municipality	Lease to be finalised
18	Elim Satellite Clinic	Elim	Die Werf, Elim, Bredasdorp	Satellite Clinic	Overberg	Cape Agulhas	Winnelands / Overberg	237	150	4,500	-34.59183	19.76019	Moravian Church	Lease in place
19	Eden EMS Communication centre	George	Wilfontein Street, George	EMS Communication centre	Garden Route	George	Garden Route / Central Karoo	2219	40	1,200	-33.964519	22.452721	Garden Route District Municipality	Not on IAM leased list - IAM to add.
20	George Road Satellite Clinic	Mossel Bay	George Road, Mossel Bay	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	2819	150	4,500	-34.18022	22.13906	Mossel Bay Municipality	No regularisation of lease required.
21	Goedverwacht Satellite Clinic	Piketberg	Church Street, Goedverwacht	Satellite Clinic	West Coast	Bergriver	West Coast	76	76	2,280	-32.86514	18.69847	Moravian Church	Lease in place
22	Grabouw Ambulance Station	Grabouw	Ou Kaapse Weg, Grabouw	EMS	Overberg	Theewaterskloof	Winnelands / Overberg	1014	200	6,000			Theewaterskloof	Lease in place
23	Gugulethu CHC Parking	Gugulethu	Gugulethu Clinic, NY1 & Steve Biko Road, Gugulethu	Parking	Kliffontein	City of Cape Town	Metro West	5534	200	6,000	-33.98739	18.56591	City of Cape Town	Lease in place
24	Gustrouw CDC	Strand	Hassan Khan Avenue, Rusthof, Strand	CDC	Eastern	City of Cape Town	Metro East	13468	1,064	36,176	-34.13484	18.85196	City of Cape Town	Lease to be finalised
25	Hanover Park CHC	Hanover Park	C/o Surran & Hanover Park Avenue, Hanover Park	CHC	Kliffontein	City of Cape Town	Metro West	140,369	2,917	102,095	-33.993570	18.52804	City of Cape Town	Lease to be finalised
26	Herold Satellite Clinic	George	Du Toit Farm, Herolds Bay, George	Satellite Clinic	Garden Route	George	Garden Route / Central Karoo	Farm 98 Ptn 1	128	3,840	-33.84049	22.44402	Du ToitBroers Boedery Trust	Lease to be finalised
27	Hope Street Oral Health Service	Cape Town	8 Hope Street, Gardens, Cape Town	Dental Centre	Western	City of Cape Town	Metro West	95583	604	18,120	-33.93083	18.41833	Trust	Lease in place
28	Hout Bay Harbour CDC	Hout Bay	Karbonkel Road, Hout Bay	Wellness Centre	Southern	City of Cape Town	Metro West	1477	535	16,050	-34.05418	18.34103	City of Cape Town	To be transferred from CoCT
29	Hout Bay Victoria Avenue CDC	Hout Bay	30 Victoria Avenue, Hout Bay	CDC	Southern	City of Cape Town	Metro West	8780	345	11,730	-34.04128	18.35070	LGMD Trust	Lease in place
30	Karara Satellite Clinic	Knysna	Church Street, Karara, Knysna	Satellite Clinic	Garden Route	Knysna	Garden Route / Central Karoo	115	218	6,540	-33.91709	22.83689	Municipality	Lease to be finalised
31	Kensington CDC	Kensington	85 Sixth Avenue, Kensington	CDC	Western	City of Cape Town	Metro West	21773	890	30,260	-33.911300	18.504010	City of Cape Town	Lease to be finalised
32	Kaurhoek Satellite Clinic	Rheentendal	44 Watson Street, Rheentendal	Satellite Clinic	Garden Route	Knysna	Garden Route / Central Karoo	44	253	7,590	-33.94517	22.93596	Municipality	Lease to be finalised
33	Kleinvlei CDC	Blackheath	C/o Albert Philander & Meikbos Street, Kleinvlei	CDC	Eastern	City of Cape Town	Metro East	2084	1,248	42,432	-33.987220	18.717870	City of Cape Town	Lease to be finalised

Template 2.2.1: Schedule of Accommodation Currently Occupied: Leased Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2023 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER	LEASE STATUS
34	Kliprand Satellite Clinic	Kliprand	Wijgerboom Street, Kliprand	Satellite Clinic	West Coast	Matzkiama	West Coast	51	27	810	-30.56970	18.68565	West Coast Municipality	Lease in place
35	Knysna FPL	Knysna	11 Main Road, Knysna	Forensic Pathology Laboratory	Garden Route	Knysna	Garden Route / Central Karoo	8335	300	9,000	-34.03599	23.04985	SAPS	No regularisation of lease required.
36	Laingsburg Ambulance Station	Laingsburg	2 Van Riebeeck Street, Laingsburg	EMS	Central Karoo	Laingsburg	Garden Route / Central Karoo	1884	52	1,560	-33.19386	20.86870	Laingsburg Municipality	Lease in place
37	Laingsburg FPL	Laingsburg	Station Road, Laingsburg	Forensic Pathology Laboratory	Central Karoo	Laingsburg	Garden Route / Central Karoo	54	206	6,180	-33.20794	20.85907	SAPS	Lease to be finalised
38	Langeberg Sub-district Oral Health Service	Robertson	Dirkie Uys Street, Robertson	Dental Centre	Cape Winelands	Langeberg	Winelands / Overberg	1348	160	4,800	-33.81037	19.88341	Breerivier Regional Services Council	Lease to be finalised
39	Lawaalkamp Clinic	George	C/o Stanford & Mangaliso Street, Lawaalkamp	Clinic	Garden Route	George	Garden Route / Central Karoo	16,024	411	12,330	-33.991800	22.47371	Municipality	No regularisation of lease required.
40	Lentegeur Oral Health Service	Mitchell's Plain	Merrydale & Meikbos Street, Lentegeur	Dental Clinic	Mitchell's Plain	City of Cape Town	Metro West		100	3,000	-34.03389	18.60000	City of Cape Town	Lease to be finalised
41	Maitland Oral Health Service	Maitland	3 Norfolk Road, Maitland	Dental Clinic	Western	City of Cape Town	Metro West	23685	96	2,880	-33.92194	18.48917	City of Cape Town	Lease to be finalised
42	Majiesfontein Satellite Clinic	Majiesfontein	Elksa Gebou, Wollie Bronkhorst Street, Laingsburg	Satellite Clinic	Central Karoo	Laingsburg	Garden Route / Central Karoo	19	50	1,500	-33.23427	20.58444	Laingsburg Municipality	Lease in place
43	Mfuleni CDC Temporary	Mfuleni	Church Street, Mfuleni	CDC	Eastern	City of Cape Town	Metro East	392	1,037	35,258	-34.00526	18.68146	City of Cape Town	Lease in place
44	Mitchell's Plain Oral Health Centre	Mitchell's Plain	Mitchell's Plain Campus, Kaitdoing Street, Mitchell's Plain	Dental Centre	Mitchell's Plain	City of Cape Town	Metro West	4852	4,862	145,860	-34.04954	18.62318	University of Western Cape - Private Owner	Lease in place
45	Moorreesburg Ambulance Station Control Centre	Moorreesburg	17 Station Road, Moorreesburg	EMS Control Centre	West Coast	Swartland	West Coast	641	250	7,500	-33.15332	18.68845	West Coast Municipality	Lease in place
46	Mossel Bay FPL	Mossel Bay	2C George Road, Mossel Bay	Forensic Pathology Laboratory	Garden Route	Mossel Bay	Garden Route / Central Karoo		243	7,290	-34.17959	22.13745	SAPS	Lease to be finalised
47	Nuwerus Satellite Clinic	Nuwerus	Kokerboom Street, Nuwerus	Satellite Clinic	West Coast	Matzkiama	West Coast	47	79	2,370	-31.14818	18.35760	West Coast District Municipality	Lease in place
48	Oudtshoorn FPL	Oudtshoorn	36 Baron van Rheeede Road, Oudtshoorn	Forensic Pathology Laboratory	Garden Route	Oudtshoorn	Garden Route / Central Karoo		300	9,000	-33.58897	22.20313	SAPS	Lease to be finalised
49	Oudtshoorn Oral Health Service	Oudtshoorn	Seppie Greeff Building, Voorrekkers Road, Oudtshoorn	Dental Clinic	Garden Route	Oudtshoorn	Garden Route / Central Karoo	1581	153	4,590	-33.58897	22.20313	Seppie Greeff	Not on IAM leased list - IAM to add.
50	Parow CDC	Parow	Smith & Voorrekkers Road, Parow	CDC	Tygerberg	City of Cape Town	Metro East	7352 & 7354	1,215	41,310	-33.90518	18.58684	City of Cape Town	To be leased

Template 2.2.1: Schedule of Accommodation Currently Occupied: Leased Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER	LEASE STATUS
51	Paternoster Satellite Clinic	Paternoster	62 St Augustine's Road, Paternoster	Satellite Clinic	West Coast	Saldanha	West Coast	1188	140	4,200	-32.809650	17.889970	Saldanha Bay Municipality	Lease in place. Currently in process of subdivision and transfer.
52	Pearly Beach Satellite Clinic	Pearly Beach	Main Street, Pearly Beach	Satellite Clinic	Overberg	Overstrand	Winelands / Overberg	1958	175	5,250	-34.65352	19.48712	Overstrand Municipality	Lease to be finalised
53	Revensmead CDC	Parow	Florida Street, Ravensmead	CDC	Tygerberg	City of Cape Town	Metro East	796	1,128	38,352	-33.92534	18.59743	To be leased as part of 9 priority sites	No regularisation of lease required.
54	Redelinghuys Satellite Clinic	Redelinghuys	Voortrekker Street, Redelinghuys	Satellite Clinic	West Coast	Bergriver	West Coast	414	83	2,490	-32.47712	18.53707	JA Veshini and SM Joubert	Lease to be finalised
55	Riebeek Kasteel Clinic	Riebeek Kasteel	22 Angelier Street, Riebeek-Kasteel (Esterhof Building)	Clinic	West Coast	Swartland	West Coast	414	194	5,820	-33.38393	18.91969	VGK Riebeek Kasteel - Private Owner	Lease in place
56	Sandhills Clinic	De Doorns	Waler Affairs, Sandhills, de Doorns	Clinic	Cape Winelands	Breede Valley	Winelands / Overberg	534	122	3,660	-33.51765	19.56866	Unregistered	Lease to be finalised
57	Saron Clinic	Saron	Main Road, Saron	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	534	552	16,560	-33.183870	19.007610	Private - Verenite Evangeliese Mission-Drei Erdtelein.	Lease to be finalised
58	Silvertown Oral Health Service	Athlone	Petunia Street, Silvertown	Dental Centre	Kliffontein	City of Cape Town	Metro West		100	3,000	-33.96639	18.53472	City of Cape Town	No regularisation of lease required.
59	Stofkraal Satellite Clinic	Stofkraal	Centre of town, Stofkraal	Satellite Clinic	West Coast	Matzikama	West Coast	8480	80	2,400	-30.71863	18.38124	Unknown	Lease to be finalised
60	Strand CDC	Strand	Cortlanet Place, 37 Main Road, Strand	CDC	Eastern	City of Cape Town	Metro East	8480	572	19,448	-34.11703	18.83002	Heiderikom Properties - Private Owner	Lease in place
61	Tesselaarsdal Satellite Clinic	Tesselaarsdal	Church Street, Tesselaarsdal	Satellite Clinic	Overberg	Theewaterskloof	Winelands / Overberg	Portion 272 of Farm 8 11	12	360	-34.37561	19.52585	Municipality	Lease to be finalised
62	Touwsranteen Clinic	George	Bester Street, Touwsranteen	Clinic	Garden Route	George	Garden Route / Central Karoo	499	239	7,170	-33.95280	22.62070	Municipality	No regularisation of lease required.
63	Tygerberg Oral Health Centre	Parow	Fransie van Zyl, Parow	Dental Centre	Tygerberg	City of Cape Town	Metro East		2,026	60,780	-33.90968	18.61202	University of the Western Cape	Lease in place
64	Villiersdorp Ambulance Station	Villiersdorp	Victoria Street, Villiersdorp	EMS	Overberg	Theewaterskloof	Winelands / Overberg	1794	197	5,910	-33.98253	19.28764	TKW Municipality	Lease in place
65	Vredendal Central Clinic	Vredendal	School Street, Vredendal	Clinic	West Coast	Matzikama	West Coast	203	374	11,220	-31.66484	18.50404	Matzikama Municipality	Lease in place

Template 2.2.1: Schedule of Accommodation Currently Occupied: Leased Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2023 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER	LEASE STATUS
66	Vredendal North Clinic	Vredendal	Hoërskoolweg, Vredendal North	Clinic	West Coast	Matzikama	West Coast	1303	437	13,110	-31.64426	18.52782	Matzikama Municipality	Lease in place
67	Waerhuiskrans Satellite Clinic	Arniston	Kamp Street, Waerhuiskrans	Satellite Clinic	Overberg	Cape Agulhas	Wineklans / Overberg	374	68	2,040	-34.66232	20.22873	Cape Agulhas Municipality	Lease to be finalised
68	WCCN Boland Overberg Campus	Worcester	Rainier Street, Worcester	Nursing College	Cape Winelands	Breede Valley	Wineklans / Overberg	11810	811	24,330	-33.65361	19.43795	Boland College - Private Owner	Lease in place
69	WCCN George Campus	George	Blanco Lodge 1, 3 Maitland street, Blanco	Student Nurse Accommodation	Garden Route	George	Garden Route / Central Karoo	3	1,520	45,600	-33.944	22.40800	Constantyn van Wyk	Lease to be finalised
70	WCCN George Campus	George	Blanco Lodge 2, Three Chameleons Farm, R404 Airport Road, George	Student Nurse Accommodation	Garden Route	George	Garden Route / Central Karoo	113/209	560	16,800	-33.976	22.38700	Constantyn van Wyk	Lease to be finalised
71	WCCN George Campus	George	Herolds Bay Holiday Apartments, Herolds Bay Heights, Extension 1, 158 Slaapplek Street, Herolds Bay	Student Nurse Accommodation	Garden Route	George	Garden Route / Central Karoo	158	920	27,600	-34.052	22.395	Constantyn van Wyk	Lease to be finalised
72	Westridge Oral Health Service	Mitchell's Plain	C/o Westpoort & De Duines Drive, Westridge	Dental Clinic	Mitchell's Plain	City of Cape Town	Metro West		50	1,500	-34.05167	18.60389	City of Cape Town	Lease to be finalised
73	Wittedrif Satellite Clinic	Wittedrif	Rotterdam Road, Green Valley, Wittedrif	Satellite Clinic	Garden Route	Bitou	Garden Route / Central Karoo	306 portion 43	203	6,090	-34.01118	23.32834	Bitou Municipality	Lease to be finalised
74	Witewater Satellite Clinic	Witewater	Church Street, Witewater	Satellite Clinic	West Coast	Bergvliet	West Coast	1	59	1,770	-32.91669	18.70549	Moravian Church	Lease in place
75	Wupperthal Clinic	Wupperthal	Die Werf, Wupperthal	Clinic	West Coast	Cederberg	West Coast	1	72	2,160	-32.27655	19.21525	Moravian Church	Lease in place
76	Yzerfontein Satellite Clinic	Yzerfontein	Bulekant Street, Yzerfontein	Satellite Clinic	West Coast	Swartland	West Coast	208	47	1,410	-33.34668	18.15681	Swartland Municipality	Lease in place

Template 2.2.1: Schedule of Accommodation Currently Occupied: Leased Health Facilities

Template 2.2.2:

**Schedule of Accommodation Currently Occupied:
Leased Office Accommodation**

TEMPLATE 2.2.2: SCHEDULE OF ACCOMMODATION CURRENTLY OCCUPIED: LEASED OFFICE ACCOMMODATION

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	LEASE STATUS
FACILITIES								
1	Bergriver Sub-district Office	Pletberg	Montana Building, Pletberg	Offices		West Coast	Bergriver	Lease in place
2a	Head Office Leased Office	Cape Town	The Box, 9 Lower Burg Street, Cape Town, floor 21	Offices	Corporate Support Service	FIM	City of Cape Town	Lease in place
3	Matzikama Sub-district Office	Vredendal	Karin Building, Voortrekker Road, Vredendal	Offices		West Coast	Matzikama	Lease in place
REPEATER STATIONS								
1	Buffelshoek Repeater Station	Worcester	Farm Kanatvlei No. 80	Repeater Station		Cape Winelands	Bree Valley	Lease in place
2	Waboomsberg Repeater Station	Ceres	Farm Merino,	Repeater Station		Cape Winelands	Witzenberg	Lease in place
3	Boskloof Repeater Station	Caledon	Farm Boskloof 614, near Akkedisberg	Repeater Station		Overberg	Threewaterskloof	Lease in place
4	Soetmuisberg Repeater Station	Bredasdorp	Groenfontein	Repeater Station		Overberg	Cape Agulhas	Lease in place
5	Roeliesberg Repeater Station - Riversdale	Riversdale	Roeliesberg, Riversdale	Repeater Station		Garden Route	Hessequa	Lease in place
6	Roeliesberg Repeater Station - Riversdale	Riversdale	Roeliesberg, Riversdale	Repeater Station		Garden Route	Hessequa	Lease in place
7	Spitskop Repeater Station - Knysna	Knysna	Spitskop, Knysna	Repeater Station		Garden Route	Knysna	Lease in place
8	Sentec Repeater sites (8 sites)		Western Cape (Beaufort West, George, Knysna, Matjiesfontein, Napier, Oudtshoorn, Riversdale and Van Rhynsdorp	Repeater Station		Central Karoo Garden Route Overberg West Coast		Lease in place
9	Sentec Repeater sites (4 sites)		Western Cape (Beaufort West, George, Oudtshoorn and Van Rhynsdorp	Repeater Station		Central Karoo Garden Route West Coast		Lease in place
10	Du Toit's Peak Repeater Station		Du Toit's Peak Mountain, Worcester	Repeater Station		Cape Winelands	Bree Valley	Lease in place
11	Morning Star Repeater Station - Heidelberg	Heidelberg	Morning, Heidelberg	Repeater Station		Garden Route	Hessequa	Lease in place

Template 2.2.2: Schedule of Accommodation Currently Occupied: Leased Office Accommodation

Templates 3.1.1 & 4.1.1:

Schedule of Functional Performance / Utilisation Improvement Plan /

High Level Life Cycle Analysis: State-owned Health Facilities

TEMPLATES 3.1.1 & 4.1.1: SCHEDULE OF FUNCTIONAL PERFORMANCE / UTILISATION IMPROVEMENT PLAN / HIGH LEVEL LIFE CYCLE ANALYSIS – STATE OWNED HEALTH FACILITIES

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION	NO OF ACTUAL BEDS (AS AT January 2023)	AVERAGE BED OCCUPANCY RATE (Jan 2022 till Dec 2022)	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M ² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	APPROXIMATE SIZE REQUIRED	FINAL ANALYSIS	ENGINEERING TO MAINTAIN	
1	Aan Het Pad Clinic	Stellenbosch	Clinic	Cape Wineands	1,027	30,810	1,849	P3	C2	A3	B	3	B3	Low	Neutral	Relinquish			2,1467	21	12,719	82.2	1,169	12,222	570	To be consolidated with Clotestville CDC. Investigate usage by NGO. Note low utilisation per square meter. Discussions with Service on feasibility to have 2 facilities within 1 km radius.	NO
2	Abbotsdale Satellite Clinic	Abbotsdale	Satellite Clinic	West Coast	200	6,000	60	P2	C5	A5	A	1	A1	Low	Neutral	Maintain			7,228	36	3,692	85.3	1,201	3,782		Completed in 2020.	YES
3	Alan Blyth Hospital	Ladismith	District Hospital	Garden Route	2,077	76,849	768	P5	C4	A3	B	2	B2	Medium	Neutral	Maintain	30	66%	10,655				0		Dental and X-Ray to remain on site. Ex NHI maintenance project in 2023/24.	NO	
4	Alan Blyth Hospital Nurses Home	Ladismith	Nurses residential accommodation	Garden Route	400	10,000	370	P3	C3	A5	A	2	A2	Medium	Neutral	Maintain							0				YES
5	Albertinia Clinic	Albertinia	Clinic	Garden Route	574	17,220	637	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain			24,166	42	8,961	87.8	1,114	8,765	450	NHI work in 2023/24	NO
6	Alexandra Hospital	Maitland	Psychiatric Hospital	Western	35,224	1,444,184	53,435	P5	C3	A4	A	3	A3	Medium	Excess	Maintain	300	77%	85,814				0		Mostert's Mill discussions ongoing. Wards 17 & 18 to be used as office accommodation.	NO	

Templates 3.1.1 & 4.1.1: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: State-owned Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	Public Works FCA 2019/20	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION	NO OF ACTUAL BEDS (AS AT January 2023)	AVERAGE BED OCCUPANCY RATE (Jan 2022 till Dec 2022)	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M ² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT	GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	APPROXIMATE SIZE REQUIRED	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
7	Alma CDC	Mossel Bay	CDC	Garden Route	1,621	55,114	2,039	P3	C3	C3	A4	A	2	A2	Low	Neutral	Replace			49,042	30	18,905	84.3	1,240	19,762	1,500	To be replaced in future, on same site or possible site across Louis Fourie, due to it being an alternatively constructed building. Dental Unit added in 2017 by Petro SA and minor NHI upgrade.	NO
8	Amalienslein Clinic Zoar		Clinic	Garden Route	146	4,380	162	P3	C3	C3	A3	B	2	B2	High	Neutral	Maintain			12,980	89	3,449	92.3	1,047	3,333	150	Pretab added in 2018 and upgrade in 2023/24 designed by NHI (tender and construction by WCC). Zoar Clinic to be used for possible alternative dispensing.	YES
9	Asla Clinic	Mossel Bay	Clinic	Garden Route	850	25,500	255	P3	C5	C5	A5	A	1	A1	Medium	Neutral	Maintain			41,251	49	10,000	84.3	1,240	10,453		Completed in 2019.	NO
10	Aurora Satellite Clinic	Aurora	Satellite Clinic	West Coast	170	5,100	189	P2	C3	C3	A4	A	1	A1	Low	Neutral	Maintain			1,436	8	3,041	86.8	1,243	3,286	150		YES
11	Avian Park Clinic	Worcester	Clinic	Cape Winelands	957	28,710	287	P3	C5	C5	A5	A	1	A1	Low	Excess	Maintain			13,509	14	18,000	87.3	1,157	18,181	900	New facility (which includes consolidation with previously rented Somerset Street Satellite Clinic) commissioned in 2022.	NO
12	Barrydale Ambulance Station	Barrydale	EMS	Overberg	100	3,000	111	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0	0	Combined facility with clinic.	YES
13	Barrydale Clinic	Barrydale	Clinic	Overberg	380	11,400	114	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain			17,647	46	6,577	87.5	1,175	6,762	450	Combined facility with EMS.	YES
14	Beaufort West Admin Offices	Beaufort West	Sub-district Office	Central Karoo	1,140	28,500	1,055	P3	C3	C3	A4	A	2	A2	Medium	Shortage	Maintain								0	0	Sub-district offices and Hospital admin situated on hospital premises. NHI lab in ex-nurses home building.	NO

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION	NO OF ACTUAL BEDS (AS AT January 2023)	AVERAGE BED OCCUPANCY RATE (Jan 2022 till Dec 2022)	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M ² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT	GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	APPROXIMATE SIZE REQUIRED	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
15	Beaufort West Ambulance Station and EMS Communication Centre	Beaufort West	EMS	Central Karoo	750	22,500	225	P3	C4	A4	A	A	A1	Medium	Neutral	Maintain								0		Part of shared services centre. Some maintenance by WCGTPW: General Infrastructure.	NO
16	Beaufort West CDC	Beaufort West	CDC	Central Karoo	862	29,308	1,084	P3	C3	A4	A	A	A2	Low	Neutral	Maintain			32,612	38	11,037	90.6	1,002	10,020	900	Sufficient facilities, (4)	NO
17	Beaufort West FPL	Beaufort West	Forensic Pathology Laboratory	Central Karoo	681	17,025	630	P4	C3	A5	A	A	A2	Low	Neutral	Maintain								0		Follow up on project request.	NO
18	Beaufort West Hospital	Beaufort West	District Hospital	Central Karoo	5,456	201,872	2,019	P5	C4	A4	A	A	A2	Extensive	Neutral	Upgrade & additions	57	92%	25,870					0		Rationalisation to take place. Brief issued in 2018. Clinical areas to be prioritised.	NO
19	Bela Vista Clinic	Ceres	Clinic	Cape Winelands	356	10,680	641	P3	C2	A3	B	B	B3	High	Neutral	Maintain			30,248	85	18,985	89.5	1,269	21,553	900	Light weight structure added to relief burden of high use. This to be monitored to see if U & A required for future. Maintenance project to address flow of clinic. On project list for MIEF.	YES
20	Belville Engineering Workshop	Belville	Workshop	Tygerberg	2,400	60,000	2,220	P2	C3	A4	A	A	A1	High	Shortage	Upgrade & additions								0		Prefab where CBPW staff is must be demolished after staff have been relocated and store room constructed.	NO
21	Belville South CDC	Belville	CDC	Tygerberg	750	25,500	944	P3	C3	A4	A	A	A2	High	Neutral	Upgrade & additions			56,979	76				0		to be investigated if U & A or R, R and P. Being transferred as part of 10plus.	NO
22	Bergsig Clinic	Robertson	Clinic	Cape Winelands	401	12,030	120	P3	C4	A4	A	A	A1	High	Shortage	Replace			33,596	84	6,593	89.4	1,145	6,749	950	New CDC required for Robertson. Short term extensions / prefab/donation.	YES

Templates 3.1.1 & 4.1.1: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: State-owned Health Facilities

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23	Bishop Lavis CDC	Bishop Lavis	CDC	Tygerberg	4,209	143,106	5,295	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain	11		128,420	33			0	4,000	MOU beds to move to Elsies River CHC in future - date still to be confirmed by Service.	NO		
24	Blanco Clinic	George	Clinic	Garden Route	293	8,780	325	P3	C3	C3	A4	A	2	A2	High	Shortage	Upgrade & additions		20,508		70	8,465	84.4	1,206	8,616	619	NHI project and extensions in 2023/24. Update area in 2023. Adjacent municipal erf 46 possibly to be included in landswop.	YES	
25	Bongolethu Clinic	Outshoorn	Clinic	Garden Route	710	21,300	213	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain		38,209		54	17,899	88.3	1,000	15,805	619	NHI project in 2019.	NO	
26	Bonnievale Ambulance Station	Bonnievale	EMS	Cape Winelands	165	4,950	50	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain								0	Washbay added and maintenance in 2019/20. Area updated and station compliant.	YES		
27	Bothasig CDC	Bothasig	CDC	Northern	800	27,200	1,006	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Upgrade & additions		43,107		54				0	1,200	U & A in MTEF. Transfer of property from CoCT in progress.	NO	
28	Bothriver Ambulance Station	Bothriver	EMS	Overberg	528	15,840	158	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain							0	0	R, R & R completed in 2016. Area to be confirmed.	NO		
29	Bothriver Clinic	Bothriver	Clinic	Overberg	528	15,840	586	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain		18,776		36	8,585	88.6	1,199	9,223	450	R, R & R completed in 2016. Awaiting BC to extend clinic portion.	NO	
30	Bredasdorp Ambulance Station	Bredasdorp	EMS	Overberg	223	6,690	248	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain							0	0	Workshop moved to temporary accommodation on hospital site. Engineering to assist with project to replace roof.	YES		
31	Bredasdorp Clinic	Bredasdorp	Clinic	Overberg	683	20,490	758	P3	C3	C3	A4	A	2	A2	High	Neutral	Maintain			46,689		68	17,696	86.6	1,141	17,284	650	In Brewelskloof Hospital.	NO
32	Brede Valley Sub-district Office	Worcester	Sub-district Office	Cape Winelands	1,000	25,000	925	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0	0			NO

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33	Brevelsloof Hospital	Worcester	TB Hospital	Cape Winelands	9,858	404,178	14,955	P4	C3	A4	A	2	A2	Low	Neutral	Maintain	199	59%	43,164					0			NO	
34	Bridgeton CDC	Oudtshoorn	CDC	Garden Route	796	27,064	1,001	P3	C3	A3	B	2	B2	High	Neutral	Replace			47,428	60	22,218	88.3	1,000	19,618	1,500	To be replaced on a portion of Aerial building site (Er 3631). NHI maintenance done in 2018. Replacement not high priority.	NO	
35	Brooklyn Chest Hospital	Brooklyn	TB Hospital	Western	14,857	609,137	22,538	P4	C3	A4	A	2	A2	Medium	Neutral	Maintain	309	76%	86,138	6				0		Possible amalgamation with DP Marais. Awaiting finalisation of BC from Service.	NO	
36	Buffeljagsrivier Clinic	Buffeljagsrivier	Clinic	Overberg	315	9,450	95	P3	C4	A3	B	1	B1	Low	Neutral	Maintain			9,920	31	3,652	87.9	1,175	3,755	250	Communication centre NO extended as part of EMS in 2020.	YES	
37	Caledon Ambulance Station and EMS Communication Centre	Caledon	EMS	Overberg	824	24,720	915	P3	C3	A5	A	2	A2	Medium	Neutral	Maintain								0			NO	
38	Caledon Clinic	Caledon	Clinic	Overberg	339	10,170	376	P3	C3	A3	B	2	B2	High	Shortage	Replace			28,326	84	17,438	89.6	1,199	18,734	900	BC awaited for replacement. Possible replicate Villerstorp Clinic.	YES	
39	Caledon Hospital	Caledon	District Hospital	Overberg	5,815	215,155	2,152	P5	C4	A4	A	2	A2	Extensive	Neutral	R, R & R	50	106%	25,682				0		Construction in 2023. Dental service moved to hospital temporary until it can be consolidated with future clinic.	NO		
40	Caledon Hospital Residential	Caledon	Residential accommodation	Overberg	962	24,050	890	P3	C3	A4	A	2	A2	Low	Neutral	Maintain								0		Only part of building used as residential.	NO	
41	Callitdorp Ambulance Station	Callitdorp	EMS	Garden Route	200	6,000	60	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain								0			YES	

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42	Caitzodorp Clinic	Caitzodorp	Clinic	Garden Route	708	21,240	766	P3	C3	C3	A3	B	2	B2	Low	Neutral	Maintain			16,298	23	7,581	92.3	1,047	7,326	450	Condition good but further compliance work in 2022/23 by WCC taking over from NHI.	NO
43	Ceres Ambulance Station	Ceres	EMS	Cape Winelands	1,200	36,000	1,332	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain					0			0		Moved from Wolsley in 2018. Dissecting area required.	YES
44	Ceres FPL	Ceres	Forensic Pathology Laboratory	Cape Winelands	330	8,250	305	P4	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain					0			0		APU will add to the current hospital area as well utilisation of the ex CDC area.	NO
45	Ceres Hospital	Ceres	District Hospital	Cape Winelands	6,790	251,230	9,296	P5	C3	C3	A4	A	3	A3	Extensive	Neutral	Upgrade & additions	868	110%	43,087					0		Check residential area.	YES
46	Ceres Hospital Residential	Ceres	Residential accommodation	Cape Winelands	200	5,000	185	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain					0			0		Completed in 2021.	YES
47	Chatsworth Satellite Clinic	Malmesbury	Satellite Clinic	West Coast	200	6,000	60	P2	C5	C5	A5	A	1	A1	Medium	Neutral	Maintain			9,019	45	2,347	85.3	1,201	2,404			
48	Citrusdal Ambulance Station	Citrusdal	EMS	West Coast	160	4,800	48	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain								0			YES
49	Citrusdal Clinic	Citrusdal	Clinic	West Coast	400	12,000	120	P3	C4	C4	A4	A	1	A1	High	Neutral	Upgrade & additions			27,311	68	19,102	90.7	1,180	20,444	615	Expected growth of farm areas. Some areas missing to ideal Clinic Standards. Extended with 18m² container.	YES
50	Citrusdal Hospital	Citrusdal	District Hospital	West Coast	2,353	87,061	3,221	P5	C3	C3	A4	A	3	A3	Medium	Neutral	Maintain	34	69%	11,571					0		Maintained in 2016. Laundry to be electrified.	NO
51	Clanwilliam Ambulance Station	Clanwilliam	EMS	West Coast	216	6,480	65	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain								0		Separate access to be created. Proposal received from Municipal Town Planner. Suggested management contractor.	YES
52	Clanwilliam Clinic	Clanwilliam	Clinic	West Coast	450	13,500	135	P3	C4	C4	A4	A	1	A1	High	Shortage	Upgrade & additions			35,126	78	15,987	90.7	1,180	17,110	61	Possible extend clinic in future to include the dental clinic if it will not remain on hospital site.	YES

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53	Cianwilliam Hospital	Cianwilliam	District Hospital	West Coast	2,731	101,047	1,010	P5	C4	A4	A	2	A2	Medium	Neutral	Maintain	50	63%	15,877				0		Check whether residential building to be separated from hospital in 2023. Extra work requested but project requests to be submitted.	NO	
54	Cloeteville CDC	Stellenbosch	CDC	Cape Winelands	1,146	38,964	1,442	P3	C3	A4	A	2	A2	Low	Neutral	R, R & R			38,291	33	21,199	82.2	20,371	900	Consolidate Aan-het-Pad Clinic. Available space. If combined then facility should be around 1,250m².	NO	
55	Cognmanskloof Clinic	Ashton	Clinic	Cape Winelands	320	9,600	355	P3	C3	A4	A	2	A2	High	Neutral	Maintain			21,459	67	19,472	88.4	19,932	450	Link to prefab by Directorate. Check if done.	YES	
56	Convile CDC	George	CDC	Garden Route	1,120	38,080	1,409	P3	C3	C3	A3	B	B2	Medium	Neutral	Replace			57,184	51	23,603	84.4	24,025	1,500	Replacement indicated on Harry Conay site.	NO	
57	Cregs Clinic	Plettenberg Bay	Clinic	Garden Route	159	4,770	48	P3	C4	C4	A4	A	A1	High	Neutral	Upgrade & additions			14,492	91	4,923	88.6	5,792	450	Check if it can be extended	YES	
58	Crossroads CDC	Crossroads	CDC	Mitchells Plain	2,283	77,622	2,872	P3	C3	C3	A3	B	B2	Medium	Neutral	Maintain			114,407	50			0	2,000	Check condition.	NO	
59	D'Almeida CDC	Mossel Bay	CDC	Garden Route	907	27,210	272	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain			47,906	53	18,467	84.3	19,304	650	Extended by Petro SA and NHI.	NO	
60	Davale Clinic	Paarl	Clinic	Cape Winelands	414	12,420	745	P3	C2	A3	B	3	B3	Extensive	Shortage	Relinquish			44,569	108	15,748	81.1	14,917	615	On MTEF project list. Investigate if it must be relinquished.	YES	
61	Dana Bay Satellite Clinic	Dana Bay	Satellite Clinic	Garden Route		1,860	19	P2	C4	A4	A	1	A1	Low	Neutral	Maintain			2,257	36	870	84.3	909	150		YES	
62	Darling Clinic	Darling	Clinic	West Coast	376	11,280	677	P3	C2	C3	A4	A	A3	High	Shortage	Upgrade & additions			26,481	70	15,997	85.3	1,201	16,388	615	MCGTPW project in 2022.	YES
63	De Doorns Ambulance Station	De Doorns	EMS	Cape Winelands	339	10,170	102	P3	C5	A5	A	1	A1	Medium	Neutral	Maintain							0		Construction completion early 2021.	YES	
64	De Doorns Clinic	De Doorns	Clinic	Cape Winelands	819	24,570	1,474	P3	C2	A4	A	3	A3	High	Shortage	Upgrade & additions			59,471	73	17,486	87.3	1,157	17,662	900	On project list for MTEF.	NO
65	De Rust Clinic	De Rust	Clinic	Garden Route		10,380	104	P3	C4	A3	B	1	B1	Medium	Neutral	Maintain			14,471	42	9,030	88.3	1,000	7,973	400	NHI extended facility in 2019.	YES
66	Delft CHC	Delft	CHC	Tygerberg	4,679	163,765	6,059	P4	C3	A5	A	2	A2	High	Shortage	Maintain	14		259,871	60			0	4,000	Additional facility required in the area of high growth.	NO	

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67	District Six CDC	Cape Town	CDC	Western	4,110	139,740	1,397	P3	C5	A5	A	1	A1	Low	Neutral	Maintain			94,232	23	1,494	87.5	1.180	1,543	150	YES	New. Commissioned in 2018. Parking part of square meter area. Separate out parking area from CDC area and reflect only CDC area. Area exclude Basement.	NO
68	Doringbaai Satellite Clinic	Doringbaai	Satellite Clinic	West Coast	82	2,460	25	P2	C4	A4	A	1	A1	Medium	Neutral	Maintain			4,389	54	1,494	87.5	1.180	1,543	150	NO	Bed no's to be confirmed for future. Check area. R & R in 2023/4. Kitchen to be upgraded by engineering. On project list for MTEF.	NO
69	DP Marais Hospital	Retreat	TB Hospital	Southern	9,782	401,062	24,064	P4	C2	A3	B	3	B3	Medium	Neutral	R, R & R	194	79%	56,037							NO	Bed no's to be confirmed for future. Check area. R & R in 2023/4. Kitchen to be upgraded by engineering. On project list for MTEF.	NO
70	Dr Abdurahman CDC	Athlone	CDC	Klipfontein	1,328	45,152	2,709	P3	C2	A4	A	3	A3	High	Neutral	Upgrade & additions			85,710	65						NO	Can be extended to adjacent site. Site to be visited in 2023 and R&R or maintenance work to be scheduled in short term if required.	NO
71	Du Noon CHC	Du Noon	CHC	Western	5,020	175,700	1,757	P4	C4	A5	A	1	A1	Medium	Neutral	Maintain	10		214,297	43					4,000	NO	Completed 2014. Extension by Pepfar in 2019 and containers in 2020 area not yet added. Continuous problem with clearing of vacant, fenced off portion of land. Future use of this land to be determined and possible relinquished.	NO
72	Durbanville CDC	Durbanville	CDC	Northern	1,056	35,904	1,328	P3	C3	A4	A	2	A2	Medium	Neutral	Upgrade & additions			48,747	46					2,600	NO	Future extension required. Transfer in progress from City in 2022. Erf 20503 is not available.	NO

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73	Dysselsdorp Ambulance Station	Dysselsdorp	EMS	Garden Route	100	3,000	30	P3	C4	C4	A4	A	A1	Medium	Neutral	Maintain								0	0	See comment on Clinic.	YES
74	Dysselsdorp Clinic	Dysselsdorp	Clinic	Garden Route	864	25,920	959	P3	C3	C3	A4	A	A2	Medium	Neutral	Maintain			43,029	50	15,882	88.3	1,000	14,024	615	Water tower and recalculation by NHI possible as part of Oudtshoorn Hospital.	NO
75	Eerste River Hospital	Eerste River	District Hospital	Eastern	8,179	302,623	11,197	P5	C3	A4	A	A3	A3	Extensive	Shortage	Upgrade & additions	150	128%	93,112				0	0	APU to be constructed in 2023. Laundry upgrade brief issued in 2019. Donation request in 2022. Service to indicate if approved bed numbers to increase. R. and R. brief to be issued.	NO	
76	Elands Bay Clinic	Elands Bay	Clinic	West Coast	201	6,030	60	P3	C4	A4	A	A1	A1	Low	Neutral	Maintain			7,087	35	2,032	90.7	1,180	2,175	150	Brief issued for replacement in 2018. Interim prefab in 2019 to accommodate increased MOU functions.	YES
77	Elsies River CHC	Elsies River	CHC	Tygerberg	3063	107,205	3,967	P4	C3	C2	A2	C	C2	Medium	Shortage	Replace	8		122,112	43			0	4,000	Brief issued for replacement in 2018. Interim prefab in 2019 to accommodate increased MOU functions.	NO	
78	Empilswent Clinic	Worcester	Clinic	Cape Winelands	950	28,500	1,055	P3	C3	A4	A	A2	A2	High	Shortage	Upgrade & additions			71,531	75	40,918	87.3	1,157	41,330	2,000	To be extended in future. Transhex development will require new Clinic.	NO

Templates 3.1.1 & 4.1.1: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: State-owned Health Facilities

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79	EIMS Head Office	Cape Town	Office	Western	3869	96725	3,579	P3	C3	Public Works FCA 2019/20	A3	B	2	B2	Medium	Neutral	Replace										Refer to brief completed for relocation to Alexandria Hospital site wards 17 & 18. Upon completion to be moved to Office accommodation template.	NO
80	Eyethu Clinic	Mossel Bay	Clinic	Garden Route	223	6,689	67	P3	C4		A4	A	1	A1	High	Shortage	Maintain			17,889	80	6,896	84.3	1,240	7,208	450	Utilisation of Asla Park Clinic to be monitored.	YES
81	False Bay Hospital	Fish Hoek	District Hospital	Southern	7,000	259,000	2,590	P5	C4		A4	A	2	A2	High	Shortage	R, R & R		76	80%	48,704				0	0	Dental Unit forms part of facility. Brief issued to expand EC and move APU. Further project request received in December 2019 which must be assessed. Informed the service that no changes to brief will be done at this time 2022.	NO
82	False Bay Hospital Residential	False Bay	Residential accommodation	Southern	863	21,575	798	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain								0	0	New clinic constructed by the CoCT taken over by WCGHW for operated as a CDC. POA for WCGHW control of property effective 1 July 2022 issued by CoCT.	NO
83	Fisantekraal CDC	Fisantekraal	CDC	Northern	1,150	39,100	391	P3	C5		A4	A	1	A1	Medium	Shortage	Maintain								0	0	Rooms very small and changes to inside required.	YES
84	Fliemersheim Satellite Clinic	Fliemersheim	Satellite Clinic	Garden Route	170	5,100	189	P2	C3		A4	A	1	A1	Low	Neutral	Upgrade & additions			4,484	26	2,485	84.3	1,240	2,598	150	Upgrade structure.	YES

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85	Gansbaai Clinic	Gansbaai	Clinic	Overberg	906	27,180	272	P3	C5	A5	A	A 1	A1	Low	Neutral	Maintain		34,338	38	12,041	84.7	1,306	13,309	615	Capital project to be completed in 2022. Airtac to confirm if area has been updated.	NO	
86	Garden Route Conference Centre - Dept. of Health	George	Store and other	Garden Route	500	12,500	125	P3	C4	A4	A	A 1	A1	Medium	Neutral	Maintain			0				0			NO	
87	Genadendal Clinic	Genadendal	Clinic	Overberg	211	6,330	63	P3	C4	A4	A	A 1	A1	High	Neutral	Maintain	14,444	68	5,754	89.6	1,199	6,182	350	J & A in 2021. Area and condition to be confirmed.	YES		
88	George Ambulance Station	George	EMS	Garden Route	1,444	43,320	433	P3	C4	A3	B	B 1	B1	Medium	Neutral	Maintain							0			NO	
89	George Central Clinic	George	Clinic	Garden Route	300	9,000	333	P3	C3	A4	A	A 2	A2	High	Neutral	Maintain	22,892	76	7,534	84.4	1,206	7,669	618	Facility to remain as clinic. IAV confirmed in meeting. Check if complete building being used for clinic.	YES		
90	George FPL	George	Forensic Pathology Laboratory	Garden Route	968	24,200	242	P4	C4	A4	A	A 1	A1	Medium	Neutral	Upgrade & additions								0			NO
91	George Hospital	George	Regional Hospital	Garden Route	29,214	1,197,774	11,978	P5	C4	A4	A	A 2	A2	High	Neutral	Upgrade & additions	287	82%	114,239				0		Masterplan to be undertaken once decision whether separate district hospital will be constructed or not. Requested adjacent National Public Works erf.	NO	
92	George Hospital Residential	George	Residential accommodation	Garden Route	2,515	62,875	629	P3	C4	A4	A	A 1	A1	Medium	Neutral	Maintain								0			NO
93	George HT Maintenance Hub	George	Workshop	Garden Route	75	1,875	69	P2	C3	A4	A	A 1	A1	Medium	Neutral	Maintain								0		Functioning as full HT workshop.	YES
94	George Stores	George	Workshop	Garden Route	811	20,275	750	P2	C3	A3	A	A 1	A1	Medium	Neutral	Maintain								0		Laundry converted into stores and EMS.	NO

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95	George Sub-district Office	George	Sub-district Office	Garden Route	100	2,500	25	P3	C4	C4	A4	A	A	A1	Medium	Neutral	Maintain								0	0		Sub-district offices situated on Harry Comay Hospital and integrated with Hospital admin.	YES
96	Goodwood CDC	Goodwood	CDC	Tygerberg	1,043	35,462	1,312	P3	C3	C3	A4	A	A2	A2	Medium	Neutral	Maintain			47,199	45				0	1,300	NO	One of 9 functions to be transferred to WCGHW.	NO
97	Goodwood Clinical Engineering Workshop	Goodwood	Workshop	Tygerberg	2,079	51,975	1,923	P2	C3	A4	A4	A	A1	A1	High	Shortage	R, R & R								0		NO	Interim maintenance by Engineering. Storage required.	NO
98	Gouda Clinic (New)	Gouda	Clinic	Cape Winelands	659	19,770	198	P3	C5	A5	A5	A	A1	A1	Low	Neutral	Maintain			16,217	25	6,000			0		NO	New clinic was occupied on 1 December 2022. Check area	NO
99	Graafwater Clinic	Graafwater	Clinic	West Coast	154	4,620	171	P3	C3	A4	A4	A	A2	A2	High	Neutral	Maintain			14,309	93	5,627	1,180	6,022	400		YES	Check area in 2023	YES
100	Graabouw CHC	Graabouw	CHC	Overberg	2,592	90,720	907	P4	C4	A4	A4	A	A1	A1	Medium	Neutral	R, R & R	4		122,330	49	44,785	1,199	48,113	2,000		NO	CHC using ex EMS area EC fitted out in 2019 and records room and admission area to be extended as priority. Brief issued in 2019.	NO
101	Grassy Park CDC	Grassy Park	CDC	Southern	1,914	65,076	651	P3	C4	A5	A5	A	A1	A1	Low	Neutral	Maintain			59,999	31				0	1,500	NO	Storage required.	NO
102	Great Brak River Ambulance Station	Great Brak River	EMS	Garden Route	115	3,450	35	P3	C4	A4	A4	A	A1	A1	Medium	Neutral	Upgrade & additions								0		YES	Washbay will be required in future.	YES
103	Great Brak River Clinic	Great Brak River	Clinic	Garden Route	464	13,920	515	P3	C3	C3	A3	B	B2	B2	Medium	Neutral	Maintain			27,032	58	11,833	84.3	1,240	615		YES	In flood area. Future Replacement must be in correct area for future planning. Upgraded in 2019/20/21 from NHI funding.	YES

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104	Green Point CDC	Green Point	CDC	Western	893	30,362	1,123	P3	C3	A3	B	2	B2	Low	Neutral	R, R & R			34,088	38				0	2,600	Top floor used by Ivan Tomis Mens4Health center, R, R an R in MTEF.	NO
105	Greyton Satellite Clinic	Greyton	Satellite Clinic	Overberg	228	6,840	68	P2	C4	A4	A	1	A1	Medium	Neutral	Maintain			9,617	42	3,961	89.6	1,199	4,255	250		YES
106	Groendal Clinic	Franschoek	Clinic	Cape Winelands	551	16,530	612	P3	C3	A4	A	2	A2	High	Shortage	Upgrade & additions			40,495	73	16,687	82.2	1,169	16,035	650	Require store facilities.	NO
107	Groote Schuur Hospital	Observatory	Central Hospital	Western	365,210	14,973,610	554,024	P5	C3	A4	A	3	A3	High	Neutral	Upgrade & additions	1,009	86%	412,547				0		EC extension construction work in 2024 onwards.	NO	
108	Groote Schuur Hospital Creche	Observatory	Creche	Western	2,833	70,825	2,621	P3	C3	A4	A	2	A2	Low	Excess	Maintain							0		Part of site let out to private sector. Structural damage being repaired via management contractor.	NO	
109	Gugulethu CHC	Gugulethu	CHC	Klipfontein	3,912	136,920	8,215	P4	C2	A2	C	3	C3	Medium	Shortage	Replace	13		177,403	49			0	4,500	Additional Gugulethu CDC 2 planned. MOU to be moved. Brief issued in 2021. Brief issued for maintenance and RR & R.	NO	
110	Haarlem Clinic	Haarlem	Clinic	Garden Route	256	7,680	284	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain			10,541	41	4,432	84.4	1,206	4,511	250	Possibly to be included in landswap for portions of Erf 6879 & 3472 George.	YES
111	Hanna Coetzee Clinic	Vredenburg	Clinic	West Coast	250	7,500	278	P3	C3	A4	A	2	A2	Extensive	Shortage	Relinquish			27,350	109	14,086	83.2	1,308	15,329	900	Brief issued for new CDC in Vredenburg to replace Hanna Coetzee.	YES
112	Happy Valley Clinic	Bonnievale	Clinic	Cape Winelands	323	9,690	359	P3	C3	A3	B	2	B2	High	Shortage	Upgrade & additions			25,475	79	15,790	89.4	1,145	16,163	614	Investigate what is possible on site for interim.	YES

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113	Harry Comay Hospital	George	TB Hospital	Garden Route	5,529	226,689	2,267	P4	C4	Public Works FCA 2019/20	A4	A	1	A1	Medium	Neutral	R, R & R	85	65%	20,453					0		Kitchen needs extension or R and R. BC required. Extra ward added in 2020.	NO	
114	Hartenbos Satellite Clinic	Mossel Bay	Satellite Clinic	Garden Route	97	2,910	29	P2	C4		A3	A	1	A1	High	Neutral	Maintain			5,918	61	1,846	84.3	1,240	1,930	945	Check status of transfer.	YES	
115	Hawston Clinic	Hawston	Clinic	Overberg	282	8,460	313	P3	C3	C3	A3	B	2	B2	Extensive	Shortage	Upgrade & additions			29,272	104	15,234	84.7	1,305	16,839	615	Site visit on 21 February 2018 revealed that it can be extended. Container added in 2020 for COVID-19.	YES	
116	Heidelberg Ambulance Station	Heidelberg	EMS	Garden Route	503	15,090	151	P3	C5		A5	A	1	A1	Medium	Neutral	Maintain								0				NO
117	Heidelberg Clinic	Heidelberg	Clinic	Garden Route	811	24,330	900	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Maintain			33,515	41	9,654	87.8	1,114	9,443	450			NO
118	Heideveld CDC	Athlone	CDC	Klifton	5,927	201,518	2,015	P3	C4	A4	A4	A	1	A1	Low	Neutral	Maintain			102,426	17				0	4,500	Temporary EC on site.	NO	
119	Heidelberg Hospital	Somerset West	District Hospital	Eastern	7,246	268,102	9,920	P5	C3	A2	A2	C	3	C3	High	Shortage	Relinquish		181	87%	83,492				0		EC project in 2019 and R & R in 2023.	NO	
120	Herculesdale Satellite Clinic	Mossel Bay	Satellite Clinic	Garden Route	257	7,710	77	P2	C4	C3	A4	A	1	A1	Low	Neutral	Maintain			3,408	13	1,538	84.3	1,240	1,608	150	Service requested closure of stoep.	YES	
121	Hermanus Ambulance Station	Hermanus	EMS	Overberg	651	19,530	195	P3	C4	A4	A4	A	1	A1	Medium	Neutral	Maintain								0				NO
122	Hermanus CDC	Hermanus	CDC	Overberg	2,687	91,358	914	P3	C4	A5	A5	A	1	A1	Medium	Neutral	Maintain			116,324	43	33,466	84.7	1,305	36,991	1,500	Container toilets added in 2020 for COVID-19.	NO	
123	Hermanus FPL	Hermanus	Forensic Pathology Laboratory	Overberg	810	20,250	203	P4	C4	A4	A4	A	1	A1	High	Shortage	Upgrade & additions								0		Feasibility study to assist user with BC. Aftaaf to visit site and ascertain shortcomings.	NO	
124	Hermanus Hospital	Hermanus	District Hospital	Overberg	7,265	268,805	9,946	P5	C3	A3	A3	B	3	B3	Medium	Neutral	Maintain		71	76%	29,363				0		Ongoing maintenance and specific electrical upgrade in 20/21/22. Basement converted into ward for COVID-19.	NO	

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125	Hermanus Hospital Residential	Hermanus	Residential accommodation	Overberg	400	10,000	370	P3	C3	A4	A 2	A2	Medium	Neutral	Maintain													YES
126	Hessoua Sub-district Office	Riversdale	Sub-district Office	Garden Route	100	2,500	93	P3	C3	A4	A 2	A2	Medium	Neutral	Maintain													YES
127	Hillside Clinic	Beaufort West	Clinic	Central Karoo	1,045	31,350	314	P3	C4	A5	A 1	A1	Low	Neutral	Maintain										450		NO	
128	Homlee Clinic	Knysna	Clinic	Garden Route	485	14,550	873	P3	C2	A1	C 3	C3	Medium	Shortage	Replace										613		YES	
129	Huis McCrone Ambulance Station	Wellington	EMS	Cape Winelands	768	23,040	852	P3	C3	A3	B 2	B2	Medium	Neutral	Maintain												NO	
130	Huis McCrone Clinic	Wellington	Clinic	Cape Winelands	919	27,570	1,020	P3	C3	A3	B 2	B2	Low	Neutral	Maintain										95		NO	
131	Das Valley Clinic	Stellenbosch	Clinic	Cape Winelands	839	25,170	252	P3	C4	A3	B 1	B1	Low	Neutral	Maintain										650		NO	
132	Inzame Zabantu CDC	Philippi	CDC	Mitchell's Plain	1,358	46,172	1,708	P3	C3	A3	B 2	B2	Medium	Neutral	Maintain										4,000		NO	
133	Kalaskaal Satellite Clinic	Kalaskaal	Satellite Clinic	West Coast	120	3,600	133	P2	C3	A4	A 1	A1	Medium	Neutral	Replace										150		YES	
134	Kamalaand Sub-district Office	Ladismith	Sub-district Office	Garden Route	100	2,500	93	P3	C3	A4	A 2	A2	Medium	Neutral	Maintain												YES	

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135	Karl Bremer Hospital	Belville	District Hospital	Tygerberg	26,315	973,655	36,025	P5	C3	A4	A	3	A3	Extensive	Shortage	Upgrade & additions	311	112%	152,516					0		APU planned as well as replacement of OPD, R & R to be done over a number of years.	NO	
136	Karl Bremer Hospital Residential	Belville	Residential accommodation	Tygerberg	9,033	225,825	8,356	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0		R, R & R in 2020/21/22. Portion of building to be used as Nurses Home to be reflected here and area of building for hospital to be added to hospital.	NO	
137	Kavaramdi Clinic	Stellenbosch	Clinic	Cape Winelands	503	15,090	556	P3	C3	A3	B	2	B2	High	Shortage	Upgrade & additions			48,194	96	33,918	82.2	1,302	36,301	2,000	2,000	U & A brief issued in 2022. Site issues to be resolved re illegal structures. Additional facility will be required for area due to population growth. (Watergang).	NO
138	Khayelithu Clinic	Krystna	Clinic	Garden Route	457	13,710	137	P3	C4	A3	B	1	B1	Medium	Neutral	Maintain			24,520	54	10,265	85.2	1,168	10,215	615	NH extension in 2019/20. Check area.	YES	
139	Khayelitha (Site B) CHC	Khayelitha	CHC	Khayelitha	5,826	203,910	7,545	P4	C3	A5	A	2	A2	Medium	Shortage	Upgrade & additions	13		303,720	55				0	4,500	Uburutu building replaced with prefabs. BC sign off in 2023 before brief can be issued. Additional facility in Zakhele to be constructed.	NO	
140	Khayelitha Ambulance Station	Khayelitha	EMS	Khayelitha	1,060	31,800	318	P3	C5	A5	A	1	A1	Medium	Neutral	Maintain								0				NO
141	Khayelitha Hospital	Khayelitha	District Hospital	Khayelitha	23,485	868,945	8,689	P5	C4	A5	A	2	A2	Extensive	Shortage	Upgrade & additions	340	113%	166,837					0		APU in 2023.	NO	
142	Klaarstroom Satellite Clinic	Klaarstroom	Satellite Clinic	Central Karoo	74	2,220	82	P2	C3	A4	A	1	A1	Low	Neutral	Maintain			2,122	29	2,500	90.3	1,173	2,648	150	Built in 2013.	YES	

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143	Klappmuts Clinic	Klappmuts	Clinic	Cape Winelands	290	8,700	322	P3	C3 C4	Public Works FCA 2019/20	A4	A	2	A2	Extensive	Shortage	Upgrade & additions			33,559	116	24,220	82.2	1,302	25,921	950	Acquisition in process. Brief in 2023. BC required. Prefab on site.	YES
144	Klawer Clinic	Klawer	Clinic	West Coast	300	9,000	90	P3	C4		A4	A	1	A1	High	Shortage	Upgrade & additions			27,044	90	10,793	87.9	1,180	11,144	570	Prefabs from Vredenburg for interim. Container erected on site for COVID-19 in 2020.	YES
145	Klein Drakenstein Clinic	Paarl	Clinic	Cape Winelands	346	10,380	384	P3	C3 C4		A3	B	2	B2	Medium	Neutral	Maintain			16,028	46	5,663	81.1	1,168	5,365	350	QU & A requested by District but this to be verified.	YES
146	Kleinmond Clinic	Kleinmond	Clinic	Overberg	455	13,650	505	P3	C3 C4		A4	A	2	A2	High	Neutral	Maintain			31,786	70	7,128	84.7	1,305	7,879	450	Container erected for COVID-19 in 2020.	YES
147	Knysna Ambulance Station	Knysna	ELMS	Garden Route	1,530	45,900	1,698	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain								0	Additional parking required.	NO	
148	Knysna CDC	Knysna	CDC	Garden Route	2,661	90,474	905	P3	C4 C4		A4	A	1	A1	Low	Neutral	Maintain			42,138	16	17,640	85.2	1,168	17,554	900	Built in 2012.	NO
149	Knysna Hospital	Knysna	District Hospital	Garden Route	9,500	351,500	3,515	P5	C4 C4		A4	A	2	A2	High	Neutral	Maintain		90	81%	37,430					0	Conditions after upgrade taking place. Dental component to be moved.	NO
150	Knysna Hospital Residential	Knysna	Residential accommodation	Garden Route	108	2,700	100	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain									0	Other houses also being managed by Hospital.	YES
151	Knysna Hospital Residential	Knysna	Residential accommodation	Garden Route	150	3,750	139	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain									0	Other houses also being managed by Hospital.	YES
152	Knysna Hospital Residential	Knysna	Residential accommodation	Garden Route	180	4,500	167	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain									0	Other houses also being managed by Hospital.	YES
153	Knysna Sub-district Office	Knysna	Sub-district Office	Garden Route	100	2,500	93	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain									0	Sub-district offices situated on hospital premises.	YES
154	Knysna Town Clinic	Knysna	Clinic	Garden Route	241	7,230	72	P3	C4		A4	A	1	A1	High	Neutral	Maintain			14,931	62	6,251	85.2	1,168	6,220	350	NHI upgraded clinic in 2019/20.	YES

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155	Koekenaap Satellite Clinic	Lutzville	Satellite Clinic	West Coast	120	3,600	133	P2	C3	A3	A	1	A1	Medium	Neutral	Maintain			5,906	49	1,000	87.9	1,180	1,033	150		YES
156	Koingsberg Satellite Clinic	Koingsberg	Satellite Clinic	West Coast	135	4,050	41	P2	C4	A4	A	1	A1	Medium	Neutral	Maintain			5,680	41	3,956	85.3	1,201	4,053	150		YES
157	Kraaifontein CHC	Kraaifontein	CHC	Northern	2,360	82,600	4,956	P4	C2	A4	A	3	A3	High	Shortage	Maintain	10		163,759	78			0	2,000	Additional facility required in the area of high growth. R & R brief issued in 2019. On project list for MTEF.	NO	
158	Kranshoek Clinic	Plettenberg Bay	Clinic	Garden Route	274	8,220	82	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain			14,763	54	7,372	88.6	1,328	8,674	450	NHI maintenance in 2019.	YES
159	Kuvasa (George) Clinic	George	Clinic	Garden Route	600	18,000	180	P3	C4	A5	A	1	A1	Medium	Neutral	Maintain			30,811	51	12,085	84.4	1,206	12,301	570	Build in 2018.	NO
160	Kwamandlenkosi Clinic	Beaufort West	Clinic	Central Karoo	337	10,110	101	P3	C5	A3	B	1	B1	Medium	Neutral	Maintain			16,378	49	5,543	90.6	1,002	5,032	450	Rehabilitation in 2020/21.	YES
161	Kwanokuthula Ambulance Station	Plettenberg Bay	EMS	Garden Route	1,134	34,020	340	P3	C4	A5	A	1	A1	Medium	Neutral	Maintain							0	0	0		NO
162	Kwanokuthula CDC	Plettenberg Bay	CDC	Garden Route	2,610	88,740	3,283	P3	C3	A5	A	2	A2	Low	Neutral	Maintain			49,912	19	19,873	88.6	1,328	23,383	900		NO
163	Kylenore Clinic	Stellenbosch	Clinic	Cape Winelands	349	10,470	387	P3	C3	A3	B	2	B2	Medium	Neutral	Upgrade & additions			17,238	48	10,143	82.2	1,302	10,856	570	Need store facilities?	YES
164	Ladismith Ambulance Station	Ladismith	EMS	Garden Route	180	5,400	200	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0	0		YES
165	Ladismith Clinic	Ladismith	Clinic	Garden Route	305	9,150	339	P3	C3	A2	B	2	B2	High	Shortage	Replace			23,267	76	10,789	92.3	1,047	10,426	570	Site-33,494&26,21,271&20. New clinic to be completed in 2023. Hospital then to use current clinic space.	YES
166	Lady Michaelis CDC	Plumstead	CDC	Southern	3,956	134,504	1,345	P3	C4	A3	B	1	B1	Low	Neutral	Maintain			50,684	13			0	2,600	Maintenance in 2020/21.	NO	
167	Langsburg Clinic	Langsburg	Clinic	Central Karoo	1,059	31,770	318	P3	C5	A5	A	1	A1	Low	Neutral	Maintain			17,235	16	7,323	90.5	1,020	6,760	450	U & A completed in 2021.	NO
168	Langsburg Hospital	Langsburg	District Hospital	Central Karoo	1,595	59,015	2,184	P5	C3	A3	B	3	B3	Low	Neutral	Maintain	20	37%	4,015				0	0	0	State Attorney attending to transfer.	NO

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169	Langesburg Hospital Residential	Langesburg	Residential Accommodation	Central Karoo	100	2,500	93	P3	C3	C2	A4	A	2	A2	Medium	Neutral	Maintain								0			Sub-district offices situated on hospital premises.	YES
170	Langville Clinic	St Helena Bay	Clinic	West Coast	398	11,940	119	P3	C4	C2	A3	B	1	B1	Medium	Neutral	Maintain			20,247	51	9,287	83.2	1,308	10,107	450	Check if extensions with latest project. Lean to roof donation to proceed.	YES	
171	Lalle Cleophas Clinic	Hopetfield	Clinic	West Coast	313	9,390	94	P3	C4	C4	A3	B	1	B1	Medium	Neutral	Maintain			17,688	57	7,302	83.2	1,308	7,946	450		YES	
172	Lamberts Bay Ambulance Station	Lamberts Bay	EMS	West Coast	350	10,500	105	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain								0				YES
173	Lamberts Bay Clinic	Lamberts Bay	Clinic	West Coast	780	23,400	234	P3	C4	C4	A4	A	1	A1	Low	Neutral	Maintain			20,628	26	7,027	90.7	1,180	7,521	450	Maintained in 2019/20.	NO	
174	Langebaan Clinic	Langebaan	Clinic	West Coast	282	8,460	85	P3	C4	C4	A3	B	1	B1	Medium	Neutral	Maintain			14,990	53	9,299	83.2	1,308	10,120	450	No place for extension.	YES	
175	Langeberg Sub-district Office	Robertson	Sub-district Office	Cape Winelands	100	2,500	93	P3	C3	C4	A4	A	2	A2	Medium	Neutral	Maintain								0			Sub-district offices partly prefabs	YES
176	LAPA Murrisk Hospital	Porterville	District Hospital	West Coast	1,888	69,856	2,585	P5	C3	C3	A4	A	3	A3	Extensive	Neutral	Maintain	10	116%	6,517					0		Area may include clinic.	NO	
177	Leeu-Gamka Ambulance Station	Leeu-Gamka	EMS	Central Karoo	1,515	45,450	455	P3	C4	C4	A5	A	1	A1	Medium	Neutral	Maintain								0				NO
178	Leeu-Gamka Clinic	Leeu-Gamka	Clinic	Central Karoo	190	5,700	57	P3	C4	C4	A3	B	1	B1	Medium	Neutral	Maintain			7,604	40	3,912	90.3	1,173	4,144	150		YES	
179	Leipoldtville Satellite Clinic	Leipoldtville	Satellite Clinic	West Coast	100	3,000	30	P2	C4	C4	A5	A	1	A1	Low	Neutral	Maintain			1,648	16	1,000	90.7	1,180	1,070	150		YES	
180	Lentegeur Ambulance Station	Mitchell's Plain	EMS	Mitchell's Plain	1,808	54,240	2,007	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0				NO

Templates 3.1.1 & 4.1.1: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: State-owned Health Facilities

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181	Lentegeur Hospital	Mitchell's Plain	Psychiatric Hospital	Mitchell's Plain	68,696	2,816,536	104,212	P5	C3	A4	A	3	A3	Extensive	Neutral	Maintain	690	96%	244,679					0		Hospital site zoned Agricultural & Rural which does not in terms of the municipal planning by-laws allows for a hospital as a primary use. Although the current land uses (health purposes) of the property remain lawful, the existing infrastructure cannot be expanded, or altered the current use, unless the property is correctly zoned. IAM engaging with CoCT to rectify this.	NO
182	Lentegeur Hospital Residential	Mitchell's Plain	Residential accommodation	Mitchell's Plain	4,173	104,325	1,043	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain								0		Master planning analysis to be done in 2023, in terms of utilisation.	NO
183	Lentegeur Regional Laundry	Mitchell's Plain	Provincial Laundry	Mitchell's Plain	5,597	139,925	5,177	P3	C3	A4	A	2	A2	Medium	Neutral	Upgrade & additions								0		Brief issued in 2019 to improve the flow.	NO
184	Long Street RHC	Cape Town	Reproductive Health Centre	Western	99	2,475	25	P3	C4	A5	A	1	A1	Low	Neutral	Maintain			3,497	35				0		Relocated by Public Works in 2018.	YES
185	Lotus River CDC	Lotus River	CDC	Southern	1,766	60,044	2,222	P3	C3	A3	B	2	B2	Medium	Shortage	Replace			75,581	43				0	2,600	Pre-let construction. To be replaced. Site alternatives being investigated and community to be consulted.	NO

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186	Louville Clinic	Vredenburg	Clinic	West Coast	582	17,460	646	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Relinquish			30,618	53	15,811	83.2	1,308	17,206	570	May in future be used as wellness centre. TB room which forms part of the clinic falls on the remainder of Erf 2232 which belongs to the Municipality and is used by mutual agreement.	NO
187	Lutzville Clinic	Lutzville	Clinic	West Coast	320	9,600	96	P3	C4	C4	A3	B	1	B1	High	Neutral	Maintain			24,558	77	15,574	87.9	1,180	16,080	615	Check if area has been increased. Maintained in 2020/21.	YES
188	Maccassar CDC	Maccassar	CDC	Eastern	1,824	62,016	3,721	P3	C2	C2	A4	A	3	A3	High	Shortage	Maintain	17		108,049	60			0	2,000	NGO requested to use part of site. Agreement to be regularised. Site to be visited in 2023 and R, R & R or maintenance work to be scheduled in short term if required.	NO	
189	Maitland CDC	Maitland	CDC	Western	322	10,948	405	P3	C3	C3	A3	B	2	B2	Extensive	Shortage	Replace			38,561	120			0	2,600	Briefing document for replacement issued in 2017.	YES	
190	Malmesbury Ambulance Station	Malmesbury	EMS	West Coast	246	7,380	74	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain							0		Built in 2012.	YES	
191	Malmesbury CDC	Malmesbury	CDC	West Coast	2,677	91,018	910	P3	C4	C4	A5	A	1	A1	A1	Low	Neutral	Maintain			100,188	37	61,715	85.3	1,201	63,225	Built in 2012.	NO
192	Malmesbury FPL	Malmesbury	Forensic Pathology Laboratory	West Coast	1,016	25,400	254	P4	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain							0		Built in 2010.	NO	
193	Malmesbury ID Hospital	Malmesbury	TB Hospital	West Coast	1,096	44,936	1,693	P4	C3	C2	C2	A3	B	B2	Low	Neutral	Relinquish	49	50%	8,957				0		Possible consolidation with Sonstraal Hospital. Awaiting BC from Service to indicate future usage.	NO	
194	Mamre CDC	Mamre	CDC	Western	336	11,424	423	P3	C3	C3	A4	A	2	A2	Medium	Shortage	Upgrade & additions			18,878	56			0	900	Adjacent site to be transferred with CDC	YES	

Templates 3.1.1 & 4.1.1: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: State-owned Health Facilities

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195	Mbekweni CDC	Paarl	CDC	Cape Winelands	488	16,592	996	P3	C2	A3	B	3	B3	High	Shortage	Relinquish			45,765	94	16,170	81.1	1,168	15,317	900	To be replaced in 2023/24 by Paarl CDC. Briefing document for replacement (with Paarl CDC) issued in 2017.	YES
196	McGregor Clinic	McGregor	Clinic	Cape Winelands	279	8,370	84	P3	C4	A3	B	1	B1	Medium	Neutral	Maintain			12,900	46	4,744	89.4	1,145	4,856	300		YES
197	Mekroufontein Satellite Clinic	Silbaai	Satellite Clinic	Garden Route	444	13,320	133	P2	C5	A4	A	1	A1	Low	Neutral	Maintain			10,818	24	3,979	87.8	1,114	3,891	250	Extensions requested but to be verified.	YES
198	Merweville Satellite Clinic	Merweville	Satellite Clinic	Central Karoo	150	4,500	45	P2	C4	A3	A	1	A1	Low	Neutral	Maintain			3,456	23	2,377	90.6	1,002	2,158	150		YES
199	Metro FIM Store	Mitchell's Plain	Store and other	Mitchell's Plain	68,696	1,717,400	63,544	P3	C3	A3	B	2	B2	Medium	Neutral	Maintain								0	0	Stores based in the old NO kitchen building.	NO
200	Metropole Archive space	Stikand	Store and other	Tygerberg	400	10,000	100	P3	C4	A3	B	1	B1	Medium	Neutral	Maintain								0	0	Mostly hospital files.	YES
201	Metropole Satellite Office (ICT)	Tygerberg	Office	Tygerberg	4,859	121,475	4,495	P3	C3	A3	B	2	B2	Medium	Neutral	Replace								-	-	Currently in Tygerberg Hospital, floor 11. Replacement to be office accommodation.	NO
202	Michael Mapongwana CDC	Khayelista	CDC	Khayelista	4,657	158,338	1,583	P3	C4	A3	B	1	B1	Medium	Neutral	Maintain			232,232	50				0	0	R, R & R completed in 2022. Site being regularised.	NO
203	Mitchell's Plain CHC	Mitchell's Plain	CHC	Mitchell's Plain	6,813	238,455	8,823	P4	C3	A4	A	2	A2	Low	Neutral	Maintain			244,617	38				0	4,500		NO
204	Mitchell's Plain Hospital	Mitchell's Plain	District Hospital	Mitchell's Plain	25,771	953,527	35,280	P5	C3	A5	A	3	A3	Extensive	Neutral	Maintain			166,268					0	0	30 x COVID-19/Mental health patient beds (additional to the 395 beds) are located at Lentegaur Hospital.	NO
205	Moisvei Satellite Clinic	Moisvei	Satellite Clinic	West Coast	130	3,900	144	P2	C3	A3	A	1	A1	Low	Neutral	Maintain			1,393	11	1,400	87.5	1,180	1,446	150		YES
206	Montagu Ambulance Station	Montagu	EMS	Cape Winelands	100	3,000	111	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0	0	Area of hospital given to EMS.	YES
207	Montagu Clinic	Montagu	Clinic	Cape Winelands	944	28,320	1,048	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain			45,015	48	22,329	89.4	1,145	22,857	950		NO

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208	Montagu Hospital	Montagu	District Hospital	Cape Winelands	2,565	94,905	5,694	P5	C2	A3	B	3	B3	Excessive	Excess	R, R & R	26	95%	14,561					0		Vacant site was relinquished. Hospital to be consolidated for reduced no of beds. On project list for MTEF.	NO
209	Montagu Hospital Residential	Montagu	Residential accommodation	Cape Winelands	1,036	25,900	1,554	P3	C2	A3	B	3	B3	Medium	Neutral	Maintain								0		Site to be visited in 2023 and R,R&R or maintenance work to be scheduled in short term if required.	NO
210	Moorreesburg Clinic	Moorreesburg	Clinic	West Coast	675	20,250	749	P3	C3	A3	B	2	B2	Low	Neutral	Maintain			24,728	37	16,978	85.3	1.201	17,393	615		NO
211	Mossel Bay Ambulance Station	Mossel Bay	EMS	Garden Route	180	5,400	200	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0		Extensions required and hospital area to be used when pharmacy moves out.	YES
212	Mossel Bay Hospital	Mossel Bay	District Hospital	Garden Route	5,884	217,708	2,177	P5	C4	A3	B	2	B2	Medium	Shortage	Upgrade & additions	90	79%	40,082					0		Brief for EC issued to Works, and NHI contract completed in 2022. Master plan to include FPL.	NO
213	Mossel Bay Sub-district Office	Mossel Bay	Sub-district Office	Garden Route	100	2,500	25	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain								0		Sub-district offices situated on hospital premises.	YES
214	Mowbray Maternity Hospital	Mowbray	Regional Hospital	Southern	17,494	717,254	26,538	P5	C3	A3	B	3	B3	High	Neutral	R, R & R	205	83%	75,522					0		Feasibility study issued to service in January 2022.	NO
215	Murraysburg Ambulance Station	Murraysburg	EMS	Central Karoo	109	3,270	33	P3	C5	A4	A	1	A1	Medium	Neutral	Maintain								0		Construction (including washbay) completed 2022 on hospital grounds.	YES
216	Murraysburg Clinic	Murraysburg	Clinic	Central Karoo	250	7,500	278	P3	C3	A3	B	2	B2	High	Neutral	R, R & R			17,239	69	7,655	90.6	1.002	6,943	450	Usage to be considered with hospital.	YES
217	Murraysburg Hospital	Murraysburg	District Hospital	Central Karoo	1,041	38,517	1,425	P5	C3	A3	B	3	B3	Medium	Neutral	R, R & R	14	62%	3,921					0		BC required for changes to functioning.	NO

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218	Napier Clinic	Napier	Clinic	Overberg	650	19,500	195	P3	C4	A5	A	1	A1	Low	Neutral	Maintain			15,147	23	5,788	85.6	1,141	5,653	570	Completed in 2018.	NO
219	Nduli Clinic	Ceres	Clinic	Cape Winelands	384	11,520	426	P3	C3	A3	B	2	B2	High	Shortage	Upgrade & additions			28,199	73	13,569	89.5	1,269	15,411	615		YES
220	Nelspoort Clinic	Nelspoort	Clinic	Central Karoo	100	3,000	111	P3	C3	A3	B	2	B2	High	Neutral	Maintain			6,029	60	2,040	90.6	1,002	1,852	150	Maintenance compliance by engineering in 2022.	YES
221	Nelspoort Intermediate Care Facility	Nelspoort	Intermediate Care Facility	Central Karoo	9,855	246,375	2,464	P4	C4	A3	B	1	B1	Medium	Excess	Maintain	92	72%	24,197				0	Relinquished a portion of estate. Maintenance in progress.	NO		
222	New Horizon Clinic	Plettenberg Bay	Clinic	Garden Route	381	11,430	114	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain			15,755	41	6,273	88.6	1,328	7,381	450	Extensions in 2019 & 2020. Site next door to be reserved for future extensions.	YES
223	New Somerset Hospital	Green Point	Regional Hospital	Western	28,547	1,170,427	70,226	P5	C2	A3	B	3	B3	Extensive	Neutral	Upgrade & additions	352	92%	141,767				0	Future replacement. Brief for R, R & R to be issued in 2022.	NO		
224	Nieuvelandpark Clinic	Beaufort West	Clinic	Central Karoo	406	12,180	451	P3	C3	A3	B	2	B2	Medium	Neutral	Relinquish			23,516	58	7,959	90.6	1,002	7,225	450	Relinquish only when consolidated. Container added for COVID-19 in 2020.	YES
225	Nieuwedrift Clinic	Paarl	Clinic	Cape Winelands	555	16,650	616	P3	C3	A3	B	2	B2	Low	Neutral	Maintain			14,623	26	5,167	81.1	1,168	4,894	400		NO
226	Nkubela Clinic	Robertson	Clinic	Cape Winelands	291	8,730	323	P3	C3	A3	B	2	B2	High	Shortage	Relinquish			26,618	91	9,405	89.4	1,145	9,627	615	New Robertson CDC. Site to be acquired in 2023.	YES
227	NoLungie CDC	Khayelitsha	CDC	Khayelitsha	1,579	53,686	1,986	P3	C3	A4	A	2	A2	High	Shortage	Replace			133,395	84			0	4,000	R, R and R in interim. No replacement site available. Part of facilities whose function to move to WCGHW in 2023.	NO	
228	Nomzamo CDC	Strand	CDC	Eastern	1,466	49,844	1,844	P3	C3	A5	A	2	A2	High	Shortage	Maintain			91,497	62	32,329		0	1,500	New facility. Commissioned in February 2016. Additions required.	NO	

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229	Nyanga CDC	Nyanga	CDC	Klipfontein	1,100	37,400	2,244	P3	C2	Public Works FCA 2019/20	A3	B	3	B3	High	Shortage	Upgrade & additions			68,465	62			0	2,600	Part of 9 facilities who's function to move to WCGHW in 2023. On project list for MTEF.	NO	
230	Observatory FPL	Observatory	Forensic Pathology Laboratory	Western	8,428	210,700	2,107	P4	C5		A5	A	1	A1	Low	Excess	Maintain							0		Facility is currently partially commissioned and occupied. Final construction and handover expected in 2023. Separate project to address defects and further design requests.	NO	
231	Ornus Satellite Clinic	Ornus	Satellite Clinic	Overberg	169	5,070	188	P2	C3		A4	A	1	A1	Low	Neutral	Maintain			4,365	26	900	84.7	1,305	153	The NPO (CANSAS) has vacated and the clinic will no longer take over the additional space.	YES	
232	Op die Berg Clinic	Op die Berg	Clinic	Cape Winelands	350	10,500	105	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain			16,423	47	18,759	89.5	1,263	615		YES	
233	Orchard Clinic	De Doorns	Clinic	Cape Winelands	116	3,480	209	P3	C1		A3	B	3	B3	High	Shortage	Upgrade & additions			11,266	97	3,313	87.3	1,157	400	Maintenance Scope of Works issued in 2018. On project list for MTEF.	YES	
234	Orthotic and Prosthetic Centre	Pinelands	Workshop	Western	3,270	81,750	3,025	P2	C3		A2	B	1	B1	Medium	Neutral	Replace			7,908				0		R & R in interim. Received a BC for replacement.	NO	
235	Otto du Plessis Hospital	Bredasdorp	District Hospital	Overberg	2,290	84,730	3,135	P5	C3		A4	A	3	A3	Extensive	Neutral	Maintain	30	91%	15,182				0		APU in 2020. Vacant building to be used by EMS for workshop. Engineering to raise roof in 2022.	NO	
236	Oudtshoorn Ambulance Station	Oudtshoorn	EMS	Garden Route	467	14,010	140	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain							0			YES	
237	Oudtshoorn Clinic	Oudtshoorn	Clinic	Garden Route	436	13,080	131	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain			20,373	47	9,544	88.3	1,000	8,427	570		YES

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238	Oudtshoorn Hospital	Oudtshoorn	District Hospital	Garden Route	11,688	432,456	16,001	P5	C3	A3	B 3	B3	High	Neutral		R, R & R	123	88%	54,038				0	0	Replace prefab OPD plus prefab wards in future. Maintenance and Fire compliance in 2023 NHI.	NO	
239	Oudtshoorn Hospital Residential	Oudtshoorn	Residential accommodation	Garden Route	2,542	63,550	636	P3	C4	A3	B 1	B1	Medium	Neutral		Maintain							0	0		NO	
240	Ovenhex/Satellite Clinic	Worcester	Satellite Clinic	Cape Winelands	99	2,475	92	P2	C3	A3	A 1	A1	Low	Neutral		Maintain		3,013	30,434	343	1,724	87.3	1,157	1,741	Owner (viz. Ovenhex Development Association) of building is willing to transfer erf to WCC for gratis.	YES	
241	Paarl Ambulance Station	Paarl	EMS Station	Cape Winelands	725	21,750	805	P3	C3	A4	A 2	A2	Medium	Neutral		Upgrade & additions							0	0	Washbay briefing in 2022.	NO	
242	Paarl FPL	Paarl	Forensic Pathology Laboratory	Cape Winelands	1,198	29,950	300	P4	C5	A4	A 1	A1	Medium	Neutral		Maintain							0	0		NO	
243	Paarl Hospital	Paarl	Regional Hospital	Cape Winelands	31,853	1,305,973	13,060	P5	C4	A4	A 2	A2	High	Neutral		R, R & R	331	85%	131,662				0	0	Hospital was built with 365 beds. Hospital reported full capacity but Sinjami indicated only 337 beds.	NO	
244	Paarl Hospital Residential	Paarl	Residential accommodation	Cape Winelands	3,230	80,750	2,988	P3	C3	A4	A 2	A2	Medium	Neutral		Maintain							0	0		NO	
245	Paarl HT Maintenance Hub	Paarl	Workshop	Cape Winelands	50	1,250	46	P2	C3	A4	A 1	A1	Medium	Neutral		Maintain							0	0	Currently used as a store but will be vacated in 2021 to establish small HT workshop.	YES	
246	Paarlstorp Clinic	George	Clinic	Garden Route	619	18,558	687	P3	C3	A3	B 2	B2	High	Shortage		Upgrade & additions		54,310	88	21,302	84.4	1,206	2,168	21,683	900NHI extensions in 2023.	NO	
247	Parkdene Clinic	George	Clinic	Garden Route	394	11,820	118	P3	C4	A3	B 1	B1	High	Shortage		Relinquish		24,207	61	9,992	84.4	1,206	10,170	615	Rationalisation to be considered. Part of land swap (value R1 739 000).	YES	

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248	Patriot Plein Clinic	Paarl	Clinic	Cape Winelands	453	13,590	136	P3	C4	A3	A3	B	1	B1	Medium	Neutral	Maintain			22,707	50	8,023	81.1	1,168	7,600	570		YES	
249	Phola Park Clinic	Paarl	Clinic	Cape Winelands	477	14,310	529	P3	C3	A3	A3	B	2	B2	High	Neutral	Relinquish			37,119	78	13,116	81.1	1,168	12,424	570	To be replaced in future with Paarl CDC.	YES	
250	Piketberg Ambulance Station	Piketberg	EMS	West Coast	358	10,740	107	P3	C5	A4	A4	A	1	A1	Low	Neutral	Maintain							0			YES		
251	Piketberg Clinic	Piketberg	Clinic	West Coast	439	13,170	132	P3	C4	A3	A3	B	1	B1	High	Shortage	Upgrade & additions			36,588	83	23,042	86.8	1,245	24,901	950	Extensions in interim with prefabs. BC to be provided if extensions required. Brief in 2022.	YES	
252	Pineblands Ambulance Station	Pineblands	EMS	Western	4,320	129,600	7,776	P3	C2	A4	A4	A	3	A3	Medium	Neutral	R, R & R							0			Ambulance station will no longer be relocated and regularisation/ acquisition will therefore continue. Part of admin component to be relocated to Alexandra Hospital. Communication Centre at Tygerberg Hospital to be relocated to Pineblands Ambulance Station.	NO	
253	Plettenberg Bay Clinic	Plettenberg Bay	Clinic	Garden Route	947	28,410	284	P3	C4	A4	A4	A	1	A1	Low	Neutral	Maintain			18,391	19	7,323	88.6	1,328	8,616	450	Do have semi theatre.	NO	
254	Porterville Ambulance Station	Porterville	EMS	West Coast	46	1,380	14	P3	C4	A3	A3	B	1	B1	Medium	Neutral	Maintain			20,341	35	13,592	86.8	1,245	14,688	613	Hospital in town. Maintained in 2018.	YES	
255	Porterville Clinic	Porterville	Clinic	West Coast	576	17,280	173	P3	C4	A4	A4	A	1	A1	Low	Neutral	Maintain								0			Washbay constructed in 2021.	YES
256	Prince Albert Ambulance Station	Prince Albert	EMS	Central Karoo	111	3,330	33	P3	C4	A3	A3	B	1	B1	Medium	Neutral	Maintain								450		Hospital in town and combined used of some facilities.	NO	
257	Prince Albert Clinic	Prince Albert	Clinic	Central Karoo	858	25,740	257	P3	C4	A4	A4	A	1	A1	Low	Neutral	Maintain			25,754	30	9,066	90.3	1,173	9,603		Hospital and clinic part of one complex.	NO	
258	Prince Albert Hospital	Prince Albert	District Hospital	Central Karoo	2,012	74,444	744	P5	C4	A4	A4	A	2	A2	Medium	Neutral	Maintain			8,013					0			Hospital and clinic part of one complex.	NO
259	Prince Albert Hospital Residential	Prince Albert	Residential accommodation	Central Karoo	300	7,500	278	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0			Area to be checked.	YES

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260	Prince Alfred Hamlet Clinic	Prince Alfred Hamlet	Clinic	Cape Winelands	946	28,380	1,050	P3	C3	C3	A5	A	2	A2	Medium	Neutral	Maintain			37,370	40	12,076	89.9	1,269	13,715		Completed in 2018.	NO
261	Radie Kotze Hospital	Pletberg	District Hospital	West Coast	2,328	86,136	5,168	P5	C2		A4	A	3	A3	Low	Neutral	R, R & R	31	58%	10,199				0		Psych rooms completed in 2017. Further R, R and R in 2022/23. Urgent roof replacement due to structural pressure in 2021/22.	NO	
262	Railton Clinic	Swellendam	Clinic	Overberg	770	23,100	855	P3	C3	C3	A4	A	2	A2	High	Neutral	R, R & R			47,182	61	13,391	87.9	1,179	13,767	619	Extended in 2020 with prefab for COVID-19. Former municipal manager agreed to vacate library (on condition that WCG cover relocation costs) in order to extend clinic further. Municipality however subsequently indicated that they are no longer willing to relocate. IAM to investigate matter.	NO
263	Rawsonville Clinic	Rawsonville	Clinic	Cape Winelands	750	22,500	225	P3	C4		A5	A	1	A1	Low	Neutral	Maintain			24,798	33	12,166	87.3	1,157	12,288	619	Built in 2020.	NO
264	Red Cross War Memorial Children Hospital	Rondebosch	Tertiary Hospital	Southern	49,249	2,019,209	20,192	P5	C4		A4	A	2	A2	Medium	Neutral	Maintain	292	76%	118,052				0		Change in master plan priority. Floors 1 and 2 of Staff residence used by HR component and general office space.	NO	

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265	Reed Street CDC	Belville	CDC	Tygerberg	827	28,118	1,040	P3	C3	A3	B	2	B2	Medium	Neutral	Maintain			48,397	59				0		Service confirmed need to retain facility in the long-term. Therefore property be acquired/transferred from CoCT rather than continuing to lease. Lease to be terminated on transfer of the property.	NO	
266	Retreat CHC	Retreat	CHC	Southern	2,919	102,165	3,780	P4	C3	A4	A	2	A2	High	Shortage	R, R & R	10		195,042	73				0	2,600	Rehabilitation brief issued in 2020.	NO	
267	Riebeeck West Clinic	Riebeeck West	Clinic	West Coast	207	6,210	62	P3	C4	A4	A	1	A1	High	Shortage	Upgrade & additions			12,551	61	7,446	85.3	1,201	7,628	450	Adjacent site acquired. Prefabs placed for interim. Adjacent site (pm of 499) registered (MCG.01/11/2019).	YES	
268	Riepoort Satellite Clinic	Riepoort	Satellite Clinic	West Coast	143	4,290	159	P2	C3	A3	A	1	A1	Low	Neutral	Maintain			3,340	23	2,500	87.5	1,180	2,581	150		YES	
269	Riverlands Satellite Clinic	Riverlands	Satellite Clinic	West Coast	113	3,390	34	P2	C4	A5	A	1	A1	Medium	Neutral	Maintain			4,888	43	3,700	85.3	1,201	3,790	150	Light weight construction.	YES	
270	Riversdale Ambulance Station	Riversdale	EMS	Garden Route	415	12,450	125	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain								0				YES
271	Riversdale Clinic	Riversdale	Clinic	Garden Route	512	15,360	154	P3	C4	A3	B	1	B1	High	Neutral	Maintain			38,586	75	18,709	87.8	1,114	18,299	650	Check area. Hospital in town. NHI maintenance in 2023.	NO	
272	Riversdale FPL	Riversdale	Forensic Pathology Laboratory	Garden Route	100	2,500	93	P4	C3	A3	B	2	B2	Medium	Neutral	Upgrade & additions			-					0			On hospital site in prefabs. New prefabs required	YES
273	Riversdale Hospital	Riversdale	District Hospital	Garden Route	4,964	183,668	1,837	P5	C4	A4	A	2	A2	Medium	Neutral	Upgrade & additions	50	69%	17,473					0		NHI/EC extensions in 2023.	NO	
274	Riversonderend Ambulance Station	Riversonderend	EMS	Overberg	66	1,980	73	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0			Extended in 2015/16.	YES
275	Riversonderend Clinic	Riversonderend	Clinic	Overberg	269	8,070	81	P3	C4	A3	B	1	B1	High	Neutral	Maintain			20,394	76	9,067	89.6	1,199	9,741	450		YES	
276	Robertson Ambulance Station	Robertson	EMS	Cape Winelands	293	8,790	325	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0		Facility completed 2014.	YES	
277	Robertson Hospital	Robertson	District Hospital	Cape Winelands	3,027	111,999	1,120	P5	C4	A4	A	2	A2	High	Shortage	Upgrade & additions	50	90%	26,534					0		EC and Acute Psychiatric Unit brief issued in 2018.	NO	

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278	Rosemoore Clinic	George	Clinic	Garden Route	497	14,910	552	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Relinquish	85		20,453	41	7,894	84.4	1,206	8,035	615	NHI extensions included in area. Rationalisation to be considered in future.	YES
279	Rural Health Services Patient Medical Records	Bredasdorp	Store and other	Overberg	98	2,450	91	P3	C3	A3	A3	B	2	B2	Medium	Neutral	Maintain			0		0		0	0	0	Patent Medical Records archive to alleviate pressure on Rural Services and enable effective management.	YES
280	Ruyvenwacht CDC	Goodwood	CDC	Tygerberg	750	25,500	944	P3	C3	C3	A5	A	2	A2	Medium	Neutral	Replace			33,484	45				0	1,500	Prefab building built in 2013.	NO
281	Saldanha Clinic	Saldanha	Clinic	West Coast	484	14,520	537	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Maintain			27,207	56	13,739	83.2	1,308	14,951	615	Increased visits due to Diazville being burnt down.	YES
282	Saldanha Sub-district Office	Vredenburg	Sub-district Office	West Coast	100	2,500	25	P3	C5	C5	A4	A	1	A1	Medium	Neutral	Maintain					0			0	0	Sub-district offices situated on Vredenburg Hospital premises.	YES
283	Salt River FPL	Cape Town	Forensic Pathology Laboratory	Western	567	14,175	851	P4	C2	A2	A2	C	3	C3	Extensive	Shortage	Relinquish								0	0	To be relinquished in 2023. Construction and commissioning of replacement (i.e. Observatory FPL) to be completed early 2023. Salt River FPL to remain operational in the interim.	NO
284	Scottsdale CDC	Kraaifontein	CDC	Northern	560	19,040	704	P3	C3	A4	A4	A	2	A2	Medium	Neutral	Upgrade & additions			30,020	54				0	2,600	One of 9 facilities where function resorted under MCGHV in 2022.	NO
285	Sedgefield Clinic	Sedgefield	Clinic	Garden Route	441	13,230	490	P3	C3	C3	A3	B	2	B2	High	Neutral	Maintain			27,632	63	9,112	85.2	1,168	9,068	450	Extensions 250m ² . Further NHI extensions in 2020.	YES
286	Simondium Clinic	Paarl	Clinic	Cape Winelands	746	22,380	828	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain			19,755	26	13,922	81.1	1,168	13,188	615	Consolidation of clinics in area to be investigated. Include Memmershoek area.	NO

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287	Siangrivier Satellite Clinic	Siangrivier	Satellite Clinic	Garden Route	155	4,650	47	P2	C4	A3	A	1	A1	Medium	Neutral	Maintain			6,933	45	5,051	87.8	1,114	4,940	250	Container added in 2020 for COVID-19.	YES
288	Soetendal Clinic	Wellington	Clinic	Cape Winelands	120	3,600	133	P3	C3	A3	B	2	B2	High	Shortage	Upgrade & additions			9,573	80	8,670	81.1	1,168	450	Awaiting BC.	YES	
289	Sonskyn Vallei Satellite Clinic	Hartenbos	Satellite Clinic	Garden Route	158	4,740	47	P2	C4	A4	A	1	A1	Low	Neutral	Maintain			4,357	28	2,500	84.3	1,240	150	Upgrade only in future.	YES	
290	Sonstraal Hospital	Paarl	TB Hospital	West Coast	4,687	192,167	7,110	P4	C3	A3	B	2	B2	Low	Neutral	Maintain	150	34%	17,776				0	Additional wards added to accommodate Malmesbury ID Hospital patients (1137m²) during COVID-19 in 2020. Confirmation of step down utilisation to be obtained from Service.	NO		
291	Stanford Clinic	Stanford	Clinic	Overberg	508	15,240	564	P3	C3	A4	A	2	A2	Low	Neutral	Maintain			17,510	34	5,862	84.7	1,305	450		NO	
292	Steenberg's Cove Satellite Clinic	St. Helena Bay	Satellite Clinic	West Coast	205	6,150	62	P2	C5	A4	A	1	A1	Medium	Neutral	Maintain			894	4	1,903	83.2	1,308	2,071	Construction to replace Sandy Point completed October 2022. Serving both Sandy Point and Steenberg's Cove communities.	YES	
293	Stellenbosch Ambulance Station	Stellenbosch	EMS	Cape Winelands	406	12,180	451	P3	C3	A2	B	2	B2	Medium	Neutral	Replace							0		Accessibility not good for response time. Replacement to be reviewed in 2023.	YES	
294	Stellenbosch Hospital	Stellenbosch	District Hospital	Cape Winelands	8,691	321,567	11,898	P5	C3	A4	A	3	A3	Medium	Neutral	Maintain	85	79%	40,175				0	EC extension completed in 2018. R & R in MTEF.	NO		
295	Stikland Hospital	Stikland	Psychiatric Hospital	Tygerberg	38,307	1,570,587	58,112	P5	C3	A4	A	3	A3	Excessive	Excess	Maintain	423	105%	164,696				0	Ward 1 and 20 to be used for possible decanting of other areas.	NO		
296	Still Bay Satellite Clinic	Still Bay	Satellite Clinic	Garden Route	184	5,520	204	P2	C3	A3	A	1	A1	Low	Neutral	Maintain			4,309	23	3,979	87.8	1,114	250		YES	

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297	Sruisbaai Clinic	Sruisbaai	Clinic	Overberg	265	7,950	294	P3	C3	A3	B	2	B2	Medium	Neutral	Upgrade & additions		12,203	46	5,140	86.6	1,141	5,020	400	Site visit on 21 February 2018 revealed that it can be extended to address the layout, reception and storage space challenges.	YES	
298	Suurbraak Clinic	Suurbraak	Clinic	Overberg	162	4,560	169	P3	C3	A3	B	2	B2	Medium	Neutral	Maintain		8,389	55	3,343	87.5	1,175	3,437	150	Confirmed our objections re relinquishing part of site which is used for parking to WCGTPW.	YES	
299	Swartland Hospital	Malmesbury	District Hospital	West Coast	5,571	206,127	7,627	P5	C3	A3	B	3	B3	Extensive	Neutral	Replace	84	101%	37,374				0	0	Available area to be confirmed in 2023 as well as updating areas of Hospital. Bed no's restored to 84. Hospital upgraded recently.	NO	
300	Swellendam Ambulance Station	Swellendam	EMS	Overberg	235	7,050	261	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain							0	0	Washbay constructed in 2021.	YES	
301	Swellendam Clinic	Swellendam	Clinic	Overberg	714	21,420	214	P3	C4	A2	B	1	B1	Low	Neutral	Maintain			17,756	25	7,304	87.5	1,175	7,510	450	Only minimum occupation.	NO
302	Swellendam FPL	Swellendam	Forensic Pathology Laboratory	Overberg	353	8,825	327	P4	C3	A4	A	2	A2	Low	Neutral	Maintain								0	0		YES
303	Swellendam Hospital	Swellendam	District Hospital	Overberg	3,236	119,732	4,430	P5	C3	A4	A	3	A3	Medium	Neutral	Maintain	51	70%	18,866				0	0	Acute Psychiatric Unit brief issued 2017.	NO	
304	Swellendam Sub-district Office	Swellendam	Sub-district Office	Overberg	100	2,500	93	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0	0	Sub-district offices situated on hospital premises.	YES
305	Symphony Way CDC	Delft	CDC	Tygerberg	2,588	87,992	880	P3	C4	A5	A	1	A1	Medium	Neutral	Maintain			113,267	44				0	2,600	Completed in 2016.	NO

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306	TC Newman CDC	Paarl	CDC	Cape Winelands	9,298	316,132	18,968	P3	C2	C2	A4	A	3	A3	Low	Neutral	Maintain			122,294	13	43,211	81.1	1,168	40,932	2,800	Investigate alternative use of spare areas which were converted for additional beds during COVID-19. Site to be visited in 2022 and R, R & R or maintenance work to be scheduled in short term if required.	NO
307	Thembalethu CDC	George	CDC	Garden Route	2,674	90,916	909	P3	C5		A5	A	1	A1	Low	Neutral	Maintain			98,038	37	38,454	84.4	1,206	39,141	2,000	Land donated to PGWC on 10 December 2020.	NO
308	Toekomsrus Clinic	Oudtshoorn	Clinic	Garden Route	239	7,184	266	P3	C3	C3	A4	A	2	A2	High	Shortage	Relinquish			21,984	92	10,298	88.3	1,000	9,094	45	SNHI upgraded clinic in 2019. Future consolidation of facilities.	YES
309	Touws River Ambulance Station	Touws River	EMS	Cape Winelands	200	6,000	60	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain							0	0	Washday constructed in 2018.	YES	
310	Touws River Clinic	Touws River	Clinic	Cape Winelands	394	11,820	437	P3	C3	C3	A3	B	2	B2	High	Neutral	Maintain			27,664	70	11,011	87.3	1,157	11,122	570		YES
311	Tulbagh Ambulance Station	Tulbagh	EMS	Cape Winelands	508	15,240	152	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain							0	0		NO	
312	Tulbagh Clinic	Tulbagh	Clinic	Cape Winelands	721	21,630	1,298	P3	C2	C2	A4	A	3	A3	Low	Neutral	Maintain			27,309	38	17,008	89.5	1,269	19,317	615	Structural defects to be attended to. On project list for MTEF.	NO
313	Tygerberg Ambulance Station	Parow	EMS	Tygerberg	4,180	125,400	7,524	P3	C2	C2	A3	B	3	B3	Medium	Neutral	Maintain							0	0	Site to be visited in 2023 and R,R&R or maintenance work to be scheduled in short term if required.	NO	
314	Tygerberg Disaster Management Centre	Parow	EMS Disaster Management Centre	Tygerberg	300	7,500	75	P3	C4		A4	A	1	A1	Medium	Neutral	Relocate							0	0	Linked to PPP for Tygerberg Hospital. Awaiting details.	YES	

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315	Tygerberg EMS College	Parow	EMS College	Tygerberg	3,313	82,825	828	P3	C4	C4	A2	B	1	B1	Medium	Neutral	Relocate							0		Linked to PPP and to be relocated to Serleigh Dolle building.	NO	
316	Tygerberg FPL	Parow	Forensic Pathology Laboratory	Tygerberg	3,231	80,775	2,989	P4	C3	A4	A	2	A2	High	Neutral	Upgrade & additions								0		Briefing document for U & A in 2023	NO	
317	Tygerberg Hospital	Parow	Central Hospital	Tygerberg	268,643	1,014,363	660,862	P5	C2	A3	B	3	B3	High	Excess	Replace	1,384	87%	532,196				0		Refer to chapter on Tygerberg.	NO		
318	Tygerberg Hospital Residential	Parow	Residential accommodation	Tygerberg	1,000	25,000	925	P3	C3	A3	B	2	B2	Medium	Neutral	R, R & R								0		Linked to PPP. Doctors quarters to be relocated at Protea Court and building to be demolished. One block of Protea Court to be used as office accommodation.	NO	
319	Tygerberg Regional Laundry	Parow	Provincial Laundry	Tygerberg	8,477	211,925	7,841	P3	C3	A3	B	2	B2	Medium	Neutral	Upgrade & additions								0		Health Technology upgrade to take place in 21/22/23 & possible electrical upgrade required. Warehouse required for clean linen.	NO	
320	Uniondale (Lyonsville) Clinic	Uniondale	Clinic	Garden Route	465	13,950	516	P3	C3	C3	A3	B	2	B2	Low	Neutral	Maintain		14,856	32	10,468	88.6	1,328	12,317	450			YES

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321	Uniondale Hospital	Uniondale	District Hospital	Garden Route	1,338	49,506	495	P5	C4	A4	A	2	A2	Low	Neutral	Maintain	13	52%	4,119					0		Erf 309 is a paved parking area for hospital outside main gate. Erf 310 is unused land adjacent to 309 and hospital fence. These are also registered Hospital Trustees and will also be vested and endorsed with erf 1047 (which contains the hospital). Consideration to be given on future use of 310 vs relinquishment.	NO
322	Valkenberg Hospital	Observatory	Psychiatric Hospital	Western	40,388	1,655,949	61,270	P5	C3	A3	B	3	B3	Extensive	Shortage	Upgrade & additions	391	109%	161,342					0		William Slater relocation in 2017 - Decanting required to allow additions on site. Ward 15 & 16 in bad condition and new use to be found.	NO
323	Van Rhynsdorp Clinic	Van Rhynsdorp	Clinic	West Coast	235	7,050	71	P3	C4	A4	A	1	A1	High	Shortage	Maintain			21,518	92	8,704	87.9	1,180	8,987	450	Check area.	YES
324	Van Wyksdorp Satellite Clinic	Van Wyksdorp	Satellite Clinic	Garden Route	217	6,495	240	P2	C3	A3	A	1	A1	Low	Neutral	Maintain			3,810	18	1,000	92.3	1,047	966	150		YES
325	Vanguard CHC	Bonteheuwel	CHC	Western	4,480	156,800	5,802	P4	C3	A4	A	2	A2	Medium	Neutral	R, R & R	21		181,245	46				0	2,000	Peplar donation in 2019. Brief to be issued in 2022. Possible use by UCT for some structures.	NO
326	Veiddrif Clinic	Veiddrif	Clinic	West Coast	299	8,970	332	P3	C3	A3	B	2	B2	High	Shortage	Maintain			22,412	75	12,606	83.2	1,308	13,719	619	Possible donation of adjacent land to improve parking arrangements	YES

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327	Victoria Hospital	Wynberg	District Hospital	Southern	13,841	512,117	18,948	P5	C3	A3	B	3	B3	High	Shortage	Replace	203	82%	82,328					0		Brief for Archives delayed due to OPD donation brief in 2022.	NO		
328	Villiersdorp Clinic	Villiersdorp	Clinic	Overberg	1,316	39,480	395	P3	C5	A5	A	1	A1	Low	Neutral	Maintain			42,092	32	23,600	89.6	1,199	25,354	950	Completed in 2023	NO		
329	Voorsiekraal Satellite Clinic	Voorsiekraal, Genadendal	Satellite Clinic	Overberg	48	1,440	53	P2	C3	A4	A	1	A1	High	Neutral	Maintain			3,022	63	1,000	89.6	1,199	1,074	150	Maintained in 2018/19.	YES		
330	Vredenburg Ambulance Station	Vredenburg	EMS	West Coast	357	10,710	396	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0				YES	
331	Vredenburg Clinic	Vredenburg	Clinic	West Coast	206	6,180	229	P3	C3	A3	B	2	B2	Medium	Shortage	Replace			11,188	54	5,762	83.2	1,308	6,271	450	New CDC to replace Hammah Coetzee, Louville and Vredenburg for 6000.	YES		
332	Vredenburg FPL	Vredenburg	Forensic Pathology Laboratory	West Coast	88	2,200	81	P4	C3	A3	B	2	B2	Medium	Neutral	R, R & R								0		Acquisition in 2018. Business Case for upgrade to be provided.	YES		
333	Vredenburg Hospital	Vredenburg	District Hospital	West Coast	8,034	297,258	2,973	P5	C4	A4	A	2	A2	Medium	Neutral	Maintain	112	75%	48,327					0		Construction work completed in 2018/19. Follow up on total area (AK) and letting of rental unit in 2021 (MB).	NO		
334	Vredendal Ambulance Station	Vredendal	EMS	West Coast	1,176	35,280	353	P3	C4	A5	A	1	A1	Medium	Neutral	Maintain								0				NO	
335	Vredendal FPL	Vredendal	Forensic Pathology Laboratory	West Coast	250	6,250	231	P4	C3	A4	A	2	A2	Medium	Neutral	Maintain									0				YES
336	Vredendal Hospital	Vredendal	District Hospital	West Coast	3,789	140,193	5,187	P5	C3	A4	A	3	A3	Extensive	Shortage	Upgrade & additions	75	107%	38,931					0		Hospital area per bed below norm. Masterplan in terms of services to be provided. R & R brief issued in 2019. Store by Engineering. Boiler house now being used for Workshop.	NO		

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337	WCCN Boland Overberg Hostel Erika	Worcester	Nurses residential accommodation	Cape Winelands	2773	69,325	2,565	P3	C3	C3	A5	A	2	A2	Medium	Neutral	Maintain							0	0	Confirm total area (AK).	NO	
338	WCCN Central Administration	Athlone	Nursing College	Klipfontein	660	16,500	611	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Maintain							0	0		NO	
339	WCCN Metro West Campus	Athlone	Nursing College	Klipfontein	2,878	71,950	2,662	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain							0	0	Main campus. R, R & R brief issued.	NO	
340	WCCN Southern Cape Karoo Campus	George	Nursing College	Garden Route	2,900	72,500	725	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain							0	0	Facility not optimally used and part of building can be used for conference purposes.	NO	
341	Wellington CDC	Wellington	CDC	Cape Winelands	1,450	49,300	1,824	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain			53,855	37	48,776	81.1	1,168	46,203	2,800	Pharmacy extensions in 2017. U & A requested by service but to be verified.	NO
342	Wesfleur Ambulance Station	Atlantis	EMS	Western	404	12,120	448	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain							0	0		YES	
343	Wesfleur Hospital	Atlantis	District Hospital	Western	5,643	208,791	7,725	P5	C3	C3	A3	B	3	B3	Medium	Shortage	Replace	50	64%	58,873				0	0	Stores and records departments require upgrade and extensions. Bed numbers for 2030 huge increase.	NO	
344	Western Cape Rehabilitation Centre	Mitchell's Plain	Rehabilitation Unit	Mitchell's Plain	20,659	516,475	5,165	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain	156	77%	44,577				0	0	Previously a PPP used to accommodate Acquarius (NGO) occupants in 2020/21.	NO	
345	William Slater Psychiatric OPD	Rondebosch	Psychiatric Step down	Southern	1,500	37,500	1,388	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Maintain			0				0	0	Will be used as part of Groote Schuur Hospital Psychiatric OPD.	NO	
346	Windmeul Clinic	Paarl	Clinic	Cape Winelands	120	3,600	133	P3	C3	C3	A2	B	2	B2	Medium	Shortage	Upgrade & additions			6,004	50	2,121	81.1	1,168	2,010	250	Brief issued to works in 2016.	YES
347	Wolsley Clinic	Wolsley	Clinic	Cape Winelands	946	28,380	284	P3	C5	C5	A5	A	1	A1	Low	Neutral	Maintain			27,136	29	15,387	89.5	1,269	17,476	0	New in 2019.	NO

Templates 3.1.1 & 4.1.1: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: State-owned Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	Public Works FCA 2019/20	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION	NO OF ACTUAL BEDS (AS AT January 2023)	AVERAGE BED OCCUPANCY RATE (Jan 2022 till Dec 2022)	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M ² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT	GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	APPROXIMATE SIZE REQUIRED	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
348	Worcester Ambulance Station	Worcester	EMS	Cape Winelands	1,303	39,090	391	P3	C4	C3	A4	A	A 1	A1	Medium	Neutral	Maintain								0		Part of it used as Disaster Management Centre by Worcester. On project list for MTEF.	NO
349	Worcester Ambulance Station Workshop	Worcester	EMS Workshop	Cape Winelands	500	12,500	750	P3	C2	C2	A3	B	B 3	B3	Medium	Neutral	Maintain								0			NO
350	Worcester CDC	Worcester	CDC	Cape Winelands	1,500	51,000	1,887	P3	C3	C2	A4	A	A 2	A2	High	Shortage	R, R & R	10		100,306	80	57,378	87.3	1.157	57,955	2,800	Avian Park will relieve pressure in future as well as portion where MOU will vacate. On project list for MTEF.	NO
351	Worcester Disaster Management Centre	Worcester	EMS Disaster Management Centre	Cape Winelands	500	12,500	463	P3	C3		A4	A	A 2	A2	Medium	Neutral	Maintain					0			0		Area to be checked.	NO
352	Worcester FPL	Worcester	Forensic Pathology Laboratory	Cape Winelands	1,405	35,125	351	P4	C4	C4	A4	A	A 1	A1	Medium	Neutral	Upgrade & additions					0			0		Additional clinical & admin space required. House nearby not available according to IAM.	NO
353	Worcester Hospital	Worcester	Regional Hospital	Cape Winelands	29,464	1,208,024	12,080	P5	C4		A4	A	A 2	A2	High	Neutral	Maintain	275	84%	106,636					0		MOU to be relocated to hospital. Brief issued in Jan 2018.	NO
354	Worcester Hospital Residential	Worcester	Residential accommodation	Cape Winelands	3,742	93,550	936	P3	C4	C3	A4	A	A 1	A1	Medium	Neutral	Maintain					0			0			NO
355	Worcester HT Maintenance Hub	Worcester	Workshop	Cape Winelands	160	4,000	240	P2	C2		A4	A	A 2	A2	Medium	Neutral	R, R & R								0		Will make use of house-like structure towards the back of Worcester Hospital grounds. Engineering to upgrade in 2022/23.	YES
356	Zoar Clinic	Outfishoorn	Clinic	Garden Route	263	7,880	292	P3	C3	C2	A3	B	B 2	B2	Medium	Neutral	Maintain			10,485	40	3,000	92.3	1.047	2,899	150	To be used as distribution point.	YES

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION	NO OF ACTUAL BEDS (AS AT January 2023)	AVERAGE BED OCCUPANCY RATE (Jan 2022 till Dec 2022)	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT	GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	APPROXIMATE SIZE REQUIRED	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
357	Zolani Clinic	Ashton	Clinic	Cape Winelands	383	11,490	115	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain			22,496	59	12,868	89.4	1.14%	13,173	450		YES
358	Zwaansyk Engineering Workshop	Retreat	Workshop	Southern	2,512	62,800	2,324	P2	C3	A4	A	1	A1	Medium	Neutral	Maintain				0	0	0	0	0	0	Investigate possible use of DP Marais Hospital for health tech purposes.	NO

Templates 3.1.1 & 4.1.1: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: State-owned Health Facilities

Templates 3.1.2 & 4.1.2:

Schedule of Functional Performance / Utilisation Improvement Plan /

High Level Life Cycle Analysis:

State-owned Office Accommodation

TEMPLATES 3.1.2 & 4.1.2: SCHEDULE OF FUNCTIONAL PERFORMANCE / UTILISATION IMPROVEMENT PLAN / HIGH LEVEL LIFE CYCLE ANALYSIS: STATE-OWNED OFFICE ACCOMMODATION

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION
WCGTPW BUDGET RESPONSIBILITY										
1	Cape Medical Depot	Cape Town	Chiappini Street, Cape Town	Office	ECSS	Medicines Management and Laboratory and Blood Services Support	City of Cape Town	Extensive	Shortage	Replace
2	FPL & EMS Head Office (Tygerberg U2) EMS Northern division ambulance base and EMS Finance, SCM and revenue components	Parow	On hospital site, Fransie van Zyl Avenue, Parow	Office	ECSS	FPL & EMS	City of Cape Town	Medium	Neutral	Maintain
3	Garden Route District Office	George	Sunset Boulevard (York Park Building), St John Street, George	Office	Rural	Garden Route	George	Medium	Neutral	Maintain
4	Khayelitsha / Eastern Sub-district Office	Khayelitsha	3rd floor, C/o Corner Walter Sisulu & Steve Biko Drive, Khayelitsha	Office	Metro	Khayelitsha, Eastern	City of Cape Town	Medium	Neutral	Replace
5a	Metro Head Office	Cape Town	4 Dorp Street, Cape Town (Floor 21)	Office	Head Office	Minister	City of Cape Town	Medium	Neutral	Maintain
5b			4 Dorp Street, Cape Town (Floor 20)		Head Office	HOD office & ECSS office		Medium	Neutral	Maintain
5c			4 Dorp Street, Cape Town (Floors 13,15,16,17)		Corporate Support Service	People Management		Medium	Neutral	Maintain
5d			4 Dorp Street, Cape Town (Floors 17, 23)		Corporate Support Service	Finance Management		Medium	Neutral	Maintain
5e			4 Dorp Street, Cape Town (Floors 21 - CD, 22 - Sourcing)		Corporate Support Service	Supply Change Management		Medium	Neutral	Maintain
5f			4 Dorp Street, Cape Town (Floors 10, 14, 18, 24)		Strategy	Strategy		Medium	Neutral	Maintain
6a	Metropole Regional Office & Metro Head Office	Bellville	Bellville Health Park, Karl Bremer Hospital, Mike Penaar Boulevard, Bellville (5th Floor)	Office	EMS	EMS	City of Cape Town	Low	Neutral	Maintain
6b			Bellville Health Park, Karl Bremer Hospital, Mike Penaar Boulevard, Bellville (4th Floor, South Block)		ECSS	ECSS HO		Low	Neutral	Maintain
6c			Bellville Health Park, Karl Bremer Hospital, Mike Penaar Boulevard, Bellville (3rd Floor)		ECSS & MHS	ECSS, Laboratory and blood services, service priority co-ordination and People Management		Medium	Neutral	Maintain
6d			Bellville Health Park, Karl Bremer Hospital, Mike Penaar Boulevard, Bellville (2nd Floor, North Block & floor 3)		Metro	People Management & Laboratory services		Low	Neutral	Maintain

Templates 3.1.2 & 4.1.2: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: State-owned Office Accommodation

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION
6e			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Bellville (1st Floor, South Block)		Metro	MHS & Northern & Tygerberg		Medium	Neutral	Maintain
6f			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Bellville (2nd Floor, North Block)		Metro	MHS		Medium	Neutral	Maintain
6g			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Bellville (1st Floor, North Block)		Corporate Support Service	FIM Health Technology, Finance Management & People Management		Medium	Neutral	Maintain
7	Old City Hospital Complex	Green Point	Portion of Ground Floor - Block J	Storage space		Services Priorities Coordination				
WCGHM BUDGET RESPONSIBILITY										
1	Cape Agulhas Sub-district Office	Bredasdorp	C/o Van Riebeeck & Dorpsig Street, Bredasdorp	Sub-district Office	Rural	Overberg	Cape Agulhas	Medium	Neutral	Maintain
2	Cape Winelands District Office	Worcester	Brewelskloof Hospital, Haarlem Street, Worcester	Office	Rural	Cape Winelands	Breede Valley	Medium	Neutral	Maintain
3	Cederberg Sub-district Office	Clanwilliam	Clanwilliam Hospital, Old Cape Road, Clanwilliam	Office	Rural	West Coast	West Coast	Medium	Neutral	Replace
4	Central Karoo District Office	Beaufort West	On hospital ground, 99 Voortrekker Road, Beaufort West	Office	Rural	Central Karoo	Beaufort West	Extensive	Shortage	Upgrade & Additions
5	Drakenstein Sub-district Office	Paarl	Rosary Street & Broadway (on premises of TC Newman), Paarl	Office	Rural	Cape Winelands	Drakenstein	Medium	Neutral	Maintain
6	EMS People Management Satellite Office	Bellville	Karl Bremer Hospital, Mike Pienaar Boulevard, Bellville	Offices	ECCS	EMS	City of Cape Town	Neutral	Maintain	Consolidate
7	FIM - Facilities Management	Bellville	M4 Building, C/o Mike Pienaar Boulevard & Frans Conrade Drive, Bellville	Offices	FM	FIM Facilities Management	City of Cape Town	Medium	Neutral	Maintain
8	FPL offices of IMCT & Inspector	Perow	Protea Nurses Home, On hospital ground, Fransie van Zyl Avenue, Parow	Offices	ECCS	FPL	City of Cape Town	Medium	Neutral	Maintain
9	Klipfontein / Mitchells Plain Sub-district Office	Mitchells Plain	Lentegeur Hospital (old staff rest area), Highlands Drive, Mitchells Plain	Office	Metro	Klipfontein, Mitchells Plain	City of Cape Town	Medium	Neutral	Maintain
10	Metro Sub-district Office - Communications	Bellville	Karl Bremer Hospital, Mike Pienaar Boulevard, Bellville	Office	Head Office	Communication	City of Cape Town	Medium	Neutral	Replace
11a	Metro Head Office Satellite	Stikland	De La Haye Road, Stikland	Office	Metro HO	Finance Management and People Management	City of Cape Town	Medium	Neutral	Maintain
11b	Metro Head Office Satellite	Cape Town	Groote Schuur Hospital	Office	Metro HO	IM	City of Cape Town	Low	Neutral	Rehabilitation
12	Metropole Training Office	Plumstead	Lady Michaelis CDC, C/o Burnham & Gabriel Road, Plumstead	Office	Corporate Support Service	People Management	City of Cape Town	Medium	Neutral	Maintain

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION
13	Oudtshoorn Sub-district Office	Oudtshoorn	Park Road, Oudtshoorn	Sub-district Office	Rural	Garden Route	Oudtshoorn	Medium	Neutral	Maintain
14	Overberg District Office	Caledon	Caledon Hospital site, N2, Caledon	Office	Rural	Overberg	Theewaterskloof	Extensive	Shortage	Replace
15	Overstrand Sub-district Office	Hermanus	Hospital Street, Hermanus	Office	Rural	Overberg	Overstrand	Medium	Neutral	Replace
16	Southern Sub-district Office	Plumstead	Lady Michaelis CDC, C/o Burnham & Gabriel Road, Plumstead	Office	Metro	Southern	City of Cape Town	Medium	Neutral	Maintain
17	Southern / Western Sub-district Office	Retreat	DP Marais Hospital, Nurses Home Building, Main Road, Retreat	Office	Metro	Southern, Western	City of Cape Town	Medium	Shortage	Maintain
18	Stellenbosch Sub-district Office	Stellenbosch	Stellenbosch Hospital Nurses Home, Merriman Avenue, Stellenbosch	Office	Rural	Cape Winelands	Stellenbosch	Medium	Neutral	Rehabilitation
19	Swartland Sub-district Offices	Malmesbury	Boskinek Building, Rog Street, Wesbank, Malmesbury	Office	Rural	West Coast	Swartland	Medium	Neutral	Maintain
20	Theewaterskloof Sub-district Office	Caledon	Caledon Hospital site, N2, Caledon	Office	Rural	Overberg	Theewaterskloof	Medium	Neutral	Maintain
21	WCCN Offices	Sitkand	Building A, Sitkand Nurses Home, Old Paarl Road, Sitkand	Office	Corporate Support Service	WCCN	City of Cape Town	Medium	Neutral	Maintain
22	West Coast District Office	Malmesbury	Swartland Hospital, PG Nelson Street, Malmesbury	Office	Rural	West Coast	Swartland	Medium	Neutral	Maintain
23	Witzenberg Sub-district Office	Ceres	Ceres Hospital Nurses Home, Theron Street, Ceres	Office	Rural	Cape Winelands	Witzenberg	Medium	Shortage	Replace

Templates 3.1.2 & 4.1.2: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: State-owned Office Accommodation

Templates 3.2.1 & 4.2.1:

Schedule of Functional Performance / Utilisation Improvement Plan /

High Level Life Cycle Analysis: Leased Health Facilities

TEMPLATES 3.2.1 & 4.2.1: SCHEDULE OF FUNCTIONAL PERFORMANCE / UTILISATION IMPROVEMENT PLAN / HIGH LEVEL LIFE CYCLE ANALYSIS: LEASED HEALTH FACILITIES

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT / SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE INDEX	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTIONS	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M ² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
1	Bellville RHC	Bellville	Reproductive Health Centre	Tygerberg	235	7,050	353	P3	C2 A3	B 3	B 3	A1	Low	Neutral	Replace	7,749	33				Alternative accommodation is required. Building entrance, parking, lighting and ventilation not adequate. Service to indicate whether they can move to own interim accommodation.	YES	
2	Bereaville Satellite Clinic	Bereaville	Satellite Clinic	Overberg	167	5,010	100	P2	C3 A4	A 1	A1	A1	Low	Neutral	Maintain	2,769	17	1,000	89.6	1,074	Lease to be regularised. If wash bay drainage still to be required to be submitted on portal.	YES	
3	Betty's Bay Satellite Clinic	Betty's Bay	Satellite Clinic	Overberg	74	2,220	11	P2	C4 A3	A 1	A1	A1	Low	Neutral	Maintain	128	2	2,201	84.7	1,305	New rental as an interim arrangement until future replacement of facility. Occupied on 29 April 2022. Lease Agreement still with Legal Services to resolve some clauses in the lease.	YES	
4	Bitterfontein Ambulance Station	Bitterfontein	EMS	West Coast	165	4,950	25	P3	C4 A4	A 1	A1	Medium	Neutral	Neutral	Maintain		-				Lease to be regularised. If wash bay drainage still to be required, to be submitted on portal.	YES	
5	Bitterfontein Satellite Clinic	Bitterfontein	Satellite Clinic	West Coast	87	2,610	52	P2	C3 A2	B 1	B1	A1	Low	Neutral	Replace	2,754	32	3,857	87.5	1,180	Possible relocation to Thusong Centre. Lease agreement renewed on 1 October 2022 for a further 3 years with a 2 year renewal option.	YES	
6	Brackengate Intermediate Care	Brackenfell	COVID-19 Temporary Intermediate Care Hospital	Tygerberg	5,412	162,360	162	P4	C5 A4	A 1	A1	Medium	Neutral	Neutral	Maintain	53					Used for COVID-19 and lease extended until 31 October 2027. Utilization will remain dependant on COVID-19 requirements which cannot be predicted. Interim use as intermediate care facility.	NO	
7	Brandwacht Satellite Clinic	Brandwacht	Satellite Clinic	Garden Route	191	5,730	29	P2	C4 A3	A 1	A1	A1	Low	Neutral	Maintain	7,245	38	5,500	84.3	1,240	Part of Kleinbrak area. Lease to be regularised.	YES	
8	Breenriver Clinic	Ceres	Clinic	Cape Midlands	234	7,020	351	P3	C2 A3	B 3	B3	A1	Low	Neutral	Maintain	7,910	34	4,925	89.5	1,269	Part of Wolseley area. Lease to be regularised.	YES	
9	Cape Town RHC	Cape Town	Reproductive Health Centre	Western	191	5,730	115	P3	C3 A4	A 2	A2	High	Neutral	Neutral	Maintain	16,556	87				Only specific service IAM requested to extend for another 3 years (until 2026). IAM requested to investigate possibility of obtaining an additional 20 to 50sqm.	YES	

Templates 3.2.1 & 4.2.1: Schedule of Functional Performance Utilisation Improvement Plan / High Level Life Cycle Analysis: Leased Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	SUITABILITY INDEX	OPERATING PERFORMANCE INDEX	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTIONS	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M ² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT	GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
10	Ceres Clinic	Ceres	Clinic	Cape Winelands	293	8,790	176	P3	C3 A3	B 2	B2	High	Shortage	Relinquish	21,547	74	89.5	1,269	0 CDC services on hospital site moved to, and consolidated with, Annie Brown Clinic in December 2020. Facility now called 'Ceres Clinic'.	YES			
11	Darling Ambulance Station	Darling	EMS	West Coast	234	7,020	35	P3	C4 A2	B 1	B1	Medium	Neutral	Maintain		-			Wash bay completed in 2023.	YES			
12	De Wet Satellite Clinic	Nuy	Satellite Clinic	Cape Winelands	100	3,000	60	P2	C3 A3	A 1	A1	Low	Neutral	Maintain	3,549	35	1,945	1,157	1,964	YES			
13	Diazville Temporary Clinic	Saldanha	Clinic	West Coast	395	11,850	59	P3	C4 A2	B 1	B1	High	Shortage	Replace	26,330	67	13,296	83.2	1,308	14,469	Fire in November 2018. Temporary clinic constructed on Diazville Sportgrounds - opened in May 2020.	YES	
14	Dirke Lys Street Satellite Clinic	Franschoek	Satellite Clinic	Cape Winelands	100	3,000	60	P3	C3 A3	B 2	B2	Medium	Neutral	Maintain	3,986	40	2,174	82.2	1,302	2,327	Population mostly not dependant.	YES	
15	Don and Pat Bilton Clinic	Jamestown	Clinic	Cape Winelands	150	4,500	90	P3	C3 A3	B 2	B2	High	Shortage	Upgrade & additions	12,630	84	12,044	82.2	1,302	12,890	Facility to be transferred to WCG and additional accommodation requested. Awaiting report on library portion.	YES	
16	Ebenhaezer Satellite Clinic	Ebenhaezer	Satellite Clinic	West Coast	142	4,260	85	P2	C3 A3	A 1	A1	Low	Neutral	Maintain	5,270	37	1,000	87.5	1,180	1,033	YES		
17	Eendekuil Satellite Clinic	Eendekuil	Satellite Clinic	West Coast	147	4,410	88	P2	C3 A4	A 1	A1	Low	Neutral	Maintain	4,507	31	5,710	86.8	1,245	6,171	YES		
18	Elim Satellite Clinic	Elim	Satellite Clinic	Overberg	150	4,500	23	P3	C4 A4	A 1	A1	Low	Shortage	Maintain	4,623	31	2,421	85.6	1,141	2,363	Upgraded in 2022. Some problems with access to facility to be investigated.	YES	
19	Eden EMS Communication centre	George	EMS Communication centre	Garden Route	40	1,200	6	P3	C4 A3	B 1	B1	Medium	Shortage	Replace		-				Request to be moved and site to be secured. To be investigated. No lease in place, only a 'gentlemen's agreement'.	YES		
20	George Road Satellite Clinic	Mossel Bay	Satellite Clinic	Garden Route	150	4,500	90	P3	C3 A4	A 2	A2	Medium	Neutral	Replace	6,614	44	2,550	84.3	1,240	2,863	Will be relocated during 2023 once construction of new facility has been completed.	YES	
21	Goedewuitch Satellite Clinic	Piketberg	Satellite Clinic	West Coast	76	2,280	46	P2	C3 A3	A 1	A1	Medium	Shortage	Replace	3,681	48	1,000	86.8	1,245	1,081	Service requested U & A or replacement. To be investigated in 2023 by Architects. IAM requested to extend the lease for another 3 years until 2026.	YES	
22	Grabouw Ambulance Station	Grabouw	EMS	Overberg	200	6,000	30	P3	C4 A4	A 1	A1	Medium	Neutral	Maintain		-				0	EMS took occupation during 2022. Lease approved until 2026 with option to renew until 2031. Lease agreement being finalised.	YES	

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE INDEX	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTIONS	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
23	Gugulethu CHC Parking	Gugulethu	Parking	Klipfontein	200	6,000	120	P2	C3 A3	A	1	A1	High	Shortage	Relinquish						Additional area (portion of erf 5534) leased for parking shortfall at CHC.	YES	
24	Gustrouw CDC	Strand	CDC	Eastern	1,064	36,176	724	P3	C3 A2	B	2	B2	High	Shortage	Replace	84,488	79			0 Consolidate / Replace. Vacant sites to be visited and suitable site to be confirmed to IAM in 2023.	NO		
25	Hanover Park CHC	Hanover Park	CHC	Klipfontein	2,917	102,095	2,042	P4	C3 A2	C	2	C2	Medium	Shortage	Replace	132,002	51			Brief issued in 2016 for replacement on WCG site.	NO		
26	Herold Satellite Clinic	George	Satellite Clinic	Garden Route	128	3,840	19	P2	C4 A4	A	1	A1	Low	Neutral	Maintain	2,166	17	1,000	84.4	1,018		YES	
27	Hope Street Oral Health Service	Cape Town	Dental Centre	Western	604	18,120	362	P3	C3 A4	A	2	A2	Low	Neutral	Maintain	7,300	12			Indicated to IAM that this facility can be transferred as service will remain.	NO		
28	Hout Bay Harbour CDC	Hout Bay	Wellness Centre	Southern	535	16,050	321	P3	C3 A2	B	2	B2	Medium	Neutral	Maintain					Service indicated that wellness clinic will be operated from here by NGOs. Headcount against other rental.	NO		
29	Hout Bay Victoria Avenue CDC	Hout Bay	CDC	Southern	345	11,730	59	P2	C4 A4	A	1	A1	Extensive	Shortage	Replace	35,310	102			0 Temporary CDC, comprising 3 medical suites and 7 basement parking bays.	YES		
30	Karalara Satellite Clinic	Knysna	Satellite Clinic	Garden Route	218	6,540	33	P2	C4 A4	A	1	A1	Low	Neutral	Maintain	3,538	16	2,092	85.2	1,168	2,082 NHI prelab.	YES	
31	Kensington CDC	Kensington	CDC	Western	880	30,260	605	P3	C3 A4	A	2	A2	Low	Neutral	Relinquish	29,092	33			0 Consolidate with Matiland CDC.	NO		
32	Keurhoek Satellite Clinic	Rheensdal	Satellite Clinic	Garden Route	253	7,590	38	P3	C4 A4	A	1	A1	Medium	Neutral	Maintain	12,460	49	5,602	85.2	1,168	5,575 NHI prelab added and upgraded.	YES	
33	Kleinvei CDC	Blackheath	CDC	Eastern	1,248	42,432	849	P3	C3 A4	A	2	A2	Extensive	Shortage	Replace	138,864	111			0 Current clinic not suitable and further extensions not possible. Clinic to be replaced on a new site.	NO		
34	Kliprand Satellite Clinic	Kliprand	Satellite Clinic	West Coast	27	810	16	P2	C3 A4	A	1	A1	Low	Neutral	Maintain	843	31	1,000	87.5	1,180	1,031 lease agreement renewed on 1 October 2022 for a further 3 years with a 2 year renewal option.	YES	
35	Knysna FPL	Knysna	Forensic Pathology Laboratory	Garden Route	300	9,000	450	P4	C2 A1	C	3	C3	High	Shortage	Replace					Replacement facility under construction on hospital site.	YES		
36	Laingsburg Ambulance Station	Laingsburg	EMS	Central Karoo	52	1,560	31	P3	C3 A2	B	2	B2	Medium	Neutral	Maintain					Note washbay on Hospital site.	YES		
37	Laingsburg FPL	Laingsburg	Forensic Pathology Laboratory	Central Karoo	206	6,180	124	P4	C3 A4	A	2	A2	Medium	Neutral	Maintain					Property registered RSA. Request IAM to regularise a lease or investigate transfer (Asset follows function).	YES		

Templates 3.2.1 & 4.2.1: Schedule of Functional Performance Utilisation Improvement Plan / High Level Life Cycle Analysis: Leased Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE INDEX	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTIONS	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M ² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT	GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
38	Langeberg Sub-district Oral Health Service	Robertson	Dental Centre	Cape Winelands	160	4,800	24	P3	C3 A3	B 2	B2	Low	Neutral	Relinquish	1,684	11	36,518,894	1,145	37,381	To be incorporated into future Robertson CDC.	YES			
39	Lawaakamp Clinic	George	Clinic	Garden Route	411	12,330	247	P3	C3 A2	B 2	B2	Medium	Neutral	Maintain	18,619	45	69,584.4	1,206	707	Consolidation required. Forms part of land swap (value R1 149 000). Will become owned.	YES			
40	Lentegeur Oral Health Service	Mitchell's Plain	Dental Clinic	Mitchell's Plain	100	3,000	60	P3	C3 A3	B 2	B2	Medium	Neutral	Relinquish	5,322	53				Must be consolidated with CHC in future.	YES			
41	Maitland Oral Health Service	Maitland	Dental Clinic	Western	96	2,880	58	P3	C3 A2	B 2	B2	Medium	Neutral	Relinquish	3,966	41				Part of CDC service but separate building.	YES			
42	Majiesfontein Satellite Clinic	Majiesfontein	Satellite Clinic	Central Karoo	50	1,500	30	P2	C3 A4	A 1	A1	Low	Shortage	Replace	1,194	24	88,490.5	1,002	802	Brief issued but not priority. Municipality indicated a possibility to fund or co-fund construction of new facility, but investigations are still underway.	YES			
43	Mfuleni CDC Temporary	Mfuleni	CDC	Eastern	1,037	35,258	705	P3	C4 A5	A 1	A1	Extensive	Shortage	Replace	137,340	132				Rental of land only. Electrical upgrade awaited.	NO			
44	Mitchell's Plain Oral Health Centre	Mitchell's Plain	Dental Centre	Mitchell's Plain	4,862	145,860	729	P3	C3 A3	B 2	B2	Low	Neutral	Maintain								NO		
45	Moorreesburg Ambulance Station Control Centre	Moorreesburg	EMS Control Centre	West Coast	250	7,500	150	P3	C3 A4	A 2	A2	Medium	Neutral	Maintain							Extension of lease confirmed for further 5 years from 2022.	YES		
46	Mossel Bay FPL	Mossel Bay	Forensic Pathology Laboratory	Garden Route	243	7,290	146	P4	C4 A3	B 1	B1	Medium	Neutral	Replace							Replacement facility on existing hospital site. Property registered RSA. Request IAM to regularise a lease or investigate transfer (Asset follows function), depending on timelines. Maintenance by Engineering.	YES		
47	Nuwerus Satellite Clinic	Nuwerus	Satellite Clinic	West Coast	79	2,370	12	P2	C4 A4	A 1	A1	Low	Neutral	Maintain	1,359	17	1,572,87.5	1,180	1,623	Lease agreement renewed on 1 October 2022 for a further 3 years with a 2 year renewal option.	YES			
48	Oudtshoorn FPL	Oudtshoorn	Forensic Pathology Laboratory	Garden Route	300	9,000	45	P4	C4 A3	B 1	B1	Medium	Neutral	Maintain							On SAPS site. No pressure to relocate. Property registered RSA. Request IAM to regularise a lease or investigate transfer (Asset follows function).	YES		
49	Oudtshoorn Oral Health Service	Oudtshoorn	Dental Clinic	Garden Route	153	4,590	23	P3	C3 A3	B 2	B2	Medium	Neutral	Maintain	6,700	44	67,928,88.3	1,000	59,980	To be consolidated with new Bridgeton CDC in future.	YES			

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE INDEX	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTIONS	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M ² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
50	Parow CDC	Parow	CDC	Tygerberg	1,215	41,310	826	P3	C3 A2	B 2	B2	Medium	Shortage/Replace	Replace	57,214	47				0	Property to be leased from CoCT. WCGHW took over the services in June 2022. Service requested replacement but site to be secured. Services to visit and indicate suitability as well as motivate sizing.	NO	
51	Paternoster Satellite Clinic	Paternoster	Satellite Clinic	West Coast	140	4,200	84	P2	C4 A3	A 1	A1	Medium	Neutral	Maintain	7,649	55	2,357	83.2	1,308	2,566	Need to assess if extension required. General upgrade and maintenance carried out in 2020.	YES	
52	Pearly Beach Satellite Clinic	Pearly Beach	Satellite Clinic	Overberg	175	5,250	26	P2	C3 A2	B 1	B1	Low	Neutral	Maintain	715	4	1,458	84.7	1,305	1,612	Need to assess if extension required. Maintenance in 2023.	YES	
53	Ravensmead CDC	Parow	CDC	Tygerberg	1,128	38,352	767	P3	C3 A2	B 2	B2	Medium	Shortage/Replace	Replace	62,447	55				0	CoCT started the process to subdivide and transfer erf for priority replacement (Ptn of Erf 24282 Ravensmead). In the interim, a POA must be requested from CoCT.	NO	
54	Redelinghuys Satellite Clinic	Redelinghuys	Satellite Clinic	West Coast	83	2,490	50	P2	C4 A3	A 1	A1	Low	Neutral	Maintain	2,877	35	2,571	86.8	1,245	2,776	Lease to be regularised.	YES	
55	Riebeek Kasteel Clinic	Riebeek Kasteel	Clinic	West Coast	194	5,820	29	P3	C4 A4	A 1	A1	Extensive	Shortage/Replace	Replace	20,566	106	8,686	85.3	1,201	8,898	Investigate if we can obtain the site adjacent to the clinic for possible extensions and then also to acquire existing.	YES	
56	Sandhills Clinic	De Doorns	Clinic	Cape Winelands	122	3,660	183	P3	C2 A2	B 3	B3	High	Shortage/Replace	Replace	11,991	98	3,526	87.3	1,157	3,561	Subject to site availability. Possible replacement at Bantus School site. Awaiting feedback from IAM.	YES	
57	Saron Clinic	Saron	Clinic	Cape Winelands	552	16,560	331	P3	C3 A3	B 2	B2	Medium	Neutral	Maintain	23,609	43	10,621	81.1	1,168	10,061	Human Settlements indicated that the Property belongs to the Vereinte Evangeliese Mission-Drei Ertelein and therefore has no delegated authority to transfer this erf. Lease negotiations underway with Owner (Vereinte Evangeliese Mission-Drei Ertelein) - however no funding available for rental. Property has been used rent free. Letter to be written to HOD WCGTPW to request funding in lieu of regularisation of historic lease.	NO	
58	Silvertown Oral Health Service	Athlone	Dental Centre	Klipfontein	100	3,000	60	P2	C3 A3	A 1	A1	Low	Neutral	Relinquish	776	8					Cannot be considered as service point. Must be consolidated with CHC.	YES	

Templates 3.2.1 & 4.2.1: Schedule of Functional Performance Utilisation Improvement Plan / High Level Life Cycle Analysis: Leased Health Facilities

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE INDEX	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTIONS	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M ² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT	GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
59	Stofkraal Satellite Clinic	Stofkraal	Satellite Clinic	West Coast	80	2,400	12	P2	C4 A4	A 1	A1	A1	Low	Neutral	Maintain	1,678	21	1,000	87.5	1,180	1,033	YES	YES	
60	Strand CDC	Strand	CDC	Eastern	572	19,448	389	P3	C3 A2	B 2	B2	B2	High	Shortage	Relinquish	40,849	71					Consolidation with Gustrouw CDC. Rusthof. Negotiations for additional floor space for eye care services is underway between the Landlord and WCGTPW. Service will fund additional costs.	NO	
61	Tesselaarsdal Satellite Clinic	Tesselaarsdal	Satellite Clinic	Overberg	12	360	7	P2	C3 A4	A 1	A1	A1	Extensive	Neutral	Maintain	1,246	104					Health Services rendered from Community Hall - single 'open plan office space' used for clinical purposes. Awaiting valuation from Municipality. Municipality requested to consider a nominal rental.	YES	
62	Touwsranteen Clinic	George	Clinic	Garden Route	239	7,170	36	P3	C4 A3	B 1	B1	B1	Medium	Neutral	Maintain	12,799	54	7,723	84.4	1,206	7,861	Clinic to be replaced long term on an alternative site. Upgrades & Additions in 2020 under NHI. To be transferred. New site required for replacement. Interim extended site required to be transferred. Possibly to be included in land swap for portions of Erf 6979 & 3472 George.	YES	
63	Tygerberg Oral Health Centre	Parow	Dental Centre	Tygerberg	2,026	60,780	1,216	P3	C3 A4	A 2	A2	A2	Low	Neutral	Maintain		-						NO	NO
64	Villiersdorp Ambulance Station	Villiersdorp	EMS	Overberg	197	5,910	296	P3	C2 A2	B 3	B3	B3	Medium	Neutral	Replace		-						Not suitable rental. Will move into old clinic building once repairs have been done - work will commence in 2023.	YES
65	Vredendal Central/Vredendal Clinic	Vredendal	Clinic	West Coast	374	11,220	224	P3	C3 A4	A 2	A2	A2	High	Neutral	Maintain	26,227	70	11,223	87.5	1,180	11,588	Requested transfer.	YES	
66	Vredendal North Clinic	Vredendal	Clinic	West Coast	437	13,110	66	P3	C4 A4	A 1	A1	A1	High	Shortage	Upgrade & additions	36,242	83	13,409	87.5	1,180	13,844	Requested transfer.	YES	
67	Waenhuiskrans Satellite Clinic	Arniston	Satellite Clinic	Overberg	68	2,040	10	P2	C4 A3	A 1	A1	A1	High	Neutral	Upgrade & additions	4,050	60	1,842	85.6	1,141	1,795	Need to assess if it must be extended.	YES	
68	WCEN Bland Overberg Campus	Worcester	Nursing College	Cape Winelands	811	24,330	122	P3	C4 A4	A 1	A1	A1	Medium	Neutral	Replace		-						Lease extended until December 2023.	NO
69	WCEN George Campus	George	Student Nurse Accommodation	Garden Route	1,520	45,600	228	P3	C4 A4	A 1	A1	A1	Medium	Neutral	Maintain		-						Temporary lease - IAM requested to investigate long term permanent solutions.	NO
70	WCEN George Campus	George	Student Nurse Accommodation	Garden Route	560	16,800	84	P3	C4 A4	A 1	A1	A1	Medium	Neutral	Maintain		-						Temporary lease - IAM requested to investigate long term permanent solutions.	NO

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	DISTRICT/ BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2023 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	SUITABILITY INDEX	OPERATING PERFORMANCE INDEX	FUNCTIONAL PERFORMANCE INDEX	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTIONS	NO OF PATIENT VISITS PER ANNUM (Jan 2022 to Dec 2022)	VISITS PER M² (CLINICS, CDCs ETC.)	POPULATION OF SUB-CATCHMENT AREA	% DEPENDENT	GROWTH PER YEAR FROM 2011 TO 2030	ESTIMATED DEPENDANT POPULATION IN 2030	FINAL ANALYSIS	ENGINEERING TO MAINTAIN
71	WCCN George Campus	George	Student Nurse Accommodation	Garden Route	920	27,600	138	P3	C4 A4	A	1	A1	Medium	Neutral	Maintain							0 Temporary lease - IAM requested to investigate long term permanent solutions.	NO	
72	Westridge Oral Health Service	Mitchell's Plain	Dental Clinic	Mitchell's Plain	50	1,500	75	P3	C2 A2	B	3	B3	High	Neutral	Relinquish		3,765	75					Cannot be considered as service point. Must be consolidated with CHC.	YES
73	Witredrif Satellite Clinic	Witredrif	Satellite Clinic	Garden Route	203	6,090	122	P2	C3 A4	A	1	A1	Low	Neutral	Maintain		4,503	22	2,757	88.6	1,328	3,244		YES
74	Witewater Satellite Clinic	Witewater	Satellite Clinic	West Coast	59	1,770	9	P2	C4 A4	A	1	A1	Medium	Neutral	Maintain		2,744	47	1,000	86.8	1,245	1,081	Lease extended until Feb 2025 with renew option until Feb 2027.	YES
75	Wuppertal Clinic	Wuppertal	Clinic	West Coast	72	2,160	11	P3	C4 A4	A	1	A1	High	Neutral	Maintain		4,789	67	1,000	90.7	1,180	1,070	Lease extended until Feb 2025 with renew option until Feb 2027.	YES
76	Yzerfontein Satellite Clinic	Yzerfontein	Satellite Clinic	West Coast	47	1,410	28	P2	C3 A4	A	1	A1	Low	Neutral	Maintain		113	2	1,741	85.3	1,201	1,784		YES

Templates 3.2.1 & 4.2.1: Schedule of Functional Performance Utilisation Improvement Plan / High Level Life Cycle Analysis: Leased Health Facilities

Templates 3.2.2 & 4.2.2:

**Schedule of Functional Performance / Utilisation Improvement Plan /
High Level Life Cycle Analysis: Leased Office Accommodation**

TEMPLATES 3.2.2 & 4.2.2: SCHEDULE OF FUNCTIONAL PERFORMANCE / UTILISATION IMPROVEMENT PLAN / HIGH LEVEL LIFE CYCLE ANALYSIS: LEASED OFFICE ACCOMMODATION

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION
FACILITIES										
1	Bergriver Sub-district Office	Piketberg	Montiana Building, Piketberg	Offices		West Coast	Bergriver	High	Shortage	Replace
2a	Head Office Leased Office	Cape Town	The Box, 9 Lower Burg Street, Cape Town, floor 21	Offices	Corporate Support Service	FIM	City of Cape Town	Low		Consolidate & replace
3	Matzikama Sub-district Office	Vredendal	Karin Building, Voortrekker Road, Vredendal	Offices		West Coast	Matzikama	Medium	Neutral	Replace
REPEATER STATIONS										
1	Buffelshoek Repeater Station	Worcester	Farm Kanetvlei No. 80	Repeater Station		Cape Winelands	Bree Valley			
2	Waboomsberg Repeater Station	Ceres	Farm Merno,	Repeater Station		Cape Winelands	Witzenberg			
3	Boskloof Repeater Station	Caledon	Farm Boskloof 614, near Akkedisberg	Repeater Station		Overberg	Theewaterskloof			
4	Soeremusberg Repeater Station	Bredasdorp	Groentfontein	Repeater Station		Overberg	Cape Agulhas			
5	Rooielsberg Repeater Station - Riversdale	Riversdale	Rooielsberg, Riversdale	Repeater Station		Garden Route	Hessequa			
6	Rooielsberg Repeater Station - Riversdale	Riversdale	Rooielsberg, Riversdale	Repeater Station		Garden Route	Hessequa			
7	Spitskop Repeater Station - Knysna	Knysna	Spitskop, Knysna	Repeater Station		Garden Route	Knysna			
8	Sentec Repeater sites (8 sites)		Western Cape (Beaufort West, George, Knysna, Majiesfontein, Napier, Oudshoorn, Riversdale and Van Rhyndorp)	Repeater Station		Central Karoo Garden Route Overberg West Coast				
9	Sentec Repeater sites (4 sites)		Western Cape (Beaufort West, George, Oudshoorn and Van Rhyndorp)	Repeater Station		Central Karoo Garden Route West Coast				

Templates 3.2.2 & 4.2.2: Schedule of Functional Performance / Utilisation Improvement Plan / High Level Life Cycle Analysis: Leased Office Accommodation

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	HIGH LEVEL LIFE-CYCLE ANALYSIS / UTILISATION IMPROVEMENT ACTION
10	Du Toit's Peak Repeater Station		Du Toit's Peak Mountain, Worcester	Repeater Station		Cape Winelands	Bree Valley			
11	Morning Star Repeater Station - Heidelberg	Heidelberg	Morning, Heidelberg	Repeater Station		Garden Route	Hessequa			

Template 5:

Gap Analysis

TEMPLATE 5: GAP ANALYSIS

SUB-PROGRAMME	REQUIRED OUTCOMES	STATUS QUO	GAP
<p>Sub-programme 8.1: Primary Health Care Facilities. To render facility-based district health services (at clinics, community day and health centres) and community-based district health services (CBS) to the population of the Western Cape Province.</p>	<p>Increase accessibility to PHC services and sustained delivery of the full package of quality PHC services in the Western Cape.</p> <p>Improve the health infrastructure for PHC.</p>	<p>Since 2008, 19 new / replacement facilities have been constructed (two of these were temporary facilities i.e. Mileni and Du Noon CDCs (the latter has since been closed as the permanent facility is now operational); and the most recent six added are Abbotdale and Chatsworth Satellite Clinics, and Avian Park, Stellenberg's Cove, Villersdorp and Gouda Clinic) and upgrading / additions projects completed at 16 facilities. In the same period 3 facilities have been purchased / acquired. Upgrading and additions projects at Gansbaai Clinic was completed in 2022. The following facilities will be in construction in 2023/24: Upgrade and additions at Blanco and Pekaalsdorp Clinics, Ladismith Clinic, and Paarl CDC. In planning are: De Doorns and Bothasig CDCs (extensions), Diazville Clinic, Hanover Park and Elsies River CHCs, Ravensmead and Matland CDCs (replacement), and new Weltevreden CDC. Dual responsibility for the service in the Metro is a further challenge to integrated gap analysis. Replication and alternative construction methods or IA appointments to accelerate planning stages are being explored. Consolidation of facilities will have to take place to improve the integrated service plan, a number of facilities will also need to be replaced and / or extended. The Ideal Clinic standards also resulted in extensive upgrading requirements. The principle of Wellness facilities as opposed to a clinic is being conceptualised.</p>	<p>Transfer of rural facilities started in 2006 and is not yet completed. The increase in the uninsured population from 2006 to date and further estimated growth to 2030 require new / upgrading of facilities over and above only maintenance and rehabilitation. Hot spots are being serviced with prefabricated units. A number of Clinics / CDCs are in the process of being planned for future years as reflected in Template 7. A further gap analysis in terms of correct positioning of facilities in Cape Winelands was done and sites for new / replacement of Mbekweni CDC (Paarl CDC) and Kayamandi Clinic were identified. Site acquisition for a number of facilities have been prioritised. Replacement sites for Ravensmead, Elsies River, Hanover Park, Lotus River, Mileni, Paarl, Matland, Gugulethu 2 and Vredenburg were secured and potential sites for replacement of Hanover Park and Elsies River CHCs, Ravensmead and Matland CDCs (replacement), and new Weltevreden CDC. Dual responsibility for the service in the Metro is a further challenge to integrated gap analysis. Replication and alternative construction methods or IA appointments to accelerate planning stages are being explored. Consolidation of facilities will have to take place to improve the integrated service plan, a number of facilities will also need to be replaced and / or extended. The Ideal Clinic standards also resulted in extensive upgrading requirements. The principle of Wellness facilities as opposed to a clinic is being conceptualised.</p>
<p>Sub-programme 8.2 Emergency Medical Services The rendering of pre-hospital Emergency Medical Services including inter-hospital transfers and planned patient transport. The clinical governance and coordination of Emergency Medicine within the Provincial Health Department.</p>	<p>Investment into the redesign of the PHC component of the care continuum in order to shift the focus to that of wellness. In line with UHC Strategy 2025 the Department is pursuing a number of interventions to enhance efficiencies and access to care.</p> <p>Provide new purpose-built ambulance stations and relocation and / or replacement of existing facilities. Improvement of the system's responsiveness; the focus will be on enhancing the accessibility of EMS.</p> <p>HealthNet waiting areas</p> <p>Communication centres</p>	<p>Transfer of all facilities from Local Governments to WCGH by Property Management has started in 2008 but has not yet been completed. Since then, construction of 10 new / replacement ambulance stations have been completed, whilst upgrade / additions projects have been completed at two facilities. The Chief Directorate: Immovable Asset Management has purchased buildings in Secgofield, Swellendam and Great Brak River as a strategy to obtain urgent service points whilst it is preferable for purpose-built facilities. Due to lack of funding to operate the Secgofield and Stanford Ambulance Stations have been relinquished and future expansion into the rural areas is not anticipated. Prince Albert Ambulance Station was upgraded in 2020 and the De Doorns Ambulance Station replacement was completed in 2021.</p> <p>Incorporated into some of the Clinics / Ambulance Stations. Alternatives to be investigated in terms of liaison with Local Government Thusong Centres.</p> <p>At Tygerberg Hospital, Moorsburg and in Caledon. Tygerberg Communication Centre was upgraded in 2014 and Caledon in 2020.</p>	<p>A lack of funding hampers purpose-built initiatives and further acquisition of houses to be converted in Uniondale will be investigated. This will contribute to a vital presence in the correct areas. Various additions, such as wash bays to existing facilities, has taken place or are in planning. Planning has been prioritised for further ambulance stations based on highest need and analysis in terms of response times and gap of existing response. Grabouw Ambulance Station has been upgraded at current rental premises. Nine new ambulance stations will be required for the future, in the Metro, Kraaitoorn, Behar, Du Noon and Strand have been highlighted as prime areas for placement, and these will be promoted as priorities. A total of 65 EMS facilities will ultimately be required in 2030, which entails the construction of 8 ambulance stations to be added to the current number of 57 EMS facilities. The Murraysburg EMS has moved to the hospital site.</p> <p>De Doorns included a HealthNet station.</p> <p>Relocation of George Communications Centre will be investigated. EMS requested the Tygerberg Communication Centre to be moved to Pinelands EMS.</p>

SUB-PROGRAMME	REQUIRED OUTCOMES	STATUS QUO	GAP
<p>Sub-programme 8.3: District Hospital Services To render primary health care services at district hospitals</p>	<p>Increase access to acute district hospital services in the Western Cape with specific reference to Emergency Centres and Acute Psychiatric Units. Upgrading of ECs and APUs has been identified as a priority for the Department.</p> <p>Ensure access to the full package of quality district hospital services with specific focus on wellness, women's health and child health services.</p> <p>Improve infrastructure of district hospital services</p>	<p>At the moment there are 33 district hospitals as per WCG definition. Khayelitsha Hospital (January 2012) and Mitchell's Plain Hospital (July 2013) have already been expanded since initial opening. Hermanus Hospital EC, Ceres Hospital EC, Stellenbosch Hospital EC, Karl Bremer Hospital EC, Knysna Hospital EC, Swellendam Hospital EC additions, Helderberg Hospital EC, Westleur Hospital EC, Eerste River Hospital additions, Vredenburg Hospital additions, Heideveld CDC, temporary EC, Victoria Hospital EC and extensive work to the fire damaged Swartland Hospital have been completed. False Bay Hospital rehabilitation works briefing document was issued in 2018/19. This building of APUs, attached to district hospitals, has been identified as an urgent requirement. The and Eerste River Hospital will commence in 2023. Further brief for Karl Bremer Hospital has been issued in 2022. A unit has been completed at Oudtshoorn Hospital as well as at Radie Kotze Hospital in Plettenberg, Hermanus Hospital and Otto du Plessis Hospital. The Business Case for replacement of Swartland Hospital was issued to NDoH in January 2018 and approved. Briefing document issued to NDoH in 2020 and follow up comment and signing off of minor change in bed numbers has been sent to NDoH for comment/approval. Updated briefing document to be submitted to NDoH in 2023.</p>	<p>A number of new facilities will be required within the next 20 years. Planning for further district hospitals in the Metro has been undertaken with site identification e.g. replacement of Victoria Hospital, new Northern Hospital in Kraaifontein / Brackenfell areas and replacement of Westleur Hospital in Atlantis. Land invasion of the Northern Hospital site is problematic and must be attended to, as well as the site for replacement of Westleur Hospital in Atlantis. The replacement of Swartland Hospital is also a priority due to the fire. Future district hospitals in George, Paarl, and Plettenberg Bay (Bitou) have been identified and suitable sites have to be found once the principle of separate hospitals has been agreed to. The ECs at Beaufort West, Robertson, Riversdale and Mossel Bay Hospitals is in planning and Montagu Hospital requires consolidation whilst Karl Bremer Hospital requires an APU as well as a new OPD (OPD brief still to be issued). Replacement of prefab structures such as OPDs and wards at facilities also require funding allocation (Oudtshoorn Hospital). Extensive maintenance work and fire safety is required at a number of rural and metro hospitals. Additional four new district hospitals and replacement of three existing hospitals will be required for 2040 and beyond, which equates to a total of 36 hospitals. Upgrade and Additions to 9 hospitals and Rehabilitation of 6 will be required in addition to this.</p>
<p>Sub-programme 8.4: Provincial Hospital Services Delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialised rehabilitation service, as well as a platform for training health professionals and research.</p>	<p>Hospital revitalisation, new mega regional hospitals to improve access to the provincial platform</p> <p>Rendering of high intensity specialised rehabilitation services for persons with physical disabilities.</p> <p>Convert present tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions that allow for isolation during the intensive phase of treatment, as well as the application of the standard multi-drug resistant (MDR) protocols.</p> <p>Rendering a specialist psychiatric hospital service to people with mental illness and intellectual disability and providing a platform for the training of health workers and research.</p>	<p>The revitalisation of Paarl and George Hospitals is complete. New Somerset Hospital and Mowbray Maternity Hospital are being maintained with a brief issued for an APU at New Somerset Hospital and construction is planned to start in 2023. Worcester Hospital fire compliance is currently under construction whilst the upgrade of the theatres at New Somerset Hospital will continue with construction in 2023/24.</p> <p>The current Orthotic and Prosthetic Centre is located on the Conrade site. Fire safety to be addressed in 2023/24. However, Business Case received for the replacement of the facility on the Lentegeur Hospital site as well as proposal to digitise operations.</p> <p>Pilot project at Brooklyn Chest Hospital was completed in 2013. Major upgrading was undertaken at Harry Comay Hospital and, during COVID-19, 20-bed ward added at this facility and 90 beds added to Sonstraal Hospital (Paarl) to ensure amalgamation of the latter with Malmesbury ID Hospital post COVID-19. Brewskloof Hospital (hybrid function) is receiving ongoing maintenance. The service platform will be extended by means of the home-based care system.</p> <p>Valkenberg Hospital requires major additions / upgrading. Alexandra, Sikkland and Lentegeur Hospitals currently require scheduled maintenance with upgrading at Alexandra Hospital to assist with the decanting for Valkenberg Hospital. Further decanting requirements at Valkenberg Hospital identified as an ad hoc project.</p>	<p>New Somerset Hospital has been identified for relocation based on the WCGTPW's Regeneration Team recommendation. Routine maintenance is being implemented at recently completed facilities. Construction work for a new APU at New Somerset Hospital is expected to continue in 2023 whilst master planning / suitability study of the Mowbray Maternity Hospital was completed in 2021 and was discussed with Service and way forward to be agreed. Three new regional hospitals are required i.e. Belhar Regional Hospital, the replacement of GF Jooste District Hospital (already decanted) and new hospital named Klipfontein) and Helderberg Regional Hospital to replace the current district hospital. A total of 8 regional hospitals will be required for 2030 and beyond.</p> <p>Replacement Orthotic and Prosthetic Centre in a more accessible position (at Lentegeur Hospital) to be built in future. Rehabilitation services is being rendered on the Lentegeur Hospital Site.</p> <p>Planning to rationalise the TB platform is still work in progress. Brooklyn Chest Hospital has been earmarked to undergo major renovations and upgrading but the service design requirements need to be formalised. Funding remains inadequate to meet all requirements. DP Marais Hospital requires urgent maintenance to the kitchen and scheduled maintenance to components of the hospital. Harry Comay Hospital kitchen upgrade is required and future needs to be determined. Fire safety is a priority at all facilities and a strategic brief, to attend to this in a pragmatic manner, has been issued to WCGTPW.</p> <p>Planning for the revitalisation of Valkenberg Hospital has progressed with construction of Phases 1A and 1B complete. Further roll-out of the project to take place. Major maintenance work is currently in planning stage for Alexandra and Sikkland Hospitals. Fire safety contracts at these facilities are being prioritised. Framework maintenance brief for Lentegeur to be issued in 2023.</p>

SUB-PROGRAMME	REQUIRED OUTCOMES	STATUS QUO	GAP
<p>Sub-programme 8.5: Central Hospital Services (Highly Specialised) To provide tertiary health services and create a platform for the training of health workers and research.</p>	<p>Rendering a maintenance service to equipment and engineering installations, and minor maintenance to buildings.</p> <p>New hospital and revamp of existing hospitals</p>	<p>Ongoing, with delegations being revised to ensure that day-to-day maintenance can take place at lowest levels.</p> <p>PPP for Tygerberg Hospital replacement is ongoing whilst ISA support was applied for in 2021. Major maintenance backlog at Grootte Schuur Hospital and Tygerberg Hospital. EC upgrade / extension is required at Grootte Schuur and Red Cross War Memorial Children's Hospitals with the latter being in construction by the Children's Hospital Trust. Although this Trust has contributed largely towards Red Cross War Memorial Children's Hospital, the hospital is also in need of deferred maintenance work with specific reference to the store and linen bank. Due to the current poor state of Tygerberg Hospital's infrastructure and the uncertainty of whether funding will become available for the redevelopment project, Provincial Treasury in November 2018 approved an earmarked allocation of R1.971 billion over a 10-year period (2019/20 to 2028/29) for the expansion and acceleration of the Tygerberg Hospital Maintenance and Remedial Works Programme.</p>	<p>Insufficient funds to undertake maintenance and address the backlog maintenance. This is reflected in the narrative.</p> <p>Feasibility Study for PPP project for replacement of Tygerberg Hospital has been completed and TA1 approval received. The Maintenance and Remedial Works programme at Tygerberg Hospital is being implemented. Addressing engineering services to reduce failure of systems will be the highest priority. Grootte Schuur Hospital EC in planning stage and major upgrade of certain areas must be scoped for future projects. Fire compliance brief for Grootte Schuur Hospital has been issued and the R and R of the OPD brief issued in 2021. A major project to attend to the AC and Ventilation at Grootte Schuur Hospital will be in construction in 2023/24 for the next 3 years. Swapping of residential accommodation being negotiated with UCT. Master plan for Red Cross War Memorial Children's Hospital has been completed and this is serving as guiding document for the Children's Hospital Trust going forward but changes to this were discussed. Interim home for child psychiatry accommodated within service. Linen bank to be relocated.</p>
<p>Sub-programme 8.6: Other Facilities Rendering of training and development opportunities for actual and potential employees of the Department of Health</p>	<p>Nursing Colleges: Provision of skills development and/or training on health science.</p> <p>Forensic Pathology Services.</p>	<p>Current facilities within Metro East (staffing only) and Metro West, Boland and in Southern Cape Worcester residential accommodation has been completed as well as Sikkland accommodation which is now used for administrative purposes only. A college and conference centre building has been acquired in George to extend the student intake from 2015 for the Southern Cape Karoo region. Replacement college required in Worcester and replacement nursing residential accommodation in George. Alternative for George has been followed up with IAM.</p> <p>Salt River FPL was replaced with Observatory FPL in 2022, with a completion project planned to reach completion in 2023. Krystia FPL replacement project is in construction and completion estimated to be achieved in 2023. Vredendal FPL was upgraded in 2016, whilst Swellendam FPL has been scaled down and Stellenbosch FPL has been relinquished. The Tygerberg facility must first be upgraded and extended and be replaced in the long term.</p>	<p>Insufficient funding to address all the requirements at once necessitates the prioritisation of planning at facilities and the extension of rental agreements at Worcester College and Southern Cape Karoo residential accommodation. Planning for a new college building in Worcester will continue in 2023.</p> <p>Observatory FPL to be completed in 2023 and will be operationalised over 2 years. Other facilities have been prioritised and this is reflected in the templates. MOU with SAPS with respect to facilities on their sites has been requested from IAM. Due to funding shortages Outshoorn, Mossel Bay and Laingsburg facilities will not be prioritised for replacement within the medium term.</p>
<p>Office accommodation and other.</p>	<p>Office accommodation and other.</p>	<p>A number of district and sub-district offices need to be upgraded and requirements for these have been submitted to WCGTPW. Urgent maintenance requirements at various office facilities were identified and communicated to WCGTPW. However, WCGTPW advised they will no longer maintain 66% of the office accommodation portfolio. The Overberg District Office in Caledon is the highest priority for replacement and upgrade in the interim. WCGTPW underbook master accommodation plan which has not been implemented due to COVID-19.</p>	<p>Office accommodation within WCGHW is not consolidated within components and the fractured nature is impacting on the efficiencies within the Department. Floor space in excess of 3 500m² was rented but with assistance of FIM this was reduced by more than 50% by end 2022, saving WCG millions. Upgrading / new office accommodation to be utilised as head office satellites, district and sub-district offices are required, namely in Cape Town, Caledon, Vredendal, Hermanus, Pletberg, Clanwilliam and Ceres. File storage for the Metro as part of shared office space. Accommodation for head office staff, currently housed at Tygerberg Hospital and other areas, needs to be found. Office accommodation for a consolidated head office is required for EMS and this will partly be attended to by the brief for Wards 17 & 18 at Alexandra Hospital. Western Cape Warehouse has been rehabilitated for urgent storage requirements. Additional accommodation at Protea Court will be under construction for rehabilitation work to accommodate offices. OHS issues highlighted in templates.</p>
<p>Laundry services.</p>	<p>Laundry services.</p>	<p>Tygerberg and Lentegeur Central Laundries. Replacement of three laundry lines at Tygerberg Central Laundry is under construction. Briefing document for Lentegeur Laundry upgrade was issued to WCGTPW in 2019. Storage facility for new linen identified in 2022.</p>	<p>Work at Tygerberg Central Laundry commenced in 2021/22. Further upgrades to Lentegeur Laundry in planning.</p>

Template 6.1:

Capital Expenditure (CAPEX) Requirements per Sub-programme

TEMPLATE 6.1: CAPITAL EXPENDITURE (CAPEX) REQUIREMENTS PER SUB-PROGRAMME

Sub-Programme 8.1: Community Health Facilities

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
1	C1810006	Bonnievale - Happy Valley Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Apr-27	31-Jul-31	10,000	-	-	-	-	-	4,000
2	C1810008	Ceres - Bella Vista Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Dec-27	31-Oct-31	10,000	-	-	-	-	-	4,000
3	HC1810020	Ceres - Ceres CDC - Enabling work and rehabilitation	8.1	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	12-Jan-23	30-May-24	50,000	36,000	4,000	-	-	-	-
4	C1810010	Ceres - Nduli Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Mar-25	28-Feb-30	15,000	-	-	10	400	800	4,780
5	C1810013	De Doorns - De Doorns CDC - Upgrade and Additions	8.1	Cape Winelands	HFRG	Upgrades and additions	Stage 4: Design Documentation	9-Apr-14	30-Nov-24	25,600	2,500	8,977	168	470	-	-
6	C1810183	De Doorns - Orchard Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Apr-27	28-Feb-30	10,000	-	-	-	-	-	4,000
7	C1810014	De Doorns - Sandhills Clinic (Rep.) - Replacement	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	31-Dec-24	31-Mar-26	9,000	-	-	-	380	1,200	2,020
8	C1810184	Franschoek - Groendal Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Dec-25	31-May-28	15,000	-	-	-	200	1,200	4,600
9	C1810032	Gouda - Gouda Clinic - Replacement	8.1	Cape Winelands	HFRG	New infrastructure assets	Stage 6: Handover	1-Mar-17	7-Nov-22	23,713	610	355	-	-	-	-
10	C1810091	Klapmuts - Klapmuts Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Stage 1: Initiation	30-May-23	31-May-26	25,000	1	158	1,200	3,200	4,184	-
11	C1810282	Paarl - Klein Drakenstein Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-May-30	31-Aug-32	10,000	-	-	-	-	-	4,000
12	C1810074-0001	Paarl - Paarl CDC - Enabling work and fencing to secure new site	8.1	Cape Winelands	HFRG	Upgrades and additions	Stage 6: Handover	28-Feb-17	31-Mar-23	11,113	1,531	3	-	-	-	-
13	C1810074	Paarl - Paarl CDC - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Stage 4: Design Documentation	28-Feb-17	31-Oct-25	85,589	2,776	27,360	6,259	1,548	587	-
14	C1810277	Paarl - TC Newman CDC - Rehabilitation (Alpha)	8.1	Cape Winelands	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-28	31-Aug-32	70,000	-	-	-	-	-	28,000
15	C1810162	Paarl - Windmeul Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Stage 4: Design Documentation	1-Jun-16	15-Apr-24	7,940	4,190	125	13	-	-	-
16	C1810299	Priel - Priel Clinic - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	30-Jun-31	20,000	-	-	-	-	-	8,000
17	C1810085	Robertson - Robertson CDC - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	30-May-24	28-Feb-32	150,000	-	-	-	-	20	59,980
18	C1810089	Stellenbosch - Cloetesville CDC - Rehabilitation (Alpha)	8.1	Cape Winelands	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Apr-27	31-Mar-31	50,000	-	-	-	-	20	19,620
19	C1810090	Stellenbosch - Kayamandi Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Stage 2: Concept	2-Jun-22	31-Jul-26	50,655	454	588	8,224	10,483	758	-

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.1: Community Health Facilities)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
20	C1810182	Stellenbosch - Kylemore Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-May-30	31-Mar-34	10,000	-	-	-	-	-	4,000
21	C1810250	Stellenbosch - Watergang Clinic - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	31-Dec-32	70,000	-	-	-	-	-	28,000
22	C1810185	Wellington - Soetental Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-May-27	31-Mar-29	10,000	-	-	-	-	20	3,980
23	C1810284	Wellington - Wellington CDC - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Oct-27	31-Dec-32	20,000	-	-	-	-	-	8,000
24	C1810100	Wolseley - Wolseley Clinic - Replacement	8.1	Cape Winelands	HFRG	New infrastructure assets	Stage 7: Close out	20-Mar-12	29-Mar-19	25,274	241	-	-	-	-	-
25	C1810101	Worcester - Avian Park Clinic - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Stage 6: Handover	1-Jul-15	31-May-22	37,087	190	-	-	-	-	-
26	C1810179	Worcester - Empilisweni Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	30-Dec-26	31-May-29	8,000	-	-	-	20	200	2,980
27	C1810247	Worcester - Transhex Clinic - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Apr-26	31-Dec-31	70,000	-	-	-	-	200	27,800
28	C1810003	Beaufort West - Beaufort West CDC - Upgrade and Additions (Alpha)	8.1	Central Karoo	HFRG	Upgrades and additions	Still to be initiated	1-Oct-26	30-Apr-31	30,000	-	-	-	-	108	11,892
29	C1810063	Langsburg - Langsburg Clinic - Upgrade and Additions	8.1	Central Karoo	HFRG	Upgrades and additions	Stage 7: Close out	30-Apr-14	1-Apr-21	31,700	1,645	-	-	-	-	-
30	C1810069	Mattiesfontein - Mattiesfontein Satellite Clinic - Replacement	8.1	Central Karoo	HFRG	New infrastructure assets	Stage 2: Concept	19-Dec-14	31-Mar-27	6,000	1	25	33	2,150	150	46
31	C1810002	Athlone - Dr Abdurahman CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	31-Dec-25	30-Jun-29	50,000	-	-	-	40	2,400	17,560
32	C1810067	Athlone - Heideveld CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-30	31-Mar-36	50,000	-	-	-	-	-	20,000
33	C1810140	Atlantis - Protea Park CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-26	31-Mar-29	100,000	-	-	-	-	20	39,980
34	C1810176	Atlantis - Saxon Sea Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-27	31-Aug-31	40,000	-	-	-	-	20	15,980
35	C1810012	Bellville - Bellville South CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-26	31-Jan-30	50,000	-	-	-	400	800	19,200
36	C1810154	Blackheath - Kleinvier CDC (Repl) - CoCT CDC Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Dec-24	30-Sep-30	200,000	-	-	10	200	1,200	98,580
37	C1810170	Blue Downs - Blue Downs Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Dec-28	31-Mar-31	40,000	-	-	-	-	-	16,000

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.1: Community Health Facilities)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
38	C1810169	Blue Downs - Westbank Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Dec-27	31-Mar-31	40,000	-	-	-	-	-	16,000
39	C1810251	Bonteheuwel - Vanguard CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	30-May-23	31-Jan-27	40,000	244	302	831	5,531	8,000	208
40	C1810048	Bothasig - Bothasig CDC - Upgrade and Additions	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 5: Works	26-Apr-17	30-Apr-24	19,730	5,105	1,162	164	-	-	-
41	C1810156	Claremont - Claremont CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	31-Aug-34	200,000	-	-	-	-	-	80,000
42	C1810151	Defit - Defit South CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-25	30-Sep-30	250,000	-	-	-	220	1,200	98,580
43	C1810016	Defit - Symphony Way CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 7: Close out	26-Jan-11	6-Jul-15	66,400	1	-	-	-	-	-
44	C1810066	Durbanville - Durbanville CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-27	31-Mar-31	25,000	-	-	-	-	20	19,980
45	C1810149	Eerste River - Eerste River Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Mar-29	31-Mar-35	60,000	-	-	-	-	-	24,000
46	C1810021-0001	Elsies River - Elsies River CHC - Enabling work incl fencing	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 3: Design Development	1-Feb-22	31-Mar-27	4,522	48	48	1,679	32	-	-
47	C1810021	Elsies River - Elsies River CHC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 3: Design Development	25-May-16	31-Mar-28	257,847	1,384	2,509	8,836	34,933	33,028	21,796
48	C1810163	Goodwood - Ruyterwacht CDC (Rep) - Replacement (Alpha)	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	31-Jan-31	150,000	-	-	-	-	-	60,000
49	C1810248	Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	21-Dec-18	31-Mar-26	25,300	1,380	6,955	3,380	110	-	-
50	C1810036	Green Point - Green Point CDC (Rep) - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	31-Mar-34	250,000	-	-	-	-	-	100,000
51	C1810146-0001	Gugulethu - Gugulethu 2 CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 2: Concept	16-Aug-22	31-Dec-24	2,000	360	670	24	-	-	-
52	HC1810021	Gugulethu - Gugulethu 2 CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 1: Initiation	31-May-23	31-May-28	100,000	4,000	12,000	9,600	28,000	23,898	-
53	C1810286	Gugulethu - Gugulethu CHC - MOU rehabilitation	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	30-Sep-21	30-Nov-28	32,000	364	236	260	3,892	6,454	1,762
54	C1810037	Gugulethu - Gugulethu CHC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Mar-27	30-Jun-32	250,000	-	-	-	-	-	100,000
55	C1810279	Harorver Park - Harorver Park CHC - Demolitions	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 5: Works	30-Jun-16	30-Sep-23	9,560	3,398	245	-	-	-	-
56	C1810038	Harorver Park - Harorver Park CHC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 4: Design Documentation	30-Jun-16	31-Jul-27	233,299	2,533	12,500	20,117	20,350	35,339	168

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.1: Community Health Facilities)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
57	CI810043	Hout Bay - Hout Bay CDC - Replacement and Consolidation	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 3: Design Development	21-Jun-18	30-Apr-28	74,000	1,109	1,278	1,869	20,434	2,819	880
58	CI810132	Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	30-May-23	31-Mar-27	45,000	439	556	1,001	8,182	3,600	3,121
59	CI810142	Khayelitsha - Kuyasa CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-27	31-Jan-33	50,000	-	-	-	-	-	40,000
60	CI810141	Khayelitsha - Matthew Goniwe CDC - CoCT CDC Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-25	31-Mar-30	250,000	-	-	-	200	1,200	98,600
61	CI810045	Khayelitsha - New Way CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jan-27	31-Oct-31	250,000	-	-	-	-	-	100,000
62	CI810240	Khayelitsha - Nlungile CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	1-Mar-21	30-Sep-25	22,000	329	6,922	2,327	500	46	-
63	CI810311	Khayelitsha - Zakhele CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Dec-23	30-Jun-28	250,000	-	8	100	400	2,000	97,390
64	CI810131	Klipheuwel - Klipheuwel CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jul-26	30-Apr-31	30,000	-	-	-	-	200	11,800
65	CI810263	Kraaifontein - Scottsdale CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	30-Jun-23	30-Nov-26	20,000	178	468	2,480	2,288	2,739	-
66	CI810318	Kraaifontein - Scottsdale CDC - Upgrade and Additions (Beta)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-27	1-Apr-30	50,000	-	-	-	-	-	20,000
67	CI810114	Kraaifontein - Wallacedene CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Aug-24	31-May-30	250,000	-	-	10	200	1,200	98,580
68	CI810164	Kuils River - Sarepta Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Mar-28	31-May-31	40,000	-	-	-	-	-	16,000
69	CI810139	Langa - Langa CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	31-Mar-32	250,000	-	-	-	-	-	100,000
70	CI810147	Lavender Hill - Seawind Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Mar-29	28-Apr-34	60,000	-	-	-	-	-	24,000
71	CI810071-0001	Lotus River - Lotus River CDC (Repl) - Fencing to secure new site	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Jun-24	31-Aug-28	2,500	1	1	-	-	288	710
72	CI810071	Lotus River - Lotus River CDC (Repl) - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Dec-24	31-May-29	220,000	-	331	200	2,000	8,000	77,535
73	CI810064	Macassar - Macassar CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Dec-27	30-Sep-32	50,000	-	-	-	-	-	20,000
74	CI810065-0001	Maitland - Maitland CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 3: Design Development	1-Feb-22	31-Dec-24	2,500	1	1	-	-	289	709
75	CI810055	Maitland - Maitland CDC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 3: Design Development	13-Dec-17	30-Jun-28	160,369	1,656	1,468	1,613	21,754	25,382	12,161
76	CI810109	Mamre - Mamre CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-May-26	31-Mar-29	20,000	-	-	-	-	20	7,980

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.1: Community Health Facilities)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
77	C1810143	Manenberg - Manenberg CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	31-Jan-34	100,000	-	-	-	-	-	40,000
78	C1810112	Masiphumelele - Masiphumelele CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Aug-25	30-Jun-30	150,000	-	-	-	200	1,200	58,600
79	C1810060-0001	Mfuleni - Mfuleni CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 2: Concept	12-Aug-22	30-Dec-24	2,000	360	670	24	-	-	-
80	C1810060	Mfuleni - Mfuleni CDC (Rep) - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 1: Initiation	30-Dec-23	30-Sep-28	200,000	-	315	1,000	4,000	24,000	70,748
81	C1810103	Mitchells Plain - Lentegour CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	31-Jan-33	250,000	-	-	-	-	20	99,980
82	C1810174	Mitchells Plain - Mandalay CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jun-28	31-Mar-34	50,000	-	-	-	-	-	20,000
83	C1810175	Mitchells Plain - Phumtiani CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Mar-29	31-Jan-35	100,000	-	-	-	-	-	40,000
84	C1810173	Mitchells Plain - Rocklands Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Jun-27	31-Mar-33	30,000	-	-	-	-	-	12,000
85	C1810172	Mitchells Plain - Westridge Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Dec-26	31-Mar-30	30,000	-	-	-	-	20	11,980
86	C1810186	Nyanga - KTC CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-25	30-Jun-31	250,000	-	-	-	-	220	99,780
87	C1810161	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 6: Handover	1-Jun-16	28-Apr-22	5,965	106	-	-	-	-	-
88	C1810260	Nyanga - Nyanga CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	21-Apr-21	31-Aug-26	8,000	91	133	680	1,474	880	-
89	C1810300	Nyanga - Nyanga CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Mar-25	30-Nov-31	60,000	-	-	-	20	200	23,780
90	C1810070	Observatory - Observatory CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	28-Feb-31	250,000	-	-	-	-	-	100,000
91	C1810160	Ocean View - Ocean View CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-28	31-Jul-31	20,000	-	-	-	-	-	8,000
92	C1810047	Parklands - Parklands CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-24	31-Dec-29	250,000	-	-	10	400	1,940	97,640
93	C1810111	Parow - Parow CDC (Rep) - CoCT CDC Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Mar-25	30-Sep-31	250,000	-	-	-	20	200	99,780
94	C1810062	Philippi - Weltevreden CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 4: Design Documentation	30-Nov-17	30-Jun-27	130,338	547	7,524	13,348	13,348	12,000	4,372

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.1: Community Health Facilities)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
95	CI810080	Ravensmead - Ravensmead CDC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 5: Works	1-Aug-15	31-Mar-25	79,688	9,889	11,773	10,294	1,429	988	-
96	CI810274	Retreat - Retreat CHC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	21-Jan-21	28-Feb-27	50,000	526	827	3,644	10,323	4,545	395
97	CI810083	Retreat - Retreat CHC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Sep-27	31-Aug-33	250,000	-	-	-	-	-	100,000
98	CI810171	Strand - Ikhwezi CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Dec-26	31-Mar-30	40,000	-	-	-	-	20	15,980
99	CI810094	Strand - Rushhof CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Dec-24	30-Sep-30	250,000	-	-	10	200	1,200	98,580
100	CI810307	Callitdorp - Callitdorp Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	30-Jul-18	31-May-24	1,863	472	493	36	-	-	-
101	CI810026	George - Conville CDC (Repl) - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Jun-25	31-Oct-31	125,000	-	-	-	20	400	49,580
102	CI810298	George - George Central Clinic - Upgrade and Additions (Alpha)	8.1	Garden Route	HFRG	Upgrades and additions	Still to be initiated	1-Dec-26	31-Oct-31	30,000	-	-	-	-	20	11,980
103	CI810073	George - Tounsranten Clinic (Repl) - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Dec-28	30-Jun-34	20,000	-	-	-	-	-	8,000
104	HC1810004	Kynsna - Hornlee Clinic - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Stage 2: Concept	20-Sep-22	28-Feb-24	35,000	26,000	2,000	-	-	-	-
105	CI810052	Ladismith - Ladismith Clinic - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Stage 6: Handover	16-Mar-17	28-Feb-23	24,884	1,572	881	-	-	-	-
106	CI810068	Mossel Bay - George Road Sat Clinic (Repl) - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Stage 4: Design Documentation	15-Feb-21	31-Aug-24	11,000	1,651	4,009	92	-	-	-
107	CI810296	Mossel Bay - Ruiterbosch Satellite Clinic - New	8.1	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Dec-27	31-Jul-31	5,000	-	-	-	-	-	2,000
108	CI810181	Oudtshoorn - Brigeton CDC (Repl) - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	31-Aug-35	150,000	-	-	-	-	-	60,000
109	CI810308	Zoar - Appaltenstein Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	30-Jul-18	31-May-24	1,671	308	533	36	-	-	-
110	HC1810031	Caledon - Caledon Clinic (Repl) - Replacement	8.1	Overberg	HFRG	New infrastructure assets	Stage 1: Initiation	30-Jul-23	31-Oct-28	30,000	-	341	216	390	3,439	7,682
111	CI810022	Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Upgrades and additions	Stage 6: Handover	31-Jul-14	4-Jul-22	31,915	73	-	-	-	-	-
112	CI810271	Grabouw - Grabouw CHC - Entrance and Records upgrade	8.1	Overberg	HFRG	Upgrades and additions	Stage 2: Concept	30-Aug-19	30-Nov-26	7,500	148	100	2,567	185	-	-
113	CI810138	Grabouw - Grabouw CHC - Upgrade and Additions Ph2	8.1	Overberg	HFRG	Upgrades and additions	Still to be initiated	1-Apr-26	31-Mar-30	10,000	-	-	-	-	20	3,980
114	CI810040	Hawston - Hawston Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Upgrades and additions	Still to be initiated	30-Jul-24	31-Jul-27	8,000	-	-	-	20	200	2,980
115	CI810246	Struisbaai - Struisbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Upgrades and additions	Still to be initiated	1-Jun-26	30-Jun-29	5,000	-	-	-	20	200	1,780

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.1: Community Health Facilities)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
116	CI810245	Swellendam - Raitlon Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Upgrades and additions	Still to be initiated	1-Jun-25	30-Jun-29	10,000	-	-	-	20	200	3,780
117	CI810095	Villiersdorp - Villiersdorp Clinic - Replacement	8.1	Overberg	HFRG	New infrastructure assets	Stage 6: Handover	30-Jun-17	21-Dec-22	30,273	2,084	1,543	-	-	-	-
118	HC1810024	Primary Healthcare - Hybrid Inverters PH1	8.1	Various	HFRG	Upgrades and additions	Stage 5: Works	1-Feb-23	31-Mar-24	31,383	25,108	6,275	-	-	-	-
119	HC1810025	Primary Healthcare - Hybrid Inverters PH2	8.1	Various	HFRG	Upgrades and additions	Stage 4: Design Documentation	1-Feb-23	31-Mar-25	2	1	1	48,046	-	-	-
120	CI810130	Primary Healthcare - Pharmacies rehabilitation (Alpha)	8.1	Various	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	30-Jun-15	31-Aug-26	7,000	100	82	312	1,776	386	-
121	CI810198	Darling - Darling Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Jan-24	31-Jan-30	25,000	-	100	400	2,000	7,200	400
122	CI810270	Kalbaskraal - Kalbaskraal Satellite Clinic (Repl) - Replacement	8.1	West Coast	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	30-Sep-31	9,000	-	-	-	-	-	3,600
123	CI810199	Klawer - Klawer Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Jan-25	31-Jan-29	10,000	-	-	-	20	200	3,780
124	HC1810016	Piketberg - Goederwacht Satellite Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Apr-25	31-Mar-28	5,000	-	-	-	400	800	2,800
125	HC1810032	Piketberg - Piketberg Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Stage 2: Concept	30-Mar-23	31-Dec-26	20,000	122	174	1,760	4,000	151	-
126	CI810180	Riebeeck Kasteel - Riebeeck Kasteel Clinic (Repl) - Replacement	8.1	West Coast	HFRG	New infrastructure assets	Still to be initiated	1-Dec-26	30-Sep-29	30,000	-	-	-	220	1,200	10,580
127	CI810084	Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Dec-26	31-Jan-31	10,000	-	-	100	1,200	2,580	120
128	CI810086	Saldanha - Diazville Clinic - Replacement	8.1	West Coast	HFRG	New infrastructure assets	Stage 4: Design Documentation	21-Nov-17	31-Jan-27	38,818	498	119	5,975	7,767	586	89
129	CI810088	St Helena Bay - Sandy Point Satellite Clinic - Replacement	8.1	West Coast	HFRG	New infrastructure assets	Stage 6: Handover	5-May-15	31-Oct-22	9,958	666	407	-	-	-	-
130	CI810096	Vredenburg - Vredenburg CDC - New	8.1	West Coast	HFRG	New infrastructure assets	Stage 2: Concept	30-Nov-17	31-May-28	70,000	295	517	753	8,123	13,525	4,233
131	CI810097	Vredendal - Vredendal North Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	30-Dec-24	28-Feb-28	25,000	-	-	59	352	1,200	8,248
Grand Total											17,120	28,190	9,924	1,720	8,109	66,560

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.1: Community Health Facilities)

Sub-Programme 8.2: Emergency Medical Rescue Services

NO	WCGHW PROJECTNO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
1	C820002	De Doorns - De Doorns Ambulance Station - Replacement	8.2	Cape Winelands	HFRG	New infrastructure assets	Stage 7: Close out	1-Sep-14	21-Jun-21	19,660	1	-	-	-	-	-
2	C820004	Franschhoek - Groendal Ambulance Station - New	8.2	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Apr-30	31-Jul-33	9,000	-	-	-	-	-	3,600
3	C820050	Paarl - Paarl Ambulance Station - Upgrade and Additions incl wash bay	8.2	Cape Winelands	HFRG	Upgrades and additions	Stage 2: Concept	28-Dec-22	31-Mar-27	5,000	81	62	655	1,177	65	-
4	C820021	Stellenbosch - Stellenbosch Ambulance Station (Repl) - Replacement	8.2	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	30-Nov-30	20,000	-	-	-	-	-	10,000
5	C820011	Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	8.2	Central Karoo	HFRG	Upgrades and additions	Stage 6: Handover	15-Jul-19	8-Nov-22	4,818	343	61	-	-	-	-
6	C820042	Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	HFRG	Upgrades and additions	Stage 7: Close out	1-Sep-19	16-Sep-22	4,100	362	-	-	-	-	-
7	C820041	Belhar - Belhar Ambulance Station - New	8.2	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Mar-24	29-Feb-28	25,000	-	-	453	543	7,824	1,180
8	C820003	Du Noon - Du Noon Ambulance Station - New	8.2	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-28	30-Nov-32	20,000	-	-	-	-	-	8,000
9	C820010	Kraaifontein - Kraaifontein Ambulance Station - New	8.2	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jun-28	31-May-32	25,000	-	-	-	-	-	10,000
10	C820057	Maitland - EMS Head Office (Repl) - Replacement	8.2	City of Cape Town	PES	New infrastructure assets	Stage 2: Concept	24-Feb-22	30-Aug-24	34,123	1	1	1	-	-	-
11	HCI820003	Maitland - Pnielands Ambulance Station (Repl) - Relocation to Alexandra Hospital site	8.2	City of Cape Town	HFRG	New infrastructure assets	Stage 2: Concept	14-Oct-22	15-Feb-24	130,000	9,000	7,560	8,316	-	-	-
12	C820059	Montague Gardens - Pnielands Ambulance Station Workshop (Repl) - Acquisition for replacement	8.2	City of Cape Town	PES	New infrastructure assets	Stage 2: Concept	5-Aug-22	31-Mar-24	25,000	1,000	-	-	-	-	-
13	C820015	Pnielands - Pnielands Ambulance Station - Ambulance Station, Head Office Rehab	8.2	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-30	30-Apr-31	40,000	-	-	-	-	-	16,000
14	HCI820006	Pnielands - Pnielands Ambulance Station - Communication Centre relocation	8.2	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Jun-23	31-Dec-24	20,000	1	19,500	499	-	-	-
15	C820020	Somersat West - Heiderberg Ambulance Station - New	8.2	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-27	30-Nov-31	25,000	-	-	-	-	-	10,000

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.2: Emergency Medical Rescue Services)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
16	C1820006	Great Brak River - Great Brak River Ambulance Station - Upgrade and Additions (Alpha)	8.2	Garden Route	HFRG	Upgrades and additions	Still to be initiated	30-Mar-27	30-Nov-30	2,000	-	-	-	-	200	600
17	C1820025	Uniondale - Uniondale Ambulance Station - New	8.2	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-25	31-Dec-28	8,000	-	-	-	-	20	3,180
18	C1820005	Gansbaai - Gansbaai Ambulance Station - New	8.2	Overberg	HFRG	New infrastructure assets	Still to be initiated	1-Apr-30	30-Nov-34	2,000	-	-	-	-	-	800
19	C1820027	Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	HFRG	New infrastructure assets	Stage 5: Works	26-Jun-17	30-Sep-23	8,450	3,658	108	-	-	-	-
20	H1820005	Clanwilliam - Clanwilliam Ambulance Station - Entrance R, R and R (Alpha)	8.2	West Coast	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Aug-23	31-Dec-24	2,000	800	800	-	-	-	-
21	C1820033	Darling - Darling Ambulance Station - Upgrade and Additions and wash bay	8.2	West Coast	HFRG	Upgrades and additions	Stage 4: Design Documentation	1-Jun-16	31-Jul-23	3,617	1,873	98	-	-	-	-
22	C1820019	Saldanha - Diazville Ambulance Station - New	8.2	West Coast	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	31-Jul-30	8,000	-	-	-	-	-	3,200
Grand Total											143,286	127,708	159,730	226,464	249,319	2,896,185

Sub-Programme 8.3: District Hospital Services

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
1	C1830120	Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	28-Feb-18	31-Mar-26	29,265	426	4,285	6,761	22	553	-
2	C1830114	Ceres - Ceres Hospital - New Acute Psychiatric Ward	8.3	Cape Winelands	HFRG	Upgrades and additions	Stage 6: Handover	1-Jun-16	28-Nov-22	6,441	164	97	-	-	-	-
3	C1830011	Ceres - Ceres Hospital - Upgrade and Additions towards 112-bed hospital	8.3	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Apr-30	31-Jan-36	100,000	-	-	-	-	-	40,000
4	C1830034	Montagu - Montagu Hospital - Rehabilitation	8.3	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	1-Mar-19	31-Aug-26	28,600	344	3,775	3,193	3,625	716	-
5	C1830038	Paarl - Paarl District Hospital - New	8.3	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	31-Mar-28	31-Mar-38	850,000	-	-	-	-	-	340,000
6	C1830044	Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	HFRG	Upgrades and additions	Stage 3: Design Development	2-Oct-18	31-Jan-26	64,300	573	13,523	9,704	3,488	-	-
7	C1830139	Robertson - Robertson Hospital - Rehabilitation (Alpha)	8.3	Cape Winelands	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-30	31-Jan-34	50,000	-	-	-	-	-	20,000
8	C1830043	Robertson - Robertson Hospital - Upgrade Ph2	8.3	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Oct-27	30-Apr-33	26,000	-	-	-	-	-	10,400
9	C1830122	Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 5: Works	26-Oct-17	30-Apr-24	35,925	9,091	4,076	656	-	-	-
10	C1830155	Beaufort West - Beaufort West Hospital - Asbestos roof replacement and general refurb	8.3	Central Karoo	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-25	30-Nov-30	66,500	-	-	-	-	20	26,580
11	C1830002	Beaufort West - Beaufort West Hospital - Rationalisation	8.3	Central Karoo	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	9-Oct-18	30-Jun-26	76,900	689	197	5,766	22,661	-	-
12	C1830158	Lansburg - Lansburg Hospital - Rehabilitation (Alpha)	8.3	Central Karoo	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-26	31-Mar-30	20,000	-	-	-	-	20	7,980
13	C1830036	Murraysburg - Murraysburg Hospital - Rehabilitation (Alpha)	8.3	Central Karoo	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Jan-26	31-Dec-30	30,000	-	-	-	-	200	11,800
14	C1830131	Atlantis - Westleur Hospital - Record Room extension	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	24-Dec-18	30-Nov-25	32,700	634	5,601	6,131	284	1,244	-
15	C1830014	Atlantis - Westleur Hospital (Repl) - Replacement	8.3	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Jun-26	30-Apr-34	1,000,025	-	-	-	-	10	400,000
16	C1830127	Bellville - Karl Bremer Hospital - Demolitions and parking	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	19-Dec-17	30-Jun-25	26,000	1	6,778	2,291	1,429	-	-
17	C1830119	Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	19-Dec-17	30-Apr-28	217,200	2,559	3,773	13,740	29,427	23,396	11,647

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.3: District Hospital Services)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
18	C1830164	Bellville - Karl Bremer Hospital - Lift upgrade CE3067, CE3068, CE3078, CE3079	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	31-Oct-23	31-Mar-27	12,000	-	250	3,600	2,400	900	-
19	C1830150	Bellville - Karl Bremer Hospital - New Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 2: Concept	13-May-22	29-Feb-28	102,000	1,341	1,290	482	7,289	22,076	9,017
20	C1830141	Bellville - Karl Bremer Hospital - OPD Upgrade and Additions (Alpha)	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Dec-24	31-Mar-31	80,000	-	-	-	572	2,000	29,428
21	C1830005	Bellville - Karl Bremer Hospital - Rehabilitation (Alpha)	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Jun-30	31-May-37	150,000	-	-	-	-	-	60,000
22	C1830015	Eerste River - Eerste River Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 5: Works	23-Feb-15	31-Jan-25	86,002	19,319	13,156	5,011	1,326	-	-
23	C1830129	Eerste River - Eerste River Hospital - R, R & R (Alpha)	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Oct-24	28-Feb-30	100,000	-	-	-	-	-	100,000
24	C1830059	Eerste River - Eerste River Hospital - Upgrade (Alpha)	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Oct-30	28-Feb-35	50,000	-	-	-	-	-	20,000
25	C1830142	Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 3: Design Development	14-Oct-19	30-Apr-25	7,753	112	3,681	16	-	-	-
26	C1830124	Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	24-Dec-18	28-Feb-27	51,083	411	1,325	7,461	8,492	48	2,436
27	C1830021	Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 5: Works	23-Feb-15	21-Nov-24	87,413	18,226	12,888	4,000	4,107	-	-
28	C1830026	Kraaifontein - Northern Hospital - New	8.3	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Sep-25	31-Oct-35	600,000	-	-	-	-	-	240,000
29	C1830144	Mitchells Plain - Mitchells Plain Hospital - Fire doors	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	13-Aug-19	30-Apr-24	8,030	2,840	1,125	90	-	-	-
30	C1830163	Mitchells Plain - Mitchells Plain Hospital - Upgrade and Additions for storage and KMC	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	31-Oct-24	31-Oct-28	10,000	-	-	-	-	1,000	9,000
31	C1830045	Somerset West - Heiderberg Hospital - EC Upgrade and Additions	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 7: Close out	1-Apr-13	15-Mar-21	57,813	1	-	-	-	-	-
32	C1830121	Somerset West - Heiderberg Hospital - Repairs and Renovation (Alpha)	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	30-Nov-17	31-Oct-24	37,045	5,185	11,371	808	-	-	-
33	C1830040	Southfield - Victoria Hospital (Repl) - Replacement	8.3	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-26	31-Mar-34	1,000,000	-	-	-	-	20	399,980
34	C1830173	Wynberg - Victoria Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	27-Feb-26	31-Oct-31	70,000	-	-	-	-	20	27,980

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.3: District Hospital Services)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
35	C1830062	Wynberg - Victoria Hospital - New EC	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 7: Close out	1-Apr-12	14-Jul-21	90,930	1	-	-	-	-	-
36	C1830172	Wynberg - Victoria Hospital - Records Room upgrade	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	27-Feb-25	31-Oct-28	20,000	-	-	20	2,000	5,980	-
37	C1830016	George - George District Hospital - New	8.3	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	31-Aug-34	600,000	-	-	-	-	-	240,000
38	C1830148	Knysna - Knysna Hospital - Rehabilitation to accommodate Dental Unit	8.3	Garden Route	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Jan-28	31-Aug-30	4,000	-	-	-	-	-	1,600
39	C1830027	Ladismith - Alan Blyth Hospital - R, R & R (Alpha)	8.3	Garden Route	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-27	30-Nov-30	30,000	-	-	-	-	20	11,980
40	C1830176	Ladismith - Ladismith (Alan Blyth) Hospital - R, R and R (Beta)	8.3	Garden Route	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	30-Jul-18	30-Dec-24	13,000	603	4,829	220	714	-	-
41	C1830067	Mosel Bay - Mosel Bay Hospital - Entrance, Admissions and EC	8.3	Garden Route	HFRG	Upgrades and additions	Stage 4: Design Documentation	15-Oct-18	31-Oct-26	65,319	2,066	188	10,000	10,000	2,596	-
42	C1830037	Oudtshoorn - Oudtshoorn Hospital - Upgrade and Additions (Alpha)	8.3	Garden Route	HFRG	Upgrades and additions	Still to be initiated	1-Aug-26	31-Jul-31	30,000	-	-	-	-	20	11,980
43	C1830039	Plettenberg Bay - Bibu District Hospital - New	8.3	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Oct-28	28-Feb-34	500,000	-	-	-	-	-	200,000
44	C1830118	Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	8.3	Overberg	HFRG	Refurbishment and rehabilitation	Stage 7: Close out	30-Apr-16	1-Jun-21	14,305	1	-	-	-	-	-
45	C1830123	Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	8.3	Overberg	HFRG	Refurbishment and rehabilitation	Stage 5: Works	3-Jul-17	31-Aug-24	12,620	669	4,877	150	-	-	-
46	C1830007	Caledon - Caledon Hospital - Conversions to increase capacity	8.3	Overberg	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Mar-28	31-Oct-32	50,000	-	-	-	-	-	20,000
47	C1830017	Hermanus - Hermanus Hospital - Additions for 120-bed hospital	8.3	Overberg	HFRG	Upgrades and additions	Still to be initiated	1-Apr-29	30-Sep-35	150,000	-	-	-	-	-	60,000
48	C1830115	Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	HFRG	Upgrades and additions	Stage 7: Close out	1-Jun-16	8-Oct-21	3,700	1	-	-	-	-	-
49	C1830117	Swellendam - Swellendam Hospital - Acute Psychiatric Ward	8.3	Overberg	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	1-Jun-16	31-Dec-24	4,680	149	1,991	58	-	-	-
50	C1830145	District Hospitals - Fencing (Alpha)	8.3	Various	HFRG	Upgrades and additions	Stage 6: Handover	2-May-19	11-Nov-22	6,492	68	45	-	-	-	-
51	C1830073	District Hospitals - Pharmacies rehabilitation (Alpha)	8.3	Various	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	30-Jun-15	28-Feb-26	6,000	119	115	492	1,663	-	-
52	HC1830020	District Hospitals - Photovoltaic Panels installation	8.3	Various	HFRG	Upgrades and additions	Stage 4: Design Documentation	1-Feb-23	31-Mar-25	40,785	16,315	24,470	-	-	-	-
53	C1830182	Citrusdal - Citrusdal Hospital - EC Upgrade (Alpha)	8.3	West Coast	HFRG	Upgrades and additions	Still to be initiated	31-Dec-26	31-Dec-31	20,000	-	-	-	-	-	20,000

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.3: District Hospital Services)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/29 R'000s
54	C1830125	Malmesbury - Swartland Hospital - Prefabricated Wards	8.3	West Coast	HFRG	Refurbishment and rehabilitation	Stage 7: Close out	15-Jul-17	26-Mar-20	42,011	153	-	-	-	-	-
55	C1830185	Malmesbury - Swartland Hospital (Rep) - Fencing of new site	8.3	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Oct-23	31-Mar-26	6,000	600	3,000	2,400	-	-	-
56	C1830028	Malmesbury - Swartland Hospital (Rep) - Replacement	8.3	West Coast	HFRG	New infrastructure assets	Stage 1: Initiation	30-Dec-24	30-Jun-30	1,000,000	-	-	4,000	12,000	28,000	356,000
57	HC1830018	Malmesbury - Swartland Hospital (Rep) - Replacement (FIPDM Stage 2)	8.3	West Coast	HFRG	New infrastructure assets	Still to be initiated	31-Dec-23	31-Dec-25	2,000	300	750	660	-	-	-
58	C1830116	Piketberg - Radie Kotze Hospital - Hospital layout improvement	8.3	West Coast	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	1-Jun-16	31-Jul-25	33,566	2,012	9,162	1,711	1,524	-	-
59	C1830137	Porterville - LAPA Munnik Hospital - Rehabilitation (Alpha)	8.3	West Coast	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Sep-25	31-Mar-29	25,000	-	-	10	200	1,600	8,180
60	C1830080	Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	8.3	West Coast	HFRG	Refurbishment and rehabilitation	Stage 7: Close out	31-Mar-15	23-May-19	176,000	1	-	-	-	-	-
Grand Total											84,974	136,618	89,411	111,253	86,459	2,701,968

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.3: District Hospital Services)

Sub-Programme 8.4: Provincial Hospital Services

NO	WCGHW PROJECTNO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/29 R'000s
1	C1840039	Pearl - Pearl Hospital - New Obstetric Theatre in Maternity Unit	8.4	Cape Winelands	HFRG	Upgrades and additions	Stage 4: Design Documentation	4-Nov-19	31-Jan-25	9,780	562	3,736	46	168	-	-
2	C1840038	Worcester - Brewskloof Hospital - R & R ind mechanical work on HVAC	8.4	Cape Winelands	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-May-26	31-Aug-31	80,000	-	-	-	-	200	31,800
3	C1840053	Worcester - Worcester Hospital - Fire Compliance	8.4	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 5: Works	1-Apr-15	31-May-23	31,030	2,141	1,995	46	-	-	-
4	C1840061	Worcester - Worcester Hospital - Relocation of MOU	8.4	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	14-Feb-18	31-Mar-24	14,576	5,467	1,623	304	-	-	-
5	C1840025	Belhar - Belhar Regional Hospital - New	8.4	City of Cape Town	HFRG	New infrastructure assets	Stage 2: Concept	15-Jun-22	30-Sep-32	3,691,201	945	14,623	5,990	28,522	28,322	1,047,767
6	HC1840007	Brooklyn - Brooklyn Chest Hospital - Rehabilitation (Alpha)	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	31-Mar-25	29-Feb-28	100,000	-	-	-	80	4,000	75,920
7	C1840001	Brooklyn - Brooklyn Chest Hospital - Upgrade and Additions (Alpha)	8.4	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Dec-25	31-Mar-30	200,000	-	-	-	-	200	79,800
8	C1840010	Green Point - New Somerset Hospital - Acute Psychiatric Unit	8.4	City of Cape Town	HFRG	Upgrades and additions	Stage 5: Works	23-Feb-15	23-Jan-25	92,700	17,371	15,123	4,000	5,464	-	-
9	C1840066	Green Point - New Somerset Hospital - R, R and R (Alpha)	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Dec-23	30-Nov-28	100,000	-	100	200	1,200	4,000	38,520
10	C1840088	Green Point - New Somerset Hospital - Relocation of helistop	8.4	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Sep-23	31-Mar-26	14,000	-	56	567	800	189	-
11	C1840008	Green Point - New Somerset Hospital - Upgrading of theatres and ventilation	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 5: Works	22-May-15	31-May-24	55,292	10,073	11,742	876	2,883	-	-
12	HC1840013	Maitland - Alexandra Hospital - R, R and R to Wards 1-10, 15 and 16	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 5: Works	15-Sep-22	31-Mar-24	100,000	54,303	47,889	34,511	-	-	-
13	C1840067	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	18-Mar-18	31-Dec-25	7,400	470	1,152	30	292	1	-
14	C1840070	Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	1-Mar-18	31-May-26	13,266	279	4,402	650	598	1	-
15	C1840055	Manenberg - Klipfontein Regional Hospital - Replacement PH1	8.4	City of Cape Town	HFRG	New infrastructure assets	Stage 2: Concept	3-Dec-18	31-Aug-33	2,329,676	3,978	12,500	10,000	5,000	32,000	872,218
16	C1840072	Manenberg - Klipfontein Regional Hospital - Replacement PH2	8.4	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	28-Feb-35	1,000,000	-	-	-	-	-	92,000

Template 6.1: Capital Expenditure (CAPEX Requirements) per Sub-programme (Sub-programme 8.4: Provincial Hospital Services)

NO	WCGHW PROJECTNO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
17	C1840011	Milnerfontein - Milnerfontein Regional Hospital - New Somerset Hospital Replacement	8.4	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Mar-30	30-Apr-38	1,800,000	-	-	-	-	-	720,000
18	HC1840012	Michell's Plain - Lentegeur Hospital - R, R & R to accommodate Child and Adolescent beds	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	14-Sep-22	31-Mar-24	20,000	16,000	-	-	-	-	-
19	C1840082	Michell's Plain - Lentegeur Hospital - Ward rehabilitation framework	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Nov-23	31-Mar-28	100,000	-	214	142	4,152	8,000	27,280
20	C1840088	Mowbray - Mowbray Maternity Hospital - Rehabilitation (Alpha)	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Jun-25	31-Mar-32	100,000	-	-	-	1,000	1,000	98,000
21	C1840019	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	8.4	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	13-Aug-09	31-Dec-29	306,027	218	182	-	3,396	25,891	89,901
22	C1840016	Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	8.4	City of Cape Town	HFRG	New infrastructure assets	Stage 4: Design Documentation	1-Apr-10	31-Aug-27	23,453	330	275	208	3,704	3,899	956
23	C1840110	Observatory - Valkenberg Hospital - R, R and R to Wards 13 and 14	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-26	31-Aug-32	150,000	-	-	-	-	1,624	58,376
24	C1840049	Somerset West - Heideberg Regional Hospital - District Hospital Replacement	8.4	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Jun-24	30-Apr-34	2,000,000	-	-	10	400	1,600	797,980
25	C1840097	Sitkand - Sitkand Hospital - Rehabilitation of water-reticulation system	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	30-Jul-22	31-Jul-27	20,000	134	135	774	4,585	1,482	961
26	C1840083	George - George Hospital - Wards R, R and R (Alpha)	8.4	Garden Route	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	10-Jul-19	30-Jun-27	15,000	218	1	-	4,000	5,000	-
27	C1840085	George - Harry Comay Hospital - Kitchen upgrade and additions	8.4	Garden Route	HFRG	Upgrades and additions	Still to be initiated	30-Sep-24	31-Aug-28	10,000	-	-	49	98	800	2,841
28	C1840005	George - Harry Comay Hospital - Rehabilitation (Alpha)	8.4	Garden Route	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Apr-27	28-Feb-31	30,000	-	-	-	-	20	11,980
29	C1840086	Provincial Hospitals - Fencing (Alpha)	8.4	Various	HFRG	Upgrades and additions	Stage 6: Handover	2-May-19	10-Nov-22	1,317	6	64	-	-	-	-
30	HC1840019	Provincial Hospitals - Photovoltaic Panels installation	8.4	Various	HFRG	Upgrades and additions	Stage 4: Design Documentation	1-Feb-23	31-Mar-25	32,381	12,952	19,429	-	-	-	-
31	HC1840017	Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha)	8.4	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Aug-23	31-Mar-25	20,000	800	8,000	8,800	-	-	-
Grand Total											126,247	143,241	67,203	66,342	118,229	4,046,300

Template 6.1: Capital Expenditure (CAPEX Requirements) per Sub-programme (Sub-programme 8.4: Provincial Hospital Services)

Sub-Programme 8.5: Central Hospital Services

NO	WCGHW PROJECTNO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
1	C850061	Observatory - Grootte Schuur Hospital - R, R & R to interior of Maternity Block	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	31-Oct-24	31-Oct-30	80,000	-	1,663	781	5,316	18,181	-
2	C850054	Observatory - Grootte Schuur Hospital - BMS Upgrade	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 6: Handover	1-Jun-16	29-Apr-22	21,000	1	-	-	-	-	-
3	C850100	Observatory - Grootte Schuur Hospital - Clarendon House rehabilitation (Alpha)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Jul-27	31-Jul-29	25,000	-	-	-	-	800	9,200
4	C850005	Observatory - Grootte Schuur Hospital - EC Upgrade and Additions	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	3-Jul-10	28-Feb-27	205,800	15,000	20,000	18,000	12,000	12,000	8,335
5	C850005-0001	Observatory - Grootte Schuur Hospital - EC Upgrade and Additions - Patient bed lift installation	8.5	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	1-Apr-23	31-Mar-26	6,000	180	2,000	480	200	-	-
6	C850124	Observatory - Grootte Schuur Hospital - Electrical system upgrade - Replace 11kV switchgear	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	15-Feb-23	31-Aug-27	114,000	812	615	541	1,487	1,636	1,800
7	C850032	Observatory - Grootte Schuur Hospital - New Linear Accelerator Installation New Bunker Completion	8.5	City of Cape Town	HFRG	Upgrades and additions	Stage 7: Close out	1-Oct-15	23-Jun-16	2,634	1	1	-	-	-	-
8	C850116	Observatory - Grootte Schuur Hospital - NMB lift upgrade H1 and Hoist	8.5	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	30-Sep-21	31-Oct-25	25,275	2,572	4,194	3,492	800	144	-
9	C850117	Observatory - Grootte Schuur Hospital - NMB lift upgrade H2 and H3	8.5	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	30-Sep-21	31-Oct-25	27,103	2,752	4,481	3,745	1,000	46	-
10	C850123	Observatory - Grootte Schuur Hospital - NMB R, R and R to general areas and wards	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-28	30-Apr-35	200,000	-	-	-	-	-	80,000
11	C850118	Observatory - Grootte Schuur Hospital - OMB SL16 and SL19, New Workshop lift upgrade and Hoist	8.5	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	30-Sep-21	30-Sep-25	22,275	2,938	4,131	2,243	834	67	-
12	C850101	Observatory - Grootte Schuur Hospital - Parking deck waterproofing	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-24	30-Sep-28	15,000	-	-	162	294	2,279	3,265

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.5: Central Hospital Services)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
13	C850056	Observatory - Grootte Schuur Hospital - R and R to OPD (Alpha)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	9-Feb-21	31-Dec-27	120,000	782	1,984	6,172	21,698	12,066	5,666
14	C850060	Observatory - Grootte Schuur Hospital - R, R & R to interior of OMB	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 1: Initiation	0-Jan-00	0-Jan-00	-	-	-	-	200	2,000	45,800
15	C850122	Observatory - Grootte Schuur Hospital - R, R and R to exterior of OMB and Maternity Block	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	0	0-Jan-00	0-Jan-00	-	-	-	-	200	3,800	44,000
16	C850128	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor C Part 2	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	25-Jul-17	31-Mar-26	42,000	600	11,000	7,200	400	-	-
17	C850129	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor D Part 1	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	25-Jul-17	31-Mar-26	34,500	600	8,500	6,000	600	-	-
18	C850130	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor D Part 2	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	25-Jul-17	30-Jun-27	45,200	1	50	12,800	4,800	240	200
19	C850131	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor E	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	25-Jul-17	31-Mar-26	67,500	9,000	15,000	6,000	2,800	200	-
20	C850132	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor F	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	25-Jul-17	1-Apr-25	47,200	9,000	15,000	800	80	-	-
21	C850133	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor G	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	25-Jul-17	15-Dec-26	48,100	60	10,000	10,000	1,200	1	-
22	C850134	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floors A, B	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	25-Jul-17	30-Jun-24	44,000	6,000	15,000	1,600	-	-	-
23	C850055	Observatory - Grootte Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Cancelled	25-Jul-17	N/A	11,000	1	-	-	-	-	-
24	C850103	Observatory - Grootte Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 5: Works	25-Jul-17	30-Jun-24	6,100	2,400	450	39	-	-	-
25	C850104	Observatory - Grootte Schuur Hospital - Ventilation and AC refurb incl mech installation (Beta)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 5: Works	25-Jul-17	31-Mar-25	50,020	16,678	7,500	1,577	431	-	-

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.5: Central Hospital Services)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/29 R'000s
26	C850102	Parow - Tygerberg Hospital - 11kV Generators Replacement	8.5	City of Cape Town	PES: TBH	Upgrades and additions	Stage 7: Close out	18-Dec-19	10-May-22	23,500	1,360	-	-	-	-	-
27	C850075	Parow - Tygerberg Hospital - Balance of 11kV (MV), 400V (LV) network upgr. incl earthing, lightning protection	8.5	City of Cape Town	PES: TBH	Upgrades and additions	Stage 5: Works	29-Mar-19	28-Feb-26	152,200	12,000	15,000	12,000	12,000	12,000	750
28	C850079	Parow - Tygerberg Hospital - Consolidated Security Control Centre	8.5	City of Cape Town	PES: TBH	Upgrades and additions	Cancelled	12-Dec-19	31-Jul-25	2,236	1	-	-	-	-	-
29	C850082-0003	Parow - Tygerberg Hospital - External and Internal Logistics - Signage	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 3: Design Development	14-May-19	31-Aug-24	12,300	462	5,354	277	-	-	-
30	C850083	Parow - Tygerberg Hospital - Fire Safety	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 3: Design Development	15-Apr-19	31-Jan-29	312,000	1	1	-	-	-	121,239
31	C850083-0001	Parow - Tygerberg Hospital - Fire Safety - South-eastern Block incl mechanical work	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 4: Design Documentation	15-Apr-19	31-Jul-25	110,000	1,610	22,043	20,843	3,466	-	-
32	C850074	Parow - Tygerberg Hospital - Hot water system upgrade	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 5: Works	28-Feb-19	31-Mar-25	28,100	5,507	4,213	1,920	989	-	-
33	C850046	Parow - Tygerberg Hospital - Medical Gas Upgrade	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 4: Design Documentation	2-May-17	30-Jun-26	36,000	3,360	6,000	4,000	1,746	551	-
34	HC850015	Parow - Tygerberg Hospital - New warehouse (Alpha)	8.5	City of Cape Town	PES: TBH	Upgrades and additions	Stage 2: Concept	21-Oct-22	28-Feb-24	25,000	20,000	-	-	-	-	-
35	C850088-0001	Parow - Tygerberg Hospital - Perimeter security upgrade - Southern boundary	8.5	City of Cape Town	PES: TBH	Upgrades and additions	Stage 4: Design Documentation	15-Apr-19	30-Apr-24	24,700	5,699	5,672	513	-	-	-
36	C850086	Parow - Tygerberg Hospital - Public Entrance upgrade	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Still to be initiated	1-Oct-29	31-May-35	30,000	-	-	-	-	-	12,000
37	C850078-0007	Parow - Tygerberg Hospital - Rehab of various wards - Block A (LG) Psychiatry OPD	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Cancelled	2-Jun-19	30-Nov-24	2,259	1	-	-	-	-	-
38	C850078-0008	Parow - Tygerberg Hospital - Rehab of various wards - Block C, Ward 11EC and Trauma	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 3: Design Development	30-Nov-21	31-Jul-27	100,000	1,093	711	4,503	17,760	7,870	8,094
39	C850078-0001	Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 3: Design Development	2-Jun-19	31-Aug-31	615,000	1,273	6,030	-	12,928	40,706	179,090
40	HC850013	Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 2: Concept	30-Mar-23	31-Mar-24	100,000	17,134	-	-	-	-	-

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.5: Central Hospital Services)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/29 R'000s
41	C850031	Parow - Tygerberg Hospital - Replacement - Enabling Work	8.5	City of Cape Town	HFRG	Returfishment and rehabilitation	Stage 1: Initiation	1-Mar-23	30-Apr-28	265,000	1	2,152	2,597	27,201	62,778	7,958
42	HCI850002	Parow - Tygerberg Hospital - Replacement (PPP)	8.5	City of Cape Town	HFRG	New infrastructure assets	Stage 1: Initiation	1-Apr-12	30-Jun-30	10,500,000	6,953	6,322	6,954	9,562	10,518	10,443,384
43	C850092	Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	8.5	City of Cape Town	PES, TBH	Upgrades and additions	Stage 4: Design Documentation	13-Nov-20	31-Mar-24	15,000	4,767	2,711	129	-	-	-
44	HCI850020	Rondebosch - Red Cross War Memorial Children Hospital - Linen Bank relocation	8.5	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	31-Aug-23	31-Aug-25	10,000	1	4,000	4,000	1	-	-
45	HCI850017	Rondebosch - Red Cross War Memorial Children Hospital - New warehouse (Alpha)	8.5	City of Cape Town	HFRG	Returfishment and rehabilitation	Still to be initiated	31-Oct-24	31-Mar-26	10,000	-	-	8,000	-	-	-
46	C850097	Rondebosch - Red Cross War Memorial Children Hospital - Nurses Home refurbishment (Alpha)	8.5	City of Cape Town	HFRG	Returfishment and rehabilitation	Still to be initiated	31-Dec-24	31-Mar-29	30,000	-	-	325	588	2,306	8,781
47	C850063	Rondebosch - Red Cross War Memorial Children Hospital - Psych Ward upgrade and additions	8.5	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Jun-28	31-Jan-34	70,000	-	-	-	-	-	28,000
Grand Total											150,601	201,768	147,693	140,581	190,179	11,007,562

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.5: Central Hospital Services)

Sub-Programme 8.6: Other Facilities

NO	WCGHW PROJECTNO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/41 R'000s
1	C860100	Worcester - Cape Winelands District Office - Lift upgrade 1892, 1893	8.6	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	15-Nov-22	31-Mar-25	6,000	168	1,560	80	-	-	-
2	C860024	Worcester - WCCN Boland Overberg Campus - Additional Nurses accommodation - Erica Hostel	8.6	Cape Winelands	HFRG	Upgrades and additions	Stage 7: Close out	1-Apr-12	10-May-16	11,885	1	-	-	-	-	-
3	C860025	Worcester - WCCN Boland Overberg Campus - Training Facility at Keerom	8.6	Cape Winelands	HFRG	Upgrades and additions	Stage 4: Design Documentation	1-Apr-12	31-Jan-27	45,100	1,200	3,529	3,618	8,736	33	552
4	C860102	Worcester - Worcester FPL - Upgrade and Additions for office accommodation	8.6	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	31-Dec-26	31-Dec-29	3,000	-	-	-	-	-	1,200
5	C860003	Beaufort West - Beaufort West FPL - Replacement	8.6	Central Karoo	HFRG	New infrastructure assets	Stage 7: Close out	1-Apr-09	30-Apr-12	11,461	1	-	-	-	-	-
6	C860051	Nelspoort - Nelspoort Hospital - Repairs to Wards	8.6	Central Karoo	HFRG	Refurbishment and rehabilitation	Stage 7: Close out	22-Aug-17	19-Sep-22	17,300	167	-	-	-	-	-
7	C860069	Athlone - WCCN Metro West Campus - Rehabilitation to improve College buildings	8.6	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-24	31-Aug-29	50,000	-	-	541	492	3,229	15,738
8	HC860008	Goodwood - Goodwood Clinical Engineering Workshop - New warehouse (Alpha)	8.6	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Dec-23	30-Dec-24	7,500	1	6,000	-	-	-	-
9	C860056	Goodwood - Goodwood Clinical Engineering Workshop (Rep1) - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jan-27	31-Oct-32	50,000	-	-	-	-	-	20,000
10	C860057	Michells Plain - Lenteguur Laundry - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	15-Oct-19	31-Mar-25	15,945	790	6,206	79	548	-	-
11	C860094	Observatory - Observatory FPL - Completion Works	8.6	City of Cape Town	HFRG	New infrastructure assets	Stage 6: Handover	18-Nov-21	30-Jun-23	4,476	905	28	-	-	-	-
12	C860012	Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Stage 7: Close out	12-Sep-14	4-Jun-21	306,282	3,653	-	-	-	-	-
13	C860012	Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	PES	New infrastructure assets	Stage 7: Close out	12-Sep-14	4-Jun-21	3,900	1	-	-	-	-	-
14	C860014	Parow - Cape Medical Depot - Replacement (Stages 3-7)	8.6	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	31-Dec-23	31-Mar-28	256,612	1,440	840	3,310	30,537	36,000	24,497
15	HC860005	Parow - Parow WC Health Warehouse - Mezzanine R, R & R	8.6	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	30-Aug-22	5-Jan-24	23,000	16,000	1,600	-	-	-	-

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.6: Other Facilities)

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 31 MARCH 2023	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/28 R'000s	2028/29 R'000s
16	C860067	Parow - Tygerberg FPL - Major extensions (Alpha)	8.6	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Oct-23	31-May-29	110,000	-	944	1,020	2,583	19,207	20,434
17	C860015	Parow - Tygerberg FPL (Rep) - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Jun-30	30-Apr-37	250,000	-	-	-	-	-	100,000
18	HCI860007	Parow - Tygerberg Regional Laundry - New linen warehouse	8.6	City of Cape Town	HFRG	Upgrades and additions	Stage 2: Concept	25-Oct-22	28-Feb-24	7,500	6,000	-	-	-	-	-
19	C860016	Pinelands - Orthotic and Prosthetic Centre - Upgrade	8.6	City of Cape Town	HFRG	Upgrades and additions	Stage 5: Works	17-Dec-14	30-Apr-24	26,305	12,653	722	275	-	-	-
20	C860070	Thornton - Orthotic and Prosthetic Centre (Rep) - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	31-Jul-32	150,000	-	-	-	-	1,624	58,376
21	C860064	George - George District Warehouse - New	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	31-Mar-33	20,000	-	-	-	-	-	8,000
22	C860101	George - George FPL - Upgrade and Additions (Alpha)	8.6	Garden Route	HFRG	Upgrades and additions	Still to be initiated	30-Apr-25	31-Mar-28	10,000	-	-	-	-	-	4,000
23	C860063	George - WCCN Southern Cape Karoo Hostel 1 - Residential accommodation - New	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Oct-24	31-Mar-30	25,000	-	-	270	246	305	9,178
24	C860007	Kynsna - Kynsna FPL - Replacement	8.6	Garden Route	HFRG	New infrastructure assets	Stage 5: Works	1-Nov-14	31-Jul-23	34,216	7,229	1,182	-	-	-	-
25	C860011	Mossel Bay - Mossel Bay FPL (Rep) - Replacement	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Mar-27	28-Feb-33	25,000	-	-	-	-	-	10,000
26	C860065	Oudshoorn - Oudshoorn District Warehouse - New	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Oct-25	31-Jul-30	15,000	-	-	-	-	20	5,980
27	C860013	Oudshoorn - Oudshoorn FPL (Rep) - Replacement	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Mar-30	31-Aug-36	25,000	-	-	-	-	-	10,000
28	C860061	Riversdale - Riversdale FPL - Upgrade and Additions (Alpha)	8.6	Garden Route	HFRG	Upgrades and additions	Still to be initiated	1-Oct-25	31-May-30	3,000	-	-	-	-	20	1,180
29	HCI860021	Caledon - Overberg District Office - Replacement	8.6	Overberg	PES	New infrastructure assets	Still to be initiated	1-Dec-23	31-Mar-26	30,000	-	252	2,000	16,000	5,748	-
30	C860098	Cianwilliam - Cederberg Sub-district Office - Replacement of prefab accommodation	8.6	West Coast	HFRG	New infrastructure assets	Still to be initiated	31-Mar-26	31-Mar-30	20,000	-	-	-	-	20	7,980
31	C860021	Vredenburg - Vredenburg FPL - Rehabilitation (Alpha)	8.6	West Coast	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-26	31-May-28	8,000	-	-	-	400	600	2,150
Grand Total											50,209	22,843	11,193	59,542	66,806	299,265

Template 6.1: Capital Expenditure (CAPEX) Requirements per Sub-programme (Sub-programme 8.6: Other Facilities)

Template 6.2:

***New Sites / Land Required / Transfer / Vesting /
Town Planning Requirements of Erven***

TEMPLATE 6.2: NEW SITES / LAND REQUIRED / TRANSFER / VESTING / TOWN PLANNING REQUIREMENTS OF ERVEN

NOTE: Rural Facilities which are to be transferred are not included in this Template 6.2

SITE IDENTIFIED AND IN PROCESS OF ACQUISITION (NOT WCG OWNED PROPERTY)

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
1	Bella Vista Clinic and adjacent site	Ceres	Cape Winelands	Clinic	Erf 30604	1,000	Municipality	n/a	L	2	Municipality agreed to allocate adjacent site then retracted. District is following up with Municipality.	Property Acquisition	Acquisition of adjacent site	Extension done in 2021 during COVID-19. Utilisation to be monitored to see if further extension required.	Beyond MTEF	Consolidation and possible rezoning.	-
2	Bellville South CDC	Bellville	Tygerberg	CDC	Erf 14134-RE	8,000	City of Cape Town	2022	H	2	Included in list of PHFC facilities / sites to be transferred from CoCT. Facility handed over to WCGHW in 2022. Application to acquire 14134-RE made and application fees paid. Due Diligence Report received. Council Resolution received 26 Jan 2023. Deed of sale and Prior Occupation agreements to be drafted by CoCT. WCGTPW to finalize Land Use process.	Property Acquisition	Transfer from CoCT	Included in first tranche of facilities being transferred to WCGHW. POA for WCGHW control of site effective 1 July 2022, issued by CoCT - property handed over to WCGHW. Acquisition of additional land for parking (i.e. approximately 2400m ² portion of Erf 14643 completely independent and separate from the CDC) being investigated.	-	-	-
3	Blancoo Clinic	George	Garden Route	Clinic	Erf 46 & 47	5,000	Municipality	2022	H	1	Municipality indicated in principle approval. Right of access obtained for construction on adjacent site (Erf 46). Acquisition on hold due to stalemate between WCGTPW and Municipality, who is not willing to transfer.	Property Acquisition	Acquisition of adjacent site	NHI project and extensions in 2023/24. Adjacent municipal erf 46 possibly to be included in landswap.	Beyond MTEF	Consolidation and possible rezoning.	-
4	Bothasig CDC	Bothasig	Northern	CDC	Erf 32731	8,000	City of Cape Town	2022	H	1	Included in list of PHFC facilities / sites being transferred from CoCT. Application to acquire made and application fees paid. Due Diligence Report on file. WCGHW was informed that additional portions will require separate applications to the CoCT. Valuation and offer received from CoCT being reviewed.	Property Acquisition	Transfer from CoCT	CoCT facility. Started service in 2016. Right of access to construct has been obtained. Site Acquisition to be regularised. Included in first tranche of facilities being transferred to WCGHW. Size of site is 4179m ² - need additional adjacent land for future expansion.	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCG/TPM)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
5	Caledon Clinic Replacement	Caledon	Overberg	Clinic	Pin of Erf 1 Caledon	4,000	TWK Municipality	2023	H	2	Proposal is to convert existing TWK Municipality owned Victoria Community Centre Hall. 'In-house' concept prepared by WCG/TPM and accepted in principle by Service. WCGEADP considers the proposed site to be suitable for the clinic, specifically with location and accessibility. IAM has obtained a Market Valuation of the property, which is similar to that obtained by the Municipality. An offer letter was forwarded to the Municipality on 02 Nov 2021. Municipality anticipates Executive Mayor Committee approval in February 2023 and thereafter submission to Council.	Property Acquisition	Acquisition of	Replacement facility required. Anticipate Strategic Brief to be issued end July 2023.			Yes
6	Ceres - Netcare Ceres Hospital	Ceres	Cape Winelands	Clinic	Erf 8434	12,001	Netcare Property Holdings (PTY) Ltd	2022	H	1	Agreement of Sale signed December 2022 and forwarded to Netcare to proceed with the transfer.	Property Acquisition	Acquisition of	Hospital being acquired and the building to be converted into a CDC for the current Ceres Clinic (old Annie Brown) and to relocate the NGO (ICF) to the facility. Enabling and rehabilitation project in progress.			
7	De Doorns Ambulance Station	De Doorns	Cape Winelands	EMS	Pin of Erf 254	4,198	Municipality	n/a	M	1	Construction completed in 2021. Property still to be registered in the name of the WCG. PPI assisting with land-use application for removal of title deed restrictions. Subdivision approval also required. Matter forwarded to service provider for assistance with the necessary land use applications. Town Planner in process of preparing a removal of restrictions and subdivision application for submission to Breede Valley Municipality.	Property Acquisition	Acquisition of	Replacement facility. Construction completed in 2021.	2021	Subdivision	

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
8	Diazville Clinic & Ambulance Station	Saldanha	West Coast	Clinic & EMS	Erf 2824	7,500	Municipality	2023	M	1	In the transfer phase. AoD with respect to development contribution charges was signed by WCGHW and sent to Saldanha Municipality on 28 October 2021. Rezoning and subdivision finalised in January 2021. The instruction to transfer the property was sent to the State Attorney on 02 February 2022. Title deed being finalised. State attorney requested that the electrical connection points need to be installed before transfer is concluded. Costs to be covered by WCGHW. Awaiting details and clarification from Municipality regarding the costs.	Property Acquisition	Subdivision & rezoning (finalised in 2021)	Replacement of a leased clinic. EMS and new Clinic required due to population growth. Diazville Clinic Replacement project in design stage. Subdivision and rezoning has been finalised.	2021 (finalised)	Subdivision and rezoning	-
9	Durbanville CDC	Durbanville	Northern	CDC	Portion of Remainder Erf 4481 & Erven 4783 & 8241	8,000	City of Cape Town	2022	H	2	Included in list of PHC facilities / sites being transferred from CoCT. Facility handed over to WCGHW in 2022. Application to acquire made and application fees paid. Due Diligence Report Received. Acceptance of offer letter forwarded to the CoCT in July 2022. Council Resolution received on 26 January 2023. Deed of Sale and Prior Occupation agreements to be drafted by CoCT. WCGTPW to finalize Land Use process.	Property Acquisition	Transfer from CoCT	Property (previously jointly operated) 6025m ² in extent being acquired / transferred from CoCT. Included in first tranche of facilities to be transferred to WCGHW. Possibility of also acquiring adjacent vacant land (i.e. approximately 2000 m ²) for future extensions being explored. POA for WCGHW control of site effective 1 July 2022 issued by CoCT.	-	-	-
10	Eisies River CHC	Eisies River	Tygerberg	CHC	Erf 9192-3, 9198, 13094, 13207, 15657-8, 16272, 16547-9 & 30186	10,000	City of Cape Town	2022	H	1	CoCT confirmed that erf 9199 vest with them. Application submitted to CoCT for rezoning, subdivision and consolidation. Transfer of property will only be finalised once the rezoning and consolidation has been approved - estimated approval date July 2023.	Property Acquisition	Subdivision, consolidation and rezoning (incl. EIA and TIA)	Replacement facility. Brief issued in 2018 and CoCT site requested. Project currently in Concept Stage. Property has been paid for. Erven to be transferred, subdivided, consolidated and rezoned.	2023	Subdivision, consolidation and rezoning.	Yes

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Erven

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
11	Fisantekraal CDC	Fisantekraal	Northern	CDC	Portion of Erf 1666	4,665	City of Cape Town	2022	H	2	Included in list of PHC facilities / sites being transferred from CoCT. DTPW forwarded signed acceptance of offer letter to the CoCT on 03/08/2022. Due Diligence report received and forwarded to CoCT on 08/09/2022. Report successfully served at Subcouncil 7 on 21 Sep 2022. Final Council report submitted on 26 Sep 2022. Withdrawn from IPAC. New valuation report needed to include construction costs of new facility. New valuation request in progress.	Property Acquisition	Transfer from CoCT	New clinic constructed by the CoCT on Erf 1666 (4 665m²) Greenville Garden Village (Luqullus Street) handed over to WCGHW via POA effective 1 July 2022 issued by CoCT. WCGHW is in support of the acquisition as per the CoCT's offer.			
12	Goodwood CDC (Dirkie Uys)	Goodwood	Northern	CDC	Erf 7025	1,770	City of Cape Town	TBC	H	2	Included in list of PHC facilities / sites being transferred from CoCT. Facility handed over to WCGHW in 2022. Acceptance of offer letter forwarded to the CoCT on 25/07/2022. Due Diligence report forwarded to CoCT on 23/08/2022. Council Resolution received on 26/01/2023. Deed of Sale and Prior Occupation agreements to be drafted by CoCT. WCGTPW to finalize Land Use process.		Transfer from CoCT	POA for WCGHW control of sites effective 1 July 2022 issued by CoCT. WCGHW supports the acquisition of the property as per the CoCT's offer; but requires an agreement with the CoCT around the shared gated parking area leading to the Library Hall			
13	Grabouw Ambulance Station	Grabouw	Overberg	EMS	Erf 1014	4000		2022	H	1	IAM busy liaising with Theewaterskloof Municipality re short-term rental and long-term acquisition. Application made to Municipality for the acquisition of portion of Erf 1014 Grabouw. Valuation report received. Offer to be made to the Municipality. May entail an exchange.	Property Planning	Securing of tenure	EMS site required due to EMS being vacated from CHC site to allow expansion of CHC.			Yes
14	Gugulethu 2 CDC	Gugulethu	Klipfontein	CDC	Erf 4140	8,000	City of Cape Town	2023	H	1	Council Resolution received. Awaiting Agreement from municipality to proceed whereafter it will be forwarded to Legal Services for vetting.	Property Acquisition	Acquisition of site	New facility urgently required due to population growth and service pressure on current Gugulethu CHC. Brief to be issued in 2023. Matter of relocating soccer fields to be addressed by IAM and CoCT as a matter of priority.	2021	Possible rezoning	Yes

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPM)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
15	Gugulethu CHC	Gugulethu	Klipfontein	CHC	Erf 5500 and portion of Erf 5534 Gugulethu	10,000		2022	H	1	Entails regularisation of Erf 5500 (location of existing CHC) and acquisition of portion of adjacent site Erf 5534. Application made to the CoCT in October 2020. Matter tabled at IPAC on 26/01/2023 and anticipate Council's decision at the next Council meeting on 27/03/2023.	Property Acquisition	Transfer from CoCT	Current site stretched to capacity. Letter sent to IAM on 28 May 2019 requesting investigation of site options, including re-investigation of possible adjacent school site; feasibility of building replacement facility on current site; or finding alternative site in the area. Included in first tranche of facilities to be transferred to WCGHW. POA for control of sites to be issued by CoCT, pending transfers.			Yes
16	Gustrouw CDC	Strand	Eastern	CDC	Erf 13468	6,000	City of Cape Town	2023	H	2	Included in list of PHC facilities / sites to be transferred from CoCT. POA received on 17 June 2022 and presented to WCGHW. Alternative L-shaped erf 13473 proposed by CoCT found to be acceptable to WCGHW. CoCT to proceed with valuation (19/09/2022). Due Diligence Report received. CoCT valuation not finalised as CoCT flood alleviation project in progress, project to be kept in abeyance for the time being.	Property Acquisition	Transfer from CoCT	Constructing the Strand - Rushhof CDC on the current Gustrouw CDC site and adjacent portions of land was identified as an alternative to the L-shaped site comprising portions of Erfen 13473 and 13468 in the Strand. Gustrouw CDC site was included in first tranche of facilities to be transferred to WCGHW. However, the Service has since advised that a more centrally located site for the Strand - Rushhof CDC to serve both Gustrouw and the Strand would be preferred. Two new site options recently identified by IAM are to be visited and assessed for suitability by WCGHW.			

Note: Sites with no Erf number and / or site size is still to be identified

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCG/TPM)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
17	Helderberg Hospital	Helderberg	Eastern	Regional Hospital	Remainder of Portion 34 of Farm 918, Gustrouw	60,000	Finishing Touch Trading 300 (Pty) Ltd	2025	H	2	Privately owned land, Remainder of Portion 34 of Farm Gustrouw 918 (approximately 6Ha) purchased and Title Deed received. Aforementioned property consolidated with adjacent WCG owned property to collectively accommodate hospital and school campus - precinct plan developed under oversight of IAM. CoCT approved the rezoning and subdivision of the property in approximately September 2022. IAM to formally provide WCGHW and WCGE with the details including zoning conditions.	Property Planning	Town planning	Replacement hospital erf was required due to cancellation of previous acquisition. Necessary subdivision and rezoning approved by CoCT. IAM to provide details including the allocation of land space to WCGE and WCGHW. Perimeter fencing of the properties to be erected accordingly.	-	Subdivision and - rezoning complete	-
18	Hornlee Clinic	Knysna	Garden Route	Clinic	Erf 3281	4,933	Knysna Municipality	2023	H	1	99 year lease agreement finalised and in process of being signed by the parties.	Property management	Lease	Site hand over took place on 1 October 2021. Site being secured by the District. Right of access to plan and construct required - pending signing of lease agreement.	2021	Rezoning required or apply for temporary departure.	Yes
19	Hout Bay CDC	Hout Bay	Southern	CDC	Portions of seven 3779, 1033 and 1034	4,860	City of Cape Town	2023	H	1	Received final in principle letter from the CoCT agreeing to sale of the properties subject to conditions. Based on discussions and input provided by all relevant role players regarding the conditions, IAM submitted response letter to the CoCT on 26 November 2021. Received feedback from the Municipality on 24 Nov 2022 advising that they still require input and action items from their Recreation and Parks department to give finality on IAM's letter. CoCT to provide new purchase price as their valuation has lapsed.	Property Acquisition	Acquisition of land	Consolidation of two existing health facilities within Hout Bay. Brief issued in 2018 and pre-feasibility report prepared indicating required size and configuration of site. Concept report being finalised.	MTEF	Subdivisions, consolidation and rezoning.	Yes

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPM)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
20	Hout Bay Harbour CDC	Hout Bay	Southern	Wellness Centre	Portion of Erf 2844-RE	1,534	City of Cape Town	n/a	M	1	Included in list of PHC facilities / sites being transferred from CoCT. Application to acquire made and application fees paid. Due diligence report received and forwarded to CoCT on 08/09/2022. CoCT confirmed that the Valuation brief has been drafted, signed off by management and submitted to the Valuations department for Valuation determination.	Property Acquisition	Transfer from CoCT	Facility being run by WCGHW as a Wellness Centre. Included in first tranche of facilities being transferred to WCGHW.	-	-	-
21	Kayamandi Clinic	Stellenbosch	Cape Wineyards	Clinic	Erf 718	823	Stellenbosch Municipality	2023	H	1	Donation - no payment applicable. Treasury approval for the donation granted and Memorandum of Agreement with Stellenbosch Municipality signed. Matter currently with State Attorney for transfer. Informal dwellers on property to be relocated - Municipality Housing Department to attend to this matter once WCGHW is ready to erect a fence. Municipality provided POA for consolidation (which is in progress); and for planning and construction. Original Title Deed is lost - Municipality still to advertise for lost title.	Property Acquisition	Acquisition of land	Additional land (i.e. adjacent Erf 718) is required for the upgrading and expansion of the existing Kayamandi Clinic. WCGHW to assist with removal of illegal occupants.	2022	Consolidation (not rezoning)	-
22	Klaarstroom Sat. Clinic	Klaarstroom	Central Karoo	Satellite Clinic	Erf 167	1,500	Municipality	n/a	L	3	Donation - no payment applicable. Property transferred into name of WCG. Still awaiting new title deed.	Property Acquisition	Registration	Project completed. Donation. Erf to be regularised.	Beyond MTEF	Registration	-
23	Klapmuis Clinic	Stellenbosch	Cape Wineyards	Clinic	Ph of Erf 342	5,000	Stellenbosch Municipality	n/a	M	1	Donation - no payment applicable - which Treasury approved on 25 August 2020. MoA finalised. Municipality appointed land surveyor to conduct subdivisions and consolidation of the properties. Appointed land surveyors submitted the framed diagrams to the Municipal Planning Department for approval. Amended planning report finalised internally by Municipal town planners and submitted for approval. Once approved the application for rezoning and subdivision will be considered.	Property Acquisition	Acquisition of land	Growth area and existing facility to be extended - adjacent portion of land acquired.	MTEF	Consolidation and subdivision.	-

Note: Sites with no Erf number and / or site size is still to be identified
 Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCG/TPM)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCG/ADP INPUT REQUIRED
24	Kleinvei CDC	Blackheath	Eastern	CDC	Erven 2086 and 2087 or alternatives as per City	8,000	City of Cape Town	2024	M	1	WCGHW in a letter dated 28 June 2022 requested that this acquisition be moved to 2023/2024 financial year. Property Acquisitions will continue with the approval process and pay the purchase price in the new financial year. Awaiting offer letter from CoCT.	Property Acquisition	Acquisition of land	Replacement facility. Request for replacement site sent to IAM in 2016 and confirmed in January 2019 to proceed with urgent acquisition of CoCT owned site i.e. Erven 2086 and 2087. Following query by CoCT, WCGHW confirmed minimum required site size as 8 000m ² . Brief to be issued at end of 2024.	2023	Consolidation and possible TIA	Yes
25	Kraaifontein - Wallacedene CDC	Kraaifontein	Northern	CDC	Portion of Erf 25127	8,000	City of Cape Town	2026	H	1	Included in list of PHC facilities / sites being transferred from CoCT. Application to acquire made. Request for Due Diligence Report made. Received sketch plans from CoCT - 14/09/2022. WCGHW requested CoCT to increase the eastern boundary from +/-95m to 100m - 30/09/2022. Request for Certificate of Compliance and CoCT to attend to land enablement matters - 05/10/22. CoCT internal circulation for comments on additional land in progress.	Property Acquisition	Transfer from CoCT	CoCT was planning to build a CDC but layout too small. WCGHW preference is to build CDC for 60 000 plus EC - Intention is to combine Wallacedene with Bloekombos to have a larger facility. Requested IAM to acquire the site from the CoCT with increased width along eastern boundary. Included in first tranche of facilities being transferred to WCGHW. POA for control of site to be issued by CoCT once confirmed transfer will proceed. Changed to High priority due to Bloekombos site invasion.	-	-	-
26	Kuyasa Clinic	George	Garden Route	Clinic	Erf 21111	3,200	Municipality	n/a	M	2	As at 6 February 2020, this erf is still registered as Municipal.	Property Acquisition	-	New facility completed. Acquisition to be regularised.	-	-	-
27	Mamre CDC	Mamre	Western	CDC	Portion of Erf 11291	2,680	WCG	2025	M		Included in list of PHC facilities / sites being transferred from CoCT. CoCT submitted offer letter for portion containing CDC plus adjacent undeveloped portion of land on 02/02/2023. WCGHW accepted the terms and conditions contained in the offer letter on 02/02/2023.	Property Acquisition	Transfer from CoCT	Included in first tranche of facilities to be transferred to WCGHW. Accepted portions of land offered by CoCT. This includes the adjacent undeveloped portion of land on the western side, which enables future required upgrades and additions to the facility. POA for control of sites to be issued by CoCT, pending transfer.	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Erven

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPM)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
28	Matthew Goniwe CDC	Khayelitsha T3-V5	Khayelitsha	CDC	Portion of Erf 59037-RE	8,000	City of Cape Town	2027	M	1	Included in list of PHC facilities / sites being transferred from CoCT. Application to acquire made. Outstanding information addressed and extent of land to be disposed of by CoCT agreed upon. CoCT to finalise disposal plan process. Due Diligence Report received. Awaiting CoCT Offer and Valuation.	Property Acquisition	Transfer from CoCT	CoCT was planning to build replacement facility and commenced with concept design on identified site. WCGHW will complete the design and construction of the replacement CDC. Increased size of site to be confirmed. Strategic Brief to be issued in 2025. Included in first tranche of facilities being transferred to WCGHW.			
29	Nolungile CDC	Khayelitsha	Khayelitsha	CDC	Erf 53340	8,000	City of Cape Town	2022	H	1	Initially included in list of PHC facilities / sites to be transferred from CoCT. Due Diligence Report received. CoCT proposed WCGHW enter a long term lease agreement due to the subdivision required and the complications of the entrance onto Property. WCGHW unhappy with lease option, want to proceed with the acquisition process. This was communicated to CoCT at the end of June 2022. Valuation report received. POA for planning, maintenance and future development received. Disposal found to be too problematic, decision made to proceed with a lease agreement.	Property Acquisition	Transfer from CoCT	Replacement of existing CDC required. Proposal was to construct replacement CDC on current CoCT owned Nolungile CDC & Clinic site (shared property). No longer possible due to site constraints. WCGHW unhappy with long term lease of the property (i.e. current CDC portion of site only) proposed by CoCT, as opposed to acquisition. POA for WCGHW control of portion of site effective 1 July 2022 issued by CoCT. WCGHW has agreed to long-term lease.			
30	Nyanga CDC	Nyanga	Klipfontein	CDC	Erf 673	8,443	City of Cape Town	2022	H	1	Included in list of PHC facilities / sites being transferred from CoCT. Facility handed over to WCGHW in 2022. WCGHW confirmed Erf 673 (+ 8443sqm) sufficient for the CDC. Valuation report received. Acceptance of offer submitted to CoCT - 20 July 2022. Request for Certificate of Compliance and CoCT to attend land enablement matters. CoCT to conduct investigation on separate access entrance to the property for the clinic and community garden. CoCT to finalize their disposal plan.	Property Acquisition	Transfer from CoCT	Property to be acquired / transferred from CoCT. Future replacement unlikely due to other priorities. Included in first tranche of facilities to be transferred to WCGHW. POA for WCGHW control of site effective 1 July 2022 issued by CoCT. WCGHW confirmed via email on 10 June 2022 that Erf 673 (approximately 8443m ² in size) is sufficient for the CDC. Two containers which are no longer in use are to be removed from the property.			

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCG/TPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCG/ADP INPUT REQUIRED
31	Prince Albert Ambulance Station	Prince Albert	Central Karoo	EMS	Erf 757	4,000	Prince Albert Municipality	n/a	M	2	Donation - no payment was applicable. Agreement signed and property transferred on 17 May 2021. Original Title Deed received.	Property Acquisition	Transfer	Upgrade and additions including wash bay at facility completed in 2020.	-	-	-
32	Reed Street CDC	Belville	Tygerberg	CDC	Portion of Erf 11233-RE	1,400		2022	H	2	Included in list of PHC facilities / sites being transferred from CoCT. Application to acquire made and application fees paid. WCGHW indicated that they require additional portion (swimming pool area), however, CoCT confirmed that portion cannot be disposed of. CoCT requested valuation report.			Included in first tranche of facilities being transferred to WCGHW. POA for control of sites to be issued by CoCT, pending transfer.			
33	Retreat CHC	Retreat	Southern	CHC	Erven 137783 & 137784	10,000	CoCT	2023	H	1	Formal application made to CoCT to acquire Erven 137783 and 137784. Received offer from the CoCT. Certain terms and conditions being clarified before sign off. Matter was to serve at the CoCT sub council in January 2023. Still awaiting feedback.	Property Acquisitions	Acquisition of	Need to acquire the 2 x City owned sites in order to amalgamate service. R & R project currently in Concept stage for existing facility.	MTEF	Regularisation of current site Consolidation and rezoning	
34	Ruiterbosch Satellite Clinic	Mossel Bay	Garden Route	Satellite Clinic	Possibly portion 154 of Farm 61	2,000	NDPWI	2023	H	1	NDPWI indicated that the property is part of properties that are in the process of being transferred to the Housing Development Agency (HDA). Emailed HDA requesting them to advise what the process is once the property has been transferred from National Government to HDA - awaiting response.	Property Acquisition	Acquisition of	Need identified by the community for a health facility in the Ruiterbosch area, including indications that the facility building will be donated. Possible temporary structure to be provided as an interim measure. It is understood that Mossel Bay Municipality has received a special Power of Attorney from NDPWI confirming that the land on which the Ruiterbosch Clinic is planned has been handed to the municipality. Right of access to construct in 2023/24 will be required for the donation to take place.	MTEF	Possibly subdivision and rezoning	

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
35	Scottsdale CDC	Kraaifontein	Northern	CDC	Erf2845	4,500	City of Cape Town	2023	H	1	Included in list of PHC facilities / sites being transferred from CoCT. Facility handed over to WCGHW in 2022. Council Resolution received on 26 January 2023. Deed of Sale and Prior Occupation agreements to be drafted by City. WCGTPW to finalize Land Use process.	Property Acquisitions	Transfer from CoCT	Property (3522m ²) included in first tranche of facilities being transferred to WCGHW. Have requested IAM to obtain additional land and parking space which is required for the future expansion of the CDC to ultimately serve a population of 45 000. POA for WCGHW control of site effective 1 July 2022 issued by CoCT.			
36	Strand - Rushhof CDC	Strand	Eastern	CDC	Portions of Erven 13473 and 13468	6,000	City of Cape Town	2025	H	1	WCGHW indicated that the proposed L-shape site comprising Erven 13473 and 13468 is acceptable. CoCT Valuation not finalised as CoCT Flood Alleviation Project in progress. Transfer to be kept in abeyance for the time being. Awaiting further instruction from WCGHW.	Property Acquisition	Acquisition of	Urgent replacement and extended facility required. Possible hot spot. WCGHW is prepared to accept an L-shaped site comprising portions of Erven 13473 and 13468 and to proceed with the planning and design of the CDC, subject to the CoCT providing an acceptable degree of certainty that the Sir Lowry's Pass River Project will be successful in addressing the current floodplain problem and that the site will be made available to the WCG in the long term. As an alternative, the WCGHW and IAM identified the possibility of constructing the CDC on the existing CoCT owned Gustrouw CDC site (Erf 13468) and the adjacent land. However, the Service has since advised that a more centrally located site for the Strand-Rushhof CDC to serve both Gustrouw and the Strand would be preferred. Two new site options recently identified by IAM are to be visited and assessed for suitability by WCGHW.	2021	Possible subdivision, consolidation and rezoning	Yes

Note: Sites with no Erf number and / or site size is still to be identified
 Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Erven

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCG/TPM)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
37	Swartland Hospital	Malmesbury	West Coast	District Hospital	Portion of Erf 13011 Malmesbury	3,713	Swartland Municipality	2025	H	2	Erf 13011 (7,1879 Ha) transferred to WCG on 02 Sep 2022. Subdivision application to the Municipality in progress - 3,7138 Ha portion for the hospital. Rezoning is not necessary as the required zonings were established and approved when the bigger De Hoop development was approved. Site transfer to be finalised.	Property Acquisition	Acquisition of land	Significant portion of Swartland Hospital destroyed by fire. Site for replacement hospital required as priority. Brief to be issued by end 2024. Subdivision of the property is still to be finalised.	2023	Subdivision	Yes
38	Thembalethu CDC	George	Garden Route	CDC	Erf 1776	10,000	Municipality	n/a	M	2	Site transfer to be finalised.	Property Acquisition	Transfer	CDC replacement due to population growth. Construction completed in 2018.	-	-	-
39	Veidrif (Laaipele) Clinic	Veidrif	West Coast	Clinic	Portion of vacant property adjacent to Erf 452	6,000	City of Cape Town	2023	H	1	Possible donation by Municipality. Application was made to the Municipality who advised that there is a sewer line running through the portion of Land that WCGHW is interested in. Email forwarded to WCGHW on 23 August 2022 to advise if IAM should proceed with acquiring the said portion (p/n of Erf 315). WCGHW advised that this acquisition is not urgent and can be moved to the outer year.	Property Acquisition	Acquisition of land	Growing population within the need for additional space at the existing Veidrif (Laaipele) Clinic as the demand for services increases. Possibility of acquiring a portion of the Bergvliet Municipality owned vacant land between the Clinic and the Municipal Library.	MTEF	Possible subdivision, consolidation and rezoning	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCG/TPM)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
40	Vredenburg CDC	Vredenburg in Louwville	West Coast	CDC	Erf 13/144	8,870	Municipality	2024	H	2	Land use approval for Phases I & II (including the CDC site) of the Vredenburg Urban Revitalisation project obtained. Access roads and retaining wall completed. E-mail forwarded to Municipality on 9 November 2021 to transfer site to WCG as well as to provide POA for planning and construction - WCGHW/ IPD subsequently advised that a POA is not required at this stage. In Feb 2022 Municipality advised as follows: -Subdivision and rezoning of Phase 1 & 2 of the project has been approved -Approval of the SG's general plan is holding back the transfer of the CDC and provincial hub properties to the WCG -Municipal surveyor is assisting with survey work, which is hoped to be finalised by 30 March 2023	Property Acquisition	Transfer	New CDC to consolidate existing facilities and for population growth. Brief issued in 2018. Currently in concept planning. WCGHW concerned that initially Health will be the only service present within the precinct. IAM to determine the anticipated timelines for the establishment of other services within the area.	2022	Subdivision, Land Rezoning.	Yes
41	Vredendal North Clinic	Vredendal	West Coast	CDC	Erven 1302 and 1303	5,000	Municipality	2025	M	1	Mating on approved SG diagrams.	Property Acquisition	Acquisition of land	Extended facility due to population growth. Right of access to the site for planning and construction purposes obtained in March 2019. Strategic Brief to be issued end 2024.	2023	Sub-division, consolidation and possible rezoning.	-

Note: Sites with no Erf number and / or site size is still to be identified

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPM)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
42	Zakhele CDC	Khayelitsha	Khayelitsha	CDC	Erf 793	8,000	City of Cape Town	2023	H	1	Included in list of PPHC facilities / sites being transferred from CoCT. Application to acquire made. CoCT acknowledged receipt of extents confirmation and proceeding with finalising the disposal, email dated 22 June 2022. Disposal plan finalised by CoCT on 27 June 2022. CoCT sketch provided to Town Planner. Due Diligence Report received. Awaiting POA from COCT (27/10/2022). Awaiting COCT Offer and Valuation.	Property Acquisition	Transfer from CoCT	Province supports new/ replacement Zakhele CDC in area of need. Identified site well-situated and included in list of properties to be transferred from CoCT to WCGHW. Building design and plans completed by CoCT and apparently approved by Building Control. However, WCGHW will need to design and construct a 60 000 facility. WCGHW has requested IAM to proceed with the acquisition of the +- 6223 m ² portion of Erf 793 as indicated on the plan provided by the CoCT; and also to obtain relaxation of the building lines in order to assist in maximizing the available building space on what is a relatively small portion of land on which to construct the CDC. The site should preferably be increased to a minimum of 8000m ² in size to ensure that the total required number of consulting rooms and parking bays can be accommodated. The local Ward Councilor has undertaken to assist in obtaining additional land.			

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

SITE IDENTIFIED AND IN PROCESS OF TRANSFER OR REGULARISATION (DEEMED TO BE WCG OWNED PROPERTY)

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCG/IPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCEADP INPUT REQUIRED
1	Belhar Ambulance Station	Belhar	Tygerberg	EMS	Pin of Remainder of Erf 21470	8,000	Department of Human Settlements	2025	H	2	Transfer to be monitored by WCG/IPW. Application for rezoning and subdivision submitted to the CoCT. Approval anticipated by approximately end June 2023. Process being managed by WCG Human Settlements.	Property Planning	Transfer	New EMS to be in support of new regional hospital. The existing St Vincent CDC (currently CoCT owned & operated) has been identified as a substitute for the new Belhar CDC previously planned to be co-located on Erf 21470 with the ambulance station. Instead, the portion of site will possibly be used for overflow parking from the neighbouring Tygerberg Regional Hospital.	2024	Subdivision and rezoning.	Yes
2	Belhar Regional Hospital	Belhar	Tygerberg	Regional Hospital	21474 to 21491, and remainder of 21492 (all 19 x erven to be consolidated)	58,000	Department of Human Settlements	2026	H	1	Transfer to be monitored by WCG/IPW. Application for rezoning, subdivision, consolidation and road closure for portion of Neutron Road has been submitted to the CoCT. Approval anticipated by approximately end June 2023. Process being managed by WCG Human Settlements.	Property Planning	Transfer	Development contribution paid in 2018 for new regional hospital required due to population growth and storage of bed numbers. Project in Concept planning stage. Installation of perimeter fence in progress.	MTEF	Consolidation and rezoning.	Yes
3	Brooklyn Chest Hospital	Maitland	Eastern	TB Hospital	Erf 20666	118,049	City of Cape Town	2023	H	1	Application made to the CoCT for Erf 20666 on 10 Oct 2022. Application fees paid on 31 January 2023.	Property Acquisition	Transfer	Erf 20666 to be transferred to WCG who is responsible for all costs, operations, management and infrastructure on the site.	-	-	-
4	De Rust Clinic	De Rust	Garden Route	Clinic		3,000	Oudshoorn Municipality	n/a	M	2	-	Acquisitions	Transfer	Shared facility. Extensions to the clinic completed in 2019. Transfer to include extended site area.	-	-	-
5	Groote Schuur Hospital: Emergency Centre	Observatory	Western	Central Hospital	Erven 27863 (WCG) and 27431 (UCT), and sliver of land adjacent to Erf 27567	n/a	WCG & UCT	2021	H	1	The application for the Notarial Tie for Erven 27863 (WCG owned) and 27431 (UCT owned) was submitted to the State Attorney for registration at the Deeds Office. The sliver of land next to Erf 2756 requires a prescription application before final consolidation of the Groote Schuur properties can take place - Letter regarding the application is on route to Legal Services. This will however, not influence the planned EC related construction on Erven 27863 and 27431.	Property Planning	Registration of notarial tie and consolidation	Extension of EC required and land issue to be resolved in order to eventually proceed with construction.	2021	Consolidation	Yes

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6	Hanover Park CHC	Hanover Park	Klipfontein	CHC	CA 619	10,000	WCG	2023	H	1	Application for rezoning submitted to CoCT. Approval with conditions eg. registration of sewer servitude, road closure etc. awaited from City. Portion of the property next to Govan Mbeki Road (sliver of land for MyCity) in process of being disposed to CoCT. POA provided to City to commence construction. Approval of demolition of existing structures obtained. Demolitions to be carried out under the project.	Property Planning	Rezoning	Replacement facility due to poor condition of current site. Project is currently in Stage 4: Design Documentation.	2023	Rezoning	Yes
7	Khayelitsha - Michael Mapongwana CDC	Khayelitsha	Khayelitsha	CDC	Erf 40673	5,000	Unregistered - Municipal	n/a	M	1	Included in list of PHHC facilities / sites being transferred from CoCT. Application to acquire made. Due Diligence Report received. Disposal plan finalised by CoCT. Awaiting COCT POA. COCT Offer and Valuation received. Updated revised sketch required to exclude portion with informal traders and indicate Right of Way servitude for access to the CDC.	Property Acquisition	Transfer from CoCT	Regulationisation / transfer of property required to ensure that negative management issues are prevented. Included in list of facilities being transferred to WCGHW.	2020	To be transferred.	-
8	Khayelitsha (Site B) CHC	Khayelitsha	Khayelitsha	CHC	Erf 13423 (Remainder of erf 18409)		Unregistered - Municipal	n/a	H	1	Included in list of PHHC facilities / sites being transferred from CoCT. Application to acquire made. Due Diligence Report received. Joint meeting held 19 september 2022 where COCT agreed to proceed with investigations and disposal of full extent of site. COCT Disposal Plan process in progress. Awaiting COCT POA and Offer and Valuation.	Property Acquisition	Transfer from CoCT	Regulationisation / transfer of property required to ensure that negative management issues are prevented. Included in list of facilities being transferred to WCGHW.	2020	To be transferred.	Yes
9	Klipfontein Regional Hospital	Manenberg	Klipfontein	Regional Hospital	Erf 101921 and Erf 111291	72,000	WCG	2025	H	1	Reinquisition of the school properties is still outstanding. Consolidation & rezoning in process.	Property Planning	Relinquishment of school properties & consolidation and rezoning	Replacement of GF Jooste Hospital. Consolidation & rezoning required (incl. TIA and possibly EIA etc.) Steering Committee of Premier monitoring and facilitating closure of WCED schools.	2023	Consolidation and rezoning (incl. TIA and possibly EIA etc.).	Yes

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO / IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
10	Kraaifontein CHC	Kraaifontein	Northern	CHC	Portion of Erf 9831	10,000	City of Cape Town	2024	H	2	Included in list of PPHC facilities / sites being transferred from CoCT. Application to acquire made and application fees paid. Due Diligence Report received. CoCT Disposal Plan finalized. WCGTPW accepted CoCT's offer on 01 November 2022. Advert for road closure closed 9 Dec 2022. Report finalized and submitted.	Property Acquisition	Transfer from CoCT	Facility owned by CoCT but operated by WCGHW exclusively. Possible future replacement of CHC, although unlikely due to other priorities. Property i.e. 9920m ² portion of Erf 9831 (subdivision required) being transferred from CoCT. POA for WCGHW control of site to be issued by CoCT, pending transfer.	2023	Subdivision	Yes
11	Lotus River CDC	Lotus River	Southern	GDC	Ptn of Portion 1 of Farm 814	8,000	Department of Human Settlements	2026	H	1	IAM was attending to the statutory proceedings including subdivision and rezoning of the site. However, IAM subsequently informed WCGHW that the property is not suitable for the new CDC and provided WCGHW with alternative site options to be considered.	Property Planning	Liaise with WCGHW re subdivision and rezoning.	Replacement facility due to poor condition of current facility. WCGHW has investigated the sites recently provided by IAM as alternative options to Ptn of Portion 1 of Farm 814. WCGHW has identified the 1He portion of CoCT owned Erf 1449 as a potentially feasible option. Further assessment of this site will be conducted including engagement with the community.	2023	Subdivision and rezoning.	Yes
12	Macassar CDC	Macassar	Eastern	GDC	Erf 2378	3,800	City of Cape Town	2026	H	2	Included in list of PPHC facilities / sites being transferred from CoCT. Application to acquire made. Awaiting CoCT's Offer and Valuation as well as POA.	Property Acquisition	Transfer from CoCT	Facility owned by CoCT but operated by WCGHW exclusively. Property i.e. full extent of Erf 2378 (3800m ²) being transferred from CoCT. POA for WCGHW control of site to be issued by CoCT, pending transfer.			
13	Maitland CDC	Maitland	Western	CDC	Erf 13304	10,000	WCG	2024	H	1	Informal settlement invasion issue: All families except one have been relocated. Legal eviction process to take place.	Property Planning	Resolve informal settlement issue	Replacement CDC will consolidate services. Project currently in Stage 2. Concept	2024	Informal settlement invasion.	Yes
14	Nyanga KTC CDC	Nyanga	Klipfontein	GDC	Portion of Erf 477	8,000	Department of Human Settlements	2027	H	2	Awaiting progress update from IAM.	Property Planning	Transfer	New facility required due to population growth. Intention is to incorporate CDC as part of Barcelona Development. Strategic Brief to be issued end 2025.	MTEF	Subdivision and possibly rezoning. Possibly to be done by Dept. of Human Settlements	Yes

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2023)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
15	Paarl CDC	Paarl	Cape Winelands	CDC	Erf 16161	8,000	Department of Human Settlements	2023	H	1	Human Settlements development. The site initially identified by WCGHW in December 2019 is reserved for WCED for the future development of a school.	Property Acquisition	Acquisition et al	Consolidation of services. Project name changed to Paarl CDC. Currently in Stage 4: Design documentation. Need clarification from IAM on whether or not the site has been transferred to WCG as a serviced site.	2021	Not sure. Refer to acquisition conditions. According to Stage 4 Report re zoning is required.	Yes
16	Parow CDC (replacement)	Parow	Tygerberg	CDC	Erven 6362, 6361, 6348 and 6350	6,000	WCG	2024	H	1	The site initially identified by WCGHW in December 2019 is reserved for WCED for the future development of a school. WCGHW can consider the WCG owned properties (Erven 6362, 6361 & 6348 Parow), which, together with the adjacent vacant land Erf 6350 (NDP-W&I owned) if acquired, would provide a site totalling approximately 6000m² in extent.	Property Planning	Consolidation and possible rezoning	Current CDC property to be leased from CoCT. WCGHW took over the services in June 2022. CDC to be replaced. Requested site from IAM on 6 December 2019. Combined erven 6362, 6361, 6348 and 6350 identified as potential site option. Services to visit site and indicate suitability as well as motivate sizing. Strategic Brief planned to be issued March 2025.	MTEF	Consolidation and possible rezoning.	-
17	Pinehills Ambulance Station	Pinehills	Western	EMS	Erf 103659, C/o Alexandra & Berkley Road	220,745		2021	H	1	Regularisation / acquisition of current property in process.			Ambulance station will no longer be relocated and regularisation / acquisition must therefore continue.	2021	Regularisation of current site.	-
18	Railton Clinic	Swellendam	Overberg	Clinic	Erven Erf 7296, 8493, 8496 & portion of Erf 2064	5,000	WCG:- Erven 7296 & 2064 Swellendam Municipality.- Erven 8493 & 8496	2023	H	2	IAM to respond to request from WCGHW in their letter dated 8 February 2023.	Property Planning	Consolidation and rezoning	The clinic requires additional space. WCGHW requested IAM in letter dated 8 February 2023 to start the application process for the rezoning, transfer (where applicable), consolidation and registration of the following erven. - Existing clinic site - Erf 7296 - Small triangular portion - Erf 8493 - Additional +/- 350 sqm allocated to the clinic - Erf 8496 (unregistered subdivision erf 8496) - Portion of erf 2064 which was used as COVID area	2023	Consolidation and rezoning	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Erven

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
19	Vanguard CHC	Bonteheuwel	Western	CHC	Portion of RE Erf 100010	15,000	City of Cape Town	2023	H	1	Included in list of PPHC facilities / sites being transferred from CoCT. Letter dated 22 February 2023 received from CoCT offering 15 820m ² portion of RE Erf 100010.	Property Acquisition	Transfer from CoCT	Facility owned by CoCT but operated by WCGHW exclusively. Property being transferred from CoCT. On 01 March 2023 WCGHW confirmed acceptance of terms and conditions of offer received from CoCT for 15 820m ² portion of RE Erf 100010. POA for WCGHW control of sites to be issued by CoCT, pending transfers. Strategic Brief for upgrade and additions planned to be issued May 2023.	2023	Subdivision	-
20	Victoria Hospital	Southfield	Southern	District Hospital	Erf 110629 Southfield	57,000	WCG	2028	M	2	Rezoning etc. to proceed. Acquisition of portion of adjacent City owned site (Erf 75872) also required, plus enabling work for site.	Property Acquisition & Property Planning	Consolidation	Replacement hospital. All site issues to be finalised.	Beyond MITEF	Consolidation with adjacent City land and possible rezoning.	-
21	Weltevreden CDC	Weltevreden Valley	Mitchell's Plan	CDC	Erf 8972	6,147	WCG	2023	H	1	Newly constructed SAPS police station boundary wall which was encroaching on adjacent CDC site has been demolished by SAPS. However, this has resulted in a gap in the perimeter fence of the CDC site which poses a risk of invasion.	Property Planning	Resolve boundary wall issue	New facility required due to population growth. Sharing the site (1,3 Ha in size) with SAPS - subdivision done. Gap in perimeter fence following demolition of boundary wall by SAPS needs to be closed as a matter of priority. Project currently in Stage 4: Design Documentation	-	-	Yes

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

HIGH PRIORITY LIST (IDENTIFIED AS PRIORITY BUT SITE STILL TO BE CONFIRMED)

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
1	Bellville South CDC (upgrades & additions)	Bellville	Tygerberg	CDC	Portion of Erf 26398 or Erf 14139 or Erf 14642	3,500	Private	2026	H	2		Property Acquisition & Property Planning	Acquire additional adjacent land	Additional land adjacent to the CDC (Erf 14134-RE) is to be acquired in order to allow upgrading and additions to enable consolidation of the Reed Street Clinic.	-	-	-
2	Bohasg CDC (upgrades & additions)	Bohasg	Northern	CDC	Portion of Erf 8355	4,000	TBC	2023	H	2		Property Acquisition & Property Planning	Acquire additional adjacent land	Additional land adjacent to the CDC (Erf 32731) is to be acquired in order to allow future upgrading and additions - project currently in Stage 4: Design Documentation.	-	-	-
3	Citrusdal Clinic	Citrusdal	West Coast	Clinic	TBC	TBC	TBC	TBC (subject to availability of additional land)	H	1		Property Acquisition	Acquisition et al	Extended facility required due to population growth and influx of seasonal workers of the citrus industry. Request for adjacent site sent to IAM on 5 December 2018. Awaiting response from IAM.	-	-	-
4	De Doorns Clinic	De Doorns	Cape Winelands	Clinic	Portion of Erf 1875	500	Municipality	2023	H	1		Property Acquisition	Acquisition et al	Due to the extension of De Doorns Clinic, additional space is required for parking. Municipality busy considering request - awaiting feedback - matter to be taken up with IAM. Upgrade and additions project currently in Stage 4: Design Documentation.	-	-	-
5	George District Hospital	George	Garden Route	District Hospital	TBC	40,000	-	2029	H	2		Property Acquisition & Property Planning	Transfer / Acquisition et al	District hospital required due to population growth. IAM and Municipality requested to assist in identifying a suitable site.	-	-	-
6	Kraaifontein - Northern Hospital	Kraaifontein	Northern	District Hospital	-	30,000	WCG	2025	H	2		Property Acquisition & Property Planning	Transfer / Acquisition et al	District hospital required due to population growth. Previous site invaded by illegal occupants. New alternative site to be found. WCGHW has been providing various site options to WCGTPW for investigating.	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (nr)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
7	Masiphumelele CDC	Masiphumelele	Southern	CDC	Erf 4966 and Erf 4968	5,000	Private Or City of Cape Town	2026	H	1	Regular meetings being held with WCGE&DP, CoCT, WCGE, IAM & WCGHW to find a suitable site. List of proposed sites recommended by CoCT and WCGE&DP was forwarded to WCGHW. Email received from WCGHW on 18 November 2022 advising that none of the proposed recommended sites are suitable and the best sites are the private residential properties Even, 4966 and 4968. Francolin Rd will also need to be acquired. Matter is being investigated.	Property Acquisition	Acquisition et al	Existing facility not adequate. Hot spot area. WCGHW's (including Services) preferred option remains the privately owned Even 4966 and 4968 together with Francolin Rd.	2023	Possible consolidation and rezoning	Yes
8	Mew Way CDC	Khayelitsha Town 3	Khayelitsha	CDC	-	8,000	-	2028	H	2	More information required including letter from WCGHW to acquire a site for the CDC.	-	New requirement. Hot spot in unserved area.	-	-	-	
9	Parklands CDC	Parklands	Western	CDC	Possibly portion of land within CoCT precinct development planned in Rivergate	8,000	City of Cape Town	2025	H	2	Locating the CDC within the CoCT's precinct development planned in Rivergate being investigated with the assistance of WCGEADP as a possible solution.	Property Acquisition	Acquisition et al	Facility required in Parklands / Rivergate area to meet increasing service demands. Letter sent to CoCT in August 2021 highlighting need for a site for the CDC in the Rivergate area. WCGHW has actively participated in ongoing Rivergate precinct planning discussions.	-	-	
10	Riebeeck Kasteel Clinic	Riebeeck Kasteel	West Coast	Clinic	-	2,000	-	2024	H	1	-	Property Acquisition	Acquisition et al	Replacement of current leased clinic required. The Municipality has identified a private developer who could potentially make land available for the clinic replacement in an area north west of the current clinic. This needs to be investigated by IAM.	-	-	

Note: Sites with no Erf number and / or site size is still to be identified

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
11	Robertson CDC	Robertson	Cape Winelands	Clinic	Portion of RE/2 between Calle de Wet irrigation and Cocos Plumosa	6.000	Langeberg Municipality	2025	H	1	Original site (erf 1191) not available. Municipality to assist with finding alternate site. Alternate site provided by Municipality. Due Diligence report to be prepared.	Property Acquisition	Acquisition et al	Facilities to be consolidated as agreed to by Minister. Service confirmed with Langeberg Municipality (letter of 14/02/2022) and that out-laying areas (Bergsig & Nkubela) will be supported by outreach / satellite services. In November 2022 Municipality informed WCGHW that their Council had resolved that a +- 6000 m ² portion of RE/2 between Calle de Wet irrigation and Cocos Plumosa be alienated to WCGHW / WCGTPW subject to no objections being received via public comment.	2023	Possible subdivision and rezoning	Yes
12	Sandhills Clinic	De Doorns	Cape Winelands	Clinic	A portion of Portion 61 of Farm 82, Roode Zand, Worcester	2.000	Sandhills Bantuskool Vereniging	2023	H	1	Received Site Assessment Report, advising that Transnet site, Farm 82 portion 31 is not suitable. IAM investigating new possible sites - Email sent to Sandhills Bantuskool Vereniging on 3 September 2021 to enquire if they are willing to dispose of a portion of Portion 61 of Farm 82, Roode Zand, Worcester - Email received from Association advising that they are willing to dispose of the entire site with the condition that the school still operates. WCED is renting the school site from the Association. Follow up to be made with WCED. - Request made for Due Diligence report in August 2022	Property Acquisitions	Acquisition et al	Urgent acquisition required. Request sent to IAM via letter in August 2018.	2023	Subject to acquisition. Rezoning possible	Yes

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX / PROPERTY REQUIRED	TOWN / SUBURB	DISTRICT / SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
13	Scottsdale CDC (upgrades & additions)	Kraaifontein	Northern	CDC	Portion of Erf 3829	1,400		2024	H	1	-	Property Acquisitions	Acquisition et al	Future expansion of the CDC is required to serve a population of 45,000. Therefore, in HOD letter of 17 August 2022 WCGHW requested WCGTPW to explore possibility of acquiring additional land to Erf 2845 (i.e. a portion of erf adjacent Erf 3829) and parking space (i.e. shared use of the existing parking area on this adjacent property). Getting an extended site will impact on WCGHW's briefing document which is planned to be issued in 2023.	2023	Subdivision and consolidation	Yes
14	Southern Cape WCCN residential accommodation	George	Garden Route	Nurses residential accommodation	TBC	TBC		2022	H	1	-	Property Acquisition & Property Planning	Transfer / Acquisition et al	Student nurses were relocated into temporary leased accommodation for 2023. Accommodation is scattered over three residences and a permanent centralised accommodation solution remains a priority. IAM has been requested to investigate permanent solution and feedback is awaited.	-	-	-
15	Westleur Hospital	Atlantis	Western	District Hospital	-	35,000		2025	H	2	-	Property Acquisition	Acquisition et al	Replacement 150 bed hospital site required. IAM has been requested to identify and investigate suitable sites.	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

MEDIUM AND LOW PRIORITY LIST (INCLUSIVE OF POSSIBLE CoCT FACILITIES / SITES)

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB-DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT
CoCT Facility / Sites																	
1	Albow Gardens Clinic	Brooklyn	Western	Clinic			City of Cape Town	2028	L					City of Cape Town facility.	-	-	-
2	Blue Downs Clinic	Blackheath	Eastern	Clinic			City of Cape Town	2028	L					CoCT facility.	-	-	-
3	Delft South CDC	Delft	Tygerberg	CDC	-	8,000	City of Cape Town	2026	M	1	E-mail was sent to IAM on 6 December 2020 to investigate available erven for a new Delft South CDC. Consider acquisition of CoCT owned and operated Delft South Clinic - feasibility to be done to establish if site is large enough.	Property Acquisition	Acquisition et al	New CDC required as increasing growth of population in the Delft area is causing overcrowding in current facilities.	MTEF	Due Diligence	-
4	Eerste River CDC	Eerste River	Eastern	CDC			City of Cape Town	2028	M					CoCT facility.	-	-	-
5	Khayelitsha Town 2 CDC	Khayelitsha	Khayelitsha	CDC			City of Cape Town	2028	L					CoCT facility.	-	-	-
6	Kuyasa CDC	Khayelitsha Town 3	Khayelitsha	CDC	-		City of Cape Town	2028	M	2		Property Acquisition	Acquisition et al	Currently CoCT owned and operated facility. Expansion / upgrade and additions planned in short-medium term.	-	-	-
7	Langa CDC	Langa	Western	CDC		10,000	City of Cape Town	2028	M					New facility required due to population increase. Ideal position to be close to Jan Smuts Drive.	-	-	-
8	Ocean View CDC	Ocean View	Southern	CDC			City of Cape Town	2028	L					CoCT facility.	-	-	-
9	Pelican Park CDC	Pelican Park	Southern	CDC			City of Cape Town	2028	L					CoCT facility.	-	-	-
10	Pella Clinic	Pella	Western	Clinic			City of Cape Town	2028	L					CoCT facility.	-	-	-
11	Philippi Clinic	Philippi	Khayelitsha	Clinic			City of Cape Town	2028	L					CoCT facility.	-	-	-
12	Phumani CDC	Mitchell's Plain	Mitchell's Plain	CDC	-		City of Cape Town	2029	M	1		Property Acquisition	Acquisition et al	CoCT Clinic to be replaced with CDC as high priority. Site not agreed.	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Erven

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
13	Rechill Satellite Clinic	Simons Town	Western	Clinic			City of Cape Town	2029	L				CoCT facility.	-	-	-	
14	Rocklands CDC	Mitchell's Plain	Mitchell's Plain	CDC			City of Cape Town	2028	M		Investigate if existing facility can be extended.		CoCT facility.	-	-	-	
15	Sarepta CDC	Sarepta	City of Cape Town	CDC			City of Cape Town	2028	L				CoCT facility.	-	-	-	
16	Saxon Sea CDC	Atlantis	Western	CDC		10,000	City of Cape Town	2028	L				CoCT facility.	-	-	-	
17	Seawinds CDC	Lavender Hill	Southern	CDC			City of Cape Town	2029	L				CoCT facility.	-	-	-	
18	Sir Lowry's Pass CDC	Sir Lowry's Pass	Eastern	CDC			City of Cape Town	2029	L				CoCT facility.	-	-	-	
19	Somerset West CDC	Somerset West	Eastern	CDC			City of Cape Town	2029	L				CoCT facility.	-	-	-	
20	St Vincent CDC	Belhar	Tygerberg	CDC	Erf 27875-RE	7,800	City of Cape Town	2026	M	1	N/A at this stage.	Property Acquisition	It has been agreed with the CoCT that the St Vincent CDC (currently CoCT owned & operated) complies to the needs of the community and there is no longer a need for a new Belhar CDC, previously planned to be co-located on Erf 21470 with the ambulance station in close proximity to the new Belhar Regional Hospital. The St Vincent CDC is therefore to be acquired from the CoCT in the medium term.	-	-	-	
21	Strandfontein CDC	Mitchell's Plain	Mitchell's Plain	CDC			City of Cape Town	2029	L				CoCT facility.	-	-	-	
22	Tafelsig CDC	Mitchell's Plain	Mitchell's Plain	CDC			City of Cape Town	2029	L				New site required.	-	-	-	
23	Victoria Hospital	Southfield	Southern	District Hospital	Portion of Erf 75872 Southfield	3,000	City of Cape Town	2027	M		Awaiting CoCT approval of consolidation.		Replacement hospital. Portion of City-owned site required to eventually consolidate with WCG owned Erf 110629.	-	-	-	
24	Westlake Clinic	Westlake	Western	Clinic			City of Cape Town	2029	L				CoCT facility.	-	-	-	

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS /IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEAD INPUT REQUIRED
25	Westridge CDC Clinic	Mitchell's Plain	Mitchell's Plain	CDC			City of Cape Town	2027	L					New site required.	-	-	-
26	Wisand Sat. Clinic	Melkbosstrand	Western	Satellite Clinic			City of Cape Town	2029	L					CoCT facility.	-	-	-
	Other Sites																
1	Betty's Bay Satellite Clinic	Betty's Bay	Overberg	Satellite Clinic		1,000		2030	L					Replacement facility. Currently in Municipal hall but rental facility being negotiated for short to medium term.	-	-	-
2	Convville Clinic Replacement	George	Garden Route	CDC		10,000	Municipality	2026	M		A recommendation must be made by the Investment Committee / Directorate: Property Planning and Information on whether prime properties (Erven 6979 and 25809 George) should be relinquished in exchange for health care facilities that might not be operational in a year or three, if there is a possibility that these clinics are to be replaced. Also, IAM's Directorate: Planning and Information indicated that it does not support the exchange of provincial property for the Harry Comay / Hospital in George as the hospital was constructed with state money and advised that, if necessary, only the hospital land be purchased from the Municipality.	Replacement of Convville Clinic can take place on Harry Comay Hospital site but reserve area under electrical line to be investigated for parking area.	-	-	-		
3	De Doorns CDC	De Doorns	Cape Winelands	CDC			Municipality	2030	L					Replacement facility required in future.	-	-	-
4	Don and Pat Bilton Clinic	Jamestown Stellenbosch	Stellenbosch	Clinic				TBC	M					Current facility too small - upgrade and additions required. Possibility of obtaining library next door but waiting on structural report.	-	-	-
5	Goodwood Clinical Engineering Workshop	Goodwood	Northern	Worksho p		5,000		2028	L	1	Existing facility needs storage and decision to be replaced to be discussed internally			Current workshop to be replaced. Possible WCC buildings to be investigated.	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Erven

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEAD INPUT REQUIRED
6	Green Point CDC	Green Point	Western	CDC		8,000	WCG	2030	L				Replacement CDC in long term. Position of own site or alternative site to assist Regeneration to be finalised. Replacement subject to confirmation by Regeneration and site availability. R, R & R required in the interim.	-	-	-	
7	Kalbaskraal Satellite Clinic	Kalbaskraal Malmesbury	Swartland	Satellite Clinic	-	2,000		2028	M	1	Investigation in progress.		Current prelab facility needs to be replaced.	-	-	Yes	
8	Kayamandi CDC (additional to existing)	Stellenbosch	Stellenbosch	CDC	Next to R304	6,000		TBC	L				CDC for Stellenbosch to provide comprehensive health and integrated service by consolidation of clinics. Also refer to Water gang.	-	-	Yes	
9	Klipheuwel Clinic	Klipheuwel	Northern	CDC		4,000		2027	L				New facility required. School acquisition by IAM can make allowance for health facility as discussed.	-	-	-	
10	Lentegeur CDC	Mitchell's Plain	Mitchell's Plain	CDC		8,000	Possible WCG	2028	L				Investigating own site. New facility due to service delivery.	-	-	-	
11	Mandelay CDC	Mitchell's Plain	Mitchell's Plain	CDC			Human Settlements	2029	L				New facility due to population growth. To be confirmed.	-	-	-	
12	Manenberg CDC	Manenberg	Klipfontein	CDC			WCG	2028	L				New facility due to population growth. Possible Education site.	-	-	-	
13	New Horizon Clinic	New Horizon Plettenbergbay Route	Garden	Clinic				2029	M				Require adjacent site for future extensions and parking.	-	-	-	
14	New Somerset Provincial Hospital	Miherton/ Blaauwberg area	Western	Regional Hospital		70,000		2030	L				Replacement site - regeneration project. Awaiting IAM to confirm if development of New Somerset site will proceed or not. Long lead time would be required to find correct site.	-	-	-	
15	Observatory CDC	Observatory	Southern	CDC			WCG	2028	L				New facility required. Salt River FPL site will be considered for new Observatory CDC.	-	-	-	

Note: Sites with no Erf number and / or site size is still to be identified

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEAD INPUT REQUIRED
16	Pearty Beach Sat Clinic	Pearty Beach	Overberg	Satellite Clinic				2029	M					Investigate obtaining adjacent site for possible future extensions.	-	-	Yes
17	Pniel Clinic	Drakenstein	Cape Winelands	Clinic	-	3,000	Stellenbosch Municipality	n/a	L		IAM formally requested on 19 September 2021 to acquire Portion 14 of the Farm Boschendal (Farm nr 1674)	Property Acquisition	-	The Service confirmed in June 2021 that they would prefer to establish a new clinic in Pniel rather than in Lanquedoc, and they have identified a proposed site owned by the Stellenbosch Municipality.	-	-	-
18	Protea Park CDC	Atlantis	Western	CDC	Erf 4768	10,000	WCG	2026	M	2		Property Planning		Plan is to replace the current CoCT owned and operated Protea Park Clinic with a CDC. Portion of own Erf 4768 Proteus Technical School to be investigated.	-	-	-
19	Red Cross War Memorial Children Hospital	Rondebosch	Southern	Tertiary Hospital	Portion of Milner service road and verge along eastern site boundary			2027	L					Possible incorporation of portion of Milner service road and verge along eastern site boundary for additional parking and possible staff / service access point - subject to feasibility exercise and support from CoCT.	-	-	-
20	Rosebank Clinic	Oudtshoorn	Garden Route	Clinic		4,000		2029	L		Portion of Own site reserved.			Site close to National road to replace and consolidate Bridgeton CDC and Toekomstus Clinic. Also to serve Spekkom Development.	-	-	-
21	Ruyterwacht CDC	Ruyterwacht	Northern	CDC		5,000		2027	L					Replacement.	-	-	-
22	Stellenbosch - Watervang Clinic	Stellenbosch	Cape Winelands	Clinic		3,000		2027	M					New facility required in future new Watervang development.	-	-	-
23	Stellenbosch - Ambulance Station	Stellenbosch	Cape Winelands	EMS		3,000		2030	L					Replacement facility due to long response time from the current facility.	-	-	-
24	Touwsraam Clinic	George	Garden Route	Clinic		3,000		2028	L					New site required for replacement. Interim extended site required to be transferred.	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Erven

No	COMPLEX/ PROPERTY REQUIRED	TOWN/ SUBURB	DISTRICT/ SUB- DISTRICT	ACCOMMODATION TYPE	ERF NO IF SITE IDENTIFIED	LAND EXTENT REQUIRED (m ²)	ORIGINAL OWNERSHIP	YEAR IN WHICH PROPERTY WAS / IS REQUIRED	PRIORITY LEVEL	PRIORITY WITHIN CATEGORY	IAM PROGRESS (AS AT FEBRUARY 2022)	IAM COMPONENT RESPONSIBLE	ACTION (Not confirmed by WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
25	Uniondale Ambulance Station	Uniondale	Garden Route	EMS		2,000		2026	M					Replacement facility. Currently with fire brigade. Possible house for rental. Notice has been given and must be confirmed.	-	-	-
26	Western District Hospital	Minerton / Blaauwberg area	Western	District Hospital		50,000		TBC	L					New district hospital (TBC).	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required / Transfer / Vesting / Town Planning Requirements of Even

Template 6.3:

New State-owned Office Accommodation Requirements

TEMPLATE 6.3: NEW STATE-OWNED OFFICE ACCOMMODATION REQUIREMENTS

PROJECTS REGISTERED WITH WESTERN CAPE GOVERNMENT: TRANSPORT AND PUBLIC WORKS										
NO	END USER	FACILITY PROPOSED LOCATION	DISTRICT	STATUS	COMMENT	TOTAL REQUIRED m ²	DATE IDENTIFIED (when need for new accommodation was first identified)	DATE REQUIRED	COMMENT ON WHO'S RESPONSIBILITY	PRIORITY
WCGTPW BUDGET RESPONSIBILITY										
1	Bergriev Sub-district Office	Radie Kozbe Hospital site in Pletberg	West Coast	Identified / feasibility	In rented accommodation which is insufficient and not compliant to accessibility. Possibly on hospital site.	400	Jun-11	In terms of budget availability.	WCGTPW responsibility	1
2	CMD and ARV	Tygerberg Hospital site	City of Cape Town	Planning	Replacement required due to regeneration project. Briefing document being prepared by WCGHW.	8,000	Feb-14	In terms of budget availability.	WCGTPW responsibility	2
3	Mazikama Sub-district Office	Vredendal Hospital site	West Coast	Identified / feasibility	In rented accommodation. Space available on hospital site.	400	Jun-11	As soon as possible.	WCGTPW responsibility	3
4	Metro: Head Office, FIM Refer to details on template 2.2.2	City of Cape Town or Bellville	Head office	Identified / feasibility	Currently in the Box floor 2.1. Components need to be consolidated. Other components of FIM in Bellville.		May-21	As soon as possible.	WCGTPW responsibility	3
5	Metro: Head Office. Refer to details on template 2.1.2	City of Cape Town and Bellville	City of Cape Town	Identified / feasibility	Further rationalisation of floors not yet been modernised and consolidation of components required to improve utilisation and ensure work efficiencies. Also additional needs for OH&S offices. Individual office required in Bellville Healthpark. Refer to Templates 2.1.2 and 2.2.2.		Jun-17	Linked to MDP of Health	WCGTPW for Bellville Healthpark and 4 Dorp street	2
6	Metro: Head Office EMS	Ward 17 & 18 Alexandra Hospital	Head office	Concept report	Currently in Pinelands EMS and Karl Bremer and in terms of consolidation has it been identified that Ward 17 & 18 at Alexandra hospital can be used.	1,200	Jun-21	In planning and funding provided by WCGHW.	WCGHW to take over responsibility. Brief completed and accepted by WCGTPW in April 2022. Funding transferred to WCGTPW.	1
7	Metro: Khayelisha District Office	Khayelisha Hospital site	Metro Health Service	Identified / feasibility	Replacement and parking required		Dec-16	In terms of budget availability.	WCGTPW responsibility.	1
WCGHW BUDGET RESPONSIBILITY										
1	Cederberg Sub-district Office	Cianwilliam Hospital site	West Coast	Identified / feasibility	Require new accommodation. Space available on site. Currently in prefabs on site but will relocate to rented accommodation if finalised. Rented accommodation to be replaced with permanent accommodation.	350	Jun-11	In terms of budget availability.	WCGHW to take over responsibility. Brief completed and accepted by WCGTPW in April 2022. Funding transferred to WCGTPW.	2
2	Langeberg Sub-district Office	Robertson Hospital	Cape Winelands	Identified / feasibility	Identified. Space available on hospital site.	300	Mar-17	Future. Business Case still outstanding.	WCGHW to take over responsibility.	4

PROJECTS REGISTERED WITH WESTERN CAPE GOVERNMENT: TRANSPORT AND PUBLIC WORKS										
NO	END USER	FACILITY PROPOSED LOCATION	DISTRICT	STATUS	COMMENT	TOTAL REQUIRED m ²	DATE IDENTIFIED (when need for new accommodation was first identified)	DATE REQUIRED	COMMENT ON WHO'S RESPONSIBILITY	PRIORITY
3	Metro: Head office: Corporate Services: SCM	Tygerberg Hospital site	Head office	Planning	Currently in Genses at Karl Bremer Hospital due to COVID-19 arrangements in 4 Dorp Street where insufficient space was available. However, demolitions requested to WCGTPW. Protea Court floors allocated for SCM and Management contract brief for upgrading of M floor at Western Cape Warehouse has been issued.	1,000	May-20	2023/24	WCGHW (Refer to WCGTPW HOD letter).	1
4	Metro: Head Office Satellite	Belville	Head office	Identified / feasibility	Currently in Tygerberg Hospital, floor 11 and various other places. Refer to Template 2.1.2. Must be relocated and consolidated if possible.	1,500	Feb-14	Linked to Tygerberg Hospital Mega projects.	WCGTPW to be approached on responsibility of DoP staff in Health buildings	2
5	Metro: Head Office Training	Metro suitable area	Head office	Identified / feasibility	Currently in Lady Michaelis CDC which require a feasibility analysis whether suitable.		Jan-17	As soon as possible.	WCGHW (Refer to WCGTPW HOD letter).	3
6	Metro: Head office FIM	EMS building on Karl Bremer Hospital site	Head office	Identified/ feasibility	IF EMS is relocated then this building can be used to relocate FIM from rented space as per draft Master Accommodation plan	1,200	Jun-21	Linked to EMS vacating	WCGTPW to indicated if they will undertake this work in order to relinquish rentals	1
7	Metro: Southern Sub-district Office	Retreat: DP Marais Hospital	Metro Health Service	Identified / feasibility	Additional offices required but need to be re-evaluated post Covid-19.		May-16	In terms of budget availability.	WCGHW to take over responsibility.	4
8	Metro: Finance	Stikland Block C	Head office	Finance	Require additional space for Diko		Nov-22		WCGHW	2
9	Overberg District Office	Caledon	Overberg	Identified / feasibility	Shared office building proposed as solution from IAM and to include archives and stores. Indicated as longer term project for WCGTPW but urgent requirement for WCGHW as occupation and health issues is affecting operations. Briefing document to be done in 2023.	1,200	Jun-13	As soon as possible.	WCGHW to take over responsibility and brief to be issued in 2023.	1
10	Overstrand Sub-district Office	Hermanus Hospital site	Overberg	Identified / feasibility	In prefab building on hospital site. Buildings need to be replaced on hospital site or existing clinic once replaced. Interlinked with master plan for Caledon Hospital.	600	Dec-15	As soon as possible.	WCGHW to take over responsibility.	2
11	Vredendal Hospital	Vredendal Hospital site	West Coast	Identified	Alternative construction building required	100	Jul-05	As soon as possible.		2
12	Witzenberg Sub-district Office	Ceres Hospital site	Cape Winelands	Identified / feasibility	In own accommodation but space problems and prefab.	300	Jun-14	In terms of budget availability.	WCGHW to take over responsibility.	3

Template 6.3: New State-owned Office Accommodation Requirements

Templates 6.4.1 & 6.4.2:

New Leased Accommodation Requirements:

Health Facilities & Office Accommodation

TEMPLATE 6.4.1: NEW LEASED ACCOMMODATION REQUIREMENTS: HEALTH FACILITIES
TEMPLATE 6.4.2: NEW LEASED ACCOMMODATION REQUIREMENTS: OFFICE ACCOMMODATION

NO	TOWN	SERVICE DESCRIPTION	BUILDING	DISTRICT	BUDGET TYPE	PURPOSE	COMMENT	EXTENT (MF)	TYPE OF FACILITY REQUIRED
6.4.1: HEALTH FACILITIES									
1	Bellville	Reproductive Health centre	Belville RHC	City of Cape Town	Rentals	Replacement	The current leased building's entrance, parking, lighting and ventilation is not adequate and alternative accommodation is required.		Site
2	Buffelsjagbaai	Satellite point	Buffelsjagbaai	Overberg	Rentals	New	The leasing of a portion of portion 1 Farm 308 Buffelsjagbaai is required for a satellite clinic. Municipal application underway.		Site
3	Cape Town	Blackheath: Kleinvlie CDC	Kleinvlie CDC	City of Cape Town	Rentals	Additions	IAM requested to again try to obtain the cul-de-sac from the Municipality or the parking from the Church. Current parking not sufficient.		Parking
4	George	Western Cape Nursing Student Accommodation	TBA	Garden Route	Rentals	Replacement	Interim leased accommodation obtained for 148 students for 2023. More permanent solution required beyond 2023.	TBA	Hostel
5	Krystna	Hornlee Clinic	Erf 3281	Garden Route	Rentals	Replacement	99 year lease agreement being finalised with Municipality. The Municipality has appointed a conveyancer for registration of notarial lease. Registration awaited.	4,933	Clinic
6	Phiel	Clinic	Old Post Office Building, Erf 721, Phiel	Cape Winelands	Rentals	New	An interim rental is required until such time that the acquisition of the land and the construction of a new facility is complete. Mayoral Committee approval is awaited. Draft lease agreement forwarded to Legal Services for approval.		Building
7	Strand	Strand CDC	Cortlandt Place, 37 Main Road, Strand		Rentals	Extension	An additional 2 rooms is required at the existing clinic as a matter of urgency due to population growth in catchment area. Mother and Child Services to be expanded. HOD letter submitted to IAM. Service confirmed available funding. The discord regarding the provision of approved staff establishment vs supplementary staff to be addressed with IAM.	68.09	
8	Tesseleandsdal	Clinic	Tesseleandsdal Satellite Clinic	Overberg	Rentals	New	Awaiting a valuation report from the Municipality.		Building
9	Wynberg	Hospital	Victoria Hospital	City of Cape Town	Rentals	New	Erf 67378 & 67377 (opposite main hospital) currently used as staff parking based on a previous informal temporary agreement with CoCT. However, there is a dire need for staff parking as visitors parking is over utilised. Formal agreement with CoCT to be considered.		Parking
10	Uniondale	Uniondale Ambulance Station	Uniondale Ambulance Station	Garden Route	Rentals	Replacement	Lease for current accommodation has been called up. WCG:TPW seeking alternative accommodation. Possibility of area at the hospital is being investigated.	150	Ambulance Station
6.4.2: OFFICE ACCOMMODATION									
1	Clanwilliam	Cederberg PHC Team	Clanwilliam	West Coast	Rentals	New	Space required for 7 people plus boardroom and small kitchen amounting to about 150m2. District confirmed funding. IAM in negotiations with landlord to reduce rental offer which is much higher than market rental.		Offices
2	Piketberg	Bergriver Sub district offices	Piketberg	West Coast	Rentals	Replacement	Replacement required due to compliance issues and additional space requirement. IAM to investigate possibilities identified by Service.		Offices
3	Vredendal	Vredendal Hospital	Vredendal	West Coast	Rentals	Additions	Urgent space required on Hospital site.		Offices

Templates 6.4.1 & 6.4.2: New Leased Accommodation Requirements: Health Facilities & Office Accommodation

Template 7.1:

New and Replacement Projects

TEMPLATE 7.1: NEW AND REPLACEMENT PROJECTS

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPOIM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
1	C1810032	Gouda - Gouda Clinic - Replacement	8.1	Cape Winelands	HFRG	Stage 6: Handover	1-Mar-17	7-Nov-22	23,113	17,623	610	355	-
2	C1810074	Paarl - Paarl CDC - New	8.1	Cape Winelands	HFRG	Stage 4: Design Documentation	28-Feb-17	31-Oct-25	85,589	1,780	2,776	27,360	6,259
3	C1810100	Wolseley - Wolseley Clinic - Replacement	8.1	Cape Winelands	HFRG	Stage 7: Close out	20-Mar-12	29-Mar-19	25,274	10	241	-	-
4	C1810101	Worcester - Avian Park Clinic - New	8.1	Cape Winelands	HFRG	Stage 6: Handover	1-Jun-15	31-May-22	37,087	2,623	190	-	-
5	C1810069	Majlisfontein - Majlisfontein Satellite Clinic - Replacement	8.1	Central Karoo	HFRG	Stage 2: Concept	19-Dec-14	31-Mar-27	6,000	-	1	25	33
6	C1810016	Delft - Symphony Way CDC - New	8.1	City of Cape Town	HFRG	Stage 7: Close out	26-Jan-11	6-Jul-15	66,400	-	1	-	-
7	HC1810021	Gugulethu - Gugulethu 2 CDC - New	8.1	City of Cape Town	HFRG	Stage 1: Initiation	31-May-23	31-May-28	100,000	-	4,000	12,000	9,600
8	C1810021	Elsies River - Elsies River CHC - Replacement	8.1	City of Cape Town	HFRG	Stage 3: Design Development	25-May-16	31-Mar-28	257,847	724	1,384	2,509	8,836
9	C1810038	Hanover Park - Hanover Park CHC - Replacement	8.1	City of Cape Town	HFRG	Stage 4: Design Documentation	30-Jun-16	31-Jul-27	233,299	2,471	2,533	12,500	20,117
10	C1810043	Hout Bay - Hout Bay CDC - Replacement and Consolidation	8.1	City of Cape Town	HFRG	Stage 3: Design Development	21-Jun-18	30-Apr-28	74,000	402	1,109	1,278	1,869
11	C1810047	Parklands - Parklands CDC - New	8.1	City of Cape Town	HFRG	Still to be initiated	1-Dec-24	31-Dec-29	250,000	-	-	-	10
12	C1810055	Maitland - Maitland CDC - Replacement	8.1	City of Cape Town	HFRG	Stage 3: Design Development	13-Dec-17	30-Jun-28	160,369	405	1,656	1,468	1,613
13	C1810060	Mfuleni - Mfuleni CDC (Repl) - Replacement	8.1	City of Cape Town	HFRG	Stage 1: Initiation	30-Dec-23	30-Sep-28	200,000	-	-	315	1,000
14	C1810062	Philippi - Weltevreden CDC - New	8.1	City of Cape Town	HFRG	Stage 4: Design Documentation	30-Nov-17	30-Jun-27	130,338	1,954	547	7,524	13,348
15	C1810071	Lotus River - Lotus River CDC (Repl) - Replacement	8.1	City of Cape Town	HFRG	Still to be initiated	30-Dec-24	31-May-29	220,000	-	-	331	200
16	C1810080	Ravensmead - Ravensmead CDC - Replacement	8.1	City of Cape Town	HFRG	Stage 5: Works	1-Aug-15	31-Mar-25	79,688	1,176	9,889	11,773	10,254
17	C1810084	Strand - Rushhof CDC - New	8.1	City of Cape Town	HFRG	Still to be initiated	30-Dec-24	30-Sep-30	250,000	-	-	-	10
18	C1810114	Kraaifontein - Wallacefene CDC - New	8.1	City of Cape Town	HFRG	Still to be initiated	1-Aug-24	31-May-30	250,000	-	-	-	10
19	C1810154	Blackheath - Kleinvllei CDC (Repl) - CoCT CDC Replacement	8.1	City of Cape Town	HFRG	Still to be initiated	30-Dec-24	30-Sep-30	200,000	-	-	-	10
20	C1810311	Khayelisha - Zakhele CDC - New	8.1	City of Cape Town	HFRG	Still to be initiated	30-Dec-23	30-Jun-28	250,000	-	-	8	100
21	HC1810004	Knyasa - Homlee Clinic - Replacement	8.1	Garden Route	HFRG	Stage 2: Concept	20-Sep-22	28-Feb-24	35,000	10,000	26,000	2,000	-
22	C1810062	Ladismith - Ladismith Clinic - Replacement	8.1	Garden Route	HFRG	Stage 6: Handover	16-Mar-17	28-Feb-23	24,884	18,574	1,572	881	-
23	C1810068	Mossel Bay - George Road Sat Clinic (Repl) - Replacement	8.1	Garden Route	HFRG	Stage 4: Design Documentation	15-Feb-21	31-Aug-24	11,000	1	1,651	4,009	92

Template 7.1: New and Replacement Projects

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIIDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
24	HC1810031	Caledon - Caledon Clinic (Repl) - Replacement	8.1	Overberg	HFRG	Stage 1: Initiation	30-Jul-23	31-Oct-28	30,000	-	-	341	216
25	C1810095	Villiersdorp - Villiersdorp Clinic - Replacement	8.1	Overberg	HFRG	Stage 6: Handover	30-Jun-17	21-Dec-22	30,273	21,066	2,084	1,543	-
26	C1810086	Saldanha - Diazville Clinic - Replacement	8.1	West Coast	HFRG	Stage 4: Design Documentation	21-Nov-17	31-Jan-27	38,818	866	498	119	5,975
27	C1810088	St Helena Bay - Sandy Point Satellite Clinic - Replacement	8.1	West Coast	HFRG	Stage 6: Handover	5-May-15	31-Oct-22	9,958	6,120	666	407	-
28	C1810086	Vredenburg - Vredenburg CDC - New	8.1	West Coast	HFRG	Stage 2: Concept	30-Nov-17	31-May-28	70,000	700	295	517	753
29	C1820002	De Doorns - De Doorns Ambulance Station - Replacement	8.2	Cape Winelands	HFRG	Stage 7: Close out	1-Sep-14	21-Jun-21	19,660	383	1	-	-
30	HC1820003	Maitland - Pnielands Ambulance Station (Repl) - Relocation to Alexandria Hospital site	8.2	City of Cape Town	HFRG	Stage 2: Concept	14-Oct-22	15-Feb-24	130,000	1,000	9,000	7,560	8,316
31	C1820041	Belhar - Belhar Ambulance Station - New	8.2	City of Cape Town	HFRG	Still to be initiated	1-Mar-24	29-Feb-28	25,000	-	-	-	453
32	C1820057	Maitland - EMS Head Office (Repl) - Replacement	8.2	City of Cape Town	PES	Stage 2: Concept	24-Feb-22	30-Aug-24	34,123	-	1	1	1
33	C1820059	Montague Gardens - Pnielands Ambulance Station Workshop (Repl) - Acquisition for replacement	8.2	City of Cape Town	PES	Stage 2: Concept	5-Aug-22	31-Mar-24	25,000	25,000	1,000	-	-
34	C1820027	Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	HFRG	Stage 5: Works	26-Jun-17	30-Sep-23	8,450	1,207	3,658	108	-
35	HC1830018	Malmesbury - Swartland Hospital (Repl) - Replacement (FIDPM Stage 2)	8.3	West Coast	HFRG	Still to be initiated	31-Dec-23	31-Dec-25	2,000	-	300	750	660
36	C1830028	Malmesbury - Swartland Hospital (Repl) - Replacement	8.3	West Coast	HFRG	Stage 1: Initiation	30-Dec-24	30-Jun-30	1,000,000	-	-	-	4,000
37	C1840016	Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	8.4	City of Cape Town	HFRG	Stage 4: Design Documentation	1-Apr-10	31-Aug-27	23,453	1	330	275	208
38	C1840025	Belhar - Belhar Regional Hospital - New	8.4	City of Cape Town	HFRG	Stage 2: Concept	15-Jun-22	30-Sep-32	3,691,201	-	945	14,623	5,990
39	C1840049	Somerset West - Helderberg Regional Hospital - District Hospital Replacement	8.4	City of Cape Town	HFRG	Still to be initiated	30-Jun-24	30-Apr-34	2,000,000	-	-	-	10
40	C1840055	Manenberg - Klipfontein Regional Hospital - Replacement Ph1	8.4	City of Cape Town	HFRG	Stage 2: Concept	3-Dec-18	31-Aug-33	2,329,676	2	3,978	12,500	10,000
41	HC1850002	Parow - Tygerberg Hospital - Replacement (PPP)	8.5	City of Cape Town	HFRG	Stage 1: Initiation	1-Apr-12	30-Jun-30	10,500,000	1,766	6,953	6,322	6,954
42	C1860003	Beaufort West - Beaufort West FPL - Replacement	8.6	Central Karoo	HFRG	Stage 7: Close out	1-Apr-09	30-Apr-12	11,461	1	1	-	-
43	C1860012	Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	HFRG	Stage 7: Close out	12-Sep-14	4-Jun-21	306,282	16,301	3,653	-	-

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPOIM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
44	C1860012	Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	PES	Stage 7: Close out	12-Sep-14	4-Jun-21	3,900	458	1	-	-
45	C1860014	Parow - Cape Medical Depot - Replacement (Stages 3-7)	8.6	City of Cape Town	HFRG	Still to be initiated	31-Dec-23	31-Mar-28	256,612	-	1,440	840	3,310
46	C1860094	Observatory - Observatory FPL - Completion Works	8.6	City of Cape Town	HFRG	Stage 6: Handover	18-Nov-21	30-Jun-23	4,476	2,913	905	28	-
47	C1860007	Knysna - Knysna FPL - Replacement	8.6	Garden Route	HFRG	Stage 5: Works	1-Nov-14	31-Jul-23	34,216	17,344	7,229	1,162	-
48	C1860063	George - WCCN Southern Cape Karoo Hostel 1 - Residential accommodation - New	8.6	Garden Route	HFRG	Still to be initiated	1-Oct-24	31-Mar-30	25,000	-	-	-	270
49	HC1860021	Caledon - Overberg District Office - Replacement	8.6	Overberg	PES	Still to be initiated	1-Dec-23	31-Mar-26	30,000	-	-	252	2,000
Grand Total											97,098	131,684	122,477

Template 7.1: New and Replacement Projects

Template 7.2:

Rehabilitation, Renovations & Refurbishment Projects

TEMPLATE 7.2: REHABILITATION, RENOVATIONS & REFURBISHMENT PROJECTS

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
1	HC1810020	Ceres - Ceres CDC - Enabling work and rehabilitation	8.1	Cape Winelands	HFRG	Stage 2: Concept	12-Jan-23	30-May-24	50,000	3,000	36,000	4,000	-
2	C1810161	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	8.1	City of Cape Town	HFRG	Stage 6: Handover	1-Jun-16	28-Apr-22	5,965	1,473	106	-	-
3	C1810240	Khayelitsha - Nolungile CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Stage 2: Concept	1-Mar-21	30-Sep-25	22,000	426	329	6,922	2,327
4	C1810248	Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	8.1	City of Cape Town	HFRG	Stage 3: Design Development	21-Dec-18	31-Mar-26	25,300	359	1,380	6,595	3,380
5	C1810260	Nyanga - Nyanga CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Stage 2: Concept	21-Apr-21	31-Aug-26	8,000	-	91	133	680
6	C1810274	Retreat - Retreat CHC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Stage 2: Concept	21-Jan-21	28-Feb-27	50,000	101	526	827	3,644
7	C1810286	Gugulethu - Gugulethu CHC - MOU rehabilitation	8.1	City of Cape Town	HFRG	Stage 2: Concept	30-Sep-21	30-Nov-28	32,000	-	364	236	260
8	C1810307	Callitxorp - Callitxorp Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Stage 4: Design Documentation	30-Jul-18	31-May-24	1,863	1	472	493	36
9	C1810308	Zoar - Annalienstein Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Stage 4: Design Documentation	30-Jul-18	31-May-24	1,671	1	308	533	36
10	C1810130	Primary Healthcare - Pharmacies rehabilitation (Alpha)	8.1	Various	HFRG	Stage 3: Design Development	30-Jun-15	31-Aug-26	7,000	71	100	82	312
11	HC1820006	Pnielands - Pnielands Ambulance Station - Communication Centre relocation	8.2	City of Cape Town	HFRG	Still to be initiated	1-Jun-23	31-Dec-24	20,000	-	1	19,500	499
12	HC1820005	Cianwilliam - Cianwilliam Ambulance Station - Entrance R, R and R (Alpha)	8.2	West Coast	HFRG	Still to be initiated	30-Aug-23	31-Dec-24	2,000	-	800	800	-
13	C1830034	Montagu - Montagu Hospital - Rehabilitation	8.3	Cape Winelands	HFRG	Stage 3: Design Development	1-Mar-19	31-Aug-26	28,600	186	344	3,775	3,193
14	C1830120	Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	HFRG	Stage 3: Design Development	28-Feb-18	31-Mar-26	29,265	426	426	4,285	6,761
15	C1830122	Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	HFRG	Stage 5: Works	26-Oct-17	30-Apr-24	35,925	7,525	9,091	4,076	666
16	C1830002	Beaufort West - Beaufort West Hospital - Rationalisation	8.3	Central Karoo	HFRG	Stage 3: Design Development	9-Oct-18	30-Jun-26	76,900	1,658	689	197	5,766
17	C1830045	Somerset West - Heiderberg Hospital - EC Upgrade and Additions	8.3	City of Cape Town	HFRG	Stage 7: Close out	1-Apr-13	15-Mar-21	57,813	1	1	-	-
18	C1830119	Belville - Karl Bremer Hospital - Hospital Repairs and Renovation	8.3	City of Cape Town	HFRG	Stage 3: Design Development	19-Dec-17	30-Apr-28	217,200	4,295	2,559	3,773	13,740

Template 7.2: Rehabilitation, Renovations & Refurbishment Projects

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
19	C1830121	Somerset West - Heiderberg Hospital - Repairs and Renovation (Alpha)	8.3	City of Cape Town	HFRG	Stage 4: Design Documentation	30-Nov-17	31-Oct-24	37,045	220	5,185	11,371	808
20	C1830124	Fish Hoek - False Bay Hospital - Fire Compliance Completion and charges to internal spaces	8.3	City of Cape Town	HFRG	Stage 3: Design Development	24-Dec-18	28-Feb-27	51,083	963	411	1,325	7,461
21	C1830127	Belville - Karl Bremer Hospital - Demolitions and parking	8.3	City of Cape Town	HFRG	Stage 4: Design Documentation	19-Dec-17	30-Jun-25	26,000	1	1	6,778	2,291
22	C1830144	Michells Plain - Michells Plain Hospital - Fire doors	8.3	City of Cape Town	HFRG	Stage 3: Design Development	13-Aug-19	30-Apr-24	8,030	368	2,840	1,125	90
23	C1830176	Ladismith - Ladismith (Alan Blyth) Hospital - R, R and R (Beta)	8.3	Garden Route	HFRG	Stage 4: Design Documentation	30-Jul-18	30-Dec-24	13,000	1	603	4,829	220
24	C1830117	Swellendam - Swellendam Hospital - Acute Psychiatric Ward	8.3	Overberg	HFRG	Stage 3: Design Development	1-Jun-16	31-Dec-24	4,680	228	149	1,991	58
25	C1830118	Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	8.3	Overberg	HFRG	Stage 7: Close out	30-Apr-16	1-Jun-21	14,305	556	1	-	-
26	C1830123	Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	8.3	Overberg	HFRG	Stage 5: Works	3-Jul-17	31-Aug-24	12,520	456	669	4,877	150
27	C1830073	District Hospitals - Pharmacies rehabilitation (Alpha)	8.3	Various	HFRG	Stage 2: Concept	30-Jun-15	28-Feb-26	6,000	70	119	115	492
28	C1830080	Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	8.3	West Coast	HFRG	Stage 7: Close out	31-Mar-15	23-May-19	176,000	3	1	-	-
29	C1830116	Piketberg - Radlie Kotze Hospital - Hospital layout improvement	8.3	West Coast	HFRG	Stage 4: Design Documentation	1-Jun-16	31-Jul-25	33,566	1,754	2,012	9,162	1,711
30	C1830125	Malmesbury - Swartland Hospital - Prefabricated Wards	8.3	West Coast	HFRG	Stage 7: Close out	15-Jul-17	26-Mar-20	42,011	119	153	-	-
31	C1830137	Porterville - LAPA Munnik Hospital - Rehabilitation (Alpha)	8.3	West Coast	HFRG	Still to be initiated	30-Sep-25	31-Mar-29	25,000	-	-	-	10
32	C1840053	Worcester - Worcester Hospital - Fire Compliance	8.4	Cape Winelands	HFRG	Stage 5: Works	1-Apr-15	31-May-23	31,030	17,494	2,141	1,995	46
33	C1840061	Worcester - Worcester Hospital - Relocation of MOU	8.4	Cape Winelands	HFRG	Stage 4: Design Documentation	14-Feb-18	31-Mar-24	14,576	137	5,467	1,623	304
34	C1840008	Green Point - New Somerset Hospital - Upgrading of theatres and ventilation	8.4	City of Cape Town	HFRG	Stage 5: Works	22-May-15	31-May-24	55,292	581	10,073	11,742	876
35	HC1840012	Michells Plain - Lenequeur Hospital - R, R & R to accommodate Child and Adolescent beds	8.4	City of Cape Town	HFRG	Stage 2: Concept	14-Sep-22	31-Mar-24	20,000	1,000	16,000	-	-
36	HC1840013	Maitland - Alexandra Hospital - R, R and R to Wards 1-10, 15 and 16	8.4	City of Cape Town	HFRG	Stage 5: Works	15-Sep-22	31-Mar-24	100,000	1,000	54,303	47,889	34,511
37	C1840066	Green Point - New Somerset Hospital - R, R and R (Alpha)	8.4	City of Cape Town	HFRG	Still to be initiated	30-Dec-23	30-Nov-28	100,000	-	-	100	200

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
38	C1840067	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	8.4	City of Cape Town	HFRG	Stage 4: Design Documentation	18-Mar-18	31-Dec-25	7,400	159	470	1,152	30
39	C1840070	Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	City of Cape Town	HFRG	Stage 4: Design Documentation	1-Mar-18	31-May-26	13,266	122	279	4,402	650
40	C1840082	Mitchells Plain - Lentegeur Hospital - Ward rehabilitation framework	8.4	City of Cape Town	HFRG	Still to be initiated	30-Nov-23	31-Mar-28	100,000	-	-	214	142
41	C1840097	Sikiland - Sikiland Hospital - Rehabilitation of water reticulation system	8.4	City of Cape Town	HFRG	Stage 2: Concept	30-Jul-22	31-Jul-27	20,000	-	134	135	774
42	C1840083	George - George Hospital - Wards R, R and R (Alpha)	8.4	Garden Route	HFRG	Stage 2: Concept	10-Jul-19	30-Jun-27	15,000	129	218	1	-
43	C1850005	Observatory - Grootte Schuur Hospital - EC Upgrade and Additions	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	3-Jul-10	28-Feb-27	205,800	3,893	15,000	20,000	18,000
44	HC1850013	Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	30-Mar-23	31-Mar-24	100,000	16,000	17,134	-	-
45	HC1850017	Rondebosch - Red Cross War Memorial Children Hospital - New warehouse (Alpha)	8.5	City of Cape Town	HFRG	Still to be initiated	31-Oct-24	31-Mar-26	10,000	-	-	-	8,000
46	C1850031	Parow - Tygerberg Hospital - Replacement - Enabling Work	8.5	City of Cape Town	HFRG	Stage 1: Initiation	1-Mar-23	30-Apr-28	265,000	-	1	2,152	2,597
47	C1850048	Parow - Tygerberg Hospital - Medical Gas Upgrade	8.5	City of Cape Town	PES: TBH	Stage 4: Design Documentation	2-May-17	30-Jun-26	36,000	235	3,360	6,000	4,000
48	C1850054	Observatory - Grootte Schuur Hospital - BMS Upgrade	8.5	City of Cape Town	HFRG	Stage 6: Handover	1-Jun-16	29-Apr-22	21,000	1,979	1	-	-
49	C1850055	Observatory - Grootte Schuur Hospital - Ventilation and AC refurb ind mech installation (Alpha)	8.5	City of Cape Town	HFRG	Cancelled	25-Jul-17	N/A	11,000	-	1	-	-
50	C1850056	Observatory - Grootte Schuur Hospital - R and R to OPD (Alpha)	8.5	City of Cape Town	HFRG	Stage 2: Concept	9-Feb-21	31-Dec-27	120,000	518	782	1,984	6,172
51	C1850061	Observatory - Grootte Schuur Hospital - R, R, & R to interior of Maternity Block	8.5	City of Cape Town	HFRG	Still to be initiated	31-Oct-24	31-Oct-30	80,000	-	-	1,653	781
52	C1850074	Parow - Tygerberg Hospital - Hot water system upgrade	8.5	City of Cape Town	PES: TBH	Stage 5: Works	28-Feb-19	31-Mar-25	28,100	397	5,507	4,213	1,920
53	C1850078-0001	Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A	8.5	City of Cape Town	PES: TBH	Stage 3: Design Development	2-Jun-19	31-Aug-31	615,000	4,545	1,273	6,030	-
54	C1850078-0007	Parow - Tygerberg Hospital - Rehab of various wards - Block A (LG) Psychiatry OPD	8.5	City of Cape Town	PES: TBH	Cancelled	2-Jun-19	30-Nov-24	2,259	-	1	-	-

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
55	C1850078-0008	Parow - Tygerberg Hospital - Rehab of various wards - Block C, Ward J1EC and Trauma	8.5	City of Cape Town	PES: TBH	Stage 3: Design Development	30-Nov-21	31-Jul-27	100,000	1,189	1,093	711	4,503
56	C1850082-0003	Parow - Tygerberg Hospital - External and Internal Logistics - Signage	8.5	City of Cape Town	PES: TBH	Stage 3: Design Development	14-May-19	31-Aug-24	12,300	130	462	5,354	277
57	C1850083	Parow - Tygerberg Hospital - Fire Safety	8.5	City of Cape Town	PES: TBH	Stage 3: Design Development	15-Apr-19	31-Jan-29	312,000	155	1	1	-
58	C1850083-0001	Parow - Tygerberg Hospital - Fire Safety - South-eastern Block incl mechanical work	8.5	City of Cape Town	PES: TBH	Stage 4: Design Documentation	15-Apr-19	31-Jul-25	110,000	2,459	1,610	22,043	20,843
59	C1850097	Rondebosch - Red Cross War Memorial Children Hospital - Nurses Home refurbishment (Alpha)	8.5	City of Cape Town	HFRG	Still to be initiated	31-Dec-24	31-Mar-29	30,000	-	-	-	325
60	C1850101	Observatory - Grootte Schuur Hospital - Parking deck waterproofing	8.5	City of Cape Town	HFRG	Still to be initiated	1-Dec-24	30-Sep-28	15,000	-	-	-	162
61	C1850103	Observatory - Grootte Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha)	8.5	City of Cape Town	HFRG	Stage 5: Works	25-Jul-17	30-Jun-24	6,100	1,103	2,400	450	39
62	C1850104	Observatory - Grootte Schuur Hospital - Ventilation and AC refurb incl mech installation (Beta)	8.5	City of Cape Town	HFRG	Stage 5: Works	25-Jul-17	31-Mar-25	50,020	2,203	16,678	7,500	1,577
63	C1850124	Observatory - Grootte Schuur Hospital - Electrical system upgrade - Replace 11kV switchgear	8.5	City of Cape Town	HFRG	Stage 2: Concept	15-Feb-23	31-Aug-27	114,000	-	812	615	541
64	C1850128	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor C Part 2	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	25-Jul-17	31-Mar-26	42,000	-	600	11,000	7,200
65	C1850129	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor D Part 1	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	25-Jul-17	31-Mar-26	34,500	-	600	8,500	6,000
66	C1850130	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor D Part 2	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	25-Jul-17	30-Jun-27	45,200	-	1	50	12,800
67	C1850131	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor E	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	25-Jul-17	31-Mar-26	67,500	-	9,000	15,000	6,000
68	C1850132	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor F	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	25-Jul-17	1-Apr-25	47,200	-	9,000	15,000	800
69	C1850133	Observatory - Grootte Schuur Hospital - Vent and AC refurb incl mech installation Floor G	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	25-Jul-17	15-Dec-26	48,100	-	60	10,000	10,000

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
70	C1850134	Observatory - Grootte Schuur Hospital - Vent and AC returb incl mech installation Floors A, B	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	25-Jul-17	30-Jun-24	44,000	-	6,000	15,000	1,600
71	C1860100	Worcester - Cape Winelands District Office - Lift upgrade 1892, 1893	8.6	Cape Winelands	HFRG	Stage 3: Design Development	15-Nov-22	31-Mar-25	6,000	-	168	1,560	80
72	C1860051	Nelspoort - Nelspoort Hospital - Repairs to Wards	8.6	Central Karoo	HFRG	Stage 7: Close out	22-Aug-17	19-Sep-22	17,300	1,047	167	-	-
73	HC1860005	Parow - Parow WC Health Warehouse - Mezzanine R, R & R	8.6	City of Cape Town	HFRG	Stage 3: Design Development	30-Aug-22	5-Jan-24	23,000	1,000	16,000	1,600	-
74	C1860069	Athlone - WCCN Metro West Campus - Rehabilitation to improve College buildings	8.6	City of Cape Town	HFRG	Still to be initiated	1-Dec-24	31-Aug-29	50,000	-	-	-	541
Grand Total											262,528	323,469	206,872

Template 7.2: Rehabilitation, Renovations & Refurbishment Projects

Template 7.3:

Upgrading and Additions Projects

TEMPLATE 7.3: UPGRADING AND ADDITIONS PROJECTS

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
1	C810010	Ceres - Nduli Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Still to be initiated	1-Mar-25	28-Feb-30	15,000	-	-	-	10
2	C810013	De Doorns - De Doorns CDC - Upgrade and Additions	8.1	Cape Winelands	HFRG	Stage 4: Design Documentation	9-Apr-14	30-Nov-24	25,600	564	2,500	8,977	168
3	C810074-0001	Paarl - Paarl CDC - Enabling work incl fencing to secure new site	8.1	Cape Winelands	HFRG	Stage 6: Handover	28-Feb-17	31-Mar-23	11,113	7,247	1,531	3	-
4	C810090	Stellenbosch - Kayamandi Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Stage 2: Concept	2-Jun-22	31-Jul-26	50,655	60	454	588	8,224
5	C810091	Klapmuts - Klapmuts Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Stage 1: Initiation	30-May-23	31-May-26	25,000	-	1	158	1,200
6	C810162	Paarl - Windmeul Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Stage 4: Design Documentation	1-Jun-16	15-Apr-24	7,940	356	4,190	125	13
7	C810053	Laingsburg - Laingsburg Clinic - Upgrade and Additions	8.1	Central Karoo	HFRG	Stage 7: Close out	30-Apr-14	1-Apr-21	31,700	566	1,645	-	-
8	C810021-0001	Eisies River - Eisies River CHC - Enabling work incl fencing	8.1	City of Cape Town	HFRG	Stage 3: Design Development	1-Feb-22	31-Mar-27	4,522	68	48	48	1,679
9	C810048	Botshasig - Botshasig CDC - Upgrade and Additions	8.1	City of Cape Town	HFRG	Stage 5: Works	26-Apr-17	30-Apr-24	19,730	1,997	5,105	1,162	164
10	C810055-0001	Maitland - Maitland CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Stage 3: Design Development	1-Feb-22	31-Dec-24	2,500	1	1	1	-
11	C810060-0001	Mfuleni - Mfuleni CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Stage 2: Concept	12-Aug-22	30-Dec-24	2,000	-	360	670	24
12	C810071-0001	Lotus River - Lotus River CDC (Rep) - Fencing to secure new site	8.1	City of Cape Town	HFRG	Still to be initiated	30-Jun-24	31-Aug-28	2,500	1	1	1	-
13	C810132	Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Stage 1: Initiation	30-May-23	31-Mar-27	45,000	-	439	556	1,001
14	C810146-0001	Gugulethu - Gugulethu 2 CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Stage 2: Concept	16-Aug-22	31-Dec-24	2,000	-	360	670	24
15	C810251	Bonteheuwel - Vanguard CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Stage 1: Initiation	30-May-23	31-Jan-27	40,000	-	244	302	831
16	C810263	Kraaifontein - Scottsdale CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Stage 1: Initiation	30-Jun-23	30-Nov-26	20,000	-	178	468	2,460
17	C810279	Hanover Park - Hanover Park CHC - Demolitions	8.1	City of Cape Town	HFRG	Stage 5: Works	30-Jun-16	30-Sep-23	9,560	188	3,398	245	-
18	C810022	Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Stage 6: Handover	31-Jul-14	4-Jul-22	31,915	2,515	73	-	-
19	C810271	Grabouw - Grabouw CHC - Entrance and Records upgrade	8.1	Overberg	HFRG	Stage 2: Concept	30-Aug-19	30-Nov-26	7,500	153	148	100	2,567

Template 7.3: Upgrading and Additions Projects

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
20	HC1810024	Primary Healthcare - Hybrid Inverters Ph1	8.1	Various	HFRG	Stage 5: Works	1-Feb-23	31-Mar-24	31,383	-	25,108	6,275	-
21	HC1810025	Primary Healthcare - Hybrid Inverters Ph2	8.1	Various	HFRG	Stage 4: Design Documentation	1-Feb-23	31-Mar-25	2	-	1	1	48,046
22	HC1810032	Pikeberg - Pikeberg Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Stage 2: Concept	30-Mar-23	31-Dec-26	20,000	-	122	174	1,760
23	C1810084	Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Still to be initiated	1-Dec-26	31-Jan-31	10,000	-	-	-	100
24	C1810097	Vredendal - Vredendal North Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Still to be initiated	30-Dec-24	29-Feb-28	25,000	-	-	-	59
25	C1810198	Darling - Darling Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Still to be initiated	1-Jan-24	31-Jan-30	25,000	-	-	100	400
26	C1820050	Paarl - Paarl Ambulance Station - Upgrade and Additions incl wash bay	8.2	Cape Winelands	HFRG	Stage 2: Concept	28-Dec-22	31-Mar-27	5,000	-	81	62	655
27	C1820011	Langsburg - Langsburg Ambulance Station - Upgrade and Additions (Alpha)	8.2	Central Karoo	HFRG	Stage 6: Handover	15-Jul-19	8-Nov-22	4,818	3,861	343	61	-
28	C1820042	Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	HFRG	Stage 7: Close out	1-Sep-19	16-Sep-22	4,100	3,496	362	-	-
29	C1820033	Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	8.2	West Coast	HFRG	Stage 4: Design Documentation	1-Jun-16	31-Jul-23	3,617	71	1,873	98	-
30	C1830044	Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	HFRG	Stage 3: Design Development	2-Oct-18	31-Jan-26	64,300	993	573	13,523	9,704
31	C1830114	Ceres - Ceres Hospital - New Acute Psychiatric Ward	8.3	Cape Winelands	HFRG	Stage 6: Handover	1-Jun-16	28-Nov-22	6,441	5,627	164	97	-
32	C1830015	Eerste River - Eerste River Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Stage 5: Works	23-Feb-15	31-Jan-25	86,002	5,649	19,319	13,156	5,011
33	C1830021	Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Stage 5: Works	23-Feb-15	21-Nov-24	87,413	5,395	18,226	12,888	4,000
34	C1830052	Wynberg - Victoria Hospital - New EC	8.3	City of Cape Town	HFRG	Stage 7: Close out	1-Apr-12	14-Jul-21	90,930	710	1	-	-
35	C1830131	Atlantis - Wesfleur Hospital - Record Room extension	8.3	City of Cape Town	HFRG	Stage 4: Design Documentation	24-Dec-18	30-Nov-25	32,700	237	634	5,601	6,131
36	C1830142	Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	8.3	City of Cape Town	HFRG	Stage 3: Design Development	14-Oct-19	30-Apr-25	7,753	105	112	3,681	16
37	C1830150	Bellville - Karl Bremer Hospital - New Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Stage 2: Concept	13-May-22	29-Feb-28	102,000	1	1,341	1,290	482
38	C1830184	Bellville - Karl Bremer Hospital - Lift upgrade CE3067, CE3068, CE3078, CE3079	8.3	City of Cape Town	HFRG	Still to be initiated	31-Oct-23	31-Mar-27	12,000	-	-	250	3,600

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
39	C1830067	Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	8.3	Garden Route	HFRG	Stage 4: Design Documentation	15-Oct-18	31-Oct-26	65,319	1,194	2,066	188	10,000
40	C1830115	Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	HFRG	Stage 7: Close out	1-Jun-16	8-Oct-21	3,700	87	1	-	-
41	HC1830020	District Hospitals - Photovoltaic Panels Installation	8.3	Various	HFRG	Stage 4: Design Documentation	1-Feb-23	31-Mar-25	40,785	-	16,315	24,470	-
42	C1830145	District Hospitals - Fencing (Alpha)	8.3	Various	HFRG	Stage 6: Handover	2-May-19	11-Nov-22	6,492	4,647	68	45	-
43	C1830185	Malmesbury - Swartland Hospital (Rep) - Fencing of new site	8.3	West Coast	HFRG	Still to be initiated	1-Oct-23	31-Mar-26	6,000	-	600	3,000	2,400
44	C1840089	Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit	8.4	Cape Winelands	HFRG	Stage 4: Design Documentation	4-Nov-19	31-Jan-25	9,780	433	562	3,736	46
45	C1840010	Green Point - New Somerset Hospital - Acute Psychiatric Unit	8.4	City of Cape Town	HFRG	Stage 5: Works	23-Feb-15	23-Jan-25	92,700	3,255	17,371	15,123	4,000
46	C1840019	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	8.4	City of Cape Town	HFRG	Stage 4: Design Documentation	13-Aug-09	31-Dec-29	306,027	1	218	182	-
47	C1840088	Green Point - New Somerset Hospital - Relocation of heliport	8.4	City of Cape Town	HFRG	Still to be initiated	30-Sep-23	31-Mar-26	14,000	-	-	56	567
48	C1840085	George - Harry Comay Hospital - Kitchen upgrade and additions	8.4	Garden Route	HFRG	Still to be initiated	30-Sep-24	31-Aug-28	10,000	-	-	-	49
49	HC1840019	Provincial Hospitals - Photovoltaic Panels Installation	8.4	Various	HFRG	Stage 4: Design Documentation	1-Feb-23	31-Mar-25	32,381	-	12,952	19,429	-
50	C1840086	Provincial Hospitals - Fencing (Alpha)	8.4	Various	HFRG	Stage 6: Handover	2-May-19	10-Nov-22	1,317	1,050	6	64	-
51	HC1840017	Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha)	8.4	West Coast	HFRG	Still to be initiated	1-Aug-23	31-Mar-25	20,000	-	800	8,000	8,800
52	C1850005-0001	Observatory - Groote Schuur Hospital - EC Upgrade and Additions - Patient bed lift installation	8.5	City of Cape Town	HFRG	Stage 1: Initiation	1-Apr-23	31-Mar-26	6,000	-	180	2,000	480
53	HC1850015	Parow - Tygerberg Hospital - New warehouse (Alpha)	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	21-Oct-22	28-Feb-24	25,000	15,000	20,000	-	-
54	HC1850020	Rondebosch - Red Cross War Memorial Children Hospital - Linen Bank relocation	8.5	City of Cape Town	HFRG	Still to be initiated	31-Aug-23	31-Aug-25	10,000	-	1	4,000	4,000
55	C1850032	Observatory - Groote Schuur Hospital - New Linear Accelerator Installation New Bunker Completion	8.5	City of Cape Town	HFRG	Stage 7: Close out	1-Oct-15	23-Jun-16	2,634	-	1	1	-
56	C1850075	Parow - Tygerberg Hospital - Balance of 11kV (MV) 400V (LV) network upgr. incl earthing, lightning protection	8.5	City of Cape Town	PES: TBH	Stage 5: Works	29-Mar-19	28-Feb-26	152,200	2,903	12,000	15,000	12,000
57	C1850079	Parow - Tygerberg Hospital - Consolidated Security Control Centre	8.5	City of Cape Town	PES: TBH	Cancelled	12-Dec-19	31-Jul-25	2,236	1,276	1	-	-

NO	WCGHW PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE AT 31 MARCH 2023	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2022/23 ADJUSTED BUDGET R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s
58	C1850088-0001	Parow - Tygerberg Hospital - Perimeter security upgrade - Southern boundary	8.5	City of Cape Town	PES: TBH	Stage 4: Design Documentation	15-Apr-19	30-Apr-24	24,700	2,577	5,699	5,672	513
59	C1850092	Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	8.5	City of Cape Town	PES: TBH	Stage 4: Design Documentation	13-Nov-20	31-Mar-24	15,000	546	4,767	2,711	129
60	C1850102	Parow - Tygerberg Hospital - 11kV Generators Replacement	8.5	City of Cape Town	PES: TBH	Stage 7: Close out	18-Dec-19	10-May-22	23,500	2,176	1,360	-	-
61	C1850116	Observatory - Grootte Schuur Hospital - NMB lift upgrade H1 and Hoist	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	30-Sep-21	31-Oct-25	25,275	1,046	2,572	4,194	3,492
62	C1850117	Observatory - Grootte Schuur Hospital - NMB lift upgrade H2 and H3	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	30-Sep-21	31-Oct-25	27,103	1,055	2,752	4,481	3,745
63	C1850118	Observatory - Grootte Schuur Hospital - OMB SL16 and SL19, New Workshop lift upgrade and Hoist	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	30-Sep-21	30-Sep-25	22,275	974	2,938	4,131	2,243
64	C1860024	Worcester - WCCN Boland Overberg Campus - Additional Nurses accommodation - Erica Hostel	8.6	Cape Winelands	HFRG	Stage 7: Close out	1-Apr-12	10-May-16	11,885	463	1	-	-
65	C1860025	Worcester - WCCN Boland Overberg Campus - Training Facility at Keerom	8.6	Cape Winelands	HFRG	Stage 4: Design Documentation	1-Apr-12	31-Jan-27	45,100	2,075	1,200	3,529	3,618
66	HC1860007	Parow - Tygerberg Regional Laundry - New linen warehouse	8.6	City of Cape Town	HFRG	Stage 2: Concept	25-Oct-22	28-Feb-24	7,500	5,000	6,000	-	-
67	HC1860008	Goodwood - Goodwood Clinical Engineering Workshop - New warehouse (Alpha)	8.6	City of Cape Town	HFRG	Still to be initiated	30-Dec-23	30-Dec-24	7,500	-	1	6,000	-
68	C1860016	Pinelands - Orthotic and Prosthetic Centre - Upgrade	8.6	City of Cape Town	HFRG	Stage 5: Works	17-Dec-14	30-Apr-24	26,305	226	12,653	722	275
69	C1860057	Michells Plain - Lemecneur Laundry - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	HFRG	Stage 4: Design Documentation	15-Oct-19	31-Mar-25	15,945	386	790	6,206	79
70	C1860067	Parow - Tygerberg FPL - Major extensions (Alpha)	8.6	City of Cape Town	HFRG	Still to be initiated	30-Oct-23	31-May-29	110,000	-	-	944	1,020
Grand Total										212,811	205,215	155,805	

Template 7.4:

***Office Accommodation: Additions, Refurbishment and / or
Reconfiguration to Existing Buildings: State Owned and Leased***

TEMPLATE 7.4: OFFICE ACCOMMODATION: ADDITIONS, REFURBISHMENT AND / OR RECONFIGURATION TO EXISTING BUILDINGS: STATE OWNED AND LEASED

NO	FACILITY	TYPE OF INFRASTRUCTURE	DISTRICT	CURRENT PROJECT STAGE - AS AT 31 MARCH 2023	REASON FOR PRIORITISATION	PRIORITY	RESPONSIBILITY ITO LETTER	COMMENT
1	Bergvliet Sub-district Offices in Pletberg (rentals)	Offices	West Coast	Identified	Maintenance and water saving initiatives.	1	WCGTPW	Require FCA and maintenance. Also refer to request for larger accommodation as well as OHS compliance
2	Cape Winelands District Office	Offices	Cape Winelands	Retention	Urgent maintenance to brittle roof required and water leaks to be attended to.	1	WCGHW	Outstanding items to be attended to. Discuss with Directorate: Engineering and Technical Services.
3	Central Karoo District Office	Offices	Central Karoo	Identified	Office accommodation to be consolidated on site and lab to be moved to store area.	3	WCGHW	Refer to Beaufort West project.
4	EMS Head Office: Karl Bremer Hospital	Offices	City of Cape Town	Identified	Maintenance and waterproofing required. EMS to move to Alexandra Hospital Wards 17 & 18.	1	WCGHW	Masterplan of consolidation of EMS Head Office service required and this is linked to Pinelands ems office accommodation as well.
5	Garden Route District related offices in Mossel Bay	Offices	Garden Route	Identified	Additional space signed off at new Mossel Bay Central Clinic.	3	WCGHW	Part of clinic project. George Road Satellite Clinic relocation.
6	Matsikama Sub-district Offices in Vredendal (rentals)	Offices	West Coast	Identified	Maintenance and water saving initiatives.	1	WCGTPW	Require FCA and maintenance.
7	Metro: Cape Medical Depot and ARV Depot	Offices	City of Cape Town	Maintain	Ongoing maintenance and water saving initiative requirements.	1	WCGTPW	Ongoing maintenance.
8	Metro: Head Office: Ministerial accommodation, 4 Dorp Street, Floor 21	Offices	City of Cape Town	Planning	Ministerial office not appropriate for Ministry due to security, fire and occupational safety concerns. WCGTPW responded with letter to HOD.	1	WCGTPW	Fire compliance confirmation required.
9	Metro: Head Office: The Box floor 21	Offices	City of Cape Town	Construction	Ongoing maintenance and water saving initiative requirements.	3	WCGTPW	Ongoing maintenance and snagging.
10	Metro: Head Office Expansion to Protea Court	Offices	City of Cape Town	Planning	Various components require office accommodation namely OHS, SCM, Communications, Tygerberg Hospital.	1	WCGHW	Briefing document to Management contractor issued in Jan 2023.
11	Metro: Head Office Satellite, HR at Lady Michaelis CDC	Offices	City of Cape Town	Identified	Urgent maintenance and water saving initiatives required. In Annex building to the CDC.	2	WCGHW	Current conditions not conducive to good working environment. Require FCA.
12	Overberg District Office	Offices	Overberg	Identified	Current conditions not conducive to good working environment. To be replaced with new.	1	WCGHW	Replacement facility required due to shared services centre delayed. Brief to be done in 2023.
13	Overstrand District Office	Offices	Overberg	Identified	Urgent maintenance required. Currently in prelab building on Hermanus Hospital site.	2	WCGHW	Current conditions not conducive to good working environment. Require FCA.
14	Stellenbosch Sub-district Offices in hospital nurses home	Offices	Cape Winelands	Identified	Maintenance to second floor.	3	WCGHW	Registered with Engineering.
15	West Coast District Office (Malmesbury)	Offices	West Coast	Identified	Urgent maintenance and water saving initiatives required.	1	WCGHW	Current conditions not conducive to good working environment. Require FCA.
16	Western Cape Warehouse	Offices	City of Cape Town	Planning	Ground floor complete and Mezzanine to be planned and constructed.	1	WCGHW	In Planning. Management Contractor brief issued.
17	Witzenberg Sub-district Office (Ceres)	Offices	Cape Winelands	Identified	Maintenance.	2	WCGHW	Current conditions not conducive to good working environment. Require FCA.

Template 7.4: Office Accommodation: Additions, Refurbishment and / or Reconfiguration to Existing Buildings: State Owned and Leased

Template 8.1:

Accommodation Identified for Relinquishment / Demolition:

State Owned

TEMPLATE 8.1: ACCOMMODATION IDENTIFIED FOR RELINQUISHMENT / DEMOLITION: STATE OWNED

No	ASSET DESCRIPTION	TOWN	STREET ADDRESS	EXTENT (M ²)	DISPOSAL RATIONALE	TARGET DISPOSAL YEAR (HANDING OVER TO WCGTPW)	COMMENT / PROGRESS
DISPOSALS							
Short term: Up to 2024							
1	Alexandra Hospital	Cape Town	Alexandra Road, Matieland		Consolidation of services and future services in specific precinct in order to relinquish land as requested by Rationalization Program of WCGTPW. Also unused buildings (including the Mill) to be rationalised and alternate utilisation investigations has started. Wards 17 and 18 allocated for Health offices for EMS and land availability for EMS Head Office with separate access.	2023/24	The Two Rivers Local Spatial Development Framework is 90% complete (awaiting CoCt MayCo and Council approval). This framework will guide the precinct planning for all land parcels in the larger TRUP Study Area. More detailed planning around Alexandra Hospital must still be undertaken.
2	Citrusdal Hospital and EMS balance of site	Citrusdal	Vrede Street, Citrusdal		The letter of relinquishment indicated the portions of the site will no longer be used by WCGHW. There is, however, a landlock issue with no access via WCGHW site which must be resolved before IAM will accept the handover. A road servitude needs to be registered on the WCGHW site to provide access to the portion proposed to be relinquished. Access arrangements / possible location for a servitude must be confirmed with the end user and provided to IAM.	2023	Formal notice of relinquishment was issued to the Custodian during May 2019. There is however a landlock issue with no access via WCGH site. IAM busy liaising with adjacent owner (Municipality) to take over the land.
3	Groote Schuur Hospital – Residential accommodation	Cape Town			Rochester House will be relinquished in turn for the utilisation of Clarendon House.	2023	Final hand-over of Rochester House is dependant on completion of construction work to Clarendon House (undertaken and funded by UCT). Anticipated hand over date: August 2023.
4	Malmesbury Infectious Diseases Hospital	Malmesbury	Schoonsnuit Way, Malmesbury	1,096	Sonstraal Hospital was extended to accommodate COVID-19 patients. Post COVID-19, it will be more practical and efficient to consolidate the service at Sonstraal Hospital.	Future	Awaiting confirmation from Services on whether they want to use Malmesbury ID Hospital for other purposes.
5	Orrus Satellite Clinic	Orrus	50 Roos Street, Orrus		A portion of the site was previously used by CANSa and the other portion as a satellite clinic. The clinic has however become underutilised and will be closed permanently.	2023	Formal notification will be sent to IAM.
6	Rural clinics to be identified	Various			Consolidation of various clinics will take place which will allow relinquishment of some facilities.	Future	As and when identified. Cognisance is taken of one year notice period requirement.
7	Salt River FPL	Cape Town	36 Durham Avenue, Salt River	567	The site was never officially transferred from NDPWI and, in anticipation of relocating the service once the replacement facility is completed, will need to be relinquished.	2023	Notice of relinquishment back to NDPWI was issued to the Custodian on 31 April 2019 with a 6-month notice period. Formal hand over of the site is, however, only expected during early 2023.
8	Touwsriver Clinic and EMS (portion of site)	Touwsriver	West Street, Touws River		Extent of site too large to be able to maintain and balance of site may be used for developmental purposes. Municipality indicated that they were interested in relinquished portion.	2023	Awaiting formal acknowledgement of take over by IAM. IAM informed that WCGHW will not provide security due to nature of site.
9	Victoria House, New Somerset Hospital	Cape Town	Portwood Road, Green Point		Although the New Somerset Hospital precinct was identified for disposal in the long term as a City Regeneration project, the use, specifically of Victoria House, had taken place via regeneration discussion. WCGHW should, however, be consulted on the best use of this heritage building amongst all other Health related buildings on this site.	Past	Enter into further discussions with IAM on the utilisation. Include property in presentation on possible buildings / sites to be used / disposed.
10	Elsies River CHC	Cape Town	C/o 29th Avenue & Halt Road, Elsies River		New site acquired for replacement CHC. Strategic Brief issued to WCGTPW. Date of disposal subject to progress with new building.	2024/25	Erf 11724 registered in name of WCG.

No	ASSET DESCRIPTION	TOWN	STREET ADDRESS	EXTENT (M²)	DISPOSAL RATIONALE	TARGET DISPOSAL YEAR (HANDING OVER TO WCGTPW)	COMMENT / PROGRESS
11	Hanna Coetzee and Vredenburg Clinics in Vredenburg	Vredenburg			Replacement CDC to consolidate the two facilities. Planning in progress.	2024/25	
12	Maitland CDC	Cape Town	3 Norfolk Street, Maitland		Replacement facility in planning since December 2017.	2024/25	
13	Phola Park Clinic, Mbekweni CDC and Dalvale Clinic in Paarl	Paarl			These three PHC facilities will be consolidated into one large CDC. Paarl CDC will be procured in 2023.	2024/25	Further investigations whether Dalvale Clinic to be disposed of due to increased population.
14	Alexandra Hospital	Cape Town	Alexandra Road, Maitland		Consolidation of services and future services in specific precinct in order to relinquish land as requested by Rationalization Program of WCGTPW. Also unused buildings (including the Mill) to be rationalised and alternate utilisation investigations has started. Wards 17 and 18 allocated for Health offices for EMS and land availability for EMS Head Office with separate access.	2023/24	The Two Rivers Local Spatial Development Framework is 90% complete (awaiting CoCt MayCo and Council approval). This framework will guide the precinct planning for all land parcels in the larger TRUP Study Area. More detailed planning around Alexandra Hospital must still be undertaken.
Medium term: 2025 - 2026							
15	CMD	Cape Town	Chiappini Street, Cape Town		The replacement building is being planned and briefing document will be issued to WCGTPW in 2023/24. The relinquishment is linked to replacement building. CMD rebalancing due to rationalisation programme.	2025	
Long term: 2027 and beyond							
16	Lotus River CDC	Cape Town	C/o Della & Anita Road, Lotus River		Replacement facility. Strategic Brief to be issued in 2024/25.	2027	
17	New Somerset Hospital, Staff Accommodation and Green Point CDC	Cape Town	Fort Wynard Street, Beach Road, and Portswood Road, Green Point		The New Somerset Hospital precinct has been identified as a City Regeneration Project. The Regional Hospital (and Staff Accommodation) as well as the CDC will be relocated. The new location of the health facilities has not yet been finalised. Date of disposal is still to be determined but incremental releases will take place.	Future	Long term. Awaiting regen (AM) to confirm that development of the current buildings will still take place.
18	Swartland Hospital (excluding EMS, FPL and District Office)	Malmesbury	PG Nelson Street, Malmesbury	7,571	Due to fire incident, replacement of hospital required. The current hospital site is to be relinquished once the replacement hospital has been constructed. BC approved. Awaiting response from NDOH wrt increased psychiatric beds, whereafter revised Strategic Brief to be submitted to NDOH.	2027	Portions of site not being used may be relinquished incrementally as and when required by Custodian.
19	Tygerberg Hospital – Main Block	Cape Town	Fransje van Zyl Drive, Parow		The main block of the Tygerberg Hospital estate, or portion thereof, will be disposed of once the replacement central hospital has been built. The project is currently at the feasibility stage. Enabling work to the value of approximately R260 million will be required. CPUT has been given 1 year notice to vacate Sarelh Dollie building as it will be required for decanting space.	2030	
20	Victoria Hospital	Cape Town	Alphen Hill Road, Wynberg		The Victoria Hospital will be replaced, an appropriate alternative site has been identified. Funding needs to be obtained and construction is only planned to be completed beyond 2030.	Future	
21	Westfleur Hospital	Cape Town			Hospital needs replacement as the size will increase to 150 bed hospital.	Future	

Template 8.1: Accommodation Identified for Relinquishment / Demolition: State Owned

No	ASSET DESCRIPTION	TOWN	STREET ADDRESS	EXTENT (M ²)	DISPOSAL RATIONALE	TARGET DISPOSAL YEAR (HANDING OVER TO WCGTPW)	COMMENT / PROGRESS
DEMOLITIONS							
1	Hanover Park CHC	Cape Town	C/o Surran & Hanover Park Avenue, Hanover Park		Demolitions of some buildings to be undertaken on the replacement site.	2023	Has been handed over to WCGTPW for demolition, and will be carried under the Hanover Park CHC - Demolition project which is currently scheduled to be completed in 2023.
2	Karl Briener Hospital prefabricated buildings	Cape Town	C/o Mike Plenaar Boulevard & Frans Conraale Drive, Bellville		Demolition of GENSES; conference room and one other prefabricated building. Brief sent to WCGTPW in December 2017. Demolition work to be undertaken via implementer. Additional demolition approvals required e.g. 'Chapel' prefab buildings.	2023/24	
3	Maitland CDC Replacement	Cape Town	3 Norfolk Street, Maitland		Demolitions required to build on new site. Occupants to be relocated.	2022	Custodian to advise WCGHW whether occupants will remain and design to be completed around current situation.
4	New Somerset Hospital, Crèche building and parking building	Cape Town	Fort Wynard Street, Beach Road, and Portswood Road, Green Point		Demolitions required in order to accommodate Acute Psychiatric Unit. Approval to be confirmed by MEC.	2021	Has been handed over to WCGTPW for demolition, and will be carried out as part of the project for the new Acute Psychiatric Unit.
5	Tygerberg Hospital – Buildings identified within PPP exercise	Cape Town	Fransie van Zyl Drive, Parow		All buildings on western side, where new Central hospital will be built, must be demolished.	2025	
RELINQUISHED – UNRESOLVED ISSUES							
1	Montagu Hospital site remainder	Montagu	C/o Hospital & Kerk Street, Montagu		Portion of vacant site adjacent to hospital was relinquished in 2015 but subdivision has not yet taken place. Subdivision to be considered carefully so as not to compromise the main hospital entrance and also take cognisance of any future expansion.	2015	WCGTPW, who is responsible for managing the subdivision, is to prioritize the finalisation thereof and reflect this in their C-AMP.
2	Nelspoort Hospital	Nelspoort	Hospital Road, Nelspoort		Portion of vacant site adjacent to hospital was relinquished in 2015. Subdivision required.	2015	WCGTPW, who is responsible for managing the subdivision, is to prioritize the finalisation thereof and reflect this in their C-AMP.

Note: Refer to previous U-AMPs for already relinquished properties

Template 8.2:

Accommodation Identified for Relinquishment: Leased

TEMPLATE 8.2: ACCOMMODATION IDENTIFIED FOR RELINQUISHMENT: LEASED

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	ERF NO	EXTENT (M ²)	LATITUDE	LONGITUDE	FUNCTIONAL PERFORMANCE INDEX	EARLIEST DISPOSAL YEAR	CONTRACTUAL OBLIGATIONS	DISPOSAL RATIONALE
1	Ceres Clinic (Former Ammie Brown)	Ceres	Lylell Street, Ceres	5049	167	-33,37681	19,31238	B2	24/25	Lease	Linked to new Ceres CDC at newly purchased private hospital.
2	Bellville RHC	Bellville	Tygerberg Centre, Voortrekker Road, Bellville	10894	235	-33,90137	18,62523	B3	2023/24	Lease	Alternative accommodation is required. Building entrance, parking, lighting and ventilation not adequate. Service to indicate whether they can move to own interim accommodation.
3	George Road Satellite Clinic	Mossel Bay	George Road, Mossel Bay	2819	150	-34,18022	22,13806	A2	2024	Lease	Former NHI project now to be done by WCG
4	Gugulethu Oral Health Centre	Gugulethu	Gugulethu Clinic, NY1 & Steve Biko Road, Gugulethu	5634	100	-33,98739	18,56591	B3	2026	Arrangement with Metro	Possible consolidation with new Gugulethu CDC.
5	Gustrouw CDC	Strand	Hassan Khan Avenue, Rusthof, Strand		1,064	-34,13472	18,85194	B2	2027	Arrangement with Metro	Consolidation with Strand and replacement facility to be built. Replacement site to be acquired
6	Hanover Park CHC	Cape Town	C/o Surran & Hanover Park Avenue, Hanover Park			-33,993570	18,52804	C2	2024/25	Arrangement with Metro	Relocate to newly built facility. Project in planning from brief date of June 2016. Date of disposal subject to progress with new building. Rezoning in progress.
7	Kensington CDC	Kensington	85 Sixth Avenue, Kensington	21773	890	-33,91130	18,50401	A2	2024/25	Arrangement with Metro	Linked to new Maitland CDC which is still in planning in 2021.
8	Kleinvei CDC	Kleinvei	C/o Albert Philander & Melkbos Streets, Kleinvei	2084	1,435	-33,98722	18,71787	B2	2026	Arrangement with Metro	Replacement subject to finalising this with Service. Additional parking requested at current facility in interim.
9	Knysna FPL	Knysna	11 Main Road, Knysna		300	-34,03599	23,04985	C2	2023/24	Arrangement with SAPS	Inadequate facility. New Building is under construction.
10	Lentegeur Oral Health Service	Mitchell's Plain	Merrydale & Melkbos Streets, Mitchell's Plain		100	-34,03389	18,60000	B2	Future	Lease	Must be consolidated with future CDC.
11	Maitland Oral Health Centre	Maitland	2 Norfolk Road, Maitland		96	-33,92201	18,48937	B3	2024/25	Arrangement with Metro	Service to be consolidated in future with Maitland CDC replacement in planning in Mer
12	Matijsfontein Sat. Clinic	Matijsfontein	Community Hall, Matijsfontein	19	100	-33,23444	20,58444	A1	2026	Lease	Too small shared facility. Relinquish only when replaced with new build. Not priority.
13	Mossel Bay FPL	Mossel Bay	2C George Drive, Mossel Bay		243	-34,11020	22,07070	B2	Future	Arrangement with SAPS	Replacement facility on current hospital site.
14	Parow CDC	Parow	1 Alcor Place, Smith Street, Parow		700	-33,92582	18,58675	B2	Future	Arrangement with Metro	Replacement CDC to be built.
15	Bergriver Sub-district Office	Piketberg	Montana Building, 50 Lang Street, Piketberg		150	-32,90425	18,75727		2023/24	Lease	Building not compliant. Alternative accommodation required.

Template 8.2: Accommodation Identified for Relinquishment: Leased

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	ERF NO	EXTENT (M ²)	LATITUDE	LONGITUDE	FUNCTIONAL PERFORMANCE INDEX	EARLIEST DISPOSAL YEAR	CONTRACTUAL OBLIGATIONS	DISPOSAL RATIONALE
16	Ravensmead CDC	Parow	Florida Street Ravensmead / 191 Christiaan Street		323	-33.92528	18.59806	B3	2024/25	Arrangement with Metro	Priority replacement. Subdivision underway and construction eminent.
17	Langeberg Oral Health Centre	Robertson	Dirkie Uys Street, Robertson	1348	160	-33.81037	19.88341	B2	2027	Arrangement with Municipality	To be incorporated into future CDC.
18	Silvertown Dental Clinic	Athlone	Petunia Street, Athlone		100	-33.96639	18.53472	A1	Future	Lease	Must be consolidated with CDC in future.
19	Strand CDC	Strand	Boland Bank Arcade, 37 Main Road, Strand		482	-34.117034	18.830017	B3	2027	Lease	Consolidation with Gustrow CDC and replacement facility (Rusthof CDC) to be built.
20	Villiersdorp Ambulance Station	Villiersdorp	59 Main Road, Villiersdorp	1650	197	-33.99317	19.28754	B2	2023	Lease	Not suitable rental. Upgrades to replacement building (old clinic) commencing end January 2023.
21	Westridge Oral Health	Mitchell's Plain	Westpoort Street, Westridge		50	-34.05160	18.60340	B3	Future	Arrangement with Metro	To be incorporated in future CDC.

Template 8.2: Accommodation Identified for Relinquishment: Leased

Template 9.1:

Scheduled Maintenance Requirements

TEMPLATE 9.1: SCHEDULED MAINTENANCE REQUIREMENTS

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 31 MARCH 2023	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 ADJUSTED BUDGET R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/28 R000's	2028/40 R000's
1	MS810001-0004	Bonnievale - Happy Valley Clinic - Fencing and platforming	HFRG	8.1	Cape Winelands	Stage 6: Handover	1-Dec-16	31-Jan-23	1,675	1,433	52	21	-	-	-	-
2	MS810001-0008	Ceres - Bella Vista Clinic - General maintenance (Alpha)	HFRG	8.1	Cape Winelands	Stage 3: Design Development	19-Dec-17	28-Feb-25	2,081	65	60	835	18	16	-	-
3	MS810001-0007	Ceres - Ceres CDC - Enabling work for Hospital OPD	HFRG	8.1	Cape Winelands	Stage 3: Design Development	1-Dec-16	30-Jun-25	9,190	318	197	2,866	599	164	-	-
4	MS810001-0105	De Doorns - Orchard Clinic - General maintenance (Alpha)	HFRG	8.1	Cape Winelands	Stage 4: Design Documentation	15-Feb-18	31-Jul-24	3,841	115	255	1,488	13	-	-	-
5	MS810001-0029	Paarl - Dalevale Clinic - General maintenance (Alpha)	HFRG	8.1	Cape Winelands	Stage 5: Works	31-Jul-17	31-Dec-23	4,438	2,470	690	168	-	-	-	-
6	MS810001-0038	Stellenbosch - Cloetesville CDC - General maintenance (Alpha)	HFRG	8.1	Cape Winelands	Stage 4: Design Documentation	8-Oct-18	31-Dec-23	9,602	252	4,802	194	13	-	-	-
7	MS810001-0040	Tulbagh - Tulbagh Clinic - Structural repair	HFRG	8.1	Cape Winelands	Stage 6: Handover	1-Dec-16	13-Dec-22	4,408	3,959	1	125	-	-	-	-
8	MS810001-0104	Wellington - Saron Clinic - General maintenance and upgrade (Alpha)	HFRG	8.1	Cape Winelands	Stage 5: Works	1-Dec-16	31-Jul-23	7,688	1,783	3,013	205	-	-	-	-
9	MS810001-0044	Worcester - Worcester CDC - Upgrade of MOU area	HFRG	8.1	Cape Winelands	Stage 3: Design Development	21-Aug-18	30-Sep-26	8,680	-	87	96	1,160	2,065	113	-
10	MS820001-0009	Worcester - Worcester Ambulance Station Workshop - General maintenance (Alpha)	HFRG	8.2	Cape Winelands	Stage 6: Handover	1-Dec-16	30-Mar-23	-	4,953	893	230	-	-	-	-
11	MS830001-0078	Stellenbosch - Stellenbosch Hospital - Enabling work for lift installation	HFRG	8.3	Cape Winelands	Stage 6: Handover	30-Nov-17	13-Dec-22	1,529	1,162	38	124	-	-	-	-
12	MS830001-0087	Stellenbosch - Stellenbosch Hospital - Latent defects for C1830047	HFRG	8.3	Cape Winelands	Stage 1: Initiation		31-Oct-23	37	36	22	-	-	-	-	-
13	MS830001-0016	Stellenbosch - Stellenbosch Hospital - Lift upgrade (Alpha)	HFRG	8.3	Cape Winelands	Stage 6: Hand over	30-Nov-17	31-Oct-22	1,686	1,205	28	-	-	-	-	-
14	MS840001-0059	Paarl - Paarl Hospital - OPD lift upgrade A-1 to A-4	HFRG	8.4	Cape Winelands	Stage 6: Handover	1-Aug-19	17-Jan-23	10,145	4,578	850	159	-	-	-	-
15	MS840001-0043	Worcester - Brewskloof Hospital - Lift upgrade 2122, 2123	HFRG	8.4	Cape Winelands	Stage 7: Close-Out	11-Dec-17	24-Jun-21	5,612	255	1	-	-	-	-	-
16	MS810001-0002	Beaufort West - Kwamandlenkosi Clinic - General upgrade and maintenance (Alpha)	HFRG	8.1	Central Karoo	Stage 7: Close Out	8-Mar-18	11-May-21	5,192	151	72	-	-	-	-	-
17	MS810001-0154	Du Noon - Du Noon CHC - Rainwater harvesting pilot project	HFRG	8.1	City of Cape Town	Stage 5: Works	19-Dec-17	31-Jul-23	2,253	223	762	309	-	-	-	-
18	MS810001-0111	Gugulethu - Gugulethu CHC - General maintenance (Alpha)	HFRG	8.1	City of Cape Town	Stage 3: Design Development	9-Sep-19	31-Oct-26	17,500	492	206	99	2,953	3,253	231	-

Template 9.1: Scheduled Maintenance Requirements

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 31 MARCH 2023	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 ADJUSTED BUDGET R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/28 R000's	2028/40 R000's
19	MS810001-0116	Kraaifontein - Kraaifontein CHC - General maintenance (Alpha)	HFRG	8.1	City of Cape Town	Stage 4: Design Documentation	9-Sep-19	31-Aug-26	27,798	372	50	4,330	3,471	3,438	35	-
20	MS810001-0024	Macassar - Macassar CDC - Mechanical upgrade	HFRG	8.1	City of Cape Town	Stage 5: Works	1-Dec-16	30-Jun-23	2,182	522	760	29	-	-	-	-
21	MS810001-0026	Mfuleni - Mfuleni CDC - Electrical connection	HFRG	8.1	City of Cape Town	Stage 5: Works	1-Dec-16	31-May-23	1,487	201	670	22	-	-	-	-
22	MS810001-0127	Philippi - Inzame Zabantu CDC - General maintenance to address latent defects	HFRG	8.1	City of Cape Town	Stage 4: Design Documentation	N/A	31-Jan-24	8,185	90	2,744	228	31	-	-	-
23	MS810001-0134	Ruyterwacht - Ruyterwacht CDC - General upgrade and maintenance (Alpha)	HFRG	8.1	City of Cape Town	stage 1: Initiation	1-Dec-22	30-Apr-26	2,000	-	17	32	152	26	-	-
24	MS810001-0112	Strand - Gusrouw CDC - General maintenance (Alpha)	HFRG	8.1	City of Cape Town	Stage 3: Design Development	3-Sep-19	31-Oct-25	7,500	156	131	2,466	733	86	-	-
25	MS820001-0005	Pinelands - Pinelands Ambulance Station - General maintenance (Alpha)	HFRG	8.2	City of Cape Town	Stage 5: Works	1-Dec-16	31-Oct-23	3,130	138	1,620	50	17	-	-	-
26	MS830001-0002	Belville - Karl Bremer Hospital - Fire compliance - Diesel storage tanks	HFRG	8.3	City of Cape Town	Stage 7: Close Out	1-Dec-16	14-Dec-21	1,850	285	3	8	-	-	-	-
27	MS830001-0077	Belville - Karl Bremer Hospital - New EC - Latent defects	HFRG	8.3	City of Cape Town	Stage 5: Works	1-Feb-21	28-Feb-24	1	61	1	1	-	-	-	-
28	MS830001-0006	Eerste River - Eerste River Hospital - Fire compliance - Diesel storage tanks	HFRG	8.3	City of Cape Town	Stage 7: Close Out	1-Dec-16	14-Dec-21	1,587	208	107	6	-	-	-	-
29	MS830001-0086	Mitchells Plain - Mitchells Plain Hospital - Latent defects for CI830031	HFRG	8.3	City of Cape Town	Stage 4: Design Documentation	N/A	5-Oct-24	-	-	270	25	-	-	-	-
30	MS830001-0013	Wynberg - Victoria Hospital - Fire compliance - Diesel storage tanks	HFRG	8.3	City of Cape Town	Stage 7: Close Out	1-Dec-16	14-Dec-21	1,963	237	2	7	-	-	-	-
31	MS840001-0001	Belville - Stikland Hospital - Fire compliance - Diesel storage tanks	HFRG	8.4	City of Cape Town	Stage 7: Close Out	1-Dec-16	14-Dec-21	3,603	562	246	9	-	-	-	-
32	MS840001-0044	Belville - Stikland Hospital - General maintenance to wards	HFRG	8.4	City of Cape Town	Stage 4: Design Documentation	19-Sep-18	31-Jan-26	82,492	1,264	838	11,892	16,827	1,182	3,526	-
33	MS840001-0044 (A)	Belville - Stikland Hospital - General maintenance to wards	HFRG	8.4	City of Cape Town	Stage 3: Design Development	19-Sep-18	28-Feb-26	20,623	-	1	-	-	-	-	-
34	MS840001-0044 (B)	Belville - Stikland Hospital - General maintenance to wards	HFRG	8.4	City of Cape Town	Stage 3: Design Development	19-Sep-18	28-Feb-26	20,623	-	1	-	-	-	-	-
35	MS840001-0044 (C)	Belville - Stikland Hospital - General maintenance to wards	HFRG	8.4	City of Cape Town	Stage 3: Design Development	19-Sep-18	28-Feb-26	20,623	-	1	-	-	-	-	-
36	MS840001-0044 (D)	Belville - Stikland Hospital - General maintenance to wards	HFRG	8.4	City of Cape Town	Stage 3: Design Development	19-Sep-18	28-Feb-26	20,623	-	1	-	-	-	-	-
37	MS840001-0045	Belville - Stikland Hospital - Roads upgrade	HFRG	8.4	City of Cape Town	Stage 7: Close Out	7-Aug-18	14-Jun-22	11,300	7,333	469	1	-	-	-	-

Template 9.1: Scheduled Maintenance Requirements

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 31 MARCH 2023	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 ADJUSTED BUDGET R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/28 R000's	2028/40 R000's
38	MS840001-0003	Brooklyn - Brooklyn Chest Hospital - Fire compliance - Diesel storage tanks	HFRG	8.4	City of Cape Town	Stage 7: Close Out	1-Mar-15	14-Dec-21	1,311	216	88	6	-	-	-	-
39	MS840001-0062	Green Point - New Somerset Hospital - Lift upgrade 2951, 2952	HFRG	8.4	City of Cape Town	Stage 5: Works	25-Nov-19	30-Sep-24	4,079	44	1,058	950	76	-	-	-
40	MS840001-0005	Green Point - New Somerset Hospital - Parking upgrade	HFRG	8.4	City of Cape Town	Stage 6: Handover	10-May-16	29-Sep-22	2,821	2,140	59	-	-	-	-	-
41	MS840001-0006	Maitland - Alexandra Hospital - Fire compliance - Diesel storage tanks	HFRG	8.4	City of Cape Town	Stage 7: Close Out	1-Dec-16	14-Dec-21	4,068	651	251	11	-	-	-	-
42	MS840001-0046	Mitchells Plain - Lenteguur Hospital - General maintenance to Ward 5	HFRG	8.4	City of Cape Town	Stage 5: Works	20-Aug-18	30-Jun-25	30,630	950	1,364	8,000	2,800	1,359	-	-
43	MS840001-0008	Mitchells Plain - Lenteguur Hospital - Perimeter wall replacement	HFRG	8.4	City of Cape Town	Stage 5: Works	1-Dec-16	30-Oct-23	5,458	1,119	1,500	720	-	-	-	-
44	MS840001-0007	Mitchells Plain - Lenteguur Hospital - Ward 16 and Admin upgrade and maintenance	HFRG	8.4	City of Cape Town	Stage 7: Close-Out	1-Dec-16	27-Mar-19	13,420	647	1	-	-	-	-	-
45	MS840001-0009	Mowbray - Mowbray Maternity Hospital - CSSD upgrade, structural defects and general maintenance	HFRG	8.4	City of Cape Town	Stage 7: Close-Out	1-Dec-16	9-Dec-20	16,639	506	1	-	-	-	-	-
46	MS840001-0010	Mowbray - Mowbray Maternity Hospital - Fire compliance - Diesel storage tanks	HFRG	8.4	City of Cape Town	Stage 7: Close Out	1-Dec-16	14-Dec-21	1,910	301	2	7	-	-	-	-
47	MS840001-0042	Observatory - Valkenberg Hospital - Electrical fence repairs	HFRG	8.4	City of Cape Town	Stage 5: Works	11-Dec-17	31-Jul-23	7,708	1,320	2,823	672	-	-	-	-
48	MS840001-0011	Retreat - DP Marais Hospital - General upgrade and maintenance (Alpha)	HFRG	8.4	City of Cape Town	Stage 2: Concept	1-Dec-16	31-Jan-28	85,000	1	379	1,962	1,730	11,208	14,368	4,789
49	MS850001-0070	Observatory - Grootte Schuur Hospital - Fire safety (Alpha)	HFRG	8.5	City of Cape Town	Stage 3: Design Development	5-Nov-19	31-May-27	73,500	582	1,403	3,023	4,000	16,800	4,000	575
50	MS850001-0048	Observatory - Grootte Schuur Hospital - H Block lift upgrade 3420, 3422, 3434, 3435, 3443	PES	8.5	City of Cape Town	Stage 5: Works	11-Dec-17	30-Jun-24	16,300	9,302	503	280	280	-	-	-
51	MS850001-0058	Observatory - Grootte Schuur Hospital - Inspection chambers and replace 60 valves on main reticulation	HFRG	8.5	City of Cape Town	Stage 5: Works	22-Nov-18	31-Jan-24	11,410	1,229	3,900	1,500	241	-	-	-
52	MS850001-0106	Observatory - Grootte Schuur Hospital - Interstitial floor sewer lines upgrade completion	HFRG	8.5	City of Cape Town	Stage 5: Works	1-Jun-22	31-May-24	34,515	629	12,000	6,000	948	-	-	-
53	MS850001-0103	Observatory - Grootte Schuur Hospital - Lift upgrade SL13-1, 2, 3 and OPD 5, 6	HFRG	8.5	City of Cape Town	Stage 5: Works	25-Nov-19	31-Jan-25	15,068	66	5,074	563	47	20	-	-
54	MS850001-0049	Observatory - Grootte Schuur Hospital - Old Main Building lift upgrade 1440, 1441	HFRG	8.5	City of Cape Town	Stage 7: Close Out	11-Dec-17	12-Jan-22	5,288	223	1	-	-	-	-	-

Template 9.1: Scheduled Maintenance Requirements

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 31 MARCH 2023	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 ADJUSTED BUDGET R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/28 R000's	2028/40 R000's
55	MS650001-0072	Observatory - Grootie Schuur Hospital - PFC Maintenance (Alpha)	HFRG	8.5	City of Cape Town	Stage 5: Works	26-Jun-19	31-Dec-23	4,800	73	2,400	266	-	-	-	-
56	MS650001-0069	Observatory - Grootie Schuur Hospital - Pneumatic Tube system overhaul	PES	8.5	City of Cape Town	Stage 4: Design Documentation	15-Feb-18	30-Apr-25	14,900	733	5,400	1,634	106	-	-	-
57	MS650001-0061	Observatory - Grootie Schuur Hospital - Replacement of nurse call system	PES	8.5	City of Cape Town	Stage 7: Close Out	19-Dec-17	16-Aug-21	9,300	1,488	104	-	-	-	-	-
58	MS650001-0005	Observatory - Grootie Schuur Hospital - Upgrade access control	HFRG	8.5	City of Cape Town	Stage 7: Close Out	30-Aug-17	6-Apr-22	7,310	282	88	-	-	-	-	-
59	MS650001-0007	Observatory - Grootie Schuur Hospital - Upgrade of the interstitial floor sewer lines	HFRG	8.5	City of Cape Town	Cancelled	1-Mar-15	17-Feb-20	2,384	137	175	-	-	-	-	-
60	MS650001-0105	Parow - Tygerberg Hospital - CDU Building lifts upgrade	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	13-Jan-21	31-Jul-23	1,905	908	480	60	-	-	-	-
61	MS650001-0085	Parow - Tygerberg Hospital - Diesel tank replacement (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 5: Works	4-Apr-19	28-Feb-23	16,800	12,565	829	510	-	-	-	-
62	MS650001-0090	Parow - Tygerberg Hospital - EC south-west corner lifts 35 and 36 upgrade	PES: TBH	8.5	City of Cape Town	Stage 7: Close Out	20-Mar-19	17-May-22	7,729	1,136	137	-	-	-	-	-
63	MS650001-0089	Parow - Tygerberg Hospital - External lighting maintenance (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 7: Close Out	29-Mar-19	20-May-22	5,500	2,623	290	109	-	-	-	-
64	MS650001-0074	Parow - Tygerberg Hospital - Facade maintenance and cleaning	PES: TBH	8.5	City of Cape Town	Stage 5: Works	13-May-19	31-Mar-24	18,000	227	5,496	3,206	118	-	-	-
65	MS650001-0110	Parow - Tygerberg Hospital - Facade maintenance and cleaning of Admin Building	PES: TBH	8.5	City of Cape Town	Stage 1: Initiation	31-Mar-24	31-Mar-27	9,000	-	1	250	3,200	200	-	-
66	MS650001-0086	Parow - Tygerberg Hospital - Lift maintenance (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 5: Works	1-Dec-16	NO G5 PROGRAMMED	6,500	925	1	-	-	-	-	-
67	MS650001-0109	Parow - Tygerberg Hospital - Lift maintenance (Beta)	PES: TBH	8.5	City of Cape Town	Stage 5: Works	n/a	30-Oct-25	3,236	1	456	326	213	516	-	-
68	MS650001-0092	Parow - Tygerberg Hospital - Lifts upgrade at Protea Court, X Block, Casualty West	PES: TBH	8.5	City of Cape Town	Stage 7: Close Out	11-Dec-17	10-Jun-22	18,066	613	368	-	-	-	-	-
69	MS650001-0099	Parow - Tygerberg Hospital - Main building lifts upgrade (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 6: Handover	25-Nov-19	20-Dec-22	4,800	3,318	286	-	-	-	-	-
70	MS650001-0078	Parow - Tygerberg Hospital - Maintenance to bulk sewers	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	22-Aug-19	29-Feb-24	61,862	5,562	18,374	9,456	1,443	-	-	-
71	MS650001-0076	Parow - Tygerberg Hospital - Maintenance to X-Block tunnel	PES: TBH	8.5	City of Cape Town	Stage 6: Handover	9-Dec-19	30-Nov-22	5,500	4,605	130	-	-	-	-	-
72	MS650001-0101	Parow - Tygerberg Hospital - Protea Hall floor repair	PES: TBH	8.5	City of Cape Town	stage 1: Initiation	30-Jun-24	31-Oct-26	1,000	-	-	-	8	352	40	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 31 MARCH 2023	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 ADJUSTED BUDGET R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/28 R000's	2028/40 R000's
73	MS650001-0081	Parow - Tygerberg Hospital - Public toilets upgrade and flushmaster replacement	PES: TBH	8.5	City of Cape Town	Stage 6: Handover	29-Jul-19	30-Nov-22	6,600	5,581	148	87	-	-	-	-
74	MS650001-0084	Parow - Tygerberg Hospital - Replacement of chillers (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	22-Nov-18	31-Dec-25	78,910	791	18,000	15,000	5,600	713	126	-
75	MS650001-0043	Parow - Tygerberg Hospital - Replacement of PA Evacuation System	PES: TBH	8.5	City of Cape Town	Stage 5: Works	14-Apr-18	25-Apr-25	132,200	18,272	14,554	10,276	10,238	4,656	10,067	-
76	MS650001-0080	Parow - Tygerberg Hospital - Roof waterproofing (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 7: Close Out	1-Apr-19	7-Mar-22	31,100	225	25	-	-	-	-	-
77	MS650001-0079	Parow - Tygerberg Hospital - Security fence maintenance (Alpha)	PES: TBH	8.5	City of Cape Town	Complete	27-Feb-19	23-Jul-21	8,200	49	170	-	-	-	-	-
78	MS650001-0087	Parow - Tygerberg Hospital - UPS farm rehabilitation	PES: TBH	8.5	City of Cape Town	Stage 6: Handover	4-Apr-19	21-Nov-22	13,500	10,219	1,410	35	-	-	-	-
79	MS650001-0065	Parow - Tygerberg Hospital - X Block UPS upgrade	PES: TBH	8.5	City of Cape Town	Stage 7: Close Out	7-May-18	22-Apr-22	3,520	2,544	222	-	-	-	-	-
80	MS650001-0104	Rondebosch - Red Cross War Memorial Children Hospital - New EC Lift	HFRG	8.5	City of Cape Town	Stage 6: Handover	1-Apr-20	31-Aug-23	2,397	1,378	294	34	-	-	-	-
81	MS650001-0019	Rondebosch - Red Cross War Memorial Childrens Hospital - Fire compliance - Diesel storage tanks	HFRG	8.5	City of Cape Town	Stage 7: Close Out	1-Dec-16	14-Dec-21	2,411	355	68	-	-	-	-	-
82	MS650001-0018	Rondebosch - Red Cross War Memorial Childrens Hospital - Mechanical work - Storage calorifiers and heat pump	PES	8.5	City of Cape Town	Stage 5: Works	30-Aug-17	30-Sep-23	5,300	2,630	955	251	-	-	-	-
83	MS660001-0023	Athlone - WCCN - Steam, domestic and sewer mains upgrade, and fire compliance	HFRG	8.6	City of Cape Town	Stage 4: Design Documentation	14-Feb-18	12-May-25	53,500	541	5,084	11,202	5,212	1,304	-	-
84	MS630001-0009	Knysna - Knysna Hospital - Lift upgrade (Alpha)	HFRG	8.3	Garden Route	Stage 7: Close Out	1-Dec-17	9-Sep-21	10,163	353	1	-	-	-	-	-
85	MS640001-0040	George - George Hospital - Lift Upgrade 362, 363	HFRG	8.4	Garden Route	Stage 5: Works	15-Dec-17	31-Jul-23	9,530	4,656	1,200	864	-	-	-	-
86	MS640001-0048	George - George Hospital - Ventilation upgrade	HFRG	8.4	Garden Route	Stage 4: Design Documentation	10-May-18	30-Sep-24	9,082	74	2,062	1,614	660	-	-	-
87	MS610001-0113	Pearly Beach - Pearly Beach Satellite Clinic - General maintenance (Alpha)	HFRG	8.1	Overberg	Stage 6: Handover	1-Mar-17	28-Oct-22	1,031	722	23	6	-	-	-	-
88	MS610001-0109	Swellendam - Railton Clinic - General maintenance (Alpha)	HFRG	8.1	Overberg	Stage 5: Works	9-Mar-18	30-Nov-23	4,824	289	1,596	733	13	-	-	-
89	MS630001-0004	Caledon - Caledon Hospital - Theatre upgrade and maintenance	HFRG	8.3	Overberg	Stage 5: Works	1-Dec-16	29-Feb-24	22,268	1,956	9,279	1,153	319	-	-	-
90	MS630001-0003	Caledon - Caledon Hospital - Water reticulation Ph2	HFRG	8.3	Overberg	Stage 5: Works	1-Dec-16	31-May-23	10,820	6,635	1,257	341	-	-	-	-

Template 9.1: Scheduled Maintenance Requirements

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 31 MARCH 2023	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 ADJUSTED BUDGET R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/28 R000's	2028/40 R000's
91	MS830001-0063	Hermanus - Hermanus Hospital - Electrical compliance	HFRG	8.3	Overberg	Stage 1: Close-Out	18-Aug-18	10-Dec-21	5,908	49	1	-	-	-	-	-
92	MS830001-0067	Hermanus - Hermanus Hospital - General maintenance (Alpha)	HFRG	8.3	Overberg	Stage 3: Design Development	19-Sep-19	31-Aug-25	23,905	757	200	7,113	2,245	694	-	-
93	MS810001-0149	Various Facilities 8.1 - Fire compliance - Cape Winelands 1	HFRG	8.1	Various	Stage 2: Concept	15-Mar-18	30-Sep-27	5,584	-	64	56	292	473	1,309	72
94	MS810001-0150	Various Facilities 8.1 - Fire compliance - Cape Winelands 2	HFRG	8.1	Various	Stage 2: Concept	15-Mar-18	30-Sep-27	9,754	-	111	97	324	1,761	1,538	127
95	MS810001-0151	Various Facilities 8.1 - Fire compliance - Cape Winelands 3	HFRG	8.1	Various	Stage 2: Concept	15-Mar-18	30-Sep-27	5,379	-	64	56	306	1,008	679	72
96	MS810001-0147	Various Facilities 8.1 - Fire compliance - Metro 1	HFRG	8.1	Various	Stage 2: Concept	15-Mar-18	30-Sep-27	11,614	-	146	105	1,050	1,803	1,544	67
97	MS810001-0148	Various Facilities 8.1 - Fire compliance - Metro 2	HFRG	8.1	Various	Stage 2: Concept	15-Mar-18	30-Sep-27	5,207	-	65	47	446	858	608	89
98	MS810001-0051	Various Facilities 8.1 - Lift maintenance	PES	8.1	Various	Stage 5: Works	1-Dec-16	31-Mar-21	2,250	196	1	-	-	-	-	-
99	MS810001-0155	Various Facilities 8.1 - Lift maintenance (Alpha)	PES	8.1	Various	Stage 5: Works	n/a	30-Oct-25	1,050	1	147	105	70	168	-	-
100	MS810001-0128	Various Facilities 8.1 - Mechanical ventilation upgrade (Framework Contract for Metro)	HFRG	8.1	Various	Stage 4: Design Documentation	13-May-19	28-Feb-26	12,300	185	122	3,350	1,688	248	-	-
101	MS830001-0080	Various Facilities 8.3 - Fire compliance - Cape Winelands	HFRG	8.3	Various	Stage 2: Concept	14-Apr-18	30-Jan-28	1,038	-	12	10	5	224	144	26
102	MS830001-0079	Various Facilities 8.3 - Fire compliance - Metro	HFRG	8.3	Various	Stage 2: Concept	14-Apr-18	30-Jun-28	29,079	-	366	262	70	2,371	5,679	3,058
103	MS830001-0014	Various Facilities 8.3 - Lift maintenance	PES	8.3	Various	Stage 5: Works	1-Dec-16	31-Mar-21	2,000	589	1	-	-	-	-	-
104	MS830001-0084	Various Facilities 8.3 - Lift maintenance (Alpha)	PES	8.3	Various	Stage 5: Works	n/a	30-Oct-25	2,400	1	294	210	200	396	-	-
105	MS840001-0052	Various Facilities 8.4 - Fire compliance	HFRG	8.4	Various	Stage 2: Concept	19-Feb-19	31-Dec-27	30,000	338	222	172	224	5,893	4,621	774
106	MS840001-0017	Various Facilities 8.4 - Lift maintenance	PES	8.4	Various	Stage 5: Works	1-Dec-16	31-Mar-21	2,500	1,289	1	-	-	-	-	-
107	MS840001-0064	Various Facilities 8.4 - Lift maintenance (Alpha)	PES	8.4	Various	Stage 5: Works	n/a	30-Oct-25	7,500	1	1,050	750	500	1,200	-	-
108	MS850001-0022	Various Facilities 8.5 - Lift maintenance	PES	8.5	Various	Stage 5: Works	1-Dec-16	31-Mar-21	2,500	1,950	1	-	-	-	-	-
109	MS850001-0108	Various Facilities 8.5 - Lift maintenance (Alpha)	PES	8.5	Various	Stage 5: Works	n/a	30-Oct-25	10,200	1	1,428	1,020	680	1,632	-	-
110	MS860001-0006	Various Facilities 8.6 - Lift maintenance	PES	8.6	Various	Stage 5: Works	1-Dec-16	31-Mar-21	70	62	1	-	-	-	-	-
111	MS860001-0024	Various Facilities 8.6 - Lift maintenance (Alpha)	PES	8.6	Various	Stage 5: Works	n/a	30-Oct-25	210	1	29	21	14	33	-	-
112	MS810001-0010	Darling - Darling Clinic - Paving upgrade and general maintenance	HFRG	8.1	West Coast	Stage 4: Design Documentation	30-Nov-24	31-Oct-24	4,237	57	120	1,835	60	-	-	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 31 MARCH 2023	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 ADJUSTED BUDGET R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/28 R000's	2028/40 R000's
113	MS510001-0028	Moorreesburg - Moorreesburg Clinic - General upgrade and maintenance (Alpha)	HFRG	8.1	West Coast	Stage 3: Design Development	6-Jun-17	31-Mar-26	4,000	76	95	326	842	356	42	-
114	MS530001-0060	Citrusdal - Citrusdal Hospital - Laundry - Electrification	HFRG	8.3	West Coast	Stage 5: Works	1-Jul-18	30-Apr-23	3,944	46	1,799	296	28	-	-	-
115	MS530001-0005	Clanwilliam - Clanwilliam Hospital - Acute Psychiatric Unit upgrade and maintenance	HFRG	8.3	West Coast	Stage 7: Close Out	1-Dec-16	9-Nov-21	22,324	1,429	416	1	-	-	-	-
116	MS530001-0012	Vredendal - Vredendal Hospital - General upgrade and maintenance (Alpha)	HFRG	8.3	West Coast	Stage 3: Design Development	30-Sep-18	30-Jun-26	44,193	680	793	2,312	10,224	2,818	1,807	-
GRAND TOTAL											149,280	125,276	82,507	69,294	50,477	9,649

Template 9.1: Scheduled Maintenance Requirements

Template 9.2:

Routine Maintenance Requirements

**TEMPLATE 9.2: ROUTINE MAINTENANCE REQUIREMENTS
ROUTINE MAINTENANCE ACTIVITIES TO BE CARRIED OUT OVER THE 2023 MTEF**

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2023 MTEF R	2023/24 R	2024/25 R	2025/26 R
1	Abbotdale Satellite Clinic	8.1	Swartland	West Coast	83,886	13,984	25,412	44,491
2	Alexandra Hospital	8.4	Maitland	Cape Town	21,167,801	4,630,127	15,787,335	750,340
3	Alma CDC	8.1	Mossel Bay	Garden Route	330,972	56,258	99,867	174,847
4	Amalienstein Clinic	8.1	Zoar	Garden Route	278,927	51,460	94,073	133,394
5	Asla Park Clinic	8.1	Mossel Bay	Garden Route	490,383	137,228	144,728	208,428
6	Avian Park Clinic	8.1	Worcester	Cape Winelands	624,892	102,594	189,872	332,426
7	Beaufort West FPL	8.6	Beaufort West	Central Karoo	1,478,981	823,365	273,777	381,840
8	Beaufort West Hospital	8.3	Beaufort West	Central Karoo	2,890,526	1,166,434	723,639	1,000,453
9	Bettys Bay Satellite Clinic	8.1	Bettys Bay	Overberg	127,509	23,307	42,842	61,359
10	Bonnievale Ambulance Station	8.2	Bonnievale	Cape Winelands	25,230	4,559	8,332	12,339
11	Bothasig CDC	8.1	Bothasig	Cape Town	585,841	68,614	217,092	300,136
12	Brackenford Intermediate Care	8.6	Brackenford	Cape Town	649,814	123,505	219,504	306,806
13	Brooklyn Chest Hospital	8.4	Brooklyn	Cape Town	219,021	41,756	73,686	103,579
14	Caledon Ambulance Station	8.2	Caledon	Overberg	258,256	48,030	86,837	123,389
15	Caledon Hospital	8.3	Caledon	Overberg	1,909,306	363,653	645,245	900,408
16	Ceres Hospital	8.3	Ceres	Cape Winelands	1,594,051	651,831	391,971	550,249
17	Chatsworth Satellite Clinic	8.1	Malmesbury	West Coast	81,871	13,984	24,530	43,357
18	Citrusdal Clinic	8.1	Citrusdal	West Coast	95,366	21,270	26,936	47,159
19	Citrusdal Hospital	8.3	Citrusdal	West Coast	305,988	68,247	86,426	151,315
20	Clanwilliam Clinic	8.1	Clanwilliam	West Coast	221,537	49,412	62,573	109,553
21	Clanwilliam Hospital	8.3	Clanwilliam	West Coast	109,028	24,317	30,795	53,915

Template 9.2: Routine Maintenance Requirements

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2023 MTEF R	2023/24 R	2024/25 R	2025/26 R
22	Derling Ambulance Station	8.2	Derling	West Coast	40,793	6,992	12,632	21,169
23	De Doorns Ambulance Station	8.2	De Doorns	Cape Winelands	206,914	34,960	64,264	107,690
24	De Doorns Clinic	8.1	De Doorns	Cape Winelands	530,809	93,227	163,536	274,046
25	Deiff CHC	8.1	Deiff	Cape Town	977,256	169,133	302,016	506,107
26	Diazville Clinic	8.1	Saldanha	West Coast	69,249	16,320	19,781	33,148
27	District Six CDC	8.1	Cape Town	Cape Town	607,099	115,271	205,031	286,797
28	Du Noon CHC	8.1	Nu Noon	Cape Town	2,492,857	756,810	727,257	1,008,790
29	Eerste River Hospital	8.3	Eerste River	Cape Town	2,574,656	1,880,017	289,456	405,183
30	Falaise Bay Hospital	8.3	Fish Hoek	Cape Town	1,478,116	348,343	422,225	707,548
31	Gansbaai Clinic	8.1	Gansbaai	Overberg	353,542	60,598	109,481	183,463
32	George Ambulance Station	8.2	George	Garden Route	757,217	213,618	203,157	340,442
33	George FPL	8.6	George	Garden Route	669,321	191,736	178,486	299,099
34	George Hospital	8.4	George	Garden Route	4,271,744	1,686,436	966,196	1,619,111
35	Gouda Clinic	8.1	Gouda	Cape Winelands	406,744	13,033	147,140	246,571
36	Grabouw Ambulance Station	8.2	Grabouw	Overberg	107,864	-	44,252	63,613
37	Grassy Park CDC	8.1	Grassy Park	Cape Town	686,081	282,689	150,758	252,634
38	Green Point CDC	8.1	Green Point	Cape Town	780,146	97,432	255,148	427,566
39	Gugulethu CHC	8.1	Gugulethu	Cape Town	521,099	-	194,748	326,351
40	Harry Comay Hospital	8.4	George	Garden Route	1,349,359	768,474	217,092	363,793
41	Heidelberg Ambulance Station	8.2	Heidelberg	Garden Route	107,662	68,614	14,593	24,455
42	Heideveld CDC	8.1	Heideveld	Cape Town	1,400,472	860,416	366,644	173,412
43	Heiderberg Hospital	8.3	Strand	Cape Town	2,039,559	935,877	412,474	691,208
44	Hermanus Ambulance Station	8.2	Hermanus	Overberg	538,354	120,074	152,058	266,222

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2023 MTEF R	2023/24 R	2024/25 R	2025/26 R
45	Hermanus CDC	8.1	Hermanus	Overberg	1,199,761	267,594	338,872	593,295
46	Hermanus FPL	8.6	Hermanus	Overberg	615,262	137,228	173,781	304,254
47	Hermanus Hospital	8.3	Hermanus	Overberg	2,608,456	1,281,402	482,426	844,628
48	Hillside Clinic	8.1	Beaufort West	Central Karoo	267,639	59,694	75,595	132,350
49	Hope Street Oral Health Centre	8.1	Cape Town	Cape Town	257,450	57,421	72,717	127,312
50	Hornlee Clinic	8.1	Knysna	Garden Route	105,048	-	-	105,048
51	Inzane Zabantu CDC	8.1	Phillipi	Cape Town	363,508	102,921	94,732	165,855
52	Karl Bremer Hospital	8.3	Beilville	Cape Town	4,180,034	1,748,207	884,046	1,547,781
53	Beilville Engineering Workshop	8.6	Beilville	Cape Town	395,703	-	144,728	250,975
54	Kayamandi Clinic	8.1	Stellenbosch	Cape Wineyards	254,517	213,777	-	40,740
55	Khayelitsha Hospital	8.3	Khayelitsha	Cape Town	3,877,030	2,600,148	464,187	812,695
56	Klaarstroom Satellite Clinic	8.1	Klaarstroom	Central Karoo	137,637	23,511	41,489	72,638
57	Knysna Ambulance Station	8.2	Knysna	Garden Route	71,204	15,881	20,112	35,211
58	Knysna CDC	8.1	Knysna	Garden Route	267,980	59,770	75,691	132,519
59	Knysna FPL	8.6	Knysna	Garden Route	36,643	-	-	36,643
60	Knysna Hospital	8.3	Knysna	Garden Route	4,612,677	2,373,272	814,094	1,425,310
61	Kwanokuthula CDC	8.1	Plettenberg Bay	Garden Route	567,201	343,069	94,073	130,059
62	Alan Blyth Hospital	8.3	Ladismith	Garden Route	769,078	171,534	217,226	380,317
63	Ladismith Clinic	8.1	Ladismith	Garden Route	338,778	55,936	102,822	180,020
64	Lady Michaelis CDC	8.1	Plumstead	Cape Town	358,254	60,598	108,208	189,449
65	Laingsburg Clinic	8.1	Laingsburg	Garden Route	1,212,437	548,910	241,213	422,314
66	Laingsburg Hospital	8.3	Laingsburg	Central Karoo	819,752	411,683	148,346	259,723
67	Leeu-Gamka Ambulance Station	8.2	Leeu-Gamka	Central Karoo	1,518,675	-	552,086	966,589

Template 9.2: Routine Maintenance Requirements

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2023 MTEF R	2023/24 R	2024/25 R	2025/26 R
68	Lentegeur Central Laundry	8.6	Mitchells Plain	Cape Town	101,139	16,942	30,608	53,589
69	Lentegeur Hospital	8.4	Mitchells Plain	Cape Town	382,453	85,302	108,024	189,127
70	Lotus River CHC	8.1	Lotus River	Cape Town	132,930	29,649	37,546	65,736
71	Maitland CDC	8.1	Maitland	Cape Town	318,229	70,977	89,884	157,368
72	Malmesbury Ambulance Station	8.2	Malmesbury	West Coast	234,153	52,225	66,137	115,791
73	Malmesbury CDC	8.1	Malmesbury	West Coast	420,703	53,618	236,787	130,299
74	Malmesbury FPL	8.6	Malmesbury	West Coast	220,110	49,093	62,170	108,847
75	Meikhoufontein Satellite Clinic	8.1	Stibzaai	Garden Route	622,988	107,478	187,404	328,106
76	Mfuleni CDC	8.1	Mfuleni	Cape Town	5,229,667	1,910,581	1,206,593	2,112,493
77	Mitchells Plain CHC	8.1	Mitchells Plain	Cape Town	555,136	123,817	156,798	274,521
78	Mitchells Plain Hospital	8.3	Mitchells Plain	Cape Town	46,962	8,596	15,901	22,464
79	Montagu Clinic	8.1	Montagu	Cape Wineands	958,132	213,701	270,624	473,807
80	Mossel Bay Hospital	8.3	Mossel Bay	Garden Route	406,624	90,693	114,851	201,080
81	Mowbray Maternity Hospital	8.4	Mowbray	Cape Town	401,750	66,334	121,934	213,482
82	Napier Clinic	8.1	Napier	Overberg	1,927,329	882,649	379,774	664,906
83	New Horizon Clinic	8.1	Plettenberg Bay	Garden Route	228,301	16,619	21,046	190,636
84	New Somerset Hospital	8.4	Green Point	Cape Town	1,128,721	84,040	379,774	664,906
85	Nolungile CDC	8.1	Khayelitsha	Cape Town	139,810	23,307	42,353	74,151
86	Nomzamo CDC	8.1	Strand	Cape Town	1,887,138	-	686,034	1,201,104
87	Nyanga CDC	8.1	Nyanga	Cape Town	674,376	274,455	145,384	254,537
88	Observatory FPL	8.6	Observatory	Cape Town	852,615	190,166	240,821	421,627
89	Otto du Plessis Hospital	8.3	Bredasdorp	Overberg	1,235,305	275,521	348,912	610,872
90	Oudtshoorn Clinics	8.1	Oudtshoorn	Garden Route	146,156	-	-	146,156

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2023 MTEF R	2023/24 R	2024/25 R	2025/26 R
91	Oudtshoorn Hospital	8.3	Oudtshoorn	Garden Route	767,689	351,333	151,359	264,998
92	TC Newman GDC	8.1	Paarl	West Coast	2,310,379	1,132,127	428,332	749,920
93	Paarl FPL	8.6	Paarl	Cape Winelands	417,978	343,069	27,232	47,677
94	Paarl Hospital	8.4	Paarl	Cape Winelands	322,760	59,580	110,211	152,969
95	Pieterberg Ambulance Station	8.2	Pieterberg	West Coast	24,590	4,514	8,349	11,727
96	Plettenberg Bay Ambulance Station	8.2	Plettenberg Bay	Garden Route	479,305	106,904	135,380	237,022
97	Prince Albert Ambulance Station	8.2	Prince Albert	Central Karoo	581,537	-	-	581,537
98	Prince Alfred Hamlet Clinic	8.1	Prince Alfred Hamlet	Cape Winelands	337,916	-	-	337,916
99	Radie Koze Hospital	8.3	Pieterberg	West Coast	563,862	421,204	51,861	90,798
100	Ravensmead CDC	8.1	Parow	Cape Town	614,782	137,121	173,645	304,017
101	Rawsonville Clinic	8.1	Rawsonville	Cape Winelands	466,612	104,073	131,794	230,745
102	Red Cross War Memorial Children Hospital	8.5	Rondebosch	Cape Town	39,114	7,220	13,356	18,538
103	Retreat CHC	8.1	Retreat	Cape Town	213,132	39,566	73,190	100,376
104	Riversdale Ambulance Station	8.2	Riversdale	Garden Route	1,235,436	308,788	336,866	589,783
105	Riversdale Clinic	8.1	Riversdale	Garden Route	175,554	32,498	60,115	82,941
106	Riversdale Hospital	8.3	Riversdale	Garden Route	1,001,962	223,477	283,004	495,481
107	Robertson Ambulance Station	8.2	Robertson	Cape Winelands	369,562	82,427	104,383	182,752
108	Robertson Hospital	8.3	Robertson	Cape Winelands	745,263	289,091	165,833	290,339
109	Ruyterwacht CDC	8.1	Goodwood	Cape Town	415,219	92,610	117,278	205,330
110	Simondium Clinic	8.1	Paarl	Cape Winelands	307,273	191,782	41,984	73,506
111	Sonstraal Hospital	8.4	Paarl	West Coast	331,753	73,994	93,704	164,056
112	Stanford Clinic	8.1	Stanford	Overberg	419,822	93,637	118,579	207,607
113	Stellenbosch Hospital	8.3	Stanford	Overberg	583,049	130,043	164,682	288,324

Template 9.2: Routine Maintenance Requirements

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2023 MTEF R	2023/24 R	2024/25 R	2025/26 R
114	Stikland Hospital	8.4	Stikland	Cape Town	36,781	6,770	12,524	17,486
115	Swartland Hospital	8.3	Malmesbury	West Coast	253,718	48,228	85,756	119,734
116	Swellendam Ambulance Station	8.2	Swellendam	Overberg	380,136	-	361,820	18,316
117	Swellendam Clinic	8.1	Swellendam	Overberg	375,563	153,826	90,444	131,294
118	Swellendam FPL	8.6	Swellendam	Overberg	230,723	51,460	65,168	114,095
119	Swellendam Hospital	8.3	Swellendam	Overberg	1,533,993	1,141,460	142,698	249,835
120	Symphony Way CDC	8.1	Delft	Cape Town	1,380,320	1,235,048	52,811	92,461
121	TC Newman CDC	8.1	Pearl	Cape Winelands	782,398	174,505	220,988	386,904
122	Thembalethu CDC	8.1	George	Garden Route	24,610	5,489	6,951	12,170
123	Orthotic and Prosthetic Centre	8.6	Pietermaritzburg	Cape Town	76,908	17,153	21,723	38,032
124	Tulbagh Ambulance Station	8.2	Tulbagh	Cape Winelands	411,421	91,763	116,206	203,452
125	Tulbagh Clinic	8.1	Tulbagh	Cape Winelands	133,810	29,845	37,795	66,171
126	Parow WC Health Warehouse	8.6	Parow	Cape Town	243,382	54,284	68,743	120,355
127	Tygerberg Ambulance Station	8.2	Parow	Cape Town	1,010,221	554,229	165,768	290,225
128	Tygerberg FPL	8.6	Parow	Cape Town	1,478,677	272,189	503,496	702,992
129	Tygerberg Central Laundry	8.6	Parow	Cape Town	652,281	8,234	10,427	633,620
130	Valkenberg Hospital	8.4	Observatory	Cape Town	265,273	59,166	74,926	131,181
131	Van Rhynsdorp Clinic	8.1	Van Rhynsdorp	West Coast	2,980,140	1,050,839	701,362	1,227,939
132	Vanguard CHC	8.1	Bonteheuwel	Cape Town	91,709	-	33,339	58,370
133	Victoria Hospital	8.3	Wynberg	Cape Town	76,908	17,153	21,723	38,032
134	Villiersdorp Clinic	8.1	Villiersdorp	Overberg	4,705,051	1,474,365	1,174,456	2,056,230
135	Vredenburg FPL	8.6	Vredenburg	West Coast	376,245	343,069	12,061	21,116
136	Vredenburg Hospital	8.3	Vredenburg	West Coast	1,562,687	82,018	1,350,234	150,435

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2023 MTEF R	2023/24 R	2024/25 R	2025/26 R
137	Vredendal Ambulance Station	8.2	Vredendal	West Coast	2,115,158	1,685,690	160,503	288,965
138	Vredendal Hospital	8.3	Vredendal	West Coast	607,055	5,352	458,305	143,398
139	WCCN Boland Overberg Campus	8.6	Worcester	Cape Winelands	1,067,950	414,048	237,714	416,188
140	WCCN Southern Cape Karoo Campus	8.6	George	Garden Route	144,142	6,861	120,607	16,674
141	Wellington CDC	8.1	Wellington	Cape Winelands	2,859,120	85,767	2,623,192	150,161
142	Westfleur Ambulance Station	8.2	Atlantis	Cape Town	91,103	-	-	91,103
143	Westfleur Hospital	8.3	Atlantis	Cape Town	156,341	28,458	52,643	75,240
144	Windmeul Clinic	8.1	Pearl	Cape Winelands	269,006	59,999	75,981	133,027
145	Wolseley Clinic	8.1	Wolseley	Cape Winelands	860,820	191,997	243,139	425,685
146	Worcester Ambulance Station	8.2	Worcester	Cape Winelands	156,341	28,458	52,643	75,240
147	Worcester CDC	8.1	Worcester	Cape Winelands	7,665,904	1,291,624	3,618,196	2,766,083
148	Worcester FPL	8.6	Worcester	Cape Winelands	466,612	104,073	131,794	230,745
149	Worcester Hospital	8.4	Worcester	Cape Winelands	466,612	104,073	131,794	230,745
150	Non-Facility Specific - Fire Fighting Equipment	8.1	Various	Various	6,664,686	1,504,638	1,887,280	3,272,767
151	Non-Facility Specific - Fire Fighting Equipment	8.2	Various	Various	1,313,423	296,522	371,930	644,971
152	Non-Facility Specific - Fire Fighting Equipment	8.3	Various	Various	2,852,005	643,877	807,620	1,400,509
153	Non-Facility Specific - Fire Fighting Equipment	8.4	Various	Various	1,541,584	348,032	436,540	757,012
154	Non-Facility Specific - Fire Fighting Equipment	8.6	Various	Various	2,761,942	623,544	782,116	1,356,282
155	Non-Facility Specific - Generator Services	8.1	Various	Various	2,452,155	553,605	694,392	1,204,158
156	Non-Facility Specific - Generator Services	8.2	Various	Various	817,385	184,535	231,464	401,386
157	Non-Facility Specific - Generator Services	8.3	Various	Various	4,086,925	922,676	1,157,320	2,006,930
158	Non-Facility Specific - Generator Services	8.4	Various	Various	4,086,925	922,676	1,157,320	2,006,930
159	Non-Facility Specific - Generator Services	8.6	Various	Various	1,634,770	369,070	462,928	802,772

Template 9.2: Routine Maintenance Requirements

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2023 MTEF R	2023/24 R	2024/25 R	2025/26 R
160	Non-Facility Specific - Asset Management	8.3	Various	Various	1,634,770	369,070	462,928	802,772
161	Non-Facility Specific - Asset Management	8.4	Various	Various	1,634,770	369,070	462,928	802,772
162	Non-Facility Specific - Smart Power Meters	8.1	Various	Various	257,203	58,067	72,834	126,302
163	Non-Facility Specific - Smart Power Meters	8.2	Various	Various	39,102	8,828	11,073	19,201
164	Non-Facility Specific - Smart Power Meters	8.3	Various	Various	102,128	23,057	28,920	50,151
165	Non-Facility Specific - Smart Power Meters	8.4	Various	Various	59,493	13,431	16,847	29,215
166	Non-Facility Specific - Smart Power Meters	8.5	Various	Various	14,656	3,309	4,150	7,197
167	Non-Facility Specific - Smart Power Meters	8.6	Various	Various	106,589	24,064	30,183	52,342
168	Non-Facility Specific - Pressure Vessel Testing	8.1	Various	Various	1,377,780	311,052	390,154	676,574
169	Non-Facility Specific - Pressure Vessel Testing	8.2	Various	Various	275,556	62,210	78,031	135,315
170	Non-Facility Specific - Pressure Vessel Testing	8.3	Various	Various	68,889	15,553	19,508	33,829
171	Non-Facility Specific - Pressure Vessel Testing	8.4	Various	Various	413,334	93,315	117,046	202,972
172	Non-Facility Specific - Pressure Vessel Testing	8.5	Various	Various	27,556	6,221	7,803	13,531
173	Non-Facility Specific - Pressure Vessel Testing	8.6	Various	Various	137,778	31,105	39,015	67,657
174	Non-Facility Specific - Smart Water Meters	8.1	Various	Various	194,314	43,869	55,025	95,420
175	Non-Facility Specific - Smart Water Meters	8.2	Various	Various	29,541	6,669	8,365	14,506
176	Non-Facility Specific - Smart Water Meters	8.3	Various	Various	77,157	17,419	21,849	37,889
177	Non-Facility Specific - Smart Water Meters	8.4	Various	Various	44,946	10,147	12,728	22,071
178	Non-Facility Specific - Smart Water Meters	8.5	Various	Various	11,072	2,500	3,135	5,437
179	Non-Facility Specific - Smart Water Meters	8.6	Various	Various	80,527	18,180	22,803	39,543
GRAND TOTAL					55,321,185	60,853,000	66,940,000	

Template 10:

Budgetary Requirements for Implementation Plan

TEMPLATE 10: BUDGETARY REQUIREMENTS FOR IMPLEMENTATION PLAN

NATURE OF INVESTMENT / CATEGORY	2021/22		2022/23		2023/24		2024/25			2025/26			COMMENTS/MOTIVATION/PROPOSED IMPLEMENTATION PLAN FOR INCREASED ALLOCATION
	MTEF ADJUSTED ALLOCATION R000's	MTEF ALLOCATION Including PBB R000's	MTEF ADJUSTED ALLOCATION R000's	MTEF ALLOCATION incl BFI R000's	MTEF INDICATIVE ALLOCATION R000's	SHORTFALL R000's	OPTIMAL BUDGET R000's	MTEF INDICATIVE ALLOCATION R000's	SHORTFALL R000's	OPTIMAL BUDGET R000's			
CAPITAL PROJECTS													
New & Replacement Assets	80,934	166,509	156,369	97,098	131,684	100,000	231,684	122,477	100,000	222,477			The optimal budget includes funding allocation for projects proposed to be in both the planning phase and the construction phase in 2023/24. Major projects such as Tygerberg Central Hospital PPP, Valkenberg Hospital, new Klipfontein Regional and Bellair Regional Hospitals, Swartland District Hospital, various PHC facilities in the Metro, R, and R at a number of older hospitals and CMD will require large amounts of expenditure. (Application for separate funding for 3 of these projects was submitted to National Treasury and the provisional allocation received from Treasury for 2021/22/23 (BFI) is included in this table for 2 of the projects). Also, to note ISA submissions. The Department will be able to accelerate service delivery, which will require additional funds. Alternative procurement methods have been introduced namely Management Contractor and we are doing due diligence to appoint other Implementers. A large number of briefing documents were issued from 2017 to the current implementer in order to have projects ready for tender. There are currently 114 such projects (capital and maintenance). Furthermore, a number of large projects will require substantial cash flow per year. The Acute Hospital Bed Plan substantially increased the required allocation for the next 15 years in order to provide the required services and so to align with NHU (UHC). Funding for the Tygerberg Hospital PPP has been excluded from the requester amounts. The PBI allocation for 2024/25 will assist in reducing the large shortfall for 2023/26 which is currently forecasted. Large amounts are required for maintenance including R, R & R in order to ensure the compliance at most of our facilities. Health Technology also has a large backlog which will require additional funding. COVID-19 increased the backlog in that resources were diverted to urgently required COVID facilities in 2020/21. Infrastructure spending will also stimulate the economy.
Rehabilitation, renovations, and refurbishments (Maintenance)	91,646	141,722	84,346	262,528	323,469	50,000	373,469	206,872	50,000	256,872			
Upgrades & Additions	41,897	86,965	86,363	212,811	205,215	50,000	255,215	155,805	50,000	205,805			
Infrastructure Transfer	0	0	0	0	0		0	0		0			
TOTAL CAPITAL WORKS	214,477	395,196	327,078	572,437	660,368	200,000	860,368	485,154	200,000	685,154			
Existing Leases. Office accommodation including charges and municipal services													
													WCOTPW is responsible for the budgeting and management of leases, property rates costs as well as for budgeting for office accommodation (portion only from 2021) and the maintenance thereof. Any new lease requirements must, however, be budgeted for by WCOTPW. The lack of maintenance at WCOTPW office accommodation is hampering service delivery. WCOTPW currently considers office accommodation and related responsibilities such as maintenance as an unfunded mandate and only PES funding can be used for this.

Template 10: Budgetary Requirements for Implementation Plan

NATURE OF INVESTMENT / CATEGORY	2021/22		2022/23		2023/24		2024/25			2025/26			COMMENTS/MOTIVATION/PROPOSED IMPLEMENTATION PLAN FOR INCREASED ALLOCATION	
	MTEF ADJUSTED ALLOCATION R000's	MTEF ALLOCATION Including PBB R000's	MTEF ADJUSTED ALLOCATION R000's	MTEF ALLOCATION incl BEI R000's	MTEF INDICATIVE ALLOCATION R000's	SHORTFALL R000's	OPTIMAL BUDGET R000's	MTEF INDICATIVE ALLOCATION R000's	SHORTFALL R000's	OPTIMAL BUDGET R000's				
RECURRENT COSTS: MAINTENANCE / REPAIRS														
Maintenance	180,115	203,445	364,317	392,523	391,479	30,000	421,479	435,016	30,000	465,016	465,016	30,000	465,016	Appointment of contractors and consultants under framework contracts will continue as a means to accelerate project delivery. Not all projects funded in 2023/24 have sufficient funding for 2024/25 and 2025/26 and increased allocation will ensure that projects can proceed to tender and construction stage. A large amount will be required for fire safety within existing buildings but this may be moved to R, R and R projects.
Routine & Emergency Maintenance and Professional Day-to-day Maintenance	259,706	199,845	0	0	0	0	0	0	0	0	0	0	0	
Health Technology	363,314	301,359	438,016	254,702	101,786	25,000	126,786	313,166	50,000	363,166	363,166	50,000	363,166	Health Technology also has a large backlog both on new and replacement assets which requires attention, hence the importance of the PBI allocation.
OD & OA and capacity	67,863	76,748	63,761	86,207	87,341		87,341	89,382		89,382	89,382		89,382	Included in these amounts are preliminary allowance for Capacity of the Hub and Spoke for Engineering and Clinical Engineering.
Transfer current	0	0	0	0	0		0	0		0	0		0	
TOTAL RECURRENT COSTS	439,821	403,290	364,317	392,523	391,479	55,000	421,479	435,016	80,000	465,016	465,016	80,000	465,016	
TOTAL BUDGET	1,085,475	1,176,593	1,193,172	1,305,869	1,240,974	255,000	1,495,974	1,322,718	280,000	1,602,718	1,602,718	280,000	1,602,718	
GRANT excluding PES (excl HT, OD and OA and capacity of Grant)	299,987	440,941	386,443	575,155	674,070			498,805						
% Shortfall including PES							21%						21%	
TOTAL GRANT INCLUDING HT, OA ETC.	714,865	796,590	853,090	883,298	830,223	255,000	1,085,223	867,417	280,000	1,147,417	1,147,417	280,000	1,147,417	A total of 31% and 32% increase in grant allocation is requested for reasons as stated above and in terms of possible expenditure acceleration plans. The BFI amounts are included in the calculations.
% Shortfall of HFRG including HT, OD & OA and Capacity							31%						32%	

Notes:
Additional funding for Kipfonlein and Belhar Regional Hospitals has been secured for 3 years and conditions must be met. The performance-based requirements for 2024/25/26, reflected in this template as shortfalls, have been taken into account in the overall planning. The budget for 2024/25 can thus be considered to be inclusive of pipeline projects to ensure that expenditure of future performance-based allocation can take place. Provision had to be made for the NH projects which NDOH indicated they will no longer fund.

Annexures

Annexure A

**ANNEXURE A: LIST OF PRIMARY HEALTH CARE FACILITIES IN METRO – CURRENT OWNERSHIP AND OPERATING RESPONSIBILITY
HEALTH FACILITIES OWNED AND OPERATED BY THE CoCT**

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POSSIBLE POPULATION SIZE OF FACILITY	NO OF PATIENT VISITS PER ANNUM
										IP PROPOSED ACTION REQUIRED	ESTIMATED TIMEFRAME		
1	Adriaanse Clinic	Eisies River	Obtain from CoCT	Seboa Street, Clarke Estate, Eisies River	Clinic		Tygerberg	-33.937466	18.584306	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be retained as satellite clinic.	Long-term		24,255
2	Albow Gardens CDC	Brooklyn	Obtain from CoCT	Koeberg Road, Brooklyn	CDC		Western	-33.900353	18.490008	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 45 000 facility in long term.	Long-term		77,298
3	Bloekombos Clinic	Bloekombos	Obtain from CoCT	Sam Njokozela Avenue, Bloekombos, Kraaifontein	Clinic		Northern	-33.977572	18.750804	Maintain status quo, pending outcome of possible consolidation of services with CoCT. Refer to Wallaceene facility replacement.	Long-term		68,541
4	Blue Downs Clinic	Blue Downs	Obtain from CoCT	C/o Silversands & Bently Roads, Blue Downs	Clinic		Eastern	-33.977489	18.686321	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 45 000 facility in long term. Report provided by CoCT that indicates that it can be extended.	Medium-term		28,173
5	Brackenfell Clinic	Brackenfell	Obtain from CoCT	Paradys Street, Brackenfell	Clinic		Northern	-33.876638	18.68813	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		12,811
6	Brighton Clinic	Kraaifontein	Obtain from CoCT	Brighton Street, Kraaifontein	Clinic		Northern	-33.841747	18.709887	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		15,264
7	Chapel Street Clinic	Woodstock	Obtain from CoCT	Chapel Street, Woodstock	Clinic		Western	-33.928841	18.439935	Not sure why consolidation with District Six CDC did not take place.			17,328
8	Chestnut Sat. Clinic	Belhar	Obtain from CoCT	103 Chestnut Way, Belhar	Satellite Clinic		Tygerberg	-33.949059	18.620638	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		1,416
9	Claremont Clinic	Claremont	Obtain from CoCT	Old Stanhope Road, Claremont	Clinic		Southern	-33.98297	18.466944	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		14,119
10	Crossroads 1 Clinic	Crossroads	Obtain from CoCT	Klipfontein Road (opposite Mfwasane Building) / Crossroads	Clinic		Mitchell's Plain	-33.953309	18.602938	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		25,010

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING			NO OF PATIENT VISITS PER ANNUM
										IP PROPOSED ACTION REQUIRED	ESTIMATED TIMEFRAME	POSSIBLE POPULATION SIZE OF FACILITY	
11	Delft South Clinic	Delft	Obtain from CoCT	C/o Boyce & Main Road, Delft South	Clinic		Tygerberg	-33.991785	18.63341	Maintain status quo, pending outcome of possible consolidation of services with CoCT. Alternatively, possibly acquire this property as site for future replacement Delft South CDC in medium-term - subject to property being large enough.	Long-term		77,064
12	Diep River Clinic	Diep River	Obtain from CoCT	Schaay Road, Diep River	Clinic		Southern	-34.034004	18.46651	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		10,266
13	Dr Ivan Toms CDC	Mfuleni	Obtain from CoCT	O. Nqubaleni Street, Mfuleni	CDC		Eastern	-33.991006	18.671487	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		77,111
14	Diffisands Sat. Clinic	Mfuleni	Obtain from CoCT	Nyula Street, Diffisands	Satellite Clinic		Eastern	-34.005547	18.651358	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		3,433
15	Eerste River Clinic	Eerste River	Obtain from CoCT	Bobs Way, Earste River	Clinic	Replaced Hicrest and Russels Rest Clinics	Eastern	-34.009042	18.724444	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		43,958
16	Factreton Clinic	Factreton	Obtain from CoCT	C/o 11th Avenue & Factreton Avenue, Factreton, Kensington	Clinic		Western	-33.909416	18.511073	To be upgraded to 45 000 facility in long term. City confirmed that there are sufficient space for additions.	Long-term		15,983
17	Fagan Street Clinic	Strand	Obtain from CoCT	Fagan Street, Strand	Satellite Clinic		Eastern	-34.116196	18.823787	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		5,602
18	Fish Hoek Clinic	Fish Hoek	Obtain from CoCT	Central Circle, Fish Hoek	Clinic		Southern	-34.136695	18.426324	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		8,232
19	Gordons Bay CDC	Gordons Bay	Obtain from CoCT	C/o Mountainside Boulevard & Sir Lowry's Pass Road, Gordon's Bay	CDC		Eastern	-34.153235	18.87944	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		14,957
20	Gugulethu Clinic	Gugulethu	Obtain from CoCT	C/o Steve Biko Road and NY3, Gugulethu	Clinic	Dental Clinic operated by WCGHW within the Gugulethu Clinic	Klipfontein	-33.987351	18.565822	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		55,054

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING			NO OF PATIENT VISITS PER ANNUM
										IP PROPOSED ACTION REQUIRED	ESTIMATED TIMEFRAME	POSSIBLE POPULATION SIZE OF FACILITY	
21	Hanover Park Clinic	Hanover Park	Obtain from CoCT	Hanover Park Avenue, Hanover Park	Clinic		Klipfontein	-33.994762	18.526606	Maintain status quo, pending outcome of possible consolidation of services with CoCT. WCGHW planning replacement Hanover Park CHC.	Short to medium term		23,146
22	Harmonie Clinic	Kraaifontein	Obtain from CoCT	Frans Conradie Drive, Kraaifontein	Clinic		Northern	-33.851325	18.711751	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		17,478
23	Hazendal Sat Clinic	Hazendal	Obtain from CoCT	Kuils Street, Hazendal	Satellite Clinic		Klipfontein	-33.957999	18.503257	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		1,239
24	Klip Road Clinic	Grassy Park	Obtain from CoCT	Klip Road, Grassy Park	Clinic		Southern	-34.035666	18.503211	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		18,946
25	Kuils River Clinic	Kuils River	Obtain from CoCT	Carinus Street, Kuils River	Clinic		Eastern	-33.925414	18.680993	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		10,944
26	Kuyasa CDC	Khayelitsha	Obtain from CoCT	C/o Krebe & Nlanzane Streets, Kuyasa, Khayelitsha	CDC		Khayelitsha	-34.05584	18.689419	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded in short-medium term.	Long-term		82,749
27	Kuyasa Male Clinic	Khayelitsha	Obtain from CoCT	C/o Krebe & Nlanzane Streets, Kuyasa, Khayelitsha	Clinic		Khayelitsha	-34.056395	18.691921	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		12,395
28	Langa Clinic	Langa	Obtain from CoCT	Washington Street, Langa	Clinic		Western	-33.944136	18.527561	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		63,716
29	Lansdowne Clinic	Lansdowne	Obtain from CoCT	C/o Lansdowne Road & Church Street, Lansdowne	Clinic		Klipfontein	-33.991675	18.503201	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		14,240
30	Lavender Hill Clinic	Lavender Hill	Obtain from CoCT	74 Grindie Crescent, Lavender Hill	Clinic		Southern	-34.06848	18.486184	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		14,103
31	Lentegeur Clinic	Mitchell's Plain	Obtain from CoCT	Melkoss Street, Lentegeur	Clinic		Mitchell's Plain	-34.034328	18.609909	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		39,700
32	Leonsdale Sat. Clinic	Eisies River	Obtain from CoCT	12th Avenue, Leonsdale, Eisies River	Satellite Clinic		Tygerberg	-33.919166	18.579994	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		2,902
33	Luvuyo CDC	Khayelitsha	Obtain from CoCT	Hlela Road, Makhaza, Khayelitsha	CDC		Khayelitsha	-34.050501	18.709492	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		62,904

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING			NO OF PATIENT VISITS PER ANNUM
										IP PROPOSED ACTION REQUIRED	ESTIMATED TIMEFRAME	POSSIBLE POPULATION SIZE OF FACILITY	
34	Mandalay Sat. Clinic	Mandalay	Obtain from CoCT	Ryan Way, Mandalay	Satellite Clinic		Mitchells Plain	-34.016576	18.623782	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		732
35	Mannenber Clinic	Mannenber	Obtain from CoCT	Mannenber Avenue, Mannenberg	Clinic		Klipfontein	-33.98805566	18.555	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		33,349
36	Masinceedane Clinic	Nyanga	Obtain from CoCT	Mjondo Avenue, KTC, Nyanga	Clinic		Klipfontein	-33.987542	18.579674	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		28,822
37	Masiphumelele Clinic	Noordhoek	Obtain from CoCT	Pokela Way, Masiphumelele	Clinic		Southern	-34.128995	18.379848	Maintain status quo, pending outcome of possible consolidation of services with CoCT. CoCT and WCGHW looking for replacement site for larger facility.	Medium-term		45,562
38	Matthew Goniwe CDC	Khayelitsha	Obtain from CoCT	9 Kwahlaza Road, Makhaza, Khayelitsha	CDC		Khayelitsha	-34.044297	18.705506	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be replaced as 60 000 facility in long term – possibly on site identified by CoCT & confirmed with JAM	Medium-term		80,582
39	Mayenzake Clinic	Khayelitsha	Obtain from CoCT	Fundana Road, Makhaza, Khayelitsha	Clinic		Khayelitsha	-34.052174	18.702144	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		26,961
40	Melkossstrand Clinic	Melkossstrand	Obtain from CoCT	Robben Road, Melkossstrand	Clinic		Western	-33.717027	18.44753	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		2,965
41	Men's Health Sat. Clinic	Belville	Obtain from CoCT	90 Charl Malan Street, Belville	Satellite Clinic		Tygerberg	-33.905439	18.629611	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		92
42	Murzenberg Clinic	Murzenberg	Obtain from CoCT	Atlantic Road, Murzenberg	Clinic		Southern	-34.106833	18.470394	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		9,335
43	Mzantomhle Clinic	Philippi	Obtain from CoCT	Sagwity Road, Browns Farm, Philippi	Clinic		Mitchell's Plain	-34.010796	18.588848	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		44,688
44	Netreg Clinic	Netreg	Obtain from CoCT	C/o Bontehuwel & Jakkaisvlei Avenue, Netreg	Clinic		Tygerberg	-33.948861	18.560427	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		19,443
45	Parkwood Clinic	Parkwood	Obtain from CoCT	Waimier Road, Parkwood	Clinic	Possible acquisition	Southern	-34.032413	18.492869	Property to be acquired / transferred, pending decision on whether or not to consolidate with Lotus River CDC replacement.	Medium-term		16,378

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING			NO OF PATIENT VISITS PER ANNUM
										IP PROPOSED ACTION REQUIRED	ESTIMATED TIMEFRAME	POSSIBLE POPULATION SIZE OF FACILITY	
46	Pelican Park CDC	Pelican Park	Obtain from CoCT	Erf 5240 Oystercatcher Street, Pelican Park	CDC	In operation	Southern	-34.05973	18.52443	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 40 000 in long term.	Long-term		49,459
47	Pella Sat. Clinic	Pella	Obtain from CoCT	Main Road, Pella	Satellite Clinic		Western	-33.539151	18.520998	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be retained as satellite clinic.	Long-term		809
48	Philippi Clinic	Philippi	Obtain from CoCT	C/o Lansdowne & Ottery Roads, Philippi	Clinic		Southern	-34.00027778	18.539444	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be retained as satellite clinic.	Long-term		14,942
49	Phumani Clinic	Philippi	Obtain from CoCT	3719 Stock Road, Browns Farm, Philippi East	Clinic		Mitchells Plain	-34.009795	18.607161	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be replaced with 40 000 facility in long term.	Medium-term		65,695
50	Pinelands Sat. Clinic	Pinelands	Obtain from CoCT	St. Stephens, C/o Union & Ridgeway Roads, Pinelands	Satellite Clinic		Western	-33.938344	18.49761	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		306
51	Protea Park Clinic	Atlantis	Obtain from CoCT	Gardenia Street, Atlantis	Clinic		Western	-33.576673	18.497628	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		26,009
52	Redhill Sat. Clinic	Simonstown	Obtain from CoCT	119 St Georges Street, Simons Town	Satellite Clinic		Southern	-34.193056	18.435	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		697
53	Rocklands Clinic	Mitchells Plain	Obtain from CoCT	Park Avenue, Rocklands	Clinic		Mitchells Plain	-34.064568	18.611278	Confirm status in U-amp 2023	Long-term		19,571
54	Rumlie Road Sat. Clinic	Athlone	Obtain from CoCT	C/o Belgravia and Honeyside Roads, Athlone	Satellite Clinic		Klipfontein	-33.97996	18.515166	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		3,690
55	Sarepta Clinic	Kullisriver	Obtain from CoCT	Rietvlei Road, Sarepta	Clinic		Eastern	-33.932094	18.67165	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 45 000 facility in long term.	Long-term		23,970
56	Saxon Sea Clinic	Atlantis	Obtain from CoCT	C/o Hermes & Grosvenor Avenue, Saxon Sea	Clinic		Western	-33.55083333	18.48694444	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 45 000 facility in long term.	Long-term		22,366
57	Schooshekloof Sat. Clinic	Cape Town	Obtain from CoCT	Schooshekloof Civic Centre, Viale Street	Satellite Clinic		Western	-33.919764	18.413295	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		146

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING			NO OF PATIENT VISITS PER ANNUM
										IP PROPOSED ACTION REQUIRED	ESTIMATED TIMEFRAME	POSSIBLE POPULATION SIZE OF FACILITY	
58	Seawind Clinic	Retreat	Obtain from CoCT	Military Road, Seawinds	Clinic		Southern	-34.075022	18.490248	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 60 000 facility in long term.	Long-term		38,968
59	Silvertown Clinic	Athlone	Obtain from CoCT	Petunia Street, Silvertown, Athlone	Clinic		Klipfontein	-33.966486	18.534691	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		9,965
60	Simons Town Sat. Clinic	Simonstown	Obtain from CoCT	King George Way, Simonstown	Satellite Clinic		Southern	-34.193029	18.434867	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		745
61	Sir Lowry's Pass CDC	Sir Lowry's Pass Village	Obtain from CoCT	C/o Nolan and Birkhuis Roads, Sir Lowry's Pass	CDC		Eastern	-34.119271	18.908471	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be retained as satellite clinic.	Long-term		29,867
62	Site B Male Clinic	Khayelitsha	Obtain from CoCT	C/o Bonga & Suidani Drive, Site B, Khayelitsha	Clinic		Khayelitsha	-34.027726	18.665818	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		10,184
63	Site B Youth Clinic	Khayelitsha	Obtain from CoCT	Sulani Street, Site B, Khayelitsha	Clinic		Khayelitsha	-34.02579781	18.66531173	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		17,437
64	Site C Youth Clinic	Khayelitsha	Obtain from CoCT	Solomon T soku Road, Site C, Khayelitsha	Clinic		Khayelitsha	-34.013678	18.649867	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		19,553
65	Somerset West CDC	Somerset West	Obtain from CoCT	28 Church Street, Somerset West	CDC		Eastern	-34.085787	18.848145	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 30 000 facility in long term.	Long-term		14,689
66	Spencer Road Clinic	Salt River	Obtain from CoCT	Spencer Road, Salt River	Clinic		Western	-33.928985	18.464868	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		11,626
67	St Vincent (CCT) CDC	Belhar	Obtain from CoCT	C/o Belhar & St Vincent Drive, Belhar	CDC		Tygerberg	-33.94521	18.64842	Maintain status quo, pending outcome of transfer of service from CoCT and use by WCGHW in lieu of previously planned Belhar CDC. Will be U & A once transferred.	Long-term		64,574
68	Table View Clinic	Table View	Obtain from CoCT	South Road, Table View	Clinic		Western	-33.832912	18.513953	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		17,998
69	Tafelsig CDC	Mitchells Plain	Obtain from CoCT	Kijmanjaro Street, Tafelsig	CDC		Mitchell Plain	-34.062348	18.637149	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 60 000 facility in long term.	Long-term		78,621

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING			POSSIBLE POPULATION SIZE OF FACILITY	NO OF PATIENT VISITS PER ANNUM
										IP PROPOSED ACTION REQUIRED	ESTIMATED TIMEFRAME			
70	Town 2 CDC	Khayelitsha	Obtain from CoCT	Charles Mkwena Street, Town II, Khayelitsha	CDC		Khayelitsha	-34.039888	18.66302	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 60 000 facility in long term.	Long-term		94,376	
71	Uitsig Clinic	Uitsig	Obtain from CoCT	Hibiscus Square, Uitsig	Clinic		Tygerberg	-33.936898	18.599872	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		13,798	
72	Valhalla Park Clinic	Valhalla Park	Obtain from CoCT	Angela Street, Valhalla Park	Clinic		Tygerberg	-33.953468	18.570498	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		17,800	
73	Vuyani Clinic	Gugulethu	Obtain from CoCT	NY133, Gugulethu	Clinic		Klipfontein	-33.97312	18.569366	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		42,667	
74	Wallacedene Clinic	Wallacedene	Obtain from CoCT	C/o Pietersen & La Boherne Streets, Wallacedene	Clinic		Northern	-33.85814	18.736325	Maintain status quo, pending outcome of transfer of service from CoCT. Plan is to build CDC on identified CoCT owned site for use by both Wallacedene and Bloekombos communities.	Long-term		80,747	
75	Welleveden Valley Clinic	Welleveden Valley	Obtain from CoCT	C/o Oliver Tambo Drive & Leonard Raadu Street, Philippi	Clinic		Mitchell's Plain	-34.01692	18.583847	Maintain status quo, pending outcome of possible consolidation of services with CoCT. Note new Welleveden CDC by Province.	Long-term		67,650	
76	Wesbank Clinic	Wesbank	Obtain from CoCT	7 Silversands Road, Wesbank	Clinic		Eastern	-33.969386	18.659331	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 45 000 facility in long term.	Long-term		30,616	
77	Westlake Clinic	Westlake	Obtain from CoCT	Informal Road, Westlake	Clinic		Southern	-34.075625	18.439308	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be retained as satellite clinic.	Long-term		10,969	
78	Westridge Clinic	Mitchell's Plain	Obtain from CoCT	Westpoort Street, Westridge	Clinic		Mitchell's Plain	-34.05174	18.603995	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 30 000 facility in long term.	Long-term		18,640	
79	Wynberg Clinic	Wynberg	Obtain from CoCT	Lower Maynard Road, Wynberg	Clinic		Southern	-34.004701	18.470193	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		12,593	
80	Zakhele Clinic	Khayelitsha	Obtain from CoCT	A-Area, Zakhele Road, Khayelitsha	Clinic		Khayelitsha	-34.04138889	18.65944444	Design completed by CoCT for new / replacement CDC to be constructed on the site. WCGHW in support of the acquisition/ transfer of the site to WCG. Design will need to be modified to fit required 60 000 facility on +- 6223 m ² portion of land. Recently identified alternative site options being investigated.	Short-medium-term		6,266	

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

HEALTH FACILITIES OWNED BY THE CoCT (OR WHERE ERF HAS NOT BEEN REGULARISED) BUT OPERATED BY WCGHW EXCLUSIVELY

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POSSIBLE POPULATION SIZE OF FACILITY	NO OF PATIENT VISITS PER ANNUM
										ACTION REQUIRED	ESTIMATED TIMEFRAME		
1	Bellville South CDC	Bellville	14134-RE	Kasselsvlei Road, Bellville	CDC		Tygerberg	-33.91498	18.64405	Facility handed over to WCGHW in 2022. Property being acquired / transferred with additional adjacent land if possible.	Immediately	60,000	56,979
2	Bothasig CDC	Bothasig	32731	C/o De Grendel Avenue & Swellengrabel Avenue, Bothasig	CDC	In process of transfer	Northern	-33.858244	18.540548	Acquisition / transfer of property being finalised.	Immediately		43,107
3	Durbanville CDC	Durbanville	4783	De Villiers Street, Durbanville	CDC		Northern	-33.83014	18.65440	Facility handed over to WCGHW in 2022. Property being acquired / transferred with adjacent erf if possible for future expansion.	Immediately	60,000	48,747
4	Goodwood CDC	Goodwood	7025	C/o Dingle & Church Street, Goodwood	CDC		Tygerberg	-33.91065	18.55038	Facility handed over to WCGHW in 2022. Property being acquired / transferred.	Immediately	60,000	47,199
5	Gustrouw CDC	Strand	13468	Hassan Khan Avenue, Rusthof	CDC		Eastern	-34.13476	18.85188	Property, including suitable adjacent land, considered for acquisition / transfer for construction of new Strand-Rusthof CDC - although shown to be potentially feasible, not considered ideal. Property to be leased until CDC is consolidated under future new Strand-Rusthof CDC.	Immediately		84,488
6	Hanover Park CHC	Hanover Park	140369	C/o Surran & Hanover Park Avenue, Hanover Park	CHC		Klipfontein	-33.99357	18.52804	Property to be leased until CHC is replaced.	Medium-term		132,002
7	Hout Bay Harbour CDC	Hout Bay	2844	Karbonkel Road, Hout Bay	Wellness Centre	IAM requested to regularise use	Southern	-34.05418	18.34103	Property to be acquired / transferred for use as a wellness centre	Immediately		
8	Kensington CDC	Kensington	21773	85 6th Avenue, Kensington	CDC		Western	-33.91151	18.50373	Property to be leased until CDC is consolidated under future new Maitland CDC.	Medium-term		29,092
9	Khayelitsha (Site B) CHC	Khayelitsha	13423	Sulami Drive, Site B, Khayelitsha	CHC		Khayelitsha	-34.028750	18.665391	Property to be acquired / transferred / regularised.	Immediately		303,720
10	Kleinvlief CDC	Kleinvlief	2084	Albert Philander & Melkbos Street, Kleinvlief	CDC	IAM requested to regularise use	Eastern	-33.98897	18.71758	Property to be leased until CDC is replaced.	Medium-term		138,864

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POSSIBLE POPULATION SIZE OF FACILITY	NO OF PATIENT VISITS PER ANNUM
										ACTION REQUIRED	ESTIMATED TIMEFRAME		
11	Kraaifontein CHC	Kraaifontein	9831	303, 6th Avenue, Kraaifontein	CHC		Northern	-33.863500	18.722020	Property to be acquired / transferred but possibly eventually to be replaced, although unlikely due to other priorities.	Immediately		163,769
12	Maccassar CDC	Maccassar	2378	C/o Hospital & Musica Street, Maccassar	CDC		Eastern	-34.061030	18.764010	Property to be acquired / transferred / regularised.	Immediately		108,849
13	Mamre CDC	Mamre	1291	C/o Adam & Liedeman Street, Mamre	CDC		Western	-33.512840	18.477020	CoCT has officially confirmed offer to transfer portion containing CDC plus a portion of adjacent undeveloped land to WCG. Terms and conditions of acquisition accepted by WCGHW. Finalisation of acquisition and subdivision in progress.	Immediately		18,878
14	Michael Mapongwana CDC	Khayelitsha	40673	Steve Biko Road, Harare	CDC		Khayelitsha	-34.051688	18.670486	Property to be acquired / transferred / regularised.	Immediately		232,232
15	Nolungile CDC	Khayelitsha	53340	Solomon Tshuku Avenue, Site C, Khayelitsha	CDC		Khayelitsha	-34.01359	18.65015	Facility handed over to WCGHW in 2022. Property to be rented over long term as recommended by Property persons in WCG & CoCT. Dual use to continue in separate buildings.	Immediately		133,395
16	Nyanga CDC	Nyanga	673	Shandathu Avenue, Nyanga	CDC		Klipfontein	-33.99167	18.68637	Facility handed over to WCGHW in 2022. Property including additional adjacent land in process of being acquired.	Immediately		68,465
17	Parow CDC	Parow	7352 & 7354	17 Smith Smith Street, Parow	CDC		Tygerberg	-33.90518	18.58684	Property to be leased until CDC is replaced.	Long-term		57,214
18	Ravensmead CDC	Ravensmead	12110	Florida Street, Ravensmead	CDC		Tygerberg	-33.92528	18.59806	Property to be leased until CDC is replaced.	Medium-term		62,447
19	Reed Street CDC	Bellville	11233	Reed Street, Bellville	CDC		Tygerberg	-33.90444	18.63806	Property to be acquired / transferred.	Immediately		48,397
20	Retreat CHC (adjacent properties)	Retreat	137783 and 137784	11th Avenue, Retreat	CHC	IAM requested to acquire the two properties	Southern	-34.057564	18.480363	Two City owned properties adjacent to the current CHC to be acquired for future expansion and/or replacement.	Immediately		195,042

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POSSIBLE POPULATION SIZE OF FACILITY	NO OF PATIENT VISITS PER ANNUM
										ACTION REQUIRED	ESTIMATED TIMEFRAME		
21	Scottsdale CDC	Kraaifontein	2845	Eoan Street, Scottsdale	CDC		Northern	-33.86613	18.72183	Facility handed over to WCGHM in 2022. Property in process of being acquired. Future upgrades and additions to the facility planned. Replacement is not recommended.	Immediately		30,020
22	Vanguard CHC	Bonteheuwel	100010	Candlewood Road & Citrus Street, Bonteheuwel	CHC		Western	-33.948022	18.543524	Property to be acquired / transferred. U & A brief in progress.	Immediately		181,245

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

HEALTH FACILITIES OWNED BY WCGHW BUT OPERATED BY THE CoCT

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POSSIBLE POPULATION SIZE OF FACILITY	NO OF PATIENT VISITS PER ANNUM
										ACTION REQUIRED	ESTIMATED TIMEFRAME		
1	Hout Bay Main Road Clinic	Hout Bay		Main Road, Imizamo Yethu, Hout Bay	Clinic		Southern	-34.029125	18.357200	To be leased out until new replacement CDC completed; thereafter to be relinquished.	Medium-term		35.431
2	Ikhwezi CDC	Strand		Simon Street, Nomzamo	CDC		Eastern	-34.113753	18.866221	Property to be leased out until outcome of possible consolidation of services with CoCT. To be upgraded to 45.000 facility in long term.	Medium-term		93.959
3	Ocean View CDC	Ocean View		C/o Pollux Way & Carina Close, Ocean View	CDC		Southern	-34.146019	18.350924	Property to be leased out until outcome of possible consolidation of services with CoCT. To be upgraded to 30.000 facility in long term.	Medium-term		31.806
4	Strandfontein Clinic	Strandfontein		C/o Welgelegen Road & Walvis Street	Clinic		Southern	-34.073079	18.554816	Property to be leased out until outcome of possible consolidation of services with CoCT. Likely to remain as satellite, potentially linked to Lotus River CDC Replacement.	Medium-term		12.577

HEALTH FACILITIES OWNED AND OPERATED BY WCGHW

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POSSIBLE POPULATION SIZE OF FACILITY	NO OF PATIENT VISITS PER ANNUM
										ACTION REQUIRED	ESTIMATED TIMEFRAME		
1	Bishop Lavis CDC	Bishop Lavis	867	Lavis Drive, Bishop Lavis	CDC	Owner: WCG	Tygerberg	-33.90516	18.58205	To be maintained.	Long-term (ongoing)		128,420
2	Crossroads CDC	Crossroads	2324	C/o Intsikizi Street & Gwayili Street, Crossroads	CDC	Owner: WCG	Mitchells Plain	-33.99780	18.597510	To be maintained.	Long-term (ongoing)		114,407
3	Delft CHC	Delft	8571	Cnr Main & Voorbrug Roads, Delft	CHC	Owner: WCG	Tygerberg	-33.974300	18.641950	To be maintained. Additional facility to be provided in future.	Long-term (ongoing)		259,871
4	District 6 CDC	Cape Town	176310	C/o Caledon & Primrose Streets, Cape Town	CDC	Owner: WCG	Western	-33.929390	18.425570	To be maintained.	Long-term (ongoing)		94,232
5	Dr Abdurahman CDC	Athlone	107892	C/o Eland & Dr Abdurahman Ave, Kewtown, Athlone	CDC	Owner: WCG	Klipfontein	-33.958915	18.517809	To be maintained.	Long-term (ongoing)	60,000	85,710
6	Du Noon CHC	Du Noon	236	Potisdam Road, Du Noon	CHC	Owner: WCG	Western	-33.827254	18.529301	To be maintained.	Long-term (ongoing)		214,297
7	Elsies River CHC	Elsies River	11718, 11720-21, 11723-25 & 11731	C/o 28th Avenue & Hall Road, Elsies River	CHC	Owner: WCG	Tygerberg	-33.931800	18.577490	To be replaced (project underway).	Short-term		122,112
8	Fisantkraal CDC	Fisantkraal	Portion of Erf 1666	C/o Silvertree Street and Lucullus Road, Fisantkraal	Clinic		Northern	-33.787155	18.722776	CoCT constructed facility taken over by WCGHW	Short term		10,794
9	Grassy Park CDC	Grassy Park	11416	9 Victoria Road, Grassy Park	CDC	Owner: WCG	Southern	-34.044130	18.492160	To be maintained.	Long-term (ongoing)		59,999
10	Green Point CDC	Green Point	1955	Block B, Old City Hospital Complex, Portwood Road, Green Point	CDC	Owner: WCG	Western	-33.906220	18.415200	To be replaced in future if IAM wants the erf.	Medium-term		34,088
11	Gugulethu CHC	Gugulethu	5500	C/o NY3, NY77, Gugulethu	CHC	Unregistered - Deemed	Klipfontein	-33.989360	18.572070	Regularisation of property taking place. Replacement of CHC on hold pending reassessment after completion of major upgrade and additions	Medium-term		177,403
12	Heideveld CDC	Athlone	101671	Heideveld Road, Heideveld, Athlone	CDC	Owner: WCG CoCT operates Heideveld Clinic on CDC property. Refer to above	Klipfontein	-33.966950	18.548330	To be maintained.	Long-term (ongoing)		102,426
13	Hout Bay Victoria Avenue CDC	Hout Bay	8780	30 Victoria Avenue, Hout Bay	CDC	Private rental - LGMD Trust	Southern	-34.04128	18.35070	To be replaced & consolidated.	Medium-term		35,310

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

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										ACTION REQUIRED	ESTIMATED TIMEFRAME		
14	Izame Zabantu CDC	Philippi	2498 & 2499	Msingezane Street, Philippi	CDC	Owner: WCG	Mitchells Plain	-34,011130	18,577720	Investigate future extension for 90 000 facility.	Long-term		75,671
15	Lady Michaelis CDC	Plumstead	70422	Burnham Road, Plumstead	CDC	Owner: WCG	Southern	-34,021000	18,464530	To be maintained.	Long-term (ongoing)		50,684
16	Lotus River CDC	Lotus River	5421	C/o Delia & Anita Road, Lotus River	CDC	Owner: WCG	Southern	-34,026350	18,506030	To be replaced.	Medium-term		75,561
17	Maitland CDC	Maitland	23685	3 Norfolk Street, Maitland	CDC	Owner: WCG	Western	-33,922060	18,489260	To be replaced (project underway).	Short-term		38,561
18	Mitchells Plain CHC	Mitchell's Plain	60715	First Avenue, Eastridge, Mitchell's Plain	CDC	Owner: WCG	Mitchells Plain	-34,046667	18,622222	To be maintained.	Long-term (ongoing)		244,617
19	Nomzamo CDC	Strand	30445	C/o Nomzamo & Solomon Streets, Nomzamo Asanda Village, Strand	CDC	Owner: WCG	Eastern	-34,112354	18,857763	To be maintained.	Long-term (ongoing)		91,497
20	Retreat CHC	Retreat	110130	138 11th Avenue, Retreat	CHC	Owner: WCG	Southern	-34,056400	18,480610	To be either expanded or replaced in future.	Medium-term		195,042
21	Ruyferwacht CDC	Goodwood	3060	Texel Street, Ruyferwacht	CDC	Owner: WCG	Tygerberg	-33,923850	18,553200	To be replaced in future.	Medium-term		33,484
22	Strand CDC	Strand	8480	Courland Place, 37B Main Road, Strand	CDC	Private Rental	Eastern	-34,11703	18,83002	Rental to continue until consolidation with Gustrouw CDC and replacement facility constructed i.e. Strand-Rusthof CDC.	Medium-term		40,849
23	Symphony Way CDC	Delft	26437, 26438	C/o Silversands & Outenikwa Roads, Delft	CDC	Owner: WCG	Tygerberg	-33,964430	18,627030	To be maintained.	Long-term (ongoing)		113,267

HEALTH FACILITIES IN PLANNING BY WCGHW

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POPULATION SIZE
										ACTION REQUIRED	ESTIMATED TIMEFRAME	
1	Bellville South CDC - CoCT CDC Replacement	Bellville			CDC	Co-ords as per current facility	Tygerberg	-33.91498	18.64405	Being transferred and utilisation to be assessed in terms of future U & A. Replacement not recommended.	Long-term	
2	Claremont CDC - CoCT Clinic Replacement	Claremont			CDC	Co-ords as per current facility	Southern	-33.98297	18.466944	Replace current CoCT Clinic.	Long-term	
3	Delft South CDC - CoCT Clinic Replacement	Delft			CDC	Co-ords as per current facility	Tygerberg	-33.991785	18.63341	Replace current CoCT Clinic, possibly on the clinic site.	Medium-term	
4	Elsies River CHC - Replacement	Elsies River			CHC	Site location confirmed	Tygerberg	-33.928827	18.572602	Replace current 2 facilities.	Medium-term	90,000
5	Green Point CDC - Replacement	Green Point			CDC	Co-ords as per current facility	Western	-33.906220	18.415200	Replace current CDC if erf still required by Regeneration.	Long-term	
6	Gugulethu 2 CDC - New	Gugulethu			CDC	City site to be acquired	Klipfontein	-33.982220	18.563311	New - In addition to current CHC that must be replaced	Medium-term	60,000
7	Hanover Park CHC - Replacement	Hanover Park			CDC	Site location confirmed	Klipfontein	-34.001786	18.530320	Replace current CHC	Short-term	90,000
8	Hout Bay CDC - Replacement and Consolidation	Hout Bay			CDC	City owned site in process of being acquired	Southern	-34.042087	18.360373	Replace current 2 x CDC	Medium-term	45,000
9	Kleinvlie CDC - CoCT CDC Replacement	Kleinvlie	Erven 2086 and 2087		CDC	City owned site in process of being acquired	Eastern	-33.988753	18.717499	Replace current CDC.	Medium-term	60,000
10	Klipheuwel CDC - New	Klipheuwel			CDC	Final location of site still to be identified	Northern	-33.720402	18.711355	New	Long-term	
11	Langa CDC - CoCT Clinic Replacement	Langa			CDC	Co-ords as per current facility	Western	-33.944136	18.527561	Replace current CoCT Clinic.	Long-term	
12	Lentegeur CDC - CoCT Clinic Replacement	Lentegeur			CDC	Co-ords as per current facility	Mitchell's Plain	-34.034328	18.609909	Replace current CoCT Clinic? To be reviewed with District.	Long-term	
13	Lotus River CDC - Replacement	Lotus River	Portion of Ptn 1 of Farm 817		CDC	DoHS site identified - still to be confirmed	Southern	-34.024721	18.521969	Replace current CDC.	Medium-term	60,000
14	Maitland CDC - Replacement	Maitland			CDC	Site location confirmed	Western	-33.920703	18.484572	Replace Maitland Clinic, CDC and Kengsington CDC.	Short-term	60,000

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POPULATION SIZE
										ACTION REQUIRED	ESTIMATED TIMEFRAME	
15	Mandlaly CDC - CoCT Sat Clinic Replacement	Mandlaly			CDC	Co-ords as per current facility	Mitchell's Plain	-34.016576	18.623782	Replace current CoCT Sat. Clinic.	Long-term	
16	Manenberg CDC - CoCT Clinic Replacement	Manenberg			CDC	Co-ords as per current facility	Klipfontein	-33.98805566	18.555	Replace current CoCT Clinic. To be reviewed with District.	Long-term	
17	Masiphumelele CDC - CoCT Clinic Replacement	Masiphumelele			CDC	Final location of site still to be identified	Southern	-34.131473	18.375228	Replace current CoCT Clinic.	Medium-term	45,000
18	Matthew Goniwe CDC - CoCT CDC Replacement	Khayelitsha			CDC	Co-ords as per current facility	Khayelitsha	-34.044297	18.705506	Replace current CoCT CDC - concept design prepared by CoCT.	Long-term	60,000
19	New Way CDC - New	Harare			CDC	Final location of site still to be identified	Eastern	-34.066366	18.679602	New	Medium-term	
20	Mfuleni CDC - Replacement	Mfuleni	Erf 11407	Church Street, Mfuleni	CDC	Site location confirmed	Eastern	-34.005038	18.682684	Replace current temporary CDC.	Medium-term	60,000
21	Nolungile CDC - CoCT CDC Replacement	Nolungile			CDC	Co-ords as per current facility	Khayelitsha	-34.013359	18.65015	Replace current CoCT CDC	Long-term	
22	Nyanga - KTC CDC - New	Nyanga			CDC	Site identified - to be confirmed	Klipfontein	-33.982511	18.585773	New	Medium-term	
23	Observatory CDC - New	Observatory			CDC	Salt River FPL site will be considered	Southern	-33.932768	18.459821	New	Long-term	
24	Parklands CDC - New	Parklands			CDC	Investigating possibility of locating CDC within CoCT's planned Rivergate precinct development	Western	-33.797617	18.526922	New	Medium-term	90,000
25	Parow CDC - CoCT CDC Replacement	Parow			CDC	Co-ords as per current facility	Tygerberg	-33.90518	18.58684	Replacement to be reviewed.	Long-term	
26	Phumlani CDC - CoCT Clinic Replacement	Philippi			CDC	Co-ords as per current facility	Mitchell's Plain	-34.009795	18.607161	Replace current CoCT Clinic. To be reviewed with District.	Medium-term	
27	Protea Park CDC - CoCT Clinic Replacement	Protea Park			CDC	Co-ords as per current facility	Western	-33.576673	18.497628	Replace current CoCT Clinic.	Medium-term	
28	Ravensmead CDC - Replacement	Ravensmead			CDC	Co-ords as per current facility	Tygerberg	-33.920463	18.596266	Replace current 2 facilities.	Medium-term	60,000

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POPULATION SIZE
										ACTION REQUIRED	ESTIMATED TIMEFRAME	
29	Retreat CHC - Upgrade and Additions	Retreat	Erven 137783 & 137784		CHC	Co-ords as per current facility - likely location of replacement CHC	Southern	-34.057564	18.460363	Replace (or possibly expand) current CHC. To be reviewed with District.	Medium-term	
30	Rusthof CDC - Replacement	Rusthof			CDC	Site to be confirmed	Eastern	-33.987439	18.717919	Replace current 2x CDC namely Gustrouw and Strand. Site not confirmed.	Medium-term	60,000
31	Ruyterwacht CDC - Replacement (Alpha)	Ruyterwacht			CDC	Co-ords as per current facility	Tygerberg	-33.923850	18.553200	Replace current CDC.	Medium-term	
32	Scottsdale CDC - Upgrade and Additions	Scottsdale			CDC	Co-ords as per current facility	Northern	-33.86613	18.72183	Upgrade and additions.	Long-term	
33	Wallacedene CDC - New	Wallacedene			CDC	Co-ords as per current CoCT Clinic	Northern	-33.85814	18.736325	New - unless facility being planned by CoCT will be adequate for future.	Medium-term	
34	Welleveden CDC - New	Philippi		C/o Bathandou Mdingi Crescent & Oliver Tambo Drive, Welleveden Valley, Mitchell's Plain	CDC	Site location confirmed	Mitchell's Plain	-34.017669	18.572929	New	Medium-term	60,000
35	Zakhele CDC - CoCT Clinic Replacement	Khayelitsha	Portion of Erf 793-RE	Pheakamani Road, Khayelitsha	CDC	Site location confirmed - CoCT owned site being acquired	Khayelitsha	-34.040888	18.663463	Replace current CoCT Clinic with CDC on new site.	Medium-term	60,000

Annexure A: List of Primary Health Care Facilities in Metro – Current Ownership and Operating Responsibility

Annexure B

ANNEXURE B: LIST OF CURRENT PUBLIC HEALTH FACILITIES (including health facilities managed by the CoCT and Private NPOs)

PRIMARY HEALTH CARE FACILITIES					
CAPE TOWN DISTRICT					
Southern Sub-district					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
Retreat CHC	Grassy Park CDC Hout Bay Harbour CDC* Lady Michaelis CDC Lotus River CDC Ocean View CDC Pelican Park CDC	Alphen Clinic Claremont Clinic Diep River Clinic Fish Hoek Clinic Hout Bay Main Road Clinic** Klip Road Clinic Lavender Hill Clinic Masiphumelele Clinic Muizenberg Clinic Parkwood Clinic Philippi Clinic Seawind Clinic Strandfontein Clinic Westlake Clinic Wynberg Clinic **Currently used as a CDC	Redhill Satellite Clinic Simon's Town Satellite Clinic		Metro Dental (Southern) Mobile 1 Metro Dental (Southern) Mobile 5
1	6	15	2	0	2

Annexure B: List of Current Public Health Facilities (including health facilities managed by the CoCT and Private NPOs)

CAPE TOWN DISTRICT					
Western Sub-District					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
Du Noon CHC	Albow Gardens CDC	Chapel Street Clinic	Pella Satellite Clinic	Atlantis Oral Health Service	Albow Gardens Mobile 1
Vanguard CHC	District Six CDC	Factreton Clinic	Pinelands Satellite Clinic	Cape Town Reproductive Health Centre	Melkbosstrand Mobile 1
	Green Point CDC	Langa Clinic	Schotscheskloof Satellite Clinic	Hope Street Oral Health Service	Metro Dental (Western) Mobile 1
	Kensington CDC	Maitland Clinic		Long Street Reproductive Health Centre	Metro Dental (Western) Mobile 5
	Maitland CDC	Melkbosstrand Clinic		Maitland Oral Health Service	Wissand Mobile 1
	Mamre CDC	Protea Park Clinic			Wolwerivier Mobile 1
		Saxon Sea Clinic			
		Spencer Road Clinic			
		Table View Clinic			
2	6	9	3	5	6
Klipfontein Sub-District					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
Gugulethu CHC	Dr Abdurahman CDC	Gugulethu Clinic	Hazendal Satellite Clinic	Eros Oral Health Service	
Hanover Park CHC	Heideveld CDC	Hanover Park Clinic	Ruimte Road Satellite Clinic		
	Nyanga CDC	Lansdowne Clinic			
		Manenberg Clinic			
		Masinoedane Clinic			
		Silvertown Clinic			
		Vuyani Clinic			
2	3	7	2	1	0

CAPE TOWN DISTRICT					
Mitchell's Plain Sub-District					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
Mitchell's Plain CHC	Crossroads CDC Inzame Zabantu CDC Tafelsig CDC	Crossroads 1 Clinic Eastridge Clinic Lentegeur Clinic Mzantomhle Clinic Phumlani Clinic Rocklands Clinic Weltersreden Valley Clinic Westridge Clinic	Mandalay Satellite Clinic	Lentegeur Hospital Oral Health Service Lentegeur Oral Health Service Mitchell's Plain Oral Health Centre Westridge Oral Health Service	
1	3	8	1	4	0
Khayelitsha Sub-District					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
Khayelitsha (Site B) CHC	Kujasa CDC Luvuyo CDC Matthew Goniwe CDC Michael Mapongwana CDC Nolungile CDC Town 2 CDC	Mayenzeke Clinic Zakhele Clinic		Kujasa Male Clinic Site B Male Clinic Site B Youth Clinic Site C Youth Clinic	
1	6	2	0	4	0

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

CAPE TOWN DISTRICT					
Eastern Sub-District					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
	Dr Ivan Toms CDC Gordon's Bay CDC Gustrouw CDC Ikhwezi CDC Klein/lei CDC Macassar CDC Mfuleni CDC Nomzamo CDC Sir Lowry's Pass CDC Somerset West CDC Strand CDC	Blue Downs Clinic Eerste River Clinic Kulis River Clinic Sarepta Clinic Wesbank Clinic	Driftsands Satellite Clinic Fagan Street Satellite Clinic		
0	11	5	2	0	0
Northern Sub-District					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
Kraaifontein CHC	Bothasig CDC Durbanville CDC Scottsdene CDC Fisantekraal CDC	Bloekombos Clinic Brackenfell Clinic Brighton Clinic Harmonie Clinic Northpine Clinic Wallacedene Clinic			Metro Dental (Northern) Mobile 1 Metro Dental (Northern) Mobile 5
1	4	6	0	0	2

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

CAPE TOWN DISTRICT					
Tygerberg Sub-District					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
Delft CHC	Belville South CDC	Adriaanse Clinic	Chestnut Satellite Clinic	Bellville Reproductive Health Centre	Metro Dental (Tygerberg) Mobile 1
Elsies River CHC	Bishop Lavis CDC	Delft South Clinic	Leonsdale Satellite Clinic	Tygerberg Community Dental Clinic	Metro Dental (Tygerberg) Mobile 5
	Goodwood CDC	Elsies River Clinic	Men's Health Satellite Clinic	Tygerberg Oral Health Centre	
	Parow CDC	Netreg Clinic	Metro Men's Health Centre		
	Ravensmead CDC	Uitsig Clinic			
	Reed Street CDC	Valhalla Park Clinic			
	Ruyterwacht CDC				
	St Vincent (CCT) CDC				
	Symphony Way CDC				
2	9	6	4	3	2
10	48	58	14	17	12

CAPE WINELANDS DISTRICT					
Breede Valley Local Municipality					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
	Worcester CDC	Avian Park Clinic	De Wet Satellite Clinic		Bossieveld Mobile 1
		De Doorns Clinic	Overhex Satellite Clinic		Bolha / Brandwacht Mobile 1
		Empulsivani (Worcester) Clinic			De Wet Mobile 1
		Orchard Clinic			Overhex Mobile 1
		Rawsonville Clinic			Slanghoek Mobile 1
		Sandhills Clinic			
		Touws River Clinic			
0	1	7	2	0	5

Annexure B: List of Current Public Health Facilities (including health facilities managed by the CoCT and Private NPOs)

CAPE WINELANDS DISTRICT						
Drakenstein Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
	Mbekweni CDC TC Newman CDC Wellington CDC	Dalvael Clinic Gouda Clinic Huis McCrone Clinic Klein Drakenstein Clinic Nieuwedrif Clinic Patriot Plein Clinic Phola Park Clinic Saron Clinic Simodium Clinic Soetendal Clinic Windmeul Clinic			Gouda Mobile 1 Huis McCrone Mobile 1 Klein Drakenstein Mobile 1 Simodium Mobile 1 Soetendal Mobile 1 Windmeul Mobile 1	
0	3	11	0	0		6
Langeberg Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
		Bergsig Clinic Cognansloof Clinic Happy Valley Clinic McGregor Clinic Montagu Clinic Nkubela Clinic Zolani Clinic		Langeberg Sub-district Oral Health Service	Bonnievale Mobile 1 McGregor Mobile 1 Montagu Mobile 1 Montagu Mobile 2 Robertson Mobile 1 Robertson Mobile 2	
0	0	7	0	1		6

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

CAPE WINELANDS DISTRICT						
Stellenbosch Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
	Cloetesville CDC	Aan-het-Pad Clinic Don and Pat Bilton Clinic Groendal Clinic Idas Valley Clinic Kaymandi Clinic Klapmuts Clinic Kylemore Clinic	Dirkie Uys Street Satellite Clinic		Devon Valley Mobile 1 Franschoek Mobile 1 Groot Drakenstein Mobile 1 Koelenhof Mobile 1 Strand Road Mobile 1	
0	1	7	1	0		5
Witzenberg Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
		Bella Vista Clinic Breervier Clinic Ceres Clinic Nduji Clinic Op die Berg Clinic Prince Alfred Hamlet Clinic Tulbagh Clinic Wolseley Clinic			Koue Bokkeveld Mobile 1 Prince Alfred Hamlet Mobile 1 Skunweberg Mobile 1 Tulbagh Mobile 1 Warm Bokkeveld Mobile 1 Wolseley Mobile 1	
0	0	8	0	0		6
0	5	40	3	1		28

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

CENTRAL KAROO DISTRICT						
Beaufort West Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
	Beaufort West CDC	Hillside Clinic Kwamandlenkosi Clinic Murraysburg Clinic Nelspoort Clinic Nieuveldpark Clinic	Merweville Satellite Clinic		Beaufort West Mobile 1 Merweville Mobile 1 Murraysburg Mobile 1 Nelspoort Mobile 1	
0	1	5	1	0		4
Laingsburg Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
		Laingsburg Clinic	Matjiesfontein Satellite Clinic		Laingsburg Mobile 1	
0	0	1	1	0		1
Prince Albert Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
		Leeu-Gamka Clinic Prince Albert Clinic	Klaarstroom Satellite Clinic		Leeu-Gamka Mobile 1 Prince Albert Mobile 1	
0	0	2	1	0		2
0	1	8	3	0		7

GARDEN ROUTE DISTRICT						
Bitou Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
	Kwanokuthula CDC	Crags Clinic Kranshoek Clinic New Horizon Clinic Plettenberg Bay Clinic	Wittedrif Satellite Clinic		Plettenberg Bay Mobile 1	
0	1	4	1	0	1	
George Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
	Convillie CDC Thembaletlu CDC	Blanco Clinic George Central Clinic Haarlem Clinic Kuyasa (George) Clinic Lawaalkamp Clinic Pacalisdorp Clinic Parkdene Clinic Rosemoor Clinic Touwsrauten Clinic Uniondale (Lyonsville) Clinic	Herold Satellite Clinic		George Mobile 1 Herold Mobile 1 Uniondale Mobile 1	
0	2	10	1	0	3	
Hessequa Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
		Albertinia Clinic Heidelberg Clinic Riversdale Clinic	Melkhoufontein Satellite Clinic Slangrivier Satellite Clinic Still Bay Satellite Clinic		Albertinia Mobile 1 Heidelberg Mobile 1 Riversdale Mobile 1	
0	0	3	3	0	3	

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

GARDEN ROUTE DISTRICT						
Kannaland Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobies	
		Amalienstein Clinic Callitzdorp (Bergsig) Clinic Ladismith (Nissenville) Clinic Zoar Clinic	Van Wyksdorp Satellite Clinic		Callitzdorp Mobile 1 Ladismith Mobile 1 Van Wyksdorp Mobile 1 Zoar Mobile 1	
0	0	4	1	0		4
Knysna Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobies	
	Knysna CDC	Hornlee Clinic Khayalethu Clinic Knysna Town Clinic Sedgefield Clinic	Karatara Satellite Clinic Keurhoek Satellite Clinic		Knysna Mobile 1 Sedgefield Mobile 1	
0	1	4	2	0		2
Mossel Bay Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobies	
	Alma CDC D'Almeida CDC	Asla Clinic Eyethu Clinic Great Brak River Clinic	Brandwacht Satellite Clinic Dana Bay Satellite Clinic Friemersheim Satellite Clinic George Road Satellite Clinic Hartenbos Satellite Clinic Herbertsdale Satellite Clinic Sonskynvallei Satellite Clinic		Alma Mobile 1 Brandwacht Mobile 1 Eyethu Mobile 1 Groot-Brak Mobile 1	
0	2	3	7	0		4

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

GARDEN ROUTE DISTRICT						
Oudtshoorn Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
	Bridgeton CDC	Bongolethu Clinic De Rust (Blommenek) Clinic Dysselsdorp Clinic Oudtshoorn Clinic Toekomsrus Clinic		Oudtshoorn Oral Health Service	De Rust Mobile 1 Oudtshoorn Mobile 1 Oudtshoorn Mobile 3	
0	1	5	0	1	3	
0	7	33	15	1	20	

OVERBERG DISTRICT						
Cape Agulhas Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
		Bredasdorp Clinic Napier Clinic Struisbaai Clinic	Elim Satellite Clinic Waenshuiskrans Satellite Clinic		Bredasdorp Mobile 1 Bredasdorp Mobile 2	
0	0	3	2	0	2	
Overstrand Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
	Hermanus CDC	Gansbaai Clinic Hawston Clinic Kleinmond Clinic Stanford Clinic	Betty's Bay Satellite Clinic Onrus Satellite Clinic Pearty Beach Satellite Clinic		Caledon / Hermanus / Stanford Mobile 4 Overstrand Mobile 1	
0	1	4	3	0	2	

Annexure B: List of Current Public Health Facilities (including health facilities managed by the CoCT and Private NPOs)

OVERBERG DISTRICT						
Swellendam Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
		Barrydale Clinic Buffeljagsrivier Clinic Raiton Clinic Suurbraak Clinic Swellendam PHC Clinic			Barrydale Mobile 3 Ruens Mobile 5 Swellendam Mobile 4	
0	0	5	0	0	3	
Theewaterskloof Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
Grabouw CHC		Bothriver Clinic Caledon Clinic Genadendal Clinic Riviersonderend Clinic Villiersdorp Clinic	Bereaaville Satellite Clinic Greyton Satellite Clinic Tesselaarsdal Satellite Clinic Voorstekraal Satellite Clinic		Caledon Mobile 1 Caledon Mobile 2 Caledon Mobile 3 Grabouw Mobile 1 Grabouw Mobile 2 Grabouw Mobile 3 Riviersonderend Mobile 1 Villiersdorp Mobile 1 Villiersdorp Mobile 2	
1	0	5	4	0	9	
1	1	17	9	0	16	

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

WEST COAST DISTRICT					
Bergivier Local Municipality					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
		Pikeberg Clinic Porterville Clinic Veldrif Clinic	Aurora Satellite Clinic Eendekuil Satellite Clinic Goedverwacht Satellite Clinic Redelinghuys Satellite Clinic Wittewater Satellite Clinic		Pikeberg Mobile 6 Pikeberg Mobile 7 Porterville Mobile 1
0	0	3	5	0	3
Cederberg Local Municipality					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
		Citrusdal Clinic Clanwilliam Clinic Elands Bay Clinic Graafwater Clinic Lamberts Bay Clinic Wupperthal Clinic	Leipoldville Satellite Clinic		Citrusdal Mobile 1 Clanwilliam Mobile 1 Elands Bay Mobile 1 Graafwater Mobile 1
0	0	6	1	0	4

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

WEST COAST DISTRICT					
Matzikama Local Municipality					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
		Klawer Clinic Lutzville Clinic Van Rhynsdorp Clinic Vredendal Central Clinic Vredendal North Clinic	Bitterfontein Satellite Clinic Doringbaai Satellite Clinic Ebenhaezer Satellite Clinic Kliprand Satellite Clinic Koekeanaap Satellite Clinic Molsvllei Satellite Clinic Nuwenus Satellite Clinic Rietpoort Satellite Clinic Stofkraal Satellite Clinic		Klawer Mobile 1 Lutzville Mobile 1 Van Rhynsdorp Mobile 1 Vredendal Mobile 1
0	0	5	9	0	4
Saldanha Bay Local Municipality					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
		Diazville Clinic Hanna Coetzee Clinic Laingville Clinic Lalle Cleophas Clinic Langebaan Clinic Louwville Clinic Saldanha Clinic Vredenburg Clinic	Paternoster Satellite Clinic Steenberg's Cove Satellite Clinic		Hopefield Mobile 1
0	0	8	2	0	1

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

WEST COAST DISTRICT					
Swartland Local Municipality					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
	Malmesbury CDC	Darling Clinic Moorreesburg Clinic Riebeek Kasteel Clinic Riebeek Wes Clinic	Abbotsdale Satellite Clinic Chatsworth Satellite Clinic Kalbaskraal Satellite Clinic Koringberg Satellite Clinic Riverlands Satellite Clinic Yzerfontein Satellite Clinic		Darling Mobile 1 Malmesbury Mobile 4 Moorreesburg Mobile 1
0	1	4	6	0	3
0	1	26	23	0	15

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

HOSPITALS						
DISTRICT HOSPITALS						
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District	
Eerste River Hospital	Ceres Hospital	Beaufort West Hospital	Alan Blyth Hospital	Caledon Hospital	Citrusdal Hospital	
False Bay Hospital	Montagu Hospital	Laingsburg Hospital	Knysna Hospital	Hermanus Hospital	Clanwilliam Hospital	
Heiderberg Hospital	Robertson Hospital	Murraysburg Hospital	Mossel Bay Hospital	Otto du Plessis Hospital	LAPA Munnik Hospital	
Karl Bremer Hospital	Stellenbosch Hospital	Prince Albert Hospital	Oudtshoorn Hospital	Swellendam Hospital	Radie Kotze Hospital	
Khayelitsha Hospital			Riversdale Hospital		Swartland Hospital	
Mitchells Plain Hospital			Uniondale Hospital		Vredenburg Hospital	
Victoria Hospital					Vredendal Hospital	
Wesfleur Hospital						
8	4	4	6	4		7
REGIONAL HOSPITALS						
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District	
Mowbray Maternity Hospital	Paarl Hospital		George Hospital			
New Somerset Hospital	Worcester Hospital					
2	2	0	1	0		0
TUBERCULOSIS HOSPITALS						
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District	
DP Marais Hospital	Brewelskloof Hospital		Harry Comay Hospital		Malmesbury ID Hospital	
Brooklyn Chest Hospital					Sonstraal Hospital	
2	1	0	1	0		2

Annexure B: List of Current Public Health Facilities (including health facilities managed by the CoCT and Private NPOs)

PSYCHIATRIC HOSPITALS					
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
Alexandra Hospital Lentegeur Hospital Stikland Hospital Valkenberg Hospital					
4	0	0	0	0	0
REHABILITATION HOSPITAL					
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
Western Cape Rehabilitation Centre					
2	0	0	0	0	0
CENTRAL HOSPITALS					
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
Groote Schuur Hospital Tygerberg Hospital					
2	0	0	0	0	0
TERTIARY HOSPITALS					
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
Red Cross War Memorial Children Hospital					
1	0	0	0	0	0

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

OTHER					
INTERMEDIATE CARE FACILITIES					
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
Brackengate Intermediate Care		Nelspoort Intermediate Care Hospital			
1	0	1	0	0	0
EMERGENCY MEDICAL SERVICES AMBULANCE STATIONS					
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
Khayelitsha Eastern EMS Station Lentegaur Southern EMS Station Pinelands Western EMS Station Tygerberg Northern EMS Station	Bonnievale EMS Station Ceres EMS Station De Doorns EMS Station Montagu EMS Station Paarl EMS Station Robertson EMS Station Stellenbosch EMS Station Touws River EMS Station Tulbagh EMS Station Worcester EMS Station	Beaufort West EMS Station Murraysburg EMS Station Laingsburg EMS Station Leeu-Gamka EMS Station Prince Albert EMS Station	Calitzdorp EMS Station Dysseisdorp EMS Station George EMS Station Heidelberg EMS Station Knysna EMS Station Ladismith EMS Station Mossel Bay EMS Station Oudshoorn EMS Station Plettenberg Bay EMS Station Riversdale EMS Station Uniondale EMS Station	Barrydale EMS Station Bredasdorp EMS Station Caledon EMS Station Grabouw EMS Station Hermanus EMS Station Riviersonderend EMS Station Swellendam EMS Station Villiersdorp EMS Station	Bitterfontein EMS Station Citrusdal EMS Station Cianwilliam EMS Station Darling EMS Station Lamberts Bay EMS Station Malmesbury EMS Station Moorreesburg EMS Station Pikeberg EMS Station Porterville EMS Station Vredenburg EMS Station Vredendal EMS Station
4	10	5	11	8	11

FORENSIC PATHOLOGY LABORATORIES (MORTUARIES)					
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
Salt River Forensic Pathology Service	Paarl Forensic Pathology Service	Beaufort West Forensic Pathology Service	George Forensic Pathology Service	Hermanus Forensic Pathology Service	Malmesbury Forensic Pathology Service
Tygerberg Forensic Pathology Service	Worcester Forensic Pathology Service Wolseley Forensic Pathology Service	Laiingsburg Forensic Pathology Service	Krystna Forensic Pathology Service Mossel Bay Forensic Pathology Service Oudtshoorn Forensic Pathology Service Riversdale Forensic Pathology Service		Vredenburg Forensic Pathology Service Vredendal Forensic Pathology Service
2	3	2	5	1	3

REHABILITATION WORKSHOP
Cape Town District
Orthotic and Prosthetic Centre
1

Annexure B: List of Current Public Health Facilities (Including health facilities managed by the CoCT and Private NPOs)

Annexure C

ANNEXURE C: LIST OF NPOs AND OTHER HEALTH SUPPORT SERVICE PROVIDERS OCCUPYING STATE OWNED HEALTH FACILITIES

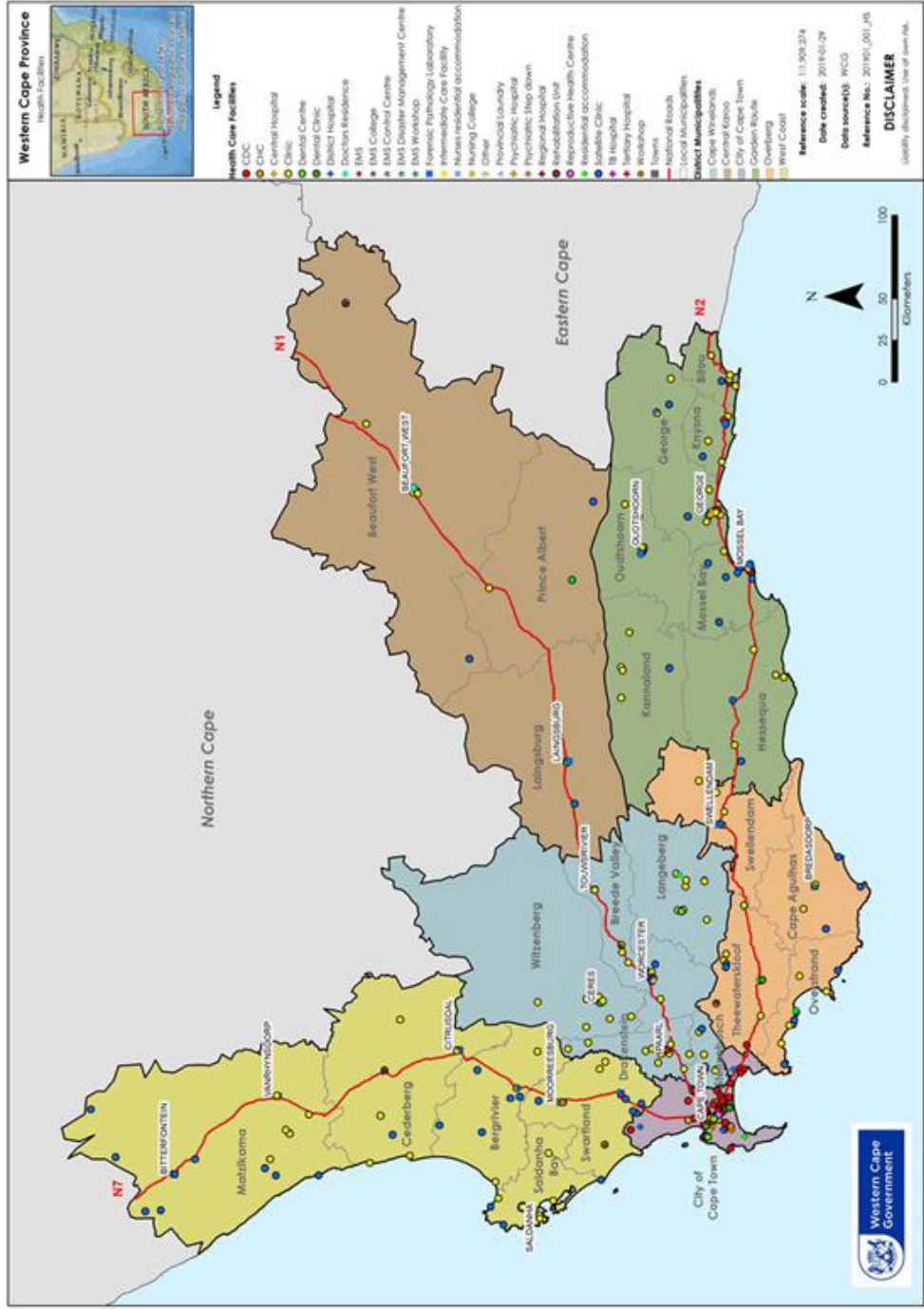
NO	FACILITY NAME	NPO	PHYSICAL ADDRESS	FACILITY TYPE
1	Alexandra Hospital	WCG Education	Alexandra Road, Maitland	Educational
2	Alexandra Hospital	Friends Day Centre	Alexandra Road, Maitland	Step down facility
3	Alexandra Hospital	Molenbeek School	Alexandra Road, Maitland	Psychiatric step down facility
4	Alexandra Hospital	Western Cape Forum for Intellectually Disabled	Alexandra Road, Maitland	Psychiatric step down facility
5	Beaufort West Hospital	NHLS (Government entity)	99 Voortrekker Road, Beaufort West	Laboratory Service
6	Brewelskloof Hospital	Boland Hospice	Erf 4771, 19 Haarlem Street, Van Riebeeck Park, Worcester	Step down facility
7	Brooklyn Chest Hospital	Task Applied Science Centre	Stanberry Road, Ysterplaat	Research
8	Ceres Hospital	Ceres Step Down	Erf 2589, Theron Street, Ceres	Step down facility
9	George Hospital	NHLS (Government entity)	Davidson Road, George	Laboratory Service
10	Groote Schuur Hospital	Bone Marrow Institute	1 Main Road, Observatory	Research
11	Groote Schuur Hospital	NHLS (Government entity)	1 Main Road, Observatory	Laboratory Service
12	Groote Schuur Hospital	Western Cape Blood Services	1 Main Road, Observatory	Renal Service
13	Helderberg Hospital	Helderberg Hospice	Lourensford Avenue, Somerset West	Step down facility
14	Helderberg Hospital	NHLS (Government entity)	Lourensford Avenue, Somerset West	Laboratory Service
15	Hermanus Hospital	NHLS (Government entity)	Hospital Street, Hermanus	Laboratory Service
16	Karl Bremer Hospital	Care Vision	Mike Pienaar Boulevard, Bellville	Eye Clinic
17	Karl Bremer Hospital	Tiervei Trial Centre	Mike Pienaar Boulevard, Bellville	Clinical trial services
18	Karl Bremer Hospital	NHLS (Government entity)	Mike Pienaar Boulevard, Bellville	Laboratory Service
19	Khayelitsha Hospital	NHLS (Government entity)	C/o Walter Sisulu & Steve Biko Drive, Khayelitsha	Laboratory Service
20	Knysna Hospital	Knysna Sub-Acute	Main Street, Knysna	Step down facility
21	Knysna Hospital	NHLS (Government entity)	Main Street, Knysna	Laboratory Service
22	Lady Michaelis CHC	St Lukes Hospice	C/o Burnham & Gabriel Road, Plumstead	Step down facility
23	LAPA Munnik Hospital	Lapa Munnik Hospice	Erf 1689, Voortrekker Street, Porterville	Step down facility
24	Lentegeur Hospital	Carnation Ward and Ward 92 (GF Jooste Hospital Wards)	C/o Highlands & AZ Berman Drive, Mitchell's Plain	Rehabilitation
25	Lentegeur Hospital	Educational Management and Development Centre (EMDC)	C/o Highlands & AZ Berman Drive, Mitchell's Plain	Educational
26	Lentegeur Hospital	Learners with Special Education Needs (LSEN)	C/o Highlands & AZ Berman Drive, Mitchell's Plain	Educational
27	Lentegeur Hospital	Life Esidimeni	Highlands Drive, Mitchell's Plain	Step down facility
28	Lentegeur Hospital	St Luke's Hospice	C/o Highlands & AZ Berman Drive, Mitchell's Plain	Step down Facility
29	Lentegeur Hospital	University of the Western Cape (UWC) Training facility	C/o Highlands & AZ Berman Drive, Mitchell's Plain	Educational
30	Lentegeur Hospital	Western Cape Community Mortuary Services	C/o Highlands & AZ Berman Drive, Mitchell's Plain	Mortuary
31	Lentegeur Hospital	Western Cape Rehabilitation Centre	C/o Highlands & AZ Berman Drive, Mitchell's Plain	Rehabilitation
32	Mitchell's Plain Hospital	NHLS (Government entity)	8 AZ Berman Drive, Lentegeur, Mitchell's Plain	Laboratory Service
33	Mossel Bay Hospital	NHLS (Government entity)	12th Avenue, Mossel Bay	Laboratory Service
34	Oudtshoorn Hospital	NHLS (Government entity)	Park Road, Oudtshoorn	Laboratory Service
35	Paarl Hospital	NHLS (Government entity)	C/o Bergriver Boulevard & Hospital Street, Paarl	Laboratory Service
36	Red Cross War Memorial Children Hospital	Blood bank (Private NPO)	Klipfontein Road, Rondebosch	Laboratory Service
37	Red Cross War Memorial Children Hospital	Childsafe (NPO)	Klipfontein Road, Rondebosch	Childcare
38	Red Cross War Memorial Children Hospital	Friends of the Children's Hospital Association (FCHA)	Klipfontein Road, Rondebosch	Research
39	Red Cross War Memorial Children Hospital	Hospital Facility Board	Klipfontein Road, Rondebosch	Support Service
40	Red Cross War Memorial Children Hospital	Maitland Cottage Home	Klipfontein Road, Rondebosch	Childcare
41	Red Cross War Memorial Children Hospital	NHLS (Government entity)	Klipfontein Road, Rondebosch	Laboratory Service

NO	FACILITY NAME	NPO	PHYSICAL ADDRESS	FACILITY TYPE
42	Red Cross War Memorial Children Hospital	Trust (NPO)	Klipfontein Road, Rondebosch	Donors
43	Red Cross War Memorial Children Hospital	Down Syndrome	Down Syndrome	Childcare
44	Red Cross War Memorial Children Hospital	Cerebral Palsy Association	Cerebral Palsy Association	Childcare
45	Sonstraal Hospital	Cornerstone Step down facility	Vahed Street, Paarl	Step down Facility
46	Sonstraal Hospital	Frail Care Luthando	Erf 4920, Meaker Street, Paarl	Step down facility
47	Stellenbosch Hospital	Stellenbosch Hospice	Merriman Road, Stellenbosch	Step down Facility
48	Stellenbosch Hospital	Peace Palliative	Merriman Road, Stellenbosch	Step down Facility
49	Stellenbosch Hospital	Stellenbosch Hospice	Merriman Road, Stellenbosch	Step down facility
50	Stikland Hospital	Anel Pienaar	Old Oak Road, Bellville	Frail care
51	Stikland Hospital	Helpende Hande	Old Oak Road, Bellville	Frail care
52	Stikland Hospital	Kingdom Ministries	House Miles Bowker, Stikland Hospital, Old Paarl Road, Bellville	Psychiatric step down facility
53	Stikland Hospital	Kingdom Ministries	House Sonop, Stikland Hospital, Old Paarl Road, Bellville	Psychiatric step down facility
54	Stikland Hospital	New Beginnings	Erf 6300, Old Paarl Road, Bellville	Psychiatric step down facility
55	Tygerberg Hospital	Cancer Unit	Fransie van Zyl Drive, Parow	Research
56	Tygerberg Hospital	CANSA	Fransie van Zyl Drive, Parow	Research
57	Tygerberg Hospital	Cardio Researched	Fransie van Zyl Drive, Parow	Research
58	Tygerberg Hospital	Carel du Toit Centre for the Hearing Impaired	Fransie van Zyl Drive, Parow	Ear Clinic
59	Tygerberg Hospital	CHOC	Fransie van Zyl Drive, Parow	Family Accommodation
60	Tygerberg Hospital	Cape Peninsula University of Technology	Fransie van Zyl Drive, Parow	Educational
61	Tygerberg Hospital	Hope HIV / AIDS (NGO)	Fransie van Zyl Drive, Parow	Research
62	Tygerberg Hospital	KIDCRU	Fransie van Zyl Drive, Parow	Educational
63	Tygerberg Hospital	National Health Laboratories	Fransie van Zyl Drive, Parow	Laboratory Service
64	Tygerberg Hospital	Tygerbear Foundation (NGO)	Fransie van Zyl Drive, Parow	Counselling
65	Tygerberg Hospital	Postnatal	Fransie van Zyl Drive, Parow	Child Care
66	Tygerberg Hospital	Postnatal Genetics	Fransie van Zyl Drive, Parow	Child Care
67	Tygerberg Hospital	TREAD	Fransie van Zyl Drive, Parow	Research
68	Tygerberg Hospital	University of the Western Cape	Fransie van Zyl Drive, Parow	Educational
69	Tygerberg Hospital	Voluntary Aid Society	Fransie van Zyl Drive, Parow	Research
70	Tygerberg Hospital	Western Cape Blood Services	Fransie van Zyl Drive, Parow	Laboratory Service
71	Uniondale Hospital	Themba Step down facility	Hospital Street, Uniondale	Step down facility
72	Valkenberg Hospital	Comcare Trust	Alexandra Way, Pinelands	Chronic psychiatric care
73	Vredenburg Hospital	Western Cape Blood Services	Voortrekker Street, Vredenburg	Renal Services
74	Vredenburg Hospital	NHLS (Government entity)	Voortrekker Street, Vredenburg	Laboratory Service
75	Vredendal Hospital	NHLS (Government entity)	Van der Stel Street, Vredendal	Laboratory Service
76	Worcester Hospital	NHLS (Government entity)	Murray Street, Worcester	Laboratory Service

Annexure C: List of NPO and Other Health Support Service Providers Occupying State Owned Health Facilities

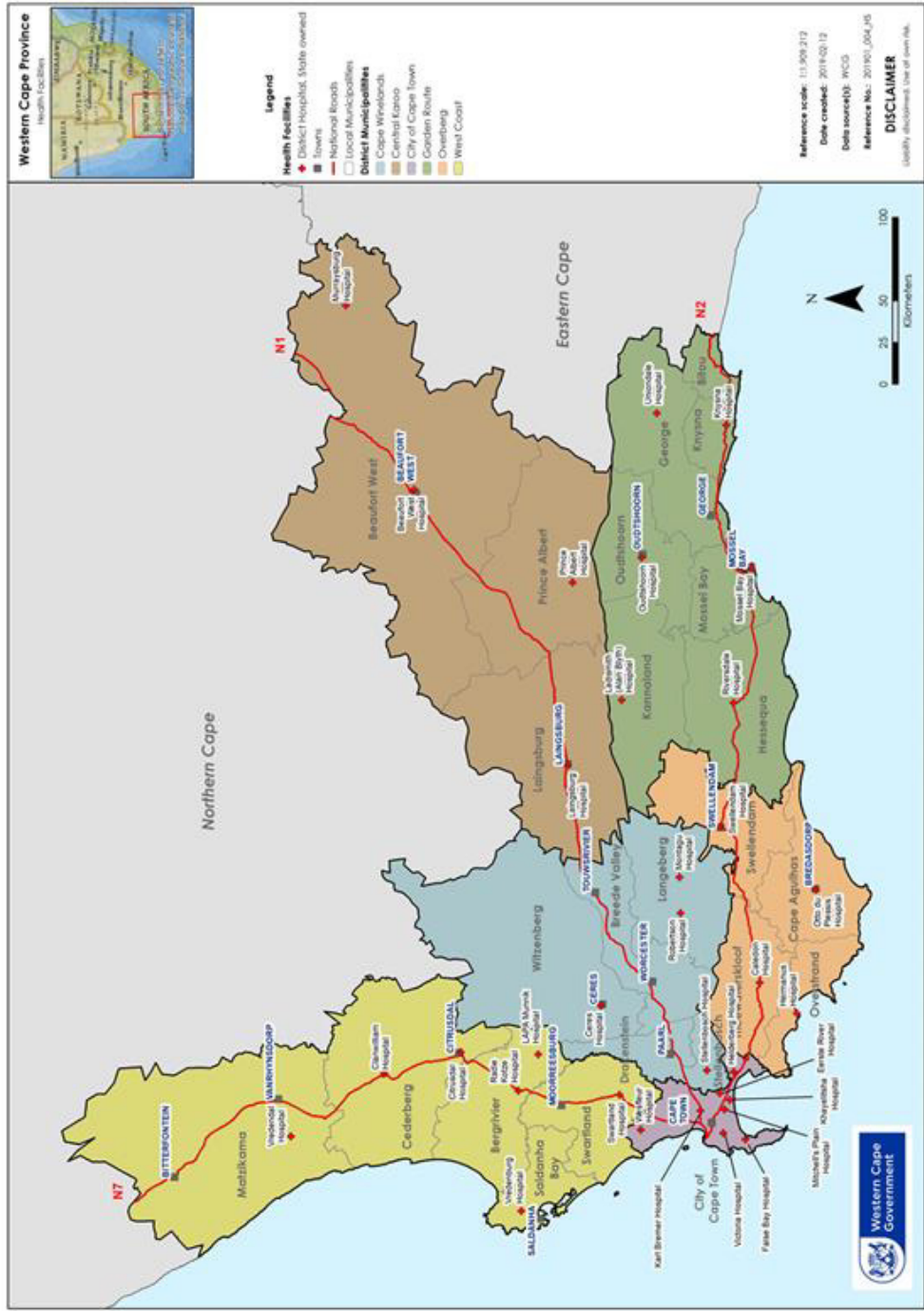
Annexure D

ANNEXURE D: MAPS OF EXISTING HEALTH FACILITIES (OWNED AND LEASED)



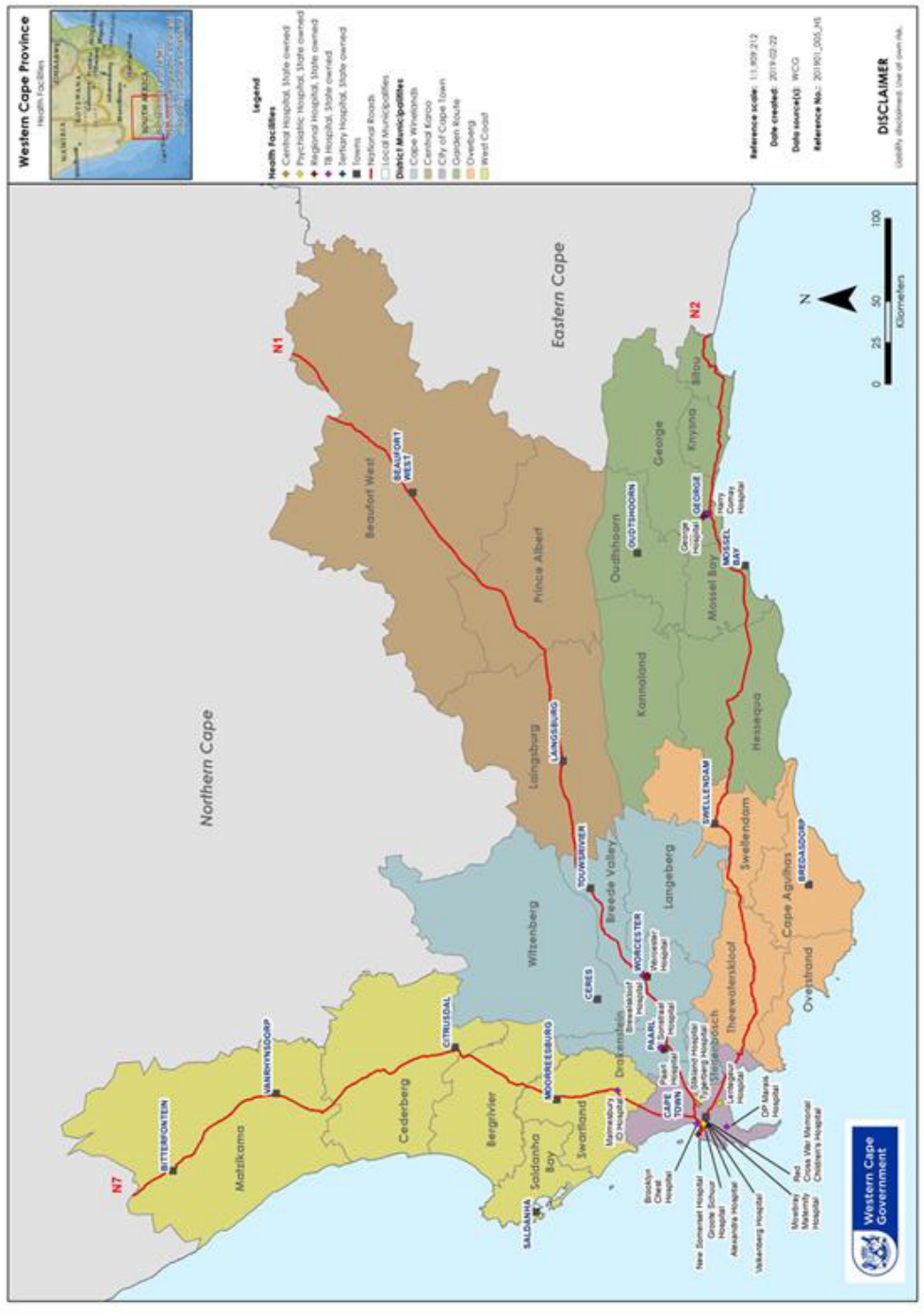
Western Cape Health Facilities

Annexure D: Maps of Existing Health Facilities (Owned and Leased)



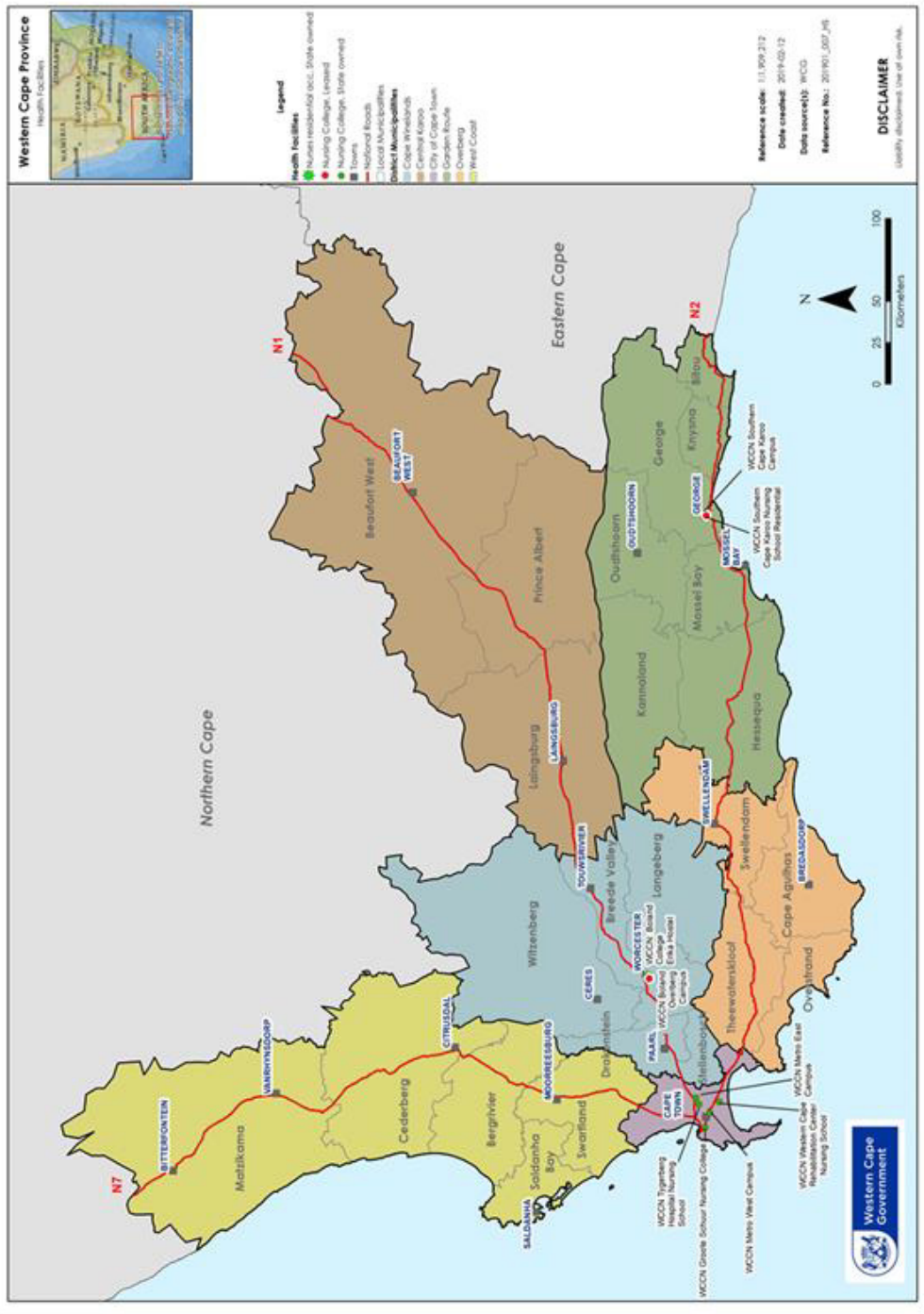
Western Cape District Hospitals

Annexure D: Maps of Existing Health Facilities (Owned and Leased)



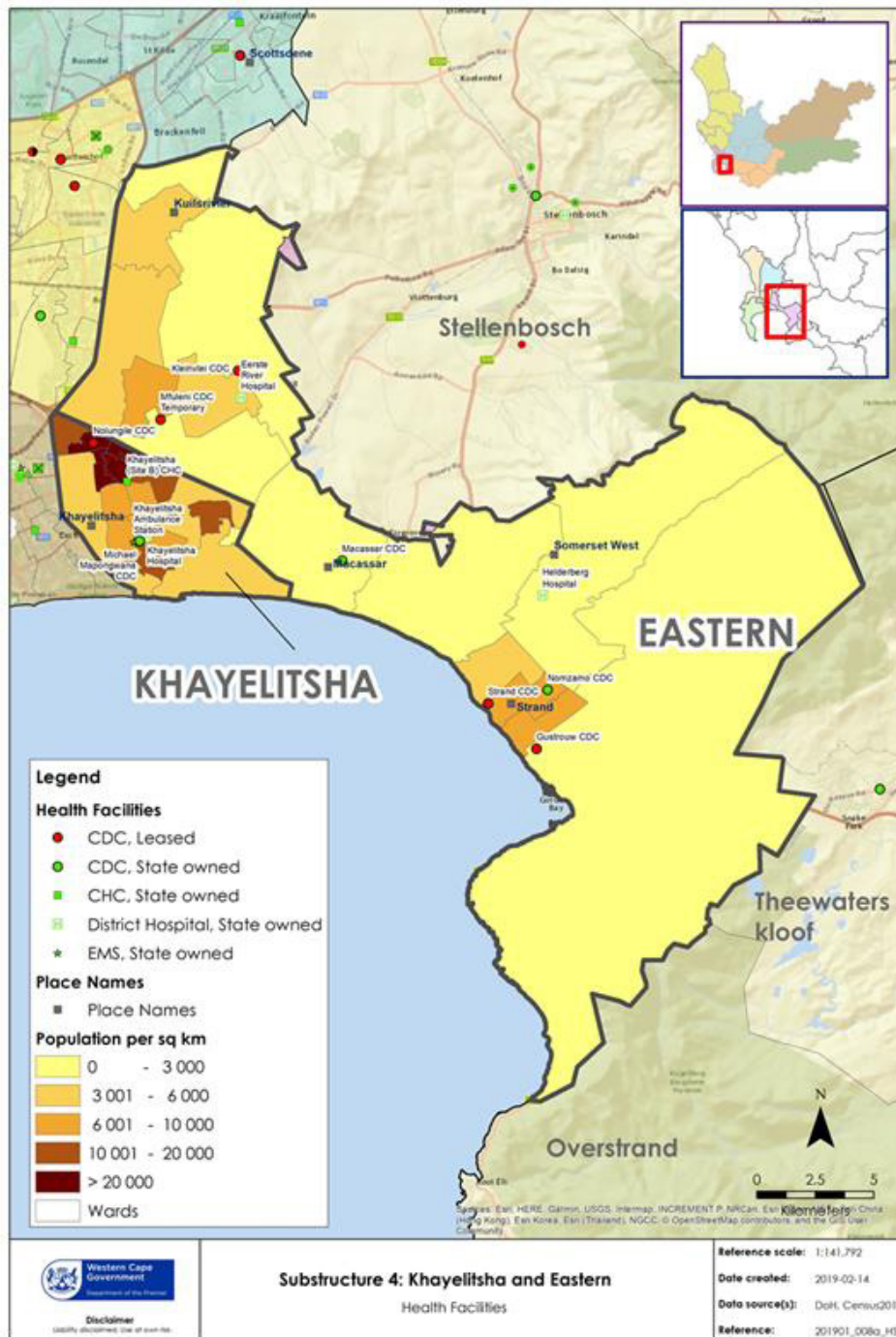
Western Cape Hospitals categorised as Regional, TB, Psychiatric and Central

Annexure D: Maps of Existing Health Facilities (Owned and Leased)

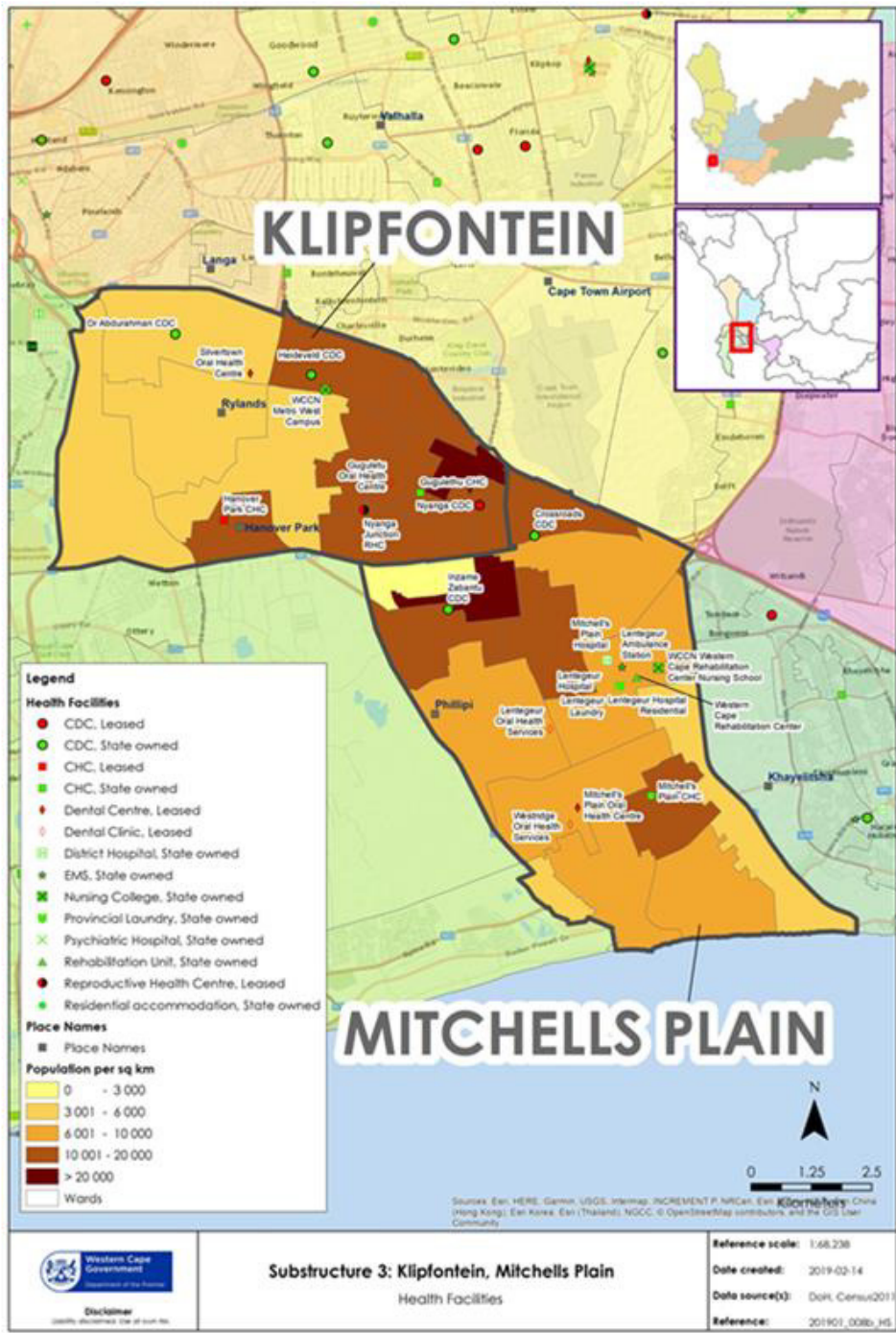


Western Cape College of Nursing training facilities

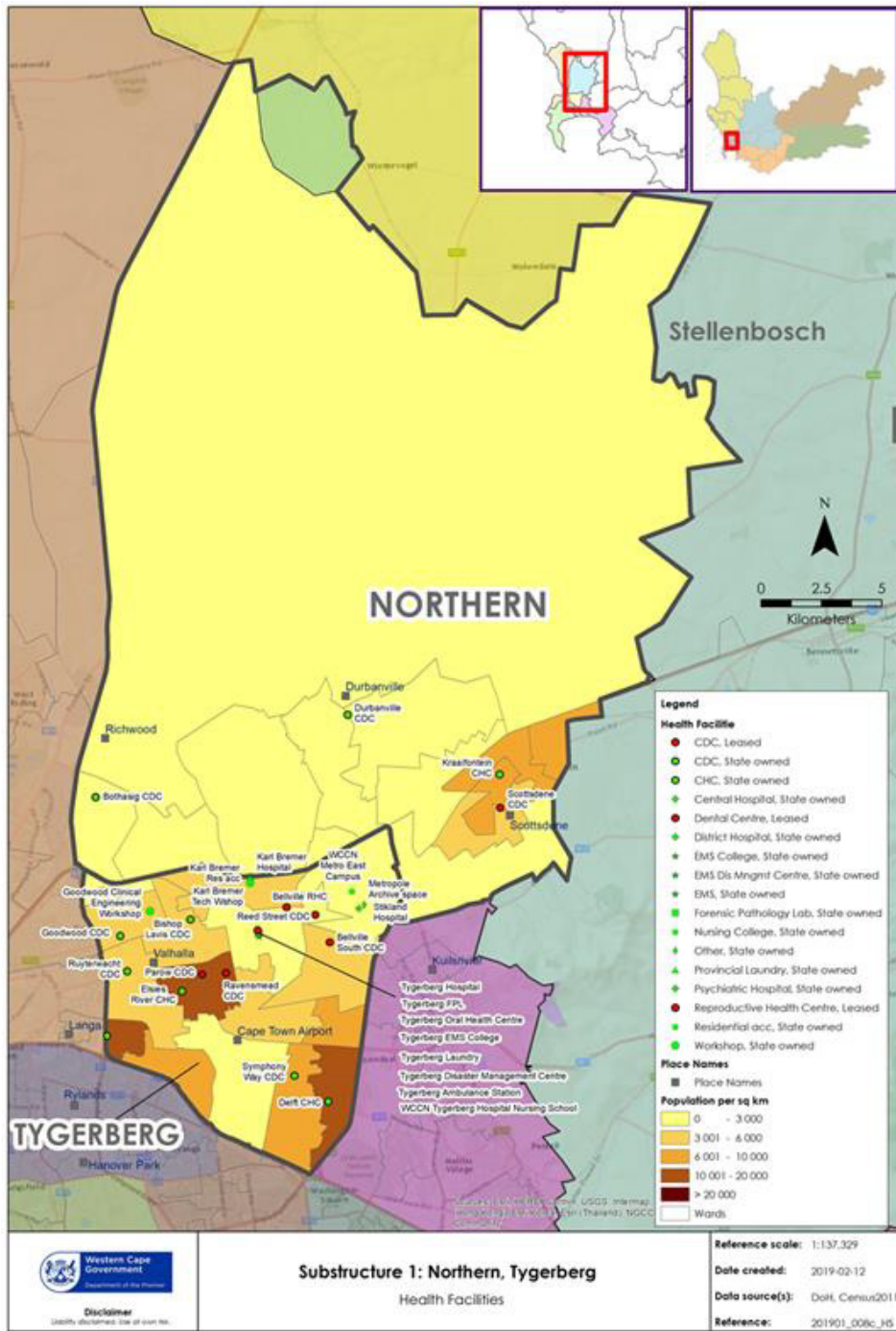
Annexure D: Maps of Existing Health Facilities (Owned and Leased)



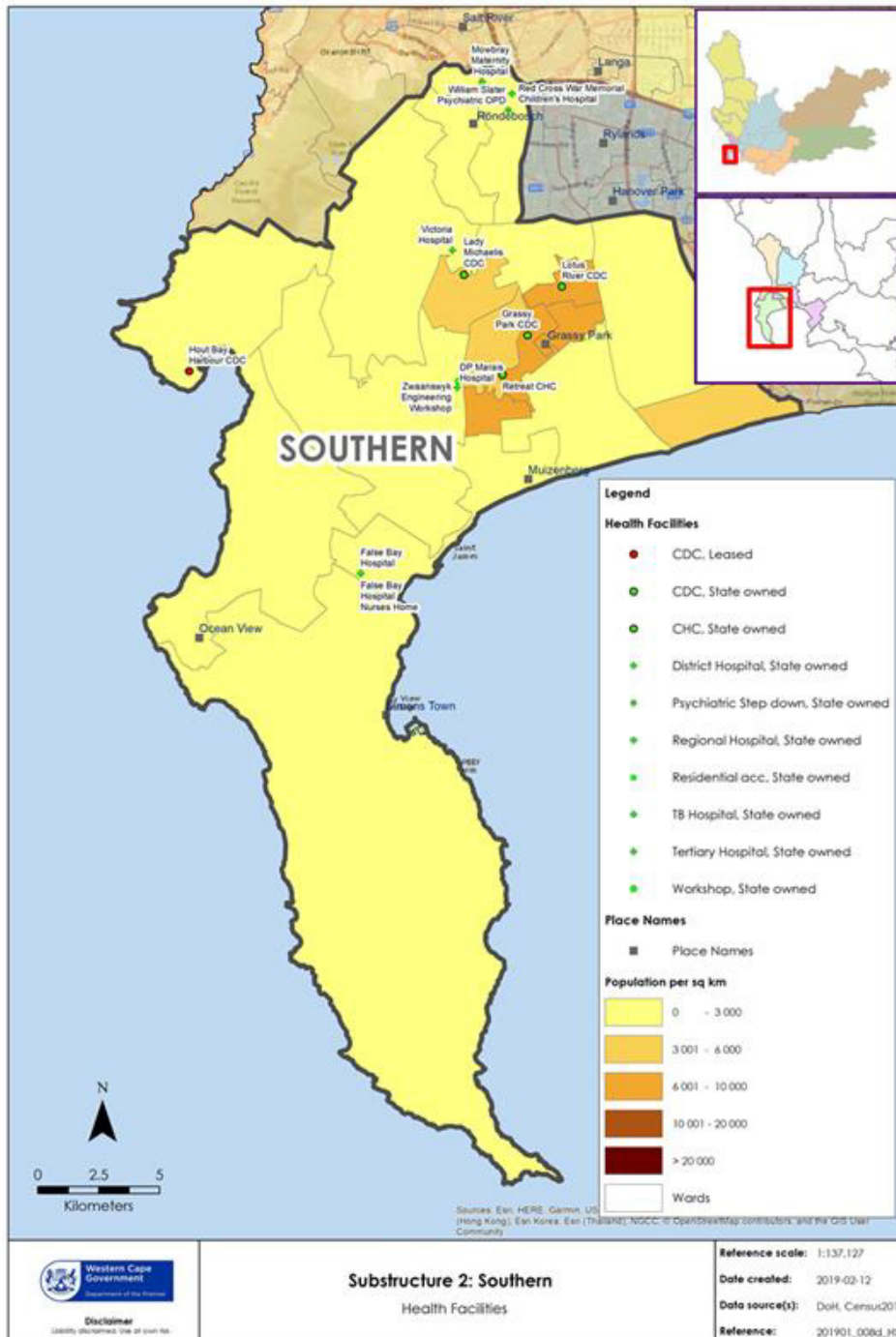
Metro – Khayelitsha and Eastern Sub-structure



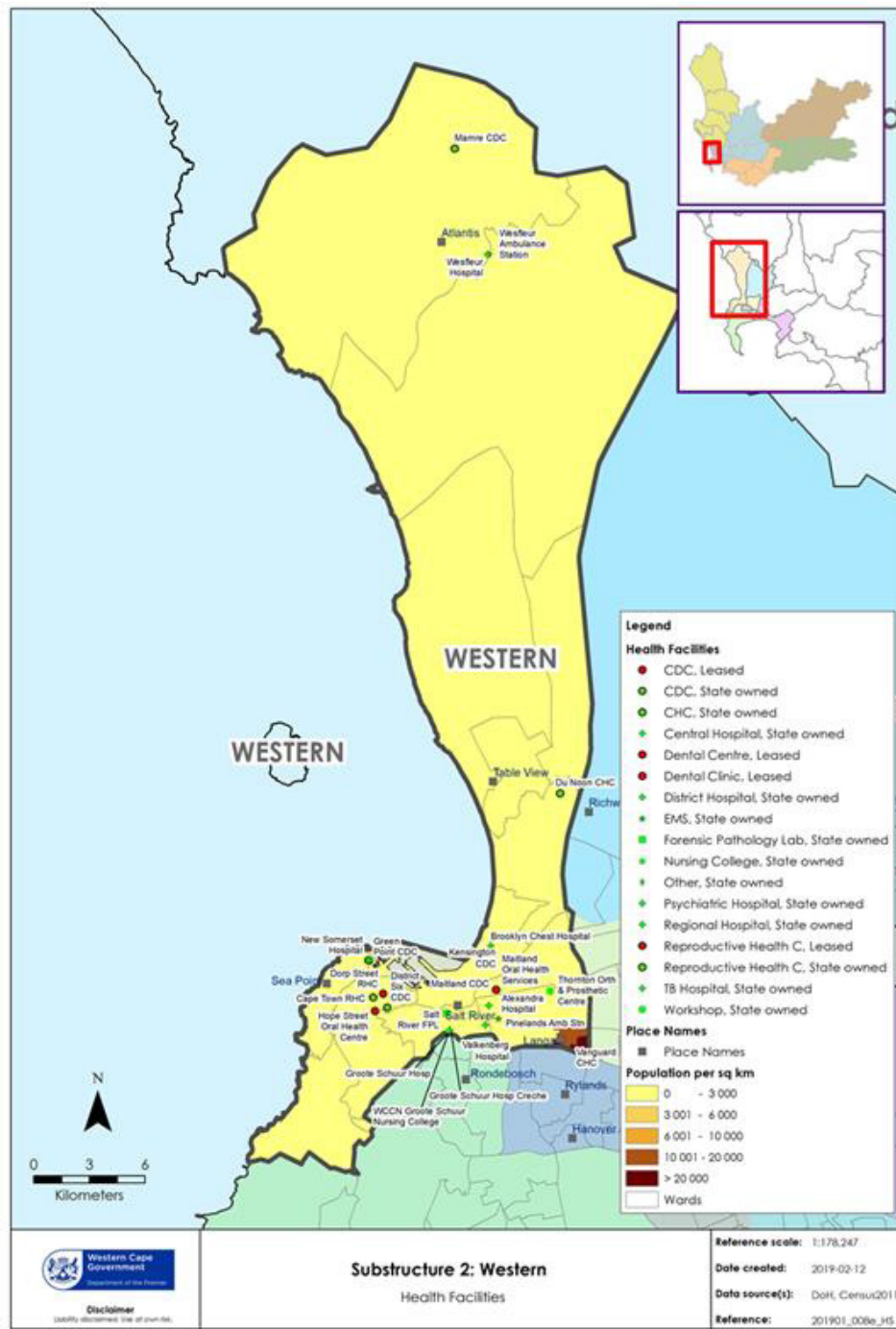
Metro – Klipfontein and Mitchell's Plain Sub-structure



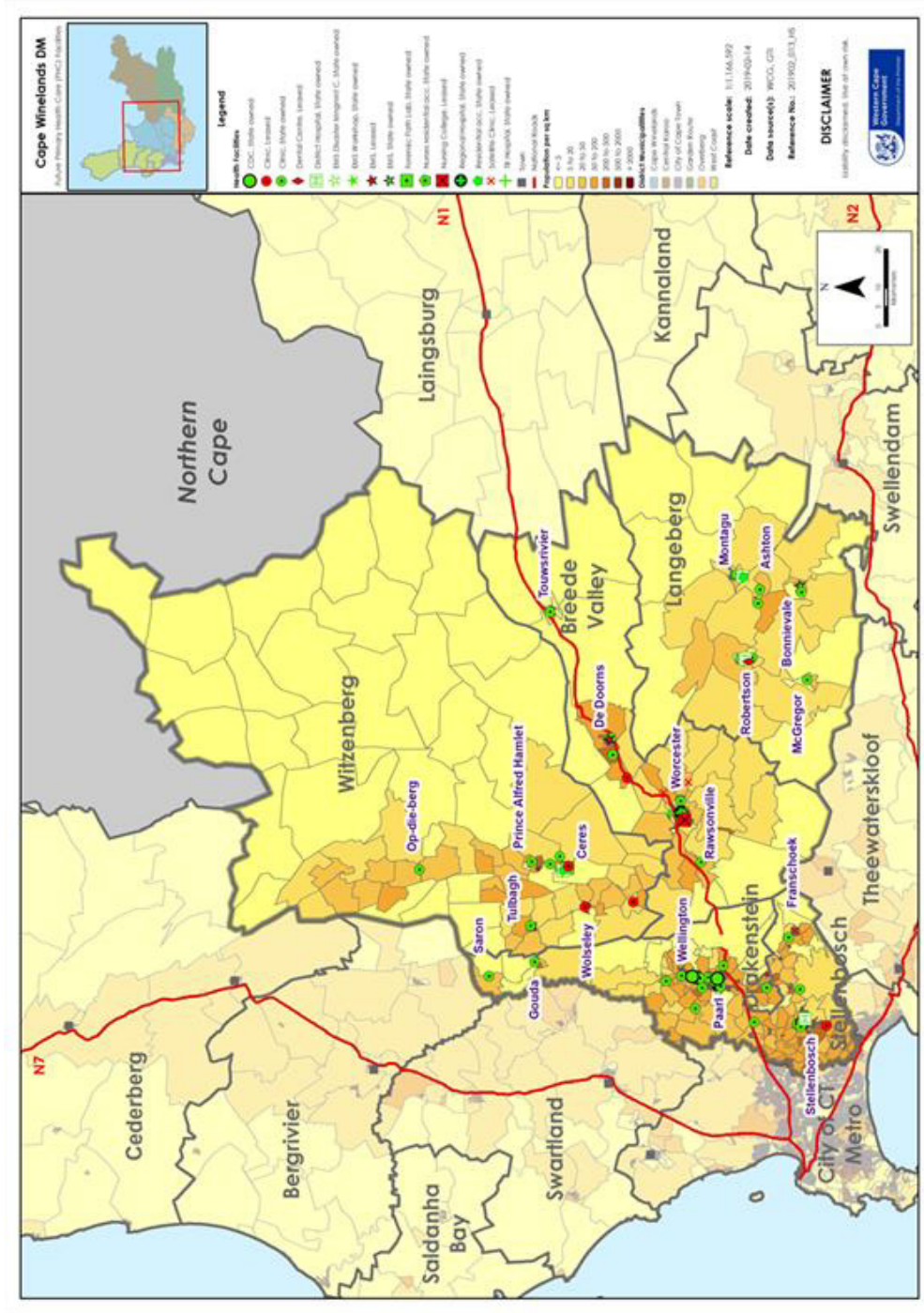
Metro – Northern and Tygerberg Sub-structure



Metro – Southern Sub-structure

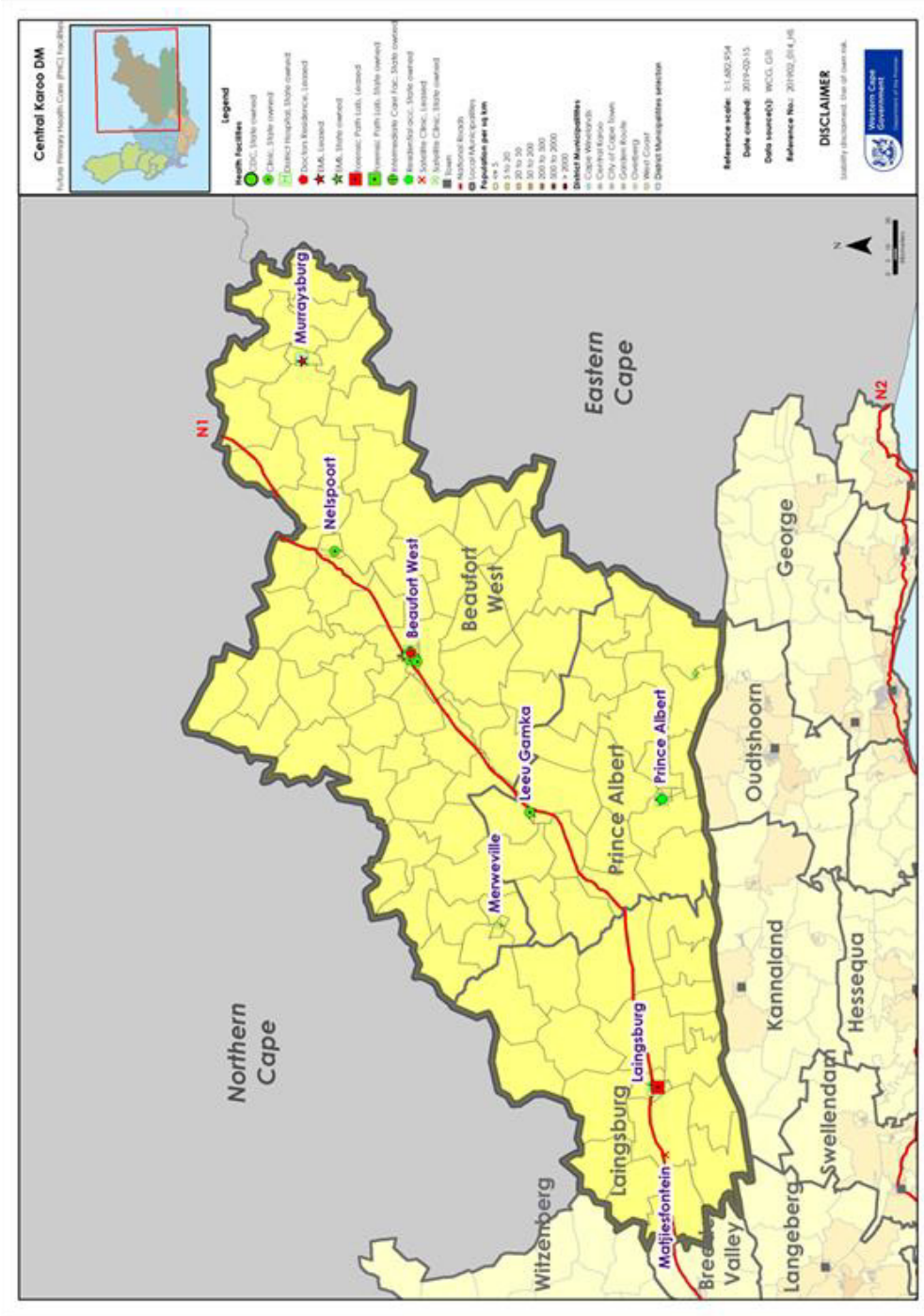


Metro – Western Sub-structure



Cape Winelands District

Annexure D: Maps of Existing Health Facilities (Owned and Leased)



Central Karoo District

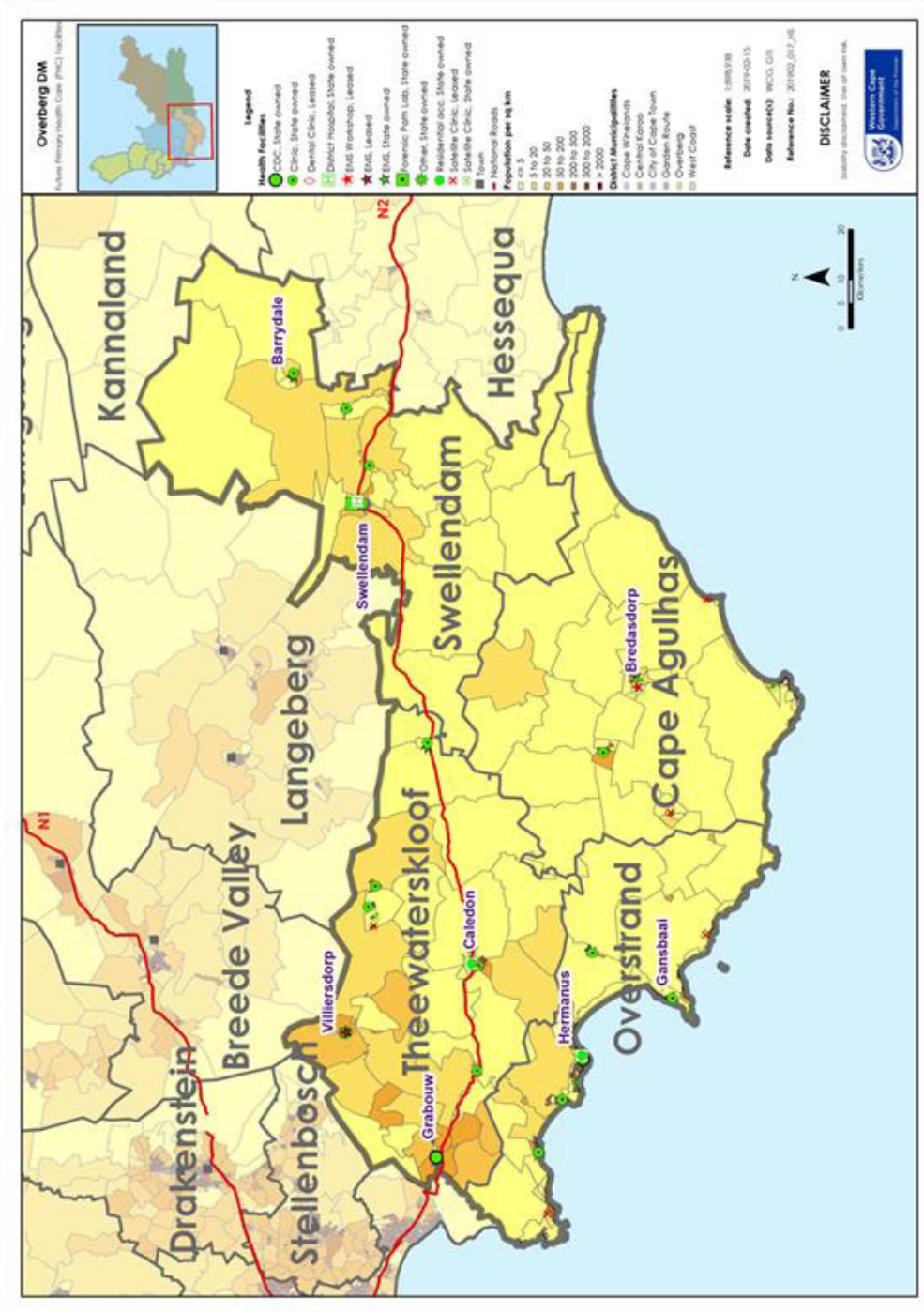
Annexure D: Maps of Existing Health Facilities (Owned and Leased)



Garden Route District



West Coast District



Overberg District

Annexure E

ANNEXURE E: NHI PROJECTS – FURTHER IMPLEMENTATION

NO	DESCRIPTION OF PROJECTS (PAST AND EXISTING PROJECTS OF PROTOCOL 1)	ESTIMATE	FACILITIES	IMPLEMENTING AGENT	STATUS
1	NDoH F07/2020-21: WC.9.B.B2: Refurbishments and Upgrades at Pacaltsdorp and Parkdene Clinics in Western Cape Province, Garden Route District	R16,777,953.14	<ul style="list-style-type: none"> • Parkdene Clinic • Pacaltsdorp Clinic 	NDoH	Procurement and adjudication in Feb 2023
2	Refurbishments and Upgrades at Amalienstein, Calitzdorp, and Ladismith Clinics and Ladismith Hospital in Western Cape Province, Garden Route District	R18,763,408.00	<ul style="list-style-type: none"> • Amalienstein Clinic • Calitzdorp Clinic • Ladismith Clinic • Ladismith (Alan Blyth) Hospital 	WCGTPW	Refer to project list (Template 6.1)
3	NDoH F02/2020-21: Contract: WC 9.D.C Refurbishments and Upgrades at Oudtshoorn Clinic and Hospital in Western Cape Province, Garden Route District	R42,789,267.00	<ul style="list-style-type: none"> • Oudtshoorn Clinic • Oudtshoorn Hospital 	NDoH	Procurement and adjudication in Feb 2023
4	NDoH F06/2019-20: WC.9.B.B1: Refurbishments and Upgrades at Blanco and Rosemoor Clinics in Western Cape Province, Garden Route District	R7,610,561.17	<ul style="list-style-type: none"> • Blanco Clinic • Rosemoor Clinic 	NDoH	Procurement and adjudication in Feb 2023
5	NDoH F09/2019-20: WC.9.D.D: Refurbishments and Upgrades at Albertinia and Riversdale Clinics and Riversdale Hospital in Western Cape Province, Garden Route District	R15,939,926.90	<ul style="list-style-type: none"> • Albertinia Clinic • Riversdale Clinic • Riversdale Hospital 	NDoH	Procurement and adjudication in Feb 2023
6	RFQF_MC04 2018-19: Maintenance and Refurbishment related work at Mossel Bay Hospital in Western Cape Province, Garden Route District: Group D. CONTRACT: WC 9.D.B2	R37,816,102.23	<ul style="list-style-type: none"> • Mossel Bay Hospital 	NDoH	Stage 6
7	Relocation of George Road Satellite Clinic: Mossel Bay in Western Cape Province, Garden Route District	R6,500,000.00	George Road Satellite Clinic (Replacement)	WCGTPW	Refer to project list (Template 6.1)



Western Cape
Government

Health and Wellness

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